Operational Research to Find Out Impact of PCPNDT Act Implementation 2012-13

Report

Submitted by

Pune Health Care Management & Research Centre

Operational Research to Find Out Impact of PCPNDT Act Implementation 2012-13

PREFACE

Gender discrimination and preference for male child is observed in India since ages. But, may be because of small family norms it has started reflecting in sex-selective abortions, resulting in to adverse sex ratio. These practices are leading to not only social issues but also public health issues because of maternal health.

Government has taken efforts to correct this by bringing an act in this regard. In 1994, PCPNDT act was enacted and further amendments were made in 2002 for controlling the malpractices by medical fraternity. Various activities and initiatives were undertaken to implement this act effectively.

Maharashtra state as well, has taken various activities, formed committees at different levels towards implementation of this act.

To document the status of various committees, awareness about this act at community level a study was commissioned by State Health Systems Resource Centre, Pune (SHSRC) to Pune Health Care Management & Research Centre (PHCMRC).

This report tried to review these activities and tried to document the status and functioning of various committees formed. The awareness of community level and their perception about the same is also captured in this.

We, PHCMRC are grateful to SHSRC for giving us the opportunity to work on this challenging subject. We thank you Dr. U. H. Gawande for facilitating the implementation of this study and giving valuable inputs.

We also would like to thank Dr.Khade, Consultant PCPNDT cell, Maharashtra state for providing required information and support in implementing the study.

Last but not the least, this study would have not completed without valuable inputs from various authorities, NGO, media representatives and community level participants. We are grateful to all of them!

Director
Pune Health Care Management & Research Centre

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ABBREVIATIONS:

Acronym	Full Form
AA	Appropriate Authority
AC	Advisory Committee
ANC	AnteNatal Carrying
ANM	Auxilliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	AnganWadi Centre
BAMS	Bachelor of Ayurvedic Medicine & Surgery
BCC	Behavioural Change Communication
BHMS	Bachelor of Homeopath Medicine & Surgery
CAA	Corporation Appropriate Authority
CAC	Corporation Advisory Committee
CRS	Civil Registration System
CSR	Child Sex Ratio
DAA	District Appropriate Authority
DAC	District Advisory Committee
FGD	Focus Group Discussion
GR	Government Resolution
HMIS	Health Management Information System
IDI	In-Depth Interview
IEC	Information Education & Communication
MO	Medical Officer
MSW	Medical Social Worker
MTP	Medical Termination of Pregnancy
NGO	Non-Government Organization
NSS	National Social Service
NYK	Nehru Yuva Kendra
PCPNDT	Pre-Conception & Pre-Natal Diagnostic Technique
PRI	Panchayati Raj Institute
SAA	State Appropriate Authority
SAC	State Advisory Committee
SHSRC	State Health Systems Resource Centre
SP	Superitendent of Police
SRB	Sex Ratio at Birth
SSB	State Supervisory Board
TAA	Taluka Appropriate Authority
USG	Ultra-Sound Sonography

Executive Summary

In India, many states are facing the problem of adverse sex ratio because of male child preference. Maharashtra state too is not an exception despite being considered as an advanced state. Rich districts of Maharashtra have the access and money to go on that way.

The Government of Maharashtra has taken initiatives to improve the situation and stop the sex selective abortions; which have affected the sex ratio at birth.

The PNDT Act was passed in 1994 and was amended in 2003 to become the Pre-conception and Pre-natal Diagnostic Technique Act (PCPNDT). Maharashtra state has been implementing this Act. Along with this, the Government of Maharashtra, with the help of other departments, is carrying out various activities. These include activities for behavioural changes and also activities for strict implementation of the PCPNDT Act. Since 2008 the activities are carried out with special focus and high intensity.

The impact of these activities could be visible in the 'Sex Ratio at Birth' in the years ahead and the awareness level about these activities / act at community level. Government of Maharashtra thought the need of studying it and documenting it.

The assessment of implementation of these activities and impact was undertaken with following objectives.

Objectives:

- To assess the impact of the PCPNDT Act implementation in Maharashtra state
  - To assess the impact of these activities on 'Sex ratio at Birth'
  - To assess the knowledge about this act in the community
- To identify the gaps in implementation of the PCPNDT Act
- To suggest the measures for better implementation of the Act

Methodology: There are many factors and many stakeholders at various levels who are associated with the adverse sex ratio.

Stakeholders include policy makers, decision makers, and implementers of the act, hospitals and diagnostic centres, the community, NGOs and the Development Partner: UNFPA.

Primary and secondary data collection methods were used to ascertain the required information.

For secondary data, data on sex ratio at birth for the past 5 years was collated and the trend was studied.

For primary data, the stakeholders were consulted and their views were recorded with respect to the implementation of act. For policy makers, decision makers, and implementers of the act, hospitals and diagnostic centres, NGO representatives, UNFPA representative; interview guides were developed and administered.

For community level respondents, structured quantitative tool was developed and administered. These respondents included, delivered women, pregnant women, women who have undergone MTP / abortion in the specified period.

From each of these regions, 2 districts were selected: the district with the best child sex ratio and the district with poorest child sex ratio. In addition to these, Mumbai was included as the urban area. The 30X7 cluster sampling method was adopted for selection of respondents from each of the 11 districts.

It was also noted from the data that the sex ratio was adverse in urban areas compared to rural parts of each district. Hence, the urban areas of selected districts were also included. The headquarters of each of the selected districts were selected as the urban portion for that district. This covered Corporations as well as council areas.

Findings:

Secondary Data Analysis: Data on sex ratio at birth for the past 5 years from the Civil Registration System (CRS) was obtained from HIVS, collated and the trend was studied. The state picture shows that there was improvement in the sex ratio post-2010 after a decline up to 2010.

Ratnagiri and Sindhudurg showed a dip in the sex ratio at birth in 2010. While the decline continues in Ratnagiri in the following 2 years, 2011 and 2012, Sindhudurg shows improvement in the sex ratio in both these years but sex ration for 2011 is higher at 932 compared to 920 for 2012.

In the Khandesh region, Nandurbar shows little improvement in 2011 after which the sex ratio is seen to decline drastically in 2012. On the other hand, in Jalgaon, the sex ratio shows a considerable increase in both 2011 and 2012.

Kolhapur shows a continuous improvement in the sex ratio at birth since 2008. However, activities must be continued in order to attain the ideal sex ratio. Satara compares better than Kolhapur for all the years from 2008 to 2012. The only year in which a drop in the ratio is seen is 2009. Here too the activities need to be continued for further improvement.

In the Marathwada region, Nanded fares better than Beed from 2008 to 2011, but in 2012 Beed fares marginally better with respect to the sex ration at birth. Nanded is more or less in the same range but with a drop in 2010 and later on a rise. Beed showed deterioration from 2008 to 2010 and then shows improvement.

In Buldhana and Gadchiroli as well, similar results are seen.

Maharashtra state HMIS data also showed improvement in the sex ratio at Birth in the year 2012, for many of the districts.

Status of various Committees and administrative structures established:

Study results show that state-appropriate authorities and district-appropriate authorities (medical and non-medical) have been appointed in all the selected districts. Functions of AAs are – Quarterly Inspections of all Sonography and other centres registered under Act. Sting operations by sending decoy cases to suspicious Sonography centres

The process of appointing Taluka authorities (medical &non-medical) has not taken place in Beed, Nanded while in Satara the non-medical position is vacant.

State supervisory board under chairmanship or Honorary Health Minister is constituted and the number of members is 26. State, District and Corporation Advisory Committees are constituted and their meetings are held regularly. State-level special cell under chairmanship and Commissioner (FW) and Director NRHM Mumbai is in place as prescribed.

District-level Taskforce under chairmanship of District Collector is constituted at all the selected districts in the study.

Surprise visits by state squad in districts having declining sex ratio like - Beed, Parbhani, Buldhana, Washim, Dhule, Jalgaon, and Nandurbar – **are done from time to time.**

The divisional vigilance squad is in place only in Aurangabad. At Nagpur and Nashik, it is not present. The state vigilance squad has been established.

Toll-Free PCPNDT Help Line No.18002334475; is established.

Website www.amchimulgi.gov.inhas been established.

Reorientation Workshops for AA, Legal counsellors, political leaders, lawyers, judicial officers, etc. were held. Awareness campaign for the public was conducted.

Online reporting of ‘F’ form in Government Sonography centres is being strictly monitored.

From the results it can be concluded that DAAs (medical) have greater clarity about their roles and responsibility, implement numerous activities under this Act, have good supervision activities and also hold regular meetings as per schedule and co-ordinate effectively with other committee member compared to DAA (non-medical).

Both DAA medical and non-medical officials organize awareness activities among the community regularly. Additionally DAC and DTF organize different awareness generation activities with the co-ordination of respective DAAs.

TAA (non-medical) in comparison with TAA (medical) are not aware about their roles and responsibility clearly and do not play a very active role in implementation of activities under this Act, awareness activities, and inspection of USG centres. In some of the districts no Taluka-level committee has been established or posts are vacant.

From the grassroots-level health workers we concluded that most of them are aware about this Act and participate in awareness generation of their community. Because of grassroots health workers, the close monitoring and tracking of suspected cases is much easier in most of the districts.

All the USG centers under this study are registered under this Act and they follow all the rules like filling of ‘F’ forms, display of boards, posters in their clinic/hospital. The co-ordination of other committee members like DTF, DAC is good with DAA in almost all districts.

According to PRI and decision makers, owing to the strict implementation of this Act sex selective abortions among their community are no longer present resulting in slightly better sex ratio, but mentality of people remains discriminatory against girls to a large extent .

Through interaction with the DACs one may conclude that one can stop abortion using legal action but it is harder to change mentality. As such many couples continue to have children until a boy is born.

Areas where Improvement is needed (Gaps): The criteria for inspection of USG centres are nearly same and followed according to the law book given under this Act, in each region, but the criteria for grant and suspension of USG centres differ from region to region.

Few districts conduct sting operations and send decoy cases leading to legal actions and this is done by appropriate authorities. However, this procedure lacks confidentiality and security.

After cases are sent to courts there is no fast decision and this appears to be a de-motivating factor for some of the appropriate authorities.

Medical officials who are involved in this Act implementation are often seen to be lacking in understanding of legal terms and their implementation while non-medical officials are seen to be unclear about medical terminology making it harder for them to inspect USG centres.

There is apparently a very high workload for those not directly connected with the activities under this Act (for example, the Public Pleader) and they are also not clear about their roles and responsibility.

Similarly, in each district, the SPs too were not clear about their roles and responsibility and also their involvement in the case came at a later stage during legal action.

Training of online submission of forms for USG centres is lacking in majority of districts. There are lots of problems with respect to the Maha online website in terms of access and connectivity.

It is concluded that there is no tracking system or identification proof mechanism for tracking women who visit USG centres, whether private or government. There is no tracking system for portable machines as well.

The study of USG centres reveals that there is some harassment of doctors probably because of technical faults and there is registration of early portable machines or sealed machines.

From the response of DAA (medical) officials one may conclude that there is no flexibility in law and which is necessary for proper inspection of USG machines.

1. Introduction:

The imbalance in sex composition of the population is a serious social issue which leads to public health concerns. Therefore, it is necessary to address this issue on a priority basis.

Sex composition reflects natality, mortality, and migration characteristics of a given population. The distribution pattern of males and females in a population affects relative roles and economic relationships.

The sex ratio is a widely used tool to measure gender equity in a population. Sex ratio is defined as number of females per 1000 males in the population. The sex ratio may vary widely from one area to another and one age group to another depending upon age-specific mortality rates and sex specific net migration rate.

In a healthy population, the ideal sex ratio is 952 females per 1000 males.

Sex differentials figures are related to the number of surviving males and females in a certain area. Therefore, in order to measure the sex-balance of the population, the child sex ratio needs to be considered for providing necessary inputs for improvement.

The child sex ratio is influenced by a number of factors such as under-registration of girl babies, differential infant and child mortality rates, and age miss-reporting. Additionally, the sex ratio at birth – number of girls per 1000 boys born – reflects malpractices like prenatal sex selection.

The Government of Maharashtra has taken initiatives to stop the sex selective abortions; which have affected the sex ratio at birth.

The PNDT Act was passed in 1994 and was amended in 2003 to become the Pre-conception and Pre-natal Diagnostic Technique Act (PCPNDT). Maharashtra state has been implementing this Act. Along with this, the Government of Maharashtra, with the help of other departments, is carrying out various activities. These include activities for behavioural changes and also activities for strict implementation of the PCPNDT Act.

It is very likely that, because of strict implementation of the PCPNDT Act, gender discrimination may occur after the birth of a girl child leading to a poor child sex ration. Hence, for looking at the impact of the PCPNDT Act, both the indicators: sex ratio at birth and child sex ratio must be monitored.

The child sex ratio for Maharashtra as per 2011 census is 883 which means it has dropped down by a whopping 30 points compared to the figure of 913 in 2001 ten years before.At the district level, some of the districts have a very poor sex ratio while others fare better.

The reasons for poor childsex ratio are as follows:

- Sex selective abortions
- Female infanticide
- The neglect of the girl child resulting in their higher mortality at younger ages

2. Objective of the Evaluation

- To assess the impact of the PCPNDT Act implementation in Maharashtra state
  - To assess the impact of these activities on 'Sex ratio at Birth'
  - To assess the knowledge about this act in the community
- To identify the gaps in implementation of the PCPNDT Act
- To suggest the measures for better implementation of the Act

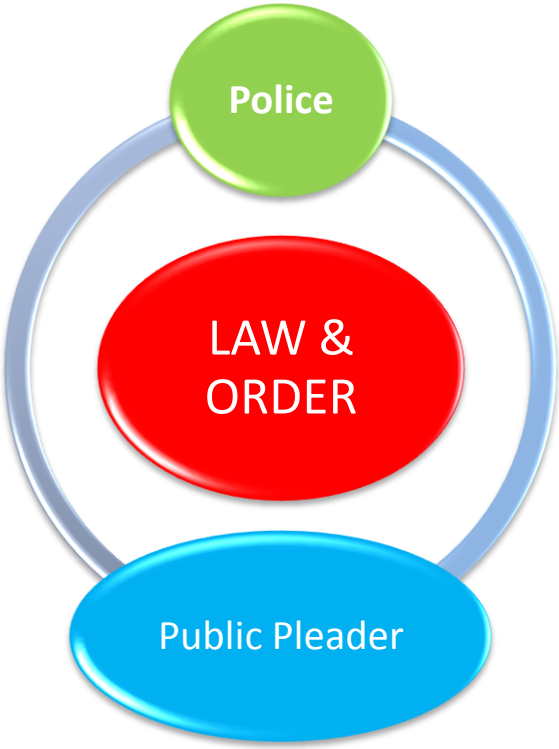
3. Methodology

This is an evaluation study of the PCPNDT Act, which addresses the adverse sex ratio. There are many factors and many stakeholders at various levels who are associated with the adverse sex ratio.

Stakeholders include policy makers, decision makers, and implementers of the act, hospitals and diagnostic centres, the community, NGOs and the Development Partner: UNFPA.

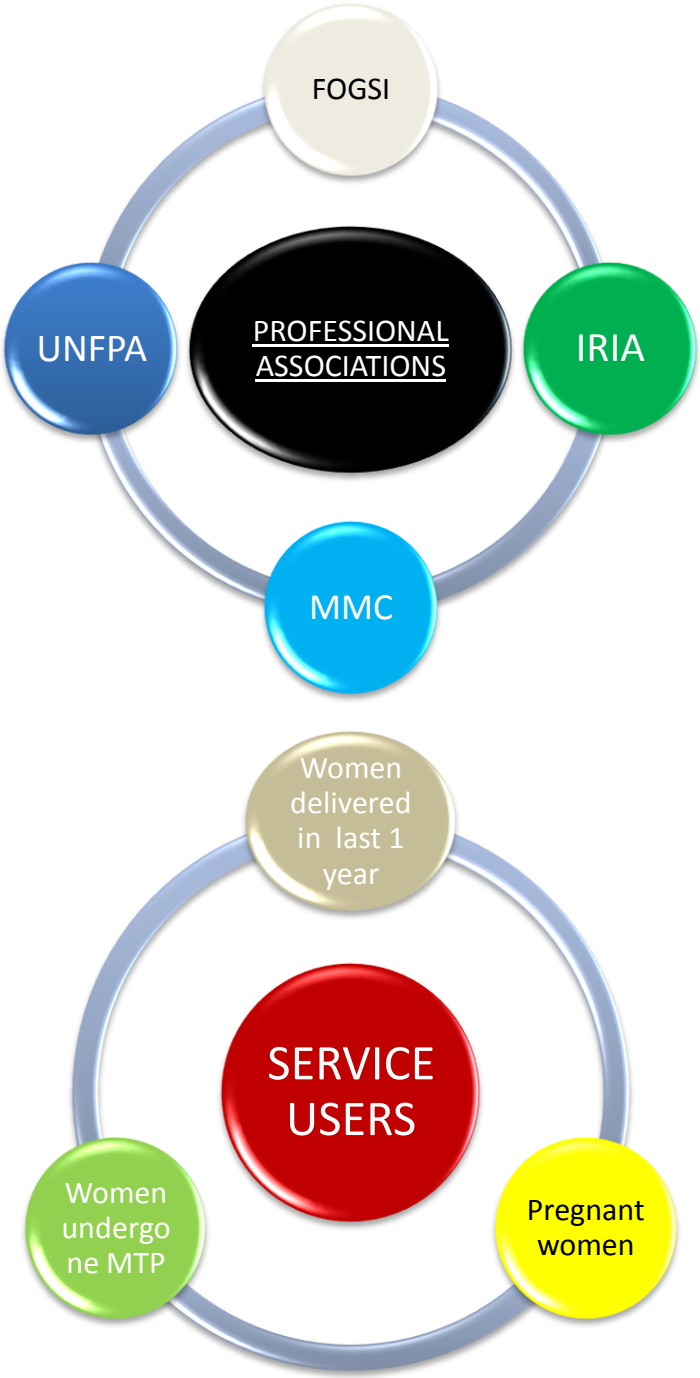
A detailed list of the stakeholders coveredis as follows:

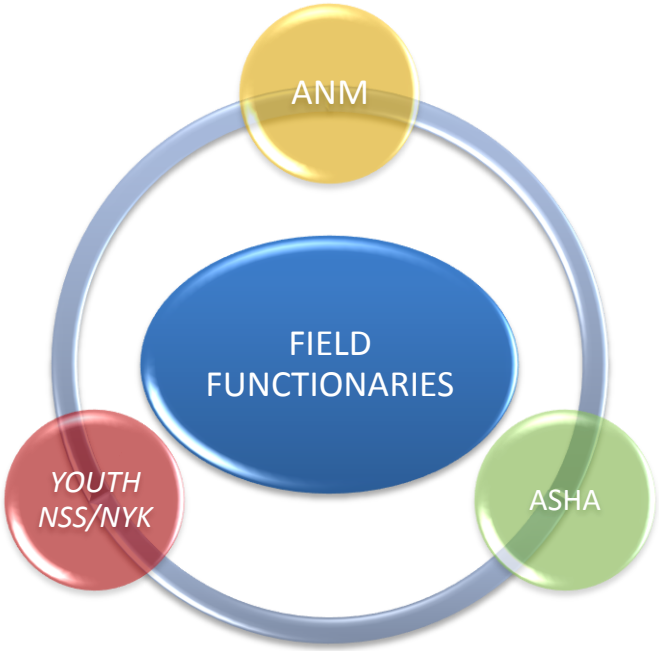

AUTHORITIES INTERVIEWED
State Supervisory Board
State Appropriate Authority
State Advisory Committee
State Vigilance Squad
State Inspection and Monitoring Committee
Special Cell on PCPNDT at State level
District/ Corporation Appropriate Authority
District/ Corporation Advisory Committee
District Task Force
District/ Corporation Non-Medical Appropriate Authorities
Sub-District Appropriate Authority
Sub-District Advisory Committee
Sub-District Non-Medical Appropriate Authority

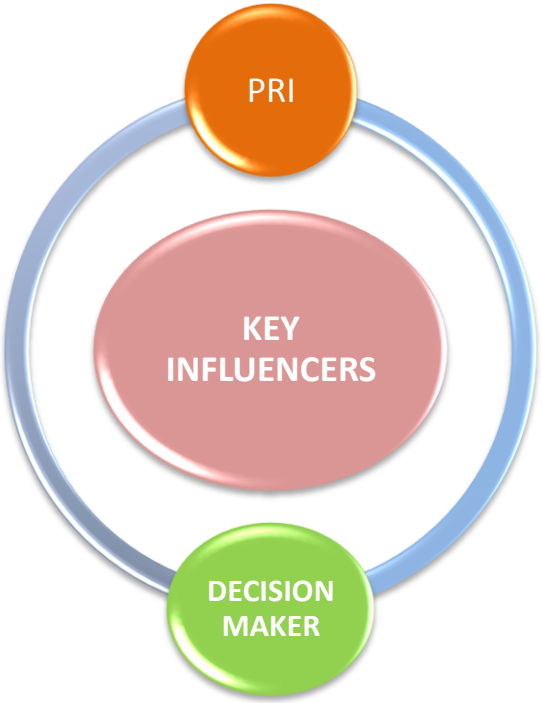


– SERVICE PROVIDERS

  - USG centres


FOGSI
UNFPA
PROFESSIONAL ASSOCIATIONS
IRIA
MMC
Women delivered in last 1 year
SERVICE USERS
Women undergo ne MTP
Pregnant women


ANM
FIELD FUNCTIONARIES
YOUTH NSS/NYK
ASHA


PRI
KEY INFLUENCERS
DECISION MAKER

Study Design

Primary and secondary data collection methods were used.

For secondary data, data on sex ratio at birth for the past 5 years was collated and the trend was studied.

Similarly, government resolutions in this regard, documents about other important committees formation, meeting minutes of these committees and other such information was gathered to study the effectiveness of the act. All related documents with the government and with UNFPA were reviewed.

The record keeping (Forms A, B, C, D, E, G, H) of USG centres were verified and "Form F" online submission was studied to observe the trend over the period.

For primary data collection, a mixed-method approach of quantitative and qualitative techniques was used to elicit the required information.

The qualitative approachwas adopted to capture views of policy makers, decision makers and implementers. In-depth interviews (IDIs) of these respondents were conducted.

