



# **SUB GROUP REPORT**



## **Girl Child in the Eleventh Five Year Plan (2007-2012)**

**Ministry of Women and Child Development  
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New Delhi**

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## **Chapter One** **Background**

The Planning Commission has constituted a Working Group on “Development of Children” for the Eleventh Five Year Plan under the Chairpersonship of Secretary, Ministry of Women and Child Development with the basic objective to carry out a review of the existing approach and strategies along with the programmes for protection, welfare and development of children and make suggestions/ recommendations for the Eleventh Five Year Plan. The Working Group set up four Sub-Groups of which one of the Sub-Group is on “Girl Child”. The list of members of this sub-Group may be seen at **Annexure-‘C’**. This Sub-Group was assigned the task of undertaking an in-depth analysis of the issues/problems confronting the girl child and recommending future plan of action for the Eleventh Plan. The Sub-Group met twice and experts were also co-opted to attend these meetings. The Sub-Group discussed at length the needs of the girl child and also considerable e-discussions and brain-storming were held. Based on these deliberations this Report of the Thematic Sub-Group on Girl Child has been prepared which has sections focusing on the key issues and suggestions/recommendations.

### **INTRODUCTION**

The Constitution of India offers all citizens, including children, certain basic Fundamental Rights – the right to life and liberty, the right to equality, right to freedom of speech and expression, right against exploitation, right to freedom of religion, right to conserve culture and the right to constitutional remedies for the enforcement of Fundamental Rights. Further, the Directive Principles of State Policy directs the State to ensure that all children are provided with services and opportunities to grow and develop in a safe and secure environment.

To realize the letter and spirit of the Constitution, the State has formulated a number of legislations such as the Child Marriage Restraint Act 1929, Immoral Traffic Prevention Act, 1956, the Child Labour (Prohibition and Regulations Act) and the Juvenile Justice (Care and Protection of Children) Act, 2000 In addition, a number of policies and plans (National Policy for Children 1974, National Policy on Education, National Policy on Child Labour, National Charter for Children 2004 and National Plan of Action for Children, 2005) have been formulated. The Government is also implementing a large number of programmes and schemes for the benefit of children.

India is a signatory to a number of International Instruments such as UN Convention on the Rights of the Child, with its two Optional Protocols, and Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), thereby affirming its commitment to the growth and development of women and children. It also accepted without reservation the international commitments of the ‘World fit for Children’ adopted by the UN General Assembly Special Session on Children in 2002, and the Beijing Platform for Action for the advancement of women and girls adopted by the World Conference on Women in 1995.

However, inadequate impact of programming investment and achievement in overall development of the child, and the adverse influence of negative social attitudes towards women and girls have left girl children in India disadvantaged. Their survival, development, security and well-being as citizens of India, and their participation as members of society is thus officially recognized as a matter of serious national concern.

Girl child's status is dramatically profiled in female to male sex ratios of younger age groups in the population. The 1991 Census of India highlighted a serious and worsening decline in the sex ratio in the 0-6 age group, reflecting the rising prevention of female births, and the incidence of female infanticide and deliberate neglect of girl children's health, nutrition and safety. The 2001 Census revealed a further decline in the 0-6 age group and an even lower female-male ratio in the 15 to 19 age group.

The Tenth Plan (2002-07) reiterated the objectives of the Ninth Plan and re-affirmed the lifecycle approach for betterment of the Girl Child. Further, the Tenth Plan also set certain monitorable goals as follows: -

- All children in school by 2003; all children to complete five years of schooling by 2007.
- Reduction in gender gaps in literacy and wage rates by at least 50 percent by 2007.
- Reduction of Infant Mortality Rate (IMR) to 45 per 1000 live births by 2007 and 28 by 2012.
- Reduction of Maternal Mortality Rate (MMR) to 2 per 1000 live births by 2007 and to 1 per 1000 live births by 2012.

Other objectives included:

- Arresting the decline in the child sex ratio.
- Increasing the representation of women in premier services and in Parliament.
- Universalisation of the Integrated Child Development Services (ICDS) scheme.

## *Chapter Two*

### **Mid Term Appraisal of the Tenth Plan**

The mid-term appraisal of the Tenth Plan expressed concern with regard to adverse child sex ratio, the rising incidence of female foeticide and infanticide, persistently high infant child and maternal mortality rates, wide gender gaps in child health and education as well as low female literacy and escalating violence against women etc. The views expressed in the Mid-Term Appraisal are given below: -

- The Girl child's dwindling numbers on account of high incidence of female foeticide is very disturbing. Sex determination before birth is widely prevalent, in spite of the Pre-Natal Diagnostic Techniques (PNDT) Act, 1994. The Ministry of Health, in consultation with the States, must stringently implement the PNDT Act to stop any further decline in the child sex ratio.
- Child Trafficking is not merely confined to trafficking for commercial sexual exploitation, but can be for organ transplants, begging, entertainment (camel jockeying and circus), child labour and domestic work, drug peddling, and participation in armed conflicts, to name a few. For the vast multitude of homeless and street children, a more comprehensive policy on adoption and foster care of children must be formulated, which should be in consonance with the Convention on the Rights of the Child (CRC).
- There is no data indicating the extent to which children are affected by HIV/AIDS. Social exclusion follows once HIV is detected. The problem of discrimination against HIV positive children while accessing public services like hospitals, schools, playgrounds, and other facilities needs to be addressed, perhaps with some special legislation.
- The Child Marriage Restraint Act of 1929 (as amended in 1949 and 1978) needs to be reviewed and amended, but this must be preceded by an investigation of contemporary trends. The problem is not so much a continuation of traditional cultural practices, but the emergence of new complex causes.
- Growing insecurity of girls and increasing violence against them, adolescent pregnancy resulting from sexual ignorance and neglect, increasing drop-outs from post-primary schooling due to various reasons, and deep neglect of the physical and cultural development of girls, with no provisions for games/sports, healthy entertainment and reading facilities.
- For adolescent girls, there is need for hostels with subsidized boarding and lodging facilities. This helps retain them in school and discourage early marriage because parents often push young girls into marriage because of lack of facilities for education.
- Protecting Girl-child Domestic Labourers -In pursuance of its mandate to suggest systemic changes, the National Commission for Women (NCW) should, among other things, suggest institutional mechanisms to prevent violence against women and girl children in several fields, for example, in girl child domestic wage labour. Classifying domestic wage labour by girl children as a hazardous occupation may help avoid their exposure to the risks of mental and physical harassment, and sexual exploitation. Such a proposal may be put before the Technical Advisory Committee under the Child Labour Act that considers proposals to categorize any occupation as hazardous.

The concerns expressed in the Mid-Term Appraisal are reflected in the current status of the Girl Child.

### *Chapter Three*

## Current status of the Girl child

The important Human Development Indicators (HDI) which reflect the current status of the girl child are given in the table below:

**Table – 1: Important HDI of Girl Child**

Indicator	Males	Females	Persons
Population(0-6) <sup>1</sup>	81,911,041	75,952,104	157,863,145
Sex Ratio (0-6) <sup>2</sup>	-	-	927/1000
IMR (April 2006) <sup>3</sup>	-	-	58
MMR <sup>4</sup>	-	407	-
Child Mortality Rate (0-4) <sup>5</sup> (2000)	18.6%	20.6%	19.5%
Anemia (15-19) <sup>6</sup>	-	56%	-
Literacy Rate	75.26	53.67	64.84
Gross Drop Out Rate <sup>7</sup>			
Class I-5	35.85	33.72	34.89
Class I-VIII	52.28	53.45	52.79
Class I-X	60.72	64.97	62.58

A perusal of the various indicators reflects the dismal situation of the girl child. The sharp decline in female sex ratios over the years suggests that female foeticide and infanticide might be primarily responsible for this phenomenon followed by general neglect of the girl child. The sex ratio has been dwindling even in States like Haryana, Punjab, Uttar Pradesh and Gujarat which are supposed to be economically prosperous. Female infanticide has been reported from parts of Rajasthan, Bihar, Uttar Pradesh, West Bengal and Tamil Nadu. The magnitude of girl child mortality is reflected from the fact that every year, about 12 million girls are born in India; a third of these girls die in the first year of their life; three million, or 25 per cent, do not survive to see their fifteenth birthday. The child mortality rate between 0-4 years for girl child is 20.6%, two percent more than that of boys (18.6%).

The root cause of malnutrition amongst girls is not just poverty and lack of nutritious food, but also like lack of value attached to girls. Discriminatory feeding practices reveal:

- Girl's nutritional intake is inferior in quality and quantity;
- Boys have access to more nutritious food;
- Boys are given first priority with the available food within the family;
- Female infants are breastfed less frequently, for shorter duration and over a shorter period than boys.

Gender discrimination results in malnutrition of girls on a large scale; 56 percent of girls (15-19 years) continue to suffer from anemia; 45 per cent of the girls suffer from stunted growth as opposed to 20 per cent of boys. Due to dietary deficiencies, adolescent girls do not achieve their potential weight and height. Also, 35 per cent of rural adolescent girls have a weight below 38 kg and a height below 145 cm. Anemia is often responsible for miscarriages, still

<sup>1</sup> Census 2001

<sup>2</sup> Ibid.

<sup>3</sup> SRS Bulletin, April 2006

<sup>4</sup> SRS, RGI 1998

<sup>5</sup> Website—Ministry of Health and Family Welfare

<sup>6</sup> NFHS-2

<sup>7</sup> Ibid

births, premature births, low birth-weight babies and maternal mortality during childbirth. Undernourished girls who grow into undernourished mothers continue a vicious intergenerational cycle of under-nutrition and wastage of women.

The enrollment figures in schools, for girls are comparatively lower than those for that of boys indicating that many girls do not get enrolled in schools. Thirty four percent of girls drop out before they complete Class 5. One of the major reasons why so many girls do not attend school is because of their workload, both within and outside the household. Daughters are often kept at home to help the family because the social and economic value of educating girls is not recognized. It is a little known fact that among the world's exploited child workers, girls outnumber boys. Without access to education, girls are denied the knowledge and skills needed to advance their status.

