

“AWARENESS AND PERCEPTION OF GIRL CHILD SCHEMES IN RURAL BALLABGARH”

**A dissertation submitted in partial fulfillment of the requirements
for the award of**

Post-Graduate Diploma in Health and Hospital Management

by

Dr. Bhavna Sangal



International Institute of Health Management Research

New Delhi -110075

April 2012

तार का पता - "मेडिनस्ट"

TELEGRAM - "MEDINST"

दूरभाष : २६५८८५००, २६५८८७००, २६५८६६००

Telephones : 26588500, 26588700, 26589900



शरीरमाद्यं खलुयर्मसाधनम्

अखिल भारतीय आयुर्विज्ञान संस्थान
ALL INDIA INSTITUTE OF MEDICAL SCIENCES

अन्सासी नगर, नई दिल्ली-११००२९ (भारत)
ANSARI NAGAR, NEW DELHI - 110029 (INDIA)

संदर्भ सं०/ Ref. No :
2nd April 2012

दिनांक/ Dated :

Certificate of Internship Completion

TO WHOM IT MAY CONCERN

This is to certify that **Dr. Bhavna Sangal** has successfully completed her 3 months internship in our Organization from **January 2, 2012 to April 2, 2012**. During this internship she worked on the project "**AWARENESS AND PERCEPTIONS OF GIRL CHILD SCHEMES IN RURAL BALLABGARH**" under my guidance at Centre for Community Medicine, All India Institute of Medical Sciences. During this period, she worked hard and showed a keen desire to learn more.

(Dr. Anand Krishnan)
Additional Professor
Centre for Community Medicine
All India Institute of Medical Sciences
New Delhi.

डॉ. आनंद कृष्णन
Dr. Anand Krishnan
अपर आचार्य
Additional Professor
सामुदायिक चिकित्सा विज्ञान केन्द्र
Centre for Community Medicine
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-२९
All India Institute of Medical Sciences, New Delhi-29

Certificate of Approval

The following dissertation titled "**AWARENESS AND PERCEPTION OF GIRL CHILD SCHEMES IN RURAL BALLABGARH**" is hereby approved as a certified study in management carried Out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post-Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name

Signature

DR. NITISH DOGRA




DR. DHARMESH LAL




Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Bhavna Sangal** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled **"AWARENESS AND PERCEPTION OF GIRL CHILD SCHEMES IN RURAL BALLABGARH"** in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.


(Dr. Nitish Dogra)
Professor
International Institute of Health
Management & Research
New Delhi

Date 2nd April 2012


(Dr. Anand Krishnan)
Additional Professor
Center for Community Medicine
All India Institute of Medical Sciences
New Delhi

Date 2nd April, 2012

Abstract

“AWARENESS AND PERCEPTION OF GIRL CHILD SCHEMES IN RURAL BALLABGARH”

The Government is also implementing a large number of programmes and schemes for the benefit of children. 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.

The project reviews some of the major schemes related to health of a girl child that were started in the state of Haryana to bridge the gap between the status of girls and boys. Most of these schemes are administered through the Department of Women and Child Development using the vast network of ICDS and Anganwadi workers. Dhan Laxmi is the only scheme that is fully supported by the Government of India and is implemented on a pilot basis in identified blocks of seven states. The primary objective of these schemes differs - from ensuring birth, promoting delayed marriage, education and overall well being to family planning. Some of these schemes are specifically aimed at people belonging to the poor families (BPL category). However, there are a few schemes that cater to all categories of households irrespective of their education, income levels and caste. Dhan Laxmi is the only scheme that provides incentive to all girls born in the family. Most states restrict incentives up to two girls, with single girl families receiving a larger benefit than families with two girls.

The project includes community survey to assess the status of girl child schemes and to know the knowledge and awareness of the community with respect to it.

Some of the major findings of the study are that 47% of the interviewee did differentiate between a girl and a boy and 72% believed that now the society perception w.r.t. a girl child is changing. There were various grounds on which the interviewee said that a girl child is differentiated but the most common was poor quality education(23%). The major reason why this difference exists in the society was a belief that a girl is paraya dhan(41%). The suggestion given by the majority to bridge this gap was financial incentive (74%) to the family of the girl child. 56% of the interviewee had awareness about the girl child scheme but only 31% did not the name of the scheme but knew that a scheme exists. 59%, 43%, 46% and 3% of the interviewee were eligible for ABAD, Ladli, Balika Samridhi Yojana and Devi Rupak Yojana but only 0.8% of the 59% eligible for ABAD were availing the benefits of the scheme. Interviewee said that 80% of them had awareness about PCPNDT act, the source of awareness was newspaper, posters and hospitals (40%) for the majority of them. The people who get involved in prenatal sex determination are mostly poor(42%).

TABLE OF CONTENTS

No.	
1	Acknowledgement
2	Part 1- Internship Report <ul style="list-style-type: none"> ✚ 1.1 About the organization <ul style="list-style-type: none"> ✓ 1.1.1. History ✓ 1.1.2 Departments ✓ 1.1.3 Objectives ✓ 1.1.4 Functions of AIIMS ✚ 1.2 Areas engaged in and tasks undertaken <ul style="list-style-type: none"> ✓ 1.2.1 Routine or general management ✓ 1.2.2 In The In-Depth Study ✚ 1.3 Reflective learning during the study
3	Part 2- Dissertation Report
	Chapter 1- Introduction <ul style="list-style-type: none"> ✚ 1.1 Introduction ✚ 1.2 Rationale of the study ✚ 1.3 Problem Statement ✚ 1.4 Review of Literature ✚ 1.5 Objectives of the study
	Chapter 2- Data and methods
	Chapter 3- Results
	Chapter 4- Discussion
	Chapter 5- Conclusion and Suggestion
4	References
5	Annexure- Questionnaire used for community survey

ACKNOWLEDGEMENT

I would like to thank Dr. Anand Krishnan, Additional Professor, CCM, AIIMS & Dr. Ritwik, Senior Research Officer, CCM, AIIMS who gave me an opportunity to do a study on “Awareness And Perception Of Girl Child Schemes In Rural Ballabgarh” and also guided me throughout the project.

I also thank Mr. Sanjeev , Dean, IIHMR Delhi, and Dr. Nitish Dogra who helped me and guided me during the project work.

Dr. Bhavna Sangal

PART 1- INTERNSHIP REPORT

1.1 ABOUT THE ORGANIZATION

1.1.1 History

AIIMS was created in 1956 to serve as a nucleus for nurturing excellence in all aspects of health care. Creating a country imbued with a scientific culture was Jawaharlal Nehru's dream, and immediately after independence he prepared a grand design to achieve it. Among the temples of modern India which he designed, was a centre of excellence in the medical sciences. Nehru's dream was that such a centre would set the pace for medical education and research in Southeast Asia, and in this he had the wholehearted support of his Health Minister, Rajkumari Amrit Kaur.

The health survey and development committee, chaired by Sir Joseph Bhore, an Indian Civil Servant, had in 1946 already recommended the establishment of a national medical centre which would concentrate on meeting the need for highly qualified manpower to look after the nation's expanding health care activities. The dreams of Nehru and Amrit Kaur and the recommendations of the Bhore Committee converged to create a proposal which found favor with the government of New Zealand. A generous grant from New Zealand under the Colombo Plan made it possible to lay the foundation stone of All India Institute of Medical Sciences (AIIMS) in 1952. The AIIMS was finally created in 1956, as an autonomous institution through an Act of Parliament, to serve as a nucleus for nurturing excellence in all aspect of health care.

All-India Institute of Medical Sciences was established as an institution of national importance by an Act of Parliament with the objects to develop patterns of teaching in Undergraduate and Post-graduate Medical Education in all its branches so as to demonstrate a high standard of Medical Education in India; to bring together in one place educational facilities of the highest order for the training of personnel in all important branches of health activity; and to attain self-sufficiency in Post-graduate Medical Education.

The Institute has comprehensive facilities for teaching, research and patient-care. As provided in the Act, AIIMS conducts teaching programs in medical and para-medical courses both at undergraduate and postgraduate levels and awards its own degrees. Teaching and research are conducted in 42 disciplines. **In the field of medical research AIIMS is the lead, having more than 600 research publications by its faculty and researchers in a year.** AIIMS also runs a College of Nursing and trains students for B.Sc.(Hons.) Nursing post-certificate) degrees.

1.1.2 Departments

Twenty-five clinical departments including four super specialty centers manage practically all types of disease conditions with support from pre- and Para-clinical departments. However, burn cases, dog-bite cases and patients suffering from infectious diseases are not entertained in the AIIMS Hospital. **AIIMS also manages a 60-bedded hospital in the Comprehensive Rural Health Centre at Ballabgarh in Haryana and provides health cover to about 2.5 lakh population through the Centre for Community Medicine.** The Comprehensive Rural Health Services Project (CRHSP), Ballabgarh, situated in the state of Haryana in Northern India, was started in 1965 by the All India Institute of Medical Sciences in collaboration with the state government of Haryana. The field practice area of the project comprises of 28 villages catering to a population of 87052. Health Management System (HMIS) is a computerized management system introduced in the project in 1988. Demographic data, Maternal and Child Health Services data, and data pertaining to various health services provided in the area are stored.

1.1.3 Objectives of AIIMS

- To develop a pattern of teaching in undergraduate and postgraduate medical education in all its branches so as to demonstrate high standard of medical education to all medical colleges and other allied institutions in India.
- To bring together in one place educational facilities of the highest order for the training of the personnel in all important branches of the health activity to attain self sufficiency in postgraduate in medical education.

1.1.4 Functions of AIIMS

- Undergraduate and postgraduate teaching in medical and related physical biological sciences.
- Nursing and dental education
- Innovations in education.
- Producing medical teachers for the country.
- Research in medical and related sciences.
- Health care : preventive, promotive and curative; primary, secondary & tertiary.
- Community based teaching and research.

1.2 AREAS ENGAGED IN AND TASKS UNDERTAKEN

1.2.1 Routine or general management

- Involved as a Research Assistant in the project named “Development Of Neonatal Health Care Service Delivery Model For Rural India” funded by UNICEF
 - Roles and responsibilities in the project

- ✚ To work on the setting up of a surveillance system using ASHAs this would include planning for the same and training them.
- ✚ To work on the KAP questionnaire after circulating and discussing with all investigators, pre test the same with 15 mothers.
- ✚ To work on the existing IEC material for community and develop new ones if needed.
- ✚ To make a detailed plan for the community mobilization.