Two types of Sonography centreswere included: the first where the functioning was smooth as per the Act and the second was where some legal action had been taken.

Atthe community level,focused group discussions (FGDs)were conducted for grassroots-level health workers, groups of mothers-in-law (as mothers-in-law are always portrayed as culprits in the sex selection abortions).

In addition, newlywed couples were targeted for documenting their knowledge and views as this group is of importance being on the verge of starting their families. Similarly, views of adolescents who would join the group of newlyweds in the near future, were also targeted. Therefore, to capture the knowledge level about this Act and their views, FGDs of both these target groupswere conducted.

For IDIs and FGDs, guidelines were developed.

The quantitative approachwas adopted to capture information from the beneficiaries at the community level. The purpose of this was to understand the awareness level about this Act in the community.

At the community level, quantitative tools–questionnaires were developed to collect information from delivered women, pregnant women, women who have undergone MTP / abortion (this period was defined considering the recall period).

Geographical Area selection for the study:

The following table gives latest figures of child sex ratio and sex ratio at birth:

District Name	Child Sex Ratio (CSR)			Sex Ratio at Birth (SRB) (2008 Birth Data)			
	2001	2011	Change	Rural	Urban	Total	%age F births to total births
Konkan Region							
Ratnagiri	952	940	-12	922	932	926	48.1
Raigad	939	924	-15	898	900	899	47.3
Thane	931	918	-13	942	910	919	47.9
Sindhudurg	944	910	-34	988	891	941	48.5
Khandesh region							
Nandurbar	961	932	-29	832	866	841	45.7
Nashik	920	882	-38	904	887	894	47.2
Dhule	907	876	-31	863	810	838	45.6
Jalgaon	880	829	-51	859	801	824	45.2
Desh or Paschim Maharashtra region							
Satara	878	881	3	894	962	921	47.9
Pune	902	873	-29	861	869	867	46.4
Solapur	895	872	-23	826	937	880	46.8
Sangli	851	862	11	844	836	840	45.6
Kolhapur	839	845	6	823	834	830	45.4
Marathwada region							
Nanded	929	897	-32	850	863	857	46.2
Latur	918	872	-46	809	813	811	44.8
Hingoli	927	868	-59	848	819	837	45.6
Parbhani	923	866	-57	889	870	875	46.7
Osmanabad	894	853	-41	865	882	873	46.6
Aurangabad	890	848	-42	809	832	824	45.2
Jalna	903	847	-56	875	832	856	46.1
A'Nagar	884	839	-45	842	882	856	46.1
Beed	894	801	-93	791	831	812	44.8
Vidarbha region							
Gadchiroli	966	956	-10	897	817	886	47.0
Chandrapur	939	945	6	869	903	885	47.0
Gondia	958	944	-14	915	941	923	48.0
Bhandara	956	939	-17	905	926	914	47.8
Amravati	941	927	-14	971	957	962	49.0
Nagpur	942	926	-16	867	757	784	43.9
Wardha	928	916	-12	936	936	936	48.3
Yavatmal	933	915	-18	739	882	804	44.6
Akola	933	900	-33	961	870	895	47.2
Washim	918	859	-59	857	863	860	46.2
Buldhana	908	842	-66	799	903	850	45.9
State	913	883	-30	860	876	870	47.9

Sample districts selection:

Geographically, historically, and according to political sentiments, Maharashtra has five main regions:

- ✓ Vidarbha Region - Nagpur and Amravati divisions
- ✓ Marathwada Region - Aurangabad Division
- ✓ Khandesh and Northern Maharashtra Region - Nashik Division
- ✓ Desh or Paschim Maharashtra Region - (Pune Division)
- ✓ Konkan - (Konkan Division)

From each of these regions,2 districts were selected: the district with the best child sex ratio and the district with poorest child sex ratio.

In addition to these, Mumbai was included as the urban area.

Thus, the following 11 districts were selected from each region:

Region	District with best child sex ratio	District with poor child sex ratio
Vidarbha Region	Gadchiroli (956)	Buldhana (842)
Marathwada Region	Nanded (897)	Beed (801)
Khandesh and Northern Maharashtra Region	Nandurbar (932)	Jalgaon (829)
Paschim Maharashtra Region	Satara (881)	Kolhapur (845)
Konkan	Ratnagiri (940)	Sindhudurg (910)
	Mumbai (918)	

**** Selected districts cover – tribal / non-tribal region, economically strong and poor districts which will help in doing the comparisons in performance and determinants of the same***

The 30X7 cluster sampling method was adopted for selection of respondents from each of the 11 districts.

It was also noted from the data that the sex ratio was adverse in urban areas compared to rural parts of each district. Hence, the urban areas of selected districts werealso included. The headquarters of each of the selected districts were selected as the urban portion for that district. This covered Corporations as well as council areas.

The following table summarizes the quantitative and qualitative sample:

Method	Level	Respondent	Number covered
Qualitative	State	State Supervisory Board	2
		State AC	1
		Special Cell on PCPNDT at state level	1
	District	District/ Corporation AA	11
		District/ Corporation AC	11
		District Task Force	11
		District/ Corporation Non-Medical AA	11
		District PCPNDT Cell	11
	Taluka	Taluka AA – TAA/ CAA	09
		Taluka Non-Medical AA	08
	LAW & ORDER	Police	5
		Additional Public Pleader	11
	CIVIL SOCIETY	CEHAT	1
		MASUM	1
		Dalit MahilaVikasMandal	1
		LADLI	1
		Save the girl child	1
	SERVICE PROVIDERS	USG Centres	66
	PROFESSIONAL ASSOCIATION	FOGSI	1
		IRIA	1
		MMC	1
		UNFPA	1
		Sakal	1
		Times of India	1
		Indian express	1
	FGDs of FIELD FUNCTIONARIES	ANM	11
		ASHA	
		AWW	
		Youth= NSS/ NYK	
	KEY INFLUENCERS	PRI	10
		Decision maker	11
		TOTAL	201

Data collection: Human Resource, Quality Assurance, and Period Required

Quantitative data collection:

Trained medical social workers (MSWs) with experience of community-level surveys were deployed to collect data from prescribed respondents.

The quantitative data collection was completed in two weeks. The proposed sample was 2310 and collected sample was 2319.

Qualitative data collection:

For conducting IDIs and FGDs, one team consisting each of 1 public health specialist and one research associate from PROGNOSIS were deployed. The total sample for qualitative data was 222 and completed IDIs and FGDs were 201.The qualitative data collection was completed in 6 weeks period.

Monitoring during data collection:

For supportive monitoring during data collection and for ensuring quality data, two supervisors were deployed. They helped field investigators(FIs) in trouble-shooting and ensured timeliness and quality of data.

Data Entry and Analysis

Qualitative Data:

Transcripts were made from the IDI and FGD recordings and analysis was done based on the objectives using OPEN CODE 3.6 software.

Quantitative Data:

The data collected was cleaned and entered using MS-Excel. Then, analysis was carried out by importing it to SPSS.

4. Objective linked Findings

Objective 1: To assess the impact of PCPNDT Act implementation in Maharashtra state

Secondary Data Analysis:

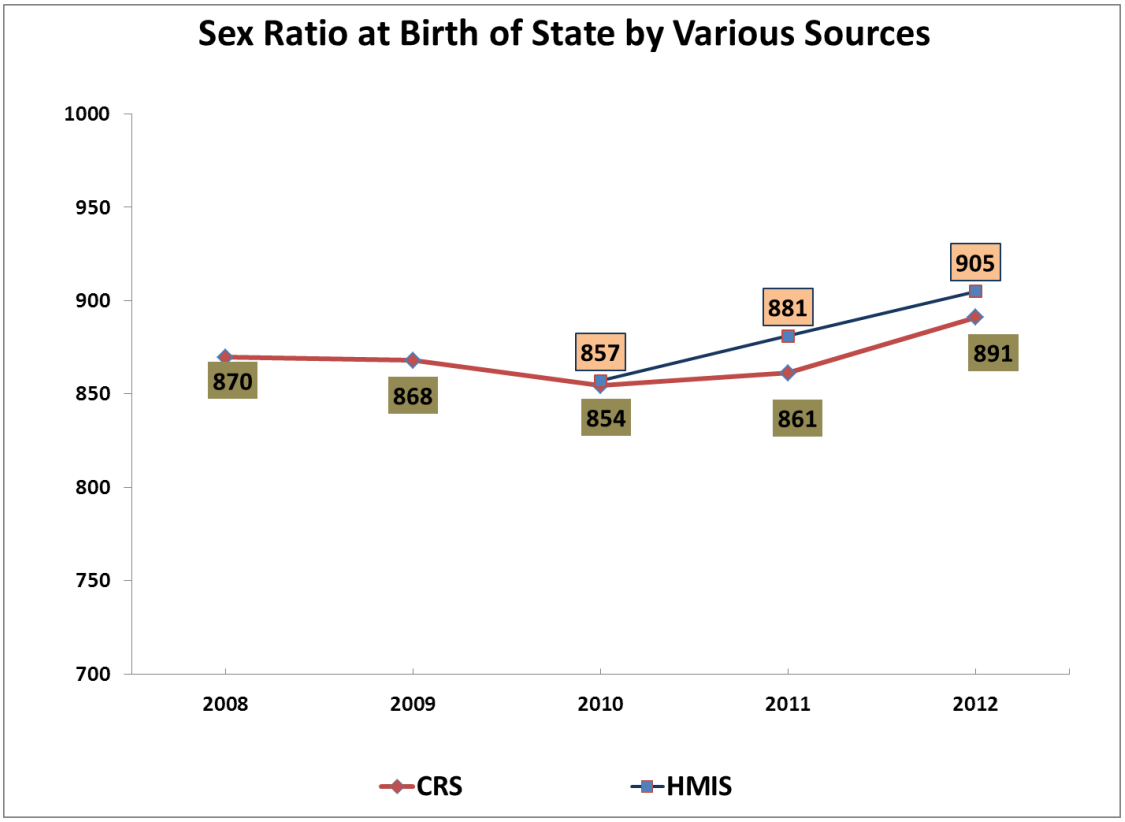
A) Civil Registration System:

Data on sex ratio at birth for the past 5 years from the ***Civil Registration System (CRS)***was obtained from HIVS, collated and the trend was studied.

The state picture shows that there was improvement in the sex ratio after 2010 after a decline up to 2010.

The following graph shows sex ratio at birth from two sources:

Figure 1: Sex ratio at Birth of Maharashtra state



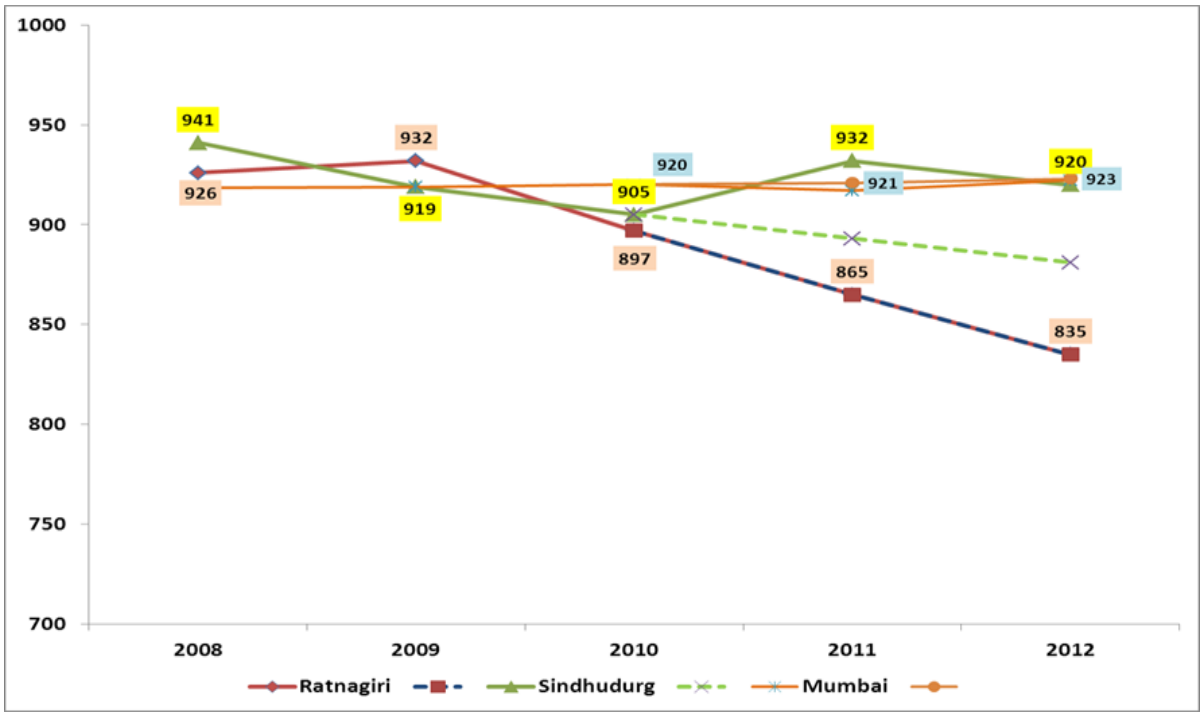
Source: Civil Registration System (CRS)

Below is the region-wise graphical presentation sex ratios in the districts selected in the study.

The dotted line from each of the graphs below shows what the sex ratio would have been using the **rate of change** up to 2010.

1. **Konkan region and Mumbai**

Figure 2: Sex ratio at Birth of Konkan region

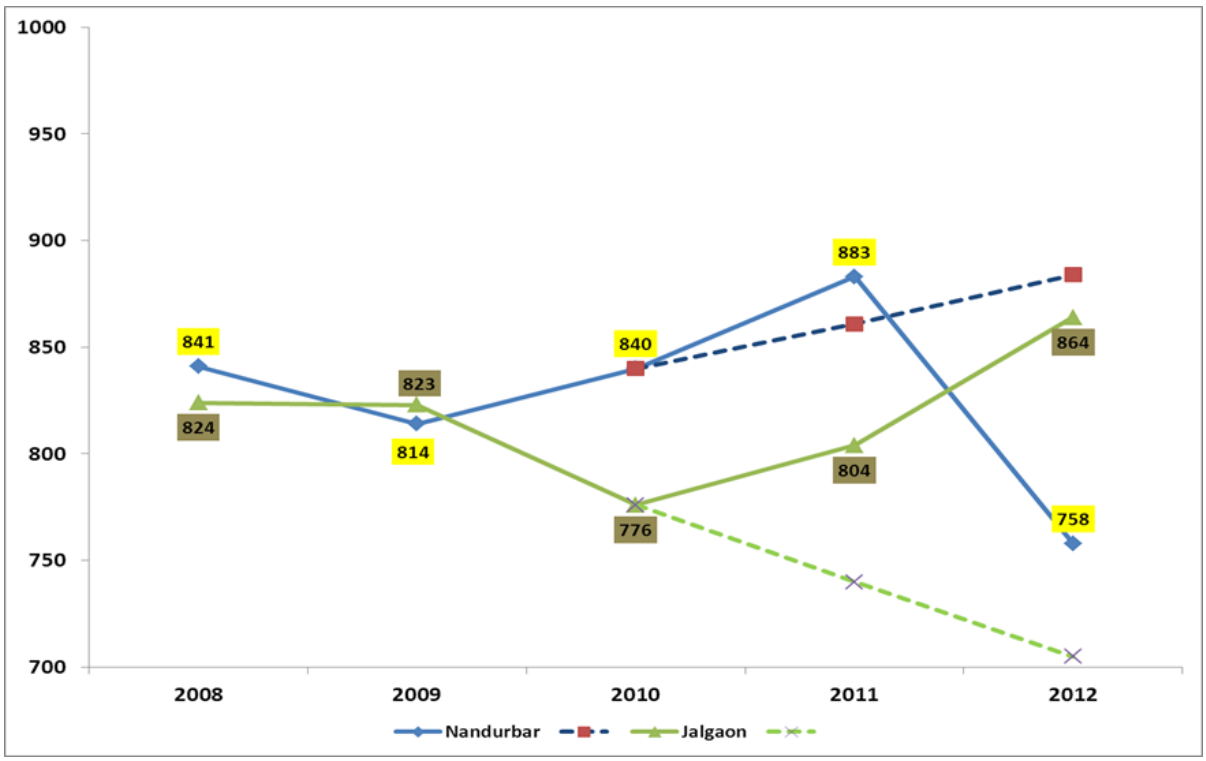


Source: Civil Registration System (CRS)

The graph shows that both Ratnagiri and Sindhudurg showed a dip in the sex ratio at birth in 2010. While the decline continues in Ratnagiri in the following 2 years, 2011 and 2012, Sindhudurg shows improvement in the sex ratio in both these years but sex ration for 2011 is higher at 932 compared to 920 for 2012.

2. Khandesh

Figure 3: Sex ratio at Birth of Khandesh region



Source: Civil Registration System (CRS)

The graph shows that in the Khandesh region, both Nandurbar and Jalgaon were more or less at the same level with poor (adverse) sex ratio at birth in 2008. In 2009, both districts show a decline in sex ratio but the decline is steeper for Nandurbar.

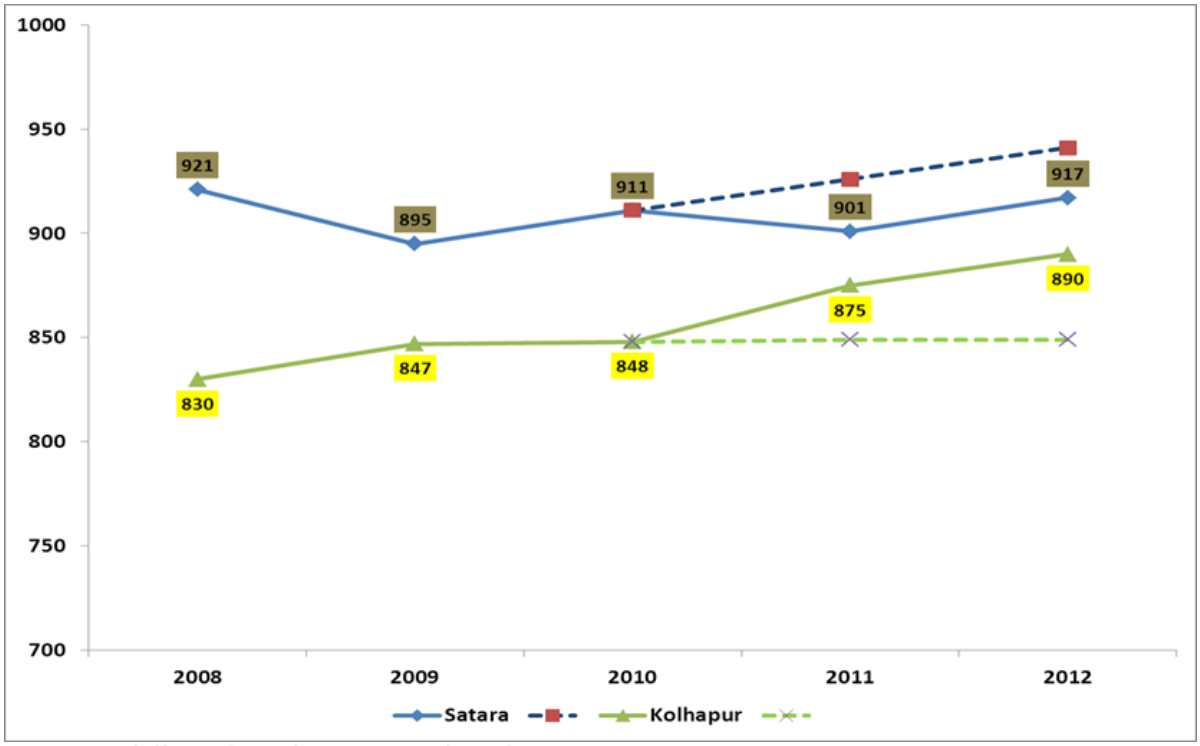
Nandurbar district shows an increase in the sex ratio at birth in 2010 (840) from the previous year's figure of 814. On the other hand, Jalgaon district showed a decline in the sex ratio to 776 in 2010 from the 2009 figure of 823.

Nandurbar shows little improvement in 2011after which the sex ratio is seen to decline drastically in 2012. On the other hand, in Jalgaon, the sex ratio shows a considerable increasein both 2011 and 2012.

However, both these districts need to still be focused upon as they are far away from ideal sex ratio.

3. Paschim Maharashtra

Figure 4: Sex ratio at Birth of Paschim Maharashtra region



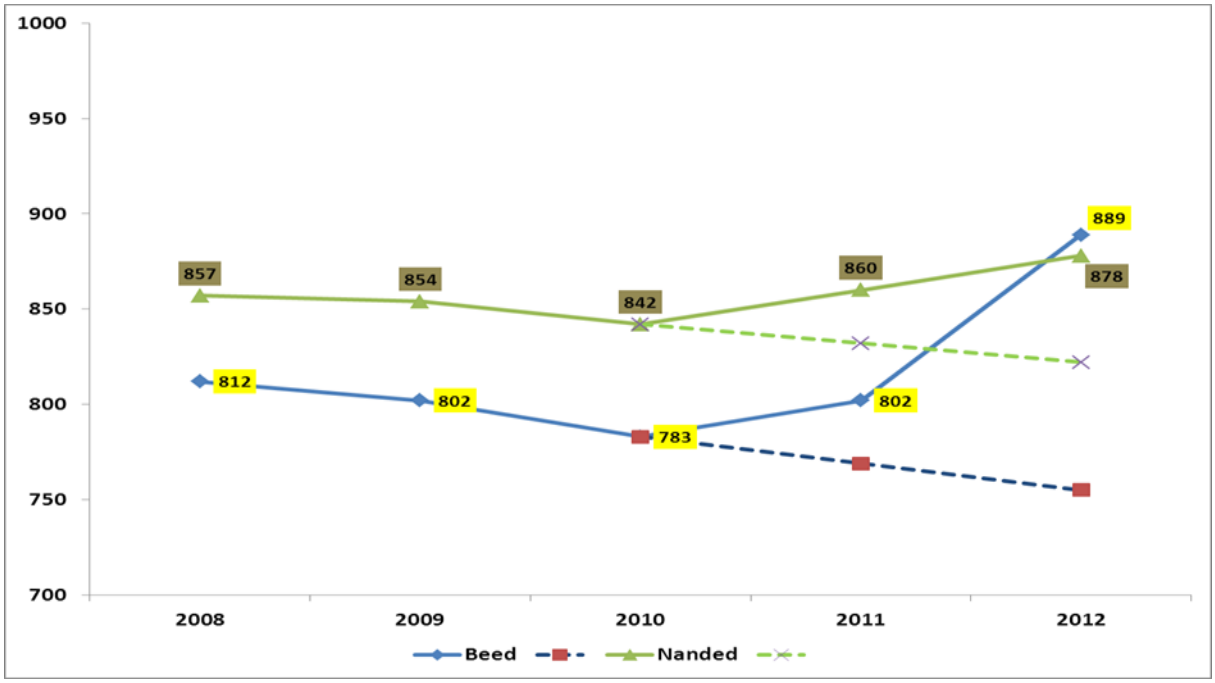
Source: Civil Registration System (CRS)

From the graph, it is clear that Kolhapur shows a continuous improvement in the sex ratio at birth since 2008. However, activities must be continued in order to attain the ideal sex ratio.