Child marriages still continue despite the fact that the Child Marriage Restraint Act was enacted as far way back as in 1929. Rajasthan, Madhya Pradesh, Andhra Pradesh, Bihar and Uttar Pradesh have high incidence of child marriages. The table below reflects the percentage of child marriages in few select States:

**Table – 2**

States	Percent Married Females to Total Females in the Age Married (1991)	
	10-14 years	15-19 years
<b>India</b>	<b>4.5%</b>	<b>35.3%</b>
Andhra Pradesh	3.5%	45.5%
Bihar	7.2%	55.3%
Madhya Pradesh	8.5%	51.4%
Rajasthan	13.2%	55.9%
Uttar Pradesh	7.1%	46.7%

*Source: Registrar General of India*

According to NFHS Report (1998-99), 34 percent women in the age group 15-19 are already married. These proportions are higher in rural areas. Another significant fact is that performance of child marriages is not uniform across all States of India. There are stark variations between States. About half of the women aged 25-49 married before the age of fifteen in Madhya Pradesh (52.6%), Bihar (51.0%), Uttar Pradesh (49.7%), Andhra Pradesh (48.9%), and Rajasthan (47.8 %). And about four-fifth of the women of these States— Madhya Pradesh (78.5%), Bihar (83.9%), Uttar Pradesh (79.6%), Andhra Pradesh (79.8%) and Rajasthan (81.5%) were married before reaching the legal minimum age of eighteen years.

The Girl child is also highly susceptible to abuse, violence and exploitation both inside and outside her home. It is a known fact that crimes against girl child have been increasing over the years but very few cases get reported. Rape, trafficking, sexual exploitation, child labour, beggary are some the forms of violence perpetuated on the girl child.

Adolescent girls (11-18) deserve special care and attention. Adolescence has traditionally been considered the most difficult period in an individual's development cycle. The changes that adolescents undergo (physical, psychological, physiological, hormonal, cognitive and sexual) are not only stressful but confusing since these changes occur simultaneously and rapidly in the absence of any kind of support and expert guidance to cope with the transition. The situation is aggravated with uncertainties of social expectations and constraints, career,

marriage partner, sex life and the ‘self’ itself. The confusion is made worse with societal perceptions and definitions of this period as requiring controls and restrictions.

Thus for a girl child, life is a constant fight for survival, growth and development from the time she is conceived till she attains 18 years. The table given below depicts the life chart of a girl child and highlights the many life threatening problems she faces.

<b>Importance of Working with Adolescents:</b>	
<ul style="list-style-type: none"> <li>• Adolescents constitute a large section of the population : 19% globally and 21.4% in India. The Young people(10-24) are soon going to be 30% of the world population.</li> <li>• This is one of the most misunderstood groups, treated neither as adults nor as children</li> <li>• It is a period of heightened energy, which if channelised and guided properly, can result in highly constructive outcome.</li> <li>• Given opportunity and encouraged to have confidence, adolescents can improve and accelerate the process of positive social change. The process of social change is much faster if one works with adolescents themselves and their peers, their ideas are shared.</li> </ul>	

**Table 3**

<b>Years</b>	<b>Problems faced</b>
Before Birth to 1 year	<ul style="list-style-type: none"> <li>• Foeticide and Infanticide</li> <li>• Infant mortality</li> <li>• Discrimination in breast feeding and infant food</li> <li>• Neglect of health (immunization)</li> </ul>
1 to 11 years (this includes specific problems faced by age groups 1-5 years and 6-11 years)	<ul style="list-style-type: none"> <li>• Discrimination in access to food and health care</li> <li>• Malnutrition and anemia</li> <li>• Health problems like Polio and diarrhea</li> <li>• Iodine and Vitamin A and Micro nutrient deficiency</li> <li>• Low school enrolment and School drop outs</li> <li>• Vulnerable to trafficking, child labour, child marriage</li> <li>• Abuse, exploitation and violence</li> <li>• Domestic chores</li> <li>• Looking after siblings</li> <li>• Restriction on mobility and play</li> <li>• Discrimination in overall treatment and parental care</li> </ul>
11 to 18 years (Adolescents)	<ul style="list-style-type: none"> <li>• Poor health</li> <li>• Low literacy level</li> <li>• Restriction on mobility and play</li> <li>• Frequent illness due to Malnutrition, Aneamia and micro-nutrient deficiency</li> <li>• Child Marriage</li> <li>• Early Child bearing morbidity and mortality</li> <li>• Poor access/ Denial to information and services</li> <li>• Early and frequent pregnancy coupled with abortions</li> <li>• Marital and domestic violence</li> <li>• Dowry Harassment, desertion, polygamy, divorce</li> <li>• Child labour, trafficking.</li> <li>• STDs and HIV/AIDs</li> <li>• Heavy domestic work including commuting long distances to collect fire wood/ drinking water</li> <li>• Unpaid and unrecognized work, and drudgery</li> <li>• No voice either in Home or society</li> </ul>

## *Chapter Four*

# **Eleventh Plan - The Path Ahead**

### **Objectives**

The objective for the 11<sup>th</sup> Plan should be to holistically empower the girl child in all aspects so that she can become an equal partner with boys on the road to development and progress. This requires addressing the various constraints /persisting problems facing the girl child. Towards this end, the strategy and action laid out in the National Plan of Action for Children, 2005 will be given priority and attention with focus on her survival, protection and well-being. Special importance will be accorded to ensuring all girl children the right to life and liberty, and to upholding their dignity and security in family and society, with utmost attention to their right to equality and social justice.

Special measures are required for this purpose to protect the girl child's prospects of survival and security, from conception to birth, in her early years, and throughout the period of her childhood. Both child development and primary health services must be on alert to address these challenges, and the community must be motivated to play a protective role. The focus should be on four Es- equality, education, enabling environment and empowerment so that she is provided with equal opportunity for survival and development, protected against neglect and abuse, and offered the enabling means to develop to their full potential, and lead a productive and healthy life.

The life-cycle approach of the girl child which hitherto had the ultimate objective of marriage and motherhood should be now revised to a "Capability Approach"—as propagated by Amartya Sen where the girl child's contributions both in economic and social terms are given due recognition as equal in value and potential to those of boys. For this purpose, the following concerns need to be addressed:

- I. All programming provisions of the National Plan of Action for Children 2005, covering survival, protection, development and participation, apply to the girl child. Where the fact of being a girl impedes a child from enjoying all entitlements covered by the NPA, the State must take special measures to ensure girl children's access to these services and benefits.
- II. All measures to serve and benefit girl children must be designed to address the needs of each age among children, and each stage of childhood. Interventions, and their delivery mechanisms must effectively reach the girl child on the basis of her age and specific setting.
- III. While the indicator of child impact must be established as a core indicator of 11<sup>th</sup> Plan interventions across all sectors of development, the status and condition of the girl child should be used to gauge the effectiveness of development measures in reaching out to all children.
- IV. Key issues to be tracked through monitoring and social/community audit include:
  - Survival of the girl child and her right to be born —prevention of female feticide/infanticide
  - Health and nutrition
  - Enabling Education For the Girl Child
  - Gender Sensitization of Educational System
  - Abolition of Child Marriage
  - Prevention of Girl Child Abuse, Exploitation and Violence
  - Welfare and Development of Adolescent Girls

## *Chapter Five*

### **Recommendations of the Sub-Group**

#### ***Survival of the Girl Child and Her Right to be Born***

National efforts to ensure the survival of the girl child and her right to be born, and to be an informed, secure and productive participating member of the community and society will necessarily have to be multidimensional in nature with legislative, preventive, advocacy and programmatic inputs. State-level interventions will have to be based on accurate assessment of area-specific issues and factors.

#### ***Effective implementation of the PC and PNDT Act***

The premier Act to prevent pre conceptual and pre natal sex determination and consequent female feticide is the Pre Conception and Pre Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC and PNDT Act). It seeks to prohibit the techniques of pre conception and prenatal sex determination and to preempt the misuse of such technologies. It has provisions for use, regulation and monitoring of ultrasound machines to curb their misuse for detection of the sex of the fetus and provides punishment for violation of these provisions. Unfortunately, the existing provisions and current implementation mechanisms have failed to make any significant impact on the rising trend of female feticide. In fact, the situation has worsened in past few decades with a fall in the female sex ratio of the 0-6 year age group from 976/1000 as reported in 1961 to 927/1000 in the 2001 census.

The Act therefore needs to be thoroughly reviewed to evaluate its existing administrative, enforcement and monitoring provisions and put in place such mechanisms that can tackle the problem of sex determination and feticide in a more effective manner. Some suggestions in this regard include:

#### ***National Inspection & Monitoring Committee***

The National Inspection and Monitoring Committee has been constituted as per the directives of the Supreme Court, to assess the ground realities through field visits. It also monitors the prosecutions launched against unregistered bodies and those violating provisions in the Act/Rules. In order to strengthen the inspection and monitoring process it is suggested that :

- The counterparts of National Inspection and Monitoring Committee (NIMC) could also be set up in States with a multiple membership including committed NGOs. There should be inbuilt checks and balance mechanisms by sending members from one region to inspect and monitor other regions.
- The Secretary of Women and Child Development of the concerned State should head the proposed State Inspection and Monitoring Committee.
- The inspections of the Committee should have a surprise element and should be undertaken without advance notice.
- The inspection of the Committee would need to be conducted in the Districts, which have the worst female sex ratio.

#### ***Appropriate Authorities***

Appropriate Authorities comprise of officers notified by the State Government under the PC& PNDT Act for granting, suspending or canceling registration of Genetic Counseling Centres, to investigate complaints etc. Generally the Authority consists of three members, one of whom is a medical officer.

- Many more Appropriate Authorities (AA) should be notified keeping in view in vast geographical spread.

- AA should be set up in districts, which have very low female sex ratios.
- The composition of the AA must be changed to strengthen the role and responsibility of government officials of suitable rank, such as DM, to enlist the services of responsible NGOs, and to guard against undue influence of the medical profession in assessing and ruling on offences. It should be ensured that the persons notified as AA should desirably be neither doctors or from the medical profession; preferably they should be chosen from retired Bureaucracy, judiciary, prominent NGOs or Social activists.
- The inclusion of Women organizations, Women Development Centers and Study Centers, people's representatives at all levels from Gram Panchayat, block levels etc. is also important in the list of Appropriate Authorities.
- The Appropriate Authorities should take the help of Government Departments such as Women and Child, Revenue, Municipal Authorities etc.
- The help of the police may also be taken by the Appropriate Authorities to raid, investigate etc. the suspect clinics.
- Provisions of the Act, official commitment to take action, and preventive and corrective action should be made widely known through channels that effectively reach the public.

