GOVERNMENT OF RAJASTHAN
Directorate, Women Empowerment
Women & Child Development Department
J-7, Jhalana Institutuional Area, Jhalana Doongri, Jaipur

Sub:- Public opinion/suggestions for State Girl Child Policy

The Chief Minister has desired to develop a State Girl Child Policy. The draft of the policy has been developed under the guidance of the State Task Force headed by the Chief Secretary. The draft is available on the website of Department of Women and Child Development. You are requested to provide your inputs/suggestions/ opinions.

You may send your inputs/suggestions/ opinions before 20/8/2012 on rsinghyash@gmail.com or kavitaapoorva@gmail.com and or may contact on 0141-5196321.

Additional Director (SHG)
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Draft: 30 /08/2012

राजस्थान राज्य बालिका नीति– एक सारांश

राजस्थान सरकार राज्य में बालिकाओं के महत्व/अहमियत ओर गरिमा को उत्तमतर बनाने हेतु कटिबद्ध है। अतः माननीय मुख्यमंत्री महोदय द्वारा 'राज्य बालिका नीति' लागू करने की घोषणा की है। पिछले दशक के आंकड़े दर्शाते है कि राजस्थान राज्य निरंतर प्रगति के पथ पर है। सन् 2001 से 2011 में महिला साक्षरता दर 43.85 प्रतिशत से बढ़कर 52.66 प्रतिशत हो गई है। सकल मृत्युदर भी 10.01 से घटकर 06.07 हो गई है। (1991 से 2010 के बीच) बाल मृत्युदर 2004 में 67 से कम होकर 2007–09 में 55 हो गई है। मातृ मृत्युदर भी 2004–06 में 388 थी जो कि 2007–09 के आंकड़ों के अनुसार 318 हो गई है। हाला की सामान्य लिंगानुपात 921 से बढ़कर 2011 में 926 परंतु बाल लिंगानुपात में 26 अंकों की गिरावट आई है जो अब तक की सर्वाधिक गिरावट है। बाल लिंगानुपात 2001 की जनगणना में 909 था जो कि 2011 की जनगणना में गिरकर मात्र 883 रह गया है।

हालांकि कई सर्वेक्षण एवं अध्यन बताते है कि महिलाओं एवं बालिकाओं सबंधित अधिकांश सूचकांकों में सुधार हुआ है परंतु गहराई से देखने पर बालिका के प्रति जेण्डर भेदभाव स्पष्ट नजर आता है। उदाहरणार्थ बाल मृत्युदर में कमी आई है पंरतु जहां बालकों की मृत्युदर 52 है वहीं बालिकाओं की मृत्युदर 57 है (एस.आर.एस 2010) राजस्थान की सामाजिक एवं सांस्कृतिक संरचना बालिकाओं की स्थिति को जीवन के हर स्तर पर और विकट बना देती है उनकी निर्णायक क्षमता, भविष्य के अवसर समाज में इनकी पहचान व मूल्य इत्यादि सीमित रह जाते है।

जनगणना 2011 के अनुसार राजस्थान राज्य की जनसंख्या वृद्धि दर 28.41 से गिरकर 21.44 हुई है परंतु यदि विश्लेषण करे तो यह ज्ञात होगा कि 0–6 वर्ग की आयु वर्ग में तकरीबन 65000 बालिकाएं पिछली जनगणना के मुकाबले कम हुई हैं।

बालिका नीति का उद्धेश्य एवं विस्तृत परिदृश्य :–

इस परिप्रेक्ष्य में राजस्थान राज्य की बालिका नीति का निर्माण किया जा रहा है। इस नीति का उद्धेश्य एक ऐसे सकारात्मक वातावरण का निर्माण करना है जिसमें बालिका की गरिमा उसका चहुमुखी विकास, संरक्षण, भागीदारी एवं भेदभाव रहित अस्तित्व सुनिश्चित हो सके।

बालिका नीति की विषयवस्तु :–

इस बालिका नीति को सुलभ एंव सरल बनाये रखने हेतु इसे 8 मुख्य भागों में विभाजित किया गया है। बालिका नीति के विजन के पश्चात नीति की भूमिका एवं औचित्य बताया गया है। नीति के तृतीय भाग में बालिकाओं की वर्तमान वस्तुस्थिति का तथ्यामक विश्लेषण दिया गया है। चतुर्थ भाग में जिन क्षेत्रों/मुद्दों पर – विपरित बाल लिंगानुपात, बालिका स्वास्थय एंव पोषण, बालिका शिक्षा एंव बालिकाओं की देखरेख, विकास (जिसमें बालिकाओं का बौद्धिक, मानसिक व आत्मिक विकास भी सम्मिलित है) एवं संरक्षण–इत्यादि मुद्दों का सार दिया गया है। उपरोक्त मुद्दों के संदर्भ में पांचवे भाग में क्रियान्वयन की प्रस्तावित रणनीति सुझायी गई है। छठे एवं सातवे भाग में क्रमशः समन्वयन के विभिन्न स्तर व बालिकाओ हेतु. विभिन्न विभागों की प्रस्तावित कार्य योजनाएं विस्तार पूर्वक बताई गई है। नीति का आठवा भाग इस नीति के प्रबोधन एवं मुल्यांकन से संबंधित है।

बालिका नीति की विशिष्टताएं :–

हमारा समाज बहूआयामि घटकों – समाजिक, सास्कृतिक, राजनैतिक व आर्थिक – पर निर्भर करता है। यदि किसी भी स्तर पर बदलाव आता है ता वह बदलाव प्रत्येक घटक को प्राभावित करता है। इसी प्रकार बालिकाओं की गरिमा एवं उनके सर्वांगीण एवं चहुमुखी विकास का मुद्दा एक निरंतर व गतिशील वातावरण में कार्य करता है। अतः बालिका नीति के उद्धेश्यों की पूर्ति हेतु यह अतिआवश्यक है कि इस नीति के सफल क्रियांवयन के लिए समस्त विभागों का निरंतर योगदान रहे। इस हेतु बालिका की गरिमा को स्थापित करने के लिए एक स्टेट टास्क फोर्स का गठन किया गया है जिसकी अध्यक्षता मुख्य सचिव राजस्थान सरकार द्वारा की जाती है। यह टास्क फोर्स प्रत्येक तीन माह में बालिका नीति का प्रबोधन एवं मुल्यांकन करेगी तथा विभिन्न विभगाों की संबंधित कार्ययोजनाएं इस नीति

का अहम भाग बनती जाएंगी। राज्य स्तर पर प्रत्येक वर्ष मुख्यमंत्री की अध्यक्षता में गठित समिति इस नीति का प्रबोधन जिला स्तर पर प्रत्येक माह जिला कलक्टर की अध्यक्षता में गठित समिति द्वारा नीति पर विचार विमर्श किया जाएगा। राजस्थान बाल संरक्षण आयोग द्वारा विभागों से मासिक प्रतिवेदन मंगवाएं जाएंगें जिनका विस्तार पूर्वक विश्लेषण किया जाएगा।

यह बालिका नीति विस्तार पूर्वक आगे के पृष्ठों में दी गई है। आप अपने सुझाव हिन्दी या अंग्रेजी भाषा में नीचे लिखे इमेंल आइडी पर भेज सकते हैं ।

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Rajasthan State Policy for the Girl Child

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Vision

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Vision

The girl child shall have an enabling environment for survival, growth and development, protection, participation, and a life with dignity and without discrimination.