1.2.2 In The In-Depth Study

- As a trainee worked on the project “ Perception and awareness of Girl Child Schemes in the Ballabgarh”.
 - Roles and responsibilities in the project
 - ✚ To develop a community survey questionnaire to check the status of girl child in the area after circulating it among the various staff members of CCM department, AIIMS. Then pilot testing it among 10 parents.
 - ✚ Data collection from 8 selected villages under the two PHC of AIIMS.
 - ✚ To make a detailed report of the study done.
- Areas Visited during the survey
 - 4 villages under PHC Dayalpur i.e. Dayalpur , Garkhera , Junehra and Chandavali.
 - 4 villages under PHC Chainnsa i.e. Chhainsa, Atali, Fatehpur Billoch, Ladholi.

1.3 Reflective Learning during Internship

- Designing tools for the KABP survey
- Understanding the process of designing of community mobilization plan.
- Procedures for budgeting of community mobilization plan.

PART 2- DISSERTATION **REPORT**

CHAPTER 1- INTRODUCTION

1.1 Introduction

Girl child schemes in center and state

The Constitution of India¹² 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 Constitution¹², 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.

¹²The 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. Working Group on Development of Children for the Eleventh Five Year Plan (2007-2012)- A Report 4 Girl child’s status is dramatically profiled in female to male sex ratios of younger age groups in the population.

³³The 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. ³³The 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. ³²**The 2011 census shows that sex ratio is increased by 3 points at national level and by 1 point in Haryana. In rural India Value is increased from 895 [2004-06] to 907 [2008-10], where as in Urban areas[India] the ratio increased by 17 points. In Haryana the Sex-Ratio was, 837 in 2004-06;848 in 2008-10, rural Haryana Ratio was 838 in 2004-06 which increased to 853 in 2008-10 and Urban areas the ratio increased by Just 2 points.**

³⁴The 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

¹²Most of these schemes are administered through the Department of Women and Child Development using the vast network of ICDS and *Anganwadi* workers. *Dhan Laxmi* is the only scheme that is fully supported by the Government of India and is implemented on a pilot basis in identified blocks of seven states. The primary objective of these schemes differs - from ensuring birth, promoting delayed marriage, education and overall well being to family planning. Some of these schemes are specifically aimed at people belonging to the poor families (BPL category). However, there are a few schemes that cater to all categories of households irrespective of their education, income levels and caste. *Dhan Laxmi* is the only scheme that provides incentive to all girls born in the family. Most states restrict incentives up to two girls, with single girl families receiving a larger benefit than families with two girls.

1. CENTRAL SCHEMES

A. BALIKA SAMRIDHI YOJANA¹

The Government of India started this scheme on 15th August, 1997 with the objective to raise the status of a girl child in the family & society. It attempts to improve the status of mother in the family who delivers a girl child. Under the scheme the mother is paid Rs. 500/- on the birth of a girl child to meet out her nutritional requirements as a first installment.

Objective of the scheme

The *Balika Samridhi Yojana*¹ (BSY) was initiated with a view to change the negative attitude of the family and society towards girl children, to increase the enrolment and attendance of girls in schools, to ensure that their marriages take place after the age of 18, and to support the girl children financially, . Earlier, it was in operation with 100 percent financial assistance from the Government of India through the Ministry of Women and Child Development. Later, it was decided that the BSY scheme will be transferred to the

states and funds were released. Though the Government of India has discontinued the scheme, the state Government has been implementing it since 2006-07 for the beneficiaries of BPL families

Who can be a beneficiary¹:

- The *Balika Samridhi Yojana* will cover girl children who are born on or after 15th August, 1997 in families below the poverty line (BPL) as defined by the Government of India, in rural and urban areas.
- In rural areas, the target group can be taken as those families which have been identified to be below the poverty line in accordance with the norms specified under *Swarnajayanti Gram Swarozgar Yojana* (known as such with effect from 1.4.1999), previously known as Integrated Rural Development Programme (IRDP).
- In urban areas, wherever household surveys have been conducted as per the instructions of the Government of India and lists of BPL families have been prepared, such lists can be used.
- Wherever lists are not available, the list of families covered under the Targeted Public Distribution System (TPDS) may be followed. Where neither of these lists are available, as a rule of thumb, families living in urban slums, both recognized as well as those not recognized, may.
- Families living below poverty line provided the new baby is 2nd girl child in the family.

Benefit:

Rs. 500/- to the mother.

2. HARYANA STATE SCHEMES

A. LADLI²

About the scheme²

This scheme was started in the year 2005 by Department of health and family welfare, Government of Haryana. The aim of this scheme is to combat the menace of female foeticide which has devastating demographic and social consequences, to restore the demographic sex ratio imbalance, to facilitate the birth of more girl children and to meet the felt needs of the women and girl children for which these rules have been framed.

Aim and objective of the scheme

The scheme aims to combat the menace of female foeticide, restore a balanced demographic sex ratio, facilitate the birth of more girl children and meet the felt needs of women and girl children. The scheme is being implemented through the Women and Child Development Department. In order to facilitate the birth of more girl children, it was felt that where a second girl child is born, substantial incentives should be provided to families for a period of 5 to 10 years. According to many demographic and social studies, the second

girl foetus is more vulnerable to elimination as compared to the first pregnancy/ baby born to the couple in their active reproductive age. It was decided that in the first stage, the scheme would be implemented for a period of five years and depending on its success it would be reviewed for an extension of another five years or beyond.

Beneficiaries²

The following will be the criteria for selection of beneficiaries under the scheme:-

- i.) All parents residents of Haryana, or having Haryana domicile, whose 2nd girl child is born on or after 20th Aug, 2005 are eligible for this cash incentive irrespective of their caste, creed, religion, income and number of sons.
- ii.) At least one of the parents along with the girl children should be residing in Haryana.
- iii.) The birth of both the girls children should be registered.
- iv.) If the parents of the 2nd girl child (born on or after 20th Aug, 2005) are receiving benefit under any other scheme like Balika Samridhi Yojana etc. they would still be entitled to benefit under this scheme.
- v.) In case of the 2nd girl child are born twins then the benefit will be given to the elder of the twins.
- vi.) The parents should ensure proper immunization of the girl children and immunization record(as per age of the girl children) may be produced at the time of receiving each payment.
- vii.) Both sisters should be enrolled in school/ Anganwadi centers as per their age.
- viii.) In case of death of either of the girl the incentive will be stopped with immediate effect. However, the same can be restored from the date it was discontinued on birth of another girl child.
- ix) In case where twin girls are born on or after the 20th August, 2005, the family would be eligible for the benefit under the scheme.
- x) In special cases, where twin girls are born on or after 20th August, 2005, with an elder girl child alive, the family would be eligible for the benefit for all the three girls (i.e. Rs. 7500/- per year @ Rs. 2500/- per girl child).

Benefits

Keeping in view the aims of the Scheme the government will provide benefit/ financial assistance of Rs.5000/- (@ Rs. 2500/- per girl child) on the birth of 2nd girl child per annum for 5 years. This will be provided in the following manners:-

- i.) Under the scheme Rs. 5000/- per family per year will be given to the parents on the birth of their 2nd daughter born on or after 20th Aug 2005 for 5 years or till the scheme is extended.
- ii.) The money is to be invested in Kisan Vikas Patras in the name of 2nd girl child through mother. In case, mother is not alive then the money would be deposited in the name of 2nd girl through father. If both the parents are not alive then this money will be deposited in a name of 2nd girl child through guardian. The Kisan Vikas Patras would be deposited in Treasury/ Sub-Treasury, as valuables, for a period of 8 years and 7 months by the Programme Officer of concerned District and after 8 years and 7 months the money would be reinvested in Kisan Vikas Patras and deposited again in the treasury till the 2nd girl child attains 18 years of age.

- iii.) In case of twin daughters, the incentive would start with immediate effect.
- iv.) The first Installment would be released with in one month of the birth of 2nd girl child. Successive installments would be released on the birthdays of the 2nd daughter every year.
- v.) In case of death of either of the girl the incentive shall be stopped with immediate effect. However the same will be restored from the date it was discontinued on birth of another girl child.

B. APNI BETI APNA DHAN³

About the scheme:-³

The 'Apni Beti Apna Dhan' was first started in the state **Haryana** on 2nd October, 1994 with the objective to raise the status of a girl child in the society. It attempts to improve the status of mother in the family who delivers a girl child. Under the scheme the mother is paid Rs. 500/- to meet out her nutritional requirements and an amount of Rs. 2500/- is invested in IVPs in the name of the new born baby. This amount grows to Rs. 25,000 when the girl is 18. This amount can be used to meet her marriage expenses or higher education expenses. An indirect benefit of investing this amount for 18 years is that the early marriage attitude is checked to a considerable extent.

Who can be a beneficiary:

1. All families belonging to SC/BC categories(Except Gazetted Officer).
2. Families of General Caste category living below poverty line Provided the new baby is 3rd child in the family

Benefit:

1. Rs. 500/- to the mother within 15 days of birth.
2. IVPs of Rs. 2,500/- in the name of Child within 3 months.

C.DEVI RUPAK YOJANA⁴

About the scheme:-

A scheme to provide monthly incentive to eligible couples under the scheme in order to stabilize the population of the state to check the declining trend in the male to female sex ratio, adoption of one child norm and spacing of child birth.

Objective of the scheme

To improve the sex ratio of the state.

Benefits:-

A monthly incentive at the rates given below upto 20 years from the date of adoption of terminal method of family planning by either of the partner of a couple will be given under the scheme:-

<u>Sr. No.</u>	<u>Stage of Adoption</u>	<u>Incentive amount per month</u>
1.	At the birth of first girl child	Rs. 500/-
2.	At th birth of first male child	Rs. 200/-
3.	At the birth of second child girl (Provided first child is girl child)	Rs. 200/-

Eligibility conditions for the beneficiaries:-

- None of the partners constituting the couple should be an income Tax Payee.
- To be eligible under the scheme a couple would have to get themselves registered with the local Gram Panchayat/Muncipal Committee within whose jurisdiction the couple ordinarily resides.
- Couples within the age group upto 45 years for Male and 40 years for Female are covered under the scheme irrespective of their date of marriage.
- The benefit will be available after terminal method is adopted before the youngest child attains the age of 5 years.
- In case neither of the partners adopts a terminal method of family planning after the birth of the first girl child, then in order to be eligible for this scheme, he/she will have to adopt terminal method of family planning before the youngest girl child attains the age of 5 years.

