ORIENTATION OF APPROPRIATE AUTHORITIES AND NODAL OFFICERS FROM HEALTH DEPARTMENT ON PCPNDT ACT

State Institute of Health & Family Welfare (Uttar Pradesh), Lucknow
23rd, 24th & 25th April, 2013
ORIENTATION OF APPROPRIATE AUTHORITIES AND NODAL OFFICERS (PNDT)/DEPUTY CMOs ON PCPNDT ACT, 1994

23rd, 24th & 25th April, 2013

State Institute of Health & Family Welfare (Uttar Pradesh)

Indira Nagar, Lucknow

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**DAY 1**

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<td>10:00-10:15am</td>
<td>Registration of participants</td>
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**Inaugural Session**

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<td>10:15-11:15 am</td>
<td>Welcome Address</td>
<td>Dr. Ashutosh Gupta, Director, SIHFW</td>
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<td>Lighting of Lamp &amp; Floral Welcome</td>
<td>Dr. M. Geeta, Mission Director – N.R.H.M., Madhya Pradesh</td>
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<td>Objective of the orientation program</td>
<td>Dr. Meenu Sagar, Additional Director, Family Welfare, UP</td>
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<td>11:15-11:45am</td>
<td>Key note address</td>
<td>Dr. Ashutosh Gupta</td>
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<td>Vote of thanks</td>
<td>Dr. Meenu Sagar</td>
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<td><strong>Working Session I</strong> Chaired by Dr. M. Geeta, Mission Director, N.R.H.M., Madhya Pradesh</td>
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<td>11:15-11:45am</td>
<td>PCPNDT – Initiative under NRHM</td>
<td>Dr. Meenu Sagar Additional Director, Family Welfare, UP</td>
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<td>Trend analysis of declining child sex ratio in India &amp; U.P. in context of social &amp; Medical dynamics and it’s social repercussions in Uttar Pradesh</td>
<td>Dr. Sabu M. George National Activist and Member of NIMC, GoI</td>
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<td>Status of legal action in UP</td>
<td>Dr. Ramadhar Joint director-PCPNDT</td>
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<td>11:45-12:00pm</td>
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<td>12:00-1:00pm</td>
<td>An introduction to PC-PNDT Act and its statutory compliances:</td>
<td>Adv. Mr. Uday Warunjikar, Advocate, Bombay Highcourt, Maharashtra</td>
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<td>- Hierarchal structure at various levels</td>
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<td>- Provisions (sections &amp; rule)</td>
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<td>- Prohibitions under the PC-PNDT Act, 1994</td>
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<td>- On place, people, miscellaneous</td>
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<td>Role of State Appropriate Authority &amp; Discussion on Order of Hon’ble Supreme Court on Implementation of PCPNDT Act</td>
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<td>Problem &amp; Challenges of Implementation</td>
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<td>Lunch</td>
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<td>Movies related to Gender &amp; PCPNDT</td>
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<td><strong>Working Session III Chaired by Dr. Sabu M. George, Member of N.I.M.C., GoI &amp; National Activist</strong></td>
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<td>2:00-2:45pm</td>
<td>Things to be kept in mind: A drive from inspection till conviction</td>
<td>Dr. Neelam Singh, Chief functionary</td>
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Dr. Neelam Singh welcomed all the participants and resource persons and thanked them all for their kind presence in the workshop. She also invited all the esteemed panelists to come together in the lighting of the lamp.

She requested Dr. Ashutosh Gupta to convey the Welcome Address and welcome the participants and resource persons.

Dr. Ashutosh Gupta began his Welcome Address by giving due consideration to the problem at hand. He said that society is formed for our benefit and within society many evils also take birth in addition to the good. One such evil is daughter abhorrence which leads to female infanticide and female foeticide. This evil is assisted by the technology of ultrasonography and the power to regulate this technology and prevent its abuse has been given to the Appropriate
Authority under the PCPNDT Act and the Nodal Officers appointed. This orientation workshop has been conducted with the objective of ensuring that the knowledge base of these Appropriate Authorities and Nodal Officers are in consonance with the Act and its provisions and that they understand their sets of responsibilities and powers given to them under the Act. He hoped that today’s workshop will prove to be beneficial for all the participants and that they will learn something new and useful here.

He then welcomed Dr. Geeta who has worked tirelessly for the right to survival of the girl child and Dr. Sagar who has worked endlessly to ensure that this orientation is organized and conducted meticulously.

Dr. Sagar was invited to address the participants – Objective and Design of the Workshop

• Round of introductions was initiated and concluded.

• Dr. Sagar congratulated Dr. Neelam Singh for her efforts in making this workshop happen on the ground and also informed the participants about the objective of this workshop.

• Child Sex Ratio is the no. of females per 1000 males (0 – 6 years): Powerful indicator of social response and attitude of society towards the girl child. CSR (national) acc. to Census 2011 is 914 as opposed to the SR which is tabulated at 940. UP’s CSR is 899 (10th lowest among all states). J & K has suffered maximum decline in last decade. Punjab has shown an incline of 48 points even though its CSR is still dismal (2nd ranked). CSR is a manifestation of gender discrimination in its most absolute terms.

• Sex Ratio has shown an upwards trend in UP but CSR has shown a constant decline. Urban CSR, SRB and SR is showing more decline than that in rural area. (Source - Annual Health Survey 2010-11)
• Agra, Baghpat, Bulandshaher, GBN, Ghaziabad, Meerut, Muzaffar Nagar, Jhansi, Hathras, Hardoi – Districts showing lowest Child Sex Ratio (Census 2011)

• Chaudauli, Saharanpur, Badaun, Kanpur Dehat, Kanour Nagar, Auraiya – Show increased CSR (Census 2011)

• Hardoi – 51 negative points; Balia – 45 negative points; Siddharth Nagar, Kushinagar, Bahraich, Sonbhadra, Bijnor, Maharajganj, Azamgarh, Pilibhit are other districts which show maximum decline in CSR (Census 2011)

• Need for the Act – SD + Termination (Sex selective) will ultimately have a drastic effect on infant mortality rate, maternal mortality rate, total fertility rate, etc. The Act is also a means of woman empowerment by improvement of health indicators and a means of diluting the highly patriarchal setup of society. The Act seeks to prohibit the misuse of USG technology, regulate the use of this technology and prevent its abuse for sex selection or sex determination.

• Focus shall be on the roles and responsibilities of:
  (a) Advisory Committees
  (b) Appropriate Authorities
  (c) Nodal Officers
  (d) CMO Office

• Gaps:
  (a) Irregular meetings of Advisory Committees
  (b) Timely and proper reporting is not done
  (c) Lack of Capacity Building (training)
  (d) Lack of IEC and BCC activities
Barriers:

(a) Lack of knowledge of the Act and legal guidance
(b) Lack of legal guidance
(c) Inter-departmental communication is found lacking
(d) Over burdened AA/Nodal Officers
(e) Act is silent on some issues
(f) Lack of advocacy tools
(g) State level monitoring is difficult due to the large size of the state
(h) Social, cultural and local pressure
(i) Frontline workers themselves are susceptible to involvement with termination + SD

Initiatives under NRHM:

(a) Support to PCPNDT Cell
(b) Mobility Support
(c) Review meetings of District Nodal Officers at state level
(d) Visits of SIMC and Divisional level Inspection Committees
(e) State level orientations
(f) DIMC
(g) Orientation of DAC Members
(h) District level sensitization workshops
(i) Creating awareness on CSR using IEC and BCC

Activities under NRHM:

(a) Nomination of SDMs as district level AAs
(b) SSB meetings held twice an year (29th October 2012, 16th March 2013)
(c) SAC Meeting (22nd Feb 2013)
(d) SIMC inspections in Agra (2 centres)
(e) Intensive inspection campaign (908 inspections)
(f) National Girl Child Day observed across the state with different awareness activities (24th Jan 2013)
(g) State level orientation of Divisional Add. Directors (20th Feb 2013)
(h) 75 cases since 2002 (21 in last 6 months)
(i) Divisional level orientation of DAC members/Nodal Officers/Dealing Assistants (March 2013)

- Outcome of inspections shared
  (a) 908 inspections
  (b) 40 show cause notices
  (c) 389 irregular centres
  (d) 15 machines seized

- Proposed activities (2013-14)
  (a) Interactive Website on PCPNDT
  (b) Support to PCPNDT Cell at divisional level
  (c) Mobility support
  (d) Review meeting of district Nodal Officer at state level
  (e) Meeting of SSB
  (f) SIMC Visits
  (g) Workshops of members of SSB, SAC, DAC, Nodal Officers, Directorate Officials on Women’s Day and Girl Child Day
  (h) SAA meetings to be regularized
  (i) Gender sensitization workshop
  (j) Awareness generation at district level
  (k) Trackers for 10 selected districts with lowest Sex Ratio
  (l) State level sensitization workshop
Dr. Neelam Singh shared that of the 8 development indicators decided by the Planning Commission (UP), CSR was one of them which should show an increase from 899 to 924 till 2017.

Dr. Neelam Singh welcomed Mr. P.K. Goel (UPSLSA) for Working Session I

Dr. Singh shared her field experience of people telling her that this evil is a social evil and one which we cannot do much about. Daughter aversion is a social problem. But if we look at Declining CSR, it is not a social problem but a problem which arises from abuse of technology of ultrasonography. Thus, these are 2 different problems: daughter aversion and Declining CSR.

Daughter aversion: Social problem due to structure and pattern of society (patriarchy)

Declining CSR: Exploitation of this mindset/pattern of society by misuse of ultrasonography technology

It is evident that DCSR is not a historical problem. Census 1901 to 2011 clearly shows that the decline of CSR over the past 3 decades (since the advancement of USG technology) has been more drastic as compared to the previous 7 decades.

This Workshop is not for discussing the manner in which social awareness can be achieved or how mindsets of the community can be altered but is solely focused on the PCPNDT Act and strengthening of its implementation across the state at both state and district levels.
People often point out that illiteracy is the root cause of all the social evils in this country. However, when it comes to DCSR, illiteracy is not a causal force. Literate communities often take the lead in indulging in this evil practice.

Biologically speaking, SR is a global constant (954). SR less than 930 is a clear indicator that the mother’s womb in being hampered with (globally).

2001 – Western UP and Urban UP show more decline in CSR as opposed to Eastern UP and Rural UP.