### ***Stringent penalties and punitive action***

- Female feticide should be treated as a crime and not just a social evil and therefore the State must take primarily corrective, preventive and punitive action to address the crime.
- Magistrates, DMs/CEOs, Divisional Commissioners should be held accountable for performances, lapses in enforcing the law.
- Enhancement of punishment for all violations of PNDT Act. There should be a firm crack down on offenders with exemplary punishments
- Correctives should include suspension and/or cancellation of license, seizure and confiscation of equipment, closure of clinics, public censure of doctors and clinics, public notification of such corrective actions taken
- State Medical Council should take action to suspend/deregister errant doctors and give wide publicity to this.
- A system of telescoping of offences can be formulated with punishment becoming more stringent with the number of times offences are committed
- As foeticide is murder of the unborn child, it should be examined whether it can be treated as a crime under IPC and brought under the jurisdiction of Sessions Court
- A website could be developed to disseminate to wider audiences and flag the names of black-listed organizations/clinics/doctors.
- There must be better mandatory record-keeping, and obligation to submit full information required under Form F. The clinic should be suspended in any instance of default, until the default is corrected in conformity with legal requirements. Public notification of such suspensions should be made.
- A system of incentives can be formulated (as in the case of drugs and narcotics seizures) for tip offs on clinics which are indulging in sex determination.

### ***Monitoring and Surveillance***

- The income of the Genetic Counseling Centers (GCCs) should be cross-checked with number of ultra Sonography (USGs) performed by them so that unreported USGs can be tracked. Recording of the PAN Numbers. of the doctors/ultrasonologists should be made mandatory and tax-returns of errant doctors checked by IT Department.

- A Database on raids and convictions conducted should be built, which would include the names of the clinics, the earlier case records and current status.
- Census of static and mobile USG machines need to be collected as there are a large number of unregistered machines in operation.
- Correlation to be done between the need for USGs and number of Mobile machines that are operating in different areas so that a check can be made on the growing number of mobile machines.
- Every GCCs should prominently display IEC material which show the positive sides of having a girl child
- Lack of awareness of the Act leads medical personnel as well as the general public to believe that sex determination and foeticide are also covered under MTP. Therefore education about the provisions of the Act should be widespread.
- Existing PNDT Act involves setting up of too many bodies and it is difficult for these bodies to interact, coordinate and share information. There is need to consolidate and merge bodies to allow more cohesive functioning.

All the above suggestions can be incorporated within the aegis of the existing provisions of the PC and PNDT Act. However as a long term and more permanent measure, the Act needs to strengthened significantly through appropriate amendments giving it more teeth and power to expeditiously book and convict errant medical personnel, increase the levels of punishment and perhaps even prescribe deterrent measures for members of the public who indulge in such practices. This may require eventual amendment of the Act.

Compulsory registration of pregnancies and births will help in ensuring that unwarranted abortions do not take place. PRIs should be given the responsibility of taking note of female births and tracking the progress of girl children.

However as a long term and more permanent measure, the Act needs to strengthened significantly through appropriate amendments giving it more teeth and power to expeditiously book and convict errant medical personnel, increase the levels of punishment and perhaps even prescribe deterrent measures for public who indulge in such practices. This may require eventual amendment of the Act.

### **Nation wide awareness and sensitization campaign against female feticide**

The discriminatory treatment meted to the girl child is largely an outcome of the traditional perspectives of society towards the girl child which is reflective of the growing incidence of crime and violence against her- a phenomenon that starts even before she takes birth through female feticide.

A unique feature of the problem of female feticide is that it is not restricted to any single social or economic group or groups. In fact, it cuts across caste and income barriers as evidenced from the fact that well to do States such as Haryana, Delhi and Punjab have the most adverse female sex ratios. There are also large sections of poor and BPL families who want to get rid of their daughter as she is a burden for them.

It is felt that unless immediate action is taken on a national scale to change this mind set, the girl child is on her way to utter deprivation, destitution and even extinction. In other words the girl child is heading towards becoming an endangered species.

There is urgent need to embark on a massive nationwide sensitization and advocacy campaign with specific focus on the importance of the girl child to reinforce the view that she is an asset and not a burden. The campaign would need to be multi pronged involving the services of multi media as well other community and peer advocacy groups (such as spiritual leaders, parliamentarians) specifically designed for different sections of society.

The campaign design would focus primarily on the positive aspects of girl child and remove misconceptions and myths that affect her worth and self esteem. Many traditional concepts are prevalent which perceives that a girl is 'paraya dhan' and she is not a permanent member of her birth family; that by giving her a share in the family property/ assets, these assets will move away from the family after her marriage; that she will cost the family a great deal of money in terms of dowry; that only sons can carry the legacy of the family and the daughter may not take care of her parents after her marriage nor she can perform last rites for her parents etc.

All these perceptions as well as societal practices need to be changed through sensitization and advocacy. A large part of such beliefs arise from a desire to maintain land holdings/ property within the family through their sons which is instrumental in giving rise to patriarchal structure of society. Therefore, widespread dissemination of information on legislations or laws which provide equal share and opportunities to girls in property/ assets or employment, laws prohibiting dowry and child marriage etc need to be conducted. Also, it essential to show positive and vibrant images of girls who are professionally and economically accomplished so that society realizes that with proper education and other support facilities, a daughter can be as empowered as a son and as such is equally capable of taking care of her parents. She can even perform their last rites as spiritual texts do not deny these rights to her.

While reinforcing these positive images of girls, the society will also need to be educated on the negative effects of a falling sex ratio, especially that the number of progeny born including males will be greatly reduced on account of fewer women to bear them; even the male children who will be born will be of much weaker constitution on account of frail health and frequent child bearing history of the women; polyandry will become common (as is already happening in States like Haryana) which will lead to a number of genetic and other related problems of physical and mental disabilities etc.

At present, the Media budget of MWCD is limited and cannot cater to the magnitude and diversity of the nationwide campaign for prevention of female feticide and reinstating the value of the girl child. The Sub Group, therefore, recommends that the fund allotment for 'Media' in the Eleventh Plan should be considerably enhanced and a certain proportion of this budget earmarked for improving the status of girl child.

### ***Scheme to address falling female sex ratio***

There are certain sections of society (mainly BPL families) where awareness and sensitization of the value of girl child may not be solely sufficient impetus for them to retain their daughter for various reasons unique to that family/community.

In order to allow the female child in such families to be born and not aborted, a special provision should be put in place whereby those who do not want to raise their daughters can place them in specially appointed cradle centers supported by the State. In other words, the State will undertake the responsibility of the well being of the child including placing her in

loving adoption/foster homes. For this purpose a new scheme of 'Cradle Baby' or 'Palna Scheme' needs to be formulated for prevention of female feticide and rescuing the missing daughters. This will ensure that unwanted female children need not face extinction in the womb but come into the world as it is their right to be born.

### ***Conditional Transfer Scheme (Cash and Non-cash)***

While the mind set towards a daughter needs to be perceptibly changed for all economic groups, however in case of less economically well off families, poverty is a huge constraint that stands in their way to raise and educate their children. Thus given a limited resource basket, these families would rather opt for a son than a daughter. In order to enable them to consciously retain their daughters, they would require financial incentives and other non cash assistance.

It is with this intention that an innovative scheme of 'Conditional Cash and non cash Transfer Scheme' is proposed, wherein cash and non cash transfers will be provided to the family of the girl child (preferably the mother) on fulfilling certain conditionalities, for the girl child - such as birth and registration of the girl child, immunization; enrollment to school; retention in school; and delaying the marriage age beyond 18 years. This will be in addition to the various incentives, which already exist for girl child given by the Centre and the States.

The objective of the Scheme is two fold – the direct and tangible objective is to provide a set of staggered financial incentives for families to encourage them to retain the girl child and educate her etc; the more subtle and intangible objective is to change the attitudinal mindset of the family towards the girl- by linking cash and non cash transfers to her well being. This will force the families to look upon the girl as an asset rather than a liability since her very existence has led to cash inflow to the family.

The Scheme may be initiated as a pilot project in selected backward districts of the country. A concept note on the Conditional Transfer Scheme is at **Annexure 'A'**.

### ***Health and Nutrition for Girl Child***

Discrimination in the provision of adequate and timely nutrition and health inputs to the girl child is a persisting problem as result of which these groups suffer from various problems like under weight, malnutrition, anaemia, micro nutrient deficiencies, stunted growth etc. Health and nutrition awareness and education to dispel discrimination against girls is imperative. An intensive social mobilization of communities especially, women's group and adolescent groups needs to be undertaken and should focus on particularly on immunization the girl child, promotion of breast feeding, micro-nutrient deficiencies and malnutrition, its effect on child-bearing and removal of food taboos for girls so that nutritious food is provided to them during their growing years along with regular health check up at PHCs.

One of the factors for high mortality and morbidity among adolescent girls is high risks involved in their pregnancy, as they are physically and biologically not prepared for childbirth. It is very essential that such pregnant adolescent girls should be provided adequate health care by Anganwadi and Asha workers and also promote institutional deliveries. An integrated approach taking care of lifeskills, nutrition, health of adolescents girls may pave the way for healthy society/ better quality human resource. The universalization of Nutrition Programme for Adolescent Girls and its merger with *Kishori Shakti Yojana* will go a long way in supplementing nutritional requirements and also to empower the girls socially and economically.

Capacity building of Anganwadi worker should be undertaken so that she is made aware of the special needs of young girls and adolescents. The progress made by each girl should be monitored by PHCs by maintaining proper health records of all girls. Special attention should be given to more vulnerable girls especially those affected by HIV/AIDS, trafficked victims, physically and mentally challenged girls to provide them with special health and nutrition inputs.

### ***Enabling Education for the Girl Child***

The need to encourage all girls to enroll in school and to retain them in the school system is imperative as education not only improves the worth and self esteem of the girl child but also enables her to become an economically productive woman and delays her marriage age.

Community Vigilance Committees should be formed at village level and the members should ensure that every girl in the village is enrolled and regularly goes to school. Mid- day meals should be made compulsory for girls irrespective of the stage of their school education. This has a two-fold effect- on the one hand it encourages the child to remain in school and secondly it provides the girl with a nourishing meal.

