

## **MUSKAAN: IMPROVING SEX RATIO AT BIRTH IN THE DISTRICTS OF HAMIRPUR AND BILASPUR OF H.P.**

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### *Abstract*

*This paper attempts to link various strategies used for improving the sex ratio at birth (SRB) in the districts of Hamirpur and Bilaspur of Himachal Pradesh. The two main strategies used are that of administrative measures and a sustained campaign of Information, Education and Communication (IEC). The data used to co-relate the SRB, timely registration of pregnancies and sex selective diagnostic tests is spread over a period of 20 months from April 2015 to December 2016. The concept of vulnerable pregnancies is studied using the term 'Scanner 1 pregnancies'. The various IEC measures and their impact are described in the paper. The difference in the strategies adopted in the two districts and their impact on end results have also been analysed. In the end, the question of which is the best mix of strategies for a successful campaign is explored from which key policy recommendations have been made.*

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### **Introduction**

One of the most talked about facet of the 2011 census data was that of the sex ratio. As much as the overall sex ratio of the country had increased from 927 in 2001 to 940 in 2011 the child sex ratio (Hereinafter referred to as CSR) had decreased from 927 to 914. This adverse trend had been seen in a number of states in the north and west of the country. In the state of Himachal Pradesh, the number had increased from 896 in 2001 to 909 in 2011. Yet, this number was much below the national figure, which itself, was on the much lower side.

The problem of declining sex ratio in the lower belt of Himachal Pradesh has been recognised in the last ten years. This year District Una made it to the infamous list of the 60 worst districts in terms of child sex ratio from amongst all the districts in the country. With this dubious distinction, it also got naturally selected for the 'Beti Bachao, Beti Padhao' (Save and educate the girl child) campaign. However, this does not mean that the problem deserves no attention in the adjoining districts of Hamirpur and Bilaspur,

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where the problem is almost as chronic as that of its more dubious neighbour†.

When Muskaan was begun, it was noticed that the main hurdle was to get people talking about this burning issue and to admit vocally that this indeed is a major social issue. Till then it was noticed that people refrained from even discussing this matter. Hence, a lot of emphasis was laid on bringing about a mindset change by getting people to talk on this issue. It was also felt that a sustained systemic involvement of the state machinery could evolve systems which could institutionalise a stronger system in which any act of female foeticide would become more difficult.

The first leg of the programme included collecting Sex Ratio at Birth (hereinafter called SRB) data over the last three years Gram Panchayat-wise in order to get a fair idea of the statistics in these panchayats.

The figures of SRB since 2012 in the districts of Bilaspur and Hamirpur have been as under:

<b>District</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
<b>Bilaspur – SRB</b>	891	879	901	893
<b>Hamirpur – SRB</b>	885	908	907	893

*Source: Department of Women & Child Development, Government of Himachal Pradesh*

As is evident from the table above, the situation in Hamirpur and Bilaspur districts in respect of SRB was quite grim. Hamirpur was ranked third lowest and Bilaspur was ranked fourth lowest in the state in terms of Sex Ratio. Hence, this cause was taken up by the respective district administrations.

Before we delve further into the case study of these two districts, it would be important to underlie the difference between the different terms that are used to study the gender balance within the demography of a region. The CSR takes the ratio of the population of boys and girls in the age cohort of 0-6. The Secondary Sex Ratio (SSR) is also referred to as the SRB. After birth we adjust for the mortality rates to arrive at the CSR. If we influence the SRB, the CSR gets directly impacted. It also gives a more recent finding vis-a-vis the CSR which is an aggregation over six years.

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### The unholy trinity: SRB, late registrations and sex selective diagnostic tests

One of the big reasons often given for doing selective sex test is the preference for the male child. The farther a woman is into her pregnancy greater the accuracy of the sex test. Studies have shown that at 13 weeks the accuracy varies between 98-100%. Another study says that at 14 weeks of pregnancy the accuracy is almost 100%. The overall success in accuracy between the 12th and 14th week is between 80% and 90%. Thus, it is natural for people who want a test to get it done between the 12th and 14th week or even later. The question which then arises is how to define a late registration? As per the general directions of the Women and Child department in the state, women are advised to get the registration done within 12 weeks of pregnancy. Thus the department was terming any registration after 12 weeks as late. Also, it was important to analyse past data to examine the link between the late registrations and the SSR/SRB.

In a study conducted by Dr. Sonika in Hamipur, District Health Officer very interesting trends emerged. It was found that in 2013-14, the SRB was 927. However, it dropped to 848 if we took into account only the late registered pregnancies. If we drilled the data further, and took the SRB for those pregnancies where there already was one child in the family, (meaning 2nd pregnancy) the SRB dropped to 909. If we took those pregnancies where there was already one child in the family and it was registered late, the SRB/SRS was 790. Similar figures where there were two children already, (meaning 3rd pregnancy) the figures were 665 and 506. The Block wise data for the same is shared below.