2011 – This trend of Declining CSR has shifted base from Western UP to Eastern UP, Purvanchal and Bundelkhand. The problem of DCSR is becoming pandemic and is not restricted to only a certain area of the state.

The last decade has shown a dismal picture of CSR across the State and this trend & its gravity need to be understood.

New hubs of SD are now concentrated in Bundelkhand and Eastern UP instead of Western UP. The process of sanskritisations (adoption of the cultures and lifestyles of a community considered superior to one’s own community) and consumerism/commercialism (evident from the decline in fertility rate in women/smaller the family, more likely is the instance of the family choosing a male child over a female child to complete the family unit) are reasons for this shifting trend across the state.

Dr. Singh shared her field experience of Kushinagar where the Pradhan of a village openly proclaimed that he had opened a USC which was being operated by his son who was studying science in class 12th.

She shared the worst districts (maximum decline in CSR): Hardoi, Balia, Siddharthnagar, Kushinagar, Bahraich, Sonbhadra, Maharajganj, Pilibhit, Varanasi, Bijnor, Azamgarh, Agra.
She also shared the Lancet Study which clearly states that from the 1.1 million households surveyed, if the first born is a male child, there is no impact on SR. However, if the first born is a girl child, SR declines to 759 whereas if two daughters are born first, this figure further declines to 719. Well educated mothers usually contributed to significantly lower SR (683, 610-756) compared to illiterate mothers (869, 820-917).

She also stated that despite the largest number of USG machines being used in Lucknow, the decline in CSR has been merely by 2 negative points. This can attributed to the fact that 8 cases under PCPNDT Act have been filed in court in the past decade. This proves that any legal action taken against the offenders acts as a strong deterrent in the battle against declining CSR.

Social consequences of DCSR: Kidnapping, Polyandry, Rape, Sexual and Physical Violence/Abuse, Women Trafficking.

Case Study from Etawah was also shared. A group of men (35 – 40 years) claimed themselves to be of marriageable age (in their twenties) under the false impression that the NGO workers were marriage agents. Their eagerness betrayed the fact that men now cannot find women to marry. Girls from poor households from Assam, Bihar, Orissa are bought and sold in UP to give birth to male children.

Dr. Geeta – Closing Remarks

Dr. Ashutosh told us about the trend of female infanticide shifting towards female foeticide.

Deputy CMO, Ferozabad (Dr. Paliwal) – Also reflected a patriarchal mindset.

Dr. Neelam Singh questioned the knowledge and wisdom of those so-called learned men who indulge in SD as well as those men who avail of this service. Congratulations are due at Dr. Singh’s door for explaining and bringing into focus the CSR divide between rural and urban UP.

Maternal Mortality Rate, Infant Mortality Rate and Fertility Rate should be reflect a decline (NRHM’s objective). Family planning is focused on consumerism and commercialism and not on other biological or social needs of the family unit.

**WORKING SESSION II**

Dr. Neelam Singh then invited Mr. P.K. Goel, Mr. S.M. Haseeb and Advocate Uday Warunjikar to the dais for Working Session II.
Speakers: Dr. Geeta and SDM, Mainpuri – Sharing of experiences with respect to implementation of the PCPNDT Act.

Dr. Singh invited Mr. Uday Warunjikar to address the participants on the intricacies and nuances of the PCPNDT Act.

He started with the powers of AA under Section 17 of the Act. The Magistrate can issue a warrant to enforce the attendance of a witness, to ensure the production of certain documents in the court.

Section 17 (a) is the source of power of the AAs under the Act.

He then explained to them the functions of the AAs under the Act.

In a recent CSB meeting, it has been decided that a Code of Conduct also needs to be specified for the AAs to ensure compliance with the provision of the Act which calls for immediate legal action in cases of violations under the Act.

He talked of investigation under the Act and explained to the participants that investigation as envisaged under this Act is not police investigation. AAs are given this power of investigation so as to ensure that the standards that are required to be met under the Act as met and if they are not, to ensure that the offenders are punished and immediate legal action is taken against the offender.

Statement of witnesses was recorded; Panchanama was filled; Equipment was sealed; Drafting of complaint for filing in CJM Court. (Investigation process)

Is the advice of the Advisory Committee binding on the AA? Majority of the participants were of the opinion that the advice is not binding on the AA. This is true. The Advisory Committee has been formed with a view to assisting the AA and not for binding the AA with their opinion or advice.

He then talked of the AAs taking appropriate legal action and initiating independent investigation. Section 17 (e) clearly states that an independent expert’s (eg. IT expert, Hand writing expert, Forensic expert) help may be taken for investigation in the instant case.
Section 17 (f) states that public awareness needs to be spread with respect to the Act and the principles on which this Act is based.

He then talked of Section 21 (appeal). Appeal can be made against suspension/cancellation of registration. He also explained that suspension/cancellation order can be passed by AA without issuing any show cause notice and in public interest. The reasoning of the AA should be recorded in writing.

Cognizance under the Act can be taken by the Court on the complaint of AA. [Section 28]

Filing of complaint; Verification of complaint in court; Issue process; Evidence before charge; Framing of charge; Cross-examination. (The Court Proceedings)

The AA needs to appear before the Court on at least 4 separate occasions. It is recommended that the AAs maintain a diary for the same and also consult with the Government Lawyer regarding the proceedings on the next date of appearance in court.

If this process is not adequately followed, then a private person may give notice of 15 days to the AA and on expiration of this period may file a complaint under PCPNDT Act in the CJM Court. [Section 28(1) (b)] AA can also be made the Accused No. 1 in the instant case. However, any action taken by the AA in good faith is protected under the PCPNDT Act. No suit, departmental action, etc. may be initiated against the AA for such an action of his.

Section 20 states that show cause notice needs to be issued only in the case of suspension or cancellation of registration. Issuing of show cause notice before taking any other legal action under the PCPNDT Act is not required. Except Section 20, no other provision provides for issuing show cause notice to the offenders under the Act. Any show cause notice issued before taking any action other than suspension/cancellation of registration is a clear reflection of action taken by AA in bad faith and this leaves him susceptible to prosecution under Section 28(1) (b).

Dr. Neelam Singh then took over from Mr. Warunjikar and brought to light the statistics of qualification of operators across the state. More than 50% of the USCs had not provided the records regarding the qualification of the operators in their centres. The AAs should ensure that these records are submitted with them, failing which the registration of the centres should be suspended/cancelled.
Mr. S.M. Haseeb then addressed the participants regarding the composition of the various bodies under the Act. He explained that any person aggrieved by the order of the DAA may file an appeal with the SAA within a period of 30 days from the date of the order appealed against. Further, the order of the SAA in the appeal lies in the High Court via Writ Jurisdiction. Appeal against the order of the DAA does not lie directly before the High Court.

Ordinary rule is to go for the alternate remedy available. However, in exceptional circumstances the High Court may entertain an appeal against the order of the DAA.

If, in ordinary circumstances, an appeal is filed against the decision of the DAA in the High Court, the SAA can approach the Supreme Court against the appellant and the High Court because of an existing appellate forum being available to the appellant but not approached before going to the HC.

In case a suit is filed in the HC against the seizure/sealing of USC even before a complaint is filed by the AA in CJM Court under Section 28 of the Act, it is imperative that the AA immediately file a complaint under Section 28 in the CJM Court.

No one can de-seal a USC unless a Court gives an order regarding the same. If this takes place, another criminal complaint may be filed against such person in Court.

Mr. Haseeb introduced the decision of the SC with respect to the implementation of PCPNDT Act in 8 states in 2013. (SC Decision PPT)

Questions were raised regarding the steps that need to be taken for the disposal of the condemned/sealed USC machine. No provision is provided in the Act for the selling or attachment of possession of the machine being taken by the AA/Government. Mr. Haseeb informed the participants that the AAs may take possession of the machine and store it in any government warehouse/premise in order to ensure that the violator does not use the machine to repeat the offence.
Dr. Neelam Singh then invited Dr. Geeta to share her experiences as AA with the participants. Dr. Geeta shared with the participants about how she came to know about the Act and the roles and responsibilities and powers of the AAs under the Act. She told the participants that there was little or no role of the Administrative machinery at the Block/Tehsil level in the implementation of the Act. This is a worrisome fact which she herself, in capacity of DM, tried to correct. She delegated the powers in capacity of AA to the Tehsildars and other administrative officers at Block level so as to ensure the strengthening of the implementation of the Act at Block/Tehsil level.

Shivpuri, Datia, Mandsaur, Rewa, Ujjain – 5 districts where Dr. Geeta has worked as in administrative capacity.

She shared with the participants that in Bind district of Madhya Pradesh, there were villages which had not welcomed a groom party in the past several years. This was because of the fact that those villages did not have girls of marriageable age, or any girls at all.

She also shared that it was very difficult and challenging to actually execute a sting/decoy operation against the USCs. In a case in Jhansi, the pregnant woman who had been trained extensively for the decoy operation, broke down under intense pressure, thus bringing the whole operation to its knees.

She also told the participants that during one of the inspections being led by her, she came across an advocate by profession who was actually running an ultrasound centre.

She stated that Ujjain district was the concentrated hub of USCs in the state. She explained the need of a speaking order without a show cause notice for the sealing/seizure of USCs and USG machines in public interest.
She also shared with the participants the need for prioritization of issues for every AA. Law and order being an issue which requires immediate and constant attention usually trumps all other issues. And unless the AAs are adequately sensitized on the declining CSR, its consequences and impact, they will not be bothered to address the issue with conviction.

She stressed on ensuring generation of awareness regarding the situation on the ground with regard to CSR and its decline by forging positive linkages with the media, both local and state level.

Dr. Neelam Singh invited Mr. P.K. Goel to give the closing remarks for the Session. She thanked him for his intensive efforts in organizing and executing the two batches of Orientation Workshops for CJMs of all 75 districts of UP on PCPNDT Act and its implementation.

Mr. P.K. Goel began his remarks with a historical background of Medical Termination of Pregnancy Act, 1971 and how it was because of this Act that a way was forged to abuse the technology of USG and freely engaged in SD and sex selective elimination of pregnancy. To combat this growing menace, the PCPNDT Act was enacted in 1994 and enforced in 1996. He further stressed that because of weak implementation of the Act across the state, the next decade or so presented a bleak picture of the fairer sex in the state. Increasing crimes against women in the present time frame when extended to the next fifteen years, the situation of decline remaining constant or worsening, would no doubt increase manifold. The very survival of the female sex would be endangered in the near future if the situation is not rectified and allowed to deteriorate.

