



ODISHA

THE STATE OF FEMALE FOETICIDE



ASIAN CENTRE FOR HUMAN RIGHTS



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Published by:

Asian Centre for Human Rights (ACHR)
C-3/441-Second Floor, Janakpuri, New Delhi 110058, INDIA
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First Published: October 2017

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ISBN: 978-81-88987-74-0

Suggested contribution: Rs. 395 /-

Acknowledgement: This report 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. The views expressed are of the Asian Centre for Human Rights, and not of the European Commission.



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1. EXECUTIVE SUMMARY AND RECOMMENDATIONS

In Odisha, the Child Sex Ratio¹ (CSR) has been consistently falling as reflected from the census data: 1035 in 1961, 1020 in 1971, 995 in 1981, 967 in 1991, 953 in 2001 and 941 in 2011.² In terms of point, the CSR fell by 54 points from 1981 i.e. period before widespread use of technology for sex selection to 2011. With the CSR of 941 as per 2011 census, Odisha ranked 19th in skewed CSR among 35 States and Union Territories (UTs) of India.³

Though the CSR of Odisha at 941 as per 2011 census does not appear to be as acute as in many States of North India, the following ought to be borne in mind. First, the CSR in Odisha had been above natural sex ratio of 105 males for every 100 females as estimated by the World Health Organisation⁴ but it has been consistently falling especially since 1981. Second, the fall in the CSR during 2001 to 2011 was across the spectrum: the CSR declined in 26 out of 30 districts of the State. Third, the fall in the CSR of certain districts during 2001 to 2011 has been drastic with Dhenkanal district witnessing the highest fall (decrease in 55 points) followed by Nayagarh district and Angul district (53 points each), Ganjam (40 points), among others.⁵ The CSR in Nayagarh (855), Dhenkanal (870), Angul (884) and Ganjam (899) districts was much lower than the State CSR (941) and national CSR (919). Fourth, as per 2011 census, the CSR in urban areas (913) remained much below the rural areas

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

2. "ANNUAL REPORT 2014-2015" of State PC&PNDT Cell, Directorate of Family Welfare, Government of Odisha, <http://www.pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

3. Decline In Child Sex Ratio, Press Information Bureau, Government of India, 11 February 2014, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=103437>

4. Health situation and trend assessment: Sex Ratio, WHO http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/

5. <http://www.pndtorissa.gov.in/child-sex-ratio.htm>

(946)⁶ indicating access to technology as a key contributing factor for the declining CSR.

The Director of Family Welfare-cum-State Appropriate Authority under the Preconception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC&PNDT Act) attributed decline in the CSR to sex selection with misuse of modern diagnostic techniques like invasive method of amniocentesis and non-invasive method like ultra-sonography at pre-conception and prenatal level.⁷

The reasons are not hard to find as highlighted below.

First, female foeticide was so rampant that in July 2007, police recovered over a dozen female fetuses packed in plastic containers from a drain behind the Bhubaneswar Diagnostic and Ultrasound Clinic, located near Naveen Nivas, the residence of Chief Minister Naveen Patnaik.⁸ In July 2007 itself, police further recovered about 160 female and decomposed fetuses in another two separate incidents in Nayagarh district.⁹

Second, despite such rampant female foeticide, the PC&PNDT Act is actually violated with impunity in Odisha with the State Government turning its blind eye with respect to enforcement of the Act especially registration of the cases. The Comptroller and Auditor General of India (CAG) in Audit Report titled, “*Report No. 2 of 2015 Report of the Comptroller and Auditor General of India on General and Social Sector for the year ended March 2014 Government of Odisha*” highlighted blatant violations of each and every provision of the

6. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf
7. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf
8. More female fetuses found in Orissa, The Hindustan Times, 31 July 2007; available at: <http://www.hindustantimes.com/india/more-female-foetuses-found-in-orissa/story-mSbhioibbRawcSq5NnVz40.html>
9. Please see “More female fetuses found in Orissa”, The Hindustan Times, 31 July 2007; available at: <http://www.hindustantimes.com/india/more-female-foetuses-found-in-orissa/story-mSbhioibbRawcSq5NnVz40.html> and “Probe into foeticide”, The Hindu, 22 July 2007, <http://www.thehindu.com/todays-paper/tp-national/tp-otherstates/Probe-into-foeticide/article14801060.ece>

PC&PNDT Act and at each and every stage. The CAG highlighted (a) ineffective functioning of various authorities under the PC&PNDT Act, (b) unauthorised functioning of ultrasound clinics, (c) registration and renewal without inspection, (d) ultrasound being conducted by unauthorised person, (e) non-surrender of certificates of registration by defunct ultrasound centre, (f) absence of regular inspection of ultrasound clinics, (g) no mechanism to track portable USG machines and their use, (h) non-maintenance of prescribed records, (i) non-filing of Form-F by ultrasound clinics and non-tracking of pregnant mothers, (j) failure of the decoy customer scheme, (k) no enquiry in case of specific complaints of violations and sex determination, (l) non-implementation of recommendations of the State Supervisory Board, and (m) non submission of quarterly sales list by dealers and affidavit by the purchasers.¹⁰ The result has been the lack of conviction under the Act: from inception in 1994 to 31 March 2015, only 51 cases were filed in the courts out of which 20 cases were pending adjudication,¹¹ 3 resulted in convictions¹² and 28 resulted in acquittal.

Third, unlike Madhya Pradesh, Bihar, Rajasthan, Punjab, Delhi, Andhra Pradesh, Himachal Pradesh which had launched specific schemes for retention of the girl child in order to address the falling CSR, it was only in September 2016 that the Government of Odisha launched the Biju Kanya Ratna Yojana (BKRY) for implementation in Ganjam, Dhenkanal and Angul districts on a pilot basis for a period of three years to improve Sex Ratio at Birth (SRB) and the CSR.¹³ Strangely, Nayagarh district which had the lowest CSR (855) in Odisha has been excluded from the BKRY!

10. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

11. The date on which www.pndtorissa was last accessed.

12. For year-wise convictions under PC & PNDT Act from 2009 to December 2014, please refer to Press Information Bureau, Government of India, Ministry of Health and Family Welfare, 03-March-2015, Effective Implementation of PNDT Act available at <http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303> and for the year 2015, refer to Lok Sabha Unstarred Question No.1707 To Be Answered On 25th November, 2016

13. Odisha Government launches Biju Kanya Ratna Yojana, General Knowledge Today, September 5, 2016; available at: <http://currentaffairs.gktoday.in/odisha-government-launches-biju-kanya-ratna-yojana-09201635544.html>

Odisha consistently lacked seriousness to arrest falling CSR. In 2012, it launched a scheme to conduct decoy or sting operations to nab those involved in sex selection and it announced Rs 5,000 as reward. Indeed, one successful decoy operation was conducted in Angul district in September 2012. The State Government itself acknowledged that “the money offered is negligible and this turns away most volunteers”.¹⁴ Yet, the Government of Odisha instead of increasing the reward money altogether abandoned the programme on sting operations involving the decoys!

The lack of seriousness of Odisha for implementation of the PC&PNDT Act further stands exposed from the failure to act upon the recommendations of the CAG, the focus of the BKRY only on three districts on a pilot basis, that too only for a period of three years, and the exclusion of the most gender critical district, Nayagarh from the BKRY. The violations of the PC&PNDT Act are so rampant that during 2014-2015 the Appropriate Authorities inspected 15 premises in the districts of Dhenkanal, Cuttack, Khordha, Kendrapara, Puri and Balasore and had to register 14 complaint cases.¹⁵ It implies that in almost 100% of the cases, the AAs found violations of the PC&PNDT Act.

Conclusion and recommendations

If Odisha is to address decline in the CSR, it ought to fully enforce the PC&PNDT Act and improvise the BKRY.

Asian Centre for Human Rights (ACHR) recommends the following to the State Government of Odisha:

i. PC&PNDT Act:

- Establish PC&PNDT Bureau of Investigation under the Department of Health and Family Welfare to assist the appropriate authorities for effective implementation of the PC&PNDT Act;

14. ‘Operation Decoy’ given a quiet burial in Odisha after just one sting, 28 July 2015 available at <http://odishasuntimes.com/2015/07/28/operation-decoy-given-a-quiet-burial-in-odisha-after-just-one-sting/>

15. Annual Report 2014 - 2015 of the State PC & PNDT Cell, Directorate of Family Welfare, Government of Odisha, available at: <http://pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

- Launch a Mukhbir Yojana to reward those providing information with amount of rewards of at least Rs 200,000 to decoys and Mukhbirs along with (i) specific incentive in the form of bond/scheme for the unborn baby of the decoy customer¹⁶ apart from undertaking of not aborting the foetus under any circumstances; (ii) specific allowance to the decoys and Mukhbirs to attend each hearing during the trials; (iii) ensure anonymity of the complainants, informers etc to the extent possible;¹⁷ and (iv) sanction adequate financial resources for implementation of the scheme;
- Ensure proper implementation of the PC&PNDT Act inter alia through: (i) ensuring efficient and effective system of registration of all ultrasound/ genetic clinics so as to ensure compliance to the provisions of the Act; (iii) ensuring regular and effective inspection of the ultrasound/ genetic clinics for curbing the violation of Act & Rule; and (iii) introducing Integrated Monitoring System for the PC&PNDT Act and installing tracking devices in all sonography machines;¹⁸
- Ensure proper implementation of the PC&PNDT Act and Rules, inter alia, by filing cases against (i)unauthorised functioning of ultrasound clinics, (ii) ultrasound being conducted by unauthorised person, (iii) non-surrender of certificates of registration by defunct ultrasound centre, (iii) use of portable USG machines and their use, (iv) non-maintenance of prescribed records, (v) non-filing of Form-F by ultrasound clinics, (vi) non submission of quarterly sales list by dealers

16. The revised *Mukhbir Yojana* of Rajasthan provides that “provisions should be made to give an insurance policy to the yet-to-born baby of the pregnant woman participating in a decoy operation”. For details, please see ‘New guidelines define role of pregnant woman in decoy operation’, The Times of India, 7 September 2015 available at <http://timesofindia.indiatimes.com/city/jaipur/New-guidelines-define-role-of-pregnant-woman-in-decoy-operation/articleshow/48851311.cms>

17. Under *Mukhbir Yojana* of Rajasthan, anonymity of an informer is ensured. Further, under the decoy scheme of Madhya Pradesh when the informer conducts the sting operation alone without assistance of decoy, the informer gets the entire Rs 50,000 at the stage of certifying the operation to be true by the AA and Rs 50,000 after framing of charges before the Court. Therefore, the anonymity of the informers can be ensured.

18. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

and affidavit by the purchasers, and (vii) ensuring time bound trial of the cases under the PC&PNDT Act

- Ensure departmental actions against the Appropriate Authorities for the failure to ensure compliance with the PC&PNDT Act and the Rules; and
- Make necessary budgetary allocations for implementation of all these measures.

ii. Biju Kanya Ratna Yojana

- Extend the Biju Kanya Ratna Yojana in all the districts which have CSR below national level CSR (919) as per 2011 census i.e. Nayagarh (855), Khurda (910), Cuttack (910) and Deogarh (917).
- Revise the Biju Kanya Ratna Yojana to (i) cover all the districts of Odisha, (ii) increase the amount for post birth benefits of at least Rs. 1 lakh,¹⁹ educational scholarship of Rs. 50,000,²⁰ provide additional financial assistance of Rs. 1 lakh to be paid to surviving girls for assistance during marriage;²¹ and (iii) link implementation of the Scheme with Anganwadi centres and hospitals;
- Upload all details of physical and financial achievements under the proposed scheme on a dedicated website and update the website regularly to provide all relevant information such as list of beneficiaries, funds sanctioned and utilization certificates;

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

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

21. As provided under the Ladli Laxmi Scheme in Goa

2. THE STATE OF THE MISSING GIRLS IN ODISHA

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”.²²

As per the 2011 census report, total child population in the age group of 0-6 years in Odisha was 5,273,194 with 2,716,497 males against 2,556,697 females during 2001 to 2011.²³ Based on the World Health Organisation’s (WHO) estimate of natural sex ratio of 105 males for every 100 females²⁴, for 2,716,497 males, there would have been around 25,87,140 females in the age group of 0-6 years instead of 2,556,697 females. This means the total number of missing girls were 30,713 i.e. number of girls ideally to be born in the age group of 0-6 years minus actually born in the age group of 0-6 years. As census is conducted every 10 years, it means another 20,475 girls went missing in the age group of 7 to 10 years. Therefore, the total number of girls went missing in Odisha were 51,188.