	Whole District	Barsar	Bhoranj	Galore	Nadaun	Sujanpur	Tauni Devi
SSR (Total)	927	909	952	930	915	976	936
SSR (Late Reg)	848	860	933	850	835	724	865
SSR ≥1 (Total)	909	1000	903	941	865	809	939
SSR ≥1 (Late Re)	790	723	835	743	911	608	783
SSR ≥2 (Total)	665	745	509	500	681	694	905
SSR ≥2 (Late Re)	506	524	345	276	608	500	656

Source: Department of Women & Child Development, Government of Himachal Pradesh

This data broadly led to a hypothesis that the SRB (and in turn the CSR) was lower when the pregnancies were not registered on time. Registrations could be late for a number of reasons but the one which is linked to preference of the male child is clearly the sex selective pregnancy test. A sex selective pregnancy test can be done after registration also, but clearly the scope to do any sex selective abortion is significantly reduced. Thus, upon discussions with the anganwadi workers, Panchayat representatives, health workers and departmental officials it was decided registering all

pregnancies within time was a necessary first step to tackle this problem of a declining child sex ratio.

### **Three pronged approach**

Numerous awareness campaigns have been organised at the state and district levels courtesy the initiative and personal interest of administrators and department officials across the country. However, there is no clear study which has been able to show that such high decibel campaigns alone have been able to improve the SRB. Also, can the SSR/SRB be actually influenced by a high decibel campaign with a very high component of IEC within a short period of time, say one year? Thus arises the need to have administrative measures to monitor parameters, which could in turn, lead to a better CSR.

Improvement in Child sex ratio has to happen through an increased SRB/SSR. Changing of attitudes is possible but since this is embedded in socio-cultural factors, any result emanating from a change of attitude will take time. There is no doubt that the ultimate goal has to be to change the people's mind set. However, this changing of attitudes is an incremental, evolutionary phenomenon which has to be supplemented with a more direct, easier to correlate parameters of performance. To celebrate the birth of a girl child is obviously a faultless exercise but to link the SRB/SSR figure in the coming months to the number of celebrations is not as convincing as linking it to something more directly measureable, say timely registrations.

As mentioned in our initial hypothesis, we kept early registration of pregnancies as the parameter which should be monitored by the department. If pregnancies are registered before 70 days, the chance of missing foetuses reduces. If no foetus is going missing or unreported, then surely over the long run the SRB should be in the range of 950-1000. Also ceterus paribus, if this measure yields results it could be implemented with much greater ease across varying geographies because its implementation lies totally in the hands of the state. If every pregnancy gets registered in time at an anganwadi or health institution, and is supported by a sensitisation campaign targeted at certain sections of society the chances of a better SRB/SSR automatically increase.

It was keeping the above thinking in mind that a three pronged approach comprising Awareness and Sensitization, Administrative measures and regulation was used in both these Districts.

### **Awareness and Sensitization**

Who should the awareness campaign target and what form should it take? As much as it is important to spread the message of the saving, educating and empowering the girl child to the wider society, it is important to focus

more on certain groups. These groups, according to us, are the ones who have key role in influencing decisions within a household. A decision to abort a female foetus is never the decision of one person alone. It is a joint family decision to which everybody is a party. There might be varying levels of resistance or acceptance to that decision. However, it is important to stress the importance of the Anganwadi worker in spreading the broader social message and also gathering important information about families who are vulnerable to the practice of foeticide. At the same time it is important to reach out to the family by insisting to them repeatedly, through various communication strategies, that giving birth to a girl child is not a disadvantage either socially or economically. The feeling of being less empowered if someone does not have sons has to be progressively tackled by insisting, at every instance, that the state and administration recognises and empowers couples who are giving birth to a girl. It was keeping these two broad themes in mind that we took certain steps which are explained below.

#### **Anganwadi worker over ASHA**

One of the key strategic decisions we made right in the beginning of the campaign in March 2015 was that we would use the field staff of the WCD (Women and child department) as opposed to the health department. The first reason for this was the depth of penetration. For every ward of the Panchayat there is an Anganwadi worker and a helper. Thus, in Hamirpur District with a total of 229 panchayats, there were roughly 1300 Anganwadi workers and roughly the same number of helpers. Similarly, in Bilaspur there are 151 panchayats with roughly 900 Anganwadi workers. On the other hand, the number of ASHAs is much smaller at roughly one per panchayat. Secondly, since an anganwadi worker has to cover a smaller number of families and area, she has greater capability to gather local intelligence about intra family decisions. Thirdly, the scope of the health department is lot wider in context of this task. The day to day functioning has to revolve around the core area of health treatment and spreading awareness of diseases and illness. However, for the WCD this is the core of their work.