1. Introduction

Rajasthan has shown a positive growth in all spheres during the last few decades. The female literacy has increased from 43.85 per cent to 52.66 per cent between 2001 and 2011. The Crude Death rate has declined from 10.1 to 6.7 between 1991 and 2010. The IMR has improved from 67 to 55per 1,000 live births between 2004 and 2010 (SRS). The MMR has decreased from 388 in 2004-06 to 318 per 100,000 live births in 2007-2009. Although the overall sex ratio has improved from 921 in 2001 to 926 in 2011, the child sex ratio has declined sharply from 909 in 2001 to 883 in 2011.

However, several surveys and studies note that all indicators of the status of women and girl child in Rajasthan (viz. literacy, employment, sex ratio, high fertility rates, age at marriage, health and nutrition) have shown only marginal improvement and are still far lower than the national average. For instance, the sex disaggregated IMR indicates that the IMR in girls is much higher as compared to boys, as the male IMR is at 52 whereas the female IMR is at 57 (SRS 2010).

Social norms determine the identity of the Girl Child and limit her options at every stage of her life, her role in decision-making in different spheres and her future prospects. Economic growth and technological advancement have not been able to alter peoples' mindsets and have indeed aggravated her marginalization, deprivation and discrimination. Clearly, all stakeholders and duty bearers in Rajasthan need to consolidate efforts to change this scenario.

2. The Rationale

Census 2011 has highlighted the steep decline in child sex ratio in Rajasthan. In the 0-6 age group, 0.65 million girls were less than the total number of boys. The 6.97 per cent decline in population growth in Rajasthan from 28.41 per cent in 2001 to 21.44 per cent in 2011 (Census), the highest rate of decline amongst the Empowered Action Group States is at the cost of girls who were eliminated due to societal preference for sons.

The strains in the social and moral fabric of society arising from the ever increasing numbers of missing girls over the last three decades is resulting in ill practices against girl child like violence, rape, abduction and trafficking.

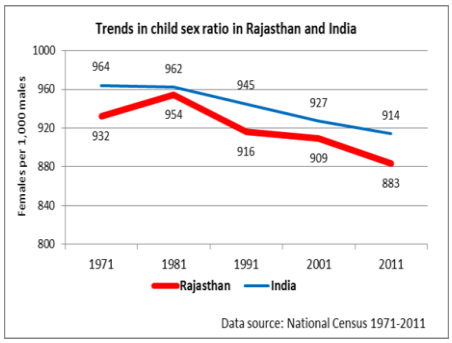
The situation calls out for concerted action to combat the reasons behind sex selection leading to the elimination of the female fetus, the societal preference for sons and aversion to daughters coupled with discrimination against her at every stage of life. At the core is the way girls and women are viewed in society. Instead of being recognized as a rights holder and social actor and being valued as a person with immense potential, the Girl Child is seen as a woman in the making. Her vulnerability as a child and a female is further enhanced by marginalizing factors of social hierarchies (such as caste, class and religion), disability and the place of birth and residence (viz. rural-urban).

For mounting an urgent and comprehensive response towards declining sex ratio, survival, care, protection and overall development of the Girl Child, a policy and framework for action is imperative as the underlying issues are complex and inter-related. The status of the Girl Child can be improved and sex selection can be curbed by realizing the girl child's dignity, value and potential in

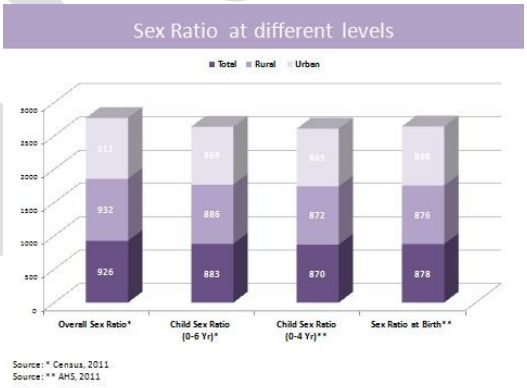
contributing to the society is realized. State agencies, civil society organizations, local communities, women and children work in tandem in different ways at different levels to bring about the much desired structural changes.

3. The Girl Child in Rajasthan: A Situation Analysis

In the social milieu of Rajasthan, gender discrimination against girls and women occurs at every stage of their life. The girl child, being a female and a child, is discriminated against at home, in school, community and the society at large. Socio-economic background, disability, and residence (i.e. rural-urban, districts) further compound her vulnerabilities.

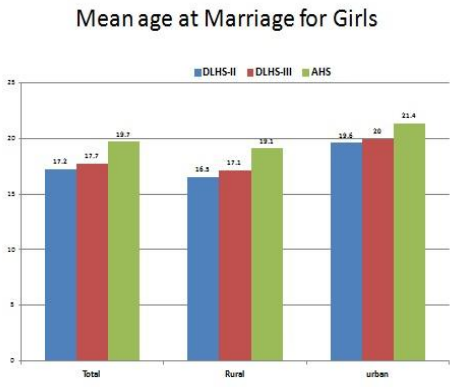


Deep-rooted preference for sons and aversion to daughters, aided by technological advances, has led to a steep decline in child sex ratios. Census 2011 highlighted increasingly adverse child sex ratio (0-6 years) in Rajasthan by showing a 26 point decline to 883 girls per 1,000 boys from 909 in 2001. According to UNFPA estimate, 71,391 female births did not occur each year in Rajasthan between 2001 and 2007 due to prenatal sex selection. Rajasthan has the fourth lowest child sex ratio among the 19 bigger states in the country (census 2011). All districts, except one, registered a decline. The sex ratio at birth estimates are even worse – 877 girls per 1,000 boys in 2008-10 (SRS, 2010) as against the internationally accepted normal sex ratio at birth of 952 or more girls born per 1,000 boys.



There has been a decline in both under-five mortality rate (U5MR) and infant mortality rate (IMR) in Rajasthan but the rate of decline among girls is less. Persistently high levels of U5MR among girls indicate continued neglect during infancy and early childhood. According to SRS 2010, the female U5MR was 79 deaths per 1,000 live births as compared with 60 deaths per 1,000 live births for males. The female IMR was 57 compared with 52 for males (SRS 2010).