Satara compares better than Kolhapur for all the years from 2008 to 2012.The only year in which a drop in the ratio is seen is 2009. Here too the activities need to be continued for further improvement.

4. Marathwada

Figure 5: Sex ratio at Birth of Marathwada region



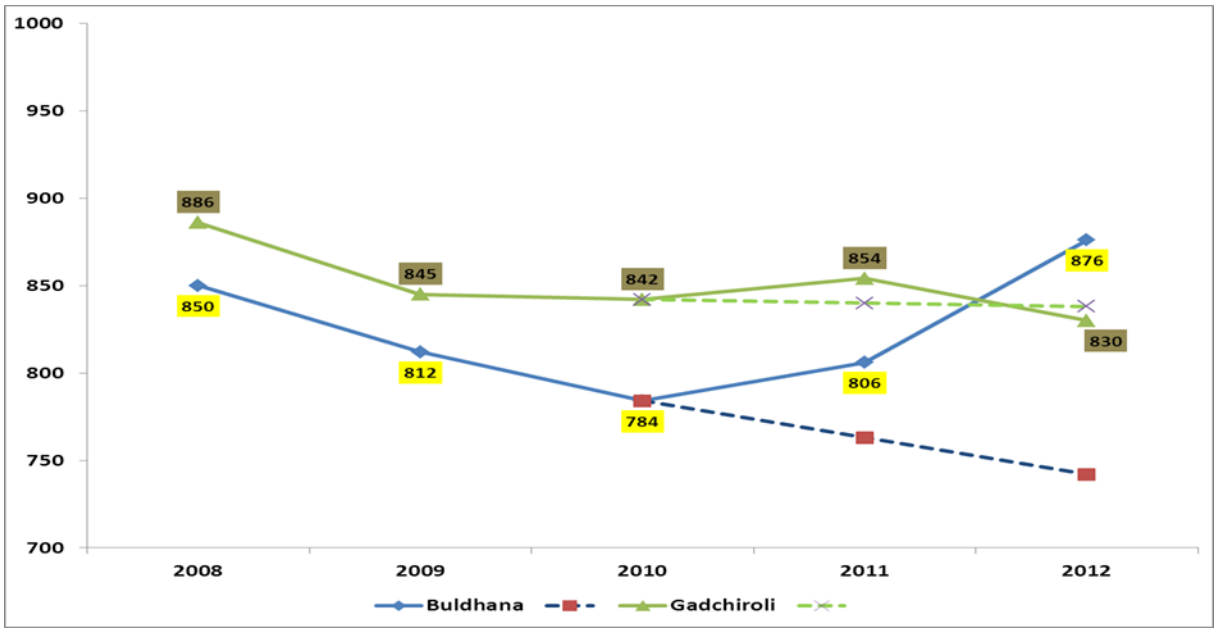
Source: Civil Registration System (CRS)

In the Marathwada region, Nanded fares better than Beed from 2008 to 2011, but in 2012 Beed fares marginally better with respect to the sex ration at birth.

Nanded is more or less in the same range but with a drop in 2010 and later on a rise. Beed showed deterioration from 2008 to 2010 and then shows improvement.

5. Vidarbha

Figure 6: Sex ratio at Birth of Vidarbha region



Source: Civil Registration System (CRS)

Like all other regions, these two districts show deterioration in the sex ratio till 2010 and then improvements in the same.

The State Health Systems Resource Centre (SHSRC) carried out analysis of the birth data from HMIS for determining the sex ratio. They analyzed the HMIS birth data from 2010 to 2012.

The results by SHSRC analysis are in sync with the present study. All the districts have shown improvement in sex ratio from 2010 to 2012, except Nandurbar which has shown down-trend in 2012 by CRS data but an improvement according to the HMIS data.

Table 1: HMIS – Birth Data Analysis

		BSR2012	BSR2011	BSR2010	Change in BSR
1	Sindhudurg	1000	946	920	80
2	Nagpur	947	921	918	29
3	Amravati	940	923	916	24
4	Gadchiroli	938	954	930	8
5	Parbhani	937	916	821	116
6	Wardha	935	906	891	44
7	Chandrapur	930	895	906	24
8	Gondia	929	937	929	0
9	Hingoli	927	830	797	129
10	Thane	922	906	915	7
11	Mumbai	922	923	916	6
12	Ratnagiri	919	942	914	5
13	Nandurbar	919	896	894	25
14	Yeotmal	916	895	888	27
15	Kolhapur	912	959	865	47
16	Nanded	911	908	861	50
17	Akola	910	873	825	85
18	Bhandara	910	919	905	5
19	Pune	909	880	866	43
20	Washim	902	814	811	91
21	Raigad	901	880	875	26
22	Aurangabad	899	889	835	64
23	Satara	898	859	853	45
24	Latur	898	867	873	25
25	Ahmednagar	888	837	733	156
26	Nashik	885	856	841	44
27	Buldhana	884	829	802	82
28	Beed	882	796	723	159
29	Solapur	880	854	830	50
30	Jalna	877	829	790	87
31	Jalgaon	876	830	819	57
32	Dhule	876	889	876	0
33	Sangli	870	851	844	26
34	Osmanabad	868	804	783	85
State	**Maharashtra**	905	881	857	48

Source: Health Management Information System (HMIS), Maharashtra

Various Committees and administrative structures established:

As a first step, it was necessary to understand what efforts have been undertaken while implementing this act.

The following activities have been undertaken by state:

Activity 1:Appointment of State, District, Taluka/Taluka-appropriate Authorities- Medical

Activity 2:Appointment of Non-Medical Appropriate Authorities in District, Taluka, Municipal Corporation and Municipal Council

Study results show that state-appropriate authorities and district-appropriate authorities (medical and non-medical) have been appointed in all the selected districts.

In Maharashtra, there is no separate distinction between Taluka and Taluka.

The process of appointing Taluka authorities (medical &non-medical) has not taken place in Beed, Nanded while in Satara the non-medical position is vacant.

In the category of Appropriate Authorities (AAs), the following officials were covered for IDI.

District	Medical	Non-medical
STATE	Additional Director of Health Services	---
Ratnagiri	CS	Nayab-Tahsildar
Sindhudurg	CS	Tahsildar
Nandurbar	CS	Additional Collector
Jalgaon	CS	Social Welfare officer
Satara	CS	Additional Tahsildar
Kolhapur	MOH	---
Beed	MO on behalf of CS	Tahsildar
Nanded	CS	Tahsildar
Buldhana	CS	---
Gadchiroli	CS	---
Mumbai	Dy. Chief Officer	Not applicable

Response from these AAs is presented in following sections.

Activity 3: Constitution of State supervision Board under chairmanship or Honorary Health Minister

State supervisory board is constituted and the number of members is 26.

In the category of Supervisory Board, the following officials were covered for IDI.

	Medical	Non-medical
STATE	Additional Director of Health Services	The Principal Secretary, WCD

Response from these members is presented in following sections.

Activity 4:Constitution of State, District and Corporation Advisory Committees. (Proposal of constitution of Taluka Advisor committee has been submitted to Government)

State, District and Corporation Advisory Committees are constituted and their meetings are held regularly.

In the category of Advisory Committee (ACs), the following officials were covered for IDI.

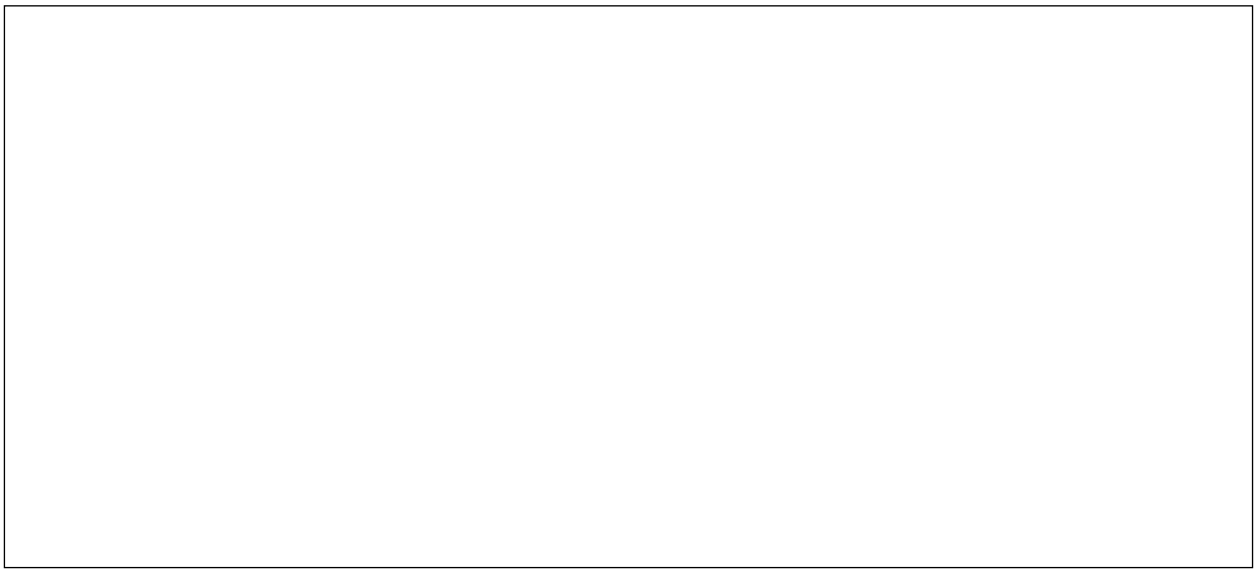
District	**Designation**
STATE	Dean, medical college
Ratnagiri	Civil society
Sindhudurg	Gynecologist
Nandurbar	Civil Society
Jalgaon	Civil society
Satara	Pediatrician
Kolhapur	Civil society
Beed	Civil society

District	Designation
Nanded	Gynecologist
Buldhana	Gynecologist
Gadchiroli	Gynecologist
Mumbai	Gynecologist

Response from these members is presented in following sections

Activity 5:Constitution of state-levelspecial cell under chairmanship and Commissioner (FW) and Director NRHM Mumbai.

State-level special cell is in place as prescribed.



Under this category, the Nodal Officer, Special Cell on PCPNDT cell was interviewed. The responses are presented in following sections.

Activity 6:Constitution of taskforce at district level under chairmanship of District Collector – Date 13.11.2011

District-levelTaskforce is constituted at all the selected districts in the study

Under this category, the following officials were interviewed:

District	Designation
Ratnagiri	ENT Surgeon
Sindhudurg	Media Coordinator
Nandurbar	ENT Surgeon
Jalgaon	Additional SP
Satara	DHO
Kolhapur	Advocate
Beed	Advocate
Nanded	Civil Society
Buldhana	DHO
Gadchiroli	DHO
Mumbai	Radiologist

Activity 7:Quarterly Inspections of all Sonography and other centres registered under Act.

Activity 8:Sting operations by sending decoy cases to suspicious Sonography centres

Though the activities 7 & 8 above are spelt as separate activities, these are functions of AAs.

Responses related to these activities are presented in consecutive sections.

Activity 9:Surprise visits by state squad in districts having declining sex ratio like - Beed,Parbhani,Buldhana,Washim,Dhule,Jalgaonand Nandurbar.

Visits by the state squad are done from time to time.

The IDI of 'Technical Officer' state vigilance squad was done. Responses related to this are presented in consecutive sections.

Activity 10: Establishment of Divisional Vigilance Squads in Aurangabad, Nagpur and Nashik and State Vigilance Squad in Pune.

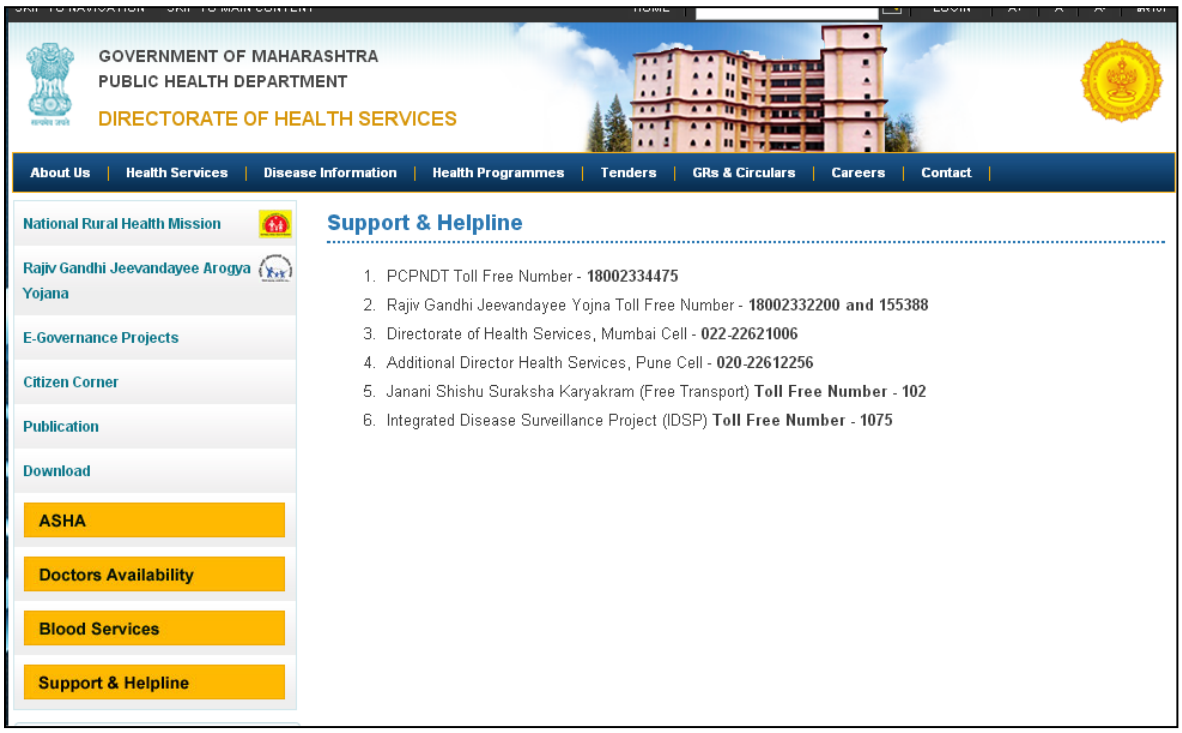
The divisional vigilance squad is in place only in Aurangabad. At Nagpur and Nashik, it is not present.

The state vigilance squad has been established.

IDI of 'Divisional Vigilance Squad' could not be done because of their busy schedule

Activity 12:Establishment of Toll-Free PCPNDT Help Line No.18002334475

Toll-free Helpline number is established by the health department.



Activity 13:Establishment of website www.amchimulgi.gov.in

The website has been launched.

Activity 14:Reorientation Workshops for AA,Legal Counsellors, political leaders,lawyers, judicial officers, etc.

Activity 15:Awareness campaign for the public

From qualitative interviews, information on these points is ascertained which is presented in following sections.

Activity 16:Online reporting of 'F' form in Government Sonography centres

Time-line of Government Resolutions, Notification and Circulars under PCPNDT implementation

	GR date	**Notifications**	**Circulars**
Inspection & Monitoring committee	27 Feb 2009		21 July 2009 (Kolhapur inspection report)
Special cell on PCPNDT	17 July 2009		30 Nov 2009 (minutes of meeting)
NGO involvement in Decoy cases	6 March 2010		
State Supervisory Board		5 Mar 2011	
State-appropriate Authority		26 Jul 2011	
Registering the appeals received at State level	8 Nov 2011		
District Task force establishment	13 Oct 2010		
Permanent Inclusion of PCPNDT topic in the GB meeting at PRI level			25 Nov 2011
Grant permission to inspect the USG centres outside their jurisdiction			9 Jan 2012
Check list – PCPNDT Act guidelines			30 Nov 2009
Crash Inspection Program			17 June 2011
Administration of Pledge under PCPNDT			18 June 2011
Action against defaulters under PCPNDT			28 June 2011
Use of Save the girl child logo and slogan on letter head			6 July 2011
Publicity of PCPNDT Act via Doordarshan			12 July 2011
Expeditious disposal of pending and future prosecution			14 July 2011
Ban on private practice by govt. radiologists			15 July 2011
Update on Sonography centres and MTP centres			16 July 2011

	GR date	Notifications	Circulars
Model 'F' form and instruction for inspections of various centres			19 July 2011
Filing of court cases			25 July 2011
Publicity of PCPNDT Act via Doordarshan			30 July 2011
Notification of complaints lodged through amchimulgi website			3 Aug 2011
Strict implementation of PCPNDT act			6 Aug 2011
Undertaking various activities under PCPNDT on Independence Day			11 Aug 2011
Job chart of Counsellor appointed for Women Violence			14 Sept 2011
Checking of Sonography centres once in three months			15 Sept 2011
Submission of online 'F' forms			16 Sept 2011
Monthly reporting format for centres			17 Sept 2011
Attending the complaints on amchimulgi website			18 Oct 2011
Reminder about formulated District Task Force			25 Oct 2011
SOE under PCPNDT			15 Nov 2011
Non submission of quarterly report by CS &MoH			8 Nov 2011
Enquiry about website launched by CS, MoH for submission of online 'F' forms			15 Nov 2011
Analysis of 'F' forms			15 Dec 2011
Filing complaints against those found guilty under PCPNDT			2 Jan 2012
Report about Sonography centres displaying name of website and toll-free number in their clinics			6 Jan 2012
Grant permission to inspect the USG centres outside their jurisdiction			27 Jan 2012
Grant permission to inspect the USG centres outside their jurisdiction	9 Jan 2012		

Various committees and structures established under the PCPNDT Act:

i. State-appropriate Authority

Government notification (recent) date: 27/02/1996

As per GR frequency of meetings: Quarterly

Table Showing Year-wise Numbers of Meetings held:

Table 2 Year-wise Number of Meetings held of the State-appropriate Authority

Sr. No.	Year	Number of meetings held	Remarks
1.	2011	04	Meetings were held as proposed
2.	2012	05	
3.	2013	02	

ii. State Supervisory board

As per GR frequency of meetings: at least once in four months

Table Showing Year-wise Numbers of Meetings held:

Table 3 Year-wise Number of Meetings held of the State Supervisory board

Sr. No.	Year	Number of meetings held	Remark
1.	2011	06	As per the GR, 03 meetings were expected in the year 2011; but 06 meetings were held in the same year. This shows the active participation of the State Supervisory Board in the Act implementation.
2.	2012	03	The expected numbers of meetings, as per the GR were held in the year 2012.
3.	2013	01	On-going for the year 2013.

Topics Discussed during these meetings:

- ✓ Increase in the ratio of female births
- ✓ Supervision of Sonography centres
- ✓ Fulfilment of duties ofall committee members under the Act,
- ✓ Felicitation of those families who have undergone sterilization on a single girl child,
- ✓ Conduction of district-level training workshops for doctors, lawyers, teachers, AWWs and ASHAs,
- ✓ Undertake awareness campaigns with active participation of Marathi and Bollywood film industry personalities;
- ✓ Study the PNDT Act implementation in South Korea for the betterment of implementation of PCPNDT Act in state etc.

iii. State Advisory Committee

Government Notification date: 25/07/2001

As per GR, frequency of meetings: Not specified

Table Showing Year-wise Number of Meetings held:

Table 4 Year-wise Number of Meetings held of the State Advisory Committee

Sr. No.	Year	Number of meetings	Remark
1.	2009	01	
2.	2010	02	These 2 meetings were conducted in the gap of 4 months.
3.	2011	03	All the 3 meetings were conducted at the end of year.
4.	2012	03	These meetings were conducted quarterly.
5.	2013	00	No meeting yet in the current year

- Points discussed in the meetings:
  - ✓ Appeal submitted by Dr. V.S. Lahoti, Private medical practitioner, Rahuri district, Ahmednagar
  - ✓ Suspension of USG centres like temporary, permanent suspension and their rules
  - ✓ Procedure of appeal
  - ✓ License/ registration issuing authority, monthly submission of reports
  - ✓ Opinion of advisory committee before suspending any USG centre should be taken
  - ✓ About registration of USG manufacturer
  - ✓ Sealed machines (where to keep and what to do with sealed machine).
  - ✓ Punishments as per faults under PCPNDT Act
  - ✓ How to not trouble doctors during inspection

iv. Inspection and monitoring committee

Government Resolution date: 27/02/2009

As per GR, frequency of meetings: Not specified

Only one meeting was held in 2009. No other records located.

v. Special cell on PCPNDT

Government notification date: 17/07/2009

As per GR, frequency of meetings: Not specified

Table Showing Year-wise Number of Meetings held:

Table 5Year-wise Number of Meetings held of Special cell on PCPNDT

Sr. No.	Year	Number of meetings held
1.	2011	01
2.	2012	02
3.	2013	01

Qualitative Data Findings:

Excerpts from IDIs and FGDs are presented below by respondent category at each level.

Section A: State level

I) State Supervisory Board:

Under this category one medical and one non-medical member were interviewed. Their views and perceptions are as below:

Necessity of Committees:

In respondent's views, if there is already a functioning 'senior member committee' then probably there is no need of a separate committee. But the issue under PCPNDT is so grave that if there are various committees then it is possible to take review of the project from all possible angles.

Meetings under PCPNDT

The meetings are held regularly and 80% of the members attend the meetings regularly.