In Odisha, the CSR has been consistently falling: 1035 in 1961, 1020 in 1971, 995 in 1981, 967 in 1991, 953 in 2001 and 941 in 2011.²⁵ In terms of point, the CSR fell by 25 points from 1971 to 1981, 28 points from 1981 to 1991, 14 points from 1991 to 2001 and 12 points from 2001 to 2011. From 1971 to 2011, the CSR actually fell by 79 points. The technology for sex selection

22. 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>

23. Orissa Population Census data 2011 available at <http://www.census2011.co.in/census/state/orissa.html>

24. Health situation and trend assessment: Sex Ratio, WHO
http://www.searo.who.int/entity/health_situation_trends/data/chi/sex-ratio/en/

25. “ANNUAL REPORT 2014-2015” of State PC&PNDT Cell, Directorate of Family Welfare, Government of Odisha, <http://www.pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

had a critical role to play for low CSR in the State. Indeed, during 2001-11, the CSR declined in 26 out of 30 districts of the State²⁶ as technology became easily available in rural areas. In more four districts, the sex ratio was less than 900, with Nayagarh having the most skewed CSR of 855.²⁷

The worst district in terms of skewed CSR as per Census 2011 is Nayagarh (855) followed by Dhenkanal (870), Angul (884), Ganjam (899), Khurda (910), Cuttack (913), Deogarh (917), Kendrapara and Jajpur (921 each), Puri (924), Jagatsinghpur (929), Sambalpur and Bhadrak (931 each), Sundergarh (937), Jharsuguda (938), Balasore (941), Baragarh (946), Kalahandi and Sonepur (947 each), Bolangir (951), Mayurbhanja (952), Rayagada (955), Keonjhar (957), Kandhamal (960), Gajapati (964), Koraput (970), Nuapada (971), Boudh (975), Malkanagiri (979), and Nabarangapur (988).

During 2001-11, CSR declined in 26 out of 30 districts of the State while in three districts (Jagatsinghpur, Nuapada and Boudh) CSR increased and in one district (Gajapati) the CSR remained constant. The highest decline of CSR took place in Dhenkanal district (55 points) followed by Nayagarh district and Angul district (53 points each), Ganjam (40 points) among others.²⁸ (See Table 1) As per Census 2011, CSR in urban areas (913) remained much below that in rural areas (946).

The Director of Family Welfare-cum-State Appropriate Authority attributed decline in child sex ratio to “sex selection with misuse of modern diagnostic techniques like invasive method of amniocentesis and non-invasive method like ultra-sonography at pre-conception and prenatal level”.²⁹

26. <http://www.pndtorissa.gov.in/child-sex-ratio.htm>

27. “ANNUAL REPORT 2014-2015” of State PC&PNDT Cell, Directorate of Family Welfare, Government of Odisha, <http://www.pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

28. <http://www.pndtorissa.gov.in/child-sex-ratio.htm>

29. With only Rs 5,000 as incentives, the scheme was destined to fail.

**Table 1: District-wise Child Sex Ratio as per Census
2001 and 2011 in Odisha³⁰**

Sl No	Name of the District	Child Sex Ratio		
		2001	2011	(Increase/ Decrease)
1	Nayagarh	904	855	-53
2	Dhenkanal	925	870	-55
3	Angul	937	884	-53
4	Ganjam	939	899	-40
5	Khurda	926	910	-16
6	Cuttack	939	913	-26
7	Deogarh	956	917	-39
8	Kendrapara	940	921	-19
9	Jajpur	937	921	-16
10	Puri	931	924	-7
11	Jagatsinghpur	926	929	3
12	Sambalpur	959	931	-28
13	Bhadrak	943	931	-12
14	Sundergarh	970	937	-33
15	Jharsuguda	949	938	-11
16	Balasore	944	941	-3
17	Baragarh	957	946	-11
18	Kalahandi	984	947	-37
19	Sonepur	967	947	-20
20	Bolangir	967	951	-16
21	Mayurbhanja	956	952	-4
22	Rayagada	981	955	-26
23	Keonjhar	962	957	-5
24	Kandhamal	970	960	-10

30. <http://www.pndtorissa.gov.in/child-sex-ratio.htm>

25	Gajapati	964	964	0
26	Koraput	983	970	-13
27	Nuapada	969	971	2
28	Boudh	966	975	9
29	Malkanagiri	982	979	-3
30	Nabarangapur	999	988	-11

The Sex Ratio at Birth (SRB) of Odisha is not very encouraging and during 2014, the SRB was 985. If the existing under-five mortality rate (U5MR) of 48 deaths per 1,000 births³¹ in India is applied in Odisha context, CRS may fall significantly.

Table 2: District-wise Sex Ratio at Birth of 2014³²

Sl No.	Name of District	Sex Ratio at Birth 2014
	Odisha	880
1	Kendrapara	705
2	Ganjam	794
3	Nayagarh	811
4	Jajpur	823
5	Khurda	842
6	Cuttack	843
7	Dhenkanal	849
8	Jagatsinghpur	852
9	Puri	854
10	Balasore	870
11	Bhadrak	875

31. <http://www.pndtorissa.gov.in/child-sex-ratio.htm>

32. 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>

12	Jharsuguda	878
13	Gajapati	892
14	Sambalpur	903
15	Anugul	904
16	Sundargarh	906
17	Bargarh	913
18	Boudh	918
19	Keonjhar	930
20	Mayurbhanj	933
21	Malkangiri	935
22	Deogarh	938
23	Bolangir	939
24	Kandhamal	940
25	Kalahandi	942
26	Koraput	942
27	Rayagada	945
28	Nawarangpur	965
29	Sonepur	965
30	Nuapada	1055
Average		985

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

3.1. 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 2002³³, provides for regulation and punishment for sex determination and/or sex selection.

Section 3 of the PC&PNDT 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.

33. Source: <http://www.pndtorissa.gov.in/>

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.

3.2. Status of implementation of the PC&PNDT Act

The implementation of the PC&PNDT Act in Odisha is abysmally poor. The Comptroller and Auditor General of India (CAG) in Audit Report titled, “Report No. 2 of 2015 - Report of the Comptroller and Auditor General of India on General and Social Sector for the year ended March 2014 Government of Odisha” highlighted (a) ineffective functioning of various authorities under the PC&PNDT Act, (b) unauthorised functioning of ultrasound clinics, (c) registration and renewal without inspection, (d) ultrasound being conducted by unauthorised person, (e) non-surrender of certificates of registration by defunct ultrasound centre, (f) absence of regular inspection of ultrasound clinics, (g) no mechanism to track portable USG machines and their use, (h) non-maintenance of prescribed records, (i) non-filing of Form-F by ultrasound clinics and non-tracking of pregnant mothers, (j) failure of the decoy customer scheme, (k) no enquiry in case of specific complaints of violations and sex determination, (l) non-implementation of recommendations of the State Supervisory Board, and (m) non submission of quarterly sales list by dealers and affidavit by the purchasers for the poor implementation of the Act.³⁴ Worst, the State of Odisha failed to act upon the findings and recommendations of the CAG.

3.2.1. Ineffective functioning of Committees to check female foeticide

The Government of Odisha constituted State Supervisory Board and State Appropriate Authority, and appointed District Appropriate Authorities (DAA) for smooth enforcement of the Act. The State Advisory Committees

34. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

(SAC) and District Advisory Committees (DAC) were constituted to aid and advise the Appropriate Authorities (AAs).

The CAG's audit of General and Social Sector of Odisha government for the year ended March 2014 noted that the SAC, inter-alia, recommended (December 2011, August 2012, January 2013) setting up of a PNDT Cell at each district from 2012-13, to conduct at least one decoy operation in each district and impart training for the same and online filing of Form F from March 2013. But the PNDT Cell was established in only eight districts (Bhadrak, Dhenkanal, Jagatsinghpur, Kendrapara, Nayagarh, Puri, Sambalpur and Sundargarh) as of April 2014. Further, the SAC met only six times during 2010-13 (8 February 2010, 29 July 2010, 24 May 2011, 23 December 2011, 2 August 2012 and 28 January 2013) against prescribed 18 meetings. Similarly, in four sample districts, DAC met 29 times i.e. Bhadrak (seven), Cuttack (seven), Ganjam (five) and Nayagarh (10) against requirement of 72 meetings.³⁵

Subsequent to the CAG Audit, the DACs of 25 out of 30 districts held 62 meetings during 2014-15. No meeting was however held in the districts of Balasore, Boudh, Gajapati, Malkangiri and Rayagada during 2014-15.³⁶

The CAG pointed out that though child sex ratio declined from 953 in 2001 to 941 in 2011 in the State, enforcement of PC&PNDT Act/ Rules was not adequate and effective to curb female foeticide due to belated/ non-constitution of the PNDT Cells in all the districts coupled with absence of enforcement measures.³⁷

35. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

36. Ibid.

37. Annual Report 2014 - 2015 of the State PC & PNDT Cell, Directorate of Family Welfare, Government of Odisha; Available at: <http://pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

Further, the CAG's audit of General and Social Sector of the Odisha government for the year ended March 2014 found the following:³⁸

- DACs required to be reconstituted after every three years were not reconstituted, but some new members were included in the committee after a gap of three to nine years.
- No squad or control room was formed as decided (July 2007) by Government for inspection of ultrasound clinics/ diagnostic centres in five test checked districts (Keonjhar, Mayurbhanj, Puri, Rayagada and Sambalpur) to verify their validity of registration, inpatient facilities etc. to check misuse of sex determination techniques. In three districts namely Ganjam, Jagatsinghpur and Kandhamal though squads were formed, they did not conduct any inspection.

Pursuant to the above mentioned findings by the CAG Audit, District PNDT Cells were established in 15 more districts totaling the number to 23 districts during 2014-15 and decision taken to establish District PNDT Cell in each of the 30 districts.³⁹ During 2014-15, the Odisha State PC&PNDT Cells also reconstituted District Advisory Committee in all districts, constituted Girl Child Task Force under the Chairpersonship of Chief Secretary and Executive Magistrates were designated as Authorized Officers of District Appropriate Authorities.⁴⁰

3.2.2. Registration and regulation of the genetic counselling centres, genetic laboratories and genetic clinics

There is almost jungle Raj with respect to registration and regulation of the genetic counselling centres, genetic laboratories and genetic clinics as explained below.

38. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

39. Ibid.

40. Annual Report 2014 - 2015 of the State PC & PNDT Cell, Directorate of Family Welfare, Government of Odisha, available at: <http://pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

i. Unauthorised functioning of Ultrasound Clinics

Under Rule 3(a) of the PC&PNDT Rules, it is mandatory for the center to be registered prior to sale/ distribution/ supply/ rent out/authorization of use of ultrasound/imaging machines

As per Rule 8(1) of the PC&PNDT Rules 1996, an application for renewal of certificate of registration shall be made by the ultrasonography (USG) clinic in duplicate in Form A, to the Appropriate Authority at least thirty days before the expiry of the certificate of registration.

Further, Rule 11(2), inter-alia, require seal, seizure and confiscation of any ultrasound machine whenever found to be in occupation of any unregistered clinic.

The violations of these provisions are rampant in Odisha.