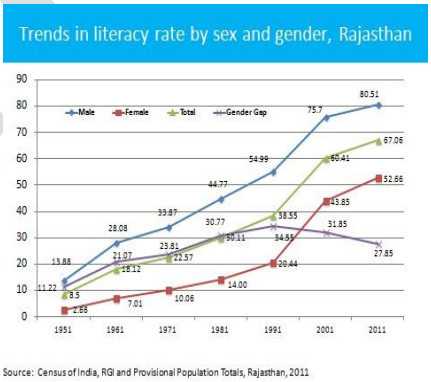
The Annual Health Survey 2010-11 (AHS) has shown a positive improvement in terms of several reproductive health indicators. Institutional deliveries increased to 70.2 per cent in the AHS (2010-11) from 45.1 per cent during DLHS-3 (2007-08). The proportion of mothers who received post natal care within 48 hours increased to 73.3 per cent and the percentage of newborns who received a checkup within 24 hours of birth increased to 70 per cent. The coverage of full immunisation increased to 70.8 per cent from 48.8 per cent recorded in DLHS-III in 2007-08. However, 46.1 per cent full immunization coverage among girls compared with 51.1 per cent among boys reported by DLHS 2007-08 highlights gender disparities in service utilization.



In terms of the age at marriage, every fifth female in Rajasthan (21.9 per cent) was married below the legal age of 18 years, and the proportion was much higher in the rural areas (26.8 per cent) than in urban areas (9 per cent). The mean age of marriage for girls in Rajasthan was 19.7 years (AHS 2010-11). The data shows that in the last years there was significant improvement but challenges still remain in the area of early marriage, full antenatal coverage and full immunization.

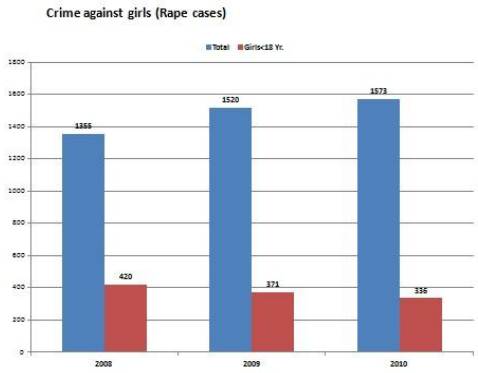
Even though the school enrolment at the primary level for girls has gone up considerably, the gender gap still remains. In 2010-11, there were 45.9 per cent girls compared with 54.1 per cent boys in elementary education. However the gender gap increases with the level of education across all social groups. The gender gap in school drop-out rates among 11-14 years age group and school attendance in the 14-17 years age group in the rural areas are particularly significant. In 2009, 12.55 per cent girls were out of school compared with 5.56 per cent boys (DISE). Between 2003-04 and 2010-11, the number of female teachers increased from 24.18 per cent to 30.15 per cent but the number of schools having a female teacher increased insignificantly - from 63.74 per cent to 64.49 per cent (DISE). However, 78.74 per cent of the government schools now have separate toilet facilities for girls and of these, 83.14 were reported to be functional. About 94.75 per cent of the government schools had drinking water facilities and 85.15 per cent of these were functional (DISE).

Ensuring education for girls is a major concern of the Government but, the education sector continues to be challenged by the social norms that discriminate against the girl child. While intra-household discrimination, girl child labour and child marriages continue to affect girls' schooling, the schemes and activities aimed at improving girls' education continue to produce sub-optimal outcomes. Rajasthan ranks the lowest among all the states of India in terms of the female literacy rate (52.66 per cent-Census of India 2011) with significant differences among the districts. Although female literacy levels have improved, the gender gap persists.



Source: Census of India, RGI and Provisional Population Totals, Rajasthan, 2011

Besides experiencing discrimination in intra-household distribution of food and other resources, and differential access to healthcare and education services, girls are also subjected to violence, abuse and exploitation both within and outside of their homes. The patriarchal culture and the prevailing practices (e.g. the system of dowry and poor implementation of the laws on inheritance) have also led to widespread prevalence of marital violence. About 46.3 per cent of ever-married women reported experiencing spousal violence in NFHS III. Rajasthan reported the highest prevalence of sexual assault during adolescence (15-18 years). According to the SCRB data, every fifth survivor of rape in 2010 was a girl below the age of 18 years. In terms of empowerment and decision making, NFHS III indicates that only 22.8 per cent of married women in Rajasthan usually participated in the household decisions and their proportion was lower if they resided in rural areas. Education levels did enhance their role in decisions but 57.8 per cent of women in the highest education slot (viz. 10 years or more of education) did not contribute to household decisions.



About 9.7 per cent of the girls aged 5-14 years in Rajasthan compared with 6.9 per cent of boys were classified as child workers in the 2001 Census, which noted that Rajasthan contributed nearly 12 per cent of child workers in the 5-14 years age-group in the country. A large number of girls, especially in the 10-14 years age group, worked in agriculture in the rural areas. The percentage of boy child workers (5.1 per cent) exceeded the girl child workers (4.9 per cent) at the national level. The reverse was true in Rajasthan. Indeed, the percentage of girl child workers in the state was nearly twice that in India.

Gender discrimination which is at the root of sex selection must be addressed if the declining child sex ratio is to be stabilized. Socio-economic development has helped improve the situation of girls but gender disparity is evident in every sphere. For a lasting solution, girls and women must be provided with the means for all-round development and protection, empowered for taking their own decisions and playing a meaningful role as social actors and ensured equitable access and control over resources. Challenging the social preference for sons and attribution of value and dignity to daughters is absolutely critical for addressing gender inequities and curtailing the demand for technologies for sex determination.

4. Priority issues for action

The situation analysis highlights the need for eliminating sex selection, promoting gender equity in the delivery of health and education services, parental support for the girl child's well-being, protection against violence, abuse and exploitation, and strengthening girl child's agency and empowerment. These issues are inter-related and require a comprehensive response and coordinated action by various stakeholders (viz. Government, medical service providers, law enforcement agencies, civil society organizations and the communities).

a. Addressing declining Child Sex Ratio

All institutional, legislative and programmatic actions will be taken towards the elimination of sex selection and sex selective abortions. Effective mechanisms shall be put in place in order to ensure the strict implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

In order to eliminate sex selection, the State shall ensure that:

i) there is no pre-conception sex selection, sex determination of the fetus and the termination of pregnancy based on sex selection;
ii) there are incentives for the birth, survival and all-round development of the girl child through affirmative action and programmes targeting girls and their families;
iii) all health service providers are oriented and trained for providing gender sensitized health services and necessary family counseling, and are accountable for the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PCPNDT) and the Medical Termination of Pregnancy Act, 1971 (MTP);
iv) there is provision of contraception counseling and contraception;
v) services are available for safe abortion, which comply with of the MTP Act; and
vi) the use of reproductive technologies that could be used for sex selection, determination and elimination of female fetus is monitored rigorously.

b. Health and education services and family support

The girl child must be able to live and thrive in a positive, safe and nurturing environment for her physical, emotional, cognitive and social development. The State shall ensure health, nutrition and education services for the holistic development of the girl child and opportunities and resources for her family to provide her and her other siblings with adequate care without discrimination at every stage of her life.