Lacunae's in the act implementation

The act is complete in itself. The lacunae are in the conviction under this act. Every case that is brought to court is appealed again and again and it keeps moving from lower to higher court and vice versa. Only one doctor is behind the bars till date. Punishment under the act is poor. Some doctors have been punished either in the form of jail or fine, but there is no provision to see whether the doctors have opened the sealed machine and have started using the machine again. There is no monitoring on this.

The non-medical respondent also put forth his concern about the same. He further commented that the Act is working predominantly for the supply side and hardly for the demand side.

Help of NGO in this activity:

NGOs can be a good partner in this, but what has happened now is that NGOs are involved in their own benefits. They use government data to build upon and come up with something. Identifying a proper and dedicated NGO is a task these days. SHGs can also contribute significantly in this. If they are trained and sensitized at regular intervals they will definitely make an impact on the society.

Provision in the act for doctor:

There is no provision in the law of any minor or major mistake for doctors. Any mistake is treated the same. Once a machine is sealed, it becomes a property of the government and no one is allowed to deal with it unless ordered by the court.

Suggestions from Supervisory Board members to improve act implementation:

a. The government must put a board in the premises of the building where the doctors have been found guilty under the act that the registration of the doctor has been cancelled

b. Awareness in the community is the only thing we can focus on and we are doing that. Also there is provision under the act wherein the relatives involved in sex selective abortion are also punished.

c. The law is good but the law and judiciary department should act fast and punish those who are found guilty in this. Fast track court can be set up under this.

II) State Appropriate Authority

Under this one interview was conducted at state level. Apart from reiterating their regular functions, issues and concerns raised by him are as follows:

Monitoring of high risk group in PCPNDT:

It can be and has to be done and it is being done. Those who have first and second child as female and not completed their family are referred as 'High Risk Group'. They can be monitored continuously and can be tracked. Also, AWW and ASHAs can track such cases and if they come to know that any pregnant lady has terminated her pregnancy then they can be caught and the doctor can be tracked down and punished

Problems in Decoy cases:

The problem with decoy cases is that they are difficult to arrange and conduct the sting operation too. If a patient goes to a doctor and demand for the sex of the fetus, it is but obvious that the doctor is going to reject the patient at the first place. The patient has to visit the doctor often so that the doctor is also convinced that this is not a decoy case. For this, the team undertaking the decoy case has to be trained very efficiently so that it can be successful.

III) State Advisory Committee (SAC)

Activities by the Committee –

- ✓ Attended the Quarterly meeting of the Directorate of Health Services in which they discussed about all the issues that are on agenda
- ✓ Coordinated with BMC and other services as per the role
- ✓ Supervised the district-appropriate authorities and district advisory committees Supervision was in line with redressal of complaints
- ✓ Looking into the matter when the case comes to SAC, if the suspect appeals

Need for Community trend change and anticipated role of NGOs

Board members expressed the need of behavioural change in community toward the child preference. There is still demand for a male child. NGOs can play a vital role to bring about the change in the community perspective.

Impact of PCPNDT activities –

According to the members, it has gained momentum in recent times. Due to the strict implementation of the Act, the environment has changed. Even if one decoy case is successful, it positively affects other cases that would have otherwise occurred.

A negative impact of PCPNDT was also seen: Sonologists were refraining from doing obstetrical USG which was causing an inconvenience for the society.

IV) State Vigilance Squad

One member was interviewed from the squad. The respondent gave his views as below:

They reported that the 'squad' is not fully established as they do not get the support from other members like police officer. It was reported that the State Vigilance Squad mainly works on complaints received from 'Toll free number' & 'AmchiMulgi' website. PCPNDT Coordinator & Legal Advisor are present to handle cases reported from these sources. They also told that they receive reports from all the districts but it is not in a specific format. Legal counsellors under the squad work on this. They order an investigation in the scene and fill a Performa which unless filled completely, will not close. Under activities they undertake, it was reported that, they conduct visits to different districts and meet the officials & field functionaries to understand the situation of the implementation of the act. An inter-state workshop was conducted in Lonavala last year wherein 'border issue' with regards to PCPNDT was addressed.

Regarding future activities it was told that all over Maharashtra a lady officer, police officer were to be trained under this act.

IV) Special Cell on PCPNDT

Nodal officer was interviewed from this cell.

Functioning of the Cell:

It was reported that the coordination between state and districts was done through a monthly meeting. Additionally, meeting on need basis was also done. The monthly meetings were arranged for district officials under PCPNDT, legal advisors. The regional centres were informed about the progress in these meetings. Coordination all over the state occurred through meetings, video conference, and circulars.

Regular training and workshops were reported to be arranged for the district officials. These workshops discussed the progress (amendments) under the Act, queries regarding the implementation of the Act, and other guidelines necessary for better implementation of the

Act. Additionally, suggestions and recommendations to strengthen the Act were regularly made to the government.

Tracking of cases:

Cases were tracked through those identified at the district level, through the website, and through the helpline number. These cases were run through the additional public pleaders on behalf of the district authorities.

It was reported that 403 cases had been lodged of which 100 cases had been decided. Of these, in 54 cases, parties were acquitted and in 46 cases they were declared guilty. Overall, 50 Doctors and 4 relatives were found guilty. In guilty cases, 16 had been penalized while in the remaining cases there has been penalty as well as imprisonment.

According to the respondent, the impact of the PCPNDT can be assessed by:

- ✓ Awareness about the Act at service providers and community level
- ✓ Actions taken against the guilty
- ✓ Studying the trend of sex ratio at birth and child sex ratio from the authentic sources and different studies conducted

Section B: District / Corporation level

Findings of IDIs of various committees, boards and officials are presented in this section.

I) District / Corporation Appropriate Authority (DAA / CAA)

One medical and one non-medical official are designated as AA.

Medical AA:Responses from 11 DAAs/CAAs are narrated here.

Awareness about roles & responsibilities:

Out of 11 DAAs (medical), the majority (Gadchiroli, Buldhana, Nanded, Sindhudurg, Nandurbar, Satara, Jalgaon, Ratnagiri and Mumbai) were aware about their roles and responsibilities with respect to the PCPNDT Act implementation. They had undertaken the inspection of USG centres, awareness generation activities, meetings with advisory committee, and supervision of implemented activities.

The DAA of Nanded had additionally organized sting operations and reporting of the same, and provided suggestion to the CSB regarding Act implementation. The DAA of Gadchiroli reported keeping a watch on breach of law and taking necessary actions. The DAA of Mumbai replied that owing to the vast population in Mumbai, they had divided activities into 24 wards and the TAA was responsible for PCPNDT of a specific ward.

Key influencers participation in awareness generation –

Civil Surgeons of all the districts agreed to the point that not only the participation of key influencers is essential but also the participation of each and every component of the society is essential in the awareness generation activity under PCPNDT.

Meeting with DAC –

Except for Kolhapur, Satara & Buldhana where the meeting with DAC is arranged either quarterly or once in two months, at other places it is arranged once in a month or need based also. At places like Ratnagiri & Sindhudurg, Collector takes keen interest and is also a part of such meetings.

Inspection of hospitals –

In Kolhapur, Nanded & Sindhudurg decoy cases were sent to suspected hospitals to identify the breach in implementation of the act. In rest of the places where the study was carried out, a committee or team was sent to hospitals for cross checking the data maintained by the hospitals.

Legal actions taken –

In almost all the districts under study legal action in the form of sealing the machines for not following the protocols have taken place except Sindhudurg were hospitals were given instructions that they have to follow protocol and left them.

Complaints taken to court –

DAA medical for Beed & Satara did not respond to when asked about the complaints taken to court. For rest of the districts, of the legal cases under trial only 1-2 cases have been taken to court in Jalgaon, Ratnagiri, Sindhudurg, Beed and Kolhapur.

Analysis of 'F' form –

In all the districts under study, the analysis of 'F' forms is carried out when the team of members goes to hospitals for the check-up of all the data maintained by the hospitals.

Decoy cases –

For Nandurbar there were no decoy cases that were carried out. Same was observed in Ratnagiri as they didn't feel the need of doing so, though a concern about encouraging pregnant woman as decoy case is difficult was raised in Ratnagiri and Jalgaon. For rest of the districts decoy cases have been carried out for checking the breach in the implementation of the act.

Non-Medical AA:Responses from 7 DAAs/CAAs are narrated here

Meeting with DAC –

In Nandurbar, Ratnagiri, Nanded and Beed the meeting with DAC is arranged on a monthly basis and the appropriate authority attend those meeting on a regular basis. For Kolhapur & Sindhudurg the said meeting is every two months while for Jalgaon and Satara the meeting is arranged quarterly.

Complaints of breach –

While there is regular visit to all USG centre's at all the places, in Beed, a list of suspicious hospitals is prepared and a strict vigilance is observed in their case. Surprise visits have been arranged by the appropriate authorities of Nanded & Sindhudurg. Kolhapur other than regular visits also focused on decoy cases while Jalgaon is encouraging people to use the toll free helpline number to identify the cases of breach. In Nandurbar, a track of the toll free number as well as website is also followed.

Legal actions taken –

Beed has recorded almost 16 cases on which legal action is being taken. In Nanded, Sindhudurg and Ratnagiri legal actions have been taken in 4-7 cases. The DAA non-medical for Nandurbar, Jalgaon & Satara said that the matter has not come to them as yet.

Complaints taken to court –

For most of the districts under study the DAA non-medical replied that there have been no cases that have been taken to court so far, except for Beed and Kolhapur where 10 and 02 cases have been taken to court respectively.

Analysis of 'F' form –

All the districts analyze the 'F' forms when they visit the USG centre's. In Beed, special focus is on the families which have two or more daughters in their home.

Decoy cases –

Most of the DAA non-medical replied that there have been no decoy cases that were involved under PCPNDT in their districts except Beed and Nanded where 6 and 10-12 decoy cases have been conducted respectively.

II) District/ Corporation Advisory Committee (DAC)

Roles and responsibility:

DAC of all districts were aware about their roles and responsibility. The DAC of Kolhapur replied that their role is to see the law if it is implemented well or not. DAC of Nanded said, the CMO advises the functions to be followed and also they keep a check on the minutes of the meetings and follow them in the implementation accordingly. DAC of Jalgaon replied their role is to aid and advise the appropriate authority in discharge of the functions. Also create public awareness about sex selected and or prenatal determination of sex. Also they do the monitoring of documentation work of the USG centres. DAC of Sindhudurg replied the role includes counseling the families for not undergoing sex determination, meeting the CS, taking decision regarding the registration and cancellation of the USG centres, also giving advice to DAA when needed and also other appropriate authority. Creating awareness and also giving interviews for the same. Satara replied follow-up of the work done for implementation and also strengthening and monitoring the work. DAC of Gadchiroli and Buldhana said their roles are taking an active part in the discussions in the meetings, support correct decisions in the meetings and also giving technical guidance and motivation. Regular inspection of the sonography centres, take part in trainings, workshops and awareness programs. Invite doctors from health department and deliver lectures to the community hence helping in the awareness programs.

Designation of posts:

During the study most of the designated DACs were gynecologists and Civil Surgeons, Buldhana had a president of FOGSI.

Activities implemented under this Act:

Various activities are carried out for implementation of the PCPNDT act and it is one of the factors which also help to understand the impact of the act. These activities include mass awareness through various means like newspaper, carrying out various workshops for doctors, health staff which was seen in Sindhudurg, Satara, Jalgaon and also Gadchiroli. Satara had this program of name change wherein the name of the girl child Nakoshi was changed. Media propaganda was one of the major tools for implementation of the act. Ratnagiri had decoy cases and meetings were conducted to discuss the points in the law.

Awareness generation activities:

Carrying out awareness programmes through youth rallies was seen in Gadchiroli. Beed had a unique way of creating awareness wherein they actually printed the IEC material of the act in every language and also made public announcements during festivals and carried out lectures. All the districts officials agreed that they participated in the awareness programs carried out in their respective district. The Kolhapur official reported that the awareness generation was one of the responsibilities of the government and more interest should be taken by them. More implementation and regulation, awareness by involving every religious and community leader as mentors in publicizing about female feticide and also printing IEC material in respective languages was the program undertaken by Beed. Nanded and Jalgaon participated by making paper notifications, sting operations, 15 minutes street plays, IEC material distribution and also workshops were organized by previous Collector. Sindhudurg circulated the information about the act- its punishment, laws, importance of the girl child and also interviews on local media channels. At village level- the ASHA, ANM and the AWW participated in the awareness generation programs and also gave guidance to the people. In Satara law was explained and also importance of gender equality was emphasized. In Gadchiroli and Buldhana many workshops, rallies and exhibitions were carried out. In Buldhana they participated in LekBachavAbhiyan to influence and change the mindset of people.

Meetings and co-ordination with the other committees:

Meetings are carried out to monitor the work and discuss issues if any. These meetings are carried out every month and about 5-8 members (about 80%) of the team members are always present and it is also compulsory. There were no disputes during the meetings. The meetings went smoothly. There were no problems faced by most of the districts only Satara reported that there were no inter district co-ordination. All the districts reported that there is good support from the other members like the DAA and DTF. Only Kolhapur reported that more support from the law and order department was needed.

Supervision of implemented activities:

In Beed, follow up of the work was done by regular monitoring and reports were reviewed. Gadchiroli and Buldhana also did the follow up of the work through their Regional/ District level teams. Also surprise visits and cross checking by other teams was done. No such follow up of work was undertaken in Sindhudurg.

Suggestions:

Kolhapur DAC suggested that the machines which are unregistered must be raided and sealed immediately. Also BAMS and BHMS doctors must not be allowed to work in the units. The cases that are caught red handed should have fast, stringent and immediate action. Minutes should be published and distributed to the committee member. Monetary benefit should be given to the decoy benefits. Training for the decoy cases should be provided. Also if there is any pregnant lady which is liable and found guilty she should be punished.

Beed DAC suggested that there should be more and more awareness through public leaders.

There should be more awareness about dowry and respect for girl. The decisions of the activities which has to be carried out should be in the purview of other committee members too. MCI inspector should be outside Maharashtra. The data operators should be well paid. There should be determination of male female sex ratio at village level for which, close observation of the pregnant women should be done. Internal compressive study on PCPNDT should be taken into consideration.

Jalgaon DAC suggested that Civil Hospital training should be given to the people as at times lawyers take advantage of this. Form filling is important but other factors are also important and wrong form filling results in court cases and simply money is wasted. Online form filling is not feasible in the villages due to connectivity problem and load shedding. Something more concrete should be considered. NGOs should be given more liberty to carry on more work.

The Ratnagiri DAC suggested that the PCPNDT act should be included in school and college curriculum. Satara DAC felt that awareness amongst the people including pregnant women and their family should be increased. Awareness programs of increasing the importance girl child should be implemented. More reservation for females should be done.

Gadchiroli DAC suggested that immediate legal actions should be taken illegal abortions are to be traced and investigated retrospectively. All ANC tracking should be done till outcome. Monitoring of women having a female child has to be done. There should be political commitment for better implementation.

Buldhana DAC suggested that sealed machines should be opened within 3 days in minor mistakes and court matter cases within 3 months. It will be better to allow sonography and let them know sex of child. Female sex cases should be counseled and motivated for not doing abortions and follow up. It is mainly the responsibility of doctors to follow the act sincerely with complete dignity.

III) District task force:

Roles and responsibility:

The functions and roles include follow-up all work of district appropriate authority, district advisory committee, online submission of the F forms and resolution of all complaints gathered from toll free help line no and amchimulgi website and creating awareness among the community to avoid female feticide with the help of social organization. Buldhana DTF reported that they are playing an active role; they are inspecting the USG centres. The Gadchiroli and Kolhapur DTF stated that they attended meetings and participated in discussion and planning of awareness activities, they also help in intersectoral coordination and carrying out training programs in rural areas.

Awareness generation activities:

All the officials reported that they agreed and actively participated in the awareness programs. Various activities were carried out for the awareness programs like MahanagarPalikaMelava, awareness through Akashwani, loudspeaker announcements, digital posters at weekly bazaars, toll free numbers, interviews on local channels, Yashogata, JSY, Maha news. The Nandurbar DTF reported that he also organizes workshops for training the USG centres, training of online F-form and also involved in the IEC activities under the act. Awareness through toll free numbers, Yashogatha, JSY, girl yojana, Maha news, Sthanikdainik, Lokrajyaank and press conferences. In Satara and Buldhana awareness was done by advertisements in print media, cable and radio. Nandurbar district conducted IEC activities, competitions, debates, street plays and rallies, MahilaMelawa and also urge religious leaders to take an oath from every person that they will not practice sex selection. In Gadchiroli, awareness was created through various workshops, training programs for ANM & AWW and health staff and printed information booklets. There were also hoardings exhibited during Yatras and Mahotsavs.

Inspection criteria for USG centres:

This is done by regular visits and check-up of all the records in the past three months. All the necessary information displayed in the clinic, qualification certificates displayed, all history records are maintained properly. They also monitor by inspecting the Doctors clinic if any SD is done. Contact numbers of those patients who had done a USG between 12 to 20 weeks are tracked to see if they underwent any MTP.

Activities implemented under this Act:

Various activities were carried out for the implementation of the act. In Beed spreading the information of the PCPNDT Act and also BetiBachav Act was seen. Frequent monitoring and publicity has leaded to reduction in number of cases. In Sindhudurg and Ratnagiri implementation was done by various activities like creating awareness, meetings with the Civil Surgeon for better implementation. All the districts reported that they did receive help from other social organization for implementation of the act.

Supervision of implemented activities:

The follow up of the work was done with the help of DAA where they communicate to the lower level and ZillaAdhikariKaryalaya which will co-ordinate about a particular case to the DTF along with ASHA, this was seen in Satara. In Nandurbar they discuss the guidelines and PIP and work on what is done and what needs to be done. In Buldhana and Kolhapur regular review in meeting and working in line with the minutes is done every month. In Gadchiroli, review of inspection programme and findings, sex wise birth and abortions are analyzed. In Ratnagiri a detailed report is given to the CS and also the Collector, meetings are then arranged to the discuss and plan the further activities. Regular meetings are carried out every month; this process was seen in all the districts.

Strategies used to track cases:

The strategies to tract these cases is done by media support to help in sting operation of suspect cases, strengthening the monitoring system, ANC tracking from household visits, follow up with the mother and the ANM and documentation of all the forms.

Suggestions:

Nanded DTF suggested that there should be training provided to the nurses, compounders and also other health staff. Monetary help should be provided to the other social committees participating and supporting the act. Satara DTF suggested that the grass root cause has to be found, & that it was important to see the MTP cases as well. Other districts emphasized that more and more awareness in the community is required.

IV) Public Pleader:

Role and responsibilities:

According to the Nanded and Gadchiroli district Public Pleader the main role is as a member of the advisory committee-PCPNDT cell. Other responsibilities include, carrying out trails, filling, issuing and renewing of the machines and license, keeping a watch on the centres and also giving suggestion to the advisory committee. Beed PP stated that giving punishment and also sending the case to the high court is one of the important role. Kolhapur & Buldhana PP stated that they checks and studies the complete case, guides the police authority and medical department for collecting evidences, presenting the cases in the court and proving the charges. In Sindhudurg the role of the PP was not clear.

Follow up of activities:

Few steps for the awareness of the act were taken which includes advertisements in newspaper and carrying out workshops at community level. Gadchiroli, Buldhana and Jalgaon follow up was on the basis of court, defense pleader and trial which are dependent on the attendance of the witness.

Filing of cases:

The public pleader took immediate action if there were any cases. In almost all the districts Nanded, Beed, Buldhana, Satara and Jalgaon and immediate action in the form of punishment was taken after cases were found. In Beed if a case was found it was reported in the newspaper and also the case was sent to the high court, a similar practice was seen by Buldhana and Jalgaon. In Satara if such case happens the person was suspended. There was no action taken by Sindhudurg as there was no case found. The measures taken to find out cases was done by monitoring the records by the Jalgaon district. Beed filled various forms like F form for Pregnant women, A- registration form, G- consultation form, B- acceptance form and C- rejection form.

Co-ordination with other committees:

The coordination with the Appropriate Authority and advisory committee in legal and judiciary action on cases was seen in Beed, Buldhana and Satara. The Sindhudurg PP stated that he

did not participate in this act because of time constraint. The Buldhana PP studied the case submitted by the police and then made the presentation for the court and also provided guidance for evidences. Satara conducted workshops to make sure there were meetings and also coordination from all the members.

Current status of cases:

Most of the district reported that there were no cases of SD. Nanded had 17-18 cases out of which 2 have been published in the newspaper. Beed had 23 cases and 2 have been published.

Suggestions:

Almost all the districts suggested the following

- Educate community on gender equality
- Organising legal awareness campaign
- Legal education to the medical departments, doctors and the common people
- Priority in legal procedure pertaining to cases
- Investigation should be proper and all the witnesses should be reliable
- Separate fast-track courts for PCPNDT act to be established

V) Superintendent of police:

Roles and responsibility:

The SP from almost all the district reported that their role is not much active in the PCPNDT Act implementation. After they receive a complaint from CS, the role begins as a police authority to investigate case as per technical guidance of Civil Surgeon in PCPNDT act and collect evidences and file the charge sheet in the court. All the legal and judiciary cases are tracked by monitoring and giving the data (no of centres, no of deaths) to the government. Almost all the SP reported that they do not undertake the activity to resolve the complaints gathered from toll free help line number and web site. The website is addressed by CS.

Procedure of suspension of cases:

The SP from the all the district reported that the coordinated committee is made under CS which includes Tahsildar, Medical officer and police. Once a case is seen then it is reported to the doctor and then further procedures are carried out.

Co-ordination with other committees:

The SP from almost all district reported that the legal counselor helps in filing the cases and that they do not undertake follow up activity, but help in forming committee and supervising their work.

Help from social organizations and NGOs:

Almost all the SP reported that only at the time of sting operations they take help from social organization to aware community against female feticide. The SP from Gadchiroli reported that they take help of the NGO in identifying illegal abortion practices and also keep watch through their information providers.

Procedure of suspected cases:

The Staff investigate cases on legal points and collect related documents. On that basis they prepare charge sheet against the sonography centre and put up in the court for decision.

The SP from almost all district reported that the judiciary and legal cases are tracked by monitoring and they help decoy cases by giving protection and formulate legal procedures.