3. PCPNDT ACT¹²

Regulations under the act:-

1. To provide for prohibition of sex selection – prior to OR after conception.
2. Regulation of pre-natal diagnostic techniques for detection of genetic abnormalities.
3. Prevention of sex determination for female foeticide.

Punishments under the act :-

1. Prohibition of any type of Advertisement for purpose of sex determination.
2. Punishable Offence – 3 years & fine upto Rs.10,000/-
3. Cancellation of Licence of Clinic.
4. Suspension or even Cancellation (if repeated offence) of Registration of Medical Practitioner.

Ministry who has started the act:-

Enacted by MOHFW, Govt. of India.

Year of implementation

Came into operation in Feb.1996

1.2 RATIONALE OF THE STUDY

The project reviews some of the major schemes related to health of a girl child that were started in the state of Haryana to bridge the gap between the status of girls and boys. Most of these schemes are administered through the Department of Women and Child Development using the vast network of ICDS and *Anganwadi* workers. *Dhan Laxmi* is the only scheme that is fully supported by the Government of India and is implemented on a pilot basis in identified blocks of seven states. The primary objective of these schemes differs - from ensuring birth, promoting delayed marriage, education and overall well being to family planning. Some of these schemes are specifically aimed at people belonging to the poor families (BPL category). However, there are a few schemes that cater to all categories of households irrespective of their education, income levels and caste. *Dhan Laxmi* is the only scheme that provides incentive to all girls born in the family. Most states restrict incentives up to two girls, with single girl families receiving a larger benefit than families with two girls.

The project includes community survey to assess the status of girl child schemes and to know the knowledge and awareness of the community with respect to it.

1.3 PROBLEM STATEMENT

The project discusses and puts forth possible solutions to the following questions:

- ✚ Does a difference exists in the way girls and boys are treated at home and in society?
- ✚ Why the birth of a boy and a girl is not seen at the same level in our society.
- ✚ To know who and people of which caste/community engage in pre natal sex determination.
- ✚ To know whether some change in attitude of people have come w.r.t. a girl child in the recent past.
- ✚ To know whether government/panchayat has taken any significant steps to bridge this gap.
- ✚ To check the awareness and knowledge w.r.t. the various government initiated girl child schemes in the community.
- ✚ To know what all difficulties are faced by the community in availing the benefits of these schemes.

1.4 Review of literature

Balika samridhi yojana¹-The Government of India started this scheme on 15th August, 1997 with the objective to raise the status of a girl child in the family & society. It attempts to improve the status of mother in the family who delivers a girl child.

Documents Required:

1. Application on Prescribed proforma available at AWC.
2. Birth Certificate from chowkidar/Municipal authorities.
3. Proof of Domicile.

Where to Contact:

Nearest Aganwadi Centre or concerned C.D.P.O. office.

Behaviour change in the community after starting of BSY

According to a report published by World Bank in a paper—a product of the Gender and Development Group, Poverty Reduction and Economic Management Network—which is a part of a larger effort in the department to explore the impact of conditional cash transfer programs on gender gaps while BSY might have been expected to complement ABAD, reported distribution has been surprisingly low, perhaps due to high variance in the release of central funding. The annual number of recipients in Haryana since 1997 has been relatively insignificant, with a maximum of 9166 beneficiaries reported in 2001-2. BSY is thus unlikely to have had an economically meaningful impact.

Outcomes of the programmes

- (1) Beneficiaries registered and bank accounts opened.
- (2) Beneficiaries not yet 18 and therefore not eligible to get cash benefit; so impact on age at marriage unknown.
- (3) Uneven use of funds by states for the program.**
- (4) Communities unaware and skeptical of getting benefit.**

(Data sources: Annual Reports of the Dept. of Women and Child; Knot Ready discussions, interviews with govt. officials and community**)

Limitations/drawback of the scheme

- Delay on the part of banks
- PRI functionaries do not co-operate with the implementing agency.

- Implementation of the scheme is leading to overburdening the ICDS and Anganwadi workers.
- Need to increase the amount of post-birth grant from Rs. 500 to Rs. 2000

Ladli² was started in the year 2005 by Department of health and family welfare, Government of Haryana. The scheme aims to combat the menace of female foeticide, restore a balanced demographic sex ratio, facilitate the birth of more girl children and meet the felt needs of women and girl children.

Where to contact for the registration:- The verification procedure in respect of beneficiaries shall be made by the Programme Officer of Department of Women & Child Development in both the Rural and Urban areas covered by ICDS Scheme with the existing staff of Apni Beti Apna Dhan and in the remaining non ICDS Scheme Areas, verification of beneficiaries shall be made by the Civil Surgeon of the concerned district. Information regarding number of daughters in the family shall be furnished by Anganwadi Workers/ Supervisors in Rural areas and Urban Areas where ICDS scheme is being implemented and by Health Staff i.e. multi purpose worker (female) Health supervisor (female) in the Urban areas where ICDS scheme is not implemented. The mother/ father/ guardian of the girl children shall make an application on the prescribed form and give to the Anganwadi worker & concerned Health Staff. The application form would be made available free of cost to the applicants by Anganwadi worker in Anganwadi Centres, in the offices of the Child Development Project Officer and the Programme Officer Office and in the office of Civil Surgeon of Health Department. The Documents required are (a) The mother/ father / guardian of the 2nd girl child should apply in the prescribed form through Anganwadi worker/ supervisor & Health Staff of the concerned area. Along with this application form the applicant should submit a certified copy of the birth certificate of the 2nd girl child, issued by competent authority. (b) The Child Development Project Officer in ICDS area and Civil Surgeons in non ICDS areas will recommend the cases to the Programme Officers of the concerned District who would sanction the amount of Rs. 5000/- and would purchase Kisan Vikas Patras of this amount. These Kisan Vikas Patras would be pledged in favour of concerned Programme Officers of the District. The Committee constituted by Programme Officer of the concerned district would place these Kisan Vikas Patras in the Treasury/ Sub-Treasury strong room till the 2nd girl child attains 18 years of age.

The Deputy Commissioner of the district will be responsible for making appropriate arrangements under his/ her direct supervision for the safe custody of these Kisan Vikas Patras in the Treasury/Sub-Treasury Strong room. The Programme Officer of the district concerned shall issue a certificate in favour of the holders of Kisan Vikas Patras giving full details about the investment. The benefit sanctioned under the scheme shall be withdrawn by the competent authority at any stage, if it is found that it was sanctioned incorrectly on false information. In case of wrong information, deliberately given by the applicant, he shall be liable for prosecution. The investment made in the shape of Kisan Vikas Patras under this scheme shall not be liable for attachment under any court of law. All the benefits shall cease to be payable on the death of any one of the two girl children. The girl would not be eligible for the benefit under the scheme in case either of the girls get married before the age of 18 years.

Change of address:

It shall be obligatory for the parents/ guardians of the girl children to intimate any change of address to the Child Development Project Officer/ Programme Officer/Civil Surgeon concerned.

Eligibility to encash kisan vikas patras:

In order to obtain the maturity value of the investment in Kisan Vikas Patras at the time of applying the second girl must be:-

- (a) 18 years of age.
- (b) Unmarried.

Procedure to encash kisan vikas patras :

The eligible girl alongwith her mother.father/guardian will apply on the prescribed application form to the Programme Officer, who after ascertaining the eligibility shall hand over the Kisan Vikas Patras to the beneficiaries.

Drawing and disbursing officer of the scheme:

The Programme Officer of the district will be the Drawing and Disbursing Officer of this scheme. All the undisbursed amount shall be kept by the Programme Officer. A proper record of such amounts shall be kept in a separate register. The undisbursed amount shall be taken in the cashbook and the entire amount thus received, shall be adjusted by short drawl from the subsequent bill. Receipt in the prescribed performa

shall be obtained from the beneficiaries at a time of maturity of Kisan Vikas Patras . The same shall be kept under lock and key by the concerned Programme Officer concerned, till the accounts have been audited by the Accountant General Haryana. The Director, Women & Child Development, Haryana shall be overall in charge of the “Ladli” scheme and necessary instructions in regard to its proper enforcement and accounting procedure shall be issued by him/ her from time to time. At the field level Deputy Commissioner shall be overall in charge of the implementation of the scheme in his/her jurisdiction.

The expenditure on the administration of the ‘Ladli’ scheme 2005 including the cost of Kisan Vikas Patras or any other expenditure on disbursement of financial assistance to the beneficiaries shall be debitable to the head of the account as prescribed by Government from time to time.

Outcome of the scheme

Over the years, the scheme has become very popular, with the actual number of beneficiaries surpassing the targeted numbers. During the year 2009-10, there were 1,05,113 beneficiaries under the scheme and the government spent Rs. 52 crores. The officials of Haryana government claimed that the Ladli Scheme, originally conceived and implemented in their state, is now being copied in other states. The state government has extended the Ladli Scheme for another five years. According to state government officials, the state’s lopsided sex ratio had improved marginally due to the financial incentives provided under the Ladli Scheme. Through jingles, print media and brochures, efforts were made towards generating awareness on the scheme. Details of the scheme are also discussed at the Gram Sabha meetings.

Up to March 2010, 1,03,613 families benefitted under the scheme with an expenditure of Rs. 121.25 crores. For 2010-11, Rs. 38.65 crore has been provided in the budget. From 2006-07, the state government also introduced awards for districts that reflected an improvement in sex ratio. The prize of Rs. 5 lakh, 3 lakh, 2 lakh respectively would be awarded to districts exhibiting maximum improvement in sex ratio.

Limitations/drawbacks of the scheme

- Deaths of the girls are not reported by the parents, with the result that the money deposited in the name of beneficiary cannot be returned.

- Since the state has limited resources, the central government should support the scheme.