#### **Camp approach**

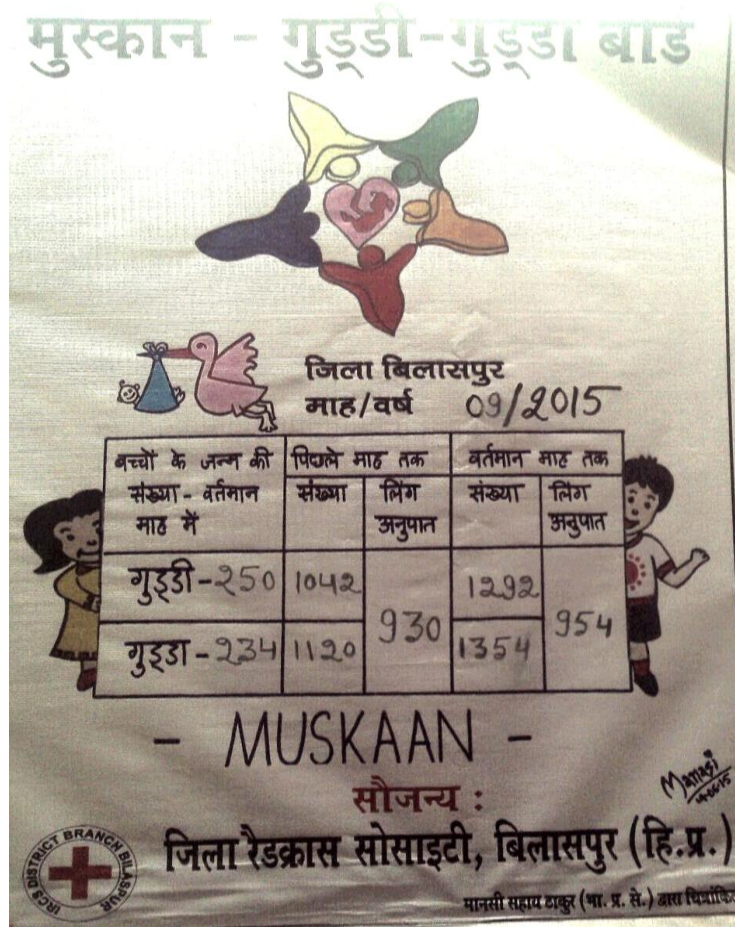
Thus it was decided to organise camps at the block level with the Anganwadi workers in which the Deputy Commissioner himself would go and speak about this menace. The idea was to have a two way communication and use various modes of media to convey the same message. It was realised that making the people aware of the harsh reality about the process of abortion really works as an eye opener. It was the mindset change approach that was adopted in a massive way. The

intention was to spread the message of protecting the girl child like wild fire. It was intended that people be forced to think twice before aborting a girl child. A video that has been especially useful in this campaign is the “The Silent Scream” which is available on Youtube. As much as it was used as part of the anti-abortion campaign in America in the mid 80s, we used the same video to illustrate our point on the evils of selective sex tests. This video was cut and dubbed in Hindi by the Bilaspur administration for increasing its reach and effectiveness amongst the masses. This video has proved very useful in making deep impressions on peoples’ minds. It was also extensively circulated through WhatsApp and put up on Youtube (link <https://www.youtube.com/watch?v=s3kYzIDioqQ>)

The idea of these camps was to instil in the anganwadi workers a sense of empowerment and importance on one hand and a sense of responsibility and accountability on the other.

### **Guddi Gudda Boards**

In order to make it a more broad based movement we also got Gudda-Guddi boards installed in all important public offices including Panchayats. It started showing the number of boys and girls being born every month and its comparison with the earlier months.



### Personalised Messages

We also started a system of sending a personalised message of congratulations from the office of the DC to the parents of every girl child who was born in the district. The idea was to instill in the parents a feeling that the administration was there with them. To give birth to a daughter should not be construed to be a liability or disadvantage.

ज़िला प्रशासन बिलासपुर



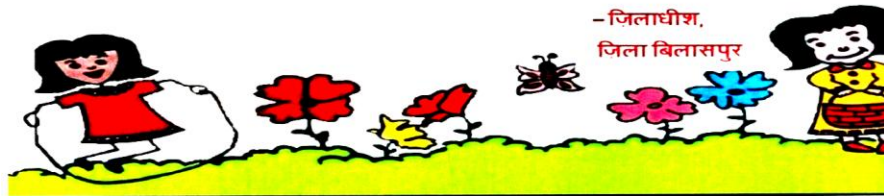
**Muskaan**

बधाई हो सबको नन्ही बिटिया है आई,  
जन्मत की खुशियां है इस घर में लाई।



आपके घर में बेटी के जन्म पर जिला प्रशासन बिलासपुर की ओर  
से हार्दिक बधाई ।

हमारी कामना है कि ईश्वर आपकी बेटी को जीवन में सफलता और  
सौभाग्य प्रदान करे ।



### Financial Inclusion of Girl child

The WCD officials were directed to open a post office savings account for every girl child born in the district for which a onetime contribution of Rs 200 per child was made from the Baba BalakNath Temple Trust in Hamirpur and Shri Naina Devi Temple trust in Bilaspur. Since the Deputy Commissioner is also the Commissioner of the temple we were able to converge the temple's efforts at social service with the administration's crusade against female foeticide.