The SP reported that strategy used to track illegal actions in genetic counseling centre or genetic clinics were through appropriate authority at district and block level by regular inspection of all sonography centres. If any centre is suspected as suspicious centre, then appropriate authority and the SP undertake sting operation and then court case is filed.

The SP from Kolhapur and Buldhana reported that as police authority, their duty is to investigate cases as per technical guidance of CS in PCPNDT Act and collect evidence and file the charge sheet in the court against the sonography centres and the person going against the law.

Suggestions:

The SP from Nanded reported that sting operation is must and self-motivation should be there. He also suggested that there is a great need to create awareness among doctors and community regarding the punishment against sex determination.

The SP from Gadchiroli suggested that sonography machine registration time to be fixed, it is more responsibility on medical department to give perfect evidence, sting operations should be done by NGO's and they should be rewarded for successful operation by giving Rs. 50,000 – Rs. 1,00,000. Government staff involved in this should also be rewarded. ANM, ASHA and AWW should be given responsibility to follow up pregnant women having only girl child previously. Companies should not be allowed to supply machines directly to doctors or hospitals. All machines should be sent through district authority to doctors. Medical doctors should be loyal to their professions.

The SP from Kolhapur suggested that medical department need to collect the perfect evidence. Police department involvement was only at the time of legal case and filling the charge sheet it should be as early as possible.

The SP from Buldhana suggested that community and local leaders should be supportive. Judge and government pleader's and police are not having medical knowledge; hence it is more responsibility on medical department to give perfect evidence. There should be separate court for handling cases of PCPNDT Act. Medical department should strictly watch the sonography centres.

Section C -Taluka Appropriate Authority (TAA)

One medical and one non-medical expert are designated as TAA.

TAA(Medical):Responses of 10 TAAs are narrated below.

Roles and responsibility:

All TAA of all the districts were well aware about their roles and responsibility except Beed where no Taluka committee was established till the date. The main roles of all Taluka appropriate authority were inspection of USG centres once in 3 months, organize and attend meetings, workshops and trainings for doctors and community awareness. In Mumbai training on Maha-online form submission was also reported as a responsibility.

Activities implemented under this Act:

Above were the activities also which implemented under this Act. There were some extra training sessions conducted in Jalgaon and Gadchiroli by TAAs for USG centres and the doctors.

Awareness generation activities:

TAA of all districts agreed of undertaking awareness generation among community and other activities like display of posters, banners, giving information of save the girl child program, street rallies, workshops and seminars for USG centres and doctors, meetings and discussion with other committee members. In district like Kolhapur and Sindhudurg help of media, TV for awareness generation was reported. They also gave training to paramedical staff and other employees about it. In Buldhana and Nandurbar they were running 'BetiBachav Yojana' also. In Satara re-naming of girl child from Nakoshi to another name was also done.

Supervision of implemented activities:

When asked about the supervision of implemented activities, it was reported in Kolhapur, Jalgaon, Buldhana, Nandurbar, Ratnagiri, Nanded and Sindhudurg that supervision is by inspection of USG centres, meetings and regular follow up of centres and meetings.

Meetings and co-ordination with other committees:

No Taluka Advisory Committee was established in any of the study districts. But the TAA of almost all the districts did attend meeting with advisory committee of district level and also with district appropriate authority whenever they call for meeting.

Grand and suspension criteria for USG centres:

TAA of three district that is Kolhapur, Sindhudurg, Nandurbar replied that proper format has to be followed which was given under the law. In Mumbai, TAA also replied about the procedure of approval to USG centre as, applications of USG centres comes to us for renewal 30 days prior to their end date, then we go for inspection, fill the complete format and then send it to higher authority for approval. When we get approval from higher authority, a certificate is granted to them.

Inspection criteria for USG centre:

When asked about the criteria for inspection of USG centres, TAA of all districts except Ratnagiri and Nanded (TAA of Ratnagiri told that inspection of USG centre was not under their purview) replied for it. These criteria were checking of 'F' forms, cross checking 'F' forms with OPD registers, display board indicating female feticide is punishable, registration certificate should be display, renewal of registration done or not is checked, availability of PCPNDT Act book is checked.

Decoy cases, sting operations and legal action:

When asked about any legal action has been taken in their district, TAA of Kolhapur, Buldhana and Sindhudurg gave information about one case each on which some legal action has been taken place. In Nandurbar no such cases till now have occurred and other TAA did not respond to the question. In Kolhapur they were also sending decoy cases to find out if any illegal action is underway their USG centres. In Mumbai, TAA also call a particular patient if they have doubt on her. In Mumbai 3 cases of G south area are in court, 2 cases of D ward area are in court while 3 machines from K west area are sealed.

Suggestions:

Kolhapur, Gadchiroli TAA suggested that community should be sensitized about sex selection abortion without which legal action will be of no use, as community will go to different villages or even states for this. They also suggested that higher officials should be involved in sting operations. In Gadchiroli and Buldhana, TAA blamed local doctors or traditional healers for sex selective abortions and that there is no tracking system for them, which should be there. TAA of Buldhana suggested that MCTS tracking system should be made more competent. TAA of Gadchiroli said that there are many 'China made probes' available for sonography and many doctors are using it and it's not possible to find it out as they are compact, so some tracking system should be there for the same. In Mumbai, TAA suggested that the periodic visit span should be increased, because under them there are 47 centres, of which 11 are closed; though they still have lots of work and it is impossible to do visits quarterly. Different staff for PCPNDT act implementation should be there. At least, full time technical person is a must.

TAA(Non-medical): Responses of 9 TAAs are narrated below

Current Status of the Authority in Taluka:

Taluka Appropriate Authority non-medical persons were present in all districts except Beed and Satara. In Beed, taluka level authority was not established and in Satara there was no one designated for this post.

Awareness activities:

When asked about awareness activities implemented in their taluka, it was reported that they conduct rallies, poster competition, poster display, street play, workshops, meetings, seminars. Kolhapur, Buldhana and Gadchiroli were implementing 'BetiBachavAbhiyan'. In

Kolhapur there was one scheme under which Rs. 5000/- is given to parents of girl child for her education.

Supervision of implemented activities:

The supervision of all activities was done in almost all districts. These include inspection of USG centres considering all criteria, meetings and their review. In Ratnagiri, they undertook analysis of birth rate and sex ratio at birth to access how act is being implemented.

Meetings and co-ordination with other committees:

There was no taluka advisory committee. All Taluka Appropriate Authority non-medical had their meetings with district advisory committee regularly.

Grant and Suspension criteria for USG centres:

Except TAA non-medical of Gadchiroli all respond for the grant and suspension criteria. It was replied in Kolhapur, Sindhudurg, and Ratnagiri that they look for the machine registration, board display, certificate and posters display, whether machine is at one place or it is mobile. TAA non-medical in Jalgaon and Buldhana reported that it was not their responsibility and that it was the responsibility of district authority.

Legal actions and court cases:

None of them reported to have such cases in their taluka.

Constraint of working:

Many non-medical TAA reported that they can't function with complete involvement specially during visits to USG centre's as they have not been trained about the medical terms related to PCPNDT.

Suggestions:

In Gadchiroli, they suggested that there should be permission to cross examine the accused as that will create burden on him/her to prove that s/he is not guilty. Seminars should be conducted for police authority giving knowledge of how sonography is done and how sex is identified. Punishment should be more rigorous. Decisions on cases which are admitted in court should speed up. Sonography machine manufacturer should inform concern DAA about name and address of doctor to whom machine is sold.

In Buldhana it was suggested that Inspection authority should have complete knowledge of the act and guidelines. Proper guideline should be given to doctors. Software provided for filling of forms is not proper hence; doctors get confused and are scared with it as a small mistake may lead to seal their machines.

Section D – Service Providers

USG Centres: Total 60 USG centres were covered and responses from the main administrator of the centre are narrated here**.**

Registration of USG centres:

The USG centres from most of the districts reported that the centres were registered long back since 1998 (Jalgaon) and the rest in 2002.Very few reported that the USG centres were registered in 2009 and also long back in 2000. And some of them like in Nanded they reported that their registrations are also renewed.

Current status of number of machines:

Almost entire USG centres reported that they had only 1 machine. Very few mentioned that they had 2 machines.

Place of Registration of USG machines:

All the USG centres reported that all the machines were registered. The machines were registered either at Civil Hospitals or else at Mahanagarpalika.

Source of information about the Act:

The source of information of the PCPNDT act was from guidelines in the booklet of PCPNDT act, trainings, discussions, meetings, internet, books, seminars, and newspaper and conferences.

Filling and submission of F forms and their guidelines:

The F forms were filled and submitted online and also 1 copy was given to the Civil Hospital. There are guidelines to fill the F forms, during the visits and workshops more information is obtained regarding the same.

Problems of filling of F form online:

Most of the USG centres had no problem in filling the form; if problem arises they consult either the Civil Surgeon or the District Appropriate authority for assistance. Jalgaon, Beed and Buldhana reported that the form is too lengthy to fill. Also there are connectivity and server problems which was seen in Jalgaon and Gadchiroli due to this the patient had to wait unnecessarily. Nanded centres reported that there was no concerned person to solve the problem because of which there are lots of problem in software and filling of F forms online.

Doctor's registration who are handling machines:

All the doctors were registered who were handling the USG machines. These machines were from Aloka, Bluestar, Medison, Toshiba, Sonosite Company and installed by the company executive.

Problems during registration of machines:

There was no problem reported in the registration of the machine.

Forcing by patients for sex determination:

In Jalgaon, Satara, Buldhana, Gadchiroli, Nanded, Nandurbar and Kolhapur few patients did force to know the sex of fetus in curiosity. The centre explained the PCPNDT act and also if they were forced too much they were taken to the Civil Surgeon. This was seen in Kolhapur. In Nandurbar such cases were taken to the police.

Inspection of centre:

Most of the district USG reported that there was inspection every month by local authority. In Beed, Satara and Buldhana there was inspection twice a month. Jalgaon had inspection once in 3 months. There were surprise visits by state/ regional level.

Suspicion in centres:

No centres had reported to have any suspicion.

New clauses of Act:

If there are any new clauses the Civil surgeon reports the centres. Most of the USG centres reported that there are no new clauses recently. But few USG centres from Nanded reported that one doctor should work only at one hospital for which s/he is registered.

Co-ordination with DAA:

All the USG centres had no differences of opinion with the appropriate authority.

Impact of Act:

The impact of the PCPNDT act is strong and more awareness is required. In Beed the sex ratio has improved. In their opinion all doctors are scared now to do such activities. Also they are afraid of legal actions and court cases.

Suggestions:

In Jalgaon they suggested to revise the time to submit by 1st of every month, documentation process is tedious and the process should be streamlined, comprehensive form should be made, website should be user friendly. Kolhapur USG centres suggested that ID proof should be compulsory; notice should be given before sealing the machines. Nandurbar suggested having renewal of machines to be done at proper time; there should be no delay in renewal. Ratnagiri official suggested the frequency of inspection should be reduced and more awareness generation activities should be carried out. Buldhana official suggested that for simple incomplete information of F form the machines shouldn't be sealed; also there should be a strict watch on the state border district. There should be revision in guidelines of F forms. Nanded USG suggested that duplicate case should be sent for sting operation, girl birth should be promoted with some incentive. Software in which number of USG done by the machine should be recorded be developed.

Mumbai suggested decoy cases should be arranged frequently and immediate action should be taken on the culprits. Portable machines should be allowed as it becomes difficult for the debilitating patients to come to the centre, formalities at hospitals should be lessened, pamphlets should be provided with the information of the act along with the forms to the patient, training should be given to the doctors.

Section E: Professional Organizations:

Perceived Role:

The 1st amendment represented by FOGSI and them currently working on the next amendments. They have EMSE project in 14 states where they have 1000 doctors, lot of work in the field of abortions in amending the law. The respondent under this category is working on the supervisory board and play an important role in serving the meetings of state supervisory board.

Activities involved:

They have started the DOST cell, which helps in the problems faced by the doctors. They are also having a PNDT cell, with few doctors and also Anti violence cell. A PNDT cell is one which a managing committee created. They help in coordination, guides and recommendation and give strategy. 2nd cell violence against doctors cell and 3rd is a violence against women cell.

IRIA had also organized a joint seminar with the government regarding information dissemination.

Opinion about the present situation:

IRIA- SD practice is more prevalent in the higher classes and the educated. As long as there is a demand side, there will be a supply side. There has been a change in the mindset and the level of awareness is higher as compared to what it was earlier.

It is against the non-portability of the machines.

MMC- Supervisory board plays an important role in serving the meetings of state supervisory board.

Suggestion:

All 3 professional associations suggested that -

There should be different punishment for different crimes, for e.g., if there is a mistake in filling the F form a punishment should be different as compared to catching someone in SD. Code of conduct- the person rights; it should extend to activists and checklist for the doctors.

Strengths of the PCPNDT Act implementation:

In the opinion of IRIA there are some strengths of Act:

1. Now people are aware of sex determination and that it is not legally acceptable.

2. The ratio as per the government sources is also improving.

Drawbacks of Act:

FOGSI reported that -

a. The form F is given undue importance i.e. if a mistake is done while filling the form, the USG machine is sealed.

b. Internet access is also not there at few places, so at times working on the form is not possible.

c. There are few drawbacks like not writing NA in few places, or not wearing the apron or carrying the copy of the huge complicated act along with the doctor is a reason to against the doctor.

MMC reported that -

a. The appropriate authorities don't have a code of conduct and are not taught properly and hence a lot of problems are created.

b. Doctors do small mistakes like usage of NA and – the machines are sealed and this was not the origin of the law. This was leading to problems unnecessarily. This should be put in the spirit of the law and not the latest of the law.

c. The person is punished for not filling the form and the registration is cancelled.

d. Some doctors have badly suffered. The doctors took this as any other law and also took time.

e. Checking the forms is not that helpful and it is superficial. Forms can be made more strict and more informative, analysis is important.

f. The only way to stop is by sealing the machine and also the SD is stopped.

g. If the form filling is difficult it helps to tract the people doing SD. The people doing it are perfectly well versed at the forms. The issue has become that the doctors have lost the sympathy for the form.

h. The government should take the doctors along and into confidence then implement the law.

i. The law is creating a lot of confusion in the medical fraternity, government officials, patients and everyone.

IRIA discourages the misuse and non-compliance of the act.

a. The selection criteria for the NGOs are not clear and very haphazard. They have no clinical and technical knowledge about the subject and they go on spreading the wrong messages targeting the radiologists. In fact they are allocated 20 lakhs annually and there is no monitoring mechanism for checking their work and accountability.

b. The appropriate authorities are not aware of the law and implementation. There is a lot of corruption and they trouble radiologists a lot. The actual culprits are outside the system.

Suggestion for the improvement of law:

FOGSI suggested that

a. Use decoys, informants, women's group, go to the ground level-money is being given for investigation.

b. High quality stings, PR backup should be done by the authority.

c. There should be standardization where people should be told what they can do and they can't do. Sensitization should be done.

d. Corrupt authority are still not punished, there should be strict punishment for them also.

e. More planning has to be made for online forms.

MMC suggested that

a. There should be an open minded meeting to implement the law and thrash out the problems.

b. There are 99% doctors that would like to help in the law. There should be no conflicts.

c. The government and doctors have to take constructive view.

d. There should be an inter-state communication.

e. There should be a meeting of 80-100 people of all the doctors, NGOs and the other authorities.

f. It should be supervised by the Supreme Court judge who is impractical. There shouldn't be a war of words.

IRIA suggested that

a. The government officials need to be more responsible and not treat it like just another problem.

b. The form F needs to be changed after review. There are many columns that are unnecessary.

c. The government officials are not aware of the act and they take the liberty to throw their wait around for no reason.

d. Speedy procedures for those against who cases have been filed. Have fast track courts for prompt action.

e. High training and sensitization among influencers like NGOs, media, government authorities.

f. Appoint a third party committee to monitor and supervise the act implementation stringent laws for those who are guilty.

g. Need to target fertility clinics, abortions and the deliveries. This will be more than enough for desired results.

h. No MBBS should be allowed for radiology. Anyone with six months' training or a year's experience or a gynecologist can perform sonography.

i. A unique identification number should be assigned to every pregnant woman. Even if they come to know the sex of the child, let it be. Let this code be generated from a centralized system.

j. Involve pharmacies and chemists as well when they sell drugs and medicines.

Section F: Media analysis

Reporters of TOI, Indian Express and Sakal were interviewed under this study.

Under PCPNDT media plays a role for awareness generation and have also contributed in undertaking decoy cases or sting operations.

They also play a role in awareness generation by publishing articles in their newspaper. Sakal took an initiative of Save the Girl Child – an awareness campaign (8 editions) in 8 zillas with local bodies, DHO, CS, Police, NGOs and Gynaecologists. In those sessions, they addressed school and college going students as well. Sakal is also working with YASHADA on modules for awareness generation. Mumbai Sakal has worked with Laadli.

According to Indian Express the impact of act is that it gave importance to the issue of sex selective abortion.

Lacunae's in act – FDA has no control over the selling of abortion pills. Sonography machines are still not registered in places like Maval, Daund, Purandar. NGOs can play a major role but they lack uniformity.

Suggestion - The government, the private sector and the other entities need to intensify their efforts for taking the guilty to task. There needs to be an emphasis on education for the mind-set to change.

Section G: Civil Society

Act is from 25 years, before that also there were cases of female infanticide. Basically the mind-set is such that girl child is always considered inferior. The law and the society is needed to work together to save the female child.

For this, one of the NGOs has made an “Eleven-step action plan”. This can be implemented in every house of the community.

1. Everyone should have a pledge, a resolution and then implementation of the act should be done.
2. There should be all the information of the sex ratio of all the areas at all the levels, like block district state and country.
3. Public participation is very important. Public transformation is important, there should be social, legal and emotional appeal. For this we have made a scheme- 1 rupee magic scheme and Lakhpati Yojana. Importance of this scheme is there should be happiness in the family. The 1 rupee magic scheme is practiced in the school, if there is girl born it has to be reported in school and everyone donates/ gives 1 rupee and this given to the parents of the girl child and also small gifts is given to the relatives of that girl this should be done by everyone. The other scheme – lakhpatiyojana, when a girl is 20 years she is lakhpati, if 15,000 is invested and kept in a fixed deposit, and the rest is done by public contribution, this helps the girl when she is 20 years.

The mind-set should be changed, this can be done by giving examples. This problem is not just to the female, but to the society as a large. I have also narrated a poem on this

4. Girls were not called for Godhbharai, as they thought again a girl would be born with the girls influence, but then now girls are called for such ceremonies.
5. There is science that female have only XX genes, have given this as an homework, and it has to be told to at least 1 family.
6. ‘NakoshilaKaruyaHavishi’: In 2007 the girl is called as Nakoshi also other places they gave different names to the girls, I met a girl who complained and cried because of her name, I then changed her name and information about nutrition, education and independence was given.
7. There should be participation from the youth, we did it will by engaging students from Pune university and Kolhapur University.
8. Couples took 8 pheras for female infanticide, this was done by 5000 couples. There was a great support at that time. Maximum was done by Solapur. Other places also gave a good support.
9. ANC tracking and child health, was done by Govt agencies like ZP, MNP etc.

10. There should be gathering of all the couples having girl child. The girls name was kept as Goduli and as the sex ratio had improved there was a Goduli award given to the district.

11. USG machines- IMA, gynaec and radiologists association we took workshops and in that we took an oath from all of them. We took the help of Government for having a helpline number to address the complaints.

- There are other issues and impact due to which SD is becoming common. There are 4 villages in Nashik which have been sensitized
- There is always delayed response from the Government. There is no result oriented work. The work should be done with a plan or a strategy and also output based.

How to increase the impact?

- Impact should be increased with the help of IMA, all doctors. There should be sting operations carried out. They should be sensitised and also law for them should be made.
- MTP centres should be monitored and inspected.
- Medical stores/ pharmacists should be monitored
- Government should give incentives, facilities and services to the people having female child. Higher education should be given to the child.
- More and more schemes should be increased in Maharashtra.

SUGGESTIONS

Legal colleges should have subjects which throws light on this topic. In school there should be awareness of gender equality through syllabus maybe in the form of a lesson or a poem.

There should be changes in the four systems that is- education, social, family and government. All the systems should have gender equality. Even media should not portray anything negative. They should portray more positive points.

Section H: Community Level representatives

I) Panchayat Raj Institute:

Awareness about Act:

The PRI's from entire district reported that they are aware of PCPNDT Act.

Source of information about Act:

The PRI's from the entire district reported that they received the information from Sub centres, MO, ANM, ASHA, AWC, Television, Newspapers, Posters, and Rallies.

The opinion about the Act and Current condition about sex determination in community:

The PRI from entire district told no sex determination is done at their village place at all. They also said people do go to the district place for sex determination. The PRI from Jalgaon told that girl child are decreasing so the Act is very important and should be very well implemented. PRI from Nanded told last year there were many cases identified going for sex selection but due to the Act now it has stopped. They also told that the Act is very important. The PRI from Gadchiroli told the act is important for social security they also told the higher class people at district place go for sex selection and the ratio is well maintained at village place. The PRI from Beed told sex selection goes on in Shegaon city of Beed district.

Gender Discrimination in community:

The PRI from most of the district told that boy child and the girl child are similar there is no difference in both of them. The PRI from Satara, Gadchiroli mentioned that now a day's girls take care of the family than boys as girls are well educated. The PRI from Beed mentioned that the numbers of girls are more than boys. The PRI from Ratnagiri told that educate equally for the girl and the boy child as education plays an important role. They also mentioned that during the meeting they guide the people about the importance gender equality.

Suggestions:

Suggestions from the PRI from almost entire district were Act should be very well implemented, Awareness should be increased, Punishment should be strict and quick action should be taken on the person going against the law. The PRI from Kolhapur suggested that Political leaders should be involved in creating awareness and not in helping the people for going sex determination. The PRI from Nanded suggested that girls should be independent and well educated. In-laws should change their mind in taking decision in preferring boy child. Doctors should not do sex determination for money. The PRI from Gadchiroli suggested that reservations for women should be increased; there should be government programs for socio-economic empowerment of women, Female security should be increased and taken care of. The PRI from Buldhana suggested that MTP centres should be sealed if cases observed against the law. Safety of girls should be increased as the community is not safe about the girl child. Dowry should be strictly banned as in some villages it is going on so people prefer boy child. The Doctor going against the law should be punished by cancelling

the medical certificate soon. The PRI from Ratnagiri suggested that street plays and films are a good source to provide information in community about the Act and will be helpful.