The ‘Apni Beti Apna Dhan’³ was first started in the state Haryana on 2nd October, 1994 with the objective to raise the status of a girl child in the society. It attempts to improve the status of mother in the family who delivers a girl child. The Documents Required are Application on Prescribed proforma available at AWC, Birth Certificate from chowkidar/Municipal authorities, Caste Certificate Copy and Proof of Domicile. Nearest Anganwadi Centre or concerned C.D.P.O. office has to be contacted for the same.

Behavior change in the community by introduction of Apni Beti Apna Dhan’ ABAD The paper—a product of the Gender and Development Group, Poverty Reduction and Economic Management Network—is part of a larger effort in the department to explore the impact of conditional cash transfer programs on gender gaps. This study evaluates one such program in the state of Haryana, Apni Beti Apna Dhan (Our Daughter, Our Wealth) and was carried out 10 years after the introduction of the policy. Although no specific program participation data are available, an estimated early intent-to-treat program effects on mothers (sex ratio among live children, fertility preferences) and children (mother’s use of antenatal care, survival, nutritional status, immunization, schooling) using statewide household survey data on fertility. The results based on this limited data imply that Apni Beti Apna Dhan had a positive effect on the sex ratio of living children, but inconclusive effects on mothers’ preferences for having female children as well as total desired fertility. The findings also show that parents increased their investment in daughters’ human capital as a result of the program. Families made greater post-natal health investments in Eligible girls, with some mixed evidence of improving health status in the short and medium term. Further evidence also suggests that the early cohort of eligible school-age girls was not significantly more likely to attend school; however, conditional on first attending any school, they may be more likely to continue their education.

Outcomes of the programme

- (1) Beneficiaries registered, bank accounts opened
- (2) Beneficiaries not yet 18, so benefits not yet disbursed and impact on age at marriage unknown

(3) Increased knowledge about legal age of marriage among community***

(4) Communities unaware and/or skeptical of getting cash benefit**

(Data sources: ³Department of Women and Child annual reports, Government of Haryana; Mid-term evaluation by TNS MODE***; ²⁷Knot Ready discussions and interviews with government officials and community**)

Ladli Lakshmi Yojana⁴ (Madhya Pradesh) was initiated in 2007, the scheme has become extremely popular with the enrolment of a large number of beneficiaries. Every year the actual number of beneficiaries is more than the targeted number of beneficiaries. The State Government also spent a huge amount for implementing the scheme. In the 2010-11 budget, Rs 302 crores was allocated for this scheme. It was also observed that apart from the Anganwadi workers, the Panchayat members are also actively involved in the promotion of the scheme. Special Gram Sabha meetings were organized to create awareness about the scheme. Over the years, the implementation of the scheme has been decentralized to a large extent. The scheme also combines the conditional cash transfer for improving girls' education as well as popularizing the small family norm.

Bhagyalakshmi Scheme⁵ (Karnataka) is a scheme that combines incentives for school education, immunization and health insurance, restricted to two girls from BPL families. The scheme also aims at eliminating child labor and ensuring admission to Anganwadi centres. The state Women and Child Development Department has developed a child tracking system with the assistance of NIC which will monitor the progress of each beneficiary with regard to health, education and migration. The child tracking system has about 44 parameters capturing all relevant details of the beneficiaries. Though at the local level there are allegations of misuse of the scheme (for instance, some parents of girl child have not undergone sterilization and some of the Anganwadi workers are collecting money for registration), the recently introduced child tracking system would minimize those irregularities.

Balika Samridhi Yojana⁶ (Gujarat) scheme was originally conceived and supported by the central government and later taken over by the state government without changing the eligibility criteria and benefits. During 2009-10, the state government spent Rs 10 crore on this scheme. This is a good example of how a

centrally sponsored scheme can be gradually taken over by the state government and implemented for the benefit of the girls from BPL families.

Ladli Scheme⁷ (Delhi): Initiated in 2008, the scheme is popular and has resulted in many positive changes. The officials claim that the birth registration has improved and that the enrollment of girls in schools has also picked up. In order to make it more citizen-friendly, the eligibility conditions were modified. This flagship scheme of the Delhi Government has come a long way and Rs 3.7 crore has already been released as final claim to 6,917 girls who have attained 18 years of age and passed out of Standard 10. It would be worthwhile to explore how these girls and their parents view the impact of the scheme.

Girl Child Protection Scheme-GCPS^{8,9} (Andhra Pradesh): Initiated in 1996, the scheme was modified in 2005 and is being implemented through the Department of Women Development and Child Welfare. It includes childhood immunization, family planning, education up to Standard 12, and marriage of girls not before 18 years of age. During the last five years, it has attracted nearly 3,67,000 beneficiaries. A detailed study of this scheme will help us understand the performance of a girl child promotion scheme in the last 15 years and the kind of impact it has had on the beneficiaries and their families. The GCPS has been implemented throughout the state except for the two blocks where the Dhan Lakshmi Scheme is in operation. A field level evaluation will bring out the comparative advantage of both the schemes from the perspectives of the beneficiaries and the officials.

Mukhya Mantri Kanya Suraksha Yojana¹⁰ (Bihar): This popular scheme was jointly initiated in 2008 by the Social Welfare Department, State Women Development Corporation and UTI Asset Management Company with an estimate of Rs. 140 crores to empower over seven lakh girls. The family must hold a BPL card, birth registration number and the beneficiary must come under the age group, 0-3 years. The family can avail themselves of the benefits for the first two girl children and on completion of 18 years, the amount equal to the maturity value will be paid to the girl child. PRIs and women's groups are actively involved at the implementation level. The number of applicants actually surpassed what the allocated funds could provide. The scheme has a component to cover the administrative cost. The Anganwadi workers were given incentives for promoting the scheme. An evaluation

will provide useful insights into the implementation mechanism and ways to improve its effectiveness.

Pre conception-prenatal sex determination (PCPNDT)¹¹ has been started to provide for prohibition of sex selection – prior to OR after conception. 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 898/1000 in the 2011 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.

According to a study “Special Financial Incentive Schemes For The Girl Child In India: A Review Of Select Schemes”¹² introduction of the Conditional Cash Transfer (CCT) mechanism is a marked departure from the traditional approaches in social programming. These promotional schemes for girl child could potentially have far reaching positive implications in enhancing the value of a daughter within a family. Therefore financial constraints should not come in the way of implementation of such initiatives. The study discovered that the promise of cash transfers provided a sense of security and instilled a sense of confidence in these families to invest in their girls. Wherever benefits were availed, to a large extent families ensured birth registration, immunization, school enrolment and delayed age of marriage of their daughters. It may be appropriate to consider a proposal wherein both the centre and the state governments jointly finance these schemes through improved targeting and attractive incentives. Schemes aimed at improving the value of the girl child and addressing the decline in sex ratio may not meet these objectives in their entirety if they target BPL families alone. This could be attributed to the adverse ratios across different economic classes in the country.

1.5 Objective

General:

To assess community perceptions and awareness on girl child.

Specific objective

- ✓ To assess community perceptions related to girl child discrimination
- ✓ To assess the awareness of government schemes targeted at improving status of girl child in selected villages of Ballabgarh block in Faridabad District .

CHAPTER 2 - DATA AND METHODS

Study design- Cross-sectional Community based study

Study Area- It was 8 villages i.e. 4 each from villages under PHC Dayalpur and PHC Chainnsa. (Population of 58931)

Study Population- It included parents of the children aged 18 and below and also males and females aged less than 45 years and 40 years. (0.5% of the population i.e. 294)

❖ **Sample Size-** The main variable of the study is taken to be community awareness about the various schemes for girl child in the Haryana. As no such study was found which would tell about the percentage of population having awareness about the scheme. In such case we can assume that the largest sample is 200 (we assume that 50% of population knows about it i.e. 147 with a variation of +10% and -10% (this round off to 200). Thus according to this the sample size comes out to be 200.

Sampling Technique

The survey was done in two area i.e. 4 villages each from PHC Dayalpur and 4 villages each from PHC Chainnsa. These two PHC's were chosen because they are being run under the governance of AIIMS. 100 interviews were taken each from both the areas. 100 males and 100 females were interviewed. 4 villages each were randomly selected from both the areas. From Dayalpur- Garkhera, Junehra, Dayalpur and Chandavali were selected and from Chainnsa- Atali, Chainnsa, Fatehpur Billoch and Ladholi were selected. Selection criteria for interviews were: mothers aged less than 40 years and fathers aged less than 45 years who had children aged less than 18 years. From each village 25 persons were interviewed.

Study tool

The study was done by using a community based questionnaire. It was pilot tested and then modified accordingly. The questionnaire included questions on basic background characteristics of the interviewer, attitude, behavior w.r.t. the girl and boy child and knowledge and practices w.r.t. the girl child schemes in the area.

Data collection

Data collection was done in a time period of a week time. From a village 25 questionnaire were filled. Thus a total of 200 forms were filled from 8 villages.

Data Management and analysis

Data was entered into SPSS version 17.0 which was used for all statistical purposes. Frequency and proportion were calculated.

CHAPTER 3- RESULTS

Results

Table 1.1 Socio-economic status of the parents of the child

	Characteristics	Results
1	Mothers' Mean years of completed Education (N=200)	9
2	Fathers' Mean years of completed Education (N=200)	12
3	Proportion of mother working (N=200)	5.5%
4	Proportion of father in a private or govt. job (N=200)	53%
5	Proportion of OBC and scheduled caste interviewees	32%
6	BPL And extremely poor interviewee	21.5%
7	Annual income less than 1 lakh / annum	53%

Table 1 describes the socio-economic status of the interviewee. According to the table the mean years of education for mother and father were 9 and 12 years respectively. 5.5% of the mothers were working whereas 53% of the fathers were doing job(private or government). 32% of the interviewee belonged to OBC and scheduled caste, 21.5% had pink and yellow ration card and 53% of them had annual income less than Rs 100000.

