

# THE STATE OF FEMALE FETICIDE IN GUJARAT



ASIAN CENTRE FOR HUMAN RIGHTS



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# 1. EXECUTIVE SUMMARY AND RECOMMENDATIONS

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A total of 4,29,225 girls altogether went missing during 2001 and 2011 in the age bracket of 0-10 years in Gujarat according to Census 2011<sup>1</sup> and Gujarat recorded the 8<sup>th</sup> lowest Child Sex Ratio (CSR)<sup>2</sup> among 35 States and UTs of India with CSR of 890 girls per 1000 boys against all India average CSR of 919.<sup>3</sup>

With exception of 1981 Census, Gujarat has been registering a declining trend of CSR since 1971. In Gujarat, the CSR was 946 as per 1971 census; 950 as per 1981 census; 928 as per 1991 census; 883 in 2001 census.<sup>4</sup> It improved to 890 in 2011.<sup>5</sup> In terms of points, from 1981 to 2011, the CSR actually fell by 60 points.<sup>6</sup> 17 out of 26 districts recorded CSR below national average CSR of 919 while 7 out of 26 districts recorded CSR below the state average CSR of 890 girls per 1000 boys.<sup>7</sup>

An analysis of the sex ratio at birth (SRB) data in Gujarat during the decade 2005- 2014 as recorded under the Civil Registration System by the Office of the Registrar General of India, Ministry of Home Affairs, Government of India suggests that Gujarat is in fact gradually reverting back towards 2005 position when the SRB was 846. The SRB increased by 126 points from 846 in 2005 to 972 in 2006, then declined by 93 points recording 879 in 2007 and again improved marginally by 4 points recording 883 in 2008. The SRB however remained consistent for five years recording 905 in 2009,

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1. <http://www.census2011.co.in/census/state/Gujarat.html>

2. Child Sex Ratio is the number of girls per thousand boys in the age group 0-6 years.

3. Decline in Child Sex Ratio, 11 February 2014 by Press Information Bureau, Government of India, Ministry of Health and Family Welfare, GoI; Available at: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437>

4. Available at: <http://pib.nic.in/newsite/erecontent.aspx?relid=71711>

5. Decline in Child Sex Ratio, 11 February 2014 by Press Information Bureau, Government of India, Ministry of Health and Family Welfare, GoI; Available at: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437>

6. Available at: <http://pib.nic.in/newsite/erecontent.aspx?relid=71711>

7. <http://www.census2011.co.in/census/state/districtlist/Gujarat.html>

902 in 2010, 901 in 2011, 902 in 2012 and 901 in 2013. But it slide back by 15 points recording 886 in 2014.<sup>8</sup> If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births<sup>9</sup> in India is applied in Gujarat context, the Child Sex Ratio (CSR) of 890 as per 2011 Census will come down much below.

The use of technology for sex selection is one of the root causes for drastic and consistent fall in the CSR in Gujarat.

Contrarily, the implementation of the PC&PNDT Act suffers from absolute lack of seriousness on the part of the PC&PNDT authorities in Gujarat. This has been substantiated by the fact that as of December 2015, the authorities in Gujarat filed only 349 court cases. Further, out of total of 187 disposed off cases, conviction was secured only in nine cases (4.81%) while 178 cases (94.17 %) resulted in acquittal. During the same period only 18 sting operations were carried out across the State.<sup>10</sup>

The failures on the part of the Gujarat PC&PNDT authorities as pointed out by Office of the Comptroller & Auditor General (CAG) of India in its report on “General and Social Sector for the year ended March 2014” (Report No. 6 of 2014) included: (i) Deliberately not utilizing the e-Mamta portal and not monitoring and tracking antenatal & delivery cases registered under it, (ii) Mass media such as TV and Radio not effectively used for Information, Education and Communication (IEC) activities; (iii) Shortfall in inspection of clinics; (iv) Ultra-sonography machines not sealed or seized after cancellation of registration of clinics; (v) Negligible number of convictions and inordinate delay in disposal of cases; (vi) No. of successful sting/decoy operations negligible because of lack of monitoring; (vii) No action taken against manufactures/suppliers/dealers of USG machines for violations of the

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8. Gujarat sex ratio at birth 2005-2014; available at: [http://www.censusindia.gov.in/2011-Documents/CRS\\_Report/crs2014\\_final.pdf](http://www.censusindia.gov.in/2011-Documents/CRS_Report/crs2014_final.pdf)

9. 20% of world's under-5 deaths occur in India, The Times of India, 9 September 2015 available at <http://timesofindia.indiatimes.com/india/20-of-worlds-under-5-deaths-occur-in-India/articleshow/48878224.cms>

10. Available at: <http://www.girlscount.in/publications/Report%20Card%202015%20-%20final.pdf>

PC&PNDT Act; and (viii) No action taken against clinics that failed to submit form 'F' online or as per the revised format.<sup>11</sup>

As per the reply of the Minister of State in the Ministry of Health and Family Welfare, Smt Anupriya Patel in the Lok Sabha to Unstarred Question No. 1116 answered on 21<sup>st</sup> July 2017, there are 5465 centres registered under the PC&PNDT Act in Gujarat as of March 2017. The Minister further stated that as of March 2017, 17 convictions have been secured and there was no ongoing court or police case under the PC&PNDT Act and not a single machine has been seized or sealed.<sup>12</sup>

The schemes implemented by the State Government of Gujarat hardly had any visible impact because of the fact that benefits given under these schemes are too less to act as incentives. The Balika Samridhi Yojana (BSY) launched by the Government of India in 1997 but continued to be implemented by the State Government had extended post birth grants to only 4,24,007 beneficiaries and scholarships to only 1,50,096 beneficiaries against total expenditure of Rs. 14.65 crore as of October 2009.<sup>13</sup>

Similarly, the Beti Bachao Abhiyan (BBA) also known as Dikri Bachao Campaign was launched by former Chief Minister Mr. Narendra Modi on 5 December 2005 in view of the skewed CSR of 878 by Gujarat in the 2001 census provided only a grant of Rs.6000/- to a family having one daughter but no son and only Rs.5000/- to a family having two daughters but no son.<sup>14</sup> The financial aid of Rs. 6000 or Rs.5000 was too meager to act as incentive for retention of the girl child.

11. Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

12. Reply of the Minister of State in the Ministry of Health and Family Welfare, Smt Anupriya Patel in the Lok Sabha, Unstarred Question No. 1116 answered on 21<sup>st</sup> July 2017

13. BSY beneficiaries: Available at: <http://wcd.gujarat.gov.in/int6.html>

14. Gujarat launches Save the Girl Child Campaign to arrest declining sex ratio; Available at: <http://unicef.in/PressReleases/228/Gujarat-launches-Save-the-Girl-Child-Campaign-to-arrest-declining-sex-ratio#sthash.FcGX9zML.dpuf>



The Kuvar Bai Nu Mameru (KBNM) scheme was initiated in 1995-96 with the objective to help poor families belonging to Scheduled Castes/Tribe s and other backward classes at the time of marriage of their daughter<sup>15</sup> has not been effective either mainly because of meager amount of Rs.5,000 as financial assistance to the bride's family. The amount of financial assistance was increased to Rs.10,000 in 2010.<sup>16</sup>

In the light of these, Asian Centre for Human Rights recommends the following to the State Government of Rajasthan:

- Revise Balika Samridhi Yojana (BSY) or Beti Bachao Abhiyan (BBA) to increase the amount for post birth benefits of at least Rs. 1 lakh,<sup>17</sup> provide educational scholarship of Rs. 50,000<sup>18</sup> and further additional financial assistance of Rs. 1 lakh to be paid to surviving girls for assistance during marriage<sup>19</sup>;
- Expand the coverage under BSY and BBA to include families irrespective of income;
- Undertake specific programme for increasing coverage of all families under the BSY and BBA schemes by connecting the programme with all hospitals;
- Upload all details of physical and financial achievements of the BSY and BBA schemes on a dedicated website and update the website regularly to provide all relevant information such as list of beneficiaries, funds sanctioned and utilization certificates; and
- Ensure proper implementation of the PC&PNDT Act inter alia by (i) properly monitoring and tracking of antenatal and delivery cases

15. Special Financial Incentive Schemes for the Girl Child in India: A Review of Select Schemes, 2010 by T.V. Sekher International Institute for Population Sciences, Mumbai for The Planning Commission Government of India; Available at: [http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Publication-39772.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Publication-39772.pdf)

16. <https://comm-tribal.gujarat.gov.in/kuvar-bai-nu-mameru>

17. As provided under the Ladli Laxmi Yojana of Madhya Pradesh.

18. As provided under Nanda Devi Kanya Yajona in Uttarakhand and Beti Hai Anmol Yajona in Himachal Pradesh.

19. As provided under the Ladli Laxmi Scheme in Goa

utilizing the e-Mamta portal, (ii) effectively using mass media such as TV and Radio for Information, Education and Communication (IEC) activities for wider reach out; (iii) conducting regular inspection of USG clinics; (iv) taking appropriate actions with USG machines after cancellation of registration of clinics; (v) strengthening the PC&PNDT apparatus to secure convictions and ensure time bound trial of PC&PNDT cases; (vi) conducting sting/decoy operations regularly by launching Mukhbir Yojana like Rajasthan; (vii) taking appropriate actions against manufactures/suppliers/dealers of USG machines found violating the PC&PNDT Act; and (viii) taking stern actions against clinics that failed to submit form 'F' online or as per the revised format and ensure they comply with the relevant provisions strictly; (ix) install tracking devices in each of the USG machines operated in the registered clinics; (x) making necessary budgetary allocations for implementation of all these measures.

## 2. THE STATE OF THE MISSING GIRLS AND CSR IN GUJARAT

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India is infamous for female foeticide and female infanticide, the crudest forms of gender based violence. The reasons are known: *“son preference and the belief that it is only the son who can perform the last rites, that lineage and inheritance runs through the male line, sons will look after parents in old age, men are the bread winners, exorbitant dowry demand is another reason for female foeticide/infanticide”*.<sup>20</sup>

The son preference has been causing consistent and serious fall in the Child Sex Ratio (CSR).

As per the 2011 census report, total child population in the age group of 0-6 years in Gujarat was 36,61,878 females against 41,15,384 males.<sup>21</sup> Based on the World Health Organisation's (WHO) estimate of natural sex ratio of 105 males for every 100 females<sup>22</sup>, for 41,15,384 males, there would have been around 39,19,413 females in the age group of 0-6 years instead of 36,61,878 females. This means the total number of missing girls were 2,57,535 i.e. 39,19,413 females ideally to be born in the age group of 0-6 years minus 36,61,878 actually born in the age group of 0-6 years which is about 42,922 females per age group. As the census is conducted every 10 years, it is indispensable to take into account those in the age group of 7-10 years and another 1,71,690 went missing in the age group of 7-10 years (42,922 girls per age group x 4 years) also went missing. This implies that a total of 4,29,225 girls altogether went missing during 2001 and 2011 from 0-10 years.