As per media report, as many as 49 clinics and diagnostic centres in Berhampur city were functioning without valid licence despite claim by health officials and administration to the contrary as of 14 February 2014.⁴¹

As on 18 February 2016, a total of 829 facilities were registered under the PC&PNDT Act across Odisha. Khurda district with 167 centers had the highest number of registered facilities, followed by Cuttack (149), Sundargarh (67), Ganjam (55), Sambalpur (47) and Bolangir (36) districts. Nawangpur (2), Malkangiri, Kandhamal & Boudh (3 each) and Gajapati (4) are the districts with lowest number of registered USG centers in Odisha.⁴² As per Annual Report 2014-2015 published by the State PC&PNDT Cell, Directorate of Family Welfare, Government of Odisha, 780 facilities were registered since the inception of the Act as on 31 March 2015. These included 69 registrations and 32 renewals during 2014 until 31 March 2015.⁴³

41. Illegal Private Clinics Continue to Flourish, The New Indian Express, 14 February 2014, <http://www.newindianexpress.com/states/odisha/2014/feb/14/Illegal-Private-Clinics-Continue-to-Flourish-575733.html>.

42. USG Centers Data, Odisha; Available at: [https://www.google.co.in/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=PC-PNDT+Data+\(2015+-+16\)+\(Annexure+to+be+filled+at+district+Level+%26+consolidated+across+districts+at+State+level\)%09%09%09%09%09](https://www.google.co.in/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=PC-PNDT+Data+(2015+-+16)+(Annexure+to+be+filled+at+district+Level+%26+consolidated+across+districts+at+State+level)%09%09%09%09%09)

43. Annual Report 2014 - 2015 of the State PC & PNDT Cell, Directorate of Family Welfare, Government of Odisha

The CAG's findings during the audit of General and Social Sector of the Odisha government for the year ended March 2013 are instructive. It found that in one (Cuttack) out of four selected districts, two Ultrasound Clinics i.e., one in Government sector and the other private ran without registration since January/ February 2012 and both had not even applied for renewal of registration as of December 2013. In case of private clinic, it had applied (January 2012) for its closure from December 2012, though validity of registration of the clinic expired in January 2012. The CAG further found that instead of taking immediate action to surrender the certificate and issue instructions to not use, shift or sell the machine without permission, the instructions were issued belatedly during September 2013 and inspection to ensure unauthorized use of machine was also not carried out during the period. As a result, machines of such unregistered clinics remained in the possession of unregistered bodies/ clinics though their use was not permitted as per law.⁴⁴

The CAG stated that there was delay in registration as well as renewal of registration of clinics. As of March 2014, 549 ultrasound/ genetic clinics including 117 of test checked districts were registered with the DAAs. However, the CAG noticed that delay in registration of 42 clinics ranged up to 796 days, 53 clinics were renewed with delays ranging from two to 775 days and in 35 cases, AAs granted registration/ renewal without obtaining advice of the SAC/DAC. Though the clinics were to apply for renewal within thirty days before expiry of certification of registration, 48 clinics applied for renewal with delays up to 372 days. These clinics thus functioned as deemed to have been registered during the intervening period without any scrutiny by the AAs due to which the possibility of misuse of sex determination techniques during the intervening period cannot be ruled out.⁴⁵

available at <http://www.pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

44. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

45. Ibid

ii. No mechanism to track portable USG machines and their use

Rule 13 of the PC&PNDT Rules 1996 amended in 2012, required genetic clinic, ultrasound clinic and imaging centre to intimate change of employee, place, address and equipment etc to the DAA at least 30 days in advance of such expected change and obtain re-issued registration certificate incorporating any such change. In addition, Rule 3(b) (1) also provides that the use of portable ultrasound machines shall be permitted only when the same is used within the registered premises for providing service to indoor patients.

The CAG stated that no mechanism was in place to track portable ultrasound machines. The Health and Family Welfare Department had no information regarding number of portable USG machines permitted by the AAs in the State. In four test checked districts, all DAAs, however, stated that no permission was given for use of any portable ultrasound machine in these districts.⁴⁶

The CAG's audit further stated that "in Cuttack, 10 Ultrasound Clinics who did not have in-patient facility used portable ultrasound machines, which were not registered with DAA Cuttack. On detection of use of such machines in five clinics, DAA, Cuttack instructed (March 2013) the Tahasildar concerned to seal and seize the same. However, status of remaining five portable machines was not ascertained by DAA (April 2014). One such clinic which used a portable ultrasound machine with its unique serial number indicated in the registration certificate issued by the DAA in May 2011, though DAA Cuttack detected the machine as portable only in October 2011. This is indicative of issue of registration certificate without conducting any inspection of the machine/ clinic by DAA as envisaged in Section 19(1) of PNDT Act".⁴⁷

Similarly, it was noticed during joint inspection (November 2013) with the Additional District Medical Officer that in Bhadrak district, one USG clinic

46. Ibid

47. Ibid

was found using portable ultrasound machine without obtaining permission from the DAA.⁴⁸

iii. USG conducted by unauthorised person

Rule 3(3)(1) of the PC&PNDT Rules 1996 requires that any person having adequate space and employing a Gynaecologist having experience of performing at least 20 procedures or a Sonologist, Imaging Specialist, Radiologist or registered medical practitioner having Post Graduate Degree or diploma or six month training or one year experience in sonography or image scanning or a medical geneticist may set up a genetic clinic/ ultrasound clinic/ imaging centre.

In Odisha, this provision is blatantly violated.

The CAG reported that in one test checked district (Bhadrak), an Ophthalmologist conducted ultrasound/ imaging and signed and sent Form F though not authorised by the DAA for the same. No action was initiated against the clinic/doctor for such violation even after reporting (November 2013) by the CAG audit.⁴⁹

Further, the CAG found that 25 unqualified doctors were operating 25 ultrasound centres in six test checked districts namely Ganjam (3 unqualified doctors), Jagatsinghpur (2 unqualified doctors); Keonjhar (7 unqualified doctors), Mayurbhanj (2 unqualified doctors), Puri (2 unqualified doctors) and Sambalpur (9 unqualified doctors) having 15-45 days of short course training which is not permissible. Despite the fact that unqualified/ ineligible doctors were working as sonologist in USCs, the DAC recommended registration, renewal of registration to these clinics time and again which is a clear violation of the PC&PNDT Act and Rules.⁵⁰

48. Ibid

49. Ibid

50. Ibid.

iv. Non-maintenance of prescribed records

As per Rule 9(5) of the PC&PNDT Rules 1996, the AAs have to maintain records of application for grant or renewal of certificate of registration as specified in Form-H which should be treated as permanent record. Letters of intimation of every change of employee, place, address and equipment installed are also to be preserved as permanent records.

The CAG reported that the DAA of Bhadrak maintained the register but entries were not authenticated, while in two districts (Cuttack and Ganjam), the registers were not maintained. In such absence of validity of registration, change of place and personnel in registered clinics were not monitored which resulted in several irregularities like unauthorised persons operating ultrasound machines, use of potable/mobile machines etc. remaining undetected.⁵¹

vi. Filing Form-F by Ultrasound Clinics and tracking of pregnant mothers

Rule 9(8) of the PC&PNDT Rules 1996 makes it mandatory to file “Form F” by clinics indicating name of the pregnant woman undergoing obstetric scan, husband’s name, address, contact number and various other details. The Central Supervisory Board under the PC&PNDT Act recommended (May 2011) tracking of each pregnant woman right from conception to delivery and to investigate the instances of missed pregnancy.

The State Government of Odisha launched (March 2013) ‘Form F’ software to capture history of a pregnant woman who underwent obstetric scan to be uploaded daily. Objective of such online filing was to help appropriate authorities to analyse data and track discrepancies and defaulters.

The CAG’s audit report revealed the following in test checked districts:

51. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

- Out of 194 clinics registered as of March 2014, only 101 clinics complied with the norm of online filing of Form F on website. Remaining clinics did not submit such forms online.
- Form F were not filed by clinics regularly in all the four test checked districts and in case of 43 out of 59 test checked clinics, the same were filed after a delay of one to 144 days against prescribed timeline of 5th of the succeeding month.
- Software for monitoring 'Form F' has not been developed due to which analysis of data as well as tracking discrepancies and defaulters were found to be almost absent (May 2014).
- Audit of Form F has not been introduced (May 2014) though a format for the same was prescribed (February 2013) by the Department.
- Tracking of pregnant women from undergoing ultrasound test for the first time confirming the pregnancy to child birth was absent though tracking of some pregnant women through health workers was introduced, the Special Secretary while admitting (April 2014) the fact stated that it would take some time to make the system foolproof.

Further, as per the PC&PNDT Act, every Genetic Counseling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre are required to send a complete report in respect of all pre-conception or pregnancy related procedures/ techniques/ tests conducted by them by every 5th day of the following month to the concerned AA. The CAG found that 23 out of 117 clinics/centres functioning in test checked districts did not submit monthly reports at all whereas 75 centres/clinics submitted monthly reports after 5th of next month on 320 occasions. Due to non-submission/delayed receipt of monthly reports, details of pre-conception or pregnancy related procedures/ techniques/ tests conducted during the said period could not be examined by the AAs to ensure that sex determination techniques were not misused.⁵² It also means that no action is taken for delayed submission.

52. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended

3.2.3. Problems with inspection and renewal of registration

i. Inadequate or no inspections

In July 2007, the Department of Health and Family Welfare constituted District Level Task Force Committee (DLTFC) in each district to monitor implementation of the PC&PNDT Act. The DLTFC included Collector and District Magistrate as Chairman, Superintendent of Police and CDMO/ CMO as member and District Social Welfare Officer as co-opted member. It was mandated to constitute squads comprising magistrates, police and medical officers and decide the modus operandi for inspection of the Nursing Homes, Diagnostic Centres and Ultrasound Clinics and to take penal action as deemed fit for violation of the PC&PNDT Act and its Rules.⁵³

The CAG's audit found that regular inspections of ultrasound clinics were not carried out. In test checked districts, the CAG found the following:⁵⁴

- In Nayagarh district, the District Level Task Force Committee (DLTFC) conducted (August 2012) only one inspection despite repeated instructions by the concerned DAC while the DAA, Bhadrak could not produce (November 2013) any evidence to the audit in support of conducting inspection of clinics by the DLTFC concerned and stated (November 2013) that such record was not maintained.
- In Ganjam district, no inspection by the DLTFC was conducted during 2010- 13 though existence of unfair sex detection was suspected in some clinics, as admitted (December 2013) by the concerned DAA. Thus, due to absence of regular inspections, violations remained unnoticed.

March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

53. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

54. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

- Though during 2010-11 to 2013-14, the State Cell reported (December 2013) in the quarterly progress reports to the Government of India that 1,336 inspections were conducted during 2010-14. However, neither district wise breakup nor name of units and date of inspections was furnished to the CAG audit. Further, cases were filed in only 39 violations out of 44 detected during the said period.
- As per orders of the CDMO, Ganjam, the District Programme Officer conducted inspection of 12 out of 42 ultrasound clinics of the district during August 2012 to January 2013. Although the District Programme Officer reported serious irregularities like possession of portable USG machines without registration (3 cases), purchase of USG machine without intimation (1 case), non- submission of form F for years together (3 cases) etc. in all these cases to the DAA, neither was any action taken against the erring clinics nor was the same reported to the SAA.

The CAG also found that in test checked districts, provisions of the PC&PNDT Act/Rules were not enforced effectively and adequately to check misuse of techniques of pre-conception and pre-natal sex determination. In order to ascertain whether the ultrasound clinics were following provisions of the PC&PNDT Act/ Rules, joint inspection of 16 diagnostic centres in eight test checked districts were made with the representatives of the audited unit and following irregularities were noticed: ⁵⁵

- In 13 clinics, name and designation of doctors performing test or procedure were not displayed on the dress they had worn as required under Rule 18 of the PC&PNDT Rules.
- One ultrasound clinic was using portable ultrasound machine since 2004, though use of such machine was not permissible in the said clinic.