For universal access of girls to health services, the State shall ensure that:

i) every girl child who is born has access to health care services at every stage of her life;
ii) health services and care in the 1,000 days from conception to the first 2 years of life of the child and during adolescence are strengthened;
iii) there is enabling environment for infant and young child feeding practices, early childhood nutrition and growth monitoring of children, with particular emphasis on girls;
iv) mothers receive support for effective breastfeeding through maternity entitlements of cash and food, skilled counseling, crèches and mother support groups;
v) inclusive approach is promoted in the delivery of all services;
vi) age-appropriate information on health and nutrition, hygiene and counseling services is available to girls through schools, *anganwadis* and other community-based platforms;
vii) an accessible and affordable system of primary health care is in place;
viii) mechanisms are in place to address gender discrimination at the community level to prevent gender bias in accessing the health services.
ix) healthcare incentives encourage the family to seek timely healthcare of girls; and
x) safe abortion services are guided by the Medical Termination of Pregnancy Act, 1971.

For universal access of the girl child to quality education, the State shall:

i) establish a system of education spanning early childhood education to late adolescence that provides children, including girls, with values, information and skills for life and livelihood;
ii) support social mobilization to enhance enrolment, attendance and retention of girls in schools;
iii) support innovative scholarship programmes to encourage families and girls themselves to aspire for higher education;
iv) support innovations that challenge gender insensitive social norms;
v) support innovations to facilitate regular school attendance;
vi) promote gender-sensitivity in teachers training and pedagogy and removal of gender stereotyping that perpetuates gender bias against girls from the content, curriculum and teaching methods;
vii) develop and promote guidelines for making schools girl child friendly (including functional toilets, women teachers, transportation);
viii) seek elimination of all forms of social discrimination in teaching learning methods;
ix) develop linkages between education and livelihood options, including skill building;
x) establish child protection mechanisms in schools for addressing issues of safety and security of girls and gender based violence;
xi) establish grievance redressal mechanism in schools; and
xii) strengthen mechanisms for ensuring accountability of the education system, including participation of the girl child.

For enhancing family environment for the well-being of the girl child, the State shall facilitate that:

i) all households have adequate means of livelihood and food security in order to protect from hunger and malnutrition;
ii) intra-household gender discriminatory practices in all areas (e.g. education, health, food, domestic chores, workload, leisure and recreation) are eliminated;
iii) adequate housing with separate and safe kitchen (fuel wood), safe water and sanitation facilities, and play spaces are available;
iv) asset ownership of women and girls is enhanced through access to housing schemes and other provisions;
v) safety nets and appropriate assistance to families in support of their child-rearing responsibilities are available;
vi) regular contact points in all the national flagship programmes are mobilized for engaging with parents and guardians on positive and sensitive relationships with the girl child; and.
vii) mechanisms ensuring security and pensions for the aged and the single women are developed.

c. Protection from violence, abuse and neglect

For providing protection to the girl child along with other children and women with protection from violence, abuse, exploitation and neglect, the creation of a protective environment is imperative. The State shall promote rigorous implementation of laws, rules, protocols and standards, monitoring, reviewing and revising them periodically to enhance their effectiveness. It shall also support coordinated action for enabling societal norms and open discussion and putting in place sensitized essential protection services with adequate quality and coverage and accessible redressal mechanisms.

The State shall ensure that:
i) support is available for innovations that challenge the culture of silence and denial on violence, abuse and neglect of girls and women in order to ensure reporting of cases;
ii) there is clarity and consistency in the legal framework to address effectively the issues of discrimination, violence, abuse and neglect, child labour, child marriage, dowry, inheritance and asset ownership;
iii) the existing laws are reviewed and revised to remove contradictions and to facilitate effective implementation;
iv) appropriate standards of care and protection in institutions operated by the government and non-governmental agencies for girls are available and complied with;
v) family based care is recognized as the preferred alternative to rehabilitate/abandoned/orphaned/displaced children, including girls;
vi) children, including girls, are not separated from their families, except in cases where their interest and well-being is threatened;
vii) innovations for rehabilitation of girl child labour are encouraged and supported;
viii) the grievance redressal and justice mechanisms (viz. Childline, Children's Courts, Juvenile Justice Boards and Child Welfare Committees, Special Juvenile Protection Units, District Child Protection Units, *Mahila Suraksha Evam Salah Kendra* and all mahila desks in thanas, and RSCPCR) are strengthened in terms of human and financial resources, technical know-how and outreach to improve their response to girls' complaints and strengthening their linkages with essential services;
ix) a critical mass of professionals trained for working with children, particularly girls, who have been abused or are traumatized is available;

x) innovative practices to strengthen community based mechanisms for addressing violence against girls and women are encouraged and supported; and
xi) disaster and emergency preparedness plans recognize and address issues of the girl child.

d. Agency and empowerment

As active participant in all matters affecting her life, the girl child must be provided with an enabling environment, information, life-skills, opportunities, spaces and time to have her voices heard and acknowledged. The State shall encourage, support and undertake interventions that help build self-esteem, confidence and resilience among children and women in all relevant sectors and spheres.

For highlighting the girl child's role as a social actor, empowering her and enhancing her agency, the State shall ensure that:

i) encouragement and support to the girls in their participation in different spheres is made visible in the public and private domains;
ii) innovations for enhanced self-esteem, confidence and other life skills, as well as self-protection), enabling them to make informed decisions. in all matters concerning them; and to be able to protect themselves there are interactive platforms, mechanisms and opportunities to enable girls to acquire information, to form and express views through dialogue, and to participate in decision making in schools, in community-based forums and in local governance (viz. Panchayati Raj Institutions and Urban Local Bodies);
iii) the voices of girls are sought in consultations on legislation, policy, services and reporting on matters concerning them, social audits, internet technology based platforms, and opinion polls;
iv) inclusive school-based and/or community-based structures are created to facilitate dialogue of the girl child with teachers and community leaders; and
v) mechanisms for redressing complaints are available, well-publicized and effective.

5. Implementation Strategy

Realizing the complexities of the issue the state proposes a multi-pronged, short and long term strategy, which would be entrenched in the following corner stones:

a) Social action: The social norms and collective behavior have fostered gender discrimination and contributed to the preference for sons and aversion to girls. For challenging these norms and behavior and seeking lasting social changes, the Rajasthan State shall undertake vigorous and sustained awareness raising, social mobilization and capacity development by entering into strategic partnerships for engaging with communities, families, women and children.

b) Legislative action: To complement the process of social change, laws to safeguard the rights of girls and women need to be enacted and implemented effectively. The existing laws for prohibiting sex selection, child marriages and dowry, and protecting children and women from violence, abuse, exploitation and neglect shall be enforced strictly. The ongoing review of the implementation of laws, especially the factors delaying justice and procedures and practices insensitive towards women and children, shall guide legislative, policy and administrative reforms and capacity development of the stakeholders.

c) **Gender-sensitive essential services:** While social change and legislation institutionalize gender equality, development programmes need to ensure gender-sensitive essential services of good quality for achieving effective and efficient outcomes for the survival, development and protection of girls including their economic empowerment and self-reliance. The Rajasthan State shall ensure that the service delivery structures are sufficiently sensitized to the issues of gender and children's rights, and are participatory, responsive, transparent and accountable. Efforts will be made to bring about convergence among programmes for survival, development, protection participation and empowerment of girls.