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20. Statement of Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare in Rajya Sabha on 11 February 2014, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437>

21. <http://www.census2011.co.in/census/state/Gujarat.html>

22. Health situation and trend assessment: Sex Ratio, WHO [http://www.searo.who.int/entity/health\\_situation\\_trends/data/chi/sex-ratio/en/](http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/)

**Table 1: Child Sex Ratio in Gujarat districts during 2001-2011<sup>1</sup>**

Sl. No.	District/State	Census 2001	Census 2011	Change in points (-/+)	Ranking as per lowest CSR in 2011 Census CSR
	Gujarat	883	890	+7	
01	Surat	859	835	-24	1 <sup>st</sup>
02	Mahesana	801	842	+41	2 <sup>nd</sup>
03	Gandhinagar	813	847	+34	3 <sup>rd</sup>
04	Ahmedabad	836	857	+21	4 <sup>th</sup>
05	Rajkot	854	862	+8	5 <sup>th</sup>
06	Anand	849	884	+35	6 <sup>th</sup>
07	Amreli	892	886	-6	7 <sup>th</sup>
08	Patan	865	890	+25	8 <sup>th</sup>
09	Surendranagar	886	896	+10	9 <sup>th</sup>
10	Bhavnagar	881	891	+10	10 <sup>th</sup>
11	Kheda	876	896	+20	11 <sup>th</sup>
12	Vadodara	886	897	+11	12 <sup>th</sup>
13	Banaskantha	907	898	-9	13 <sup>th</sup>
14	Sabarkantha	879	903	+24	14 <sup>th</sup>
15	Porbandar	898	903	+5	15 <sup>th</sup>
16	Jamnagar	898	904	+6	16 <sup>th</sup>
17	Junagadh	903	907	+4	17 <sup>th</sup>
18	Bharuch	918	920	+2	18 <sup>th</sup>
19	Kachchh	922	921	-1	19 <sup>th</sup>
20	Navsari	915	923	+8	20 <sup>th</sup>
21	Valsad	933	925	-8	21 <sup>st</sup>
22	Panchmahal	935	932	-3	22 <sup>nd</sup>
23	Narmada	945	941	-4	23 <sup>rd</sup>
24	Dohad	967	948	-19	24 <sup>th</sup>
25	Tapi	951	953	+2	25 <sup>th</sup>
26	The Dangs	974	964	-10	26 <sup>th</sup>

Out of 26 districts, 17 districts of Gujarat recorded CSR below national average CSR of 919 while 7 out of 26 districts recorded CSR below the state average CSR of 890 girls per 1000 boys.

Nine out of 26 districts have witnessed marginal to sharp decline in CSR from Census 2001 to Census 2011 while 17 districts have recorded improvement. The nine districts that have witnessed fall in CSR were: Surat (-24), followed by Dohad (-19), The Dangs (-10), Banaskantha (-9), Valsad (-8), Amreli (-6), Narmada (-4), Panch Mahal (-3), and Kachchh (-1).

The 17 districts which recorded improvement included – Mahesana (41), followed by Anand (35), Gandhinagar (34), Patan (25) Sabarkantha (24), Ahmedabad (21), Kheda (20), Vadodara (11), Surendranagar (10), Bhavnagar (10), Navsari (8), Jamnagar (6), Porbandar (5), Junagadh (4), Tapi (2) and Bharuch (2). However, out of the 17 districts that recorded improvement, five districts viz. Mahesana (842), Gandhinagar (847), Ahmedabad (857), Rajkot (862) and Anand (884) recorded CSR below the state average of 890 while nine districts viz. Patan (890), Surendranagar (896), Bhavnagar (891), Kheda (896), Vadodara (897), Sabarkantha (903), Porbandar (903), Jamnagar (904) and Junagadh (907) recorded CSR below the national average of 919.

An analysis of the sex ratio at birth (SRB) data in Gujarat during the decade 2005 – 2014 as recorded under the Civil Registration System by the Office of the Registrar General of India, Ministry of Home Affairs, Government of India suggests that Gujarat is in fact gradually reverting back towards 2005 position when the SRB was 846. The SRB increased by 126 points from 846 in 2005 to 972 in 2006, then declined by 93 points recording 879 in 2007 and again improved marginally by 4 points recording 883 in 2008. The SRB however remained consistent in five years recording 905 in 2009, 902 in 2010, 901 in 2011, 902 in 2012 and 901 in 2013. But it slide back by 15 points recording 886 in 2014.<sup>23</sup> If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births<sup>24</sup> in India is applied in Gujarat

23. Gujarat sex ratio at birth 2005-2014; available at: [http://www.censusindia.gov.in/2011-Documents/CRS\\_Report/crs2014\\_final.pdf](http://www.censusindia.gov.in/2011-Documents/CRS_Report/crs2014_final.pdf)

24. 20% of world's under-5 deaths occur in India, The Times of India, 9 September 2015 available at <http://timesofindia.indiatimes.com/india/20-of-worlds-under-5-deaths-occur-in-India/articleshow/48878224.cms>

context, the Child Sex Ratio (CSR) of 890 as per 2011 Census will come down much below.

## **2.1 The scale of female infanticide in Gujarat**

Prior to the invention of technology, female infanticide was widespread in India. Section 315<sup>25</sup> and Section 316<sup>26</sup> of the Indian Penal Code criminalised female infanticide.

As per the National Crime Records Bureau (NCRB) under the Ministry of Home Affairs, Government of India from 2001-2015, a total of 1,556 cases of infanticide were recorded i.e. 133 in 2001, 115 in 2002, 103 in 2003, 102 in 2004, 108 in 2005, 126 in 2006, 134 in 2007, 140 in 2008, 63 in 2009, 100 in 2010, 63 in 2011, 81 in 2012, 82 in 2013, 121 in 2014 and 88 in 2015.<sup>27</sup>

Out of these, NCRB recorded 22 cases from Gujarat with 1 case in 2001, 4 in 2002, 0 in 2003, 5 in 2004, 2 in 2005, 0 in 2006, 7 in 2007, 0 in 2008, 1 in 2009, 0 in 2010, 0 in 2011, 0 in 2012, 0 in 2013, 1 in 2014, 1 in 2015.<sup>28</sup>

The prejudice towards the girl child is well demonstrated from the higher infant mortality rate (IMR) in respect of female in comparison to male in India recorded consistently from 2008 to 2013. IMR is the number of deaths of children less than one year of age per 1000 live births. At the all India level, IMR was recorded as 55 in respect of female against 52 in respect of male in 2008; 52 in respect of female against 49 in respect of male in 2009; 49 in respect of female against 46 in respect of male in 2010; 46 in respect of female against 43 in respect of male in 2011; 44 in respect of female against

25. Section 315. Act done with intent to prevent child being born alive or to cause it to die after birth, "Whoever before the birth of any child does any act with the intention of thereby preventing that child from being born alive or causing it to die after its birth, and does by such act prevent that child from being born alive, or causes it to die after its birth, shall, if such act be not caused in good faith for the purpose of saving the life of the mother, be punished with imprisonment of either description for a term which may extend to ten years, or with fine, or with both.

26. Section 316: Causing death of quick unborn child by act amounting to culpable homicide, "Whoever does any act under such circumstances, that if he thereby caused death he would be guilty of culpable homicide, and does by such act cause the death of a quick unborn child, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine."

27. Crime in India report series 1994 to 2015, National Crime Records Bureau, available at: <http://ncrb.gov.in/>

28. Crime in India report series 1994 to 2015, National Crime Records Bureau, available at: <http://ncrb.gov.in/>

41 in respect of male in 2012 and 42 in respect of female against 39 in respect of female in 2013.<sup>29</sup>

Similar was the pattern of IMR in Gujarat which recorded 51 points in respect of female against 49 points in respect of male in 2008; 48 in respect of female against 47 in respect of male in 2009; 47 in respect of female against 41 in respect of male in 2010; 42 in respect of female against 39 in respect of male in 2011; 39 in respect of female against 36 in respect of male in 2012; 37 in respect of female against 35 in respect of female in 2013<sup>30</sup> and 37 in respect of female against 34 in respect of males.<sup>31</sup> Gujarat recorded 2 points higher IMR among infant girls in 2008; 1 point in 2009; 6 points in 2010; 2 points in 2011; 3 points in 2012; 1 point in 2013<sup>32</sup> and 3 points in 2014 than the IMR among infant boys.<sup>33</sup>

Prof. Dileep Mavlinkar, Director of the Indian Institute of Public Health, Gandhinagar stated that the higher IMR among infant girls in comparison to infant boys reveal that the people pay less attention to the girls when they fall sick and it is the reflection of the society.<sup>34</sup>

There have been regular reports of female infanticide in Gujarat.

In August 2017, a newborn baby girl was found abandoned in a thorny bush near Una in Gujarat. She was abandoned by her parents for being a girl. She was found in critical condition but doctors saved her life.<sup>35</sup>

29. Infant Mortality Rate (IMR) (per 1000 live births); Available at: <http://niti.gov.in/content/infant-mortality-rate-imr-1000-live-births>

30. Infant Mortality Rate (IMR) (per 1000 live births); Available at: <http://niti.gov.in/content/infant-mortality-rate-imr-1000-live-births>

31. Infant Mortality Rate higher girls in Gujarat, Times of India, 22 June 2016; Available at <http://timesofindia.indiatimes.com/city/ahmedabad/Infant-Mortality-Rate-higher-girls-in-Gujarat/articleshow/52867331.cms>

32. Infant Mortality Rate (IMR) (per 1000 live births); Available at: <http://niti.gov.in/content/infant-mortality-rate-imr-1000-live-births>

33. Infant Mortality Rate higher girls in Gujarat, Times of India, 22 June 2016; Available at <http://timesofindia.indiatimes.com/city/ahmedabad/Infant-Mortality-Rate-higher-girls-in-Gujarat/articleshow/52867331.cms>

34. Infant Mortality Rate higher girls in Gujarat, Times of India, 22 June 2016; Available at <http://timesofindia.indiatimes.com/city/ahmedabad/Infant-Mortality-Rate-higher-girls-in-Gujarat/articleshow/52867331.cms>

35. Pierced Horrifically With Thorns, Baby Survives After Her Heartless Parents Threw Her To Die For Being A Girl, Daily Bhaskar, 13 August 2017, <https://daily.bhaskar.com/news/TOP-baby-left-to-die-5669461-PHO.html>

On 21 November 2016, residents of Panchamrut Flats in Bodakdev in Ahmedabad city spotted a 10-day-old baby girl who was abandoned in a laptop bag atop a garbage bin. The girl who was wrapped in woolen was found sleeping peacefully inside the laptop bag. She was rushed admitted in the Solo civil hospital for medical care.<sup>36</sup>

In the first week of November 2016, police arrested a mother-daughter duo who killed a two-hour old baby girl by throwing her from the window of their second floor residence. The incident took place near Palanpur Jakat Naka of Surat in Gujarat and the entire incident was caught on CCTV camera that was installed in the society premises. The incident came to light after the baby girl was found dead in the parking lot of the apartment by one of the residents who informed the police.<sup>37</sup>

According to the police, the daughter who is a minor gave birth to a child after an illicit affair. The baby was delivered in the house and in order to conceal the shame and escape humiliation, the minor and her mother flung the baby out of the window.<sup>38</sup>

On 29 October 2016, an around four month old baby girl has been found abandoned in coach number S9 of the Ahmedabad-Puri Express by the cleaning staff at the yard at Kankaria railway yard. According to General Railway Police, the girl who had immediately sent to the Civil Hospital, might have been put aboard the train in the yard as the child was not reported or found abandoned when the train got emptied at the Kalupur station at 7.30 am.<sup>39</sup>

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36. Woman seeks to adopt abandoned baby girl, Times of India, 24 November 2016; Available at: <http://timesofindia.indiatimes.com/city/ahmedabad/Woman-seeks-to-adopt-abandoned-baby-girl/articleshow/55589305.cms>

37. Surat shocker: 16-year-old mother kills baby girl by throwing her out of window, Indiatoday, 8 November 2016; Available at: <http://indiatoday.intoday.in/story/surat-teenaged-mother-kills-infant-gujarat-police-shame-cctv-footage/1/805657.html>

38. Surat shocker: 16-year-old mother kills baby girl by throwing her out of window, Indiatoday, 8 November 2016; Available at: <http://indiatoday.intoday.in/story/surat-teenaged-mother-kills-infant-gujarat-police-shame-cctv-footage/1/805657.html>