55. Ibid.

- Rule 9(1) of the PC&PNDT Rules envisages that every ultrasound clinic should maintain a register showing names and addresses of the women subjected to prenatal diagnostic procedures, names of their spouse or father and date on which they first reported for such procedure or test. But, it was noticed that one clinic in Keonjhar district did not maintain such register. Two other clinics maintained registers intermittently.
- The patients' reports also did not exhibit doctor's name and designation though required under the PC&PNDT Rules.

The CAG recommended that adequate number of inspections and raids of ultrasound clinics/ genetic centres be conducted to check misuse of sex determination techniques, specially in urban areas.⁵⁶

As of 31 March 2015, the Government of Odisha claimed that the District Inspection & Monitoring Committees conducted inspection of 246 facilities including 15 inspections during 2014–2015. During this period, 40 registrations were cancelled/ suspended by the DAA while 18 cases were filed against the violators by the AAs.⁵⁷

As per the available latest report, out of 829 centres registered under the PC&PNDT Act, inspection was carried out in only 246 cases i.e. 29.6% during 2014-15⁵⁸ as given below:

56. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

57. Ibid.

58. 2014-15 Annual Report published by the Odisha State PCPNDT Cell; Available: <http://www.pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

Table: Status of inspection of registered facilities 2015-16⁵⁹

S. No.	Name of District	No. of facilities registered under the PC&PNDT Act	No. of facilities inspected by District Inspection & Monitoring Committee
1	Anugul	22	7
2	Balasore	21	10
3	Bargarh	23	4
4	Bhadrak	17	11
5	Bolangir	36	23
6	Boudh	3	0
7	Cuttack	149	15
8	Deogarh	4	1
9	Dhenkanal	13	6
10	Gajapati	4	4
11	Ganjam	55	10
12	Jagatsinghpur	16	11
13	Jajpur	14	7
14	Jharsuguda	23	7
15	Kalahandi	18	4
16	Kandhamal	3	0
17	Kendrapara	12	8
18	Keonjhar	20	24
19	Khurda	167	35

59. Source: <http://www.pndtorissa.gov.in/>

20	Koraput	12	0
21	Malkangiri	3	3
22	Mayurbhanj	28	2
23	Nawarangpur	2	2
24	Nayagarh	6	0
25	Nuapada	7	7
26	Puri	23	10
27	Rayagada	6	0
28	Sambalpur	47	17
29	Sonepur	8	4
30	Sundargarh	67	14
	Odisha	829	246

The violations are so rampant that as per the 2014-2015 Annual Report of the PC&PNDT Department of Odisha, during the year, 15 premises were inspected by the Appropriate Authorities in the districts of Dhenkanal, Cuttack, Khordha, Kendrapara, Puri and Balasore districts. In pursuance to these inspections, 14 complaint cases were filed in respective district courts by Appropriate Authorities.⁶⁰ In almost 100% of the cases, the AAs found violations of the PC&PNDT Act.

ii. Renewal without inspection

Section 19(1) of the PC&PNDT Act as well as Rule 6(1) and 6(2) of the PC&PNDT Rules require that on receipt of application for registration/renewal, the Appropriate Authority (AA) after making such enquiry and after satisfying itself that the applicant has complied with all requirements of the Act, would place the application before the Advisory Committee for its advice and then having regard to such advice shall issue a certificate of registration

60. Source: <http://www.pndtorissa.gov.in/>

in Form B. Such enquiry/ inspections were required to be conducted by the DAA or his representative.⁶¹

The CAG recorded the following in respect of the renewal of licenses without inspection as given below:

- In case of one sample ultrasound clinic, registration certificate under the Act was issued on 16 May 2006, without any enquiry/ inspection by the concerned DAA. Advice of the Advisory Committee was also not obtained in this case. Further, in case of another clinic, the DAA issued the registration certificate based on an unsigned affidavit submitted by the owner of the clinic. Thus, registration certificates were issued without conducting required enquiry and inspection.
- Though Rule 13 of the PC&PNDT Rules provided for each clinic to intimate every change of employee, place, address and equipment installed to the DAA at least 30 days in advance from expected date of change and seek re-issuance of registration certificate incorporating the changes, yet a private hospital was permitted (April 2013) by the AA for installation of a new ultrasound machine in place of defective machine without changing the unique serial number of machine in the registration certificate. Thereafter, DAA / CDMO/ ADMO / SDMO neither conducted inspection of the clinic as required under Rule 11(1) nor sealed the old machine to ensure prevention of unauthorised use of such machine.⁶²

iii. Non-surrender of certificates of registration by defunct USCs

The CAG's audit also found that though 18 ultrasound clinics (USCs) ceased to function during 2009-2014 in Keonjhar (6) and Ganjam (12) districts, copies of registration certificates were not surrendered. The AAs also did

61. Annual Report 2014 - 2015 of the State PC & PNDT Cell, Directorate of Family Welfare, Government of Odisha; Available at: <http://pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

62. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

not insist upon the same. The CAG stated that due to non-surrender of the certificates, the possibility of their misuse could not be ruled out.⁶³

There is little improvement of the situation. As per the 2014-2015 Annual Report of the PC&PNDT Department of Odisha, service status of 208 non-functional machines was unknown while ultrasound machines at District Headquarter Hospital is defunct in 16 districts.⁶⁴ The abuse of the so-called non-functional machines cannot be ruled out.

3.2.4. Non submission of quarterly sales list by dealers and affidavits by the purchasers

As per Rule 3(a)(2) of the PC&PNDT Rules, the provider/seller of ultrasound machine/ equipment to any person/ body registered under the Act has to send to the concerned State Appropriate Authority, once in three months a list of those to whom such machine/equipment were sold/provided.

The CAG during its audit found that during 2010-13, the manufacturers/ suppliers/ dealers who supplied USG machines in the State did not submit the quarterly sales list to the SAA. When such list was called (January 2013) by the State PNDT Cell, only five out of 11 manufacturers furnished sales list to the SAA, but did not furnish affidavits received from the purchasers. The SAA also did not insist for the same. Audit further noticed that the sales list furnished by the suppliers did not contain the registration numbers in case of machines supplied to four clinics/ persons/ organisations. The CAG opined that in absence of detailed information on the ownership of the ultrasound machines with the SAA, there was scope for misutilisation of machines by unregistered clinics and their use for determination of sex could not be ruled out.⁶⁵

63. Ibid.

64. Report of the Comptroller and Auditor General of India, General and Social Sector for the year ended March 2014, Government of Odisha, Report No. 2 of the Year 2015, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_2_2015.pdf

65. Ibid

There has not been any visible improvement of the situation. In the review meeting held by the Health and Family Welfare Department, Government of Odisha on 19th December 2014, Director of Family Welfare, Odisha cum – State Appropriate Authority (SAA), PC&PNDT Act informed that only a few manufacturers and dealers were submitting timely report to the State Appropriate Authority. The key findings presented are⁶⁶:

- 806 machines sold to 748 Registered Ultrasound Units as on 30.9.2014 as per District Reporting.
- Of the total ultrasound machine sales, manufacturers have reported sale of only 278 (34%) machines which is a clear case of under reporting. Thus, 66% sales have not been reported by manufacturers and dealers. Of these Rabindra Surgical had not made a single reporting till date.
- 598 functional machines available.

3.2.5. Inadequate prosecution under the PC&PNDT Act

i. Non-implementation of recommendations of the State Supervisory Board

Section 16(a) of the PC&PNDT Act provided for constitution of the State Supervisory Board (SSB) at State level with the responsibility to, inter-alia, create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide in the State, review the activities of the State and District Appropriate Authorities, monitor the implementation of provisions of the Act and the Rules and make suitable recommendations required, if any, to the Central Supervisory Board (CSB).

The CAG stated that the recommendations of the State Supervisory Board were not acted upon as given below:⁶⁷

66. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

67. Ibid

- The SSB recommended (March 2010) issue of instructions to clinics to purchase ultrasound machines having memory chips and to store scan relating to obstetric care for at least two months, providing incentives to informers for providing information on violations and tracking of mother and child through Accredited Social Health Activist/ Auxiliary Nurse (Male)/ Anganwadi Workers. However, none of these recommendations were implemented by the Director of Family Welfare, the Chairperson of the State Appropriate Authority.
- SSB also decided (June 2011) that SAA may recommend to Central Supervisory Board for permission to involve Police for enforcement of the Act and make State specific Rule thereof. However, no such recommendation was made by SAA (February 2014).
- The Director, Family Welfare-cum-SAA stated (April 2014) that the State Advisory Committee had already decided (March 2014) to involve local police intelligence for detection of such violations. But this recommendation too was not acted upon.

ii. No enquiry in case of specific complaints of violations and sex determination

Under Section 23 of the PC&PNDT Act, sex determination as well as use of USG machine without registration with the DAA is punishable. Further, as per Section 17(4)(c) of the Act, the AAs shall have to investigate complaint for breach of provisions of the Act or Rules and take immediate action in this regard.

However, the CAG stated that no mechanism existed at the SAA and DAA level to enquire into public complaints regarding specific cases of sex selections and violators. Though the SAA invites online registration of complaints on misuse of the PC&PNDT Act, no record was maintained in support of its receipt and disposal. Some complaints from the public regarding specific cases of sex selections and violators were made available from the clinic files maintained at the DAA level. In absence of any complaint mechanism followed by the SAA/ DAA, public complaints regarding sex selection and unauthorised use of portable USG machines by government doctors for private purpose were

not investigated. Some of the cases cited by the CAG are as under: ⁶⁸

- Public complaint (August 2012) to the DAA regarding sex selection by a doctor of Basudevpur CHC was not investigated (December 2013).
- Two complaints were lodged (September and October 2012) before the Collector-cum-Chairman, PNDT Committee Bhadrak against a Government doctor of Dhamnagar Community Health Centre (CHC). No investigation was conducted by the CDMO.

The CAG further found that though State Inspecting Team along with the district teams during their inspection (September 2012 and August 2013) detected serious irregularities like unauthorised conducting of the MTP, non-submission of Form F etc by two clinics and reported the same to the SAA, yet no case was filed against these clinics as of April 2014 despite repeated instructions by the SAA.⁶⁹

iii. Status of prosecution

As per Annual Report 2014-15 published by the State PC&PNDT Cell, Directorate of Family Welfare, Government of Odisha, a total of 51 cases were filed in the courts across the State as of 31 March 2015. Highest number of cases was filed in Cuttack district (12) and Jarsuguda district (10) while no case was filed in 15 out of 30 districts viz., Balangir, Bhadrak, Boudh, Deogarh, Jajpur, Kalahandi, Keonjhar, Koraput, Malkangiri, Mayurbanj, Nabarangpur, Nuapara, Sonepur and Sundargarh.⁷⁰

Of the 51 cases filed in courts, 20 cases were stated to be pending as on 31 September 2017⁷¹ as given below:

68. Report of the Comptroller and Auditor General of India, General and Social Sector Volume 2 for the year ended March 2013, Government of Odisha, Report No. 5 of the Year 2014, http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

69. Ibid.

70. 2014-15 Annual Report published by the Odisha State PCPNDT Cell, available: <http://www.pndtorissa.gov.in/ANNUAL%20REPORT%202014-15%20f.pdf>