There are a number of logistic constraints, which restrict girls from attending schools, especially after they have crossed the primary stage. These include distance from school and lack of girl friendly facilities in school buildings. Efforts should be made to enroll and retain girls in school by reducing distance of school from home as far as possible. There is need to provide safe transport to girls who have to travel considerable distances. In this context, the proposed Conditional Transfer scheme, can examine the possibility of providing bicycles to girls for traveling to school (as a non cash transfers) to young girls( at elementary and secondary school levels) so that they need not depend on irregular public transport services. Also, if there are no elementary schools or secondary schools in the vicinity, Dept of Education may undertake alternative schooling system (like National Programme for Education of Girls for Elementary Education) which can take care of their schooling needs till such time an elementary school is made available. More residential schools (on the lines of Kasturba Gandhi Balika Vidyalaya) and hostels should be provided for girls (especially adolescents) to facilitate their continuation in education.

An important reason for girls dropping out of school is the lack of proper toilet and sanitary facilities. High priority is therefore needed to be accorded to providing separate girls' toilet with proper water and sanitation facilities. Efforts through Department of Education should be made to increase the number of female teachers at all levels so as to encourage girl child to continue in school in a safer environment. Further, Bridge schools with quality education package should be provided to girl children, especially street children, child labourers, seasonal migrants, who may have not been in formal education system. These bridge schools should ultimately lead to their integration in the formal system.

As girl children are pressed into home based duties especially sibling care , the number of ICDS and AWCs in remote areas should be increased to relieve young girl children of their sibling care duties and help in reducing drop out rates. Provision of adequate number of crèches in urban and rural areas also facilitates girl children to attend school without the burden of sibling care. Also, it is important that Day-care center / Crèches for the girl children themselves be made available after school hours for their safety when their parents are at work.

Pre school education is an very important input not only for 0-6 years old but also for the older children as it serves as the motivating factor for the girl child to enroll in school. For this purpose, Training of Anganwadi workers and regular teachers at pre-school levels as well in regular school is required. Special training also needs to be given for early detection of mental disability among girl children and appropriate interventions that are needed to address their educational requirements. Additionally, parents and families of such children should be educated and provided with coping mechanisms to enable them to take care and support the girl child. Special incentive/ scholarships and recognition should be provided to motivate girls and help them to continue their education, especially those who succeed in education extra-curricular activities etc.

The proposed Conditional Transfer Scheme has a separate Cash and non cash transfer component to induce enrolment of girls in school and subsequently for their retention at different stages - primary, elementary and secondary.

### ***Gender Sensitization of Educational System***

Engendering educational system involves not just establishing girl friendly schools but also creating a gender awareness in the educational system so that the entire educational environment is sensitive to the special needs of girls.

For this purpose the MWCD should work in close collaboration with Department of Education and ancillary bodies to ensure that the curricula and syllabi are gender sensitive. Positive images of girls need to be reflected in textbooks and special modules formulated which reinforce the economic and social empowerment of women. Such inputs in the curricula will help in improving the status of girls and their self esteem. It will also give them the necessary encouragement to improve their economic and social status. Apart from this, special modules on social problems facing the society and specially girls should be included in the syllabi so that these issues are openly and freely discussed and awareness and knowledge gets disseminated. Such issues may include personal hygiene, early marriage and pregnancy, prevention against abuse, exploitation and violence, HIV/ AIDS, modules to enlighten them on the benefits of education, health, hygiene and nutrition, economic empowerment etc. The Ministry should also empower adolescent girls through “Balika Sanghas” to discuss these issues in their peer groups.

Gender Sensitization and gender awareness programmes should be organized and conducted for teachers, PRIs especially in rural areas on the rights of the girl child, social problems faced by them and to provide counseling or help if required.

### ***Abolition of Child Marriage***

The Child Marriage Restraint Act 1929 (CMRA) provides for punishment to those who have allowed, contracted, performed or have been involved in a child marriage. Yet it's efficacy has been limited in preventing child marriage as thrust of the Act is on 'prevention' and not declaring the marriage null and void after it has occurred. Also, on account of societal acceptance of child marriages and the tacit cooperation of the bureaucracy, police and politicians, the reported cases are very few.

The amendments to CMRA is under preparation by the MWCD and the amended bill is likely to be called the ' Prohibition of Child Marriage Bill' with emphasis on 'prohibition' instead of just 'prevention'. The legislation to be successful however should include provisions for declaring child marriages null and void and also impose stringent punishments on all parties

which have supported the child marriage. In order to curb the evil practice there is also a need for the States to have a special child marriage prevention cell with requisite powers to prevent solemnization of child marriages, provide counseling services and facilitate the effective prosecution.

The best method to prevent child marriages is to take adequate steps to ensure that they do not take place. For this, major advocacy and sensitization programme through all channels of communication and social dialogue, including motivation of local leadership multi-media campaign needs to be undertaken to reach out to all sections of the society especially targeting both parents and youth. The campaign would stress on the negative impact of child marriage in terms of early pregnancies, high rates of MMR, IMR, mortality and morbidity of the girl etc; it would also emphasize the many positive developments of not allowing child marriages such as better health and well being of the girl, higher educational attainments, making the girl child economically productive through well designed skill development and vocational training courses. All these will provide an impetus and insight to her family that delaying the marriage age has many advantages. Steps should be taken to ensure that every school (both Formal and Non-Formal), Balika Sanghas, Youth Groups and others impart compulsory education on sexuality and reproductive health.

The Ministry should partner with NGOs to combat child marriage. Also, it should mobilize, develop and promote community initiatives to support delayed marriage through PRIs, Community based organizations, maulvis/ pandits/priests/religious leaders and self help groups. Awareness generation and training on various laws pertaining to women (including the now being amended CMRA) as well sensitization on gender rights should be important inputs in Capacity building programmes for different functionaries and stake holders like law enforcement agencies, judiciary, parliamentarians, PRIs etc

Compulsory registration of marriages is a significant deterrent to child marriages. The Government should ensure that this Registration is brought into force and implemented effectively to disallow child marriages. The local panchayats should register all marriages taking place in their jurisdiction and thus keep a close vigil on occurrences of child marriages. Every Panchayat should put up a notice to the effect that child marriages are illegal and indicate the consequences that will result if such marriages take place.

Increased educational opportunities for girls have an important bearing on delaying their marriage. Therefore it is necessary to strive for higher enrolment of girls in elementary and secondary school education. At the same time the girl child need to be exposed to skill building, capacity development and vocational training so that livelihood options become available. This has the possibility of further delaying the age of marriage of the girl, especially if she is an economically productive member of the family. Further the Ministry should explore the possibility of providing safe and non-exploitative employment opportunities to the girl child, especially adolescent girls by collaborating with vocational training institutes. In this regard, the Ministry will encourage private partnership also.

The proposed Conditional Cash Transfer Scheme would supplement the above efforts by providing cash and non cash transfers to families to encourage them to retain their girls in school and to delay the girl's marriage beyond 18 years.

### ***Girl Child Abuse, Exploitation and Violence***

The efforts to prevent girl child abuse and violence calls for strengthening and strict enforcement of laws for rape, sexual harassment, trafficking, domestic violence, dowry and other related issues. Concerted capacity building and training programme on gender related legislation and issues for important functionaries and stakeholders like police, judiciary, prosecutors, general society, NGOs and PRIs needs to be taken up on a nationwide scale.

A major lacuna in assessing the magnitude and spread of various types of violence against girls is the absence of proper gender disaggregated reporting mechanisms. It is essential to put such a system in place with proper networking and inbuilt tracking systems. Community Vigilance Groups along with Self-Help Groups and Youth Groups should ensure that girl children in their community are protected against abuse, violence and exploitation. These groups should closely work with Panchayati Raj System and Child Protection Cell being proposed under Integrated Child Protection Scheme (ICPS). To ensure that the above groups carry out the work efficiently, sensitization and training should be conducted on regular basis. Open and frank discussions and discourses on issues related to abuse, exploitation and violence against girl child should be freely allowed to sensitize the general public. This along with multi media awareness and sensitization campaigns can be instrumental in changing the mindset of society and eliminating the violence and bias against female child.

Keeping in view the vulnerability of girl child, special schemes and programmes would need to be formulated for or their protection. It is also necessary to list such occupations/ activities that pose danger or are hazardous to the girl child and ensure that she is not lured or duped into dangerous activities.

Child Friendly police stations should be constituted in all districts through the setting up of women' police stations, women's help desk in police stations and wide dissemination of child help-line. The Police Stations should have a team of policewomen, social workers and counselors to attend to the needs of the girl child victim.

Well thought out Rehabilitation packages need to be designed with specific modules for specific types of abuse/ violence perpetuated so that the victim receives the correct and appropriate rehabilitation required to be successfully reintegrated back into society. Family counseling and services too need to be provided to families of girls affected by abuse and exploitation so that they can provide care and support to the victim.

The following paragraphs depict select cases of violence and abuse against the girl child and the requisite remedial measures that need to be taken.

### ***Trafficking for Commercial Sexual Exploitation***

The Eleventh Plan will need to adopt a Multi-pronged Approach to combat Trafficking with distinct components of :

- (i) *Preventive measures;*
- (ii) *Rescue and Rehabilitation measures;*
- (iii) *Awareness generation and sensitization and*
- (iv) *Training and capacity building.*

Based on the this approach the following initiatives are required:

- Preparation of a National Policy on combating trafficking which will address all issues pertaining to trafficking be it sexual exploitation, bonded labour, sale of organs. It will lay

down clearly the prevention aspects, laws and legislations, the role of the implementing authorities, rescue and rehabilitation, reintegration etc.