39. Four-month-old found from railway coach, 29 October 2016; Available at: <http://timesofindia.indiatimes.com/city/ahmedabad/Four-month-old-found-from-railway-coach/articleshow/16999942.cms>



On 10 May 2015 which is also observed as mother's day, a man found a day old new born baby girl abandoned in a garden in Bhavnagar. He took her to the hospital for medical treatment.<sup>40</sup>

On 28 March 2012, Railway Protection Force (RPF) personnel rescued a six-month-old girl who was found abandoned in S 1 coach of the Janmbhoomi Express train at the Ahmedabad railway station.<sup>41</sup>

## **2.2 The scale & instances of female foeticide in Gujarat**

### **2.2.1 The scale of female foeticide**

According to NCRB, 1,663 cases of feticide were reported across India in the last 15 years from 2001 to 2015. These included 55 cases in 2001, 84 cases in 2002, 57 cases in 2003, 86 cases in 2004, 86 cases in 2005, 125 cases in 2006, 96 cases in 2007, 73 cases in 2008, 123 cases in 2009, 111 cases in 2010, 132 cases in 2011, 210 cases in 2012, 221 cases in 2013, 107 cases in 2014, and 97 cases in 2015. Among the States, Madhya Pradesh topped with 360 cases followed by Rajasthan (255), Punjab (239), Maharashtra (155), Chhattisgarh (135), Haryana (131), Uttar Pradesh (93), Delhi (69), Karnataka (60), Gujarat (52), Andhra Pradesh (30), Himachal Pradesh (25), Bihar and Jharkhand (10 each), Odisha (6), Kerala, West Bengal and Andaman and Nicobar Islands (5 each), Jammu and Kashmir, Sikkim and Telangana (4 each), Assam (2), and Tamil Nadu, Uttarakhand, Chandigarh and Dadra and Nagar Haveli (1 each).<sup>42</sup>

These 52 cases from Gujarat included 4 cases in 2001, 9 in 2002, 4 in 2003, 0 in 2004, 4 in 2005, 6 in 2006, 1 in 2007, 1 in 2008, 3 in 2009, 10 in 2010, 0 in 2011, 7 in 2012, 2 in 2013, 0 in 2014, 1 in 2015.<sup>43</sup>

40. On mother's day, a day old baby girl found abandoned - Tv9 Gujarati; Available at: [https://www.youtube.com/watch?v=Q7\\_VJ14AnOM](https://www.youtube.com/watch?v=Q7_VJ14AnOM)

41. 6-month-old girl found abandoned in train, Indian Express, 29 March 2012, Available at: <http://archive.indianexpress.com/news/6monthold-girl-found-abandoned-in-train/929904/>

42. See NCRB's Crime in India report series from 2001 to 2015

43. Crime in India report series 1994 to 2015, National Crime Records Bureau, available at: <http://ncrb.gov.in/>

Although, the NCRB has been collecting data on foeticide over the years, it started collecting data on female foeticide only from 2014. It recorded 39 cases of female foeticide in 2015 and 50 cases in 2014. The State/UT-wise data relating to female foeticide is given in the table below:<sup>44</sup>

**Table 1: No of female foeticide cases recorded by NCRB**

Sl. No.	States/UTs	Cases registered		
		2014	2015	Total
1	Andhra Pradesh	0	0	0
2	Arunachal Pradesh	0	0	0
3	Assam	0	0	0
4	Bihar	0	0	0
5	Chhattisgarh	2	3	5
6	Goa	0	0	0
7	Gujarat	0	0	0
8	Haryana	4	2	6
9	Himachal Pradesh	3	0	3
10	Jammu & Kashmir	0	0	0
11	Jharkhand	0	0	0
12	Karnataka	0	1	1
13	Kerala	0	0	0
14	Madhya Pradesh	15	8	23
15	Maharashtra	1	9	10
16	Manipur	0	0	0
17	Meghalaya	0	0	0
18	Mizoram	0	0	0
19	Nagaland	0	0	0
20	Odisha	0	0	0
21	Punjab	7	2	9
22	Rajasthan	11	1	12
23	Sikkim	0	0	0
24	Tamil Nadu	0	1	1

44. Statement of J P Nadda, Minister of Health and Family Welfare, Government of India in the Lok Sabha on 11.12. 2015, <http://164.100.47.192/Loksabha/Questions/QResult15.aspx?qref=26479&lno=16>

25	Telangana	2	6	8
26	Tripura	0	0	0
27	Uttar Pradesh	4	5	9
28	Uttarakhand	1	0	1
29	West Bengal	0	N/A	0
30	Andaman & Nicobar Islands	0	0	0
31	Chandigarh	0	0	0
32	Dadra Nagar Haveli	0	0	0
33	Daman & Diu	0	0	0
34	Delhi	0	1	1
35	Lakshadweep	0	0	0
36	Puducherry	0	0	0
	Total	50	39	89

In two years from 2014 to 2015, the NCRB recorded 59 cases of female foeticide across India. Madhya Pradesh topped in female foeticide with 23 cases, followed by Rajasthan (12), Maharashtra (10), Punjab and Uttar Pradesh (9 each), Telengana (8), Haryana (6), Chhattisgarh (5), Himachal Pradesh (3), Karnataka, Tamil Nadu, Uttarakhand and Delhi (1 each). As per Census 2011, three states with most adverse child sex ratios namely Punjab, Haryana and Jammu & Kashmir had reported 9, 6 and 0 cases respectively.

### **2.2.2 The instances of female foeticide**

There have been regular reports of arrest under the PC&PNDT Act in Gujarat.

On 19 January 2017, Rajasthan's Pre-Conception Pre-Natal Diagnostic Technique (PCPNDT) cell conducted a decoy operation and arrested a government doctor identified as Shailesh Gajar and two agents of the doctor for conducting sex determination on a pregnant woman from Rajasthan. The accused doctor is an obstetrician and gynecologist at the Community Health Center in Radanpur in Patan district of Gujarat. The PCPNDT sleuths also seized a sonography machine from the government's community health

centre. All the three accused and the sonography machine was brought to Rajasthan.<sup>45</sup>

On 12 September 2016, Rajasthan's Pre-Conception Pre-Natal Diagnostic Technique (PCPNDT) cell arrested 64-year-old Dr Jayantilal Patel along with middleman Nirav Patel (23) from Mehsana district of Gujarat red handed while conducting illegal sex determination test on a pregnant woman from Rajasthan, who acted as a decoy customer.

The accused doctor charged Rs. 20,000 and conducted the test even without filling any details of the pregnant woman. The accused duo has been produced before a local court in Sirohi which sent them to police custody.<sup>46</sup>

On 17 July 2016, Rajasthan PC&PNDT Cell and Gujarat government raided an ultrasonography clinic in Gujarat and arrested Dr. Jitendra Kumar Shukla, a doctor from Gujarat and Nirmala Kumari posted as an auxiliary nurse midwife (ANM) in Udaipur, Rajasthan on charges of conducting sex determination tests. Both had been booked under the PC&PNDT) Act.<sup>47</sup> The Rajasthan authorities (from Udaipur) sent a decoy patient to Nurse Kumari who agreed to take the patient to a centre in Himmatnagar, Gujarat for the purpose of Sex determination for a price of Rs 21000.<sup>48</sup> As soon as they reached Himmatnagar main bus stand and met Dr Jitendra Kumar Shukla of Devpujan Hospital, a team of Rajasthan PCPDNT cell, led by additional superintendent of police Raghuvir Singh, arrested them. The sonography machine was also seized.<sup>49</sup>

45. Government doctor, 2 agents held for sex test in Gujarat, Times of India, 21 Jan 2017; Available at: <http://timesofindia.indiatimes.com/city/jaipur/govt-doc-2-agents-held-for-sex-test-in-gujarat/articleshow/56694086.cms>

46. Doctor, middleman arrested for aiding sex test in Gujarat, The Times of India, 14 September 2016; Available at: <http://timesofindia.indiatimes.com/city/jaipur/Doctor-middleman-arrested-for-aiding-sex-test-in-Gujarat/articleshow/54321235.cms>

47. Doctor, nurse arrested for carrying out sex determination test, Business Standard, 19 July 2016; Available at: [http://www.business-standard.com/article/pti-stories/doctor-nurse-arrested-for-carrying-out-sex-determination-test-116071901697\\_1.html](http://www.business-standard.com/article/pti-stories/doctor-nurse-arrested-for-carrying-out-sex-determination-test-116071901697_1.html)

48. Rajasthan: Doctor, nurse arrested for carrying out sex determination test, 20 July 2016; Available at: <http://medcaldialogues.in/rajasthan-doctor-nurse-arrested-for-carrying-out-sex-determination-test/>

49. Rajasthan: Doctor, nurse arrested for carrying out sex determination test, 20 July 2016; Available at: <http://medcaldialogues.in/rajasthan-doctor-nurse-arrested-for-carrying-out-sex-determination-test/>

On 15 April 2016, a joint team of Surat police with health authorities and officials from Nandurbar district of Maharashtra conducted a raid on clinics of Dr Ketan Zariwala, gynecologist in Surat and Dr Chetan Patel, a Bachelor of Ayurvedic Medicine (BAMS) doctor for their role in determining sex of a foetus and violating the PC-PNDT Act. Hiralal Pawar, a ward boy at Nandurbar's Khushi hospital, who took the decoy (pregnant woman from Nandurbar district of Maharashtra) to Surat, was also arrested.<sup>50</sup>

On 8 November 2014, Surat district health department officials trapped a 35-year-old woman doctor while illegally conducting sex determination test and abortion in Varacha area of the city. Officials of the Surat district appropriate authority led by Dr Megha Mehta raided the clinic of the accused, Dr Geeta Mangukiya, a Bachelor of Ayurvedic Medicine & Surgery (BAMS) after she agreed to conduct the illegal sex determination test on a decoy patient for Rs 7,000. However, accused doctor managed to escape through the back entrance of her clinic. A sonography machine and some allopathic medicines have been seized from her clinic and she was booked under different sections of Pre-Conception and Pre-Natal Diagnostic Techniques Act by Kapodara police in Surat district.<sup>51</sup>

In July 2012, a team of Ahmedabad District Appropriate Authority under the PCPNDT Act arrested a homeopathic doctor identified as Dr Girkesh Agrawal for conducting sex determination test on a pregnant woman, who acted as a decoy customer. It was found that the sonography machine recovered from the clinic was not registered under the Pre conception and Pre Natal Diagnostic Techniques (PCPNDT) act. The officials also recovered 10 different types of allopathic drugs which had expired a long time ago from the clinic of the accused.<sup>52</sup>

50. 2 Gujarat docs held in sex-selection sting, Indian Express, 16 April 2014, Available at: <http://indianexpress.com/article/india/india-others/2-gujarat-docs-held-in-sexselection-sting/>

51. Sex test raid: Surat doctor dodges officials, Times of India, 17 November 2014; Available at: <http://timesofindia.indiatimes.com/city/surat/Sex-test-raid-Surat-doctor-dodges-officials/articleshow/45173677.cms>

52. Homeopathic doctor conducts sex determination test, held, DNAIndia, 24 July 2012; Available at: <http://www.dnaindia.com/india/report-homeopathic-doctor-conducts-sex-determination-test-held-1719105>