Table 1.2 General perceptions of people towards girl child

	Characteristics	Results
1	Proportion of the interviewee who believe that society differentiates between the upbringing of girl and a boy (N=199)	47.2%
2	Has there been any change in attitude towards girl child in past some years (N=200)	
		Number(%)
	Attitude Worst Than Before	1 (.5)
	Attitude Same As Before	54 (27.0)
	Attitude Better Than Before	145 (72.5)
3	Proportion of the interviewee who believe that the Government taken enough steps to bridge the gap between girl child and boy (N=200)	31.5%
4	Steps taken by govt. to bridge this gap (N= 63)	
		Number (%)
	Better education facility	15 (24)
	Stiching centers for girls	10 (16)
	Financial help for poor families	5 (8)
	Ladli scheme	23 (36)
	Free uniform for girls	4 (6)
	Scheme started in which money is given	18 (28)
5	Proportion of the interviewee who believe that the panchayat taken sufficient steps to bridge the gap between girl child and boy (N=200)	2%
6	Grounds on which girls are differentiated from boys	

	(N=98)	Numbers(%)
	Girl Paraya Dhan	10(10)
	Early marriage and poor education	18(18)
	Poor Quality Education	69(70)
	Poor nutrition	14(14)
	Poor clothing	4(4)
	Made to do house work	8(8)
	Poor Health treatments given	1(1)
7	Reasons why society differentiates Between a girl and a boy (N=102)	Number(%)
	Inflation	1(1)
	Boys extend pedigree	12(11)
	Boys support family	5(5)
	Dowry	2(2)
	Insecure environment inhibits parents from sending daughter outside home for higher education	3(3)
	Girl is Paraya Dhan	84(82)

Table 1.2 shows the General perceptions of people towards girl child. 47.2% of the interviewee said that the society still differentiates between the upbringing of girl and a boy. 70% of the interviewee said that grounds on which girls are differentiated from boys is poor quality education compared to boys, the major reason for (82%) differentiation is because girls are “paraya dhan”. Majority have said that (75%) financial help can help to improve the status.

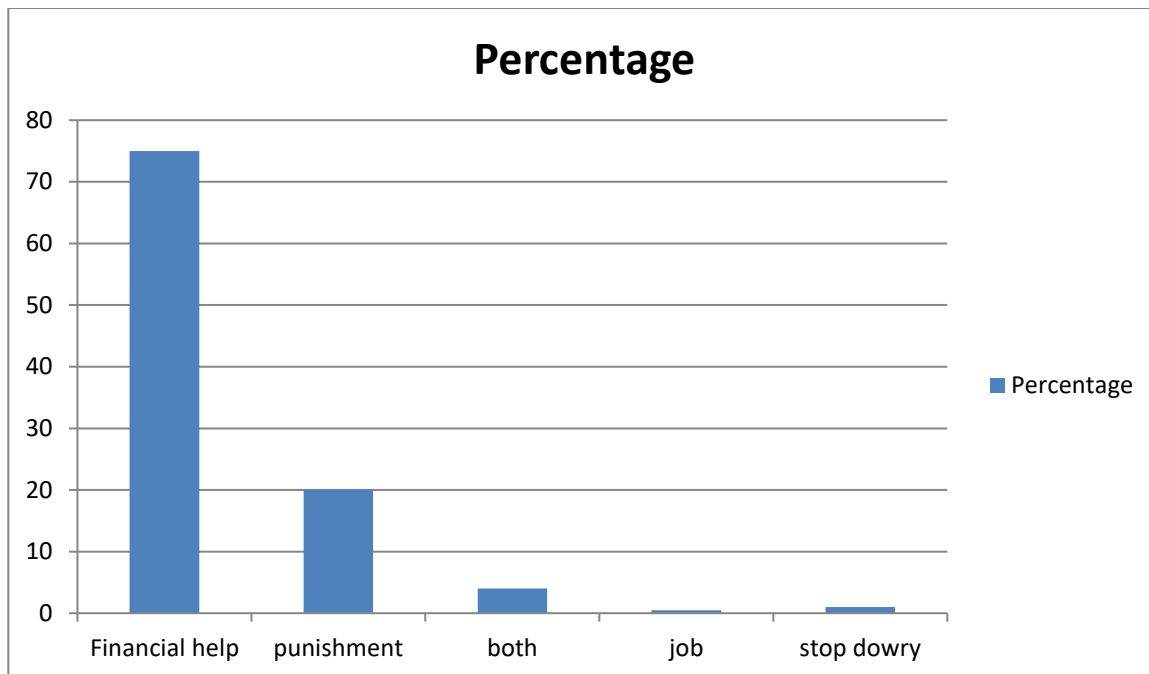


Chart 1.1 **Suggestions to improve the Status of Girl Child (N=199)-** 75% of the interviewee have said that giving financial incentive to the family of the girl child is a way to improve the status of girl child in the state.

Table 1.3 Knowledge and awareness about the girl child schemes

		Percent [%]	
1	Proportion of interviewees Aware about the existence of girl child schemes (N=200)	56%	
2	Proportion of interviewees who could name of at least one of the schemes. (N=200)	25%	
3	Proportion of interviewee who had awareness about PCPNDT act (N=195)	80%	
4	Utilization and eligibility for various schemes (N=200)		
	Name	Beneficiaries utilizing the scheme(out of 200)	Beneficiaries eligible(out of 200)
	Apni Beti Apna Dhan	1	*118
	Ladli	0	87
	Balika Samridhi Yojana	0	92
	Devi Rupak Yojana	0	7

5	Source of knowledge for APNI BETI APNA DHAN (N=30)	
		Number (%)
	TV, Posters, Newspapers	21(70)
	Anganwadi	7(23)
	Society	2(7)
6	Source of knowledge for Ladli (N=18)	
		Number(%)
	Anganwadi	11(61)
	Neighbours	4(22)
	Friends	2(11)
	Posters	2(11)
	Society	1(5)
7	Source of awareness about PCPNDT (N=155)	
		Number(%)
	Newspaper	97(62)
	Posters	96(62)
	Hospital	91(59)
	TV	65(42)
	Neighbours	2(1.2)
	Radio, rally	2(1.2)
	Doctor	1(0.6)
	Studied In School	1(0.6)
8	Frequency of people in pre natal sex determination [i.e. out of 10 how many families engage in the area] N=195*	
		Number(%)
	<5	123(61.5)
	5-7	53(26.5)
	>7	19(9.5)
10	Role of various people in the society in stopping the Pre natal sex determination	
		Ways by which they can stop the couple from getting prenatal sex determination
	Society	Percent
		Cant Stop 34
		No Response 60.5
		Tell Girls And Boys Are Equal 5.5
	Family members	Cant Stop 26.0
		No Response 60.0

		Tell Girls And Boys Are Equal	13.5
	Government	No Response	61.5
		Punishment	38
		Should Spread Information	.5
	Doctors	Cant Stop	.5
		No Response	61.0
		Should Stop Patient	1.5
		Tell Girls And Boys Are Equal	37.0
	Role of the interviewee	Cant Stop As The Process In Hidden	46.5
		Complaint About Them	1.5
		No Response	11
		Tell Girls And Boys Are Equal	32
		Tell It Is A Sin	3.5
		Tell It Is A Sin And Girls And Boys Are Equal	4.5
		Tell It Is A Sin And New Schemes For Girls Has Been Started	1.0

*195 because 5 enteries were missing

The awareness level about the various punishments under PCPNDT act was varied. 37% of the interviewee had awareness that jail can be given to the people who perform PNDT, 24% knew that the license of the clinic can be seized that has performed the test and 33% knew that suspension of the registration of medical practice of the doctor can be done. 77% people don't agree to the statement that " it is better to abort a girl than to give her birth and not give good environment to live" and 22% people agreed with this statement. 77% people said that a pregnant lady is mostly pressurized by her spouse to get sex determination. 33.5% and 26% of the interviewee respectively said that the society and family members can do anything to stop Prenatal sex determination. All the 200 interviewee said that giving financial incentive at the time of the marriage of the girl child or when the baby is 18 years old is a good way to decrease the difference between girl and boy child. The biggest barrier for the utilization of the scheme as said by the interviewee were lack of awareness (95%, 88%, 97% and 98% said that they had no wareness/don't know whom to contact for ABAD, Ladli, Balika Samridhi Yojana, Devi Rupak Yojana respectively) that any such schemes exists and if they exsits than whom should they contact to get registered for the scheme. 0.5% of the interviewee said for the ABAD scheme that due to anganwadi poor performance, no house to house visit, and they being selected from a single caste is one of the barrier in availing the benefits of the scheme. 0.5% of the

interviewee said for the Ladli scheme that government has yet not given the incentives to the registered girls so it is thought that the scheme is not beneficial. Further none of the interviewee knew about the eligibility criteria, place for getting registered for the scheme and the various benefits under the scheme.

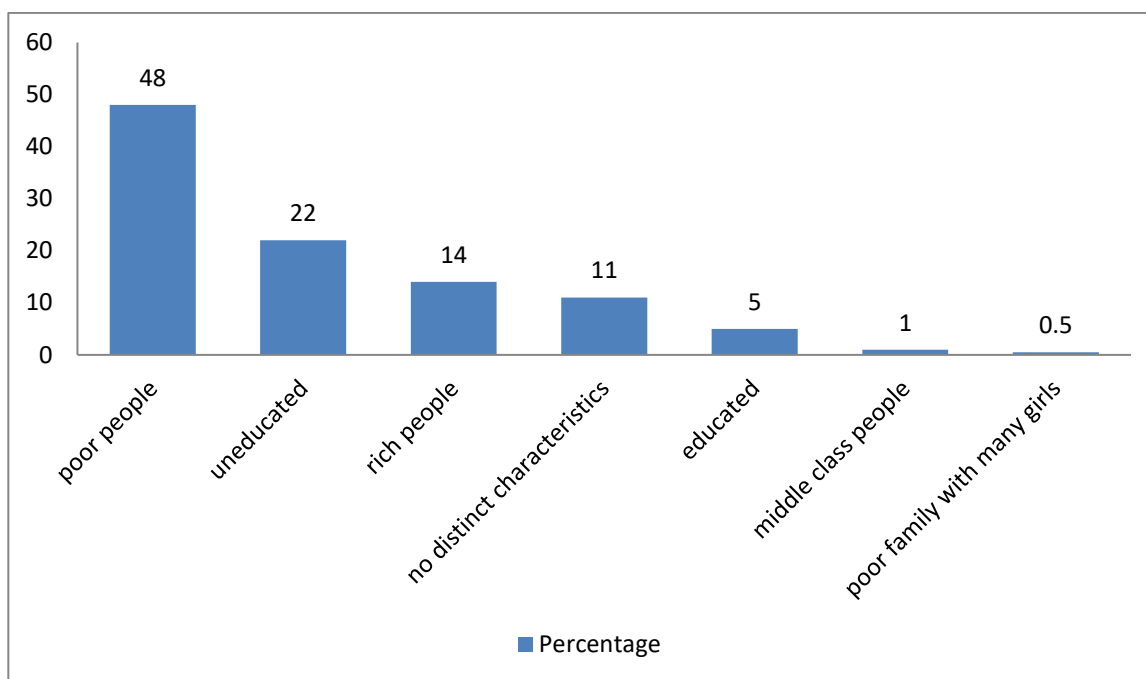


Chart 1.2 Which type of people engage in Prenatal sex determination (N=192). Table shows that mostly poor people engage in prenatal sex determination.