71. The date on which www.pndtorissa.gov.in was last accessed.

Table: Legal cases (pending) under PC&PNDT Act in Odisha⁷²

SL. No	District	No. of cases	Present status
1	Angul	2	Cases have been filed under section 23 & 25 of PC&PNDT Act due to non-registration 15/7/2011. Both the cases are pending before the court of SDJM, Angul
2	Baragarh	1	Case has been filed under section 23 & 25 of PC&PNDT Act for non-registration, which is pending before the court of SDJM, Bargarh
3	Jagatsinghpur	1	Cases has been filed under section 23 & 25 of PC&PNDT Act for non-maintenance of records, which is pending before the court of JMFC, Kujanga
4	Jharsuguda	8	Cases have been filed under section 23 & 25 of PC&PNDT Act due to non-maintenance and non-registration, which are pending before the court of SDJM, Jharsuguda.
5	Nayagarh	5	Cases have been filed against owners of Nursing Homes, owners of Ultrasound clinics, for indulging with female fetus, which are pending before the SDJM court Nayagarh
6	Rayagada	1	Case has been filed under section 23 & 25 of PC&PNDT Act by the SDPO, Rayagada for non-maintenance of record, which is pending before the court of SDJM, Gunupur against owner on 28.07.2007

72. The date on which www.pndtorissa was last accessed.

7	Kandhamal	1	Case has been filed under section 23 & 25 of PC&PNDT Act due to non-maintenance of record on 06.08.2011
8	Puri	1	Case has been filed against unregistered ultrasound unit under section 23 & 25 of PC&PNDT Act on 5/9/2011
	Odisha	20	Total 20 cases pending in different courts on PC&PNDT Act in Odisha

The conviction under the PC&PNDT Act in Odisha has been awful. The Health Minister of India Mr J P Nadda informed in the Rajya Sabha (Upper House of Parliament) on 3 March 2015 that a total of 206 convictions were secured under the PC&PNDT Act in India during 2009 to December 2014. Out of these, only three convictions were secured in Odisha which were secured in 2012.⁷³

During a raid in 2009, three doctors namely S D Sharma of Sairam Hospital, Beherapat; Ramaniranjan Tripathy of Central Hospital, Mandalia; and Purnachandra Pradhan of People's Charitable Hospital and Research Centre, Belpahar, were found using ultrasonography machines at their private clinics without proper registration. They were convicted by the Sub-Divisional Judicial Magistrate, Jharsuguda on 31 January 2012 and sentenced to three years' rigorous imprisonment and a fine of Rs 10,000 each. But they continued to be in medical practice as they had appealed against the judgment before the higher court. It was only in July 2012 that the State government took steps to move to the Indian Medical Registration Council to cancel the licenses of these three doctors.⁷⁴

73. Total 20 cases pending in courts, available at: <http://www.pndtorissa.gov.in/legal-cases.htm>

74. Effective Implementation of PNDT Act, Press Information Bureau, Government of India (Ministry of Health and Family Welfare), 3 March 2015, <http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303>

Information placed before the Parliament by the Ministry of Health and Family Welfare confirmed that three convictions were secured under the PC&PNDT Act in Odisha during 2009-2015.⁷⁵

3.2.6 Aborted Decoy Operation Scheme

The Odisha State Advisory Committee in its various meetings recommended (December 2011, August 2012, January 2013), inter-alia, setting up of PNDT Cell at each district and to conduct at least one decoy operation in each district from March 2013.⁷⁶ The decoys who would pose as women seeking sex determination tests were to be paid Rs.5,000 as incentive.⁷⁷ The guidelines in this regard were handed over to district collectors on 26 September 2012 at a colloquium on the PC&PNDT Act.⁷⁸

The CAG in its audit report for the year ending on 31st March 2013 stated that budget provision of Rs 40,000 (at Rs 10,000 per quarter or two sting operations) was made in the year 2012-13 for the purpose of sting operation in Project Implementation Plan of National Rural Health Mission. However, only one such decoy operation was conducted (September 2012) in Angul district. The CAG found that in four test checked districts no such operation was conducted as of January 2014.⁷⁹

75. For year-wise convictions under PC & PNDT Act from 2009 to December 2014, please refer to Press Information Bureau, Government of India, Ministry of Health and Family Welfare, 03-March-2015, Effective Implementation of PNDT Act available at <http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303> and for the year 2015, refer to Lok Sabha Unstarred Question No.1707 To Be Answered On 25th November, 2016
76. For year-wise convictions under PC & PNDT Act from 2009 to December 2014, please refer to Press Information Bureau, Government of India, Ministry of Health and Family Welfare, 03-March-2015, Effective Implementation of PNDT Act available at <http://pib.nic.in/newsite/PrintRelease.aspx?relid=116303> and for the year 2015, refer to Lok Sabha Unstarred Question No.1707 To Be Answered On 25th November, 2016
77. Pregnant women to sting sex-test labs, The Hindustan Times, 28 September 2012 available at <http://www.hindustantimes.com/india/pregnant-women-to-sting-sex-test-labs/story-CYbbUDx1Hyiy04Cr0A0hZL.html>
78. <http://timesofindia.indiatimes.com/home/Odisha-Government-has-decided-to-use-sting-operation-and-decoy-to-nail-doctors-who-are-engaged-in-sex-determination-tests-for-expectant-mothers-The-guidelines-in-this-regard-were-handed-over-to-district-collectors-on-Wednesday-at-a-colloquium-on-pre-conception-and-pre-natal-diagnostic-techniques-prohibition-of-sex-selection-act-1994-PCPNDT-Act-/articleshow/16559225.cms>
79. Report of the Comptroller and Auditor General of India General and Social Sector Volume 2 for the year ended March 2013 for Orissa, available at http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

By April 2014 the Government of Odisha already approved purchase of spy camera etc.⁸⁰ However in July 2015, the Government of Odisha announced cancellation of the decoy operations. *“Though the first and only operation carried out in Talcher town of Angul district was a success, the scheme had to be shelved due to lack of decoys. We are not able to find pregnant volunteers willing to take the risk of playing the decoy for our operation. Also, the money we offer for their work is negligible and this turns away most volunteers,”* said a senior officer of the Health Department.⁸¹

With only Rs 5,000 as incentives, the scheme was destined to fail. The monetary reward is not attractive enough considering the risks involved in conducting sting operations to nab those conducting sex determination or female foeticide. Obviously, Rs. 5,000 was not adequate even to cover the travel costs to appear in the proceedings before the courts which are plagued by judicial delay. Though the Government of Odisha admitted that “the money offered is negligible and this turns away most volunteers,”⁸² instead of increasing the reward money, the Government of Odisha altogether abandoned the programme on sting operations involving the decoys!

3.2.7. Emblematic cases of sex determination in Orissa

On 29-30 November 2014, three nursing homes were sealed and an ultrasound machine was seized in Cuttack after more than 15 fetuses were found near the SCB Medical College and Hospital. The three nursing homes were Asirbad Nursing Home at Link Road, Gastro Care at Mangalabag and Ultra Hospital at Jagatpur. The ultrasound machine was seized from the Ultra Hospital after the hospital authority failed to provide relevant documents.⁸³

80. Ibid.

81. ‘Operation Decoy’ given a quiet burial in Odisha after just one sting, 28 July 2015 available at <http://odishasuntimes.com/2015/07/28/operation-decoy-given-a-quiet-burial-in-odisha-after-just-one-sting/>.

82. Ibid

83. 3 Nursing homes sealed after fetuses found in Cuttack, Odisha News, 2 December 2014, <http://www.dreamodisha.com/news/2014/12/3-nursing-homes-sealed-after-fetuses-found-in-cuttack/>

On 5 February 2013, the Appropriate Authorities under the PC&PNDT Act and Khordha District Administration conducted raids at five ultrasound centres namely Modern Diagnostic Hospital, Jayadev Vihar, Chhotray Ultrasound Clinic, IRC Village, Mamata Hospital, BDA Colony, Ultra Lab and Ladies Centre, Sahid Nagar and Ultrasound Clinic, Forest Park and lodged cases against Modern Diagnostic Hospital and Mamata Hospital for violating the PC&PNDT Act.⁸⁴

On 23 May 2012, one private nursing home was sealed and police arrested its owner as the clinic was functioning without registration in Berhampur in Ganjam district. On 28 May 2012, two private nursing homes were sealed in Berhampur in Ganjam district as they were found to be running illegally.⁸⁵

On 19-20 January 2012, the National Inspection and Monitoring Committee (NIMC) team comprising officials from Union Ministry of Health & Family Welfare and civil society sealed five clinics, along with five ultrasound machines during surprise inspections in Nayagarh and Bhubaneswar districts for alleged violations under the Pre- Conception & Pre- Natal Diagnostic Techniques Act, 1994. The sealed ultrasound clinics included Hi- Tech Diagnostic Centre, Maa Shakti Hospital, Life Express Diagnostic Centre and Sanjeevani Medicare Hospital in Bhubaneswar district and Rashmi Diagnostics in Nayagarh district.⁸⁶

84. Ultrasound Centres in BBSR under Scanner, The News Insight, 6 February 2013, available at: <http://www.enewsinsight.com/odisha-insight/ultrasound-centres-in-bbsr-under-scanner/>

85. Crackdown on illegal nursing homes in Ganjam, Governance Now, 29 May 2012, <http://www.governancenow.com/news/regular-story/crackdown-illegal-nursing-homes-ganjam>

86. NIMC Seals Five Clinics After Surprise Inspections in NAYAGARH & BHUBANESWAR DISTTs in ODISHA for PC & PNDT Act Violations, available at: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=79787>

4. IMPLEMENTATION OF THE MTP ACT

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”.⁸⁷ 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.⁸⁸ 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.⁸⁹ 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.”⁹⁰ 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.⁹¹ 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.⁹²

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

87. NIMC Seals Five Clinics After Surprise Inspections in NAYAGARH & BHUBANESWAR DISTTs in ODISHA for PC & PNDT Act Violations, available at: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=79787>

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

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

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

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

92. See Explanation 2 under Section 5 of the Medical Termination of Pregnancy 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.”⁹³ 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 2012-2013.⁹⁴ 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.⁹⁵

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.⁹⁶ 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 2,332.⁹⁷

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

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

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

95. 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>

96. 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,

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

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.⁹⁸

Odisha reported 103,146 MTP cases i.e. 24,372 cases during 2008-2009, 27,547 cases during 2009-2010, 14,537 cases during 2010-2011, 17,473 cases during 2011-2012 and 19,217 cases during 2012-2013.⁹⁹

The possibilities of the MTP Act being misused to abort female foetuses remain high. The CAG indeed during its audit found that though State Inspecting Team along with the district teams during their inspection (September 2012 and August 2013) detected serious irregularities like unauthorised conducting of the MTP by two clinics and reported the same to the SAA, yet no case was filed against these clinics as of April 2014 despite repeated instructions by the SAA.¹⁰⁰

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

99. 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>

100. Report of the Comptroller and Auditor General of India General and Social Sector Volume 2 for the year ended March 2013 for Orissa, available at http://www.cag.gov.in/sites/default/files/audit_report_files/Odisha_Report_5_2014.pdf

On 23 June 2011, Shantilata Sethy (42 years) of Malud village under Krushna Prasad block was admitted to Manorama nursing home in Puri with a complaint of pain in her lower abdomen. Prasanta Nanda Jena, owner of the nursing home, said that she was suffering from pain because of pregnancy and advised her to terminate it. He operated upon her but the patient's condition became critical and bleeding could not be checked. She was referred to MKCG Medical, Berhampur, where she died on June 25. CDMO N H Maharana inquired into the incident and reported that the nursing home was operating without any registration and had no infrastructure and the accused Prasanta Nanda Jena was not a qualified doctor. On 11 August 2011, the Odisha Assembly Petition Committee directed the Puri Chief District Medical Officer (CDMO) to lodge an FIR against Prasanta Nanda Jena and seal the illegal nursing home.¹⁰¹

There are 155 MTP centres as of 30 January 2015 which the Government proposed to increase to 274 by 2017 to ensure safe abortions.¹⁰²

On 30 March 2012, a local court in Balasore of Odisha sentenced a man to 10 years' rigorous imprisonment for carrying out illegal abortion of his wife leading to her death in 1999. The accused Kanhucharan Jena had forced his wife Subasini Moharana to undergo abortion in 1999 even after six months of pregnancy.¹⁰³