### Administrative measures

As mentioned earlier a key strategic decision was to tighten the definition of late registration from "After 12 weeks" to "After 10 weeks". The anganwadi workers were to ensure that all pregnancies were to be registered within ten weeks, almost ensuring that everybody would get the registration done in



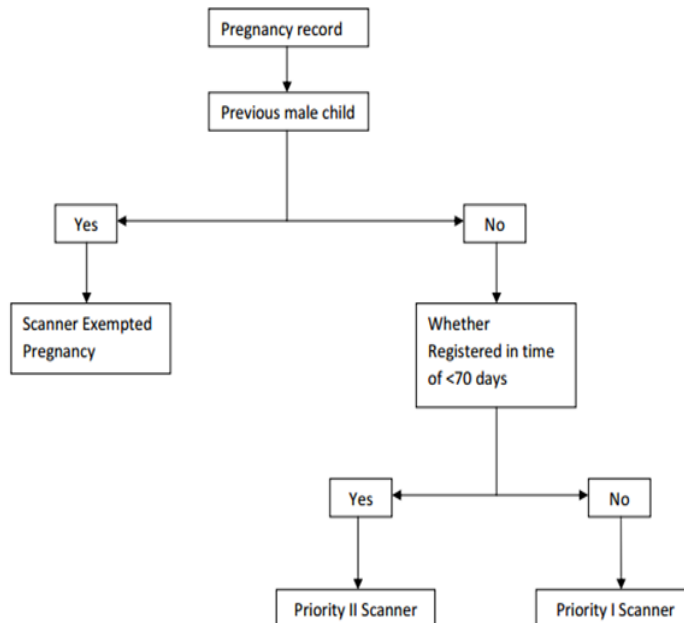
time without the test. The key challenge was how to ensure it. For this some of the key measures are mentioned below.

### The red scanner and early registration rate

Red Scanner was a simple excel based software which tracked certain pregnancies which satisfied the below mentioned twin criteria. The twin criteria was to track those pregnancies where

1. Registration of pregnancy was done after 70 days
2. Where the family did not have a male child from before regardless of the number of the pregnancy

These were termed Priority 1 as illustrated in the flow chart given below:



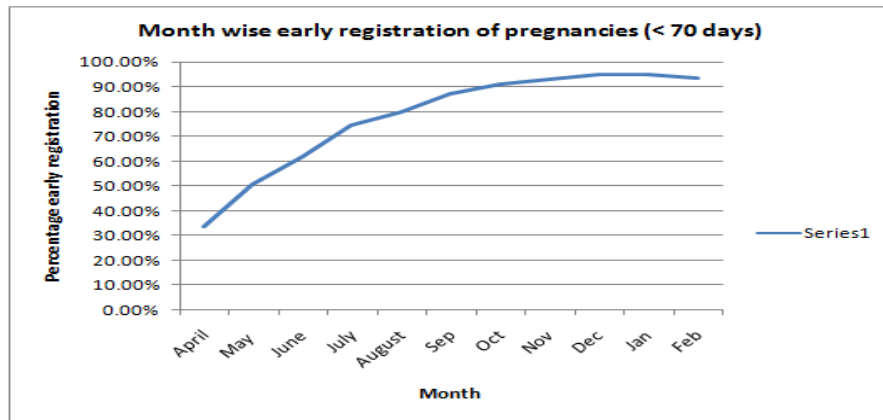
A list of such cases was then marked and identified by the colour red on the software, giving the term “Red scanner”. Every such Priority 1 pregnancy had to be explained by the concerned anganwadi worker in the monthly meeting held in the DC office. Very interesting reasons would be given for the late registration. A qualified doctor would also be present in the meeting to clear our doubts in the medical side. An example was that of woman who got pregnant for the second time immediately after she delivered her first kid and did not realise why she missed her menstrual cycle. Was it the after effect of the first pregnancy or the second pregnancy itself? Similarly, the issue of women going to their pre-nuptial home for delivery outside the administrative boundary of the block or district created logistical issues of

its own. As long as the woman was within the district data could be exchanged between the block officers at the level of the district but inter district coordination was more difficult. At times it was an issue of sheer ignorance but that was mostly amongst the labour and immigrant class. Every month through this system of rigorous monitoring at the level of the Deputy Commissioner, we were able to improve our rate of early registrations from 25% in April 2015 to 95% in the month of January 2016 in District Hamirpur. The corresponding figures of district Bilaspur were 71.78% in April 2015 which rose to 95% in March 2016.