CHAPTER 4- DISCUSSION

In order to improve the survival and welfare of girls and to reverse the distorted sex ratio at birth, both the national and state governments have launched special financial incentive schemes for girls. Though most of these conditional cash transfer schemes are good steps to enhance the status of girls, very little is known about their implementation and effectiveness. Thus a survey was conducted in selected villages of Ballabgarh to understand the usefulness of the incentive schemes in addressing the growing neglect of the girl child. Thus with the help of the survey some key findings are being summarized. According to the survey some of the background characteristics are as follows- majority of [62 out of 200] mothers interviewed were 10th pass, majority of [82 out of 200] fathers were 12th pass, 62% of the sample belonged to general category, 76% had green ration card and 35% had income below 1 lakh. 53% of the interviewee did not differentiate between a girl and a boy and 72% believed that now the society perception w.r.t. a girl child is changing. 68% and 98% of the interviewee believed that the government and panchayat has not taken adequate steps to stop this neglect between girl and a boy child. There were various grounds on which the interviewee said that a girl child is differentiated but the most common was poor quality education(23%). The major reason why this difference exists in the society was a belief that a girl is paraya dhan(41%). The suggestion given by the majority to bridge this gap was financial incentive (74%) to the family of the girl child. 56% of the interviewee had awareness about the girl child scheme but out this 56%, 55% did not the name of the scheme but knew that a scheme exists. 59%, 43%, 46% and 3% of the interviewee were eligible for ABAD, Ladli, Balika Samriddhi Yojana and Devi Rupak Yojana but only 0.8% of the 59% eligible for ABAD were availing the benefits of the scheme. The biggest barrier for the utilization of the scheme as said by the interviewee were lack of awareness that any such schemes exists and if they exists than whom should they contact to get registered for the scheme. Further none of the interviewer knew about the eligibility criteria, place for getting registered for the scheme and the various benefits under the scheme. Interviewee said that 80% of them had awareness about PCPNDT act, the source of awareness was newspaper, posters and hospitals (40%) for the majority of them. The people who get involved in prenatal sex determination are mostly poor(42%).

Ladli Lakshmi Yojana⁵ (Madhya Pradesh) the scheme has become extremely popular with the enrolment of a large number of beneficiaries. Every year the actual number of beneficiaries is more than the targeted number of beneficiaries. It was also observed that apart from the Anganwadi workers, the Panchayat members are also actively involved in the promotion of the scheme. Special Gram Sabha meetings were organized to create awareness about the scheme. Over the years, the implementation of the scheme has been decentralized to a large extent. The schemes studied in this i.e. Ladli, Balika Samridhi Yojana, Apni Beti Apna Dhan and Devi Rupak Yojana did not involve the Panchayat Heads in promotion of the schemes. Thus for all these schemes it can be learnt that the various schemes being run in Haryana should actively involve the Gram Panchayat for effective implementation of the scheme. Also Gram Sabha Meetings should be done.

Bhagyalakshmi Scheme⁶ (Karnataka) is a scheme that combines incentives for school education, immunization and health insurance, restricted to two girls from BPL families. The scheme also aims at eliminating child labor and ensuring admission to Anganwadi centres. The state Women and Child Development Department has developed a child tracking system with the assistance of NIC which will monitor the progress of each beneficiary with regard to health, education and migration. The child tracking system has about parameters capturing all relevant details of the beneficiaries. The schemes studied in this i.e. Ladli, Balika Samridhi Yojana, Apni Beti Apna Dhan and Devi Rupak Yojana did not involve the Child tracking system which is an effective way to see if the schemes started are reaching the beneficiaries. Thus this new idea can be captured to minimize irregularities at the local level to prevent the misuse of the scheme (for instance, some parents of girl child have not undergone sterilization and some of the Anganwadi workers are collecting money for registration).

Mukhya Mantri Kanya Suraksha Yojana¹¹ (Bihar) is a popular scheme that was jointly initiated in 2008 by the Social Welfare Department, State Women Development Corporation and UTI Asset Management Company. PRIs and women's groups are actively involved at the implementation level. The number of applicants actually surpassed what the allocated funds could provide. The scheme has a component to cover the administrative cost. The Anganwadi workers were given incentives for promoting the scheme. Thus from this model of the scheme it can be learnt that

women groups and PRIs should be actively involved in the implementation mechanism of the scheme to have a broader coverage.

CHAPTER 5-CONCLUSION AND RECOMMENDATION

- These promotional schemes for girl child could potentially have far reaching positive implications in enhancing the value of a daughter within a family. Therefore financial constraints should not come in the way of implementation of such initiatives.
- The study discovered that the promise of case transfers provided a sense of security and instilled a sense of confidence in these families to invest in their girls. Wherever benefits were availed, to a large extent families ensured birth registration, immunization, school enrolment and delayed age of marriage of their daughters.
- It may be appropriate to consider a proposal wherein both the centre and the state governments jointly finance these schemes through improved targeting and attractive incentives.
- Schemes aimed at improving the value of the girl child and addressing the decline in sex ratio may not meet these objectives in their entirety if they target BPL families alone. This could be attributed to the adverse ratios across different economic classes in the country.
- Majority have reflected on the need to simplify the schemes to further enhance its usefulness and thereby its reach too. With every conditionality the beneficiaries have to fulfill the documentation and certification formalities to provide the proof of fulfillment. Likewise, domicile certificate is mandatory for many schemes and poor migrant families are likely to be excluded from these schemes.
- Inflexibility in the timing of joining the scheme is also a major deterrent for availing benefits among the illiterate families.
- It is interesting to note that most state governments took pride in implementing the schemes and publicizing them as one of their major achievements. It was felt that enhancing the cash incentives, simplifying the registration procedures and perhaps minimizing the number of conditionalities would make these schemes more attractive. The multiplicity of outcomes expected to be achieved by a single scheme, is likely to lead to a somewhat diffused focus in achieving the original objective behind the provision of incentives i.e. change in the perceived value of daughters in the eyes of the family.

- Based on an understanding of the perception of the value of the incentive by different income groups it is critical to revisit targeting under these schemes.
- Even for not so affluent households, the more immediate perceived benefit from not having a daughter may appear more tangible than the final benefit which will accrue after their daughter turns 18. It is not clear yet, whether, these incentives ensure that girls survive once they are born and receive better care or if the benefits also ascertain their birth itself.
- By limiting the benefit to two girls or by providing a larger incentive for the first girl, the scheme inadvertently ends up valuing girls differentially depending on their position in the birth order. The eligibility criteria therefore potentially may lead to mixed perceptions about the intent of the scheme.
- Though through these schemes the scope to positively discriminate in favour of girls, it is not clear how far these schemes have led to a change in parental preferences and attitudes towards their daughters. However, the effectiveness and impact of these initiatives towards ensuring desirability of daughters cannot be absolutely established.

Suggestions for improving Balika Samridhi yojana

- PRIs and the urban local bodies should have a major role in the identification and enrolment of the beneficiaries.
- Many state governments discontinued the programme after the Centre stopped allotment of funds.
- The scheme can be taken up jointly by the Centre and State governments.

Suggestions for improving Ladli

- Proper monitoring of the programme.
- Increase the incentive
- The income criteria may be introduced in order to target the programme to the poor and needy.

Some of the suggestions for improving PCPNDT act are:-

1. 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.

2. 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.

3. 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.

4. 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.

5. Nation wide awareness and sensitization campaign against female feticide.

Reference

1. Balika Samridhi Yojana- Women & Child Development Department, Haryana [accessed on April 2012], (Available at- <http://faridabad.nic.in/Administration/women&.htm>)
2. Ladli scheme-The Ministry of Women & Child Development [accessed on 15 April 2012] (available at-http://wcdhry.gov.in/new_schemes_F.htm)
3. Apni Beti Apna Dhan-Women & Child Development Department, Haryana [accessed on April 2012], (Available at- <http://faridabad.nic.in/Administration/women&.htm>).
4. “Ladli Lakshmi Yojana: Impact Analysis- District- Seoni” Dept. of Public Relations, Madhya Pradesh, (www.mpinfo.org/mpinfo/new/english/cd/2008).
5. Karnataka state report [Accessed on 23 march] Available at – (http://www.mohfw.nic.in/NRHM/Documents/Non_High_Focus_Reports/Karnataka_Report.pdf).
6. Conditional Cash transfer sSchemes for alleviating human Poverty: relevance for India [accessed on 2 april]available at (http://www.undp.org.in/content/cct/CCT_DP.pdf)
7. Government of India (2007). National Report on ‘A World Fit for Children’ , Ministry of Women and Child Development, New Delhi.
8. National Informatics Centre, Andhra Pradesh Girl Child Protection Scheme: User Manual, National Informatics Centre, Hyderabad (accessed on May 2012).
9. APPLYING THE SOCIAL RISK MANAGEMENT (SRM) FRAMEWORK: Towards an Action Plan for the Proposed Andhra Pradesh Rural Poverty Reduction Project (APRPRP) (http://www.rd.ap.gov.in/velugu/pdf/vsocial_risk_managment.pdf)
10. Ministry of Bihar Government- Mukhyamantri Kanya Suraksha Yojana [accessed on may 2012] Available at- (<http://www.biharonline.gov.in/Site/Content/Government/Schemes.aspx?u=MKSY&AspxAutoDetectCookieSupport=1>)
11. The pre-natal diagnostic techniques (regulation and prevention of misuse) act, 1994 and the pre-natal diagnostic techniques (regulation and prevention of misuse) amendment act, 2002. [accessed on march 2012] (available at <http://pndt.gov.in/writereaddata/mainlinkFile/File50.pdf>)
12. Special Financial Incentive Schemes For The Girl Child In India [Accessed on-april 2012] (Available at-http://www.unfpa.org/gender/docs/sexselection/UNFPA_Publication-39772.pdf)
13. Briere, B.D.L. and Rawlings L.B. (2006). “Examining Conditional Cash Transfer Programmes: A Role for Increased Social Inclusion?”, Social Protection Discussion Paper, No. 0603, Social Safety Net Primer
14. Series, World Bank Institute, Washington DC.
15. Dreze, J. and Goyal A. (2003). “Future of Mid-Day Meals”, Economic and Political Weekly, November 1, pp. 4673-4683. Fajth, G. and Vinay C. (2010) “Conditional Cash Transfers: A Global Perspective”, MDG Insights, Issue No.1, February.
16. Government of Gujarat (2010). Welfare Schemes for Other Backward Classes, Department of Social Justice and Empowerment, Ahmedabad.
17. Government of India, Girl Child in the Eleventh Five Plan (2007-2010), Working Group on Development of Children, Ministry of Women and Child Development, New Delhi.
18. Government of Karnataka (2010). Annual Report of Department of Women and Child Development, 2009-10, Government Press, Bangalore.