He explained to the participants that the legislative mandate was such that it had made the offences under this Act cognizable, non-compoundable and non-bailable. It was now up to the AAs to ensure the implementation of this Act with full conviction and authority.

He pointed out that the miniscule number of cases in the courts were clear evidence that the Act was not being enforced properly within the state. A mere 52 cases were then in court for 71 districts in the state which is by no stretch of the imagination an adequate number of litigations.

He shared with the participants the process he followed for the organization and conducting of the orientation of CJMs of all districts on the PCPNDT Act with the kind permission and guidance of the Hon’ble High Court. While preparations were being made for the same, he also came across the fact that maximum cases in court were not even in the evidence stage and that the witnesses were not available for evidence. He pleaded with the participants that they should provide a contact number and a permanent address at which they could be reached for evidence when required by the
court despite their posting being in another department or district. He also told them to ensure that the accused’s details should also be provided extensively to ensure that they are available for evidence in court as well.

He assured the AAs that if they ensured enforcement of the Act with full conviction and moral responsibility, the Judiciary would not be remiss in ensuring disposal of the cases within the period of 6 months as directed by the Supreme Court. Unless the AAs cooperate, it is next to impossible for the magistrates to comply with the SC’s direction and ensure disposal of the cases within a reasonable time frame.

LUNCH BREAK

WORKING SESSION III

Dr. Neelam Singh invited Mr. P.K. Goel, Dr. Meenu Sagar and Dr. Sabu George to chair the panel for this Working Session.

She outlined the basic objective behind the PCPNDT Act, it being a legal order to address a social disorder. It is different from other social legislations as it does not involve any change in social behavior and practice but instead emphasizes on the prevention of misuse of technology, regulation of the technology and prohibition of abuse of technology for purposes against the provisions and spirit of the Act.

She emphasized on using the correct term i.e., routine inspection visit/regulatory visit and not label it as a raid or ‘chhaapa’, which has the effect of diminishing the respect and reputation of the doctor running/operating the USC where the inspection visit is being conducted. The Act does not aim to target or negatively victimize the medical fraternity but merely seeks to regulate the use of USG technology and prevent/prohibit its abuse/malpractice.

She then began to explain to the participants the process of inspection and who was authorized to conduct an inspection. She also informed them about the recent amendments to the PCPNDT Act, including the scrapping of the rule of taking five times penalty from unregistered centres in lieu of registering them under the Act, increase of registration and renewal fee.

She also explained to the participants about the documents and articles which should be carried along before conducting an inspection at USC’s.
She also introduced the participants to the offences outlined in the Act, eg. Non-maintenance of records, monthly reporting not being done, communication of sex of foetus to anyone, advertisement of SD/sex selection, code of conduct not being followed, public notice/ copy of Act not being displayed/made available at the centre, etc.

She also shared her experiences in capacity of NIMC member and told the participants about the problems and challenges the inspection teams often face during the process and the lessons learnt for the future.

One of the participants (Insert name of district) also informed the participants that in his district, they were now ensuring that the photograph of the registered doctor was not placed on Form B and also on the records with the Health Department. This is to ensure that there is no discrepancy or doubt as to which doctor is registered to operate the USG machine at the USC which also proves to be a helpful tool while conducting inspections.

Dr. Neelam Singh shared an instance of Haryana where all USCs in a district had started a new practice of asking for ID Proof with photograph of the pregnant woman so that there is no scope of having incorrect contact information of the patient. She also clarified that doctors registered with the Medical Council of a particular state are allowed to operate USG machines/practice within that state only where it is registered.

Permanent addresses and contact numbers of the witnesses should be taken so that they can be reached at a later date for providing evidence in court.

In conclusion, Dr. Singh shared the Action Plan for ensuring district level compliance with the Act.

Dr. Singh invited Dr. Sabu George to address the participants.

Dr. Sabu George addressed the participants and told them that today he would be showing them the changing face of Uttar Pradesh in demographic terms.

He emphasized on the fact that any decline in CSR for UP would mean a decline at national level as well because UP represents nearly 20% of the nation’s population. In fact, 2021 seems to project a very bleak prospect demographically.
Dominant castes in any region of UP show son preference and daughter abhorrence, both socially and in purely demographic context, which is evident from statistics gleaned from the ground up. Similar projections are applicable to those who are financially strong. Those who dominate society in any context are most likely to opt for sex determination and sex selective elimination of pregnancies. Every community, caste-wise or religious, is gradually becoming similar, but only with reference to the extensiveness of their daughter aversion and the practices that they adopt to ensure that only male children are born into their family units.

Dr. Neelam Singh invited Mr. Warunjikar to conclude the Session.

Mr. Warunjikar brought home the point that this Act is actually focusing on a better tomorrow and a better society. So, it is in the interest of society, that the participants should take the implementation of the Act to heart and ensure the strictest compliance with the Act.

Dr. Meenu Sagar stressed on the need for extensive mapping of USCs across every district in the state. She requested the participants to discuss and consolidate an Action Plan after taking the DAC into consideration as well and share the same with SPMU. She also requested them to conduct inspections in their districts to ensure that the centres are running in compliance with the Act and also to ensure constant and regular meetings of the DAC and also forward the meeting minutes for feedback from SPMU.

She finally requested the participants to take to heart all the discussions that have taken place today so that the black mark of disrepute which has botched the name of the medical fraternity can be erased with the help of the PCPNDT Act and also improve the social fabric of the state and the nation.

She thanked all the participants for their presence and patience.

**VOTE OF THANKS:** Dr. Gupta thanked all the participants and resource persons for their kind presence. He expressed his hope that the day’s sessions had been a learning experience for the participants and that the efforts of the resource persons would yield positive results in the enforcement of PCPNDT Act across the state in the very near future.
## DAY 2

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<tr>
<th>Time</th>
<th>Topic of discussion</th>
<th>Methodology</th>
<th>Resource person/facilitator</th>
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<tr>
<td>10:00-10:15am</td>
<td>Registration of participants</td>
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<td>10:15-11:15 am</td>
<td><strong>Inaugural Session</strong></td>
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<td></td>
<td>🎊 Welcome Address</td>
<td>Dr. Ashutosh Gupta, Director, SIHFW</td>
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<td>🎊 Lighting of Lamp &amp; Floral Welcome</td>
<td>Dr. Meenu Sagar, Aditional Director, Family Welfare, UP, Dr. Mridula Sharma, G.M. Family Welfare, N.R.H.M., U.P. Dr. Sabu M. Garge, National Activist</td>
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<td>🎊 Objective of the orientation program</td>
<td>Dr. Meenu Sagar, Aditional Director, Family Welfare, UP</td>
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<tr>
<th>Time</th>
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<tr>
<td>11:15-11:45pm</td>
<td><strong>Key note address</strong></td>
<td><strong>Dr. Ashutosh Gupta</strong></td>
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<td><strong>Vote of thanks</strong></td>
<td><strong>Dr. Mridula Sharma</strong></td>
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<td><strong>Working Session I Chaired by Mr. Uday Warunjikar, Advocate – Bombay Highcourt, Maharashtra</strong></td>
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<td><strong>Panelists</strong></td>
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<td><strong>PCPNDT – Initiative under NRHM</strong></td>
<td><strong>Dr. Mridula Sharma, G.M. Family Welfare, N.R.H.M., U.P.</strong></td>
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<td><strong>Trend analysis of declining child sex ratio in India &amp; U.P. in context of social &amp; Medical dynamics and it’s social repercussions in Uttar Pradesh</strong></td>
<td><strong>Dr. Sabu M. George, National Activist and Member of NIMC, GoI</strong></td>
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<td>11:45-12:00pm</td>
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| 12:00-1:00pm | **Working Session II**  
Chaired by Mr. P.K. Goel, Member Secretary – UPSLSA, Lucknow |

**Panelists**

- **Adv. Mr. Uday Warunjikar**, Advocate, Bombay High Court, Maharashtra
- **Mr. S.M. Haseeb**, Special Secretary (Law) &

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<td>11:45-12:00pm</td>
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| 12:00-1:00pm | An introduction to PC-PNDT Act and its statutory compliances:  
- Hierarchal structure at various levels  
- Provisions (sections & rule)  
- Appealing authorities  
- Prohibitions under the PC-PNDT Act, 1994  
  - On place, people, miscellaneous  
  - Penalties  
  - Code of conduct  
- Role of State Appropriate Authority & Discussion |

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  - Penalties  
  - Code of conduct  
- Role of State Appropriate Authority & Discussion |

**Panelists**

- **Adv. Mr. Uday Warunjikar**, Advocate, Bombay High Court, Maharashtra
- **Mr. S.M. Haseeb**, Special Secretary (Law) &
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<td>1:00-1:45pm</td>
<td>Lunch</td>
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<td>1:45-2:00 pm</td>
<td>Movies related to Gender &amp; PCPNDT</td>
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<td>Working Session III Chaired by Dr. Sabu M. George, Member of N.I.M.C., GoI &amp; National Activist</td>
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| 2:00-2:45pm  | Things to be kept in mind: A drive from inspection till conviction        | Dr. Neelam Singh  
Member, N.I.M.C., GoI  
Advocate Varsha Deshpandey, Member, N.I.M.C., GoI  
Panelists |
|              | Search & witnesses                                                       |                                                                           |
|              | Seizure & preparation of list                                            |                                                                           |
|              | Collection of evidence                                                   |                                                                           |
|              | Drafting & documentation                                                 |                                                                           |
|              | follow up in courts                                                      |                                                                           |
|              | Sharing of experience of N.I.M.C. Visits & Decoy operation               |                                                                           |
|              |                                                                           |                                                                           |
| 2:45-3:45pm  | Modus operandi - how to implement of P.C.P.N.D.T. Act                     | Facilitators: Dr. Meenu Sagar, Dr. Dr. Ashutosh Gupta, Dr. Neelam Singh   |
| 3:45-4:15pm  | Strategy making & Action Plan                                            |                                                                           |
INAUGURAL SESSION

Dr. Neelam Singh welcomed everyone to the orientation workshop and invited Dr. Meenu Sagar, Dr. Ashutosh Gupta, Dr. Sabu George and Ms. Varsha Deshpande to join the panel for the first session of the day. She then requested Dr. Ashutosh Gupta to address the participants.