6. Arrangements for Institutional Coordination and Action

Evolving and dynamic policy framework: This policy is essentially dynamic and progressive in nature as the environment within which it shall operate is ever changing. The policy and the state plan of action are programmatic long term initiatives that also provide a framework to enable convergence of strategies, action and achievements. Based on the monitoring of the situation of the girl child and the progress in implementation, the strategies and interventions may need to be revisited and revised periodically by the State Task Force.

Recognizing that social change is slow and often difficult to measure, a longer-time horizon needs to be factored in. Heterogeneity in the composition of society results in different levels of vulnerability among the girl child and calls for a range of nuanced interventions. Identification of particularly vulnerable sub-groups (e.g. girl child with disabilities, girls with parents in prisons, girls affected by HIV/AIDS) and micro-planning shall be required for ensuring that no girl child is left out.

Horizontal and vertical coordination: As every sector has a role to play for their care, protection and empowerment, formulation and implementation of independent action plans by all Government departments and concerted and complementary efforts of other stakeholders is critical. Concerted action across different sectors at the State, district and block levels along with ongoing and rigorous monitoring of the process and outcomes for mid-course corrections is envisaged.

Collaboration with the Civil Society: The State Government in collaboration with civil society organizations, including the NGOs, and development partners, and interdepartmental convergence, shall work towards strengthening the capacities of the families and providing essential services in the interests of the girl child.

Pooling of resources: All duty bearers and stakeholders are expected to generate and pool together the financial, human and technical resources required for the implementation of this policy framework and strategic action plan. The Government shall draw upon the resources made available by the 12th Five Year Plan to various government departments on dealing with the issues concerning the girl child. The available resources are for universal as well as targeted programmes and will be utilized for the implementation of relevant laws, existing schemes targeting girls and households that are socio-economically disadvantaged and provision of targeted services and incentives, and tracking and monitoring the situation of the girl child in their processes.

Time-frame: The policy seeks to achieve its goals and objectives by orchestrating concerted action by the State agencies, civil society organizations, local communities, women and children in the short-term (up to three years) and medium term (between three to five years) with a long term vision (about 10 years).

7. State Action Plan

The steps to be taken by the State towards achieving the vision for the girl child have been included in the annexed departmental action plans. The proposed State action essentially seeks to address the priority issues for action identified earlier. Girl child's agency and empowerment, inter-sectoral and inter-departmental coordination, communication and advocacy shall be cross-cutting themes.

THIS SECTION IS INDICATIVE AS INPUTS FROM SOME DEPARTMENTS ARE STILL AWAITED.

i) Addressing declining child sex ratio

The declining child sex ratio and high IMR and U5MR among girls highlight the risk to survival primarily at two stages of their life, viz. (i) before conception, conception to delivery, and (ii) during the first year.

Identified gaps: Inadequate understanding of the various dimensions of the problem among government functionaries, ineffective monitoring and implementation of the PCPNDT and MTP Acts, weak system of recording of the cases of abortion and/ or still births and sub-optimal access to health services for girls have been recognized as key impediments to the efforts to arrest the steady decline of child sex ratios.

Influencing policy: All measures shall be taken to ensure that the PCPNDT Act is enforced strictly together with the MTP Act, 1971. It would entail registration and regular inspections of all sonography centres, establishment of silent trackers in the sonography machines, a functional online F form reporting system and reporting of all abortions.

Efforts shall also be made to promote application of relevant provisions of other laws (e.g. Indian Penal Code Sections 312, 313, 314, 315 and 316 that refer to the offence of criminal miscarriage and punishment awarded for these offences, Violence against women laws like 498 (A), 304 (B)).

The emphasis shall be on ensuring that legal functionaries are well-informed of the relevant provisions of the laws and apply them to punish the offenders and to serve as deterrent. For ensuring effective application of the existing laws, the SCRB and SPs shall also review the sections related to crimes against women and children while monitoring the implementation of laws.

Towards informing and educating all categories of medical and health service providers/ functionaries about the declining sex ratio and issues pertaining to the implementation of the PCPNDT Act, the medical education curriculum shall be reviewed and revised. A separate chapter on addressing gender and gender-based discrimination shall be included in all induction trainings of the DoMHFW. Law enforcement professionals shall also be sensitized on the PCPNDT Act, the MTP Act, 1971, and other supportive legislation.

Institutional strengthening: For the effective implementation of the PCPNDT Act and the related legislation, district-level special cells to monitor the implementation of the PCPNDT Act, special teams to undertake inspections of the clinics at the district and block level, and a website for

providing information on legal provisions shall be set up. Efforts shall be made to facilitate filing of all cases related to the PCPNDT Act in the fast track courts.

Particular emphasis shall be on tracking and monitoring of the girl child's survival and development. District level maternal death review mechanism shall be expanded to include infant death reviews. A system of tracking and monitoring at the village and habitation level shall be developed, which would require training and orientation of frontline workers in different sectors. The database of all children born in the village in the village Information centre shall be linked with the DoMHFW. Alongside, birth registration mechanism shall be streamlined to ensure that the child is registered at the institution level, the birth certificate is issued to the mother and child within 48 hours, and linked with the unique identification number and parents' entitlements.

Anonymous website reporting through toll free help line and other community based mechanisms shall be developed to facilitate reporting and filing of complaints regarding sex selection.

Programme strategic interventions: Institutional deliveries, registration of all pregnancies, tracking of the well-being of the girl child till the age of one year, compulsory infant death audit, monitoring of gender-wise disaggregated data for treatments availed and girl child focused IEC shall be promoted for increasing the prospects of girl child survival. In addition to providing counselling on contraception, family planning, safe motherhood and gender issues, frontline workers shall contribute to a system of monitoring and tracking of all pregnancies, live births and still births.

A multi-sectoral approach combining strict enforcement of legislation with provision of incentives enhancing the value of the girl child shall be adopted to challenge the social norm for son preference. Schemes like Jyoti Yojana may be promoted, where the mother of two girl children are recognized and provided opportunities for higher education and employment.

Engagement of caste based leaders and religious leaders shall be sought in countering societal preference for sons and government officials. Frontline functionaries shall be orientated on the ways and means of challenging societal biases against the girl child and reducing gender differentials.