In December 2012, Mehsana district Appropriate Authority raided the Sharada Maternity and Surgical nursing home in Visnagar town and arrested its owner Dr Bhagubhai Chuadhari on catching him red-handed conducting illegal sex determination test and telling sex of the foetus in a sting operation. The accused doctor was stated to be a habitual offender and two cases were previously registered against him in 2004 and 2007 under the Pre Conception and Pre Natal Diagnostic Techniques (PCPNDT) Act. The raiding team recovered Rs 9,500 of matching serial numbers as those paid to him by the decoy team. Further, a total of Rs 1,39,230 cash without any receipts or details of patients was seized from him. Many other irregularities were also found in the clinic not only violating the provisions of the PC &PNDT Act, but also other regulations.<sup>53</sup>

On 8 March 2007, Gujarat state health department team caught red-handed a radiologist, Dr Harshad G Thakkar while conducting illegal sex determination test on a pregnant nurse, who volunteered to act as a decoy. The currency notes, that were marked and copies submitted to the appropriate authority prior to the sting operation, have been recovered from the accused doctor as well as his statements in respect of disclosure of sex of the foetus and about his fees for carrying out abortion on intended client was recorded in a spy camera by the decoys.<sup>54</sup>

On 15 September 2006, in a joint sting operation by officials of the State PCPNDT cell and Rajkot district Appropriate Authority raided a clinic in Mill Para area and nabbed Dr. Bharat red-handed while conducting illegal sex determination on a pregnant woman used as a decoy. The team recovered the currency notes specially marked for the operation as well as the conversation between the accused and the decoy customer who recorded it in a spy camera. According to Rajkot District Collector, the accused doctor had been put under surveillance for about three months prior to the raid.<sup>55</sup>

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53. Doctor held for sex determination test, Times of India, 10 December 2012; Available at: <http://timesofindia.indiatimes.com/city/ahmedabad/Doctor-held-for-sex-determination-test/articleshow/17550875.cms>

54. Doc caught for sex test in Ahmedabad, Times of India, 8 March 2007; Available at: <http://timesofindia.indiatimes.com/city/ahmedabad/Doc-caught-for-sex-test-in-Ahmedabad/articleshow/1732824.cms>

55. Gujarat sting operation nails doctor conducting sex determination tests, 19 September 2006; Available at: <http://www.rediff.com/news/2006/sep/19guj.htm>

### 3. IMPLEMENTATION OF THE PC&PNDT ACT

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#### I. Provisions of the Act

India enacted the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) to address sex selective abortion. The PNDT Act has since been amended to make it more comprehensive and keeping in view the emerging technologies for selection of sex before and after conception and problems faced in the working of implementation of the Act and certain directions of Supreme Court. The amended Act came into force with effect from 14 February 2003 and it was renamed as “Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994” (PC&PNDT Act).

The PC&PNDT Act, as amended in 2003 provides for regulation and punishment.

The PCPNDT Act, as amended in 2002<sup>56</sup>, provides for regulation and punishment for sex determination and/or sex selection.

Section 3 of the PCPNDT Act provides for regulation of Genetic counselling centres, genetic laboratories and genetic clinics through the requirement of registration under the Act, prohibition of sex selection and sale of ultrasound machines to persons, laboratories, clinics, etc. not registered under the Act.

Section 4 provides that no such place shall be used for conducting pre-natal diagnostic techniques except for the purposes specified and requires a person conducting such techniques such as ultrasound sonography on pregnant women to keep a complete record in the manner prescribed in the Rules.

Section 5 requires written consent of pregnant woman for conducting the pre-natal diagnostic procedures and prohibits communicating the sex of foetus.

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56. Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 <http://pnidt.gov.in/writereaddata/mainlinkFile/File50.pdf>

Section 6 provides that no pre-natal diagnostic techniques including sonography can be conducted for the purpose of determining the sex of a foetus and that no person shall conduct or cause to be conducted any pre-natal diagnostic techniques including ultra sonography for the purpose of determining the sex of a foetus.

Sections 7 to 16 deal with Constitution of Central Supervisory Board, Section 17 deals with the Appropriate Authority and Advisory Committee.

Sections 18 to 21 deal with registration of genetic counselling centres, genetic laboratories or genetic clinics etc.

Section 22 provides prohibition of advertisement relating to pre-natal determination of sex and punishment for contravention with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees.

Section 23 provides for offences and penalties with imprisonment up to three years and fine up to Rs. 10,000. For any subsequent offences, there is imprisonment of up to five years and fine up to Rs. 50,000/1,00,000. The name of the Registered Medical Practitioner is reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action including suspension of the registration if the charges are framed by the court and till the case is disposed of. On conviction, the name of Registered Medical Practitioner is removed for a period of 5 years for the first offence and permanently for the subsequent offence.

Section 24 provides for punishment for abetment of offence as prescribed under sub-section (3) of section 23.

Section 25 provides for penalty for 'contravention of any provision of the Act or rules for which no specific punishment is provided' with imprisonment for a term which may extend to three months or with fine, which may extend to one thousand rupees or with both and in the case of continuing contravention with an additional fine which may extend to five hundred rupees for every day



during which such contravention continues after conviction for the first such contravention.

Section 26 provides for offences by companies.

## **II. Status of implementation of PC&PNDT Act**

There are **5465** bodies registered under the PC&PNDT Act in Gujarat as of March 2017.<sup>57</sup> Upto December 2016 for the violation of the PC&PNDT Act, 498 sonography machines have been sealed and 391 cases were filed in the courts. 19 sting operations were also carried out by a special task force constituted for this purpose at the state level.<sup>58</sup>

According to the affidavit filed by the Gujarat Government in December 2014 in response to the Supreme Court order of September 2014, the authorities sealed a total of 456 ultrasound machines as of December 2014. The authorities filed a total of 349 cases in the courts under the PC&PNDT Act. Out of these, 187 cases were disposed off while 162 cases are still pending in various courts as of December 2015. Of the disposed off cases, conviction was secured only in nine cases (4.81%) while 178 cases (94.17 %) resulted in acquittal.<sup>59</sup>

But there is mismatch between the information submitted by the state government to the Supreme Court and the information provided by the Ministry of Health and Family Welfare in the Lok Sabha. The status report as of March 2017 of the Ministry states that there is no ongoing court or police case under the PC&PNDT Act and not a single machine has been seized or sealed.<sup>60</sup> It is not therefore clear whether all 162 cases which were

57. Reply of the Minister of State in the Ministry of Health and Family Welfare, Smt Anupriya Patel in the Lok Sabha, Unstarred Question No. 1116 answered on 21<sup>st</sup> July 2017

58. Socio-Economic Review 2016-2017, Gujarat State, published by Directorate of Economics and Statistics, Govt of Gujarat, July 2014, [http://gujcostat.gujarat.gov.in/wp-content/uploads/2017/02/34%20-%20Socio-Economic-Review-\(English\)-Part-I-III.pdf](http://gujcostat.gujarat.gov.in/wp-content/uploads/2017/02/34%20-%20Socio-Economic-Review-(English)-Part-I-III.pdf)

59. Available at: <http://www.girlscount.in/publications/Report%20Card%202015%20-%20final.pdf>

60. Reply of the Minister of State in the Ministry of Health and Family Welfare, Smt Anupriya Patel in the Lok Sabha, Unstarred Question No. 1116 answered on 21<sup>st</sup> July 2017

still pending in the courts as of December 2015 have been disposed off. The Ministry of Health and Family Welfare claimed that 17 convictions have been secured in Gujarat as of March 2017.<sup>61</sup>

The implementation of the PC&PNDT Act suffers from absolute lack of seriousness on the part of the PC&PNDT authorities in Gujarat. Their failures and irregularities have been pointed out none other than by the Comptroller & Auditor General (CAG) of India in its report on General and Social Sector for the year ended March 2014. These are discussed below:

***i. Deliberately not utilizing the e-Mamta portal and not monitoring and tracking antenatal & delivery cases registered under it***

In January 2010, the State Government introduced a mother and child name based tracking information management system “e-Mamta”. All pregnant women in the State were to be registered under the scheme and provided a *Mamta* Card. In May 2011, the State Supervisory Board (SSB) decided to assign the work of monitoring and tracking of antenatal and delivery cases to all Chief District Medical Officer and District Appropriate Authority and also by utilizing data of e-Mamta portal. In June 2011, the Hon’ble High Court of Gujarat also directed the State Government to ensure that all Mamta cards issued by it were duly registered and the doctors conduct diagnostic sonography on any pregnant lady possessing a registered Mamta card only, and not terminate any pregnancy without prior express permission of the concerned District Health Officer.<sup>62</sup>

However, the State Health department which is mandated and responsible for the implementation of the PC&PNDT Act absolutely failed in its duty to monitor and track the antenatal and delivery cases as decided by the SSB and directed by the Gujarat High Court. Failure on the part of the State Health

61. Reply of the Minister of State in the Ministry of Health and Family Welfare, Smt Anupriya Patel in the Lok Sabha, Unstarred Question No. 1116 answered on 21<sup>st</sup> July 2017

62. Report of the Comptroller and Auditor General of India on General and Social Sector for the year ended March 2014, Report No. 6 of 2014 of Government of Gujarat, available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

department to monitor and track the antenatal and delivery cases resulted to difference of 13.29 lakh cases between the registered antenatal and delivery cases as described below:

**Table: Details of antenatal, delivery and legal abortion cases registered in the e-Mamta portal in Gujarat<sup>63</sup>**

Year	Number of antenatal cases registered	Number of delivery cases registered	Number of legal abortion cases	Balance (antenatal cases - delivery cases - legal abortion cases)	Percentage of balance cases against antenatal cases
2009-10	14,53,554	10,54,852	29,727	3,68,975	25.38
2010-11	13,82,680	11,95,845	18,202	1,68,633	12.19
2011-12	13,83,654	12,03,014	21,863	1,58,777	11.47
2012-13	14,10,872	11,73,456	20,102	2,17,314	15.40
2013-14	14,64,473	11,39,248	14,729	3,10,496	21.20
Total	70,95,233	57,66,415	1,04,623	12,24,195	17.25

As seen in the above table, out of 70.95 lakh pregnancies registered in the e-Mamta portal during five years i.e. between FY 2009-10 and 2013-14, only 57.66 lakh deliveries were registered, leaving a difference of 13.29 lakh. The CAG Audit observed that district authorities had not ascertained the reasons for the difference between the registered antenatal and delivery cases.

***ii. Mass media such as TV and Radio not effectively used for Information, Education and Communication (IEC) activities***

In May 2011, the State Supervisory Board had instructed to conduct wider activities for Information, Education and Communication (IEC) including through electronic mass media such as TV & radio to change the mindset of

63. Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

the people about misplaced preference for a male child and to improve child sex ratio in urban areas.

However, the CAG Audit observed that the State Government has not effectively utilized the modern electronic mass media such as TV and Radio for Information, Education and Communication (IEC) activities to change the mindset of people.<sup>64</sup>

### ***iii. Shortfall in inspection of clinics***

The State Government had appointed various Appropriate Authorities (AA)<sup>65</sup> at District and Sub-district level in all the 26 districts to oversee strict implementation of the PC&PNDT Act as provided under Rules 11 (1) & (2) of the PC&PNDT Rules, 1996. In its meeting dated 12 May 2007, the State Supervisory Board (SSB) had issued directions that the district AAs should inspect every clinic once in six months.

However, the AAs at the District and Sub-district level failed to implement the directions of the SSB and inspection was conducted in only small number of clinics/centers. An Audit by the Office of the Comptroller & Auditor General of India (CAG) found that in the eight test-checked districts viz. Ahmedabad, Anand, Mehsana, Panchmahal, Rajkot, Sabarkantha, Surendranagar and Valsad, the cumulative shortfall in inspection ranged from 73% in FY 2013-14 to 90 % in FY 2009-10.

64. Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

65. Chief District Health Officers (26), Collectors (26), District Development Officers (26), Taluka Health Officers (223), Prant Officers (112), Corporation areas (Deputy Commissioners, Health Officers etc) (38); Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

**Table: Showing the shortfall in inspection of clinics by AAs in Gujarat  
shortfall in inspection of clinics by AAs in 8 test-checked districts<sup>2</sup>**

District	2009-10	2010-11	2011-12	2012-13	2013-14
Ahmedabad	95%	92%	89%	59%	89%
Anand	89%	62%	61%	60%	68%
Mehsana	NA	NA	84%	57%	57%
Panchmahal	NA	NA	30%	74%	38
Rajkot	93%	96%	69%	60%	76%
Sabarkantha	54%	58%	52%	50%	67%
Surendranagar	84%	60%	39%	42%	NA
Valsad	NA	50%	50%	50%	50%
Total	90%	79%	74%	75%	73%

As can be seen above, the number of inspections was miserably less. Fewer inspection of clinics resulted in absence of scrutiny on them. Therefore, due to fewer inspections the District AAs could not ensure compliance with vital requirements including proper maintenance of records the clinics.

#### ***iv. Ultra-sonography machines not sealed or seized after cancellation of registration of clinics***

Section 3 of the PC&PNDT Act mandates that unless registered, no Genetic Counselling Centre (GCC), Genetic Laboratory (GL) or Genetic Clinic (GC) shall conduct or associate with or help in conducting activities relating to pre-natal diagnostic techniques.

As of March 2014, a total of 4,400 centres<sup>66</sup> had been registered under the PC&PNDT Act in Gujarat. By December of the same year, the figure

66. GCC-102, GL-200, GC-1,134, Ultrasound Clinic/Imaging Centers-1,203, Joint Clinics (sonography clinic with laboratory)-1,625, Mobile Clinics-02, Other bodies (fertility clinics, in-vitro fertilization centers)-134; Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

of registered bodies reached to 4,566.<sup>67</sup> The CAG Audit found that in Surendranagar district despite cancellation of registration of 18 clinics from March 2007 till March 2014, the machines/equipment of nine clinics were neither sealed nor seized by the Appropriate Authority till August 2014 when the audit was conducted.<sup>68</sup> This is a serious dereliction of its statutory duty by the concerned District AA as the machines/equipments in clinics whose registration has been cancelled could be misused for sex determination.

***v. Negligible number of convictions and inordinate delay in disposal of cases***

Sections 23, 24 and 25 of the PC&PNDT Act provides for punishment of imprisonment with fine for violations/contravention of the Act.

As of December 2015, a total of 349 court cases have been filed across Gujarat under the PCPNDT Act. Out of those, 187 cases were disposed off and of the disposed off cases; conviction was secured only in nine while 178 cases resulted in acquittal. Another 162 cases were pending in various courts.<sup>69</sup> The conviction rate is only 4.81% which quite negligible when compared to the number of cases disposed off (187) while the acquittal rate constituted 95.18%.

The Audit by the CAG observed that there was an inordinate delay in adjudication of the PC&PNDT cases and raised concerns over the very low percentage of convictions. In its order of March 2013, the Hon'ble Supreme Court had directed the State Government to finalise the cases filed under the PC&PNDT Act within six months. However, CAG Audit in 2014 found that the pendency period of the pending cases ranged from one to 12 years.<sup>70</sup>

67. As per Affidavit filed by Gujarat Government in the Supreme Court in December 2014 pursuant to Court's order of September 2014

68. Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

69. *Girls Count: Civil Society Report Card on PCPNDT, December 2015*; Available at: <http://www.girlscount.in/publications/Report%20Card%202015%20-%20final.pdf>

70. Available at: [http://www.cag.gov.in/sites/default/files/audit\\_report\\_files/Gujarat\\_Report\\_6\\_2015.pdf](http://www.cag.gov.in/sites/default/files/audit_report_files/Gujarat_Report_6_2015.pdf)

***vi. No. of successful sting/decoy operations negligible because of lack of monitoring***

The PC&PNDT Act empowers the Appropriate Authority (AA) to conduct search and seizure of records of any GC, Ultrasound Clinic, Imaging Centre or any other place providing facility of sonography. An effective way to find out if a GC, Ultrasound Clinic, Imaging Centre is practicing sex determination is to carry out a sting/decoy operation. Vide order dated 22 January 2013, the State Inspection and Monitoring Committee (SIMC) instructed all district AAs to conduct a sting operation in each month.

As of October 2014, only 14 successful sting operations in seven districts were conducted in the State. An Audit by the CAG observed the negligible number of successful sting/decoy operations was due to lack of monitoring on the part of the district AAs which in turn led to poor implementation of the PC&PNDT Act in the State.<sup>71</sup>

***vii. No action taken against manufactures/suppliers/dealers of USG machines for violations of the PC&PNDT Act***

As per the PC&PNDT Rules, 1996, no organisation or a person, including manufacturer, importer, dealer or supplier of ultrasound machines/imaging machines or any other equipment, capable of detecting sex of foetus, shall sell, distribute, supply, rent, allow or authorise the use of any such machine or equipment, to any GCC, GL, GC, Ultrasound Clinic, Imaging Centre or any other body or person unless such Centre, Laboratory, Clinic, Body or person is registered under the Act. The provider of such machine/equipment to any person/body registered under the Act shall send to the State Appropriate Authority and to the Central Government, once in three months a list of persons to whom the machines/equipment have been provided.

Contrary to the aforesaid statutory requirements, the CAG Audit found that out of 33 manufacturers/suppliers/dealers who applied for registration

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71. Ibid.

in the State, only two manufacturers had submitted the list for the quarter ending March 2014. It has been observed that these existing manufacturers/suppliers/dealers were not furnishing the list regularly every quarter but no efforts were made by the State Appropriate Authority either to obtain the list on regular basis or to issue show cause notice for contravention of statutory provisions. Audit also observed that though the district AAs booked 14 clinics for operating without registration, no action had been initiated against the corresponding manufacturers/suppliers/dealers who supplied the machines/equipment to these 14 clinics.<sup>72</sup>

***viii. No action taken against clinics that failed to submit form ‘F’ online or as per the revised format***

Rule 9 of the PC&PNDT Rules, 1996 provides that every genetic clinic shall maintain a record in respect of each man or woman subjected to any pre-natal diagnostic procedure/technique/test in form ‘F’. The Hon’ble High Court of Gujarat also directed (June 2011) that all form ‘F’ should be submitted online from June 2012. However, the State Government had developed the system from December 2012 onwards. The Government of India had also revised the format of form ‘F’ and in February 2014, issued instructions to submit the revised format to the State Government offline and in turn the State Government was to submit the same to GoI online.

Contrarily, the CAG Audit found that out of 3,397 registered clinics in the State required to submit form ‘F’ online, only 2,492 clinics (73 percent) submitted the form online as of July 2014 while 905 registered clinics comprising 27% were not submitting the form online. In September 2014, the Audit also observed that none of the registered clinics were submitting the revised form ‘F’ to the State Government and the State Government also failed to upload the same online. But, the PC&PNDT authorities in Gujarat failed to take any action against the clinics for non-compliance of the aforesaid statutory requirements and willful dishonor to the direction of the Hon’ble

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72. Ibid.



High Court.<sup>73</sup> As such, the State Government failed to monitor and track the number of pre-natal diagnostic tests carried out in the State.

### ***ix. Cases of arrests for sex determination***

On 15 July 2017, the police in Surat arrested a well know local doctor R Gujarati in connection with carrying out illegal sex detection tests. The district health department laid a trap to catch the accused doctor by sending a woman to the doctor who had agreed to test the sex of the fetus after taking Rs 15000.<sup>74</sup> Thereafter, the decoy was taken to the clinic of Dr Rahul Patel in Sachin in a car and Dr Rahul confirmed the sex of the unborn child. Thereafter the police arrested Dr Rahul and seized the sonography machine used by him for sex determination.<sup>75</sup>

On 8 March 2017 (International Women's Day), Dr Jeetendra Kumar Sompura who ran Gayetri Nursing Home at Modsa town of Aravali district and two middlemen were arrested for allegedly involved in illegal practice of sex determination. The doctor was arrested for accepting Rs 20000 for the illegal sex determination in a trap laid by the authorities.<sup>76</sup>

On 19 January 2017, Rajasthan's Pre-Conception Pre-Natal Diagnostic Technique (PCPNDT) cell arrested a government doctor identified as Sailesh Gajar, an obstetrician and gynaecologist, in Radanpur of Patan district of Gujarat for allegedly involvement in sex selection activities and seized a sonography machine from the government's community health centre in Radanpur following a decoy operation. Two agents of the doctor were also arrested.<sup>77</sup>

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73. Ibid.

74. Police lays trap, nabs well known doctor in Surat for involvement in fetus sex test, *DeshGujarat*, 17 July 2017, <http://deshgujarat.com/2017/07/17/police-lays-trap-nabs-well-known-doctor-in-surat-for-involvement-in-fetus-sex-test/>

75. Doctor arrested for sex determination test, *The Times of India*, 21 July 2017, <https://timesofindia.indiatimes.com/city/surat/doctor-arrested-for-sex-determination-test/articleshow/59689488.cms>

76. Guj-based doctor held for sex test, *Times of India*, 9 March 2017, <http://epaperbeta.timesofindia.com/Article.aspx?eid=31810&articlexml=Guj-based-doctor-held-for-sex-test-09032017003036>

77. Government doctor, 2 agents held for sex test in Gujarat, *The Times of India*, 21 January 2017, <https://timesofindia.indiatimes.com/city/jaipur/govt-doc-2-agents-held-for-sex-test-in-gujarat/articleshow/56694086.cms>

On 12 September 2016, Rajasthan's Pre-Conception Pre-Natal Diagnostic Technique (PCPNDT) cell arrested 64-year-old Dr Jayantilal Patel along with middleman Nirav Patel (23) from Mehsana district of Gujarat for allegedly conducting sex selection test. According to Raguvveer Singh, Additional Superintendent of Police, both the accused were arrested in a decoy operation from a private medical hospital in Gujarat's Mehsana district.<sup>78</sup>

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78. Doctor, middleman arrested for aiding sex test in Gujarat, The Times of India, 14 September 2016, <https://timesofindia.indiatimes.com/city/jaipur/Doctor-middleman-arrested-for-aiding-sex-test-in-Gujarat/articleshow/54321235.cms>

## 4. IMPLEMENTATION OF THE MTP ACT

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India enacted the Medical Termination of Pregnancy (MTP) Act in 1971 to regulate and ensure access to safe abortions. The MTP Act of 1971 (amended in 2002) allows abortion up to 20 weeks of pregnancy in cases where “the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health”, or, “there is substantial risk that if the child were born, it would suffer from such physical or mental abnormalities to be seriously handicapped”.<sup>79</sup> When the pregnancy is caused by rape or as a result of failure of family planning device or method used by any of the married couples, pregnancy can be terminated.<sup>80</sup> Abortion is allowed only when it is conducted by registered medical practitioners at a hospital established or maintained by the Government or a facility certified by the Government or a District Level Committee constituted by the Government.<sup>81</sup> However, in special circumstances, pregnancy can be terminated any time (i.e. beyond 20 weeks’ gestation) and without approval of a second doctor when “the termination of such pregnancy is immediately necessary to save the life of the pregnant woman.”<sup>82</sup> In this case, the registered medical practitioner need not have the requisite experience or training in gynecology and obstetrics as required under Section 2 (d) to perform the abortion.<sup>83</sup> Specific punishments were prescribed for any illegal abortion under the MTP (Amendment) Act of 2002, which shall not be less than 2 years rigorous imprisonment but which may extend to 7 years under the IPC.<sup>84</sup>