Dr. Gupta welcomed Dr. Meenu Sagar, Dr. Sabu George, Ms. Varsha Deshpande and Dr. Neelam Singh and thanked them for their efforts in ensuring the success of this workshop. He then introduced the participants to the issues at hand, i.e., female foeticide, PCPNDT Act, Declining CSR, gaps in implementation of the Act across the state, challenges faced during inspection visits, the problems faced in implementation because of frontline workers, lack of understanding on the provisions of the Act, lack of clarity on legal principles, etc. He urged the participants to be patient and attempt to learn extensively from the experiences of the highly skilled and experienced panelists and resource persons who would be addressing them.

Dr. Neelam Singh requested all the panelists to come together for the lighting of the lamp. Following this generations old tradition, all the participants were requested to introduce themselves to one another.

After this round of introductions, the participants were given a pre-test on PCPNDT Act and Declining Child Sex Ratio to fill within 10 minutes and submit the same to the facilitator.

Dr. Meenu Sagar was invited to address the participants.

Dr. Meenu Sagar thanked everyone for their presence and stressed on the need for framing an Action Plan by all the participants for each of their districts. She emphasized that presently we are unable to gauge the true extent of the problem of declining CSR and female foeticide but inevitably
the future holds a bleak prospect for the next generation. Thus, it is important to plan for the future regarding the implementation of the Act in every district of the state.

Dr. Sagar – Objective and Design of the Workshop

- Dr. Sagar congratulated Dr. Neelam Singh for her efforts in making this workshop happen on the ground and also informed the participants about the objective of this workshop.
- Child Sex Ratio is the no. of females per 1000 males (0 – 6 years): Powerful indicator of social response and attitude of society towards the girl child. CSR (national) acc. to Census 2011 is 914 as opposed to the SR which is tabulated at 940. UP’s CSR is 899 (10th lowest among all states). J & K has suffered maximum decline in last decade. Punjab has shown an incline of 48 points even though its CSR is still dismal (2nd ranked). CSR is a manifestation of gender discrimination in its most absolute terms.
- Sex Ratio has shown an upwards trend in UP but CSR has shown a constant decline. Urban CSR, SRB and SR is showing more decline than that in rural area. (Source - Annual Health Survey 2010-11)
- Agra, Baghpat, Bulandshaher, GBN, Ghaziabad, Meerut, Muzaffar Nagar, Jhansi, Hathras, Hardoi – Districts showing lowest Child Sex Ratio (Census 2011)
- Chandauli, Saharanpur, Badaun, Kanpur Dehat, Kanour Nagar, Auraiya – Show increased CSR (Census 2011)
- Hardoi – 51 negative points; Balia – 45 negative points; Siddharth Nagar, Kushinagar, Bahraich, Sonbhadra, Bijnor, Maharajganj, Azamgarh, Pilibhit are other districts which show maximum decline in CSR (Census 2011)
- Need for the Act – SD + Termination (Sex selective) will ultimately have a drastic effect on infant mortality rate, maternal mortality rate, total fertility rate, etc. The Act is also a means of woman empowerment by improvement of health indicators and a means of diluting the highly patriarchal setup of society. The Act seeks to prohibit the misuse of USG technology, regulate the use of this technology and prevent its abuse for sex selection or sex determination
- Focus shall be on the roles and responsibilities of:
  (a) Advisory Committees
  (b) Appropriate Authorities
  (c) Nodal Officers
(d) CMO Office

- Gaps:
  (a) Irregular meetings of Advisory Committees
  (b) Timely and proper reporting is not done
  (c) Lack of Capacity Building (training)
  (d) Lack of IEC and BCC activities

- Barriers:
  (a) Lack of knowledge of the Act and legal guidance
  (b) Lack of legal guidance
  (c) Inter-departmental communication is found lacking
  (d) Over burdened AA/Nodal Officers
  (e) Act is silent on some issues
  (f) Lack of advocacy tools
  (g) State level monitoring is difficult due to the large size of the state
  (h) Social, cultural and local pressure
  (i) Frontline workers themselves are susceptible to involvement with termination + SD

- Initiatives under NRHM:
  (a) Support to PCPNDT Cell
  (b) Mobility Support
  (c) Review meetings of District Nodal Officers at state level
  (d) Visits of SIMC and Division level Inspection Committees
  (e) State level orientations
  (f) DIMC
(g) Orientation of DAC Members
(h) District level sensitization workshops
(i) Creating awareness on CSR using IEC and BCC

- Activities under NRHM:
  (a) Nomination of SDMs as district level AAs
  (b) SSB meetings held twice a year (29th October 2012, 16th March 2013)
  (c) SAC Meeting (22nd Feb 2013)
  (d) SIMC inspections in Agra (2 centres)
  (e) Intensive inspection campaign (908 inspections)
  (f) National Girl Child Day observed across the state with different awareness activities (24th Jan 2013)
  (g) State level orientation of Divisional Add. Directors (20th Feb 2013)
  (h) 5 cases since 2002 (21 in last 6 months)
  (i) Divisional level orientation of DAC members/Nodal Officers/Dealing Assistants (March 2013)

  - Outcome of inspections shared
    (a) 908 inspections
    (b) 40 show cause notices
    (c) 389 irregular centres
    (d) 15 machines seized

  - Proposed activities (2013-14)
    (a) Interactive Website on PCPNDT
    (b) Support to PCPNDT Cell at divisional level
    (c) Mobility support
    (d) Review meeting of district Nodal Officer at state level
(e) Meeting of SSB  
(f) SIMC Visits  
(g) Workshops of members of SSB, SAC, DAC, Nodal Officers, Directorate Officials on Women’s Day and Girl Child Day  
(h) SAA meetings to be regularized  
(i) Gender sensitization workshop  
(j) Awareness generation at district level  
(k) Trackers for 10 selected districts with lowest Sex Ratio  
(l) State level sensitization workshop  
(m) IEC activities  
(n) Meeting of NGOs who are DAC members at divisional level

Dr. Neelam Singh invited Mr. Uday Warunjikar to join the panelists. She pointed out the statistics that Dr. Sagar has shared with the participants and highlighted that nearly 40 show cause notices have been issued across the state. She stressed that the Act empowers the AAs to take action against the violators under the Act without having to issue a show cause notice. Show cause notice under the Act is provided for only in cases of suspension/cancellation of registration.

Dr. Singh then shared with the participants the need and efficacy of USG technology and how it has revolutionized medical diagnostic techniques by allowing for diagnosis of any disease or medical problem to the foetus. MTP Act, 1971 provides for termination of pregnancy if the unborn child is suffering from any abnormality, etc. The medical community whole heartedly supported the use of this technology and was in favour of increased access of this technology across the country. This increased access had been the prime driving factor behind declining Child Sex Ratio across the country, and more specifically, across the state.
She shared that statistics show that it is evident that DCSR is not a historical problem. Census 1901 to 2011 clearly shows that the decline of CSR over the past 3 decades (since the advancement of USG technology) has been more drastic as compared to the previous 7 decades.

She further stated that this Workshop is not for discussing the manner in which social awareness can be achieved or how mindsets of the community can be altered but is solely focused on the PCPNDT Act and strengthening of its implementation across the state at both state and district levels.

Biologically speaking, SR is a global constant (954). SR less than 930 is a clear indicator that the mother’s womb in being hampered with (globally).

2001 – Western UP and Urban UP show more decline in CSR as opposed to Eastern UP and Rural UP.

2011 – This trend of Declining CSR has shifted base from Western UP to Eastern UP, Purvanchal and Bundelkhand. The problem of DCSR is becoming pandemic and is not restricted to only a certain area of the state.

The last decade has shown a dismal picture of CSR across the State and this trend & its gravity need to be understood.

New hubs of SD are now concentrated in Bundelkhand and Eastern UP instead of Western UP. The process of sanskritisation (adoption of the cultures and lifestyles of a community considered superior to one’s own community) and consumerism/commercialism (evident from the decline in fertility rate in women/smaller the family, more likely is the instance of the family choosing a male child over a female child to complete the family unit) are reasons for this shifting trend across the state.

Dr. Singh shared her field experience of Kushinagar where the Pradhan of a village openly proclaimed that he had opened a USC which was being operated by his son who was studying science in class 12th.

She shared the worst districts (maximum decline in CSR): Hardoi, Balia, Siddharthnagar, Kushinagar, Bahraich, Sonbhadra, Maharajganj, Pilibhit, Varanasi, Bijnor, Azamgarh, Agra.
Dr. Neelam Singh invited Dr. Sabu George to address the participants and share his experiences of national inspections and field visits across the nation and the state, in particular. Dr. Sabu George addressed the participants and told them that today he would be showing them the changing face of Uttar Pradesh in demographic terms.

He emphasized on the fact that any decline in CSR for UP would mean a decline at national level as well because UP represents nearly 20% of the nation’s population. In fact, 2021 seems to project a very bleak prospect demographically.

Dominant castes in any region of UP show son preference and daughter abhorrence, both socially and in purely demographic context, which is evident from statistics gleaned from the ground up. Similar projections are applicable to those who are financially strong. Those who dominate society in any context are most likely to opt for sex determination and sex selective elimination of pregnancies. Every community, caste-wise or religious, is gradually becoming similar, but only with reference to the extensiveness of their daughter aversion and the practices that they adopt to ensure that only male children are born into their family units.

Now that there is prevalent trend of having small families, parental units often prefer to give birth to a son and not a daughter to complete their family unit. This consumerism/commercialization is more or less a death knell for girl children in urban areas and USG technology is assisting in this crime and making a booming business of it in the process as well.

USG Technology in China has been hugely successful in eliminating girl children (more than 1 million) and now that there are very few girls to eliminate in their own nation, the only way they see their venture being profitable is if they assist in the elimination of female fetuses in India which still has a lot of scope for their intervention. Chinese USG machines are the cheapest to buy and the impact of Westernization is clearly evident in the horde of doctors/people who are willing to buy these USG machines and setting up USCs which provide for SDs.
To conclude, Dr. George expressed the hope that like UP administration had successfully conducted the Kumbh mela, they will also successfully implement the Act in the state. Just like UP was successful in eliminating Polio, it is also hoped that UP will be able to put an end to the practice of female foeticide across the state.