19. Government of Karnataka (2010). Ninth Round Sample Check on Selected Developmental Programmes- 2008-09, Directorate of Economics and Statistics, Bangalore.
20. International Food Policy Research Institute (2002). Progres: Breaking the Cycle of Poverty, International Food Policy Research Institute, Washington DC.
21. Sekher T.V. and Neelambar Hatti (eds.) (2010).
22. Unwanted Daughters: Gender Discrimination in Modern India, Rawat Publications, Jaipur. Sharma, Kalpana (2008). "Deleting Girls", The Hindu, Sunday Magazine, May 18, (Accessed on July 2010).
23. Sharma, R, R. Goel and H. Gupta (2003). "Rajalakshmi- An Initiative for improving the status of Girl child in Rajasthan", The Journal of family welfare, vol. 49, No. 1, June, pp. 66-72.
24. Singh, Manmohan (2008) "PM's address at the National Meeting on Save the Girl Child", April 28,
25. Ministry of Health and Family Welfare, Govt. of India, New Delhi.
26. Son, H.H. (2008). Conditional Cash Transfer Programmes: An Effective Tool for Poverty Alleviation?,
27. Economics and Research Department, ERD Policy Brief Series No. 51, Asian Development Bank, Manila.
28. Srinivasan S. and Bedi A.S. (2010). "Daughter Elimination: Cradle Baby Scheme in Tamil Nadu", Economic and Political Weekly, Vol. XLV, No. 23, pp. 17-20.
29. Srinivasan S. and Bedi A.S. (2009). "Girl Child Protection Scheme in Tamil Nadu: An Appraisal", Economic and Political Weekly, Vol. XLIV, No. 48, pp. 10-12.
30. Ch. Devi Lal. Rashtriya uttan aivam parivar kalyan yojna "devi rupak"- Health Department of Haryana [accessed on march 2012] (available at <http://haryanahealth.nic.in/menudesc.aspx?page=112>)
31. Sreela Das Gupta "Knot Ready Lessons from India on Delaying Marriage for Girls".
32. SRS BULLETIN -SAMPLE REGISTRATION SYSTEM [Accessed on 12 April](Available at- http://censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin%20-%20January%202011.pdf).
33. CENSUS OF INDIA 2001 [Accessed on 20 April, 2012](Available at- http://www.jsk.gov.in/projection_report_december2006.pdf)
34. 10th Five Year Plan [Accessed on April](Available at- http://www.powermin.nic.in/generation/pdf/10th_Plan_Outlay-Actual.pdf)

ANNEXURES

Status of Girl Child Schemes in Ballabgarh

Section 1.

1	साक्षात्कार कि तिथि		
2	TIME START		
3	गांव का नाम		
4	गांव का कोड		
5	प्रतिभागी का नाम		
6	प्रतिभागी की आयु		<input type="text"/> <input type="text"/>
7	माता पिता की अन्य जानकारी	माता	पिता
7a	पूर्ण की शिक्षा के साल	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
7b	व्यवसाय [1= श्रमिक ; 2= जाति व्यवसाय; 3= बिजनेस; 4= पेशेवर; 5= कृषि; 6= नौकरी; 7= कोई व्यवसाय नहीं, 8=अन्य]		
8.	जाती	अनुसूचित जाती = 1 ; अन्य पिछड़ी जाती =2 अनुसूचित जनजाति= 3 , समान्य=4, अन्य = 5 _____ पता नहीं =6	<input type="checkbox"/>
9.	आपके पास कौन से रंग का राशन कार्ड है ?	गुलाबी=1 पीला=2 हरा =3 नहीं है =4	<input type="checkbox"/>
10.	परिवार की कुल सालाना आय		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.	परिवार के कुल सदस्यों की संख्या (जो एक रसोई में खाते हैं)		<input type="text"/> <input type="text"/>
12.	आपके बच्चों का विवरण	लड़कियां (संख्या) <input type="text"/> <input type="text"/>	लड़के (संख्या) <input type="text"/> <input type="text"/>
13.	क्या आपको लगता है की हमारे समाज में लड़को और लड़कियों की परवरिश में अंतर रखा जाता है	हाँ=1,नहीं=2, पता नहीं=5 (अगर नहीं तो 17 पर जाये)	<input type="checkbox"/>
14.	अगर हाँ तो क्या आप कुछ उदाहरण दे सकते हैं? PROBE: (शिक्षा में अंतर, स्वास्थ्य तथा पोषण में अंतर, अन्य सामाजिक मुद्दों में अंतर)		
15.	सामाज में इस तरह की सोच क्यों है ?		

16.	क्या आप इस सोच से सहमत हैं?	हाँ=1, नहीं=2, पता नहीं=5	<input type="checkbox"/>
17.	हमारे समाज में एक लड़के और लड़की के जन्म को बराबरी से नहीं देखा जाता आपके अनुसार इसके क्या कारण हैं ?		
18.	आपके सुझाव में लोगों का लड़कियों के प्रति यह व्यवहार किस प्रकार बदला जा सकता है ? PROBE: (सरकार कि तरफ से सुविधाएँ या दण्ड)		
19.	क्या लड़कियों के प्रति इस व्यवहार में पिछले कुछ सालों में कुछ परिवर्तन आया है ? पहले से ज्यादा खराब हालात हैं =1 पहले जैसे ही हालात हैं =2 पहले से बेहतर हालात हैं =3 कह नहीं सकते=4 अपने उत्तर को उदाहरण दे कर स्पष्ट करें :		
20.	आपको क्या लगता है कि सरकार यह स्थिति (लड़कियों के प्रति भेद भाव) सुधारने के लिए पर्याप्त कदम उठा रही है ? हाँ=1, नहीं=2, पता नहीं=3		<input type="checkbox"/>
	यदि हाँ तो संक्षेप में बताएं कि सरकार क्या कदम उठा रही है ?		
21.	क्या पंचायत या गांव वाले लड़कियों के प्रति यह भेद भाव कि स्थिति सुधारने के लिए पर्याप्त कदम उठा रही है? हाँ=1, नहीं=2, पता नहीं=3		<input type="checkbox"/>
	अगर हाँ तो संक्षेप में बताएं कि पंचायत या गांव वाले क्या कदम उठा रहे हैं?		
22.	क्या आपको किसी ऐसी योजना की जानकारी है जो लड़कियों की सामाजिक स्थिति सुधारने के लिए सरकार ने शुरू करी हो?		<input type="checkbox"/>
	हाँ=1, नहीं=2, पता नहीं=3		

23.	अगर हाँ तो क्या आप किसी योजना का नाम बता सकते हैं? (योजनाओं के नाम ना बताएं उत्तर दाता को स्वयं बताने दें यदि वह खुद नहीं बताते तब योजना का नाम बता कर पूछें कि क्या उन्होंने इस योजना के बारे में सुना है या नहीं)	हाँ स्वयं बताया =1, नाम बताए जाने पर ज़िक्र किया=2 नहीं मालूम =3 नाम नहीं पता पर सुविधायों की जानकारी है =4	
	अपनी बेटी ओना धन (आ बा द)		
	लाडली		
	बालिका समृद्धि योजना		
	देवी रूपक योजना		
	अन्य (नाम बताएं _____)		
24	क्या आपको लगता है की बेटी पैदा होने पर माँ को उसी समय तथा लड़की को बालिक (18 की आयु) होने पर सरकार की तरफ से पैसे दिया जाना इस स्थिति को सुधरने के लिए एक कारगर कदम होगा? हाँ=1, नहीं=2, पता नहीं=3 यदि नहीं तो ऐसा लगने का कारण बताएं	<input type="checkbox"/>	
25	आप हमारे समाज में लड़कियों के प्रति भेद भाव कि स्थिति को बदलने के लिए कुछ उपाय सुझा सकते हैं ?		