- It is also necessary to consider the formulation of a full fledged composite, holistic legislation in “Trafficking in Persons” in consultation with Ministry of Law, which will have separate sections pertaining to different types of trafficking such as for commercial sexual purposes, organ transplantation, labour, beggary, drugs and psychotropic substances, firearms etc. The proposed omnibus legislation will help in strengthening the cases against traffickers and also provide speedy justice and relief to the victims. For example, cases relating to trafficking for commercial sexual exploitation can be registered under ITPA, IPC, JJ Act, proposed Offences Against Children’s Bill etc., which will ensure that there is no lacunae or loophole for the trafficker to escape.
- Comprehensive scheme with above components to combat trafficking and for rescue and rehabilitation of victims. The proposed scheme may consist of two components – one, for preventive activities to be undertaken through awareness generation programs like peer education, rally, campaign, poster, booklet, wallpaper, handbill, street play, puppet show or through any other traditional art, and use of radio and local news paper. The other component may be for rescue and rehabilitation of victims of trafficking for commercial sexual exploitation and provision of rescue cost, counseling to overcome psychological trauma, shelter home, medical care, legal aid, witness/victim protection, education, vocational training, networking with various stakeholders, repatriation and restoration etc. For victims who are not in a position to return to their families, thrust also has to be laid on vocational training and placement
- Specially designed strategies to combat trafficking for sexual exploitation in different areas like sex tourism, pilgrim places, beach sex tourism, film industry sex exploitation, pornography, cyber etc are also required.
- There is also an urgent need for mapping out vulnerable high-risk areas (especially areas affected by natural and man made disasters) and the creation of a tracking system for trafficked victims to enable their rescue and repatriation.
- Strengthening the information networking between different stakeholders, intra-State, inter-State and within the Region is also required. The data base of trafficked and rescued victims, number of arrests made and convictions achieved of traffickers and other culprits also needs to be strengthened.
- The Ministry of Women and Child Development had requested the Ministry of Home Affairs (MHA) to set up a dedicated nodal Cell in the MHA for prevention of trafficking. This Cell should come into operation immediately as it is required to coordinate, network and provide feedback to the State Governments and other concerned agencies as well as share data inputs, best practices, innovations etc. on a sustained and continuous basis to enable better outcomes.
- At present there are a number of problems and constraints faced by enforcement authorities of one State when they have to rescue trafficked victims from other State and book the traffickers. A uniform set of procedures would need to be prepared to facilitate inter State rescue. The proposed Cell in MHA could in consultation with the States, formulate a protocol for this purpose so that the role of local police and other functionaries in the source and destination areas are clearly mentioned.
- The MWCD as a part of its endeavor to engender different organs of the Government had requested MHA to recruit at least 30 percent women personnel in its police forces; to set up Women’s Police Stations in every town and a dedicated women’s help desk in all police stations to cater to the special needs of women and also to inculcate gender sensitivity in the Police force.

- The setting up of special Anti Human Trafficking Units in select States is being proposed as part of the MHA/ UNODC project. Based on the success of such units the same needs to be replicated in different States/ cities.
- The MHA would need to formulate a Comprehensive Witness Protection Programme whereby vulnerable witnesses who are victims of trafficking and other serious crimes get adequate protection from threats and intimidation of traffickers till such time the latter are convicted. The Witness Protection programme should have provision for an identity cover for the victim so that her location and other details are not disclosed and provision of food, shelter and other immediate needs are taken care of. As far as possible, recorded statements should be used in the court as evidence and the witnesses need not have to undergo the trauma of traveling time and again to the court houses.
- Existing laws related to trafficking of women and children as well as the Immoral Traffic (Prevention) Act 1956 (now being amended) should be strictly implemented. Further, an intensive training programme in collaboration with various agencies and experts should be organized and conducted for Judicial Officers, Medical Officers, Paramedical Staff, Police (including Border Security Forces, Railway Police, Airport Authorities and CRPF), Counsellors, Social workers, PRI, District level authorities, State Level Authorities, NGO personnel's and families on trafficking. This should be done at both linear and horizontal level. Preparation of Training Manuals for Police and Prosecutors is also required. The information networking between different stakeholders, intra-State, inter-State and within the Region should be strengthened so as to facilitate better implementation of the laws.
- The root cause of trafficking, which is poverty, and economic vulnerability of women and children needs to be effectively tackled if the menace of trafficking has to be eradicated. Sustained livelihood options in such high trafficking risk regions/families especially can go a long way in preventing trafficking. There is a need to coordinate and network initiatives aimed at reducing poverty, rebuilding society after calamities and emergencies and adopting a holistic approach to interventions which not only target the victims but also their families and communities. Convergence of programs at the ground level would ensure that benefits reach the most vulnerable families in the source areas, thereby preventing trafficking of women and children.
- Community vigilance groups and Balika Sanghas need to be formed in source areas and disaster prone areas for combating trafficking of women and children. Local institutions such as Panchayats may be made accountable for tracking outbound movements of girl child. More childlines should be established at village level and wide publicity should be given to their services.

### ***Children of Sex Workers***

- There is high probability of children of sex workers entering the sex trade. As a result of their social stigma these children also face physical, mental and sexual abuse. This leads them to take up sex work at a very early age, well inducted by the traffickers who are none other than the older sex workers.
- Interventions should look at enabling a better life for these children through education (Sarva Shiksha Abhiyan, non formal education systems, open schools etc) .Health and hygiene education should be conducted for these children as due to their high risk environment , the possibilities of contracting STD/ HIV/AIDs etc are quite high. Life skills education and livelihood options are essential components of a protective prevention package for these children which will also involve their mothers.

- Keeping the above in mind it is quite essential that a separate program should be formulated for these children.

### **Prevention of cross border trafficking**

India is a signatory to a large number of International Conventions including SAARC Convention on Preventing and Combating of Trafficking of Women and Children for Prostitution. There is need to strengthen regional and overseas initiatives to prevent trafficking and also enable rescue and repatriation of children to their countries of origin. Some initiatives that can be taken include:

- Formulation of a Protocol for inter-country rescue (especially among SAARC countries) and repatriation of women and children in a humane manner;
- Harmonizing definitions and terminology as well as legislations across SAARC nations,
- Developing an information sharing system on select and key parameters which influence trafficking and for tracking of victims,
- Capacity building and training of different agencies in the Region, etc
- MEA to put in place help lines and other support facilities in their Embassies and High Commissions for immediate response to pleas for help; also to extend support facilities like shelter, food, clothing, medical and legal help for rescued victims.
- Need for an omnibus anti trafficking legislation

### ***Domestic Girl Child Labour***

The Child labour laws need to be strictly implemented to prevent girl child labour. Recommendations include:

- Ensure that the employers of domestic child labour especially of girls are punished.
- Ensure that the domestic girl child labourers are rescued in a gender-sensitive manner and kept in a safe place until repatriation.
- Ensure that a holistic and complete package is provided to rescued girl domestic labour.
- Preventing girl child labour through employment assurance schemes for poor parents.
- Retain the girl in educational system for which the assistance under the proposed conditional Cash transfer scheme can be utilized.

### ***Welfare and Development of Adolescent Girls (11-18 years)***

Focused attentions needs to be given to the welfare, development and empowerment of Adolescent girls as they presently have only limited opportunity to become informed and contributing members of their community and society.

Adolescents also have physical and biological needs at this stage of their development, it is important to take care of their psycho-social needs and encourage them to develop their self-esteem and self confidence. Counseling centers for adolescents should be opened in all schools and information centers at every block for adolescents. Balika Sanghas could be formed in every village of the country. The Balika Sanghas play a role of catalysts in creating an enabling environment and becoming the support group for empowerment of girls. Adolescent boys would also be co-opted, so that they are gender sensitised.

Further, an empowerment approach in tandem with rights based approach would need to be adopted so that information and training inputs can be translated into decisions and behavior changes. The aim should be to raise the profile of the girls and support them in becoming change agents for themselves, their peers and the community, in general. Efforts should also be made to converge programmes/ schemes of various different Departments and service

providers from Government and Non-Government Organisations. Efforts should also be made to involve the family of adolescents and community as a whole.

The Ministry in collaboration with reputed institutions and NGOs should undertake training and awareness programmes for adolescent girls on crucial issues of reproductive system, changes during the adolescent phase and sensitisation to oppressive social systems, social realities and their rights.

Vocational training and skill development keeping newly emerging areas in mind should be imparted to adolescent girls as part of their education (formal and non-formal), so that her marriage and motherhood are deferred/delayed and she is made economically independent.

#### **Babu Bahini Manch Initiative**

Babu Bahini Manch (BBM) is an initiative evolved by an organization Gram Niyojan Kendra (GNK) for its development projects implemented at Ratanpur and Laxmipur Blocks, Tehsil Nautanwa, District Maharajganj, Uttar Pradesh. In spite of Maharajganj being a very backward district, formation of BBMs has proved to be a very successful strategy towards gender equality and to bring about change in attitude and practices of the adolescent boys and girls of the villages covered by GNK.

It is a forum where adolescent boys and girls meet on a regular basis and work upon areas of societal interest and self awareness like, education, health, sanitation and hygiene, human rights, rights of children, ecological issues, family life education, etc.

BBMs have been in existence from past more than three years and have brought about visible changes in perceptions of growing children as well as adults. Some results include:

- There have been instances where adolescent boys of BBM have been instrumental in bringing back children especially girl children to school system.
- There has been a change in the mindset of minority communities where girls placed in religious and traditional education have been integrated with mainstream schooling and are now learning computers.
- There is a change in marriage practices as well. Girls are consulted for their alliances and sent to their marital home only after they have attained the legal age of marriage.
- Employment of girls is accepted and appreciated.
- BBM initiative can be a role model to be replicated in other parts of the country.

#### ***Expansion of NPAG and Merger of the Kishori Shakti Yojana (KSY) and Nutrition Programme for Adolescent Girls (NPAG)***

Adolescents are overlooked in most health programmes. Although one of the major cause of malnutrition is inadequate food intake, ignorance about healthy feeding practices is another major reason for this. Special nutrition package for adolescent girls is required as their health standards are very poor. This is evident from the NFHS-2 which estimated that more than one third (36%) of women, have a BMI (Body Mass Index) of less than 18.5. In the age group 15-19 yrs., 38.8% of girls have BMI of less than 18.5. Also, high prevalence of anaemia was also brought out by the NFHS-2, wherein 56% of girls in the age group 15-19 yrs suffer from anaemia (36% mild anaemia, 17.9 % moderate anaemia and 1.9 % severe anaemia). The Supreme Court in its WP (C) No. 196 of 2001, vide order dated 28-11-2001 had ordered that each adolescent girl to get 500 calories and 20-25 grams of protein.

The Ministry of Women and Child Development had launched Kishori Shakti Yojana (KSY) as a part of ICDS in the year 2000, which seeking to provide health and nutrition education,

job training, life skills, vocational skills to empower the adolescent girls. Under KSY grant-in-aid @ Rs. 1.10 lakh per block is given to the States/UTs every year. In the year 2005-06, this scheme was extended to all the 6118 ICDS projects in the country. Interventions like health and nutrition, education, supplementary nutrition (to a very limited no of girls), non formal education, vocational education are taken up under KSY.