Community ownership/monitoring: An expanded role for the Panchayati Raj Institutions (PRIs), including monitoring, social mobilisation and service strengthening, is envisaged. The PRIs with exemplary record of work in the interest of the girl child shall be felicitated and bestowed awards. The PRIs shall be engaged for ensuring early registration and tracking of all pregnancies in the villages and towns. In particular, Ward Panches and women Gram Sabha members shall be trained for monitoring families allegedly indulging in foeticide or deliberate neglect of the girl child. Mechanisms shall be established for regular Gram Sabhas and meetings of village health and sanitation committees (VHSCs) to discuss the issues, ill effects, the PCPNDT Act and provisions and penalties on regular basis.

The Medical Associations shall be mobilized on the issue of sex selection to facilitate social sanction to address erring professionals. Orientation of village health and sanitation committees (VHSCs) on sex selection and gender differentials shall be undertaken towards widening the scope of discussions on, and monitoring of, antenatal care, immunization, survival of the newborn, infants and mothers, nutritional support for the girl child through the Anganwadi centres and birth registration.

Engagement with religious leaders shall be encouraged towards sensitizing religious groups to the issues of sex selection, infanticide and neglect of the girl child.

Expected outcomes

S. No.	Indicators	After 3 years	After 5 years
1.	Sex ratio at birth	915	940
2.	Child sex ratio	920	945

INDICATORS AND TARGETS TO BE REVIEWED AND REVISED

ii) Health and nutrition

Factors such as inadequate utilization of health services, poor nutritional intake, anemia, stunted growth adversely affect the development potential of the girl child. Health and nutrition indicators suggest deprivation across the girl child's life cycle, which also has a generational effect.

Identified gaps: The girl child's access to health and nutrition services is affected by low levels of public awareness of her needs and gender bias. Health services such as immunization are still not a priority for several communities and households. Social taboos and weak adolescent reproductive sexual health (ARSH) services have resulted in the lack of counseling of girls or superficial orientation on issues of sex, sexuality and reproductive health.

The primary focus of ICDS is on nutrition while the related issues of hygiene and early childhood education are neglected. Furthermore, the scheme does not adequately support child nutrition in the early childhood as the first six months of nutrition life are viewed as a medical mandate and support to children under two years of age is limited to supplementary nutrition. Some hamlets and households are still not in the ambit of any Anganwadi centre.

Although nutrition is commonly considered synonymous with supplementary feeding, the levels of acceptance and consumption of *Poshahar,* IFA and other nutrition among the intended beneficiaries remain low. Community based interventions for scaling up nutrition, especially for the severely malnourished girl child, are weak and the number of operational Nutrition Rehabilitation Centres is limited. Referral cases are generally not taken seriously by the providers and seekers of services.

There is particular lack of clarity about the specific roles and responsibilities of frontline functionaries, often resulting in lack of synergy and motivation. The systems for tracking measurable results of under nutrition, immunization, access to health remain weak.

Influencing policy: The focus on utilization of antenatal and postnatal care, institutional deliveries with the retention of the mother and the newborn in the institution for 48 hours, full immunization coverage, interventions promoting the 1,000 day (-9 months to 24 months after birth) window of opportunity to make a long life difference in children's nutrition status and effective growth tracking shall be renewed and strengthened.

All schemes in the health sector shall be reviewed to ensure that they do not discriminate against the girl child. In recognition of their vulnerability to neglect, the girl child up to the age of five years shall be provided with free transport to a health institution in case of a health related emergency

and treatment at the OPD for major illnesses. A Special Fund for the care of girl children for tertiary care shall be set up.

A distinctly life-cycle based approach to nutrition is being developed. While the restructuring and universalization of ICDS reaching out to the girl child in early childhood and adolescence is on the anvil, a new programme "Khilti Kaliyan" on nutrition to out of school and private school girl child in 6-11 years age group shall be introduced and the mid-day meal programme shall be expanded to the higher secondary school level. For ensuring that all girls including the most vulnerable and out-of-school receive mid-day meal, efforts shall be made to improve coordination mechanisms. An adolescent nutrition policy will be formulated to promote micronutrient, protein and calorie intake along with an adolescent nutrition programme targeting girls in schools and out-of-school girls.

Special incentives shall be provided to Gram Panchayats with a good performance record, including more than 99 per cent survival of children (both boys and girls) and similar progress on indicators of immunization and antenatal care. Furthermore, for families taking exemplary care of the girl child till the age of 3 years and 5 years shall be felicitated/ rewarded by the Panchayat on behalf of the community.

Efforts shall be made to identify and reach out to particularly vulnerable groups of girl child (e.g. children with disabilities, children affected by HIV/AIDS) through appropriate support.

Institutional strengthening: The strengthening and expansion of flagship programmes such as NRHM and ICDS offer scope for services targeting the girl child while the Nutrition Mission promotes multi-sectoral approach to improving nutrition. There shall be expansion of coverage as well as upgradation of health and nutrition services. All measures shall be undertaken for quality assurance of services provided through health facilities, including accreditation of the health institutions on the basis of the quality.

The coverage and quality of schemes such as the Indira Gandhi Matritva Sahyog Yojna and Sabla shall be expanded and efforts shall be made to improve counselling and services for meeting the unmet contraceptive need of adolescent girls. However, particular emphasis shall be on developing gender-sensitive institutions (e.g. neonatal care units, community health institutions, nutrition rehabilitation centres) to enable increasingly effective utilization of health and nutrition services. The district hospitals and community health centres shall be equipped to provide adolescent friendly health services.

As the frontline workers in different sectors/programmes play an important role in determining the accessibility and quality of services, efforts shall be made to create a strong, motivated and efficient cadre through stringent and transparent selection criteria and effective supervision and support mechanisms. Their roles and responsibilities shall be clarified and rationalized in order to support enhancement of their capacities to undertake initial screening of ill-health, malnutrition, violence and abuse and to facilitate remedies and/or referral services. Efforts shall be made to improve the interface between frontline workers (viz. AWW, ANM and ASHA) while rationalizing their work load and paper work.

Programme strategic interventions: All measures shall be taken to ensure that all pregnancies are registered and all child births occur in health institutions, systems are in place for tracking the child's well-being till the age of one and monitoring gender-disaggregated data for treatments availed.

Particular focus shall be on neonatal care, nutrition at all stages of life, and adolescent health. The system for neonatal care shall be strengthened by increasing the incentives for the ANMs and ASHAs who make postnatal and home visits for the girl child and improving referrals and admissions to the neonatal care units. Mechanisms shall be established for identifying malnourished children and facilitating referral. Adolescents shall be tested for BMI and anemia at least twice a year in school and out of school, and if need be provided with IFA tablets. However, the focus shall be on nutrition outcomes rather than on food transfers.

The Anganwadi centres (AWCs) and a strengthened MCHN day shall be channels for health and nutrition education of adolescent girls and pregnant women, and platforms for discussion on the issues of the girl child. Open discussion through trained counsellors and peer groups on adolescent reproductive and sexual health shall be encouraged.