101. House panel orders action against 'doctor', The New Indian Express, 12 August 2011, <http://www.newindianexpress.com/states/odisha/2011/aug/12/house-panel-orders-action-against-doctor-280869.html>

102. Odisha to set up more abortion centres, Business Standard, 30 January 2015, http://www.business-standard.com/article/news-ians/odisha-to-set-up-more-abortion-centres-115013001672_1.html

103. Odisha: Woman dies during illegal abortion, hubby gets 10 yrs' RI, The Indian Express, 31 March 2012, http://expressindia.indianexpress.com/karnatakapol08/story_page.php?id=930909

5. STATUS OF THE SCHEMES FOR RETENTION OF THE GIRL CHILD: BIJU KANYA RATNA YOJANA

The State governments of Madhya Pradesh, Bihar, Rajasthan, Punjab, Delhi, Andhra Pradesh & Himachal Pradesh had launched specific schemes to arrest CSR and ensure retention of the girl child. However, till September 2016 Odisha Government did not have an exclusive girl child promotion & protection seeking improvement of the CSR through retention of the girl child. In September 2016, the Government of Odisha launched Biju Kanya Ratna Yojana (BKRY).¹⁰⁴ The scheme will be implemented in Ganjam, Dhenkanal and Angul districts on a pilot basis for three years. Angul, Dhenkanal and Ganjam districts were first targeted in view of drastic decline of the CSR between 1991-2011 censuses.¹⁰⁵

The objectives of the scheme are to improve Sex Ratio at Birth (SRB) and Child Sex Ratio (CSR) in the three districts.¹⁰⁶ According to the provision of BKRY, the state government will spend Rs 3.5 crore for the three-year planned scheme which is expected to be completed by March 31, 2019. The Yojana aims at providing elementary education to girls, provision of toilets for girls in every school, self defence training for girls, tracking dropout ratio of girls from schools, promotion of access to education, sensitising adolescent girls on sexual and reproductive health issues, training of elected representatives/ grassroots functionaries as community champions to mobilise communities to improve CSR and girls' education.¹⁰⁷

104. SPECIAL FINANCIAL INCENTIVE SCHEMES FOR THE GIRL CHILD IN INDIA: A REVIEW OF SELECT SCHEMES by T.V. Sekher International Institute for Population Sciences, Mumbai for The Planning Commission Government of India in collaboration with United Nations Population Fund 2010, available at: http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Publication-39772.pdf

105. SPECIAL FINANCIAL INCENTIVE SCHEMES FOR THE GIRL CHILD IN INDIA: A REVIEW OF SELECT SCHEMES by T.V. Sekher International Institute for Population Sciences, Mumbai for The Planning Commission Government of India in collaboration with United Nations Population Fund 2010, available at: http://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Publication-39772.pdf

106. Odisha Government launches Biju Kanya Ratna Yojana, General Knowledge Today, September 5, 2016, available at: <http://currentaffairs.gktoday.in/odisha-government-launches-biju-kanya-ratna-yojana-09201635544.html>

107. Ibid.

The curious case of exclusion of Nayagarh district with the lowest CSR as per 2011 census from BKRY:

Under the Biju Kanya Ratna Yojana, three districts i.e. Ganjam, Dhenkanal and Angul were selected on a pilot basis for three years. These three districts were targeted in view of drastic decline of the CSR between 1991-2011 censuses.¹⁰⁸

However, the exclusion of Nayagarh with the worst CSR of (855) is indeed intriguing. Female foeticide in Nayagarh district has been known for quite some time.

On 21 July 2007, the Odisha government ordered a probe by the Crime Branch into the alleged killing of seven female foetuses at Ramachandi Prasad village in Nayagarh district which were discovered by a group of school children in blood stained polythene bags on 14 July 2007. The Orissa Alliance on Convention on the Rights of the Child (CRC) alleged that foeticide was a regular phenomenon in the area.¹⁰⁹

On 22 July 2007, police recovered over 150 decomposed foetuses, most of them female, packed in polythene bags from a dilapidated well near a foothill on the outskirts of Nayagarh town. Acting on a tip off, the police swung into action and retrieved the foetuses from the well, which was found to be filled with blood skulls and ribs of the foetuses. The police also raided at least four nursing homes in the town and seized ultra sound machines, computers and other equipment allegedly used for sex determination test in clear violation of the law.¹¹⁰

108. Odisha CM Naveen Patnaik launches 'Biju Kanya Ratna Yojana' to save girl child, *The Indian Express*, 3 September 2016, <http://indianexpress.com/article/india/india-news-india/odisha-cm-naveen-patnaik-launches-biju-kanya-ratna-yojana-to-save-girl-child-3011685/>

109. *Ibid.*

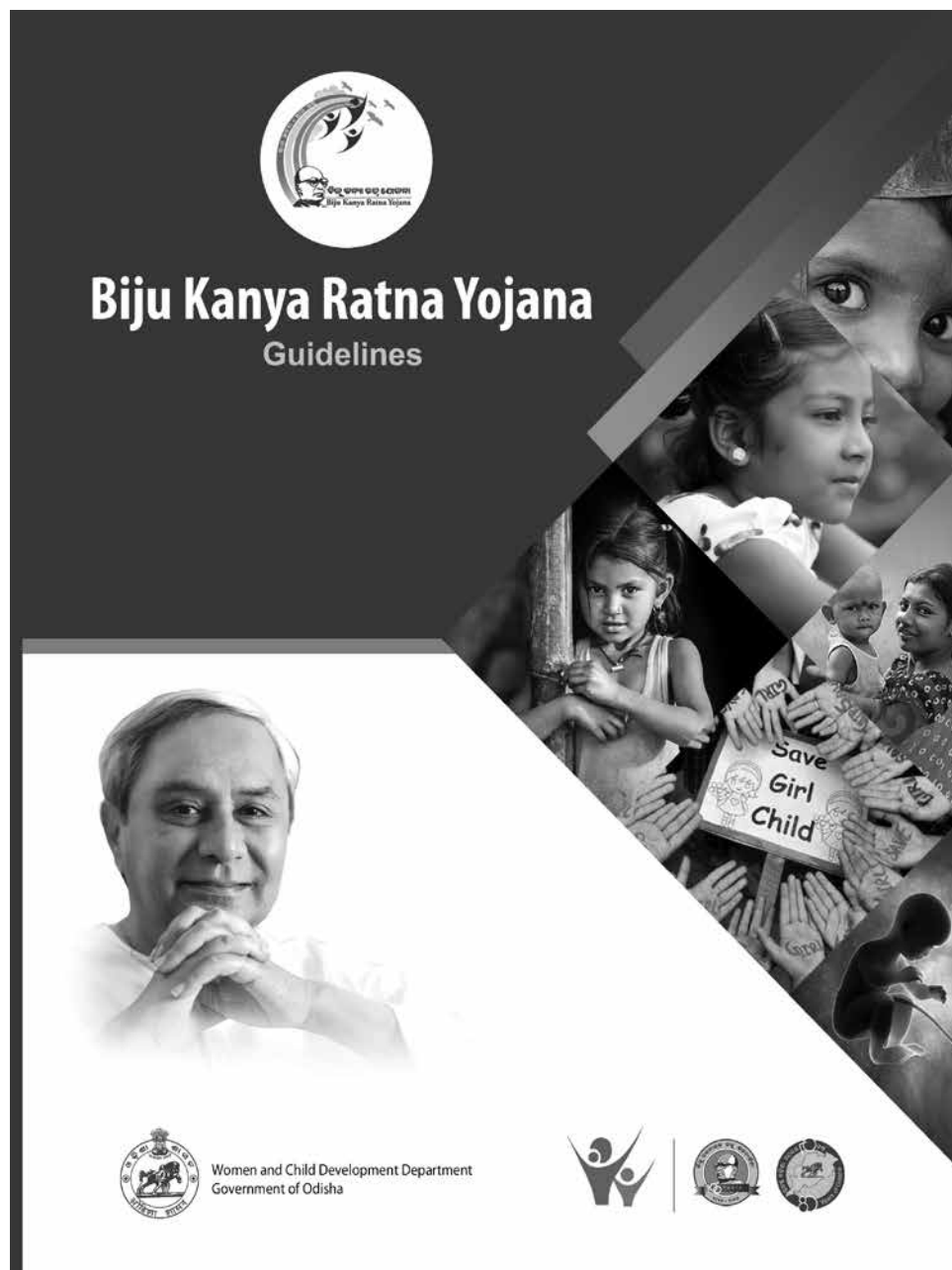
110. Probe into foeticide, *The Hindu*, 22 July 2007, <http://www.thehindu.com/todays-paper/tp-national/tp-otherstates/Probe-into-foeticide/article14801060.ece>

Following these, the Odisha government had sealed as many as 52 such unregistered facilities between 21 July and 29 July 2007 across Odisha.¹¹¹ However, consistent follow up failed to arrest the falling CSR as Nayagarh became the worst gender critical district as per 2011 census.

In fact, the sex ratio at birth in Nayagarh district was only 811 girls per 1,000 boys against State SRB of 985. After exclusion, Nayagarh may indeed continue the distinction of being the worst gender critical district of Odisha.

111. Over 150 fetuses recovered from a dilapidated well in Orissa, 22 July 2007; available at: <http://www.oneindia.com/2007/07/22/over-150-fetuses-recovered-from-a-dilapidated-well-in-orissa-1185116839.html>

ANNEXURE –I: BIJU KANYA RATNA YOJANA GUIDELINES





ନବୀନ ପଟ୍ଟନାୟକ
ମୁଖ୍ୟମନ୍ତ୍ରୀ, ଓଡ଼ିଶା



ରାଜ୍ୟ ସଚିବାଳୟ
ଭୁବନେଶ୍ୱର
୫୧୨ - ୦୧-୦୮.୨୦୧୭

ବାଉଁ

ବାଳିକା ମାନଙ୍କ ସ୍ୱାସ୍ଥ୍ୟ, ପୁଷ୍ଟି ଓ ନିରାପତ୍ତା ସଂପର୍କରେ ସଚେତନ କରାଇବା ଲକ୍ଷ୍ୟ ନେଇ ଆରମ୍ଭ ହୋଇଥିବା ବିଜୁ କନ୍ୟା ରତ୍ନ ଯୋଜନା ଏକ ପ୍ରଶଂସନୀୟ ପଦକ୍ଷେପ । ଝିଅମାନେ ହେଉଛନ୍ତି ଆମର ଗୌରବ । ଶିକ୍ଷା, ସ୍ୱାସ୍ଥ୍ୟ, କ୍ରୀଡ଼ା ସବୁ କ୍ଷେତ୍ରରେ ସେମାନେ ଆଜି ସେମାନଙ୍କ ଦକ୍ଷତା ଦେଖାଇପାରିଛନ୍ତି । ରିଓ ଅଲମ୍ପିକସ୍‌ରେ ଝିଅ ମାନେ ହିଁ ଭାରତ ପାଇଁ ଗୌରବ ଆଣିଛନ୍ତି । ଛଅ ଜଣ ଓଡ଼ିଆ ଝିଅ ରିଓରେ ଭାଗନେବା ଆମ ରାଜ୍ୟ ପାଇଁ ଗର୍ବର କଥା । ତେଣୁ ଝିଅ ମାନେ ହେଉଛନ୍ତି ଦେଶର ରତ୍ନ । ସେମାନଙ୍କ ବିରୁଦ୍ଧରେ ଯେ କୌଣସି ପ୍ରକାରର ବାଧବିଚାର ଏକ ସାମାଜିକ ଅପରାଧ ।