Section 2ABAD(अपनी बेटी ओना धन)

2.1	अगर उत्तरदाता को इस योजना के बारे में जानकारी है तो पूछें : यदि नहीं तो परिवार कि इस योजना के लिए योग्यता जांचे अथवा 2.6 पर जाएं		
2.2	इस योजना के बारे में जानकारी आपको कहाँ से मिली ?		
2.3	Eligibility Criteria (क्या आप जानते हैं कि इस योजना के	योग्यता कि	क्या यह परिवार

	फायदे उठाने के लिए क्या योग्यता होती है)	जानकारी हाँ=1 , नहीं= 2	योजना के लिए योग्य है ? हाँ=1, नहीं= 2
	A - All families belonging to SC/BC categories(Except Gazette Officer) B- Families of General Caste category living below poverty Line		
2.4	How can one avail these benefits	पंजीकरण के तरीके कि जानकारी हाँ=1 , नहीं=2	क्या यह परिवार पंजीकृत है ? हाँ=1 , नहीं= 2
	Application on Prescribed proforma available at Anganwadi center		
2.5	क्या आप जानते हैं कि इस योजना के क्या फायदे हैं	लाभों कि जानकारी हाँ=1 , नहीं=2	क्या यह परिवार योजना के लाभ उठा रहा है हाँ=1 , नहीं= 2
	A- The mother is paid Rs. 500/- to meet out her nutritional requirements B- An amount of Rs. 2500/- is invested in Indira Vikas Patras in the name of the new born baby. C- This amount grows to Rs. 25,000 when the girl is 18.		
2.6	यदि उत्तरदाता को इस योजना के बारे में जानकारी नहीं है तो योजना के बारे में बताएं . क्या आप किसी ऐसे परिवार को जानते हो जो इस तरह की योजना का लाभ उठा रहे हैं		
2.7	इस प्रकार की योजनओं का लाभ उठाने में जन साधारण को क्या दिक्कतें आती हैं		

Section 3)Ladli(अपनी बेटी ओना धन)

3.1	अगर उत्तरदाता को इस योजना के बारे में जानकारी है तो पूछें : यदि नहीं तो परिवार कि इस योजना के लिए योग्यता जांचे अथवा 3.6 पर जाएं		
3.2	इस योजना के बारे में जानकारी आपको कहाँ से मिली ?		
3.3	Eligibility Criteria (क्या आप जानते हैं कि इस योजना के फायदे उठाने के लिए क्या योग्यता होती है)	योग्यता कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार योजना के लिए योग्य

			है ? हाँ=1 , नहीं=2
	<p>A. All parents residents of Haryana or having Haryana domicile will be entitled for financial assistance if at least one alive real sister of the 2nd girl child in the family.</p> <p>B. At least one of the parents along with the girl children should be residing in Haryana.</p> <p>C. The birth of both the girl children should be registered.</p> <p>D. The parents should ensure proper immunization of both the girl children and immunization record (as per age of the girl children) may be produced at the time of receiving each payment.</p> <p>E. Both sisters should be enrolled in school/Anganwadi centre as per their age.</p> <p>F. If the parents of the second girl child, born on or after 20th August, 2005 are receiving benefit under any other scheme like Balika Samridhi Yojna etc. they will still be entitled to benefit under this scheme</p>		
3.4	How can one avail these benefits	पंजीकरण के तरीके कि जानकारी हाँ=1 , नहीं=2	क्या यह परिवार पंजीकृत है ? हाँ=1 , नहीं=2
	<p>Application on Prescribed proforma available at</p> <p>A- Anganwadi Centres</p> <p>B- In the offices of Child Development Project Officers in rural and urban areas free of cost</p> <p>C- In urban areas where ICDS scheme does not exist, the application forms will be available in the offices of Civil Surgeons</p>		
3.5	क्या आप जानते हैं कि इस योजना के क्या फायदे हैं	लाभों कि जानकारी हाँ=1 , नहीं=2	क्या यह परिवार योजना के लाभ उठा रहा है हाँ=1 , नहीं=2
	<p>A- Under the scheme Rs. 5000/- per family per year will be given to the parents on the birth of their second daughter born on or after 20th August, 2005 for five years.</p> <p>B. In case mother is not alive then this money will be deposited in the joint name of 2nd girl child and the father.</p> <p>C. If both the parents are not alive then this money will be deposited in the joint name of the 2nd girl child and the guardian.</p> <p>D. In case of twin daughters, the incentive will start with immediate effect.</p> <p>E. The accumulated amount will be released after the 2nd girl child attains the age of 18 years.</p>		

3.6	यदि उत्तरदाता को इस योजना के बारे में जानकारी नहीं है तो योजना के बारे में बताएं .क्या आप किसी ऐसे परिवार को जानते हो जो इस तरह की योजना का लाभ उठा रहे हैं
3.7	इस प्रकार की योजनाओं का लाभ उठाने में जन साधारण को क्या दिक्कतें आती?

Section 4 **Balika Samridhi Yojna** (बालिका समृद्धि योजना)

4.1	अगर उत्तरदाता को इस योजना के बारे में जानकारी है तो पूछें : यदि नहीं तो परिवार कि इस योजना के लिए योग्यता जांचे अथवा 4.6 पर जाएं		
4.2	इस योजना के बारे में जानकारी आपको कहाँ से मिली ?		
4.3	Eligibility Criteria (क्या आप जानते हैं कि इस योजना के फायदे उठाने के लिए क्या योग्यता होती है)	योग्यता कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार योजना के लिए योग्य है ? हाँ=1 , नहीं= 2
	A- Families living below poverty line provided the new baby is 2nd girl child in the family.		
4.4	How can one avail these benefits	पंजीकरण के तरीके कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार पंजीकृत है ? हाँ=1 , नहीं= 2
	Application on Prescribed proforma available at Nearest Aganwadi Centre Concerned Child Development Project Officers		
4.5	क्या आप जानते हैं कि इस योजना के क्या फायदे है	लाभों कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार योजना के लाभ उठा रहा है हाँ=1 , नहीं= 2
	A- The mother is paid Rs. 500/- to meet out her nutritional requirements B- An amount of Rs. 2500/- is invested in Indira Vikas Patras in the name of the new born baby. C- This amount grows to Rs. 25,000 when the girl is 18.		
4.6	यदि उत्तरदाता को इस योजना के बारे में जानकारी नहीं है तो योजना के बारे में बताएं .क्या आप किसी ऐसे परिवार को जानते हो जो इस तरह की योजना का लाभ उठा रहे हैं		

4.7	इस प्रकार की योजनाओं का लाभ उठाने में जन साधारण को क्या दिक्कतें आती हैं

Section 5 **Devi Rupak Yojana**(देवी रूपक योजना)

5.1	अगर उत्तरदाता को इस योजना के बारे में जानकारी है तो पूछें : यदि नहीं तो परिवार कि इस योजना के लिए योग्यता जांचे अथवा 5.6 पर जाएं		
5.2	इस योजना के बारे में जानकारी आपको कहाँ से मिली ?		
5.3	Eligibility Criteria (क्या आप जानते हैं कि इस योजना के फायदे उठाने के लिए क्या योग्यता होती है)	योग्यता कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार योजना के लिए योग्य है ? हाँ=1 , नहीं= 2
	A- None of the partners constituting the couple should be an income Tax Payee. B- To be eligible under the scheme a couple would have to get themselves registered with the local Gram Panchayat/Municipal Committee within whose jurisdiction the couple ordinarily resides. C- Couples within the age group upto 45 years for Male and 40 years for Female are covered under the scheme irrespective of their date of marriage. D- The benefit will be available after terminal method is adopted before the youngest child attains the age of 5 years. E- In case neither of the partners adopts a terminal method of family planning after the birth of the first girl child, then in order to be eligible for this scheme, he/she will have to adopt terminal method of family planning before the youngest girl child attains the age of 5 years.		
5.4	How can one avail these benefits	पंजीकरण के तरीके कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार पंजीकृत है ? हाँ=1 , नहीं= 2
	Get registered with the local Gram Panchayat/Municipal Committee		
5.5	क्या आप जानते हैं कि इस योजना के क्या फायदे हैं	लाभों कि जानकारी हाँ=1 , नहीं= 2	क्या यह परिवार योजना के लाभ उठा रहा है हाँ=1 , नहीं= 2

	A- A monthly incentive at the rates given below upto 20 years from the date of adoption of terminal method of family planning by either of the partner of a couple will be given under the scheme:-Sr. No. Stage of Adoption Incentive amount per month 1. At the birth of first girl child Rs. 500/- 2. At the birth of first male child Rs. 200/- 3. At the birth of second child girl Rs. 200/-(Provided first child is girl child)		
5.6	यदि उत्तरदाता को इस योजना के बारे में जानकारी नहीं है तो योजना के बारे में बताएं . क्या आप किसी ऐसे परिवार को जानते हो जो इस तरह की योजना का लाभ उठा रहे हैं		
5.7	इस प्रकार की योजनाओं का लाभ उठाने में जन साधारण को क्या दिक्कतें आती हैं		

Section 6. PNDT Act

6.1	क्या आप कोई ऐसा कानून जानते हैं जो भ्रूण हत्या के लिए लागु किया गया हो? हाँ=1,नहीं=2 अगर नहीं तोह 6.4 पर जाये		
6.2	इस कानून के बारे में जानकारी आपको कहाँ से मिली ?		
6.3	क्या आप जानते हैं कि इस कानून के अंतर्गत सजा दी जाती हैं ?	कानून के अंतर्गत सजा कि जानकारी हाँ=1 , नहीं= 2, पता नहीं= 3	
	<ul style="list-style-type: none">A- Punishable Offence Jail and fine to the personB- Cancellation of License of Clinic.C- Suspension or even Cancellation (if repeated offence) of Registration of Medical Practitioner		
6.4	गर्भ में लिंग की जांच कर लड़कियों के भ्रूण की हत्या के लिए इन सबको किस हद तक जिम्मेदार मानते हैं (ज्यादा जिम्मेदार को 5 , उससे कम को 4 तथा इस प्रकार क्रमबद्ध करते हुए सबसे कम जिम्मेदार को 1 अंक दें) समाज <input type="checkbox"/> बच्चे के माता पिता <input type="checkbox"/> परिवार के अन्य सदस्य <input type="checkbox"/> सरकार <input type="checkbox"/> डाक्टर <input type="checkbox"/>		
6.5	आपके हिसाब से आपके गाव में से भ्रूण में ही बच्चे का लिंग जानने की प्रथा कितनी प्रचलित है ? (दस में कितने परिवार ऐसा करते होंगे)		<input type="text"/> <input type="text"/>

6.6	कौन तथा किस प्रकार के लोग भ्रूण में ही बच्चे के लिंग जानने की कोशिश करते हैं? PROBE: (खास समुदाय)/(शिक्षा स्तर)/(आर्थिक स्थिति)	
6.7	“एक लड़की को भ्रूण में मार डालना उसके जनम के बाद परवरिश में भेद भाव करने से बेहतर है” इस कथन से आप सौ में कितने पैसे सहमत हो	* <input type="text"/> <input type="text"/> <input type="text"/>
6.8	कन्या भ्रूण हत्या रोकने ऊपर लिखित भागीदारों की क्या भूमिका होनी चाहिए? समाज बच्चे के माता पिता/परिवार के अन्य सदस्य सरकार डाक्टर	
6.9	इस प्रथा को रोकने के लिए ये लोग क्या कर सकते हैं?	
	TIME END AND NAME AND CODE OF INTERVIEWER	