II) Decision maker:

Awareness about the ACT:

The head of the family from the entire district told that they are aware of PCPNDT Act.

Source of information:

The head of the family from the entire district told that they received the information from Sub centres, MO, ANM, ASHA, AWC, Television, Newspapers, Posters, and Rallies.

The opinion about the Act:

The head of the family from Kolhapur, Beed, and Satara told no sex determination is done at their village place at all. They also said people do go to the district place for sex determination. The head of the family from Gadchiroli, Jalgaon and Nandurbar told that the Act is important. The head of the family from Nanded told that up till last year there were sex determination activities but this year sex determination is not done at all. The head of the family from Ratnagiri and Sindhudurg mentioned that the Act is not implemented properly for that reason sex determination is done at some of the places.

Current condition about sex determination in community:

The head from the Kolhapur, Nanded and Gadchiroli reported that no such Act activity is going on in their village. The head of the house hold from Nanded also reported that earlier there were some activities but know it is not there.

Gender Discrimination in Community:

The head of the family from almost entire district reported that there is no difference between girl and a boy child and they both are similar. The head of the family from Kolhapur told that boys take care of the family and girls go to their in-laws home after marriage, Boys are head of the family and so nutrition is also taken care of for boys.

Suggestions:

Suggestions from the head of the family from almost all the district are Awareness should be increased; several legal punishments for doctor and family members should be made compulsory those going against the PCPNDT Act, girls should be independent, decision of mother and father in law must be changed, doctors should not do sex determination for money, Proper implementation of the law should be made. No child discrimination, Abortion affects the physical and mental health of the mother.

III) FGD of ANM, AWW & ASHA

All the health functionaries working at the field level were aware about the PCPNDT act. The source of information was usually from the MOs. However, many reported that they came to know about this act through newspapers, electronic media and through various rallies or campaigns undertaken in their community.

Though, all of them reported that the practice of sex determination is not prevalent in their community; health functionaries from Nandurbar & Kolhapur reported that families get themselves aborted in the neighboring state which they referred as 'border issue'.

Everyone reported of taking part in various awareness generation activities. Health functionaries from Mumbai reported that MCTS have proved to be very essential in their area for keeping a track of the pregnant lady & thus keeping a watch on them.

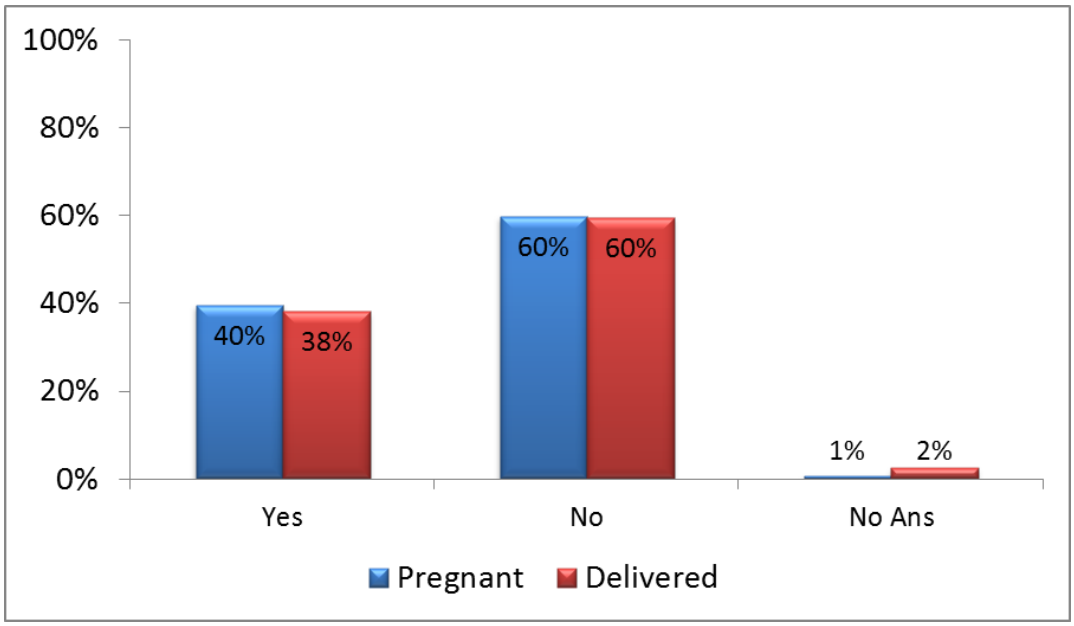
In few places like Nanded & Kolhapur, it was reported that they honor women who give birth to female child which according to them has led to a balanced sex ratio. It was also reported that various health schemes like JSY has also indirectly contributed in betterment of the sex ratio. It was however suggested that all such schemes should be imparted not only for SC/ST caste women but also to general caste women so that they are also motivated.

Quantitative findings

To capture information from the beneficiaries at the community level; three types of women were selected, namely –recently delivered women, pregnant women, women who have undergone MTP / abortion. The purpose of this was to understand the awareness level about this Act in the community.

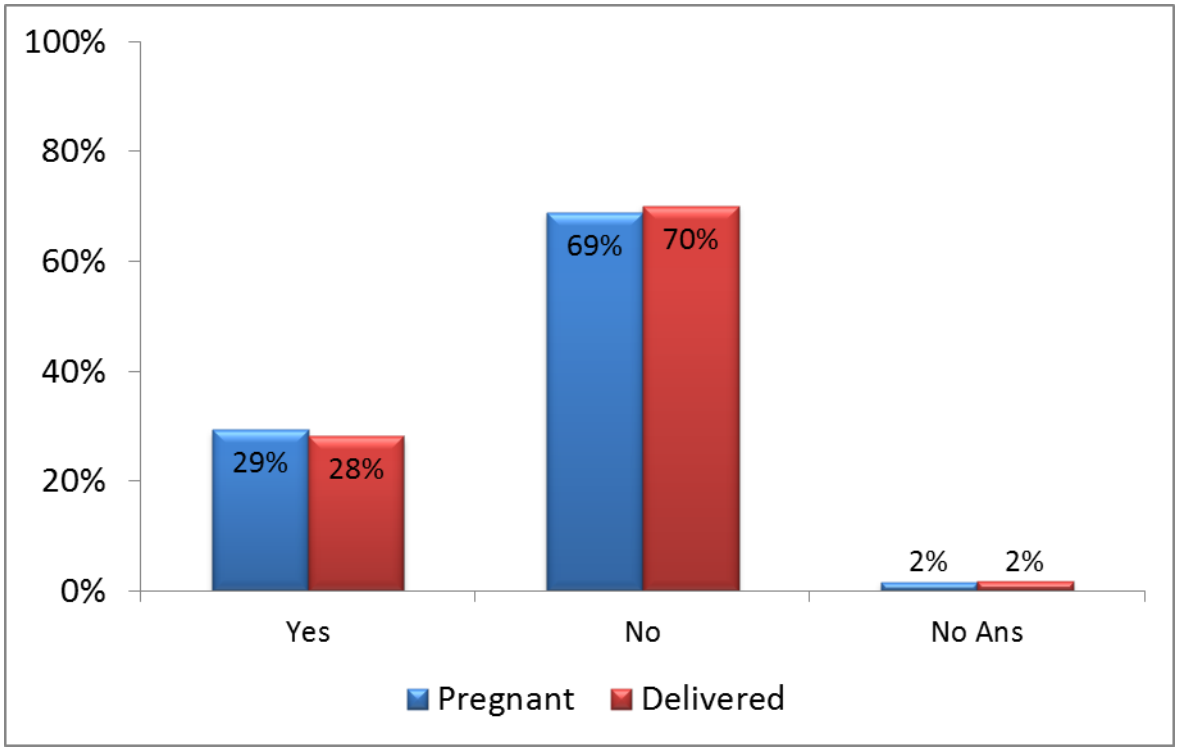
Following are the findings from the quantitative data –

Figure 7: Ever heard of PCPNDT



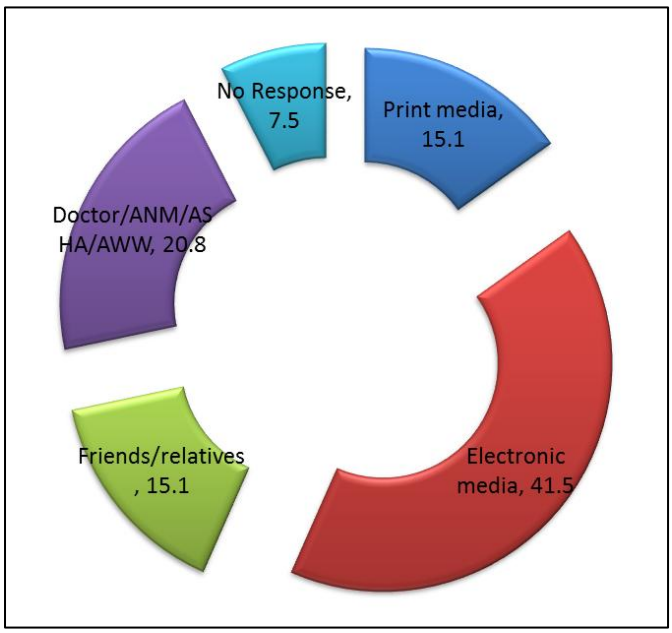
A staggering 60% of the sample in both the pregnant and delivered women group had never heard of the PCPNDT ever. This shows the poor awareness about the Act in the community.

Figure 8: Ever conducted session for PCPNDT



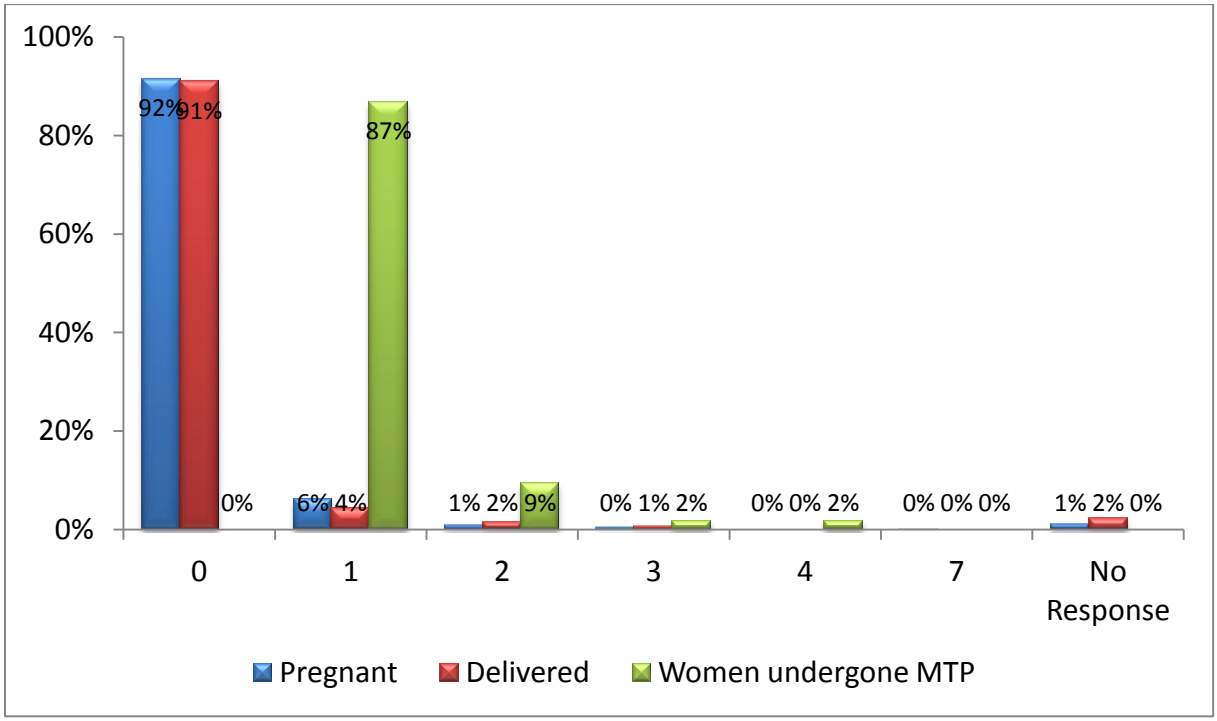
Almost 3/4th of the sample from both the groups reported that no one had conducted any session for them about PCPNDT. Poor awareness levels among the community can be judged from this.

Figure 9: Source of information about PCPNDT



41.5% of the respondents received the information about PCPNDT from the electronic media, followed by 20.8% who received it from health functionaries and 15% who obtained it through friends/relatives and the print media.

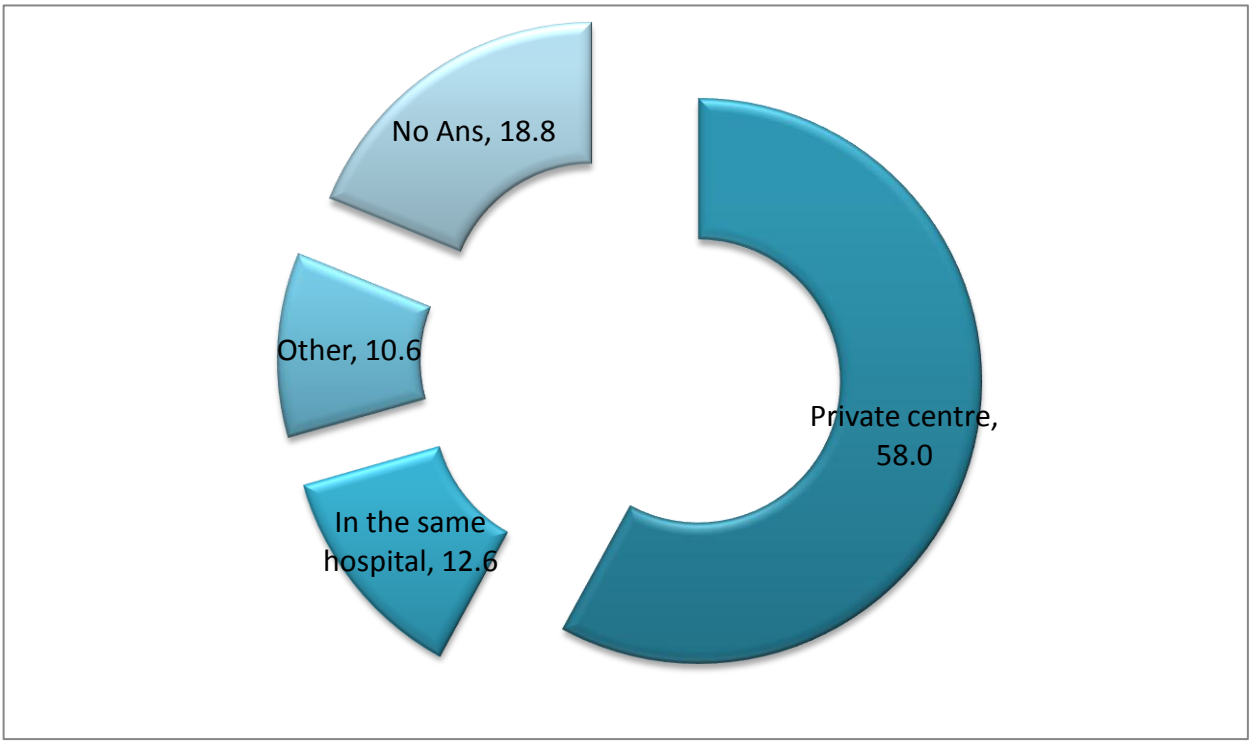
Figure 10 Number of abortions undergone



Of the sample who had been interviewed in both the groups, majority had not undergone abortion. Only a few (6.1%) in the pregnant group, while 4.4% in the delivered group had an abortion. Women who undergone MTP, 87% had undergone once, 9% women had undergone twice and 4% had undergone for 3 or more times.

Further analysis of the above graph regarding number of living girl children and number of abortions reveals that 95 women (49 pregnant and 46 delivered) had undergone at least 1 abortion and had at least one living girl child.

Figure 11 Facility approached for USG



In majority of the respondents, a private clinic was the choice where they could undergo an USG and the reason for choosing a specific facility for USG was that it was the one suggested by the doctor who had attended to the patient for ANC.

Figure 12 Reason for approaching specific centre

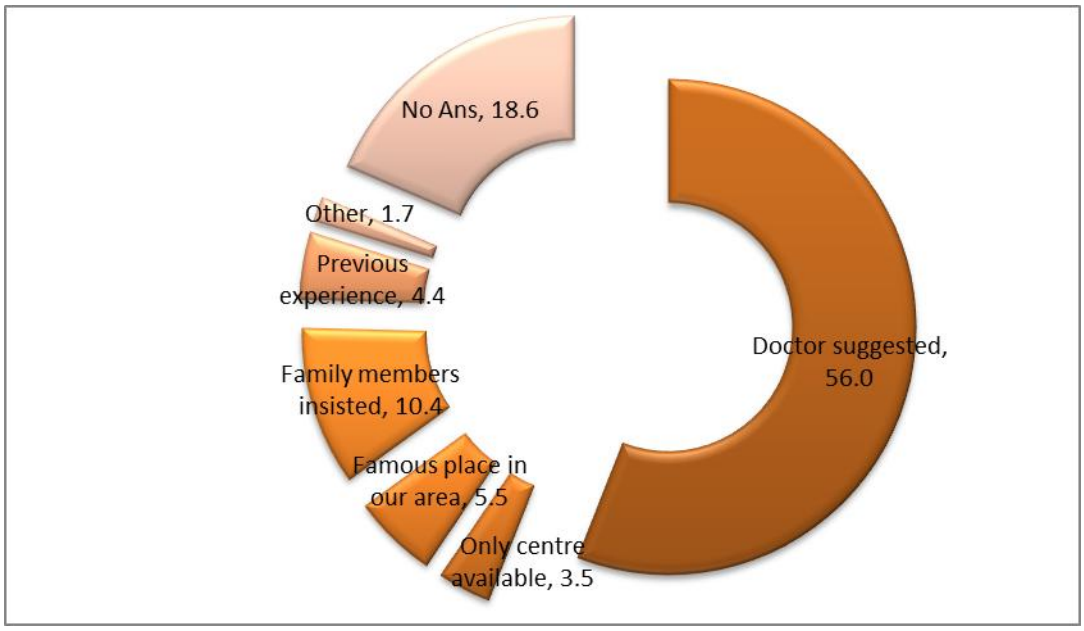
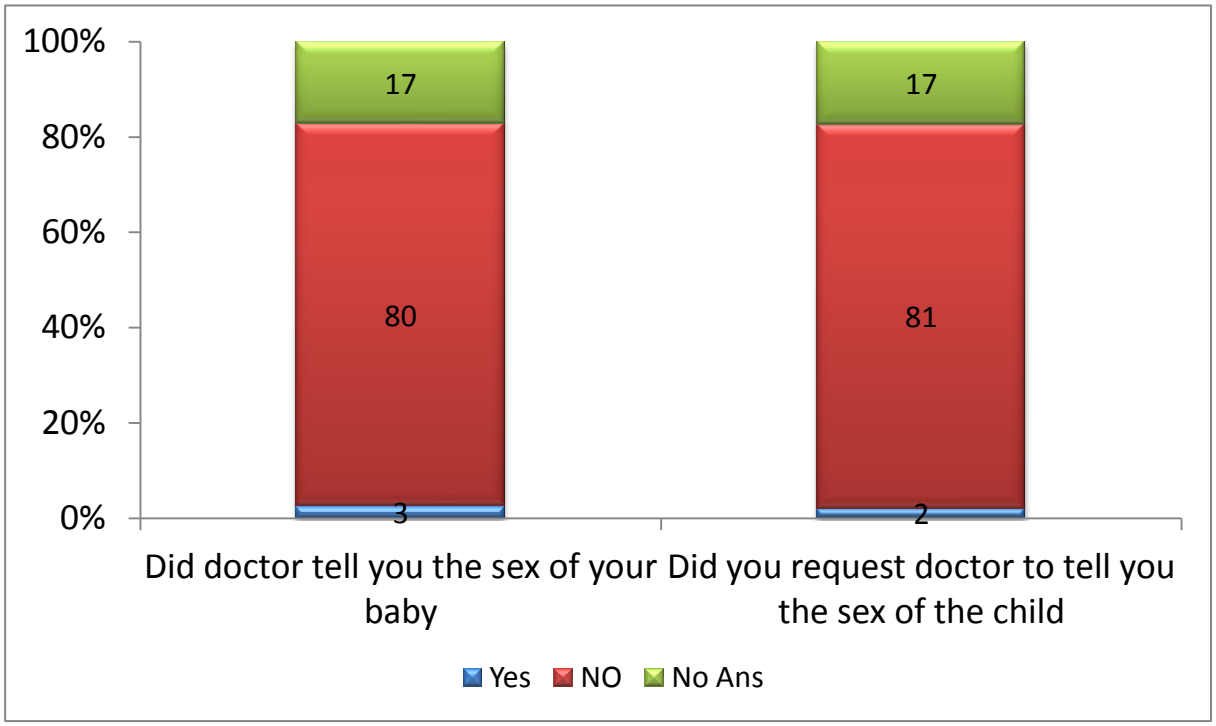


Figure 13 Communication with regards to Sex selection (delivered women)



It was astonishing to find that though the number was miniscule, 3% of doctors had informed the patient about the sex of the baby and 2% percentage of patients had requested to know about the sex of the baby.

Further analysis of the above graph revealed that for 26 delivered women respondents, the doctor had told them about the sex of their baby in advance. Out of these 26 respondents 11 had at least one living girl child and from amongst these 11, 4 had undergone abortion at least once.

Further analysis of the above graph also revealed that amongst the 21 delivered women respondent who had requested to know the sex of their baby, 6 had at least one living girl child and from among these 6, 3 had undergone abortion at least once.