The above figures also show that the situation in Bilaspur district in terms of the Early Registrations was not at all bad. But the SRB figures for the district were still very low. Thus it led to a greater focus in the district on combining strategies of regulatory measures and targeted IEC. District Bilaspur being a border district of the state sharing its boundaries with Punjab also led to several avenues being available to the people for terminating pregnancies. Hence, making deep impressions on the people towards a mindset change process and creating general pressure of being watched by the administration were emphasized upon alongwith attempts at improvement of early registration of pregnancies.

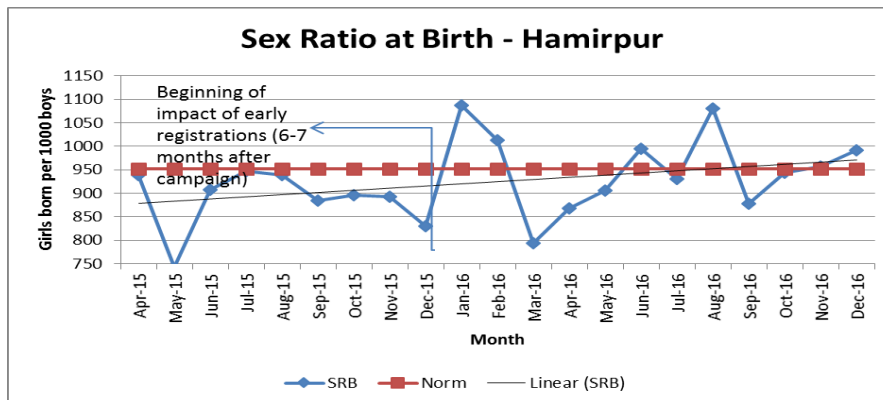
#### **Link between timely registration and Improved SRB/SSR**

The inherent logic of monitoring this was that if registrations are done on time, people's tendency to go for selective sex test would be seriously checked. Once this tendency is checked the chances of female foeticide would reduce and the SRB/SSR would improve. It is important to note that the SRB/SSR would improve only after a lag of 6-7 months, since children being registered within 70 days would be born roughly between the 250-270 day range of their last menstrual period (LMP). Thus, starting our program in April 2015, we knew that the earliest response in improved SRB would occur after December 2015. It would be very interesting to study the two graphs shown below together.



Source: Department of Women & Child Development, Government of Himachal Pradesh

Significant improvement in the early registration rate happened every month but rate was highest in the months from April to September. These registrations comprised the low hanging fruit. As per our hypothesis, there is a direct link between higher registration rates and higher SRB. How has the SRB figure performed in the same period?