The Nutritional Programme for Adolescent Girls (NPAG) was started on a pilot basis in the year 2002-03 in 51 districts of the country. Under this programme undernourished adolescent girls (body-weight < 35 kg) are given 6 kg of food-grains per month, free of cost for an initial period of three months initially. Thereafter, if their nutritional status does not improve, they are referred to a doctor, meanwhile the provision in terms of free food grains is continued.

Efforts should be made for addressing these nutritional and other issues relating to adolescent girls in an integrated manner through the Merger of KSY and NPAG, and expansion of the coverage of Supplementary Nutrition Programme to the adolescent girls in all districts in the country in the 11<sup>th</sup> Plan. An integrated approach taking care of life skills, nutrition, health of adolescents would pave the way for a healthier and more equitable society.

The requirement of funds can be estimated once the strategy/parameters of the scheme are finalized. It is estimated that the number of adolescent girls (11-18 years) to be 8.5 crores and 1/3<sup>rd</sup> of these to be undernourished (2.83 crores). At present 6 kg of food-grains are given per girl per month under NPAG. Average price of wheat and rice (BPL issue price) is Rs.4.15 and Rs.5.65 per respectively. The cost of fortification of wheat is about Rs.1.40 per Kg. Therefore, average cost of fortified wheat flour would be Rs.5.55 per kg. Therefore cost of providing food grains to 2.83 crore girls per annum would be  $2.83 \times 5.6 \times 12 \times 6 =$  Rs.1141 crores. Besides, the existing provision for KSY is Rs.1.1 lakh per Block per annum. This was prescribed in the year 1991 and therefore, this provision needs to be revised upwards. Assuming the revised limit to be Rs.5 lakhs per Block per annum, the requirement for 6119 Blocks would be Rs.306 crores. Therefore the total cost for these two interventions would be Rs.1141+Rs.306= Rs.1447 crores. We may earmark additional 10% for other services, administrative and monitoring costs. Therefore, the total requirement of funds, in a year could be Rs.1591 crores (say Rs.1600 crores). A draft scheme for empowerment of adolescent girls is at **Annexure 'B'**.

A proposal for expansion of NPAG to all the districts and its merger with KSY, indicating a budget of Rs. 1600 crore may be considered in the XI Plan to improve the nutritional status of adolescent girls and also to empower them socially and economically.

### ***Girl Child Friendly Villages / Clusters***

In order to encourage and enthuse villages to become more sensitive to the girl child's needs and facilitate her welfare, development and empowerment, it is suggested that villages be given a set of parameters/ indicators to monitor and such villages that comply with all the indicators be declared "Girl Child Friendly". An illustrative list of girl friendly indicators, grouped under 3 categories, viz, health and nutrition, education and protection is provided.

### **Health and nutrition**

- pregnancy registration
- immunization for mothers
- nutrition supplements for to mother
- institutional deliveries

- regular health check-up.
- accessibility of health centre
- availability of health worker
- availability of medicine
- regular monitoring of health of child
- immunization records of the girl child
- supplementary nutrition of the girl child
- micro nutrients supply

### **Education**

- Pre-school education & supplementary nutrition facilities
- enrolment of girl-child in school
- Primary education facility
- availability and accessibility of elementary and secondary education facility
- no.of female teachers
- no. of trained teachers
- provision of mid-day meal/ supplementary nutrition
- availability of school books/stationery/school uniform
- pucca school buildings
- toilet / sanitation facility in school
- furniture in school
- extra-curricular activities in schools
- sports facilities
- special provisions for SC/ ST/OBC
- special education for disabled

### **Protection**

- birth registration of the girl child
- protection from child abuse
- protection of child marriage
- protection from sexual exploitation and trafficking
- prevention of child labour
- care for street children

Based on the number of indicators fulfilled the State Government/ District administration may like to reward these villages/ clusters with awards/recognition /citation etc. Based on the number of village/ clusters declared “Girl Child Friendly’ the concerned State may also be recognized for its efforts at the national level for which the Ministry of Women and Child Development make constitute a special award.

### **Communication Issues**

There is an urgent need to alter the attitudes and practices that now threaten the girl child. It is felt that unless immediate action is taken on a national scale to change this mind set, the girl child’s deprivation will persist. In many parts of India, she is already at risk of extinction. In other words, all measures to protect the girl child, and to secure her rights, must rest on the official position that she is heading towards becoming an endangered species. In this endeavor means of communication can play a key role.

1. All channels and means of communication and dissemination must be mobilised for Public Education to promote the equal rights and status of girl children, and to alert and inform the public against female foeticide, child marriage, discrimination and mistreatment, and all forms of gender injustice in childhood. It is important to utilize formal and non-formal channels operating in the countryside and community, and to use local idiom. The awareness-building and measures for attitude change should develop and rely upon two-way communication rather than one-way transmission. Programming should be interactive and linked to extension education by local service providers, and aimed at interesting all kinds of audiences in the community, not just mothers and not just girls.
2. Communication must address the social view that women are of lower worth than men, and born to serve, and the related perception that daughters are liabilities and drain family resources. Family neglect and abuse of girls is a fallout of their perceived low worth. Public education needs to target both families and the surrounding community.
3. Dialogue should be generated at community level on both traditional and modern/'pop' songs, sayings and stories. This should be aimed at both women and men, and at children themselves.
4. An analysis of existing lullabies, traditional songs and lyrics will be required, since most relating to children celebrate the birth and happiness of sons. Local level discussion of such lyrics and the messages they convey should form part of any communication initiative.
5. It is very important for health/family planning communication not to contradict what girl child messages seek to convey to the people. Joint planning is essential for this purpose.
6. There is urgent need to embark on a massive nationwide sensitization and advocacy campaign with specific focus on the importance of the girl child to reinforce the view that she is an asset and not a burden. A key message would have to be that the nation values girl children and welcomes their presence, and that the family and community must accord them their rights and entitlements. The campaign would need to be multi pronged involving the services of multi media as well other community and peer advocacy groups (such as spiritual leaders, parliamentarians,) specifically designed for different sections of society.

At present a variety of communication and promotion channels are available which could be utilized these include:

- (a) Mass media services of the Government :
  - Conscious and intensive use of radio services (AIR), with interactive linkage to ground-level communicators, and feedback and Q & A connections to radio stations;
  - Planned use of song and drama services involving both I&B performers and local talent; low-cost publications and locally relevant posters (could be made locally); planned use of short films as "triggers" to generate local discussion;
  - Field-based capacity-building
- (b) Use of outreach infrastructures and services operating in the field
- (c) Tapping into local communication systems and practitioners
- (d) Informing, persuading and mobilising local / PRI leadership
- (e) Tapping the outreach and communication capability of the NYKS (300,000 rural youth clubs) could contribute significantly to strengthening local advocacy for girl children
  - NYKS programmes could not only communicate positive messages, but also exemplify equal opportunities for girls, and provide evidence of how girl children can contribute to their communities as young citizens;

- the proposed extension of NYKS membership and services to include the 10-15 age group could provide a valuable new setting for girl children to enjoy development support and learning opportunities, and the NYKS
- (f) Use of the country's postal services network as a key outreach mechanism and resource, and the post office as a local information hub or resource point. Operating through 155,000 post offices across the country, the network holds promise for communication on the girl child. They have an unparalleled reach and connectivity of the network, and its local reliability, with every postman providing a connection to the community, and 89 per cent of post offices in rural locations. It should be used as a major channel to reach out to homes in the remotest rural areas. The postal system holds matching potential as the repository of the proposed cash transfer credit scheme benefiting girl children.

### **Conclusion**

The nation cannot afford to ignore the needs of the girl child any further, discriminate against her or just relegate her existence to the stereotyped role of a wife, mother or sister. She needs to be recognized as the 'woman of the future' and a productive citizen of the country entitled to all the fruits of social and economic progress on an equal footing with her male counterparts. Thus the thrust, approach and action in the Eleventh Plan (2007-11) will need to be geared to usher in a new era for the girl child - one of respect, dignity, equality so that she can emerge as a fully empowered citizen of the country and contribute to its progress and prosperity.

## Annexure A

### CONDITIONAL CASH AND NON CASH TRANSFER WITH INSURANCE COVER

#### A Concept Note

#### INTRODUCTION

Conditional cash transfers are a departure from more traditional approaches to social assistance that represents an innovative and increasingly popular channel for the delivery of social services. Conditional cash transfers provide money to poor families contingent upon certain behaviour or action, usually investments in human capital such as sending children to school or bringing them to health centers on a regular basis. They seek both to address traditional short-term income support objectives and promote the longer-term accumulation of human capital by serving as a demand-side complement to the supply of health and education services.

Conditional Cash Transfers have been implemented in countries such as Nicaragua, Colombia, Chile, Brazil and Mexico. There is clear evidence of success from the first generation of programmes in Brazil, Colombia, Mexico and Nicaragua in increasing enrolment rates, improving preventive healthcare and raising household consumption.

Further, evaluation results reveal that this innovative design, relying on a strong monitoring framework, has been quite successful in addressing many of the failures in delivering social assistance such as poor poverty targeting, disincentive effects and limited welfare impacts.

Cash transfers can thus be an effective way of targeting resources to the poor and socially excluded and to help keep children in school and to use health services. While Government will provide free services such as education, primary health facilities and immunization, the poor and socially excluded may continue to be still excluded because of many other barriers to access these services such as the costs of transport, medicines, uniforms and textbooks; discrimination against girls and other socially excluded groups; the loss of income from children attending school rather than working; and lack of knowledge of the value of education and preventive healthcare.

One way to overcome these barriers is conditional cash transfers which can address all of these demand-side barriers, especially if school attendance and/or use of preventive health services are conditions of payment.