A district-wise distribution of these 26 & 21 women is shown below:

Did Doctor tell you the sex of your baby	
Gadchiroli	1
Kolhapur	10
Mumbai	1
Nanded	1
Ratnagiri	3
Satara	1
Sindhudurg	9

Did you request Doctor to tell you the sex of the child	
Buldhana	6
Gadchiroli	5
Kolhapur	4
Sindhudurg	6

Figure 14 Sex of new born

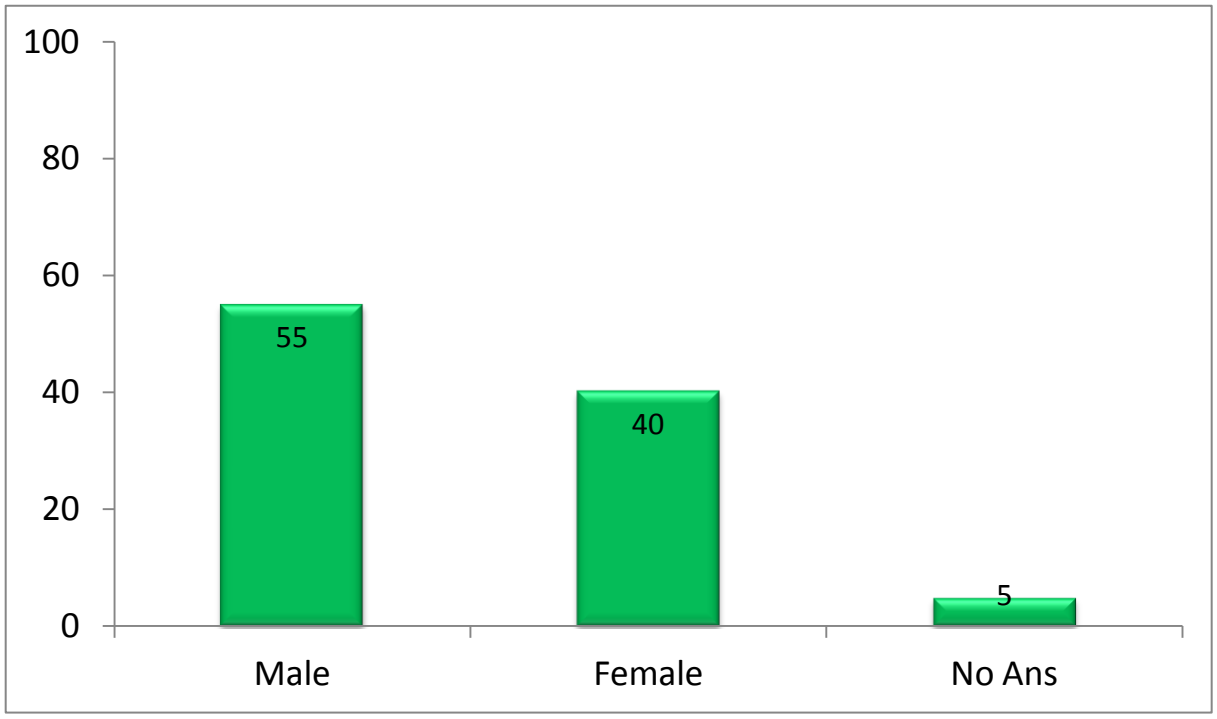
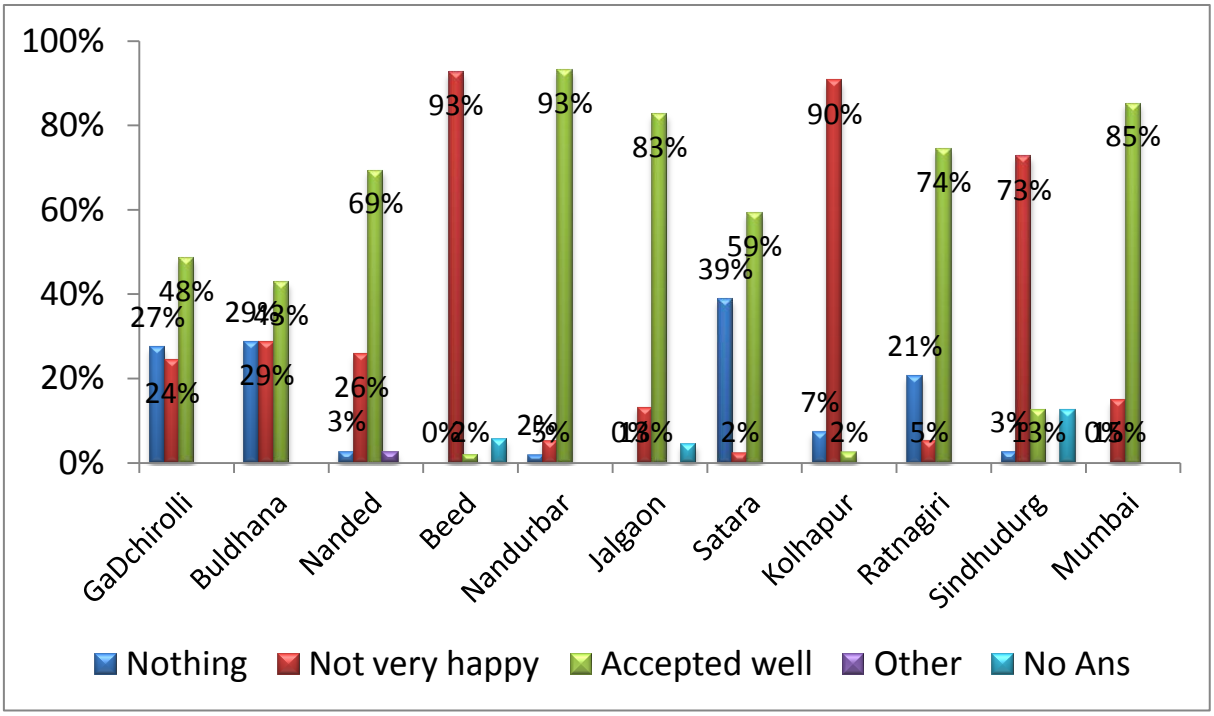
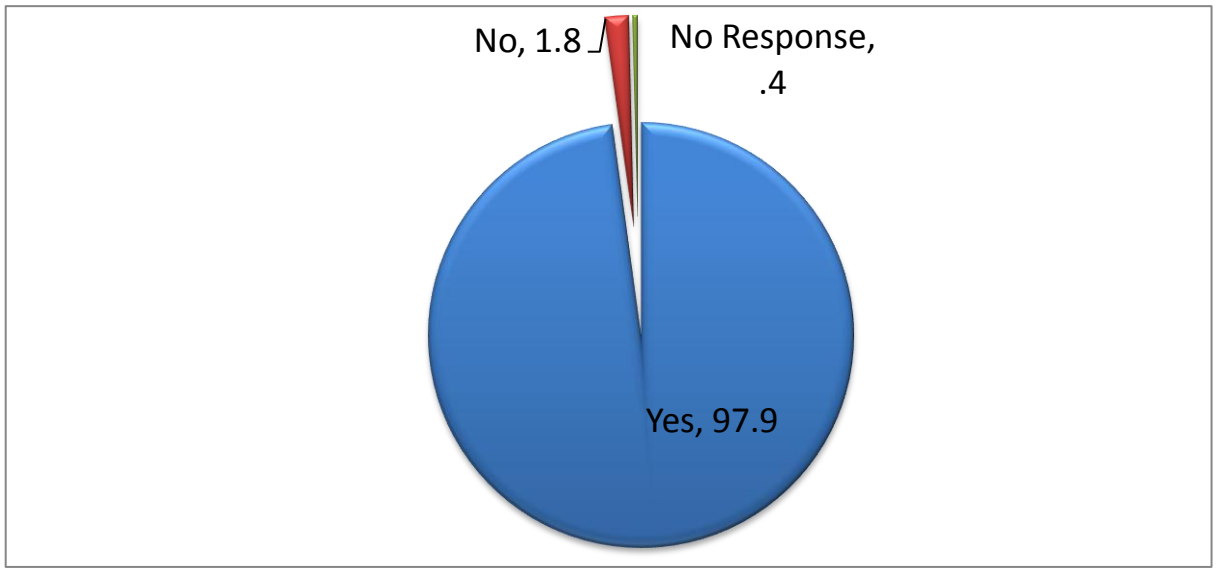


Figure 15 Overall reaction of family



In more than half of the cases (55%) the new born was a male child. For the families where a girl child had been delivered other than in Beed, Kolhapur, and Sindhudurg the birth was accepted well by the family.

Figure 16:Whether continuing this pregnancy

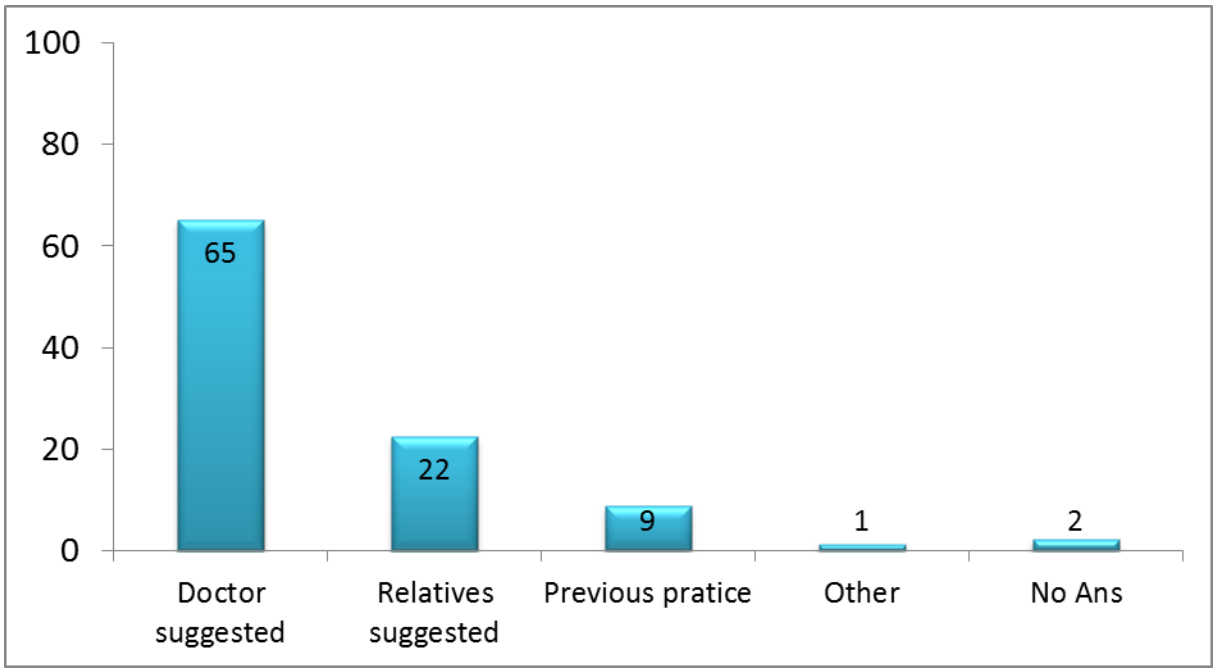


When asked about the continuation of current pregnancy, 98% of the respondent replied in the affirmative and only 2% (20 respondents) replied in the negative. Out of these 20 respondents, 12 women had at least one living girl child (of these, 2 respondents had undergone abortion at least once).

District-wise break up of these 12 cases is as below:

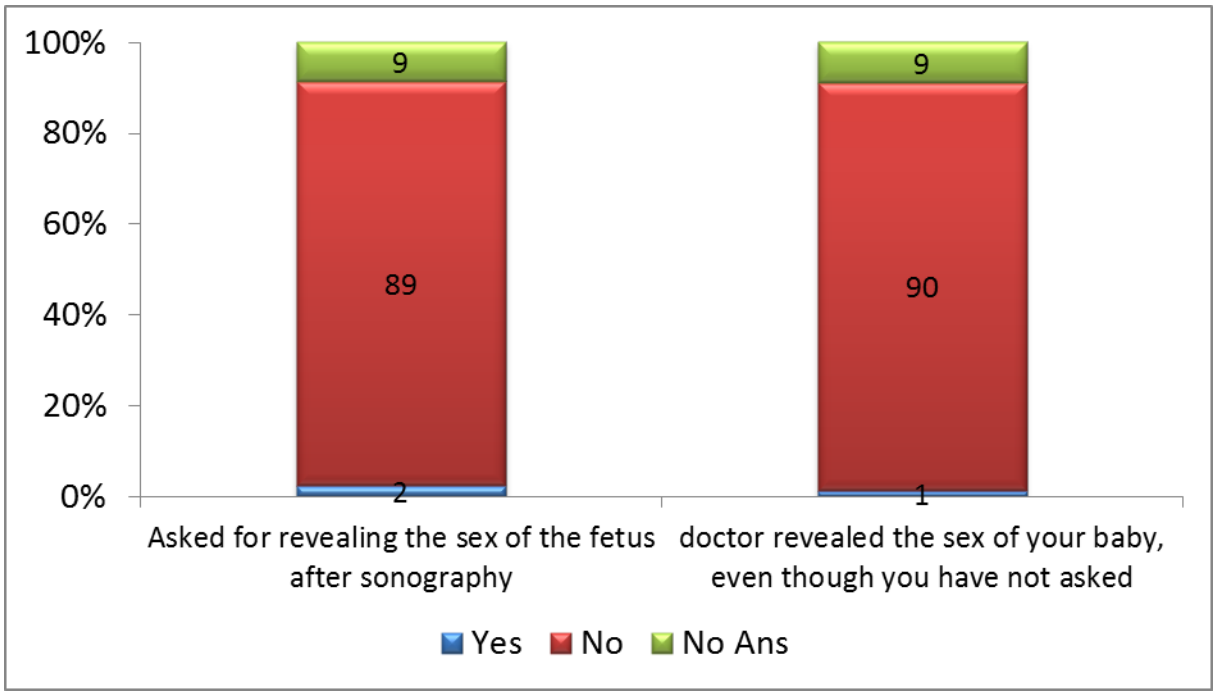
Have at least one living girl child and not willing to continue the current pregnancy	
Buldhana	1
Nanded	1
Beed	3
Ratnagiri	1
Mumbai	6

Figure 17: Reason for undergoing USG



When asked for reasons for the USG it was seen that 65% of the respondents had done it because doctors suggested it, 23% of the respondents had done it because relatives had suggested it, and 9% had done it because they had done it in the past (previous practice). 2% of the respondents did not respond.

Figure 18 Information of Sex of Fetus (pregnant respondent)



When asked about whether sex of the fetus had been revealed by the doctor after sonography, 89% of the pregnant women had replied in the negative and 9% of respondents had not given any answer.

When asked about whether they had requested to know the sex of the fetus after the sonography, close to 2.4% of the respondents said they had made such a request.

Further analysis of the above graph showed that 17 pregnant women respondents had asked for revealing the sex of the fetus after sonography to doctors, out of which, 12 had at least one living girl child, 5 had undergone an abortion al at least once and 1 respondent was not willing to continue her pregnancy.

Doctors had revealed sex of baby of to 9 respondents out of 1118 respondents even though they had not asked for it.

District-wise break up of these cases is as below:

Asked for revealing the sex of the fetus after sonography		Did doctor revealed the sex of your baby, even though you have not asked for it	
Gadchirolli	1	Beed	3
Buldhana	1	Mumbai	6
Nanded	1		
Beed	2		
Nandurbar	1		
Satara	1		
Mumbai	10		

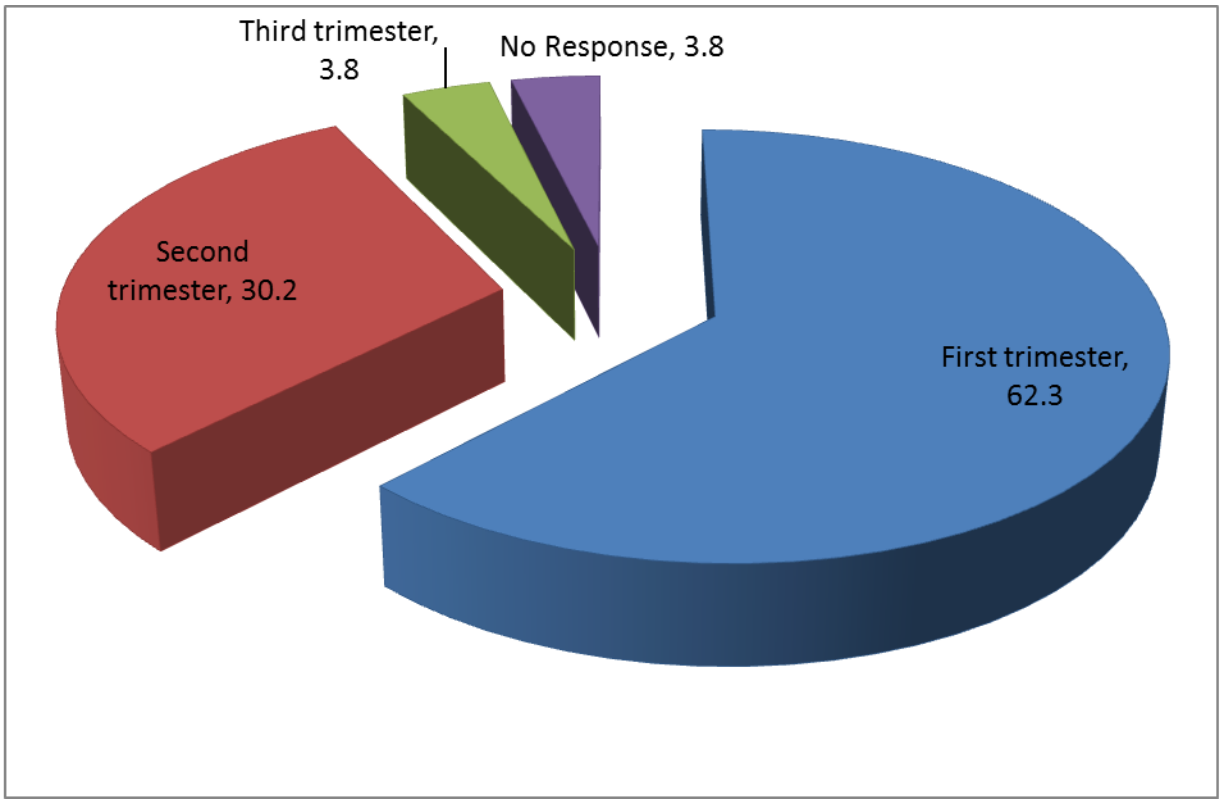
Details about MTP

Table 6:Reasons for MTP

Reasons	Number	Percentage
I didn't want child so early	5	9.4
Doctor suggested	34	65.6
Husband wanted to abort child	4	7.5
Other	9	17.0
Total	53	100.0

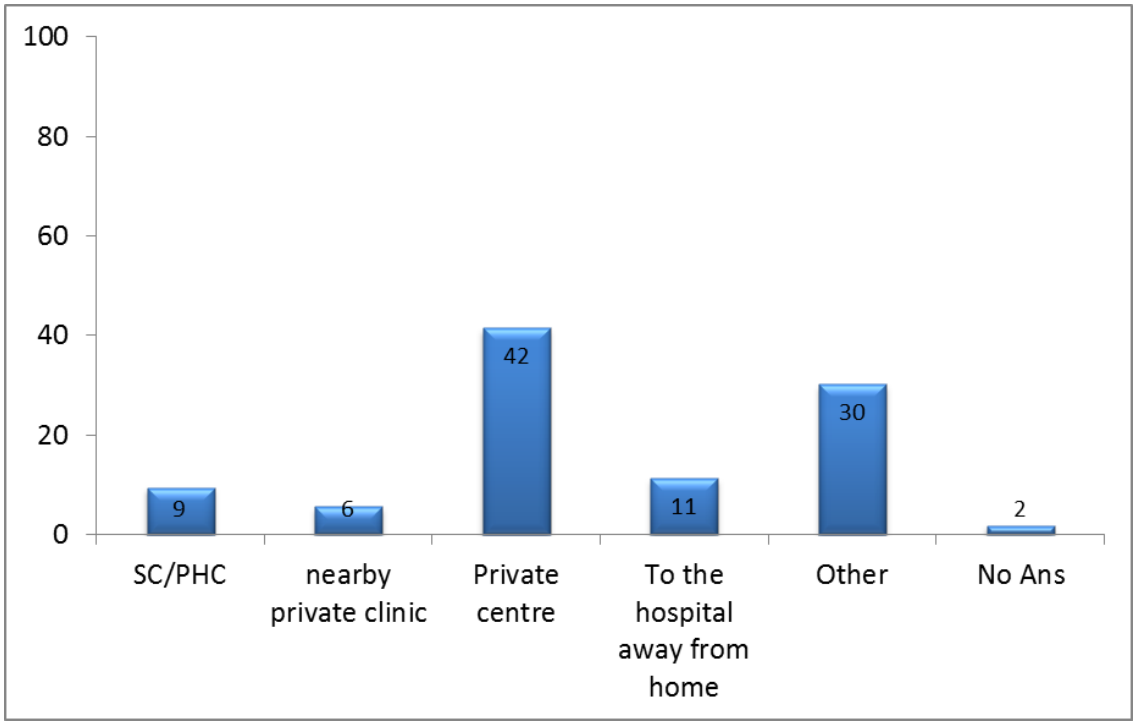
For majority of the respondents (65.6%), the reason for undergoing MTP was because of doctors suggesting the same.

Figure 19 Gestational Age when undergone MTP



62.3% of the respondents had undergone MTP in the first trimester, 30.2% in the second trimester, but it is surprising to know that 3.8% reported that they had undergone MTP in the third trimester.

Figure 20: Facility preferred for MTP



42% of the women preferred a private facility for MTP while 30% of them had used other facilities for undergoing an MTP.