ବିଜୁ ବାବୁ ସାରା ଦେଶରେ ମହିଳା ସଶକ୍ତିକରଣର ଅଗ୍ରଦୂତ ଥିଲେ । ତାଙ୍କର ଜନ୍ମ ଶତବର୍ଷିକା ଅବସରରେ ବିଜୁ କନ୍ୟା ରତ୍ନ ଯୋଜନା ତାଙ୍କ ପ୍ରତି ଆମର ଭକ୍ତିପୂର୍ଣ୍ଣ ଶ୍ରଦ୍ଧାଞ୍ଜଳି । ମୋର ବିଶ୍ୱାସ, ସମସ୍ତଙ୍କ ସହଯୋଗରେ ଆମର ଏହି କାର୍ଯ୍ୟକ୍ରମ ଏକ ସଫଳ ଗଣ ଅଭିଯାନର ରୂପ ନେବ ଓ କନ୍ୟା ସନ୍ତାନ ମାନଙ୍କ ପାଇଁ ଏକ ଭଲ ଭବିଷ୍ୟତ ଗଠନ ପାଇଁ ପଥ ପ୍ରସ୍ତୁତ କରିବ ।

ନବୀନ ପଟ୍ଟନାୟକ

(ନବୀନ ପଟ୍ଟନାୟକ)

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ABBREVIATIONS

AWW	: Anganwadi Worker
ASHA	: Accredited Social Health Activist
ANM	: Auxiliary Nurse Midwifery
BTF	: Block Task Force
BDO	: Block Development Officer
BEO	: Block Education Officer
BKR	: Biju Kanya Ratna
CBO	: Community Based Organization
CSR	: Child Sex Ratio
CDPO	: Child Development Project Officer
DSWO	: District Social Welfare Officer
DCPO	: District Child Protection Officer
DTF	: District Task Force
DC	: District Collector
GP	: Gram Panchayat
GKS	: Gaon Kalyan Samiti
H&FW	: Health & Family Welfare
IEC	: Information Education & Communication
ICDS	: Integrated Child Development Service
NGO	: Non-Government Organization
NRHM	: National Rural Health Mission
PMU	: Programme Management Unit
PPP	: Public Private Partnership
PRI	: Panchayat Raj Institution
PS	: Panchayat Samiti
QPR	: Quarterly Progress Report
SHG	: Self Help Group
STF	: State Task Force
SRCW	: State Resource Centre for Women
SRB	: Sex Ratio at Birth
SEO	: Social Education Organizer
VHND	: Village Health Nutrition Day
WSHG	: Women Self Help Group
WEO	: Welfare Extension Officer
ZP	: Zilla Parishad

1. Introduction

The declining Child Sex Ratio is a cause of concern in the State of Odisha. The Child Sex Ratio has declined from 967 in 1991 census to 953 as per 2001 census. It further declined to 941 as per 2011 census. While the data of Odisha is better than the National average, the district variation in Child Sex Ratio reveals that the districts of Nayagarh, Dhenkanal, Angul & Ganjam have the lowest Child Sex Ratio (855, 877, 889 and 908 respectively) in the State.

The Government of Odisha is committed to address the issue of declining Child Sex Ratio in the state in general and in the low Child Sex Ratio districts in particular.

In this context, through the Odisha State Policy for Girls and Women 2014, Government has committed towards creating an environment for girls that promote equal opportunities, eliminate discrimination and ensure empowerment through changes in the societal attitudes. Many innovative initiatives have been taken for the development and empowerment of girls and women.

To specifically address the issue of declining Child Sex Ratio, in a campaign mode, the Deptt. of Women & Child Development, Government of Odisha will take up mobilizing the community and all stake holders towards ensuring the birth, survival and development of the girl child.

Thus a new scheme named **Biju Kanya Ratna** (Ama Kanya Ama Ratna) will be implemented in the State specifically in the districts of Angul, Dhenkanal and Ganjam from the year **2016-2017 for a period of 3 years**. Out of the four districts having the lowest Child Sex Ratio, **Biju Kanya Ratna** (Ama Kanya Ama Ratna) will be implemented in three districts except Nayagarh district.

2. Overall Goal of the Scheme

Create an enabling environment for the survival and development of the girl child and secure her dignity.

3. Objectives of the Scheme

- i. To prohibit gender biased sex selection
- ii. To ensure survival, health & nutrition security of the girl child
- iii. To ensure education & retention of girl child in school.
- iv. To sensitize and mobilize the community and all stakeholders towards the value of the girl child.
- v. Take initiatives to encourage girls to express their views and to be heard, to participate actively, effectively and equally.

4. Monitorable Targets

1. Improve the Sex Ratio at Birth (SRB) and Child Sex Ratio (CSR) in the districts.

2. Reduce gender differentials in Under Five Child and Infant Mortality Rate and undertake audit of Under Five girl child deaths.
3. Improve the nutrition status of girls – by reducing number of underweight and anaemic girls under 5 years of age.
4. Ensure registration of Ultra Sound clinics in the district.
5. Ensure universal enrolment of girls in Anganwadi Centres
6. Ensure enrolment of girls in elementary education
7. Provide girl's toilet in every school in districts.
8. Track dropout girls from school and ensure enrolment in high schools
9. Provide self defence training for girls in schools.
10. Sensitise the adolescent girls on sexual and reproductive health issues.
11. Train, build capacity and sensitize Elected Representatives/ Grass root functionaries/ WSHG members, Government Officials, Religious leaders, voluntary organizations, media, medical associations, industry associations, Youths & adolescents (girls and boys), medical doctors/practitioners in govt and private hospitals, nursing homes and diagnostics centers, Young and newly married couples: Pregnant and nursing women; old persons, parents, students, teachers and in general community

5. Components

The Scheme has four broad components

- I. Inter Department Convergence
- II. Training & Capacity building programme
- III. Innovations
- IV. IEC activities

The components are to be implemented both at the State level and district level by working out detailed action plan.

- **Inter Dept Convergence:** The scheme will be implemented through close inter department convergence specifically between the Women & Child Development Department, Health & Family Welfare Department and School & Mass Education Department. As the objective of the programme encompasses the survival, nutrition, education and development of the girl child, these three Departments are to work in close coordination. Other Departments such as Schedule Caste & Schedule Tribe, Panchayati Raj, Labour & ESI, Home, Rural Development, Legal Service Authority too have an important role. At the state and district level, concerned departments in convergence are to achieve the goal of the scheme.

- **Training & Capacity building programme:** Training and capacity building of all stake holders are an integral component of this scheme. Some of these stake holders to be trained are Govt Officials, elected representatives, PRI members; grass root functionaries (AWWs, ANMs, ASHAs, etc), women SHGs / Collectives, religious leaders, voluntary organizations, media, medical associations, industry associations, Youths & adolescents (girls and boys), medical doctors/practitioners in govt and private hospitals, nursing homes and diagnostics centres, Young and newly married couples: Pregnant and nursing women; old persons, parents and in general community.
- **Innovations :** Addressing the issue in hand, the implementing districts need to innovate, adopt any best practice such as celebration of Girl Child Day, award panchayats doing innovative work, felicitating family in hospitals on birth of girl child; research studies or surveys; any other activity.
- **IEC activities:** Awareness Generation and dissemination through activities such as Seminars/ Workshops/Community Radio/ Pamphlets/ TV/ Radio spots/ Hoardings etc.

6. Geographical Area

The scheme is location specific in three districts namely Angul, Dhenkanal and Ganjam.

7. Action Plan

- A State action plan will be prepared at the state level. (Annex A)
- District action plan will be developed at the district level. (Annex B)

Attention has to be paid that the state and district action plans are in tandem with the monitorable targets.

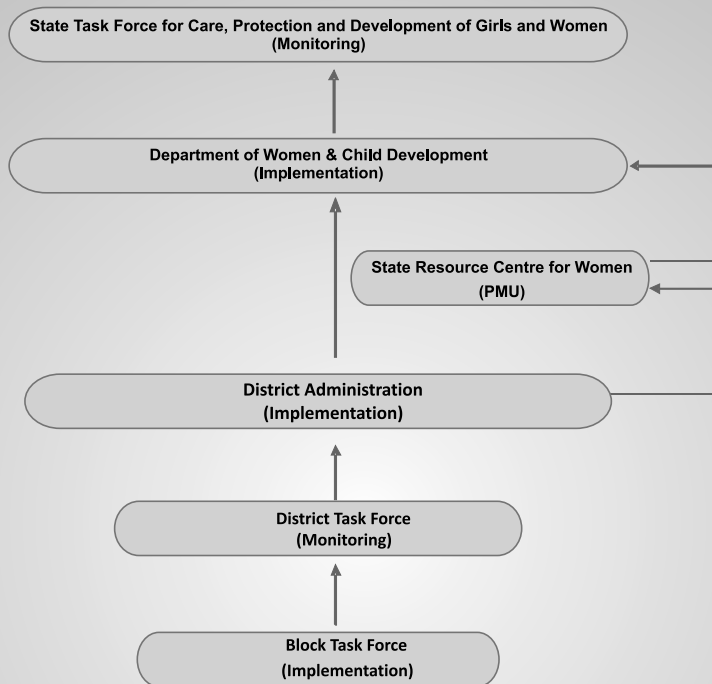
8. Implementing Mechanism

The Department of Women & Child Development, Government of Odisha is the implementing Department and responsible for budgetary control and administration. At district level, the district administration is the implementing agency for the scheme. State Resource Center for Women (SRCW) will function as Programme Management Unit (PMU) for the Scheme at state level for implementation of the scheme.

The objectives of the scheme will be achieved through convergence and coordination with concerned departments, district administration and in PPP mode.

Partnership with organizations working on declining Child Sex Ratio will be done to ensure effective implementation of the scheme.

The districts will do a situational analysis (Baseline) in the first year of operationalisation of the scheme. There after the districts are to monitor the monitorable targets on a yearly basis to know about the progress/ impact of the scheme.



Role of Women & Child Development Department

- Department of Women & Child Development will have the responsibility of coordinating all the activities related to the implementation of the scheme in the state level & district level.
- Department will have responsibility of coordinating the implementation of the Scheme through Programme Management Unit.
- The Department will submit Progress report to the State Task Force for Care, Protection and Development of Girls and Women on bi-annual basis.

Role of State Resource Center for Women (SRCW)

- State Resource Centre for Women (SRCW) will function as PMU to provide technical and coordination support for development and implementation of the state action plan and also the district action plan.

- It will provide all support towards monitoring and evaluation.

Role of District Collector

- The District Collector will be responsible for effective implementation, monitoring and supervision of the district action plan of the scheme.
- The District Collector will take up review of the progress on the activities listed in the plan of action and also will submit regular updates on progress.
- The District Collector will ensure formation of DTF and BTF.
- The District Collector will ensure that information on the district action plan and QPRs is provided to state on timely basis.
- The District Collector will also coordinate with the Deptt of W & CD at state level for successful implementation of the scheme.
- The Collector will ensure the situational analysis (Baseline) in the first year of operationalisation of the scheme. There after the districts are to monitor the monitorable targets on a yearly basis to know about the progress/ impact of the scheme.
- Any other work for successful implementation of the scheme.

Role of DSWO/DCPO

- DSWO/DCPO will facilitate the process of formulation of district action plan and all related activities on the implementation of the scheme.
- Will prepare the QPR of the district.
- Prepare consolidated report of QPRs of blocks at the district level.
- Any other work for successful implementation of the scheme

Role of BDO

- BDO will ensure that the quarterly meetings of BTF are held on regular basis
- Will ensure follow-up actions in a time bound manner
- BDO will be responsible for effective implementation, monitoring and supervision of the scheme.
- Ensure that CDPO submit QPR to the DSWO.
- Any other work for successful implementation of the scheme

9. Monitoring Mechanism

At State level, the State Task Force for Care, Protection and Development of Girls and Women headed by the Chief Secretary will monitor progress on a half yearly basis.