Community ownership/monitoring: In addition to third party reviews, health and nutrition programmes shall be subjected to community-based monitoring by PRIs, village health and sanitation committees (VHSCs), self-help groups (SHGs), civil society organizations (CSOs) and NGOs. Participation of adolescents (girls and boys) in the VHSCs shall be encouraged.

Community monitoring involving the PRIs and the village health and sanitation committees shall be promoted to enhance accountability, the quality of health and nutrition services and improved outcomes for the girl child. They shall in particular be engaged in promoting effective utilization of health and nutrition services by women and children by engaging with the community, especially men's groups and parents and guardians of girls, and also provide transport facility for sick newborns by utilizing untied funds.

To promote recognition of child health and in particular girl child health, awards shall be introduced for honoring families with healthy girl child up to 3 years and up to 5 years with better cognitive abilities.

Expected outcomes

S. No.	Indicators	After 3 years	After 5 years
1.	Pregnancies below 19 years of age (%)	<10	0
2.	ANC coverage (%)	95	100
3.	Institutional Delivery percentage (%)	90	100
4.	Postpartum coverage (0- 42 days) (%)	80	100
5.	Discharge after 48 hours	90	100
6.	Neonatal mortality rate (per 1,000 live births)	< 27	<22
7.	Infant mortality rate (per 1,000 live births)	< 35	<30
8.	Under 5 mortality rate (per 1,000 live births)	< 49	< 44
9.	Drop outs in immunization	<10	< 5
10.	Immunization differentials among males and females (%)	<10	< 5
11.	Hb level	?	?
12.	Adolescent boys and girls with BMI < 18.5 (%)	<10	< 5

THE INDICATORS AND TARGETS TO BE REVIEWED AND REVISED

iii) Education

Education is a fundamental right of the girl child, which in effect should enable her to maximize her choices and potential. Child-centredness, gender-sensitivity and inclusion in a universalized system of education, public as well as private, is critical.

Identified gaps: Education of the girl child s is not a priority in several communities and the school enrolment drives have not sufficiently area or community specific. With a limited range of initiatives for education of the girl child and insufficient coverage of schemes providing incentives, the education services are still not able to reach girls in the communities marginalized by social and geographical factors. Access to early childhood education and education upper primary level onwards needs particular attention. Residential schools are few and the quality of bridge courses is inconsistent.

Inadequacies in the schooling infrastructure, technical, human and material resources, quality of teaching and learning, supervision and accountability mechanisms, community involvement and inter-departmental coordination plague the entire education system but infrastructural deficiencies (e.g. functional and hygienic toilets, safe play areas) and inequitable deployment of female teachers affect the schooling of girls in particular.

The principles of inclusion and gender equity have not sufficiently percolated across the education system and the education system does not sufficiently challenge gender based stereotyping. As a result, girls have little scope for aspiring for higher education or making unconventional choices, participation in sports and extra-curricular activities. The standards for girl child protection in the education system have also not been established.

Universalization of girl child education: A system of education spanning early childhood education to late adolescence shall be established to provide children, including girls, with values, information and skills for life and livelihood. Efforts shall be made to make available a wide range of incentives (including scholarships, transportation) for the girl child to ensure regular school attendance, completion of elementary education and aspiration for higher education.

Social mobilization through close collaboration with PRIs and CSOs is expected to enhance enrolment, attendance and retention of girls in schools and aspiration for higher education. Stronger linkages between education and livelihood options, including skill building, are expected to generate demand for education by promising improved returns and empowering the girl child.

All measures shall be taken to promote gender-sensitivity in teachers training and pedagogy and eliminating all forms of social discrimination in teaching learning methods. Innovations that challenge gender insensitive social norms and facilitate regular school attendance shall be encouraged and supported. Particular emphasis shall be on challenging gender stereotyping that tends to perpetuate gender bias against girls from the content, curriculum and teaching methods.

Girl child protection: As safety and security concerns are major impediments to girl child's schooling, guidelines for making schools girl child friendly (including functional toilets, women teachers and transportation) shall be developed and promoted. In addition, child protection and grievance redressal mechanisms shall be established in schools for addressing issues of safety and

security of girls and gender based violence. Participation of the girl child shall be encouraged in the efforts to strengthen mechanisms for ensuring accountability of the education system.

Outcome indicators

S.no.	Indicator	After 3 years	After 5 years
1.	Enrolment (6-11) (%)	98	100
2.	Drop out rates	3	2
3.	Quality of education (In terms of completion of curriculum) (%)	75	80
4.	Retention (%)	80	90
5.	Girl Child Friendly schools (%)	91	100
6.	Schools with child safety indicators (%)	30	40

THE INDICATORS AND TARGETS TO BE REVIEWED AND REVISED

iv) Protection from violence, abuse, exploitation and neglect

To realize her potential, the girl child needs to be cared for and protected in her formative years and across her life cycle. Her vulnerability as a child and a female is further enhanced by marginalizing factors of social hierarchies (such as caste, class and religion), disability and place of birth and residence (viz. rural-urban). Unlike health, education and other developmental services, a protective environment for girl child protection envisages a systems approach and a unique set of monitoring indicators as conventional indicators are unable to capture progress due to under-reporting of cases.

Identified gaps: Marginalization in the family, community and other arenas due to deeply entrenched norms of gender and restrictions of various kinds including a lack of voice renders the girl child extremely vulnerable to violence, abuse, exploitation and neglect. Social acceptance of certain issues (e.g. child marriages, child labour), under-reporting due to social taboos, inadequacies of community based interventions in terms of access, outreach and trained, sensitized and motivated functionaries and limited options compound her vulnerability.

Systemic shortcomings (e.g. non-enforcement of legal provisions, inadequate guidelines and protocols, identification and tracking system and plans for responding to the special protection needs of girl child, and inter-departmental and inter-state coordination) are key impediments to progress.

Interventions

Legislation and enforcement: Efforts shall be made to ensure effective enforcement of the existing laws, including the Juvenile Justice (Care and Protection of Children) Act, 2000, the Child Labour (Prohibition and Regulation) Act, the Protection of Children from Sexual Offence Act, 2012. Rules, processes and procedures shall be strengthened to ensure effective implementation of laws on child marriages, child labour and offences against children.

Efforts shall also be made to develop special Standard Operating Procedures with clearly defined roles of various enforcement agencies (in the case of IPTA) and/or to amend the State rules to make the legal provisions more stringent (e.g. transition from *prohibition* to actual *abolition* of child labour by making the offence non-bailable in the case of the JJ Act, 2000).

Open discussion, including the engagement of media and civil society: Guided by the imperative of creating societal recognition of the value and dignity of the girl child and highlighting issues of violence, abuse and exploitation, evidence-based public awareness campaigns through the mass media and IEC interventions shall be undertaken. Recognizing that social attitudes, traditions, customs, behaviour and practices take long to change, emphasis shall be on sustained engagement through partnerships with CSOs and NGOs and the media groups.