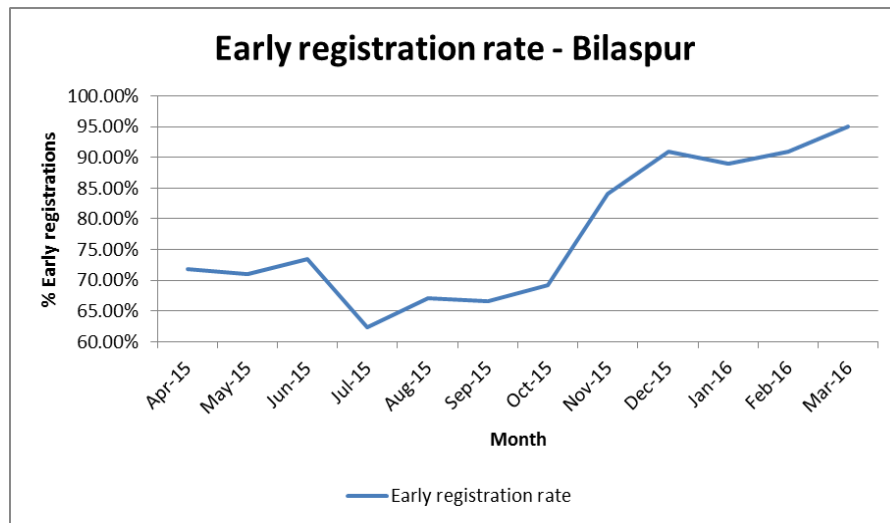


Source: Department of Women & Child Development, Government of Himachal Pradesh

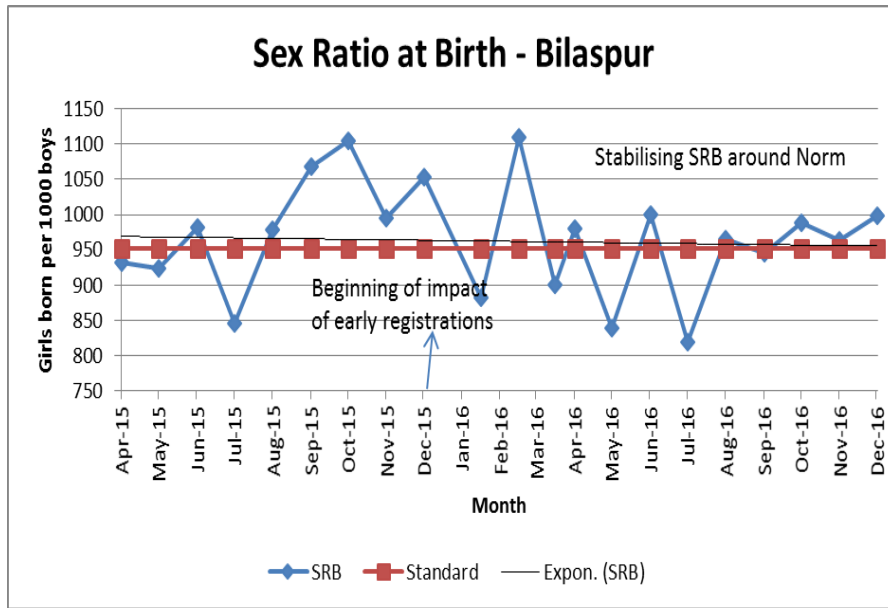
The SRB/SSR was indifferent for the months from April to December. It can easily be explained because these were pregnancies which should have been registered before April 2015. The early registration rate was a paltry 33% in April, 50% in May and reached 62% in June. Children of the pregnancies registered on time in June would be born, at the earliest, in the month of January. They could also be born later. For the first time the SRB/SSR went beyond 1000 in the months of January and February. The period between March and December 2016 saw a secular increase in SRB/SSR with it crossing 1000 in June and August. If we are to go back and see the corresponding early registration rate it would have been of the

months of November and January (both above 90%). It is easily visible that in the months before December 2015, in not a single month did the SRB cross the international recognised norm of 952. However in the one year since then, the SRB has crossed 952 on seven occasions out of a possible 12. Clearly, in the Hamirpur Scenario, where there was greater emphasis on administrative measures and less so on a high decibel IEC campaign, the improvement had to be largely attributed to the increase in the early registration rate.

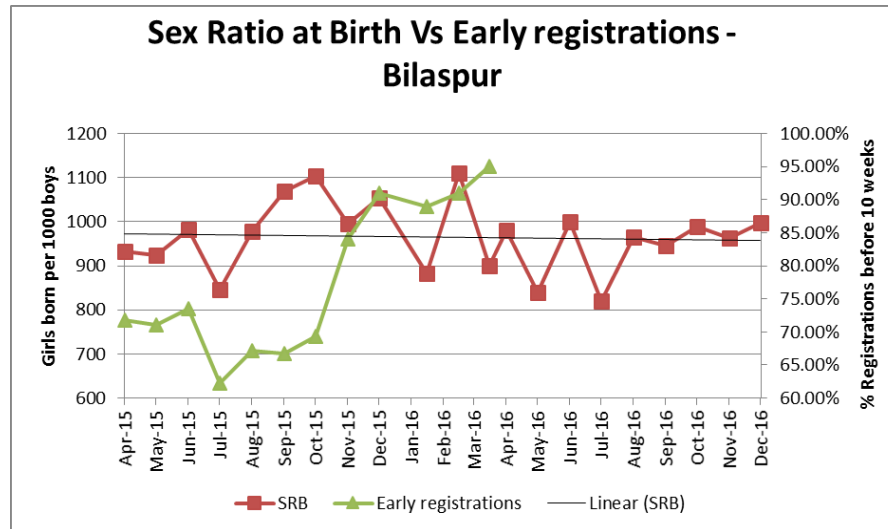
The performance of District Bilaspur, where the program combined along with the above mentioned administrative measures a strong IEC campaign is shown below. Here the improvement in sex ratio is seen even before the December 2015 we have kept for the impact of greater early registrations to kick in. The earlier improvement in the SRB could be attributed to the high intensity IEC campaign which was launched since February 2015. This high intensity campaign in which the Anganwadi workers, mahilamandals and young newlywed couples were targeted may have led to a sharp improvement from August 2015 itself. The marked improvement in the early registration rate happened in October 2015. If one sees SRB figures with a seven month lag (May 2016 onwards), a greater stability around the natural rate of 952 is noticed.



Source: Department of Women & Child Development, Government of Himachal Pradesh



Source: Department of Women & Child Development, Government of Himachal Pradesh



Source: Department of Women & Child Development, Government of Himachal Pradesh

Thus, the strategy adopted in Bilaspur had elements of both, IEC and administrative measures whereas the Hamirpur strategy mainly focussed on early registrations. Needless to say, the results have been very positive in both districts.