While the government of India does not have any official data on illegal abortions, the Ministry of Health and Family Welfare has unambiguously

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79. Section 3, sub section (2) of the Medical Termination of Pregnancy Act of 1971

80. Section 3, sub section (2) of the Medical Termination of Pregnancy Act of 1971

81. Section 4 of the Medical Termination of Pregnancy Amendment Act of 2002

82. Section 5, sub section (1) of the Medical Termination of Pregnancy Act of 1971

83. See Explanation 2 under Section 5 of the Medical Termination of Pregnancy Amendment Act of 2002

84. Section 5, sub-sections (2)-(4) of the MTP Amendment Act of 2002

acknowledged that *“Although abortions were made legal in 1971, actually illegal abortions still outnumber legal abortions by a large margin. It is estimated that 10-15 thousand women die every year due to complications resulting from unsafe abortions conducted at unapproved places by untrained providers.”*<sup>85</sup> The official number on abortions varies. According to the Ministry of Health and Family Welfare’s report “Health and Family Welfare Statistics in India 2013”, a total of 6,49,795 medical termination of pregnancies (or abortions) were performed during 2008-2009; 6,75,810 during 2009-2010; 6,48,469 during 2010-2011; 6,25,448 during 2011-2012 and 6,36,010 during 2012-2013.<sup>86</sup> Further on 6 August 2013, then Union Minister of Health and Family Welfare Mr Ghulam Nabi Azad told the Rajya Sabha that a total of 11.06 lakh abortions were recorded in the year 2008-09 in India.<sup>87</sup>

But unofficial estimates made by independent research study of 2004 “Abortion Assessment Project - India (AAPI)” coordinated by CEHAT, Mumbai and Health watch, Delhi estimated a staggering 6.4 million (64 lakhs) abortions taking place annually in India. Of these, 1.6 million (16 lakhs) abortions i.e. 25% were performed by informal (traditional and/or medically non-qualified) abortion providers.<sup>88</sup> The Population Research Institute, a non-profit research group, states that at least 12,771,043 sex selective abortions had taken place in India in the years between 2000 and 2014. The yearly average of sex selective abortion is 851,403 or daily average of 2,332.<sup>89</sup>

The underreporting under the MTP Act across India is glaring. It is assumed that States with more population will report more cases of abortions. For example, Assam with a total population of 31,205,576 as per 2011 census reported a total of 3,53,309 cases of termination of pregnancies under the

85. <http://164.100.47.132/LssNew/psearch/Result13.aspx?dbsl=4858>

86. Ministry of Health and Family Welfare, Government of India’s “Health and Family Welfare Statistics in India 2013”, Page 209, <https://nrhm-mis.nic.in/PubFWStatistics%202013/Complete%20Book.pdf>

87. Statement of then Minister of Health and Family Welfare Mr Ghulam Nabi Azad in response to Unstarred Question No. 257 in the Rajya Sabha on 6 August 2013,

88. See <http://www.cehat.org/go/uploads/AapIndia/summary.pdf>

89. Population Research Institute, “Sex-Selective Abortion Around the World”, <https://www.pop.org/content/sex-selective-abortion>

MTP Act during 2008-2009 to 2012-13. In comparison, Uttar Pradesh with a population of 199,812,341 as per 2011 census reported a total of 3,60,555 cases during the same period. In other words, Uttar Pradesh despite having 159 million populations more than Assam reported only 7,246 cases more than Assam. On the other hand, Maharashtra having a population of 112,374,333 as per 2011 census i.e. less than Uttar Pradesh reported 5,44,671 cases of termination of pregnancies under the MTP Act during the said period. Some other major States with population more than Assam as per 2011 census reported fewer cases than Assam. These States include Andhra Pradesh (32,842 cases) with over 84 million population; Bihar (67,895 cases) with population of over 100 million; Gujarat (1,04,901 cases) with population of over 60 million; Karnataka (1,30,410 cases) with population of over 61 million; Madhya Pradesh (1,32,118 cases) with population of over 72 million; Odisha (103,146 cases) with population of over 41 million; Tamil Nadu (299,083 cases) with population of over 72 million; and West Bengal (269,091 cases) with population of over 91 million.<sup>90</sup>

Gujarat with a population of over 60 million reported only 1,04,901 MTP cases. These included 14,931 cases during 2008-2009; 29,980 cases during 2009-2010; 17,914 cases during 2010-2011; 21,863 cases during 2011-2012 and 20,213 cases during 2012-2013.<sup>91</sup>

The possibilities of the MTP Act being violated to abort female foetuses remain high.

In July 2017, Gujarat Food and Drug Control Administration (FDCA) raided an unauthorised premise in Godhra and seized Medical Termination of Pregnancy (MTP) kits and pills worth Rs. 8 lakhs.<sup>92</sup>

90. Please refer to "The MTP Amendment Bill, 2014: India's Beti Mar Do Campaign" by Asian Centre for Human Rights, January 2016 available at <http://www.stopfemaleinfanticide.org/files/MTP-Amendment-Bill-2014.pdf>

91. Source: Ministry of Health and Family Welfare, "Health and Family Welfare Statistics in India 2013", P 222, <https://nrhm-mis.nic.in/PubFWStatistics%202013/Complete%20Book.pdf>

92. Gujarat FDCA detects unauthorised sale, stock of MTP kits and abortion pills worth Rs. 8 lakhs, Pharmabiz.com, 27 July 2017, <http://pharmabiz.com/ArticleDetails.aspx?aid=103384&sid=1>

## 5. STATUS OF THE SCHEMES FOR RETENTION OF THE GIRL CHILD

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### 5.1 Balika Samruddhi Yojna – Girl Child Development

The Balika Samridhi Yojana (BSY) was launched by the Government of India with effect from 15 August 1997. The scheme was started with a view to bring change in the negative attitude of family and society towards girl child and mother, increase enrollment and attendance in the school, ensuring marriage at right age, providing financial aid to the girl child. Under this scheme, two girl children from every household belonging to BPL born on or after 15 August 1997 are covered for the benefits. With a view of benefitting the girl child, the State government decided to continue the Balika Samruddhi Yojana even though the Central Government has discontinued the scheme from the year 2006-07.<sup>93</sup>

#### i. Objectives

The objectives of this scheme are summarised as below:

- To change the negative family and community attitudes towards the girl child;
- To improve the enrolment and retention of girl children in schools;
- To increase the age at marriage of girls;
- To assist the girl to undertake income generating activities

#### ii. Eligibility conditions

The following criteria should be fulfilled to avail the benefits:

- The BSY scheme covered girl children who are born on or after 15th August, 1997 in families recognized as below poverty line (BPL);

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93. Women and Child Development Department, Govt of Gujarat, [http://www.wcd.gujarat.gov.in/Balika\\_Samruddhi\\_Yojana.html](http://www.wcd.gujarat.gov.in/Balika_Samruddhi_Yojana.html)

- Benefits under BSY were restricted to two girl children in each household born on or after 15 August, 1997, irrespective of the total number of children in the household.

### **iii. Benefits under the BSY scheme and modalities disbursal**

The benefits that girl children eligible are entitled to are stated as under:

- A post-birth grant of Rs.500/-. This amount is deposited in a bank or post office in an interest bearing account opened in the name of the girl beneficiary and an officer of the state government (Child Development Project Officer). On attaining adulthood (18 years of age), the beneficiary can withdraw the amount from her account.
- A girl child covered under BSY when starts attending school is entitled to annual scholarships for each year of schooling successfully completed by her in the following manner:

**Table: Disbursal of scholarships<sup>94</sup>**

Standard	Amount of Annual scholarship
1 - 3	Rs. 300/- per annum for each class
4	Rs. 500/- per annum
5	Rs. 600/- per annum
6 - 9	Rs. 700/- per annum for each class
8	Rs. 800/- per annum
9 - 10	Rs. 1000/- per annum for each class

### **iv. Procedure for obtaining the benefit**

This scheme is being implemented through ICDS infrastructure in rural areas and through functionaries of Health Department in urban areas. The

94. <http://www.gujaratindia.com/initiatives/initiatives.htm?InitiativeId=jJr8lJlsO7h8X7hPx1JgSw==>

application forms are available with Anganwadi Workers in the villages and with Health functionaries in urban areas. The beneficiaries are required to submit the filled in applications to these functionaries.<sup>95</sup>

#### **v. Disbursement of assistance**

The amounts of post birth grant and scholarships are to be deposited in an interest bearing account to be opened in the name of the beneficiary girl child and an officer designated in this behalf by the State Govt. in the nearest bank or post office. The amount should earn the maximum possible rate of interest. In this context the Public Provident Fund scheme or the National Saving Certificate is given higher priority.<sup>96</sup>

#### **vi. Facility of withdrawal**

A portion of the Post Birth Grant of Rs.500/- or the amount of the annual scholarship can be applied toward the sole purpose of paying the premium on an insurance policy in the name of the girl child under the Bhagyashri Balika Kalyan Bima Yojna. The amounts of annual scholarships can also be permitted to be utilised toward purchase of textbook or uniform for the girl child. The amount left after payment shall be deposited in the account.<sup>97</sup>

#### **vii. Payment at maturity**

On the girl child attaining 18 years of age and on production of a certificate from the Gram Panchayat /Municipality that she is unmarried on her eighteenth birthday, the implementing agency would authorise the bank or the post office authorities concerned to allow her to withdraw the amount standing in her name in the interest bearing account.<sup>98</sup>

95. About Balika Samridhi Yojana; Available at: [http://wcdhry.gov.in/balika\\_samridhi\\_yojana.htm](http://wcdhry.gov.in/balika_samridhi_yojana.htm)

96. Ibid.

97. Ibid.

98. Ibid.



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**viii. Withdrawal of the benefit**

In the event of the girl getting married before attaining the age of 18 years, she shall forgo the benefit of the amount of annual scholarships and the interest accrued thereon and shall stand entitled only to the Post Birth Grant amount of Rs.500/- and the interest accrued thereon. In the eventuality of the death of the girl child before attaining the age of 18 years, the accumulated amount in her account would be withdrawn.<sup>99</sup>

**vi. Coverage under the BSY scheme**

As per information available in the website of the Women and Child Development Department, Government of Gujarat, a total of 4,24,007 beneficiaries have been given post birth grant while 1,50,096 beneficiaries have been given scholarships as of October 2009. During same period, the State Government has spent a total Rs. 14.65 crore to extend benefits under this scheme.<sup>100</sup>

**vii. Assessment of BSY scheme*****A. Positive aspects of BSY Scheme***

**First**, the objectives of the BSY such as to (i) change the negative family and community attitudes towards the girl child; (ii) improve the enrolment and retention of girl children in schools; (iii) increase the age at marriage of girls (iv) assist the girl to undertake income generating activities aimed at retention of the girl child and her empowerment are very good.

**Second**, the BSY scheme allows girl children of all castes and religious groups to the benefits of the scheme.

**Third**, the BSY scheme ensures that the girls should not have married before attaining 18 years of age.

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99. Ibid.

100. BSY beneficiaries: Available at: <http://wcd.gujarat.gov.in/int6.html>

**Fourth**, the BSY scheme gives post birth grant to the mother as well scholarships starting with Rs. 300 in standard I to Rs. 1000 in standard X.

***B. Flaws in the structure of the scheme***

The BSY has a number of limitations.