Life skills and knowledge among girls: Life-skills education and innovations for empowering girls for self-protection and protagonism shall be promoted and supported. This shall entail engaging with young girls on what constitutes good and bad touch and with older girls through information on ways of dealing with teasing, pornographic material, cyber-crime, sexual abuse and exploitation, substance abuse, self-defence and seeking help. All measures shall be taken to make such available information widely available.

Capacity development of those in contact with the child: There shall be renewed focus on training of enforcement agencies, including the relevant Government departments, structures established under the ICPS and the statutory bodies on all laws related to children and women and orientation on the best interest of the child.

Basic and targeted services: Efforts shall be made to promote recognition of the value and dignity of the girl child in the work of various departments as a cross-cutting theme, orientating the appropriate authorities, and enforcing legislation prohibiting sex selection, infanticide and neglect of the girl child.

All measures shall be taken to put in place a comprehensive civil registration system, including registration of births and deaths, including still births, which is consistent with the records of ANMs and ASHAs.

Mechanisms for monitoring suspected cases of girl child neglect, domestic abuse and violence shall be created and strengthened. The childline service shall be expanded and strengthened.

Furthermore, all measures shall be undertaken to ensure services responding to the entire spectrum from prevention to rehabilitation and reintegration. Prevention, rescue, rehabilitation and reintegration mechanisms shall be strengthened by taking to scale good practices. Essential protection services shall be expanded for providing appropriate assistance to young survivors of violence, abuse and exploitation while recognizing their dignity and privacy.

Special girl child homes/shelters for abandoned girls or girls in need of protection shall have mechanisms for child protection (including processes for complaints and redressal) and platforms for interaction.

Monitoring and oversight: Given the multitude of protection issues and their complexities and dynamics, varying partnerships and arrangements shall be needed for monitoring and oversight.

Improvement in inter-departmental coordination among key departments (including but not restricted to Education, Social Justice and Empowerment, Labour, Panchayati Raj, Home, Women and Child Development) and agencies (such as the CWC, ICPS structures and the RSCPCR) shall be promoted through joint planning and review meetings and other measures.

For improving the knowledge base on the situation and contexts of the girl child in need of special protection towards assist with planning, action and monitoring, surveys and assessments shall be undertaken. These shall include periodic surveys of out-of-school girls, mappings of areas with high prevalence of child marriages, the sites and areas where girls are more likely to be engaged in work/labour and their employers.

Expected outcomes

S.no.	Indicator	After 3 years	After 5 years
1.	Target group database	- Developed and tracked regularly	
2.	Child protection structures under ICPS	- In place in all districts - Working effectively to address the issue in at least 15 districts (vulnerable areas)	
3.	Rescue, rehabilitation and reintegration plan	- Designed, executed and monitored	
4.	Child protection structure under the ICPS		- In place and working effectively in all the districts
5.	Reduction in the number of girl child labour (%)	50	15
6.	Reduction in the number of child marriages (%)	50	25
7.	Decline in abuse cases in institutions (%)	50	30
8.	Total received cases (disaster and emergency) resolved in stipulated time (%)	80	- No pendency of cases
9.	Decline in trafficking cases (%)	50	30

INDICATORS AND TARGETS TO BE REVIEWED AND REVISED. SOME INDICATORS DO NOT MAKE SENSE DUE TO THE ENDEMIC PROBLEM OF UNDER-REPORTING OF SUCH CASES.

v) Agency and Empowerment of the Girl Child

The value and dignity of the girl child can only be enhanced when she ceases to be looked upon as a liability rather than being recognized as a rights holder and social actor and being valued as a person with immense potential. A supportive environment, information and life-skills and opportunities for the girl child shall be the hallmark.

Girl child participation: Kasturba Gandhi Balika Vidyalas, Sabla and programmes of several NGOs in the State offer opportunities to adolescent girls emerging as social actors, peer educators, and role models for younger girl children. Efforts shall be made to promote innovative approaches (such as children's parliaments with adequate representation of girls and other socially marginalized groups, intergenerational communication and programmes to camaraderie between daughters, mothers and grandmother), to draw lessons and to take them to scale.

Advocacy of the value of the girl child: All programmes and community-level activities of the State shall seek opportunities to highlight the fact of the girl child being a blessing rather than a liability. Efforts shall be made through the existing contact points to counter social practices upholding gender differentials in symbolic as well as effective ways. These may relate to the celebration of the birth of the girl child, initiation and completion of her schooling, recognition of her achievements in hitherto male dominated arenas, economic incentives for the girl and her family, and steady pursuit of her economic rights. Some key slogans to be used as the emotive link in various interventions of the campaign shall be designed in collaboration with communication and media experts.

Assistance to the family: Recognising the crucial role of the family as the basic social unit in ensuring the well-being of the girl child, assistance shall be provided by leveraging resources from the flagship programmes. Livelihood and food security of the household, improved housing with accessible facilities for safe water, sanitation and hygiene, and protection from indoor and outdoor pollution are recognized as important determinants of the girl child's quality of life.

8. Monitoring and evaluation

Annual state-level review: At the highest level, the State-level Monitoring Committee led by the Hon. Chief Minister of Rajasthan shall review the progress in the implementation of the policy and strategic action plan every year. This high level committee comprises of the Ministers for Health, Women and Child Development, Education, Panchayati Raj and Rural Development and Home, the Chairperson of the Rajasthan State Commission for Women, the Chief Secretary and the Principal Secretary and the Secretary of the Department of Women and Child Development

Quarterly sectoral review: The State Task Force for Care and Protection of Girls, constituted by the Government of Rajasthan and led by the Chief Secretary, shall monitor progress against verifiable indicators, review the impediments to departmental/sectoral progress, and accelerate action in districts, blocks and gram panchayats with the most adverse and/or very significant decline in the child sex ratio.

The State Task Force has among its members, the Additional Chief Secretaries and Principal Secretaries for the Departments of Panchayati Raj and Rural Development, Social Justice and Empowerment, Home, Finance, Medical, Health and Family Welfare, Women and Child Development, School and Sanskrit Education, Department of Public Relations, Member Secretaries of the Rajasthan State Commission for Women and the Rajasthan State Commission for Protection of Child Rights, representatives from districts (District Collectors), development partners, NGOs and the Indian Academy of Pediatrics (IAP) Federation of Gynaecologist Society of India. The Principal Secretaries of the appropriate Departments shall guide the implementation of departmental strategic action plans.

Monthly district-level review: The District Collectors shall lead and coordinate action of all departments through district-level officials (DLOs). They shall also undertake monthly review of the progress on the activities listed in the department plans of action in the districts. The programme officers for Women's Empowerment shall be the Member Secretaries of the Committee.

Monthly monitoring reports: The RSCPCR shall seek action taken reports from the departments and produce a report based on an objective assessment of the performance and progress. It may also commission independent studies to elicit in-depth information on relevant topics. The RSCPCR reports shall be submitted to the State Task Force.