### **Motivation of field staff**

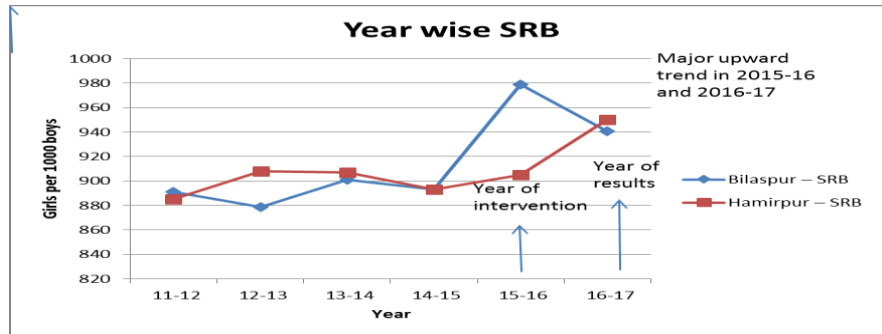
The big challenge was how to ensure that the Anganwadi workers take this task of registrations seriously. With a paltry honorarium of Rs 3500 and a host of other tasks, the task of keeping them motivated and serious about this campaign at hand took centre stage. On the suggestions of Anganwadi workers in one of the Block meetings we came up with the idea of publicly honouring the well performing workers. This too had to be done along objective, measureable lines. Thus, it was decided that the three anganwadi workers of each block having the highest number of early registrations would be honoured on Independence Day and Republic Day. To be amongst the 18 workers to be selected from amongst 1300 based on a clearly measureable criteria ensured that nobody had any complaints which is often the case with awards given by the State. This involved giving them certificates and household kitchen items. Similarly, it was also made very clear to Anganwadi workers that if for three consecutive reviews late registrations were found for any centre then that worker would need to explain such lapse on her part, in writing. Thus a balanced carrot and stick policy was an essential feature of our campaign. This strategy was implemented in both districts.

### **Regulatory measures**

It should be mentioned that the powers under PCPNDT act in HP lie with the Chief Medical Officer and not the District Collector. Therefore, one has to act through the Health Team which requires greater effort and coordination. However, on April 2015, the District Administration in Hamirpur on the basis of local inputs, conducted a surprise raid on one of the leading hospitals and ultrasound centres of Hamirpur. The Centre was sealed and an FIR lodged. It happens to be the only FIR lodged under the PCPNDT act in the whole state. This was meant to set an example to others since there are limits to regulations. The more fundamental issues are those of mindset change and also better administrative measures.

The experience in this measure was varied. In Bilaspur district, raids were conducted in atleast three ultrasound centres based on informal intelligence. It was seen that each one of the clinics/centers had maintained their records and there was no lapse on this count. This could be a result of the effective raid conducted in Hamirpur ( as stated above) which caused an alarm throughout the state and also resulted in these clinics becoming smarter and more careful in maintaining the basics in the form of required records as per the PCPNDT Act.

### Results and choice of strategy



Source: Department of Women & Child Development, Government of Himachal Pradesh

The results of the SRB have been shown in the graph above. We observe that before 2015-16 in both districts the SRB was hovering around 900. However, with IEC strategy in Bilaspur improvement in results became visible in 2015 itself. Hamirpur, which had a more administrative measures linked strategy got the results in 2016-17 where its SRB reached 950. (Upto December 2016). In the case of Bilaspur the SRB was 941 upto the same period. Thus, it is established, without doubt, that SRB improved post interventions in both districts.

Another logical study was to evaluate the results of the pregnancies on the red tracker. In a nutshell, what was the SRB for the Priority one pregnancies? This is essential to re-affirm our approach. Are we tracking the right parameter and are we employing the right strategy. By this, we refer to the use of administrative measures, IEC and regulation. As an example, a study of the Scanner 1 pregnancies of Hamirpur from April 2015 to March 2016 showed the following results.

Block	Males Under Scanner	Females Under Scanner	SRB ( Under Scanner)	ER Rate (%)	Total SRB
Bamson	28	3	107	86.6	988
Nadaun	45	26	578	75	842
Sujanpur	26	30	1154	75.9	856
Bhoranj	23	16	696	83.5	866
Bijhari	32	20	625	83.15	970
Hamirpur	36	32	889	66.7	895
Total	190	127	668		

Source: Department of Women & Child Development, Government of Himachal Pradesh

These are the results of the pregnancies in different blocks. Only those cases of registrations were tracked in which the couple had no male child before and had also registered late. The most glaring result was in the case of Tauni Devi where out of the total 31 such cases, 28 were males. The SSR or SRB for under Priority 1 scanner was as low as 107. Yet in the same block over this period the early registration rate was a healthy 86%

and the overall SRB was 988. This clearly shows that if pregnancies are registered on time, the chances of a more healthy sex ratio increase. An approach with a greater emphasis on Administrative and regulatory measures will yield good results as shown,

Nadaun has an SRB of 578 for priority 1 scanner pregnancies. However, its registration rate was only 75% and the corresponding SRB for the period was only 842. Bijhari had an SRB OF 625 for Priority 1 scanner pregnancies. Its registration rate was 83% with a SRB of 970.