WORKING SESSION II

Dr. Neelam Singh invited Mr. Uday Warunjikar to address the participants and explain to them the nuances and intricacies of the PCPNDT Act. He also explained to the participants the entire sequence of events which led to the genesis of the PCPNDT Act and the various amendments and judgments which have shaped the law into its present form. He then explained the objectives of the Act: Prohibitory, regulatory and preventive.

PROHIBITORY:

Section 3A: Sex selection is prohibited

Section 6: Sex determination is prohibited

Section 5: Communication of sex of foetus to anyone in any manner is prohibited

Section 22: Advertisement related to pre-conception or pre-natal sex selection/determination is prohibited (This provision is of immense importance in light of the fact that there is no comprehensive legislation guiding advertisement in the country and explained to the participants in detail the provision and its scope).

He told the participants that USG technology is a very advanced and useful technology which is of great importance to human beings. This is the reason why providing a blanket ban on the use of this technology is not a feasible alternative.
He continued by questioning the participants about whether the AAs had some powers that were given to the magistrates under the Act? The Magistrate can issue a warrant to enforce the attendance of a witness, to ensure the production of certain documents in the court.

Section 17A is the source of power of the AAs under the Act.

He then explained to them the functions of the AAs under the Act.

He also explained to the participants the entire sequence of events which led to the genesis of the PCPNDT Act and the various amendments and judgments which have shaped the law into its present form.

In a recent CSB meeting, it has been decided that a Code of Conduct also needs to be specified for the AAs to ensure compliance with the provision of the Act which calls for immediate legal action in cases of violations under the Act.

He talked of investigation under the Act and explained to the participants that investigation as envisaged under this Act is not police investigation. AAs are given this power of investigation so as to ensure that the standards that are required to be met under the Act are met and if they are not, to ensure that the offenders are punished and immediate legal action is taken against the offender.

Statement of witnesses was recorded; Panchanama was filled; Equipment was sealed; Drafting of complaint for filing in CJM Court. (Investigation process)

Is the advice of the Advisory Committee binding on the AA? Majority of the participants were of the opinion that the advice is not binding on the AA. This is true. The Advisory Committee has been formed with a view to assisting the AA and not for binding the AA with their opinion or advice.

He then talked of the AAs taking appropriate legal action and initiating independent investigation. Section 17(4) (e) clearly states that an independent expert’s (eg. IT expert, Hand writing expert, Forensic expert) help may be taken for investigation in the instant case.

Section 17(4) (f) states that public awareness needs to be spread with respect to the Act and the principles on which this Act is based.
He then talked of Section 21 (appeal). Appeal can be made against suspension/cancellation of registration. He also explained that suspension/cancellation order can be passed by AA without issuing any show cause notice and in public interest. The reasoning of the AA should be recorded in writing.

Cognizance under the Act can be taken by the Court on the complaint of AA. [Section 28]

Filing of complaint; Verification of complaint in court; Issue process; Evidence before charge; Framing of charge; Cross-examination. (The Court Proceedings)

The AA needs to appear before the Court on at least 4 separate occasions. It is recommended that the AAs maintain a diary for the same and also consult with the Government Lawyer regarding the proceedings on the next date of appearance in court.

If this process is not adequately followed, then a private person may give notice of 15 days to the AA and on expiration of this period may file a complaint under PCPNDT Act in the CJM Court. [Section 28(1) (b)] AA can also be made the Accused No. 1 in the instant case. However, any action taken by the AA in good faith is protected under the PCPNDT Act. No suit, departmental action, etc. may be initiated against the AA for such an action of his.

Section 20 states that show cause notice needs to be issued only in the case of suspension or cancellation of registration. Issuing of show cause notice before taking any other legal action under the PCPNDT Act is not required. Except Section 20, no other provision provides for issuing show cause notice to the offenders under the Act. Any show cause notice issued before taking any action other than suspension/cancellation of registration is a clear reflection of action taken by AA in bad faith and this leaves him susceptible to prosecution under Section 28(1) (b).

Mr. Warunjikar, in conclusion, brought home the point that this Act is actually focusing on a better tomorrow and a better society. So, it is in the interest of society, that the participants should take the implementation of the Act to heart and ensure the strictest compliance with the Act.

Dr. Ashutosh Gupta thanked Mr. Warunjikar for addressing the participants and explaining the legal nuances related to PCPNDT Act to them in simple, clear and interactive terms. He then invited Mr. S.M. Haseeb to guide the participants regarding the latest Supreme Court judgment and directions related to the implementation of the PCPNDT Act.
Mr. S.M. Haseeb addressed the participants and told them that in capacity of DAA, the participants should give their suggestions for improvement of implementation of PCPNDT Act with respect to their specific district to the SAA for consideration.

ADM (Finance), Muzaffarpur – He asked Mr. Haseeb about the role of police in the investigation of cases under this Act. To this question, Mr. Haseeb responded that police did not have any role in the investigation as envisaged under the Act and that the AA or authorized person has to directly file a complaint in the CJM Court.

Mr. Haseeb introduced the decision of the SC with respect to the implementation of PCPNDT Act in 8 states in 2013. (SC Decision PPT)

Dr. Ashutosh Gupta welcomed Advocate Varsha Deshpande to the workshop and requested Mr. P.K. Goel to give the closing remarks for the current Session.

Mr. Goel addressed the participants and told them that it is due to failure of spreading awareness on the issue of PCPNDT Act by the AAs under the Act that UPSLSA have now been given the responsibility of doing the same at state level. Even before such directions had been issued, SLSA has been working on ensuring that legal awareness is spread through the medium of awareness camps and seminars across the state and instituting follow up action with regard to all cases pending in courts under PCPNDT Act in the state.

He explained the need for conducting seminars and workshops on this Act in particular. He said that it was our own administrative callousness and insensitivity which has led to total lethargy and laxity with respect to the implementation of the Act.
and that it was the aim of such workshops and trainings to instill sensitivity in our administrative machinery towards the plight of the girl child. Also, the lack of interdepartmental coordination and cooperation is hampering the enforcement of this Act across the state. Bringing together all departmental representatives on a common forum is another aim of such workshops and trainings to ensure that they understand their roles and responsibilities under the Act and that there is minimal scope for shifting the burden of responsibility/blame from one department to another.

He urged the participants to take strict action against offenders in good faith without fearing any external forces because the law is there to protect and support that action. The powers given to the AAs under the Act have been given so that they may be used with full conviction and not merely so that the AAs can be repositories of the powers. The powers need to be exercised and exercised in good faith which will undoubtedly lead to stronger implementation of the Act in the state.

LUNCH BREAK

WORKING SESSION III

Dr. Neelam Singh and Dr. Meenu Sagar facilitated the formulation of Action Plan for every district and urged the participants to give a specific timeframe within which the activities as included in the Action Plan would be concluded in their own districts:

- Universal mapping of USG centres in the districts
- Formation of DIMC
- Inspection of USCs
- Re-constitution of DAC (if required) and timely meetings of DAC
- Medical audits — monthly analysis of Form F (% of USC reporting)
- Maintenance of records & registers at district level
- Maintenance of Form H (Filling of all forms)
- Monitoring & Inspection reports
• Reporting to State on a monthly basis
• Follow up of pending cases for trial by legal expert of DAC
• Observing Sex Ratio at Birth through JSY data
• Improving Birth Registration
• Awareness campaigns – IMA, FOGSI, Dealers of USG Machines, Community

The participants were given time to formulate Action Plans for their respective districts and copies of the same were submitted with the facilitators and the originals given to the participants for their own perusal.

Dr. Neelam Singh next welcomed Ms. Varsha Deshpande to address the participants about the PCPNDT Act and the challenges faced during its implementation.

She shared her experience while conducting inspections in Maharashtra and how after once she had filed a complaint against an AA and since then she had noticed that AAs were a lot more cooperative with inspection teams. She also shared the challenges that she faced while organizing and conducting sting operations against USCs who were under the scanner of suspicion for being violators of PCPNDT Act. Collecting information from ground level functionaries and health workers, etc. proved to be an effective exercise.

She explained that the complaint case under the PCPNDT Act is a Private criminal case filed by a Government Officer pleaded by a Government Pleader.

She said that medical fraternity, media personnel and public prosecutors all are
equally to blame when it comes to hiding the truth and shielding those who violate the Act.

She also shared with the participants the immediate impact of those sting operations in Maharashtra; increased Child Sex Ratio in Maharashtra, increased registration of MTPs, increased price of SDs and abortions, intense agility of drug officers, increased awareness of all partakers on the issue, quarterly review of all actions taken under PCPNDT, etc.

She explained to the participants about the evidence admissible in court: Primary – Documents; Secondary – Witnesses; and Tertiary – Audio/Video Footage

She emphasized that if action under PCPNDT Act is taken on as a mission then the situation in UP can be altered positively within a couple of years.

Dr. Neelam Singh thanked Ms. Deshpande for sharing her experiences with the participants and for enlightening them with regard to the challenges and problems that may be faced while conducting sting/decoy operations.

Dr. Neelam Singh then told the participants that evidence creation, collection and presentation before the court is of prime importance for ensuring conviction of those who are working in contravention of the PCPNDT Act. She explained to everyone that she would now proceed to show them how to conduct inspections, how to prepare for them, what challenges can be faced, what gaps can be filled and what lessons can be learnt from them.

She said that it is easier to regulate the behavior of the supply side (50,000) which is much less in number as compared to the 50 million strong demand side. So, it is imperative to concentrate on the medical community and those that are providing the services of SD and sex selective elimination of pregnancies instead of focusing solely on changing the behavior and mindset of the community.

She outlined the basic objective behind the PCPNDT Act, it being a legal order to address a social disorder. It is different from other social legislations as it does not involve any change
in social behavior and practice but instead emphasizes on the prevention of misuse of technology, regulation of the technology and prohibition of abuse of technology for purposes against the provisions and spirit of the Act.

She explained that there are no levels of offences under the Act. All offences under the Act are equally susceptible to punishment because it was the legislators’ opinion that it may be extremely unlikely to catch hold of a doctor/technician actually conducting SD as opposed to holding them at bay on the ground of offences like non-maintenance of records, not following code of conduct under the Act, etc.

She emphasized on using the correct term i.e., routine inspection visit/regulatory visit and not label it as a raid or ‘chhaapa’, which has the effect of diminishing the respect and reputation of the doctor running/operating the USC where the inspection visit is being conducted. The Act does not aim to target or negatively victimize the medical fraternity but merely seeks to regulate the use of USG technology and prevent/prohibit its abuse/malpractice.