1. The outreach of the BSY is restrictive in the sense that it covers only up to two girl children from a single family. In other words, girl children born after the second girl child were not eligible for the benefits under the BSY.
2. This scheme covers only girl children belonging to below poverty line (BPL) families. This restriction excludes a huge majority of girl children from the above poverty line families from the benefits of the scheme. This restriction is based on the flawed perception that above poverty line families or affluent families do not require incentives to retain and promote their girl children.
3. The benefits of post-birth grant @ Rs. 500 which is deposited in an interest accruing bank account as well total scholarship of Rs. 5,500 from standard I to X do not act as incentive for retention of the girl child. The cumulative amount accrued to fixed deposit of Rs.500 till the beneficiary attains 18 years of age, is too meager as an incentive to inspire even a family Below the Poverty Line to retain a girl child. Similarly, an annual scholarship starting with Rs. 300 in standard I and ending with Rs.1,000 in standard X, totaling to Rs.5,500 is highly inadequate even to buy the stationeries required by a school going child in present day, cannot act as an incentive.
4. The fact that the maturity amount entitled to the beneficiary on completion of 18 years shall revert back to the State Government in case of her death or marrying prior to attaining 18 years also acts as a disincentive.

## **5.2 Beti Bachao Abhiyan (Save the Daughter)**

This Beti Bachao Abhiyan (BBA) also known as Dikri Bachao Campaign was launched by then Chief Minister of Gujarat Shri Narendra Modi on 5 December 2005 in view of the skewed child sex ratio (CSR) of 878 recorded in the 2001 Census. The CSR declined dramatically from 928 in 1991 to 878 in 2001.<sup>101</sup>

The scheme is being jointly implemented by the Department of Women and Child and Department of Health & Family Welfare. Under the Beti Bachao Abhiyan, renamed as Beti Vadhavo Abhiyan, the state government roped in community leaders, religious leaders, women's groups and NGOs.

### **i. Objectives**

The objectives<sup>102</sup> of this scheme are summarized as below:

- To promote birth of the girl child/Encouraging people to welcome the birth of a female child
- To ensure the rightful place of pride in society for a girl child, to assure her of her safety and security.
- To improve the sex ratio.
- Address the declining sex ratio through scholarship programmes

### **ii. Eligibility conditions**

The following criteria<sup>103</sup> should be fulfilled to avail the benefits:

- Age of the women should be below 35 years on the date of vasectomy/tubectomy (family planning operation).

101. Gujarat launches Save the Girl Child Campaign to arrest declining sex ratio; Available at: <http://unicef.in/PressReleases/228/Gujarat-launches-Save-the-Girl-Child-Campaign-to-arrest-declining-sex-ratio#sthash.FcGX9zML.dpuf>

102. Compendium on State Level Incentive Schemes for Care, Protection and Education of the Girl Child in India 2014-15 Ministry of Women & Child Development Government of India New Delhi; Available at: [http://www.icds-wcd.nic.in/childwelfare/Compendium\\_Incentive%20Schemes\\_State%20Level.pdf](http://www.icds-wcd.nic.in/childwelfare/Compendium_Incentive%20Schemes_State%20Level.pdf)

103. Ibid.

- When there is only one daughter, the age of the daughter should be more than one year.
- Social Defence Certificate is given to families who adopt family planning after having one or two daughters or and have no son.

### **iii. Benefits under the Beti Bachao Abhiyan (BBA)**

- Rs. 6000 aid is granted to a family having only one daughter and no son.
- Rs. 5000 aid is granted to a family having two daughters and no son.

### **iv. Assessment of the BBA**

#### ***A. Positive aspects of BBA***

**First**, the objectives of the BBA to: (i) promote birth of the girl child/ Encouraging people to welcome the birth of a female child; (ii) ensure the rightful place of pride in society for a girl child, (iii) assure her of her safety and security, (iv) improve the sex ratio, and (v) address the declining sex ratio through scholarship programmes are positive steps aimed at retention of the girl child and promote her welfare.

**Second**, the BBA scheme allows girl children of all castes and religious groups to the benefits of the scheme.

#### ***B. Flaws in the structure of the scheme***

The BBA has a number of flaws.

- The intended beneficiary family should not a male child.
- To become eligible under scheme, intended beneficiary family must undergo family planning procedure like tubectomy/vasectomy immediately after the birth of first or second girl child.
- The age of the woman intending to adopt family planning procedure must not be above 35 years of age.
- The scheme provide only a grant of Rs.6000/- to a family having one daughter but no son and only Rs.5000/- to a family having two

daughters but no son. The financial aid of Rs. 6000 or Rs.5000 is too meager to act as incentive for retention of the girl child.

Assessing the Beti Bachao Abhiyan/Beti Vadhaao Andolan is difficult due to paucity of information. The state government hosts a dedicated website (<https://betivadhaao.gujarat.gov.in>) but provides no information about the activities the State government has undertaken. On 8 July 2014, a report in *The Hindu* stated that experts feel that the campaign Beti Bachao Abhiyan (Save the Girl Child Campaign) had not moved beyond pursuing an awareness agenda.<sup>104</sup>

The Socio-Economic Review 2013-2014, Gujarat State, “The Sex Ratio in the state has slightly decreased to 919 in 2011 from 920 in 2001. In rural areas of the state it has increased by 4 points from 945 in 2001 to 949 in 2011, while in urban areas it remained 880 in 2001 as well as in 2011. The overall sex ratio of the state was 919 against the national figure of 943.”<sup>105</sup>

It must, however, be noted that for the first time in the last five decades Gujarat has recorded an improvement in child sex rate in the decade from 2001 to 2011. The CSR increased to 890 in 2011 from 883 in 2001. In rural areas it was 906 in 2001 and increased to 914 in 2011, while in urban areas it has increased considerably by 15 points to 852 in 2011 from 837 in 2001.<sup>106</sup> Since the formation of Gujarat State i.e. from 1961, the child sex ratio of the state had a decreasing trend till census 2001. The decreasing trend was arrested in census 2011 with an increase by 7 points as compared to census 2001. Out of 26 districts, 17 districts in the State viz. Patan, Mahesana, Sabarkantha, Gandhinagar, Ahmedabad, Surendranagar, Rajkot, Jamnagar, Porbandar, Junagadh, Bhavnagar, Anand, Kheda, Vadodara, Bharuch, Navsari and Tapi

104. Impact of Gujarat’s ‘Save the Girl Child’ campaign still unclear, *The Hindu*, 8 July 2014; Available at: <http://www.thehindu.com/news/national/impact-of-gujarats-save-the-girl-child-campaign-still-unclear/article6189187.ece>

105. Socio-Economic Review 2016-2017, Gujarat State, published by Directorate of Economics and Statistics, Govt of Gujarat, July 2014, [http://gujecostat.gujarat.gov.in/wp-content/uploads/2017/02/34%20-%20Socio-Economic-Review-\(English\)-Part-I-III.pdf](http://gujecostat.gujarat.gov.in/wp-content/uploads/2017/02/34%20-%20Socio-Economic-Review-(English)-Part-I-III.pdf)

106. Ibid.

recorded increase in child sex ratio in Census 2011 as compared to census 2001.<sup>107</sup>

Further, the Sex Ratio at Birth (SRB) has improved from 837 in 2001 to 906 in 2011. This is a substantial increase of 69 points.<sup>108</sup>

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107. Ibid.

108. Ibid.

## ANNEXURE I: BALIKA SAMRIDHI YOJANA

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### Introduction

The scheme of Balika Samridhi Yojana was launched by Govt. of India w.e.f. 15-8-97 with the following objectives:-

1. To change negative family and community attitudes towards the girl child at birth and towards her mother.
2. To improve enrolment and retention of girl children in schools.
3. To raise the age at marriage of girls.
4. To assist the girl to undertake income generating activities.

### Components of Balika Samridhi Yojna

From the start of the scheme, the mothers of newborn girl children were given a post delivery grant of Rs. 500/- each in cash as a gift from the Government. There was also provision for Annual Scholarships to the girl child for attending school. But the details /guidelines for scholarships were not received.

During 1999-2000, Govt. of India recast the scheme and the benefits and means of delivery have been redesigned to ensure that financial benefits accrue to the girl child. Now the girl children eligible under BSY are entitled to the following benefits:-

1. A post birth grant amount of Rs. 500/-.
2. When the girl child born on or after 15-08-1997 and covered under BSY starts attending the school, she will become entitled to annual scholarship as under for each successfully completed year of schooling:-

Class	Amount of Annual Scholarship
I-III	Rs. 300/- per annum for each class
IV	Rs. 500/- per annum
V	Rs. 600/- per annum

VI-VII	Rs. 700/- per annum for each class
VIII	Rs. 800/- per annum
IX-X	Rs. 1000/- per annum for each class

### **Coverage**

Balika Samridhi Yojna is being implemented in both rural and urban areas.

### **Target Group**

Under Balika Samridhi Yojna girl children belonging to families below the poverty line are given benefit, who are born on or after 15th August,1997. The benefits are restricted to two girl children in a household irrespective of number of children in the household.

### **Procedure for Obtaining the Benefit**

This scheme is being implemented through ICDS infrastructure in rural areas and through functionaries of Health Department in urban areas. The application forms are available with Anganwadi Workers in the villages and with Health functionaries in urban areas. The beneficiaries are required to submit the filled in applications to these functionaries.

### **Disbursement of Assistance**

The amounts of post birth grant and scholarships are to be deposited in an interest bearing account to be opened in the name of the beneficiary girl child and an officer designated in this behalf by the State Govt. in the nearest bank or post office. The amount should earn the maximum possible rate of interest. In this context the Public Provident Fund scheme or the National Saving Certificate is given higher priority.

### **Facility of Withdrawal**

A portion of the Post Birth Grant of Rs.500/- or the amount of the annual scholarship can be applied toward the sole purpose of paying the premium



on an insurance policy in the name of the girl child under the Bhagyashri Balika Kalyan Bima Yojna. The amounts of annual scholarships can also be permitted to be utilised toward purchase of textbook or uniform for the girl child. The amount left after payment shall be deposited in the account.

### **Payment at Maturity**

On the girl child attaining 18 years of age and on production of a certificate from the Gram Panchayat /Municipality that she is unmarried on her eighteenth birthday, the implementing agency would authorise the bank or the post office authorities concerned to allow her to withdraw the amount standing in her name in the interest bearing account.

### **Withdrawal of the Benefit:**

In the event of the girl getting married before attaining the age of 18 years, she shall forgo the benefit of the amount of annual scholarships and the interest accrued thereon and shall stand entitled only to the Post Birth Grant amount of Rs.500/- and the interest accrued thereon. In the eventuality of the death of the girl child before attaining the age of 18 years, the accumulated amount in her account would be withdrawn.

### **Funds**

Prior to 1999-2000 , funds were being released to the Additional Deputy Commissioners by the Govt of India. However, thereafter the funds were being released to the State Govt.

The year wise expenditure and beneficiaries is as under:-

Sr. No.	Year	Amount released by GOI (Rs. in lacs )	Beneficiaries covered
1.	1997-98	86.49	2738
2.	1998-99	59.29	7765
3.	1999-2000	57.66	6673

4.	2000-01	25.00	2889
5.	2001-02	-	9166
6.	2002-03	-	6696
7.	2003-04	-	7441
8.	2004-05	63.29	2337 (tentative)

## Balika Samridhi Yojana Proforma

### Application Form for obtaining the post-birth benefit of Rs. 500/- (for rural areas)

To

Child Development Project Officer

Subject Balika Samridhi Yojna – application for obtaining the post –  
birth benefit of Rs.500/-.