#### *International Experiences*

Studies from various countries and in various contexts reflect a positive impact of conditional cash flow transfers in middle and low income countries. Examples are

Brazil's "*Bolsa Familia*" - a national programme that transfers US\$16-19 a month to an estimated 5 million families at a cost of 0.15 percent of their GDP. The Conditional Cash Transfer is provided on the conditionality that a minimum school attendance of 85 percent be ensured for children between 6 and 15 years and under Secondary School stipend programme school fees and incentive payments are directly paid into bank accounts on the condition that the child remaining unmarried and has passed school exams. Compliance with required health visits per year for children under the age of 7 and pregnant and lactating women are also laid down. In Chile, the beneficiaries have to sign a contract on the specific tasks conducive to the achievement of the minimum conditions of quality of life as identified with social worker. In Colombia each beneficiary receives a cash transfer based on the condition that their school age children attend school regularly and their younger children attend regular health visits. In Nicaragua, the conditions laid down are education of school enrollment with less than six days of unexcused school absence in a two-month period and school grade promotion ; health: regular health care visits for child's growth monitoring; up-to-date vaccinations; and attendance of health and nutrition training.

In a typical conditional cash transfers, poor mothers received cash conditional on their promoting certain activities on behalf of their children. For the youngest children below 6 years –the conditionality involved visits to preventive health care centers where their growth was monitored; school attendance was conditional for receiving grants for older children of 7-17 years.

The analysis showed that in Colombia in 2002, indicators like school attendance, child nutrition health, status and household consumption were influenced positively. The impact of conditional cash transfers on human development outcomes was reviewed on "*PROGRESSA*" in Mexico which showed that the basic objective of the Mexican government was to provide households with cash to enable parents to meet the basic requirements for their children in health, nutrition education etc. Between 1997 and 2000, the scheme enrolled 2.6 million households from 50,000 rural villages and 2 million urban families. Eligibility was decided on the basis of the poverty index. Cash transfers amounting to a third of the household income were made to the female head of the household of which 70 percent was spent on better food. However, in order to get the money, the children had to attend school and family members attend health clinics and hygiene education programmes.

The evaluation showed that the program had an impact on the children's health and the number of reported illness decreased by 25 percent with the reduction increasing with longer the duration of the programme. The two measures used to measure health impact were anemia and height and this showed that the former decreased by 13 percent and after 12-18 months of the programme the latter also showed a positive increase.

## **CONDITIONAL CASH TRANSFER AND INDIA (along with non cash transfers)**

## **Objective**

The girl child is the most vulnerable member of the society in India. The life chart of a disadvantaged girl child reflects the strong element of discrimination at every step of her life – feticide; infanticide; little or no access to education; health or other services; abuse particularly sexual abuse, domestic labour, trafficking for commercial sexual exploitation, child marriage, early motherhood, frequent pregnancy and delivery etc.

A significant reason for the above situation of the girl child is diversion of limited funds and facilities towards the male child in a family as he has a much more important status in the familial hierarchy. This discrimination arises mainly on account of the perceptions of society towards a girl child, viewing her as a burden and not as an asset - a factor that would also cause them to abort the female fetus.

This is especially true in the case of less economically well off families where poverty is a huge constraint that stands in their way to raise and educate their children. Thus given a limited resource basket, these families would rather opt for a son than a daughter. In order to enable them to consciously retain their daughters, they would require financial incentives and other non cash assistance

Though a large number of schemes and programmes for reducing poverty, and for the welfare of women and children and disadvantaged groups exist such as scholarships for children, free immunization, supplementary nutrition, poverty alleviation programs etc., it has not been successful in addressing the specific needs of girls or improving their well being or their status in society. It is also seen that many times, more than the services, the family prefer cash, which gives them some independence of choosing the service and also spreading part of the benefit to other family members.

It is with this intention that an innovative scheme of ‘Conditional Cash Transfer Scheme (along with certain elements of non cash transfers) is proposed, wherein cash and non cash transfers will be provided to the family of the girl child (preferably the mother) on fulfilling certain conditionalities, for the girl child - such as birth and registration of the girl child; immunization; enrollment to school; retention in school; and delaying the marriage age beyond 18 years. This will be in addition to the various incentives, which already exist for girl child given by the Centre and the States.

The objective of the Scheme is two fold – the direct and tangible objective is to provide a set of staggered financial incentives for families to encourage them to retain the girl child and educate her etc; the more subtle and intangible objective is to change the attitudinal mindset of the family towards the girl - by linking cash and non cash transfers to her well being. This will force the families to look upon the girl as an asset rather than a liability since her very existence has led to cash inflow to the family.

## ***Target Group***

A pilot project may be started in ten Districts in the Country, and within each district one block will be selected. Two blocks each from North, South, East, West and North-East can be selected on the basis of the following criteria: -

- The selected blocks will be in the most backward areas, preferably educationally backward districts; however a readiness assessment should show that the selected districts have a minimum level of infrastructure to be able to participate meaningfully in the pilot.
- Within the selected blocks, all girl children under the age of 18 will be part of the pilot.

The pilot project will be implemented for five years with regular monitoring and evaluation. It is hoped that the five years will provide enough time for the project to be implemented and show desired results. At the end of five years, an evaluation will be conducted to assess the effectiveness of the project and scope for up-scaling of the pilot to other parts of the country. Thus the proposed pilot project will be an innovative project which is exploratory and experimental in nature.

### ***Modalities***

It is proposed that the identified girl will receive a certain amount of cash on completion of a task or action. The cash will be given to the mother to ensure that it is properly utilized for her child's well being. In addition, as additional incentive to the family, the cash transfer will be linked to other non-cash benefits.

To make it attractive, it is proposed that among the transfers, there will be two cash transfers which will be substantial and will take place at the time of birth of the girl child and at completion of 18 years. The last transfer will be made in the name of the girl that she can utilize the amount in a way she would like.

The cash transfers will be based on certain conditions, which need to be met by the family. The proposed action points for which the conditional cash transfer will be given are:

- At birth and registration of birth
- On progress of immunization (6 monthly transfer )
- On completion of full immunization
- On enrollment to school
- On completing primary education - (quarterly payments)
- On completing elementary education – (quarterly payments)  
At the level of secondary school stage, the girl may be given a choice to either study further or join any Government recognized vocational training course, - (yearly transfer) till the secondary school/ vocational training is completed.
- At the age of 18 years if the girl is still unmarried, then a lump sum will be transferred to the girl directly.

### ***Sub component of insurance cover for the girl child***

In addition to the above, it is also proposed that an insurance cover will be provided for the girl child as a safety net and also to enable the girl to receive a lump sum at the age of 18 years. It is proposed that a minimum of Rs.10000 will be taken as the insurance cover in the name of the girl child with suitable arrangements with LIC and the premiums reimbursed by the Ministry under the aegis of the CCT.

### ***Implementation***

The MWCD will be the nodal Ministry for this scheme. However the pilot project will need to be implemented in collaboration with State Governments by identifying specific functionaries known as the ‘verification authorities’ which may include Anganwadi workers, Gender coordinators of education, Village Education Committee, Principals of schools, Asha worker etc. If thought necessary, a coordination agency/ agencies, preferably community based such as PRIs, NGOs/ Mahila Samhkyia/ local self help groups etc, can be identified to oversee the implementations in each of the blocks. The method of disbursements is suggested as follows:

- The State Government/district authority will disburse the amount to Nationalized Bank or Post Office in the block
- It is proposed that the moment a girl child is born and registered, the mother will be eligible to open an account in a Nationalized Bank or Post Office. In case, the child does not have a mother, then the account will be opened in the name of the father. She will also be issued a report card/monitoring card (the possibility of a card on the lines of the ‘Mother and Child card used in the anganwadis can be explored)
- On completion of each item of conditionality and on the verification of the same by the designated relevant ‘verification authority ‘the mother/father can produce the card to the Nationalized Bank/Post Office and the sanctioned amount will immediately be transferred to the account.
- The pilot project may be given wide publicity through mass media. Efforts will be made to use information technology to the maximum.

### ***Monitoring mechanism***

- At the block/ village level, community based organizations such as PRIs , NGOs/ Mahila Samhkyia/ local self help groups can become the monitoring authorities and also a forum for appeal / follow up or extending an helping hand . The district administration can form an inter-disciplinary committee to act a general supervisor of the project and take a review every six months. To check malpractices or complaints, existing helpline would be widely disseminated.
- At the State level as different line Ministries/Departments would be involved, a Monitoring Committee may need to be set up under the secretary (WCD/Social Welfare).
- As the successful implementation of a CCT scheme relies heavily on a strong verification system, it is proposed to engage an independent agent for evaluation /verification of compliance with the conditionalities. on an annual basis.

### **Estimated fund requirement**

A preliminary estimate based on block wise requirements has been attempted. The average girl child population per block (as derived from the Census figures) for the 3 age groups viz 0-4, 5-9 and 10-17 years is estimated at approximately 38000 girl children. The conditional cash transfers are to be given on completion of certain conditionalities like birth, immunization, enrolment, retention in primary and elementary school, entry into secondary school/ vocational training and completion of 18 years without getting married.

Keeping in view that the attraction of cash amounts transferred is the key to the success of the scheme, two scenarios of financial requirements have been estimated – one keeping the minimum possible cash transfer; any further lowering of the amounts of the transfers would not lead to any impact on outcomes. The other scenario has been devised for enabling a perceptible impact on the outcomes. The Statement enclosed gives the details of the different scenarios.

#### ***Minimum cash transfer scenario***

Based on conditionality to be achieved at age each group, the most minimum staggered /phased cash transfers that is felt absolutely necessary amounts to an average of about Rs16,000 per girl child, spread over the 18 years, which comes to only about Rs.400 per year per child. Taking into account each age group, the conditions to be fulfilled and the corresponding cash transfer required for the same the expenditure per block per annum works out to about Rs. 3.2 crores and for 10 blocks the projected requirements is estimated at Rs. 32 crores per annum and Rs. 96 crore for the Eleventh Plan.

The Pilot project to be implemented for 3 years, 2007-2010. Thereafter depending on the progress the project will be upgraded to a full fledged scheme with a wider spread. However the insurance premium payments will continue as per the laid down schedule as this cannot be terminated before its full course.

As the basic objective of the scheme is to ensure that the girl child is allowed to be born and that she remains unmarried up to the age of 18 years, (provided of course that she continues to remain in the school system) two major cash transfers have been proposed which account for a major chunk of the total expenditure- Rs. 1500 at the birth of the girl child and Rs. 5000 at the age of 18, which is about 40% of the total amount to be disbursed to the girl child.