She then began to explain to the participants the process of inspection and who was authorized to conduct an inspection. She also informed them about the recent amendments to the PCPNDT Act, including the scrapping of the rule of taking five times penalty from unregistered centres in lieu of registering them under the Act, increase of registration and renewal fee.

She also explained to the participants about the documents and articles which should be carried along before conducting an inspection at USCs.

She also introduced the participants to the offences outlined in the Act, eg. Non-maintenance of records, monthly reporting not being done, communication of sex of foetus to anyone, advertisement of SD/sex selection, code of conduct not being followed, public notice/ copy of Act not being displayed/made available at the centre, etc.

She also shared her experiences in capacity of NIMC member and told the participants about the problems and challenges the inspection teams often face during the process and the lessons learnt for the future.

Dr. Neelam Singh shared an instance of Haryana where all USCs in a district had started a new practice of asking for ID Proof with photograph of the pregnant woman so that there is no scope of having incorrect contact information of the patient. She also clarified that doctors registered with the Medical Council of a particular state are allowed to operate USG machines/practice within that state only where it is registered.
Permanent addresses and contact numbers of the witnesses should be taken so that they can be reached at a later date for providing evidence in court.

**VOTE OF THANKS:** Dr. Ashutosh Gupta thanked all the participants for their presence and expressed the hope that the day’s sessions had been a learning experience for them, one which would be of much use to them in the near future. He also thanked all the resource persons and panelists for sharing their extensive experience and knowledge with the participants and hoped that their efforts would soon yield results as the participants would ensure stricter compliance with the law in their respective districts, and in effect, across the state.

### DAY 3

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<tr>
<th>Time</th>
<th>Topic of discussion</th>
<th>Methodology</th>
<th>Resource person/facilitator</th>
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<tr>
<td>10:00-10:15am</td>
<td>Registration of participants</td>
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<td><strong>Inaugural Session</strong></td>
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<tr>
<td>10:15-11:15 am</td>
<td>‼ Welcome Address</td>
<td><strong>Dr. Ashutosh Gupta,</strong></td>
<td><strong>Dr. Meenu Sagar,</strong> Aditional Director, Family Welfare, UP, <strong>Dr. Mridula Sharma,</strong> G.M. Family Welfare, N.R.H.M., U.P.</td>
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<td>‼ Lighting of Lamp &amp; Floral Welcome</td>
<td><strong>Dr. Meenu Sagar,</strong></td>
<td><strong>Dr. Sabu M. George,</strong> National Activist</td>
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<td></td>
<td>‼ Objective of the orientation program</td>
<td><strong>Dr. Meenu Sagar,</strong></td>
<td><strong>Dr. Meenu Sagar,</strong> Aditional Director, Family Welfare, UP</td>
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<td>Time</td>
<td>Session Details</td>
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<td>11:15-11:45am</td>
<td><strong>PCPNDT – Initiative under NRHM</strong></td>
<td><strong>Presentation</strong> Dr. Mridula Sharma, G.M. Family Welfare, N.R.H.M., U.P.</td>
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<td><strong>Trend analysis of declining child sex ratio in India &amp; U.P. in context of social &amp; Medical dynamics and its social repercussions in Uttar Pradesh</strong></td>
<td><strong>Presentation</strong> Dr. Sabu M. George National Activist and Member of NIMC, GoI</td>
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<td><strong>Status of legal action in UP</strong></td>
<td><strong>Dr. Ramadhar</strong> Joint director-PCPNDT</td>
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<td>11:45-12:00pm</td>
<td><strong>Tea</strong></td>
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<td>12:00-1:00pm</td>
<td><strong>An introduction to PC-PNDT Act and its statutory compliances:</strong></td>
<td><strong>Panelists</strong> Adv. Varsha Deshpandey, Member, NIMC, GoI</td>
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<td>- Hierarchal structure at various levels</td>
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<td>- Appealing authorities</td>
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<td>- Prohibitions under the PC-PNDT Act, 1994</td>
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<td>- On place, people, miscellaneous</td>
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<td>1:00-1:45pm</td>
<td>Lunch</td>
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<td>1:45-2:00pm</td>
<td>Movies related to Gender &amp; PCPNDT</td>
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<td><strong>Working Session III Chaired by Dr. Sabu M. George, Member of N.I.M.C., GoI &amp; National Activist</strong></td>
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<td>2:00-2:45pm</td>
<td>Things to be kept in mind: A drive from inspection till conviction</td>
<td>Dr. Neelam Singh</td>
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<td>- Search &amp; witnesses</td>
<td>Member, N.I.M.C., GoI</td>
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<td>- Seizure &amp; preparation of list</td>
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<td>- Sharing of experience of N.I.M.C. Visits &amp; Decoy operation</td>
<td>Advocate Varsha Deshpandey</td>
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<td>Member, N.I.M.C., GoI</td>
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<td>2:45-3:45pm</td>
<td>Modus operandi - how to implement of P.C.P.N.D.T. Act</td>
<td>Facilitators: Dr. Meenu Sagar, Dr. Dr. Ashutosh Gupta, Dr. Neelam Singh</td>
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<td>3:45-4:15pm</td>
<td>Strategy making &amp; Action Plan</td>
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Dr. Neelam Singh welcomed everyone to the orientation workshop and invited Dr. Meenu Sagar, Dr. Ashutosh Gupta, Dr. Sabu George and Ms. Varsha Deshpande to join the panel for the first session of the day. She then requested Dr. Ashutosh Gupta to address the participants.

Dr. Gupta welcomed Dr. Meenu Sagar, Dr. Sabu George, Ms. Varsha Deshpande and Dr. Neelam Singh and thanked them for their efforts in ensuring the success of this workshop. He then introduced the participants to the issues at hand, i.e., female foeticide, PCPNDT Act, Declining CSR, gaps in implementation of the Act across the state, challenges faced during inspection visits, the problems faced in implementation because of frontline workers, lack of understanding on the provisions of the Act, lack of clarity on legal principles, etc. He urged the participants to be patient and attempt to learn extensively from the experiences of the highly skilled and experienced panelists and resource persons who would be addressing them.

Dr. Neelam Singh requested all the panelists to come together for the lighting of the lamp. Following this generations old tradition, all the participants were requested to introduce themselves to one another.

After this round of introductions, the participants were given a pre-test on PCPNDT Act and Declining Child Sex Ratio to fill within 10 minutes and submit the same to the facilitator.
Dr. Meenu Sagar was invited to address the participants.

Dr. Meenu Sagar thanked everyone for their presence and stressed on the need for framing an Action Plan by all the participants for each of their districts. She emphasized that presently we are unable to gauge the true extent of the problem of declining CSR and female foeticide but inevitably the future holds a bleak prospect for the next generation. Thus, it is important to plan for the future regarding the implementation of the Act in every district of the state.

Dr. Sagar – Objective and Design of the Workshop

- Dr. Sagar congratulated Dr. Neelam Singh for her efforts in making this workshop happen on the ground and also informed the participants about the objective of this workshop.

- Child Sex Ratio is the no. of females per 1000 males (0 – 6 years): Powerful indicator of social response and attitude of society towards the girl child. CSR (national) acc. to Census 2011 is 914 as opposed to the SR which is tabulated at 940. UP’s CSR is 899 (10th lowest among all states). J & K has suffered maximum decline in last decade. Punjab has shown an incline of 48 points even though it’s CSR is still dismal (2nd ranked). CSR is a manifestation of gender discrimination in its most absolute terms.

- Sex Ratio has shown an upwards trend in UP but CSR has shown a constant decline. Urban CSR, SRB and SR is showing more decline than that in rural area. (Source - Annual Health Survey 2010-11)

- Agra, Baghpat, Bulandshaher, GBN, Ghaziabad, Meerut, Muzaffar Nagar, Jhansi, Hathras, Hardoi – Districts showing lowest Child Sex Ratio (Census 2011)

- Chandauli, Saharanpur, Badaun, Kanpur Dehat, Kanour Nagar, Auraiya – Show increased CSR (Census 2011)
• Hardoi – 51 negative points; Balia – 45 negative points; Siddharth Nagar, Kushinagar, Bahraich, Sonbhadra, Bijnor, Maharajganj, Azamgarh, Pilibhit are other districts which show maximum decline in CSR (Census 2011)

• Need for the Act – SD + Termination (Sex selective) will ultimately have a drastic effect on infant mortality rate, maternal mortality rate, total fertility rate, etc. The Act is also a means of woman empowerment by improvement of health indicators and a means of diluting the highly patriarchal setup of society. The Act seeks to prohibit the misuse of USG technology, regulate the use of this technology and prevent its abuse for sex selection or sex determination.

• Focus shall be on the roles and responsibilities of:
  (a) Advisory Committees
  (b) Appropriate Authorities
  (c) Nodal Officers
  (d) CMO Office

• Gaps:
  (a) Irregular meetings of Advisory Committees
  (b) Timely and proper reporting is not done
  (c) Lack of Capacity Building (training)
  (d) Lack of IEC and BCC activities

• Barriers:
  (a) Lack of knowledge of the Act and legal guidance
  (b) Inter-departmental communication is found lacking
  (c) Over burdened AA/Nodal Officers
  (d) Act is silent on some issues
(e) Lack of advocacy tools  
(f) State level monitoring is difficult due to the large size of the state  
(g) Social, cultural and local pressure  
(h) Frontline workers themselves are susceptible to involvement with termination + SD  

Dr. Neelam Singh thanked Dr. Meenu Sagar for her enlightening words and stressed on the point that she had made regarding the involvement of frontline workers in the business of sex determination and because of them holding a position of trust and familiarity within the community, they are able to convince and lure women to go for sex determination in order to satisfy the patriarchal needs of society.

She then went on to share the statistics related to CSR across the state. She shared that statistics show that it is evident that DCSR is not a historical problem. Census 1901 to 2011 clearly shows that the decline of CSR over the past 3 decades (since the advancement of USG technology) has been more drastic as compared to the previous 7 decades.

She further stated that this Workshop is not for discussing the manner in which social awareness can be achieved or how mindsets of the community can be altered but is solely focused on the PCPNDT Act and strengthening of its implementation across the state at both state and district levels.

Biologically speaking, SR is a global constant (954). SR less than 930 is a clear indicator that the mother’s womb in being hampered with (globally).