Madam/ Sir,

I have given birth to a girl child. Details are furnish below :-

1. Name of applicant (Mother) \_\_\_\_\_
2. Name of housband \_\_\_\_\_  
son of \_\_\_\_\_
3. Full address : House number \_\_\_\_\_ Street \_\_\_\_\_  
Locality \_\_\_\_\_ Village \_\_\_\_\_  
Block/Tehsil/Taluk \_\_\_\_\_ District \_\_\_\_\_
4. Date of birth of applicant (Mother) \_\_\_\_\_
5. Date of birth of newborn girl child \_\_\_\_\_
6. Place of birth of newborn girl child \_\_\_\_\_
7. Name of newborn girl child \_\_\_\_\_
8. Number of girl children in the family already benefited under BSY  
excludingthenewborngirlchild \_\_\_\_\_
9. Whether belonging to i) SC \_\_\_\_\_ ii) ST \_\_\_\_\_  
iii) OBC \_\_\_\_\_ iv) Others \_\_\_\_\_

2. It is requested that the post-birth benefit of Rs. 500/- under BSY may be sanctioned in favour of my newborn daughter.

## **Authorisation**

I hereby authorize the implementing agency for BSY to open an interestbearing account in the joint name of my new born daughter above and the implementing agency in a bank or post office nearest to me and, subject to the adjustment to be made as requested below (if any), to deposit the post- birth benefit therein. The BSY benefit of annual scholarships when the girl child starts attending school may also be deposited in the same account which will mature and become payable to the girl child on her attaining the age of eighteen years, subject to her having remained unmarried till then. No pre-mature withdrawal from this account will be permissible In the event of the girl child having married before attaining the age of eighteen years, the amount at credit in the account attributable to annual scholarships and the interest accrued thereon shall stand forfeited and will revert to the implementing agency. In the contingency of the death of the girl child before attaining the age of eighteen years, the entire amount at credit in the account shall stand forfeited and will revert to the implementing agency.

## **Adjustment requested to be made :**

An amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) may be paid to me in cash from the post-birth benefit of Rs. 500/- being the premium deposited towards the Bhagyashree Balika Kalyan Bima Yojna policy number \_\_\_\_\_ taken in the name of the girl child above. Receipt number \_\_\_\_\_ dated \_\_\_\_\_ for payment of the insurance premium is enclosed herewith in original (to be enclosed by applicant).

2. The amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) remaining after allowing the above adjustment from the post-birth benefit may be deposited in the interest-bearing account as per the above authorization.

Signature of applicant-mother

Date: \_\_\_\_\_

Place: \_\_\_\_\_

### Verification And Report:

Verified and reported that:

1. Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_ of  
House Number \_\_\_\_\_ Street \_\_\_\_\_ village \_\_\_\_\_  
has given birth to a girl child on (date) \_\_\_\_\_ as per Birth  
Register/ Birth Certificate.

2. The girl child has been given the following immunization: BCG/ Measles/  
DPT/ Polio.

3. The family of Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_  
of village \_\_\_\_\_ has been shown at serial number  
\_\_\_\_\_ in the list of families below the poverty line under  
Swarnajayanti Gram Swarozgar Yojana (previously known as IRDP).

4. The total number of beneficiaries in the family under BSY including the  
newborn girl child above is \_\_\_\_\_.

Anganwadi Worker

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of Surpanch

Gram Panchayat

Place \_\_\_\_\_

Date \_\_\_\_\_

## SANCTION

This is to sanction Rs.500/- as post-birth benefit in favour of new born girl child)  
 \_\_\_\_\_ daughter of Smt. \_\_\_\_\_ wife of  
 Shri \_\_\_\_\_ of village \_\_\_\_\_  
 under BSY. The sanction has been approved/ will be retified by a resolution of  
 the Gram Panchayat. This sanction order will be notified on the notice board  
 of the Gram Panchayat and will be announced in the Gram Sabha.

Signature

Sarpanch/Panch (mahila) or  
 Anganwadi Wroker/Supervisor

Place : \_\_\_\_\_

Date : \_\_\_\_\_

In pursuance of the above sanction, an interest-bearing account has  
 been opened in the joint name of the newborn girl child above and  
 (name and designation of the officer of the implementing agency)  
 \_\_\_\_\_ and the passbook for the same has  
 been handed over to the applicant (mother of the newborn girl child) as per  
 the details below:-

1. Name of bank or post office where account opened \_\_\_\_\_.
2. Date of opening of account \_\_\_\_\_
3. Deposit scheme under which account opened and number of account  
 opened \_\_\_\_\_.
4. Amount deposited : Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
 only)
5. Passbook number \_\_\_\_\_.
6. Amount paid in cash to applicant (mother) as reimbursement of  
 insurance premium as per the application : Rs. \_\_\_\_\_  
 (Rupees \_\_\_\_\_ only)

Name, Designation and signature of  
implementing agency

Place : \_\_\_\_\_

Date : \_\_\_\_\_

### RECEIPT

Received application for obtaining the post-birth benefit of Rs.500/-  
in favour of (name of new born girl child) \_\_\_\_\_  
from Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_ of village  
\_\_\_\_\_ on \_\_\_\_\_.

Anganwadi  
Worker/ANM/Medical Officer

Place \_\_\_\_\_

Date \_\_\_\_\_

Note: 1. Please approach the Panchayat member/Chairperson, Gram Panchayat if the  
time taken in providing the benefit of Rs.500/- exceeds 90 days from the date of  
application.

2. Please enclose a copy of this receipt along with the complaint regarding delay.

### RECEIPT

Received the following from be implementing agency:-

1. Cash amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
only) as reimbursement of insurance premium as per the application.
2. Passbook number \_\_\_\_\_ for Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_ only)

Signature of applicant  
(mother)

Place : \_\_\_\_\_

Date : \_\_\_\_\_

## **BALIKA SAMRIDHI YOJNA (BSY)**

### **APPLICATION FORM FOR OBTAINING THE POST-BIRTH BENEFIT OF Rs.500/- (FOR URBAN AREAS)**

(No document other than the application form is necessary for obtaining the post birth benefit of Rs.500/-)

To

Civil Surgeon / Medical Officer Incharge  
\_\_\_\_\_ Municipality.

Subject:- Balika Samridhi Yojna – application for obtaining the post – birth benefit of Rs.500/-.

\*\*\*\*\*

Madam/ Sir,

I have given birth to a girl child. Details are furnished below :-

1.	Name of applicant (Mother) _____
2.	Name of housband _____ son of _____
3.	Full address : House number _____ Street _____ Locality _____ Village _____ Block/ Tehsil/ Taluk _____ District _____
4.	Date of birth of applicant (Mother) _____
5.	Date of birth of newborn girl child _____
6.	Place of birth of newborn girl child _____
7.	Name of newborn girl child _____
8.	Number of girl children in the family already benefited under BSY excluding the newborn girl child _____
9.	Whether belonging to i) SC _____ ii) ST _____ iii) OBC _____ iv) Others _____



2. It is requested that the post-birth benefit of Rs. 500/- under BSY may be sanctioned in favour of my above named newborn daughter.

**Authorisation :**

I hereby authorize the implementing agency for BSY to open an interest-bearing account in the joint name of my new born daughter above and the implementing agency in a bank or post office nearest to me and, subject to the adjustment to be made as requested below (if any), to deposit the post- birth benefit therein. The BSY benefit of annual scholarships when the girl child starts attending school may also be deposited in the same account which will mature and become payable to the girls child on her attaining the age of eighteen years, subject to her having remained unmarried till then. No pre-mature withdrawal from this account will be permissible, in the event of the girl child having married before attaining the age of eighteen years, the amount at credit in the account attributable to annual scholarships and the interest accrued thereon shall stand forfeited and will revert to the implementing agency. In the contingency of the death of the girl child before attaining the age of eighteen years, the entire amount at credit in the account shall stand forfeited and will revert to the implementing agency.

**Adjustment requested to be made :**

An amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) may be paid to me in cash from the post-birth benefit of Rs. 500/- being the premium deposited towards the Bhagyashree Balika Kalyan Bima Yojna policy number \_\_\_\_\_ taken in the name of the girl child above. Receipt number \_\_\_\_\_ dated \_\_\_\_\_ for payment of the insurance premium is enclosed herewith in original (to be enclosed by applicant).

2. The amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) remaining after allowing the above adjustment from the post-birth benefit may be deposited in the interest-bearing account as per the above authorization.

Signature of applicant-mother

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Verification And Report:**

Verified and reported that:

1. Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_ of House Number \_\_\_\_\_ Street \_\_\_\_\_ Town/ City \_\_\_\_\_ has given birth to a girl child on (date) \_\_\_\_\_ as per Birth Register/ Birth Certificate.
2. The girl child has been given the following immunization: BCG/ Measles/ DPT/ Polio.
3. The family of Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_ of Town/ City \_\_\_\_\_ has been shown at serial number \_\_\_\_\_ in the list of families below the poverty line under (name of BPL survey \_\_\_\_\_).  
OR, The family is a BPL family as per the criteria mentioned in BSY guidelines.
4. The total number of beneficiaries in the family under BSY including the newborn girl child above is \_\_\_\_\_.

Urban Anganwadi Worker/ Multi Purpose Health Worker (Female)/ Health Supervisor (Female)/ Revenue Officer/ Municipal Officer

Place \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Secretary/  
Executive Officer  
Municipality

Place \_\_\_\_\_  
Date \_\_\_\_\_

### **SANCTION**

This is to sanction Rs.500/- as post-birth benefit in favour of (new born girl child)\_\_\_\_\_ daughter of Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_ of Town/ City \_\_\_\_\_ under BSY. The sanction has been approved/ will be retified by a resolution of the Municipality. This sanction order will be notified on the notice board of the Municipality .

**Signature**  
**Secretary/ Executive Officer**  
**Municipality**

Place : \_\_\_\_\_

Date : \_\_\_\_\_

In pursuance of the above sanction, an interest-bearing account has been opened in the joint name of the newborn girl child above and (name and designation of the officer of the implementing agency)\_\_\_\_\_ and the passbook for the same has been handed over to the applicant (mother of the newborn girl child) as per the details below:-

1. Name of bank or post office where account opened \_\_\_\_\_.
2. Date of opening of account \_\_\_\_\_.
3. Deposit scheme under which account opened and number of account opened \_\_\_\_\_.
4. Amount deposited : Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)
5. Passbook number \_\_\_\_\_.
6. Amount paid in cash to applicant (mother) as reimbursement of insurance premium as per the application : Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)

**Name designation & Signature**  
**of officer of implementing authority**

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**RECEIPT**

Received the following from be implementing agency:-

1. Cash amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) as reimbursement of insurance premium as per the application.
2. Passbook number \_\_\_\_\_ for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only)

**Signature of applicant  
(mother)**

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Note:- Model forms relating to BSY benefit of annual scholarships when the girl child starts attending school will be devised and circulated to State Governments/ Union Territory Administrations.

Urban Area

**RECEIPT**

Received application for obtaining the post-birth benefit of Rs. 500/- in favour of (name of newborn girl child) \_\_\_\_\_ from Smt. \_\_\_\_\_ wife of Shri \_\_\_\_\_ of Town/ City \_\_\_\_\_ on \_\_\_\_\_.

Urban Anganwadi Worker/ Multi Purpose Health Worker (Female)/ Health Supervisor (Female)/ Revenue Officer/ Municipal Officer

Place \_\_\_\_\_

Date \_\_\_\_\_

**Note :**

1. Please approach the Ward Councillor/ Chairperson, Municipality if the time taken in providing the benefit of Rs.500/- exceeds 90 days from the date of application.
2. Please enclose a copy of this receipt alongwith with the complaint regarding delay.

*“The State of Female Feticide in Gujarat”* is being published as a part of the ACHR’s “National Campaign for elimination of female foeticide in India”, a project funded by the European Commission under the European Instrument for Human Rights and Democracy – the European Union’s programme that aims to promote and support human rights and democracy worldwide.

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All the reports and forthcoming publications under National Campaign for elimination of female foeticide in India are available at: <http://www.stopfemaleinfanticide.org/>



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