#### ***Alternative scenario to ensure Perceptible outcome impact scenario***

In order to enable perceptible outcomes it is necessary that the cash transfers are substantial and attractive. This would require higher amounts of transfer than that envisaged in the earlier scenario. In the second scenario the average amount transferred per girl child is Rs. 32000/ per annum which comes to about Rs. 6.4 crores per block per

annum or Rs. 64 crore for 10 blocks or Rs. 190 crore for the Eleventh Five Year plan(2007-2010). The amount of Rs. 32000/ per girl child is spread over 18 years and hence the average expenditure per girl child is Rs.1800 per annum. About 40% of the expenditure per girl child is on transferred at the time of birth and when she is 18 years old.

The Pilot project to be implemented for 3 years , 2007-2010. Thereafter depending on the progress the project will be upgraded to a full fledged scheme with a wider spread. However the insurance premium payments will continue as per the laid down schedule as this cannot be terminated before its full course.

The above is a highly tentative assessment of the requirements of funds for the scheme based on the assumption that all girl children in the blocks will avail of the transfers, will complete their schooling and remain unmarried till the age of 18 years. Also, the estimates covers all girl children of the block and are not limited to any particular section.

It is suggested that a core group may be set up to work out the details of the scheme, identify the blocks in different regions, number of beneficiaries, and the financial requirements, the mode of disbursements and mechanism for implementation for service delivery and monitoring

Sl. No.	Condition	No. of Girl Children per block	Scenario 1		Scenario 2	
			Cash Transfer per child (Rs)	Total Cash Transfer (Rs) (Col. 3*Col 4)	Cash Transfer per child (Rs)	Total Cash Transfer (Rs.) (Col. 3* Col. 6)
1	2	3	4	5	6	7
1	At Birth and Registration of Birth	1960	1,500	2,940,000	3,000	5,880,000
2	Immunization					
	6 weeks	1960	50	98,000	100	196,000
	14 weeks	1960	50	98,000	100	196,000
	9 months	1960	50	98,000	100	196,000
	16 months	1960	50	98,000	100	196,000
	24 months	1960	50	98,000	100	196,000
	On completion of Immunization	1960				
3	Education					
a	On enrolment	2300	1,000	2,300,000	2,000	4,600,000
	class 1 + 85 % attendance	2300	300	690,000	600	1,380,000
	class 2 + 85 % attendance	2300	300	690,000	600	1,380,000
	class 3 + 85 % attendance	2300	300	690,000	600	1,380,000
	class 4 + 85 % attendance	2300	300	690,000	600	1,380,000
	class 5 + 85 % attendance	2000	300	600,000	600	1,200,000
b	On enrolment in secondary school	2000	1,000	2,000,000	2,000	4,000,000
	class 6 + 85 % attendance	2000	400	800,000	800	1,600,000
	class 7 + 85 % attendance	2000	400	800,000	800	1,600,000

	class 8 + 85 % attendance	2000	400	800,000	800	1,600,000
	class 9 + 85 % attendance	2000	400	800,000	800	1,600,000
	class 10 + 85 % attendance	2000	400	800,000	800	1,600,000
c	On completion of Secondary school	2000	1,000	2,000,000	2,000	4,000,000
d	class 11/voc.training + 85 % attendance	2000	1,200	2,400,000	2,400	4,800,000
e	class 12/voc. training + 85 % attendance	2000	1,200	2,400,000	2,400	4,800,000
f	On completion of 12 years of education/vocational training and remaining unmarried	2000	5,000	10,000,000	10,000	20,000,000
	<b>Total</b>	<b>47,220</b>	<b>15,650</b>	<b>31,890,000</b>	<b>31,300</b>	<b>63,780,000</b>

## Proposed Scheme for Empowerment of Adolescent Girls

### Objectives:

- (i) To empower the adolescent girls and build their self esteem.
- (ii) To promote awareness of health, hygiene, nutrition and family welfare, home management and child care.
- (iii) To improve health and nutrition status of the adolescent girls.
- (iv) To help them understand health and nutrition safeguards and good health and nutrition practices; to educate them about sexuality, protective sexual behaviour and reproductive health.
- (v) To provide them learning and discussion opportunities and access to information, along with some employment related skills.
- (vi) To promote, in the community an environment supportive to the attainment of the above goals.

### Target Group: Adolescent girls in the age group 11-18

- (i) Inclusion of life skills, health and nutrition education in the regular curriculum: (The Department of Elementary education would be requested to take action on this).
- (ii) Regular health check-up of all girls once a quarter by the Medical Officers. {Ministry of Health and Family Welfare to take up this activity}.
- (iii) Iron and Folic Acid (IFA) and de-worming interventions (Ministry of Health and Family Welfare to take up this activity).
- (iv) All adolescent girls who are in the age-group 11-14 years should be registered at their village anganwadis. Their growth would be monitored at the anganwadi. The Anganwadi would prepare a growth-monitoring chart for each girl. Each adolescent girl would be weighed once a quarter. If she falls in the malnourished category, then she would be eligible for supplementary nutrition (equivalent to 550 cal and 20 gms of proteins).
- (v) All malnourished girls would get Ready to Eat ration at the anganwadi. The anganwadi worker would distribute the requirement of 15 days at a time. If the girl crosses the malnourishment threshold then the supply of supplementary nutrition would be after one month.
- (vi) The girls would be given vocational training during vacations at the anganwadi center. This training would be given either by trainers. During this time they could also be given life skill education and practical demonstrations. It should be ensured that each girl undergoes this training once in three years. This training should be organized for a group of 20 girls.

### **Interventions for the girls who do not attend school:**

- (i) Non-formal education-bridge courses- to be organized by the Department of Elementary and Secondary Education.
- (ii) All adolescent girls who are in the age-group 11-14 years should be registered at their village anganwadis. Their growth would be monitored at the anganwadi. The Anganwadi would prepare a growth-monitoring chart for each girl. Each adolescent girl would be weighed once a quarter. If she falls in the malnourished category, then she would be eligible for supplementary nutrition (equivalent to 550 cal and 20 gms of proteins).
- (iii) All malnourished girls would get Ready to Eat ration at the anganwadi. The anganwadi worker would distribute the requirement of 15 days at a time. If the girl crosses the malnourishment threshold then the supply of supplementary nutrition would after one month.
- (iv) All these would be organized into Balika mandals, and girl to girl approach would be followed for vocational training. Three selected girls would be given intensive vocational training at Block/District level. These girls would in turn train the other members of the Balika Mandal. Each girl would be given a 30 days vocational training, once in three years. If the number of non-school going girls, attached to an anganwadi exceeds 30, then two Balika Mandals may be constituted for a period of six months in a year.
- (v) The State Govts would evolve a system of recognition of the trainer girls as well as the trainee girls.
- (vi) The Balika would also be imparted life skills, home management, childcare, hygiene and health and nutrition education. The Supervisors/ANM/AWW could impart this training. Even girl-to-girl approach may be followed.
- (vii) The Balika mandals should become the centre of activities of the Nehru Yuvati Kendras.
- (viii) Regular health check-up of all girls once a quarter by the Medical Officers. {Ministry of Health and Family Welfare to take up this activity}.
- (ix) IFA and de-worming interventions (Ministry of Health and Family Welfare to take up this activity).

**A program approach:** At present different Ministries have various interventions for the adolescent girls, in order to achieve better results a program approach would be adopted. A Steering Committee needs to constitute at the National level in order to coordinate the efforts of the Ministries/Departments.

Similar Committees would be constituted at the State Levels. There shall be a committee at the District level under the Chairmanship of Collector. All these committees would ensure that all the interventions of different departments are implemented in a coordinated fashion. They would also monitor the outcomes of all these interventions. The outcomes to be measured would be Drop out rates, prevalence of malnutrition, incidents of early child marriage, cases of exploitation of adolescent girls, low birth weights etc.

**Community involvement and awareness generation:** This will one of the important components of the scheme. Unless the outdated beliefs and customs, which go against girl child, are changed it would be difficult to achieve improvement in the nutritional status of the girl child. This would be achieved by involving the panchayats in improving the awareness levels of the community. Also the community will be involved in the supervision of the programme. Sensitization programmes for the parents and the panchayat members would be taken up.

**Research and creation of database:** Growth monitoring charts similar to the ones used for child growth monitoring would be developed for adolescent girls. ICMR would be requested to take up this assignment. Besides a database about adolescents and the problems confronting them would be developed.

**Role of panchayats:** PRIs would be involved in supervising the implementation of the programme. PRIs are expected to provide funds for activities of the Balika Mandals.

**Additional Honararia to the AWC:** Because of the increased workload the AWW and the AWH would be provided an additional honoraria of Rs 300 and Rs 150 p.m. respectively.

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**Annexure 'C'**

**Members of the Sub-Group on Girl Child:**

1. Smt. Manjula Krishnan, Economic Adviser, MWCD - Chairperson
2. Representative of D/o Elementary Education and Literacy, Shastri Bhawan, New Delhi
3. Representative of D/o Secondary and Higher Education, Shastri Bhawan, New Delhi
4. Representative of M/o Social Justice and Empowerment, Shastri Bhawan, New Delhi
5. Representative of M/o Health and Family Welfare, Nirman Bhawan, New Delhi
6. Representative of M/o Information and Broadcasting, Shastri Bhawan, New Delhi
7. Representative of Planning Commission
8. Secretary, Department of Social Security, Women and Child Development, Govt. of Punjab
9. Commissioner & Secretary Women and Child Development Department Directorate, Govt. of Haryana
10. Secretary, Social Welfare Department, Govt. of Delhi
11. Secretary, Women and Child Development Department, Govt. of Madhya Pradesh
12. Secretary, Social Welfare & Nutrition Department, Govt. of Tamil Nadu
13. Secretary, Women Development and Child Development Welfare Department, Govt. of A.P., Secretariat, Andhra Pradesh
14. Dr. Vinod Paul, All India Institute of Medical Science, New Delhi
15. Ms. Razia Ismail Abbasi, IACR, New Delhi
16. Ms. Jaya Srivastava, Former Director ANKUR
17. Ms. Meenakshi Shukla, 1834 Chetna, Ahmedabad, Gujarat
18. Ms. Sehba Hussain, Beti Foundation, Lucknow
19. Ms. Sulochan Vasudevan, National Institute of Public Cooperation and Child Development
20. Dr. Bhaswati Das, CSD, Delhi – Special Invitee
21. Smt. Nandita Mishra, Dy. EA, MWCD

**Co-opted Members:**

1. Dr. Manju Agrawal, Professor & HOD Behaviour & Allied Sciences, Lucknow