2001 – Western UP and Urban UP show more decline in CSR as opposed to Eastern UP and Rural UP.

2011 – This trend of Declining CSR has shifted base from Western UP to Eastern UP, Purvanchal and Bundelkhand. The problem of DCSR is becoming pandemic and is not restricted to only a certain area of the state.
People often point out that illiteracy is the root cause of all the social evils in this country. However, when it comes to DCSR, illiteracy is not a causal force. Literate communities often take the lead in indulging in this evil practice because they have better access to information especially with regard to the technology available to effectively plan their families in the manner they see fit, which is, more often than not, indicative of son preference.

The last decade has shown a dismal picture of CSR across the state and this trend & its gravity need to be understood.

New hubs of SD are now concentrated in Bundelkhand and Eastern UP instead of Western UP. The process of sanskritisation (adoption of the cultures and lifestyles of a community considered superior to one’s own community) and consumerism/commercialism (evident from the decline in fertility rate in women/smaller the family, more likely is the instance of the family choosing a male child over a female child to complete the family unit) are reasons for this shifting trend across the state.

Dr. Singh shared her field experience of Kushinagar where the Pradhan of a village openly proclaimed that he had opened a USC which was being operated by his son who was studying science in class 12th.

She shared the worst districts (maximum decline in CSR): Hardoi, Balia, Siddharthnagar, Kushinagar, Bahraich, Sonbhadra, Maharajganj, Pilibhit, Varanasi, Bijnor, Azamgarh, Agra.

She also stated that despite the largest number of USG machines being used in Lucknow, the decline in CSR has been merely by 2 negative points. This can attributed to the fact that 8 cases under PCPNDT Act have been filed in court in the past decade. This proves that any legal action taken against the offenders acts as a strong deterrent in the battle against declining CSR.

She also shared the Lancet Study which clearly states that from the 1.1 million households surveyed, if the first born is a male child, there is no impact on SR. However, if the first born is a girl child, SR declines to 759 whereas if two daughters are born first, this figure further declines to 719. Well educated mothers usually contributed to significantly lower SR (683, 610-756) compared to illiterate mothers (869, 820-917).

Social consequences of DCSR: Kidnapping, Polyandry, Rape, Sexual and Physical Violence/Abuse, Women Trafficking.
Dr. Neelam Singh invited Mr. Kunal Silku, Joint Magistrate, Gorakhpur to share his recent experience of inspections at USCs in the district. Mr. Silku shared that there was a list of 188 registered USCs available with the government and after mapping of the district at least 15 such centres were shortlisted which were running unregistered. He commended Dr. Neelam Singh for orienting the district administration and health department on the PCPNDT Act and also on the procedure to be followed for effective inspections and consequent legal action. He told the participants that many different teams were formed for conducting inspections across the district and that each team sealed at least a couple of centres.

He also shared that there was definitely a lot of pressure on the administration for avoiding any action against the offenders but to no avail.

Dr. Neelam Singh then invited Dr. Mridula Sharma to address the participants regarding the state’s plan for the year under NRHM.

Dr. Sharma said that it was difficult to understand the Act if one was in isolation but that in an interactive environment, eg. Seminars, workshops, trainings, etc. it became very interesting and easy to understand. She stressed on the fact that the situation in UP was not beyond redemption and that if everyone in the administration took responsibility and a leadership role against female foeticide and declining Child Sex Ratio, the CSR scenario in the state would change for the better. So, in essence, this is a golden opportunity for everyone to make a visible change in the state.

She then shared the activities proposed under PCPNDT (ROP):

- Initiatives under NRHM:
  (a) Support to PCPNDT Cell
  (b) Mobility Support
  (c) Review meetings of District Nodal Officers at state level
  (d) Visits of SIMC and Division level Inspection Committees
(c) State level orientations  
(f) DIMC  
(g) Orientation of DAC Members  
(h) District level sensitization workshops  
(i) Creating awareness on CSR using IEC and BCC  

- Activities under NRHM:  
  (a) Nomination of SDMs as district level AAs  
  (b) SSB meetings held twice an year (29th October 2012, 16th March 2013)  
  (c) SAC Meeting (22nd Feb 2013)  
  (d) SIMC inspections in Agra (2 centres)  
  (e) Intensive inspection campaign (908 inspections)  
  (f) National Girl Child Day observed across the state with different awareness activities (24th Jan 2013)  
  (g) State level orientation of Divisional Add. Directors (20th Feb 2013)  
  (h) 75 cases since 2002 (21 in last 6 months)  
  (i) Divisional level orientation of DAC members/Nodal Officers/Dealing Assistants (March 2013)  

- Outcome of inspections shared  
  (a) 908 inspections  
  (b) 40 show cause notices  
  (c) 389 irregular centres  
  (d) 15 machines seized  
  (e) 210 warnings issued  
  (f) 4 cancellations of registration  
  (g) 3 suspensions of registration
• Proposed activities (2013-14)
  (a) Interactive Website on PCPNDT
  (b) Support to PCPNDT Cell at divisional level
  (c) Mobility support
  (d) Review meeting of district Nodal Officer at state level
  (e) Meeting of SSB
  (f) SIMC Visits
  (g) Workshops of members of SSB, SAC, DAC, Nodal Officers, Directorate Officials on Women’s Day and Girl Child Day
  (h) SAA meetings to be regularized
  (i) Gender sensitization workshop
  (j) Awareness generation at district level
  (k) Trackers for 10 selected districts with lowest Sex Ratio
  (l) State level sensitization workshop
  (m) IEC activities
  (n) Meeting of NGOs who are DAC members at divisional level

Dr. Sharma said that the ratio of Indian population to the global population is similar to the ratio of the population of UP to the national population. Just like every 6th person in the world is an Indian, every 5th person in India is from UP. Hence, this is a momentous time for us to actually make a difference at the national level by concentrating on the state.

TEA BREAK

WORKING SESSION II

Dr. Neelam Singh invited Dr. Sabu George to address the participants.
Dr. Sabu George addressed the participants and told them that today he would be showing them the changing face of Uttar Pradesh in demographic terms.

He emphasized on the fact that any decline in CSR for UP would mean a decline at national level as well because UP represents nearly 20% of the nation’s population. In fact, 2021 seems to project a very bleak prospect demographically.

Dominant castes in any region of UP show son preference and daughter abhorrence, both socially and in purely demographic context, which is evident from statistics gleaned from the ground up. Similar projections are applicable to those who are financially strong. Those who dominate society in any context are most likely to opt for sex determination and sex selective elimination of pregnancies. Every community, caste-wise or religious, is gradually becoming similar, but only with reference to the extentiveness of their daughter aversion and the practices that they adopt to ensure that only male children are born into their family units.

Now that there is prevalent trend of having small families, parental units often prefer to give birth to a son and not a daughter to complete their family unit. This consumerism/commercialization is more or less a death knell for girl children in urban areas and USG technology is assisting in this crime and making a booming business of it in the process as well. In effect, wherever prosperity goes, the girls begin to disappear.

USG Technology in China has been hugely successful in eliminating girl children (more than 1 million) and now that there are very few girls to eliminate in their own nation, the only way they see their venture being profitable is if they assist in the elimination of female fetuses in India which still has a lot of scope for their intervention. Chinese USG machines are the cheapest to buy and the impact of Westernization is clearly evident in the horde of doctors/people who are willing to buy these USG machines and setting up USCs which provide for SDs.

To conclude, Dr. George expressed the hope that like UP administration had successfully conducted the Kumbh mela, they will also successfully implement the Act in the state. Just like UP was successful in eliminating Polio, it is also hoped that UP will be able to put an end to the practice of female foeticide across the state.
Dr. Neelam Singh thanked Dr. Sabu George for sharing his concerns with the participants and also for reflecting the grave consequences that the state will have to suffer if the situation of decline of CSR continues unabated. The very right of survival of girls is at stake and 2021 presents a very morbid picture in this regard.

Dr. Neelam Singh invited Mr. Mahboob Ali (UPSLSA) to chair the session and requested Ms. Varsha Deshpande to address the participants and share her knowledge regarding the PCPNDT Act with everyone.

She explained that the need for legislation arises when society fails to self-regulate and exceeds reasonable limitations with respect to various issues. She said that PCPNDT Act has been enforced to work hand in hand with the medical fraternity considering that the medical profession is a noble one and that if understanding is created regarding the Act and the problem it addresses, i.e. female foeticide, sex determination and sex selective elimination of the female foetus, the medical fraternity will self-discipline and there will be visible change in the scenario with respect to declining Child Sex Ratio.

She then mapped the genesis and evolution of the PCPNDT Act in the country and highlighted the efforts of Dr. Kulkarni, whose survey/research actually led to the opening of Pandora’s box, as it were. He wrote a paper on the network of USCs and the drastic impact it was having on the demographic fabric of society in Maharashtra. NGOs and various governmental agencies took his paper with all seriousness and a law for regulating ultrasonography technology was enacted in Maharashtra in 1988. However, no one took any interest in the implementation of law and only 2 cases were filed in the courts. The irony of the situation was that the very first accused under the Act was a pregnant woman.

This opened another can of worms. Was it going to be the way forward that to save the girl child, the women would have to sacrifice? The women who in any case were not in control of their reproductive rights or the right to take any decisions with regard to their own bodies were targeted. This situation was one opposed in full force by the NGOs and rightly so.
The PNDT Act was enacted in 1994, Rules enacted in 1996 and the Act amended into PCPNDT Act in 2003. Ms. Deshpande then proceeded to explain the intricacies of the PCPNDT Act to the participants. She explained the terms that are defined in the Act and also gave the participants an insight into the various techniques that can be used for pre-conception and pre-natal sex determination and sex selection.

She stressed the point that the objective of PCPNDT Act is threefold. It seeks to prohibit, regulate and prevent.

Prohibition: Sex selection, sex determination, communication of sex of foetus to anyone, etc.

Regulation: Pre-conception and pre-natal diagnostic techniques for sex selection and sex determination, registration of USCs, maintenance and preservation of records, etc.

Prevention: Abuse and misuse of ultrasonography technology for purposes other than those specified in the Act, etc.

Ms. Deshpande then explained all the provisions of the Act one by one and cleared any doubts that lingered in the minds of those present. She told them that if Section 5 is proved to have been violated, i.e. if ultrasonography is conducted on a pregnant woman without obtaining her written consent, then it is presumed that Section 6 has also been violated, i.e. that sex determination has been conducted.