Sl.No	Committee	Members	Role/Responsibility
1	State Task Force for Care, Protection and Development of Girls and Women	1. Chief Secretary – Chairperson Members 2. Additional Chief Secretary, Finance Department – Co-chairperson 3. Principal Secretary, Home Department 4. Principal Secretary, Health & Family Welfare Department 5. Principal Secretary, Higher Education 6. Principal Secretary, Social Security & Empowerment of Persons with disabilities 7. The Commissioner cum Secretary, Women & Child Development 8. The Commissioner-cum –Secretary, School & Mass Education 9. The Commissioner-cum –Secretary, Labour & ESI Department 10. The Commissioner-cum –Secretary, Skill Development & Technical Education Department 11. The Commissioner-cum –Secretary, Panchayati Raj department 12. The Commissioner-cum –Secretary, Sports & Youth Service Department 13. Director, Social Welfare W & CD Deptt. – Member Convener 14. Representative from UNFPA, UN House-II, IRC Village, Bhubaneswar 15. Representative from UNICEF, Surya Nagar, Bhubaneswar 16. Collector, Angul 17. Collector, Nayagarh 18. Member Secretary, Odisha State Legal Service Authority 19. Representative from SRCW, W&CD Deptt	i) Review, and monitor the implementation of the Scheme at the State level on half yearly basis.
2	District Task Force (DTF)	1. District Magistrate & Collector – Chairperson 2. Member Secretary, District Legal Service Authority – Representative from judiciary – Member 3. Project Director, DRDA – Deptt. of Panchayatiraj & Rural Development – Member 4. Superintendent of Police – Home Deptt – Member 5. Chief District Medical Officer – District Hospital – Member 6. ADMO (Family Welfare) – PC & PNDD Cell – Member 7. District Education Officer – Education Department – Member 8. District Small Saving Officer – Finance Department – Member 9. District Welfare Officer - Dept. of ST & SC Development – Member	i) Approve the district action plan ii) Ensure formation and working of BTF iii) Implement the District Action Plan iv) Undertake monthly review of the progress on the activities as per the district action plan v) Provide guidance and support to all stakeholders

		10. District Social Welfare Officer – Dept. of Women & Child Development – Member Convener 11. District Child Protection Officer – Dept. of Women and Child development – Member 12. NGO representative – Member	
3	Block task Force (BTF)	1. BDO – Chairperson 2. A representative from DCPU nominated by DCPO-Member 3. CDPO – Member Convener 4. A representative from Education Dept., BEO - Member 5. A representative from H & F W Deptt., Medical Officer, CHC - Member 6. Socially Respected (Eminent person of the community) /Community Members / elected representatives (2 or more depending upon the requirement to make the committee odd in number) recommended by BDO –Member	i) Provide support in effective implementation of the Scheme at the Block level

10. Budget (in Rs)

Particulars	F.Y.2016-17	F.Y.2017-18	F.Y.2018-19	Total
State Level				
(i) Inter sectoral Convergence	100,000.00	100,000.00	100,000.00	300,000.00
(ii) Training & Capacity Building	800,000.00	500,000.00	500,000.00	1,800,000.00
(iii) Innovations	200,000.00	200,000.00	200,000.00	600,000.00
(iv) IEC Activities	700,000.00	500,000.00	500,000.00	1,700,000.00
(v) Flexi Fund	200,000.00	200,000.00	200,000.00	600,000.00
Total (State level)	2,000,000.00	1,500,000.00	1,500,000.00	5,000,000.00
District Level				
(i) Inter sectoral Convergence	400,000.00	200,000.00	200,000.00	800,000.00
(ii) Training & Capacity Building	1,500,000.00	500,000.00	500,000.00	2,500,000.00
(iii) Innovations	2,000,000.00	500,000.00	500,000.00	3,000,000.00
(iv) IEC Activities	1,500,000.00	500,000.00	500,000.00	2,500,000.00
(v) Flexi Fund	600,000.00	300,000.00	300,000.00	1,200,000.00
Total (District level)	6,000,000.00	2,000,000.00	2,000,000.00	10,000,000.00
District level for 3 years			30,000,000.00	
State level for 3 years			5,000,000.00	
Total Cost for three Years			35,000,000.00	

Year	District Level (In Lakhs)			State Level (In Lakhs)	Total (In Lakhs)
	Angul	Dhenkanal	Ganjam		
2016-17	60.00	60.00	60.00	20.00	200.00
2017-18	20.00	20.00	20.00	15.00	75.00
2018-19	20.00	20.00	20.00	15.00	75.00
Total	100.00	100.00	100.00	50.00	350.00

11. Reporting Mechanism

- Block Task Force (BTF) will submit quarterly progress reports (QPR) to the District Task Force (**Annexure-C**)
- The District task Force (DTF) will submit the quarterly progress report (QPR) and Annual Report to the State. (**Annexure D**)
- The Utilisation Certificate (UC) & SOE will be submitted by the District on bi-annual basis to the State. (**Annexure E**)

Annexure -A

State Action Plan (Suggestive)

Sl.No	Items	Contents/Objectives	Participants
1	Inter-Sectoral Convergence Meeting with line departments	Sharing the overall scheme guidelines and objectives as well as appraise on the State & District Action Plan.	Representatives of various departments
	Meeting of State Task Force for Care, Protection and Development of Girls and Women	i. Preparation of action plan. ii. Review of activities	Members of State Task Force for Care, Protection and Development of Girls and Women
2	Training & Capacity Building University students (male & female)	i) To create awareness on the issue of CSR, ii) To know about schemes/ programmes related to girl child & their families etc.	Students
3	Innovations	Social Media campaign	
4	IEC Activities	Development of Video & Audio spots	

Annexure-B
District Action Plan (Suggestive)

Sl.No	Items	Contents/Objectives	Participants
1	Inter-Sectoral Convergence		
	i. Convergence meeting with line deptts.	Sharing the overall scheme guidelines and objectives as well as appraise on the District Action Plan.	Representatives of various line deptts.
	ii. Meeting of DTF-monthly	<ul style="list-style-type: none"> Preparation of action plan & implementation Review Future work 	District task Force Committee Members
	iii. Meeting of BTF-quarterly in each block	<ul style="list-style-type: none"> Preparation of action plan & implementation Review Future work 	Block task Force Committee Members
2	Training & Capacity Building		
	i. PRI Members	i) To create awareness on the issue of CSR, ii) To know about schemes/programmes related to girl child & their families etc.	ZP , PS and GP level elected members
	ii. Women Self Help Groups (WSHG)	i) To create awareness on the issue of CSR, ii) To know about schemes/programmes related to girl child & their families etc.	Members of SHGs
	iii. Frontline Workers	i) To create awareness on the issue of CSR, ii) To know about schemes/programmes related to girl child & their families etc.	ASHA,AWW,ANM, GKS etc
	iv. Elementary School, High School & College – Teachers & Students	i) To increase awareness on celebrating Girl Child & enabling her education. ii) to promote youth campaign on value of girl child & enable her education. iii) to ensure that girls are born, nurtured and educated without discrimination	Teachers & Students

	v. District Officers of H & FW and S & ME department	To sensitize & train on the issue of CSR, value of girl child & promote her education and will in turn facilitate community ownership and participation on creating an enabling environment for survival, protection & education of girl child	
3	Innovations i. Meetings with adolescent boys and male groups (Block/ GP level) ii. NGO/CBO Network (Block level) iii. Support to GP level and urban WSHG federation (Block/ GP level) iv. Situational Analysis of the district (*) <small>(Refer Part-C of QPR of the District)</small> v. Social media network (district level)	i) To create awareness on the issue of CSR, ii) To know about schemes/ programmes related to girl child & their families etc. i) To create awareness on the issue of CSR, ii) To know about schemes/ programmes related to girl child & their families etc. Situation analysis on Child Sex Ratio, Nutrition status of girls, elementary education, girl's toilet, dropout girls from school, Elected Representatives network (MLAs, MPs)	Youth, Club members Representatives from NGOs/CBOs WSHGs federation members
4	IEC Activities i. Posters & Leaflets ii. Wall painting at village & urban area (on women issues) - village/ NAC level iii. Fixed day celebration (Girl Child Day, International Women's Day) - village level iv. Hoarding (block & District level) v. Awareness Campaign at village level		

Annexure -C

**Biju Kanya Ratna Yojana
Quarterly Progress Report**
(To be submitted by CDPO to DSWO)

1. Reporting Period /Year: Q 1/ Q2/ Q 3/ Q 4 Year
2. Name of the District
3. Name of the Block
4. No. of GPs:
5. BTF meetings held (Yes/No)
If Yes, Share highlights :
6. Component wise details

Components	Date	Place	Participants	Details/ Remarks
Inter-Sectoral Convergence				
Training & Capacity Building				
Innovations				
IEC Activities				

- Any other information (Media reports, Case Study, Good practices etc)
(Use additional sheets if required)

Signature & Date of CDPO

Annexure - D

**Biju Kanya Ratna Yojana
Quarterly Progress Report**

(To be submitted by Collector to State Dept of W & CD)
(Use additional sheets if required)

- 1. Reporting Period /Year: Q 1/ Q2/ Q 3/ Q 4 Year**
2. Name of the District

Part A : Activity Report

1. District Task Force meeting held (Yes/No)
If Yes, Share highlights

2. Activity progress

Components	Date	Place	Participants	Details/ Remarks
1. Inter-Sectoral Convergence				
i) Convergence meeting with line department				
2. Training & Capacity Building				
i) PRI Members				
ii) Women Self Help Groups				
iii) Frontline Workers				
iv) High School, Collage Teachers, Students				
v) District Officers of H & FW and S & ME department				
3. Innovations				
i) Meeting with adolescent boys & male group				
ii) NGO/CBO Network				
iii) Support to GP level and urban WSHG federation				
iv) Situational Analysis of the district				
v) Social media network				
4. IEC Activities				
i) Posters & Leaflet				
ii) Wall painting at village & urban area (on women issues)				
iii) Fixed day celebration (Girl Child day, International Women's Day)				
iv) Hoarding at block & district level locality				
v) Awareness Campaign at village level				

3. Details of work done towards fulfilling the objectives of the scheme through fund mobilization from other sources (except BKR scheme allocation)
4. Any other information (Media reports, Case Study, Good practices etc)

Part B: Consolidated report of Block QPRs of the district for the same period

Part C: Monitorable indicators (district level)

Indicators	Data as on 1.07.2016 [Base line(*)]	Data as on 31.03.2017	Data as on 31.03.2018	Data as on 31.03.2019
Sex Ratio at Birth				
Child Sex Ratio				
Infant Mortality Rate				
Under-5 child death				
Infant Mortality Rate				
Under – 5 girl child death				
Nutritional status of girls under 5 years of age				
Registration of Ultra Sound clinics				
Enrolment of girls in Anganwadi Centers				
Enrollment of girls in elementary education				
Number of girls toilets in all schools				
Dropout girls from school (after elementary level)				
Enrollment in secondary schools				
Training of girls in self defence				
Sensitization of adolescent girls on Sexual and Reproductive health				
Training, capacity building & Sensitization				

Signature & Date of District Collector

* Refer District Action Plan Section-3 Innovations (iv)

Biju Kanya Ratna Yojana

Annexure - E

**Statement of Expenditure
Financial Year**

Sl.No	Component	Expenditure up to 30 th Sept/ 31 st March Year
1.	Inter-Sectoral Convergence	
2	Training & Capacity Building	
3	Innovations	
4	IEC Activities	
5	Flexi Fund	
	Total	

**Seal & Signature
District Collector**

- Utilization Certificate (UC) For the period till 30th Sept/ 31st March : To be submitted as per O.G.F.R -7 format



ANGUL

Child Sex Ratio	
Census – 2011	
India	918
Odisha	941
Dhenkanal	877
Angul	889
Ganjam	908



DHENKANAL



GANJAM

Odisha: The State of Female Foeticide 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. The views expressed are of the Asian Centre for Human Rights, and not of the European Commission

All the reports and forthcoming publications are available at:
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