The case of Sujapur and Hamirpur are exceptions to the trend. This can be explained by the high level of migrant labour population in these blocks which makes timely registration of pregnancies more difficult. Here a more IEC oriented approach could pay higher dividends than purely going by administrative measures.

### **Policy recommendations**

1. Based on the study above, we feel there is a reasonably convincing case to institutionalise a system of early registration of pregnancies. Till now grants in schemes like IGMSY were linked to 'early registrations' but early registration has not been defined. For getting the grant under the scheme, it was fixed at 12 weeks. We feel that this should be reduced to ten weeks and progressively reduced to eight weeks. It is well known that levels of accuracy of any sex detection test improve significantly after 75 days from LMP. So if we are able to register before 70 days, the deterrence to doing any such test automatically increases.
2. The second recommendation we propose is the use of anganwadi staff for reporting and tracking pregnancies vis-a-vis the health department. This is due to the greater penetration network and also the greater suitability of their job profiles. Adequate attention should also be paid to develop incentive structure for the better performing anganwadi worker and helpers.
3. The third recommendation relates to the role of Targeted IEC and environment building. As much as this is very important in spreading awareness, it must be recognised that its efficacy will be felt when there is a change in mindset. This change in mindset has to be of the decision makers and people giving effect to these decisions. These are potential parents and family members (Decision makers) and the doctors (giving effect to these decisions). Specific IEC campaigns have to be targeted at them and also supported from time to time with regulatory measures.
4. The fourth recommendation is linked to the third. The competent authority under the PCPNDT act varies from state to state. In the state of Himachal Pradesh, these powers lie with the Chief Medical Officer. It is



strongly recommended that these powers should lie with the District Magistrate for the purposes of better coordination and implementation. This would allow the Medical officers to focus on their core job of providing health services without getting into the domain of regulation and implementation of the law.

5. The fifth recommendation is that for each area a different mix of strategies may yield positive results. Thus, before working in the field a brief analysis of under scanner pregnancies, their results and comparison with overall SRB/SSR would give a good idea of which strategy to employ.

### **Finance**

It is important to reiterate that neither Bilaspur nor Hamirpur were part of the Beti Bachao Beti Padhao (BBBP) districts in the year 2015. It was in 2016 that Hamirpur was included whereas Bilaspur is still not a part of BBBP. Thus, all the above stated work was done in the low resource setting of the districts itself. Banks were asked to sponsor publicity material like posters and congratulatory messages. We also got the temple trusts involved by getting recurring deposits and SukanyaSamridhi accounts opened through temple funds. The camps were sponsored by using paltry departmental funds which when fell short were covered by the District Red Cross Society. In a nutshell, for this noble cause of saving precious lives the roles of the Deputy Commissioner, Temple Commissioner and Chairperson of the District Red Cross Society were all converged. However, the act of celebrating the birth of every girl in the District was sponsored completely by the community. No aid was given by the administration for this.

### **The Way Forward**

Once the sex ratio at birth was stabilised, it was decided that along with sustaining the same, we would take Muskaan to the next level i.e. follow the life cycle approach. Following steps were taken for encouraging the girl child and ensuring her wellbeing in District Bilaspur:

1. Providing sanitary napkin incinerators to high girl density schools in the district in order to ensure the comfort of the girl child and also to ensure that she does not drop out of school due to basic sanitary issues.
2. Funding the education of girl children who were being forced to drop out due to dire family circumstances.

The funds needed for the above were again utilised from the Corporate Social Responsibility funds generated at the district level.

These steps were just few of the many that would be needed to promote the interest of the girl child. The task is a major one and needs consistent efforts to sustain any improvements made.

### **Implementation at State Level**

Based on the successful implementation in Hamirpur and Bilaspur districts, Muskaan was launched at the state level by the Chief Minister of Himachal Pradesh on 20th October, 2016. Detailed guidelines have been issued to DCs about the same by the Directorate of Women and Child Development. Muskaan has been adopted as a life cycle approach and endeavours to promote the cause of the girl child at every stage of her life. It is expected that the positive results experienced in the two districts of Hamirpur and Bilaspur will be felt throughout the state.

### **References**

1. Department of Women & Child Development, Government of Himachal Pradesh
2. Shri Nipun Jindal (IAS 2014) contributed to the discussion, debate and analysis of this paper.