If Section 5 & 6 are proved, then the burden of proof of innocence shifts from the prosecutor to the defendant, i.e. the doctor/person conducting the ultrasound procedure (Proviso to Section 4). The burden of proving the guilt of the accused is no longer on the complainant.

The Act has also exempted the pregnant woman from being prosecuted unless her guilt is proven without an iota of doubt (Section 24). The Act presumes that she is being pressurized or forced into getting an ultrasound procedure conducted on her. Section 24 read along with Section 5 is the guiding light of the Act which allows the organization and execution of decoy/sting operation

She emphasized on Section 17A which is the repository of all powers of AAs which are equivalent to those of a Civil Judge. The powers of summon, seize, search, issue of warrant, any other matter prescribed are bestowed upon the AAs with a view to equipping the authorities well enough for them to act effectively as envisaged by the Act.
She also explained that the provision for constitution of Advisory Committee has been made for the purpose of providing technical and expert knowledge to the AA and has not been made with a view to bind the AA with the opinion/advice of the Advisory Committee. The AA is in a superior position as compared to the Advisory Committee.

Mr. S.M. Haseeb then addressed the participants about the latest Supreme Court directions to 7 states with regard to implementation of PCPNDT Act in the respective states. (SC Decision PPT)

Dr. Neelam Singh then invited Mr. Mahboob Ali to give the closing remarks for the Session.

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**LUNCH BREAK**

**WORKING SESSION III**

Dr. Neelam Singh and Dr. Meenu Sagar facilitated the formulation of an Action Plan for every district and urged the participants to give a specific timeframe within which the activities as included in the Action Plan would be concluded in their own districts:

- Universal mapping of USG centres in the districts
- Formation of DIMC
- Inspection of USC
- Re-constitution of DAC (if required) and timely meetings of DAC
- Medical audits – monthly analysis of Form F (% of USC reporting)
- Maintenance of records & registers at district level
Participants formulating Action Plan for their respective districts during Working Session III

- Maintenance of Form H (Filling of all forms)
- Monitoring & Inspection reports
- Reporting to State on a monthly basis
- Follow up of pending cases for trial by legal expert of DAC
- Observing Sex Ratio at Birth through JSY data
- Improving Birth Registration
- Awareness campaigns – IMA, FOGSI, Dealers of USG Machines, Community

The participants were given time to formulate Action Plans for their respective districts and copies of the same were submitted with the facilitators and the originals given to the participants for their own perusal.

Upon completion of this group exercise, Dr. Neelam Singh told the participants that evidence creation, collection and presentation before the court is of prime importance for ensuring conviction of those who are working in contravention of the PCPNDT Act. She explained to everyone that she would now proceed to show them how to conduct inspections, how to prepare for them, what challenges can be faced, what gaps can be filled and what lessons can be learnt from them.

She said that it is easier to regulate the behavior of the supply side (50,000) which is much less in number as compared to the 50 million strong demand side. So, it is imperative to concentrate on the medical community and those that are providing the services of SD and sex selective elimination of pregnancies instead of focusing solely on changing the behavior and mindset of the community.

She outlined the basic objective behind the PCPNDT Act, it being a legal order to address a social disorder. It is different from other social legislations as it does not involve any change in social behavior and practice but instead emphasizes on the prevention of misuse of technology, regulation of the technology and prohibition of abuse of technology for purposes against the provisions and spirit of the Act.

She explained that there are no levels of offences under the Act. All offences under the Act are equally susceptible to punishment because it was the legislators’ opinion that it may be extremely unlikely to catch hold of a doctor/technician actually conducting SD as opposed to holding them at bay on the ground of offences like non-maintenance of records, not following code of conduct under the Act, etc.
She emphasized on using the correct term i.e., routine inspection visit/regulatory visit and not label it as a raid or ‘chhaapa’, which has the effect of diminishing the respect and reputation of the doctor running/operating the USC where the inspection visit is being conducted. The Act does not aim to target or negatively victimize the medical fraternity but merely seeks to regulate the use of USG technology and prevent/prohibit its abuse/malpractice.

She then began to explain to the participants the process of inspection and who was authorized to conduct an inspection. She also informed them about the recent amendments to the PCPNDT Act, including the scrapping of the rule of taking five times penalty from unregistered centres in lieu of registering them under the Act, increase of registration and renewal fee.

She also explained to the participants about the documents and articles which should be carried along before conducting an inspection at USCs.

She also introduced the participants to the offences outlined in the Act, eg. Non-maintenance of records, monthly reporting not being done, communication of sex of foetus to anyone, advertisement of SD/sex selection, code of conduct not being followed, public notice/ copy of Act not being displayed/made available at the centre, etc.

She also shared her experiences in capacity of NIMC member and told the participants about the problems and challenges the inspection teams often face during the process and the lessons learnt for the future.

Dr. Neelam Singh shared an instance of Haryana where all USCs in a district had started a new practice of asking for ID Proof with photograph of the pregnant woman so that there is no scope of having incorrect contact information of the patient. She also clarified that doctors registered with the Medical Council of a particular state are allowed to operate USG machines/practice within that state only where it is registered.

Permanent addresses and contact numbers of the witnesses should be taken so that they can be reached at a later date for providing evidence in court.

**VOTE OF THANKS:** Dr. Ashutosh Gupta thanked everyone for their presence and hoped that this workshop had been a learning experience and that this would help them in performance of their duties in the future. He thanked the resource persons for sharing their vast reserves of knowledge and experience with the participants and hoped that their efforts over the last three days will soon bear fruit for all to see.
Our Resource Persons & Panelists

Mr. P.K. Goel

Mr. Goel is the Member Secretary of Uttar Pradesh State Legal Services Authority, Lucknow and has been an avid supporter of the cause of the female child in the State. His experience, knowledge, compassion and vigour to ensure that the PCPNDT Act is implemented strictly in the state has also yielded results through the successful organization and conducting of Orientation Workshop for Chief Judicial Magistrates of all districts of UP. He has also taken great measures to ensure that legal awareness regarding the PCPNDT Act is spread throughout the state through the medium of UPSLSA and the DLSAs under its purview.

Mr. S.M. Haseeb

Mr. SM Haseeb is Special Secretary (Law) and also Member of State Appropriate Authority under PCPNDT Act. He has disposed off eleven appeals after hearing as a member of State Appropriate Authority.

Dr. Sabu Matthew George

Dr. Sabu George is an expert in the field of female infanticide, girl child neglect, and female foeticide (sex selection) and has worked on these issues for the past 26 years. He has written on child sex ratios; genocide of sex selection, and on emerging technologies of sex selection. Educated at IIT Bombay, Johns Hopkins and Cornell, his academic publications have appeared in prestigious journals such as the Lancet, Reproductive Health Matters, Prenatal Diagnosis, Economic & Political Weekly and been part of public campaigns against these practices in certain Indian States. He was involved with the public interest litigation in the Indian Supreme Court against the Governments, 2000-2003 to implement the PNDT act so as to restrain the misuse of foetal sex determination. He successfully lobbied with the Indian Parliament to amend the PNDT Act in December 2002 in partnership with the Union Health Ministry and civil society. He has been appointed by the Union Health Ministry as a member of the National Inspection & Monitoring Committee of the PNDT Act. Presently, he is a petitioner in the Supreme Court against Union of India and internet companies like Google, Microsoft & Yahoo for promoting sex
selection. He has been widely interviewed by the Indian & international media over the past decade on the practice of female foeticide and its consequences. He was an invited reviewer on sex selection by world’s leading medical and population academic journals. Presently a member of the National Inspection & Monitoring Committee of PNDT Act set up by Ministry of Health & Family Welfare, Govt. of India.

**Advocate Varsha Deshpande**

Varsha Deshpande is an advocate and a social activist, from Maharashtra who runs Lek Ladki Abhiyan and holds the credit of 42 decoy operations under her sleeve. Presently Varsha Deshpande is a member of NIMC (National Inspection & Monitoring Committee). She was formerly a member of CSB (Central Supervisory Board) as well.

**Dr. M Geeta:**

Dr. M. Geeta is an IAS Officer (MP cadre). For 7 years she has served as collector in 5 districts in the state of Madhya Pradesh and has been instrumental in implementing the PC PNDT Act since 2004. Dr. M. Geeta was Commissioner Food & Drugs, in Government of Madhya Pradesh; presently she is MD NRHM for the state of MP.

**Advocate Uday Prakash Warunjikar**

Mr. Uday Warunjikar is an advocate who has been practicing in the Bombay High Court for the past 17 years and has litigated in more than 8,550 cases including various Public Interest Litigations. He has been associated with social causes through his profession and in his personal capacity as well.

**Dr. Neelam Singh**

Dr. Neelam Singh, is a Gynecologist by profession but a social entrepreneur by choice. She is MBBS M.D (Gynecologist) from then King George medical college (KGMC) Lucknow. She is an expert in the field of gender and has been rigorously working towards the effective implementation of PC-PNDT Act in Uttar Pradesh. Founder member of Vatsalya, Dr. Singh was awarded with 15th Rotary India award in 2006 and Acharya Vinoba Bhave National volunteer award in 2001 for pioneering efforts in northern India to curb female foeticide and protection & care of girl child respectively. Recently, she has been
appointed by the ministry of health & family welfare (GOI) as a member of CSB & NIMC (Central Supervisory Board and the member of National Inspection and Monitoring Committee). She is also a member/technical expert in various state and district technical forums at state and district level. She is a guest faculty at Judicial Training research Institute (Uttar Pradesh) and has been taking regular gender sessions of Chief Judicial Magistrates (CJM), senior prosecuting officers (SPO) and civil judges.

The Participants

Twenty three Administrative Officers (District Magistrates, Additional District Magistrates, Sub-Divisional Magistrates, Chief Development Officers, Additional Sub-Divisional Magistrates, Tahsildars) and sixty seven officers from the Health Department (Chief Medical Officers, Deputy Chief Medical Officers, Additional Chief Medical Officers, District Tuberculosis Officers, Nodal Officers (PNDT), Assistant Research Officers) from sixty four districts participated in the three day State level Orientation Workshop.

JP Nagar, Bahraich, Shrawasti, Siddharth Nagar, Balia, Kashiram Nagar, Amethi were among the notable exceptions from where there was no participation from either the Administrative Department or the Health Department.