Table 7 Reasons for preferring the particular facility for MTP

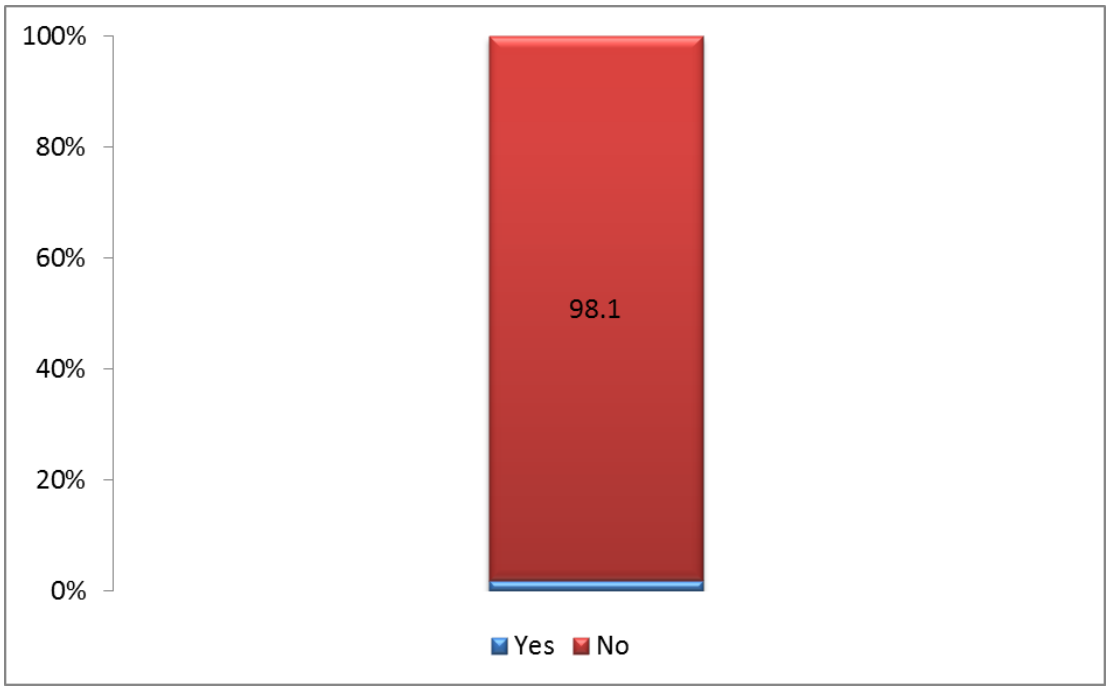
Reasons	Number	Percentage
It is well known centre	2	3.8
Doctor suggested to go there	35	66.0
Friends/relatives suggested	8	15.1
that is the only centre available nearby	1	1.9
Cost wise cheaper	2	3.8
Husband insisted	2	3.8
Other	1	1.9
No Response	2	3.8

Majority of the women (66%) replied that they preferred the hospital they went to for MTP because the doctor whom they had consulted had told them to use this specific facility.

For 8 respondents (15%), friends and relatives had given them suggestion about a particular facility. (5 respondents were from Jalgaon, 2 respondents were from Nandurbar, and 1 from Satara).

Another 2 respondents used a specific facility as their husbands insisted they use the particular facility. Both these respondents were from Sindhudurg.

Figure 21: Know the sex of child before MTP



98% of the respondents said that they didn't know the sex of the fetus before MTP, but 1 respondent (2%) (from Jalgaon) was aware about the sex of the fetus before MTP.

Suggestions of all stakeholders at a glance:

State advisory committee:

- The community should boycott families that demand aboy child. Just implementing the Act is not sufficient, change in the social mindset is equally necessary. When girls are treated equally, then only will society change and so will the next generation.
- Education and Empowerment are secondary. But what is urgent and must be done first is saving the girl child. By carrying out sex determination, we are denying the girl child her fundamental right to live. A girl child's education must be accompanied by empowerment of women. Providing economic freedom is a crucial part in strengthening the role and status of women.
- During internship, sensitization activities on issues of women's health, sexual assault, gender discrimination must be carried out. An oath must be taken with regards to sex selection.
- Influential people in the community must take a lead in sensitizing the community.
- Audio-Visual aids must be used for awareness generation in the community. Print media is of not that impactful. Short films, messages should be prepared. Radio is an effective tool for spreading awareness and has a greater reach and impact.
- The NGOs need to play a key role in sensitizing the community and changing the mindset that a daughter is not a liability. So NGO involvement must be made mandatory.
- Technology is the need of the hour. The implications of the PCPNDT often send out the wrong messages regarding the clinical importance of sonography tests (USGs). So those who need diagnosis are also unwilling to access these facilities. There needs to be the awareness and sensitization of the use and misuse of these tests.
- Community based meetings (*Gram Sabha*) can be a good source to address the community at large.
- Husbands, fathers-in-law should be sensitized more.
- Issues like dowry and sexual exploitation should be handled together. *Even though Property* Rights are there for daughters there needs to be awareness created that these rights can be exercised by the daughters and they should take advantage of these rights.

DAA (medical):

There are lots of suggestions obtained from the District-appropriate authority medical person of some districts.

- Like in Nanded, the DAA suggested focus for awareness should be created more on periphery circle (village level like ANM, ASHA). Also, general people should dare to complain about doctors who are doing sex selection.
- Along with Nanded, the Jalgaon DAA also suggested that some confidentiality should be kept while sending a team for a sting operation. Such sting operations should be conducted regularly. The DAA of Jalgaon also suggested that FDI should keep an eye on abortive pills and emergency pills.
- The DAA of Buldhana suggested that there should not be any obstetric sonography in private hospitals. These should be done in government hospital or with the referral of a government hospital only.
- The DAA of Kolhapur suggested about legal aspects and recommended that there should be fast track courts to make proceedings in faster pace.
- The DAA (medical) of Mumbai suggested that lack of sufficient manpower was the issue so manpower should be increased.
- It was also suggested that some flexibility should be there in law. In the present situation if any machine is sealed then they cannot get in unsealed. Due to this sometimes innocent may get caught, for example people who may have made a mistake in filling of forms.
- It was also suggested that this procedure does not cover cardiologist sonography machines which are hard to track for this activity so some different mechanism must be created for this. Some powers should be given to each and every committee member under this Act.
- It was felt that there was inadequacy of human resource for the tracking system.
- Some of the doctors wished to surrender their portable sonography machines (bought when portable machines were legally permitted), as they are no longer permitted to use these under the PCPNDT and have to renew its registration though the machine is not in use.

DACs:

- The Kolhapur DAC suggested that BAMS and BHMS doctors are not allowed to work in the units.
- The cases that are caught red handed should have fast, stringent and immediate action.
- Minutes of meetings should be published and distributed to the committee members.
- Monetary benefit should be given to decoys.
- Training for the decoy cases should be provided.
- Also if there is any pregnant lady who is liable and found guilty she should be punished.
- The Beed DAC suggested that there should be spread of awareness through the public leaders.
- The DAC in Nanded suggested that the Govt should focus on introduction of MTP laws as due to PCPNDT, population might increase, also if there are any cases found the state appropriate authority should Act strictly.
- There should be more awareness about dowry and also respect for girl.
- The decisions about the activities which have to be carried out should be in the hand of other committee members too.
- MCI inspector should be outside Maharashtra.
- The data operators should be well paid. There should be determination of male female sex ratio at village level for this close observation of the pregnant women should be done.
- An internal comprehensive study on PCPNDT should be taken into consideration.
- The Jalgaon DAC suggested that Civil Hospital training should be given to the people as at times lawyers take advantage of this.
- Form filling is important but other factors are also important and wrong form filling results in court cases which will remain pending and resources get wasted.
- An online form filling is not feasible in the villages due to connectivity and also load shedding. Something more concrete should be considered.
- NGOs should be given more liberty to carry on more work.
- The Ratnagiri DAC suggested that the PCPNDT Act should be a part of the school and college curriculum.
- The Sindhudurg DAC thought that the other districts should increase strictness.
- The Satara DAC felt that awareness amongst the people including pregnant women and their families should be increased.
- More reservation for females should be done.
- The Gadchiroli DAC suggested that immediate legal actions should be taken for illegal abortions which must be traced and investigated retrospectively.
- All ANC tracking should be done till outcome.
- There should be monitoring of women having a female child.
- There should be political commitment for better implementation.
- The Buldhana DAC suggested that sealed machines should be opened within 3 days in case of minor mistakes and court matters should be settled within 3 months.
- Some suggested that it was better to allow sonography and let them know sex of child.
- Those having female fetuses should be counseled and motivated for not carrying abortions along with follow-up. It is mainly the responsibility of doctors to follow the Act sincerely and totally.

Public pleaders:

Almost all the districts suggested the following:

- Educational motivation of community required so as to not to differentiate between the male and female child
- Organizing of legal awareness campaign needed
- Legal education to the medical departments, doctors and the common people needed.
- Priority in legal procedure pertaining to cases
- Women should fight for their rights and also motivate others
- Investigation should be proper and all the witnesses should be reliable.
- The Buldhana PP suggested having a separate court for the PCPNDT Act.

DTFs:

- The Nanded DTF suggested training should beprovided to the nurses, compounders and other health staff.
- Money should be provided to the other social committees participating and supporting the Act.
- The Satara DTF suggested that it is important to look at the MTP cases as well.
- Other districts emphasized that more awareness generation is required.

TAA (medical):

TAAs (medical) of all districts gave some suggestions about this Act.

- Kolhapur, Gadchiroli TAA suggested that mentality of people who are going for sex selection abortion should be changed without this no any use of any legal action, because they will go at different village or state for this.
- They also suggested there should be higher officials involved while sting operation.
- In Gadchiroli and Buldhana TAA suggested that local doctors or traditional healers do such thing and there is no tracking system for them so there should be some.
- TAA of Buldhana suggested that MTP centers should be checked more checked and reference from it should be given from MBBS doctors.
- Also there is MCTS tracking system which should made more prominent.
- TAA of Gadchiroli said that there are so many china made probes are available for sonography and many doctors are using it and it's not possible to find out it, so some tracking system should be there for it also.
- In Mumbai TAA suggested periodic visit span should be increased, because under me 47 centers, of which 11 are closed but still have lots of work so very hectic to do visits quarterly.
- Different staff for PCPNDT Act implementation should be there. Atleast full time technical person is must.

Panchayat Raj Institutes:

- Most of the PRI members suggested that, awareness should be increased, punishment should be strict and swift action should be taken against the person going against the law.
- The PRI from Kolhapur suggested that political leaders should be involved in creating awareness and not in helping the people for going sex determination.
- The PRI from Nanded suggested that girls should be independent and well educated.
- In-laws should change their mindsets about boy child preference.
- Doctors should not do sex determination for money.
- The PRI from Gadchiroli suggested that reservations for women should be increased;
- There should be government programs for socio-economic empowerment of women.
- Female secrity and safety should be increased and taken care of.
- The PRI from Buldhana suggested that MTP centers should be sealed if cases observed against the law.
- Dowry should be strictly banned as in some villages it is going on so people prefer boy child.
- The doctor going against the law should be punished by cancelling his/her medical licence immediately.
- The PRI from Ratnagiri suggested that street plays and films are a good source to provide

Decision makers:

Suggestions from the head of the family from almost all the districts are:

- Awareness should be increased
- Severe legal punishments for the doctor and family members should be enforced for those going against the PCPNDT Act
- Girls should be independent
- Behavior/Mindset of mother-in-law and father-in-law must be changed
- Doctors should not do sex determination for money.
- Proper implementation of the law should be done.

USG centres:

- In Jalgaon centers suggested that the documentation process is tedious and the process should be streamlined, and to revise the time to submit by 1st of every month.
- A comprehensive form should be created and used.
- The website should be user-friendly.
- The Kolhapur USG centers suggested that ID proof should be compulsory;
- Notice should be given before sealing the machines.
- Nandurbar centers suggested that the renewal of machines should be done in a timely manner and without delays.
- In Ratnagiri, the USG official suggested the frequency of inspection should be reduced and more awareness generation activities should be carried out.
- In Buldhana, the USG official suggested that for simple incomplete information of 'F' form machines shouldn't be sealed.
- There should be a strict watch on the border state district.
- There should be revision in guidelines of 'F' forms.
- The Nanded USG suggested that duplicate cases should be sent for string operation.
- The birth of a girl should be promoted with some incentive.
- Software that would record the number of sonographies done by each machine should be developed.
- USGs from Mumbai suggested that decoy cases should be arranged frequently and immediate action should be taken on the culprits.
- Portable machines should be allowed as it becomes difficult for the debilitated patients to come to the center.
- Formalities at hospitals should be lessened, pamphlets should be provided with the information of the Act along with the forms to the patient.
- Training should be given to the doctors.

Objective 2: To identify the gaps in implementation of the PCPNDT act

1. The criteria for inspection of USG centres are nearly same and followed according to the law book given under this Act, in each region, but the criteria for grant and suspension of USG centres differ from region to region.
2. Few districts conduct sting operations and send decoy cases leading to legal actions and this is done by appropriate authorities. However, this procedure lacks confidentiality and security.
3. After cases are sent to courts there is no fast decision and this appears to be a de-motivating factor for some of the appropriate authorities.
4. Medical officials who are involved in this Act implementation are often seen to be lacking in understanding of legal terms and their implementation while non-medical officials are seen to be unclear about medical terminologymaking it harder for them to inspect USG centres.
5. There is apparently a very high workload for those not directly connected with the activities under this Act (for example, the Public Pleader) and they are also not clear about their roles and responsibility.
6. Similarly, in each district, the SPs too were not clear about their roles and responsibility and also their involvement in the case came at a later stage during legal action.
7. Training of online submission of forms for USG centres is lacking in majority of districts.
8. There are lots of problems with respect to the Maha online website in terms of access and connectivity.
9. It is concluded that there is no tracking system or identification proof mechanism for tracking women who visit USG centres, whether private or government.
10. There is no tracking system for portable machines.
11. The study of USG centres reveals that there is some harassment of doctors probably because of technical faults and there is registration of early portable machines or sealed machines.
12. From the response of DAA (medical) officials one may conclude that there is no flexibility in law and which is necessary for proper inspection of USG machines.

Objective 3: To suggest the measures for better implementation of the act

Recommendations:

1. Proper training and workshopsfor grassroots-level health staff about this Act and its implementation are needed.
2. Special protection and additional benefits to be provided to decoy cases.
3. Training on legal action and judiciary action procedure to the medical authorities who are involved in this Act implementation are needed.
4. Security should be provided to those who are involved in surprise checks, sting operations, and regular visits to USG centres.
5. Training in medical terminology for non-medical authorities is necessary.
6. Identification proof should be made mandatory for women visiting USGs, so as to keep record of them.
7. Second trimester MTPs should be done at a public facility or with the referral of government officials.
8. Awareness campaigns should be increased at the community level and in the youth group also.
9. Training of online filling of forms should be conducted for USG centres.
10. An upgraded and user friendly online submission website should be given to all USG centres.
11. The visit to USG centres should be in the regular scheduled basis.
12. Because of technical reasons machines often get sealed without any verification so before sealing of machine technical errors should be verified.
13. Police department involvement should be as early as possible in legal action.
14. Investigation of MTP centres should also be carried out.
15. Tracking system for portable USG machines should be established.
16. Old portable and old sealed machines should be taken by authority.
17. All vacant posts for Committees should be filled.

5. Conclusions:

Impact:

1. From the results we conclude that DAA (medical)have greater clarity about their roles and responsibility, implement numerous activities under this Act, have good supervision activities and also hold regular meetings as per schedule and co-ordinate effectively with other committee member compared to DAA (non-medical).
2. Both DAA medical and non-medical officials organize awareness activities among the community regularly.
3. Additionally DAC and DTF organize different awareness generation activities with the co-ordination of respective DAAs.
4. TAA (non-medical)in comparison with TAA (medical) are not aware about their roles and responsibility clearly and do not play a very active role in implementation of activities under this Act, awareness activities, and inspection of USG centres. In some of the districts no Taluka-level committee has been established or posts are vacant.
5. From the grassroots-level health workers we concluded that most of them are aware about this Act and participate in awareness generation of their community.
6. Because of grassroots health workers, the close monitoring and tracking of suspected cases is much easier in most of the districts.
7. All the USG centres under this study are registered under this Act and they follow all the rules like filling of 'F' forms, display of boards, postersin their clinic/hospital.
8. The co-ordination of other committee members like DTF, DAC is good with DAA in almost all districts.
9. According to PRI and decision maker,owing to thestrict implementation of this Act sex selective abortions among their community are no longer present resulting in slightly better sex ratio, but mentality of people remains discriminatory against girls to a large extent.
10. Through interaction with the DACsone may conclude that one can stop abortion using legal action but it is harder to change mentality. As such many couples continue to have children until a boy is born.

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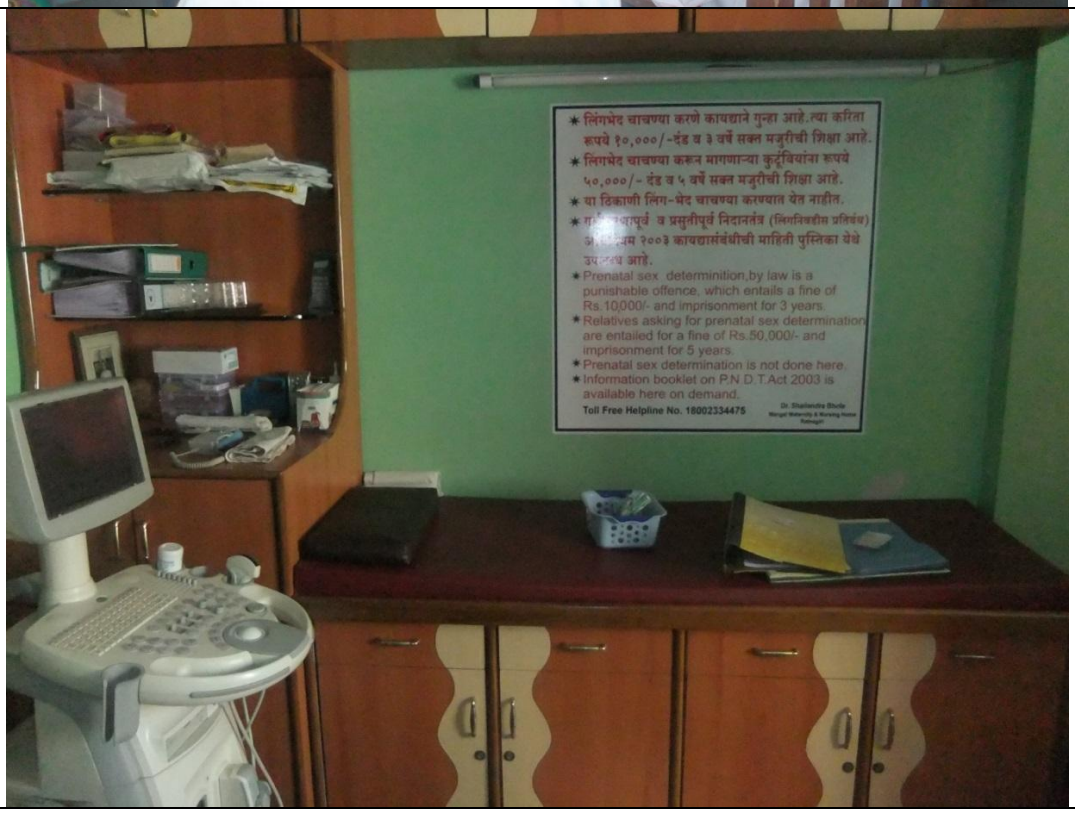
Photo Gallery:


शिशुपोषणाच्या मुख्य शिफारशी
बाळाला रोगप्रतिकारक शक्ती पकडण्यासाठी योग्य पध्दत काय ?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* या ठिकाणी लिंग-भेद चाचण्या करण्यात येत नाहीत.
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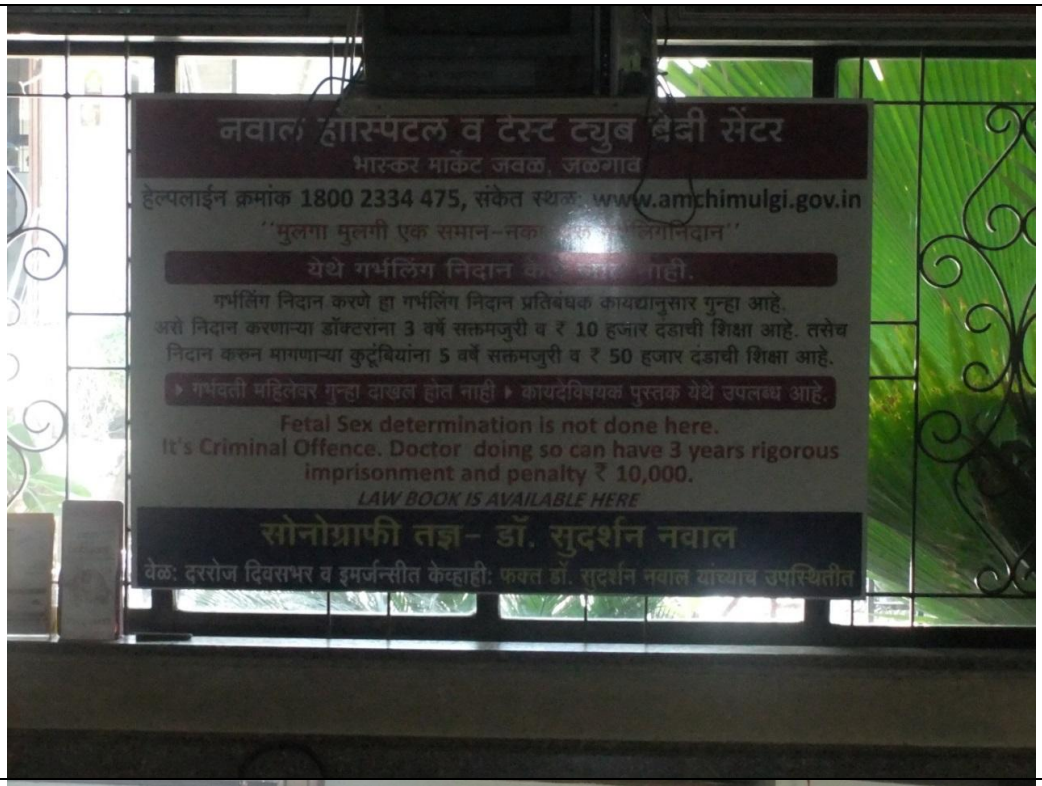
* Relatives asking for prenatal sex determination are entailed for a fine of Rs.50,000/- and imprisonment for 5 years.
* Prenatal sex determination is not done here.
* Information booklet on P.N.D.T.Act 2003 is available here on demand.
Toll Free Helpline No. 18002334475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Fetal Sex determination is not done here.
It's Criminal Offence. Doctor doing so can have 3 years rigorous
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criminal offence.
(Law book is available here.)
Naval Hospital and IVF-ICSI Centre
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हेल्पलाईन क्रमांक
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