

PCPNDT

# CIVIL SOCIETY REPORT CARD

**Current  
Structure and  
Status of Statutory  
Mechanisms**



Challenge Patriarchy | Stop Sex Selection

August, 2014

PCPNDT

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Current Structure and Status of Statutory Mechanisms

*Disclaimer: Girls Count will be releasing a series of report cards based on five indicators. This report talks only about the first indicator, i.e. about the structure and status of bodies constituted at state and district level for the period 2011-2013. Due diligence has been done in preparation of the report.*

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# List of Abbreviation

<b>AA</b>	Appropriate Authority
<b>AC</b>	Advisory Committee
<b>AGP</b>	Assistant Government Pleader
<b>APP</b>	Additional Public Prosecutor
<b>ATR</b>	Action Taken Report
<b>CJM</b>	Chief Judicial Magistrate
<b>CMO</b>	Chief Medical Officer
<b>CMHO</b>	Chief Medical and Health Officer
<b>CrPC</b>	Criminal Procedure Code
<b>CSB</b>	Central Supervisory Board
<b>CSR</b>	Child Sex Ratio
<b>DAA</b>	District Appropriate Authority
<b>DAC</b>	District Advisory Committee
<b>DC</b>	District Collector
<b>DCSR</b>	Declining Child Sex Ratio
<b>DGC</b>	District Government Counsel
<b>DIMC</b>	District Inspection and Monitoring Committee
<b>DLSA</b>	District Legal Services Authority
<b>DMA</b>	Delhi Medical Association
<b>DMO</b>	District Medical Officer
<b>FIR</b>	First Information Report
<b>GO</b>	Government Order
<b>GOI</b>	Government of India
<b>HFW</b>	Health and Family Welfare
<b>ID</b>	Identity Proof
<b>IEC</b>	Information, Education and Communication
<b>IMA</b>	Indian Medical Association
<b>IVF</b>	In-Vitro Fertilization

<b>MCI</b>	Medical Council of India
<b>MD-NRHM</b>	Mission Director- National Rural Health Mission
<b>MLA</b>	Member of Legislative Assembly
<b>MLC</b>	Member of Legislative Council
<b>MoHFW</b>	Ministry of Health and Family Welfare
<b>MTP</b>	Medical Termination of Pregnancy
<b>NCW</b>	National Commission for Women
<b>NGO</b>	Non Governmental Organization
<b>NHRC</b>	National Human Rights Commission
<b>NIMC</b>	National Inspection and Monitoring Committee
<b>NRHM</b>	National Rural Health Mission
<b>PCPNDT</b>	Pre-Conception and Pre-Natal Diagnostic Techniques
<b>PNDT</b>	Pre-Natal Diagnostic Techniques
<b>PP</b>	Public Prosecutor
<b>PRI</b>	Panchayati Raj Institution
<b>PRO</b>	Public Relation Officer
<b>RTI</b>	Right to Information
<b>SAA</b>	State Appropriate Authority
<b>SAC</b>	State Advisory Committee
<b>SDM</b>	Sub-Divisional Magistrate
<b>SIMC</b>	State Inspection and Monitoring Committee
<b>SPO</b>	Sr. Prosecuting Officer
<b>SRB</b>	Sex Ratio at Birth
<b>SSB</b>	State Supervisory Board
<b>STF</b>	State Task Force
<b>TA/DA</b>	Travel Allowance/Dearness Allowance
<b>UT</b>	Union Territory
<b>WCD</b>	Women and Child Development

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- 1. Bihar** Gramin Evam Nagar Vikas Parishad (GENVP),  
Voluntary Health Association (BVHA), Jan Jagran Sansthan
- 2. Chhattisgarh** Mayaram Surjan Foundation (MSF)
- 3. Delhi** Grass Root Support Foundation (GRSF), Action India
- 4. Haryana** RP Education Society (RPES), Sahyog,  
Navjyoti Education and Welfare Society (NEWS)
- 5. Himachal Pradesh** The Society for Social Uplift Through Rural Action (SUTRA)
- 6. Maharashtra** Dalit Mahila Vikas Mandal (DMVM)
- 7. Rajasthan** Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS)
- 8. Punjab** Voluntary Health Association of Punjab (VHAP)
- 9. Tamil Nadu** Campaign Against Sex Selective Abortion-Tamil Nadu  
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- 10. Uttar Pradesh** Vatsalya

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# Introduction

**Civil Society Report Card is an assessment of the performance, progress and quality of work in the states with regard to the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act. This exercise is based on the Supreme Court directives to the states to ensure effective implementation of the PCPNDT Act at the state, district and sub-district levels. An exercise like this also becomes imperative in the context of the recent 'Code of Conduct' issued by the Ministry of Health and Family Welfare, Government of India for the Appropriate Authorities.**

## Objective

The overall objective of the Civil Society Report Card is to raise discussions around the efforts made by the law enforcers at the state and district level under the PCPNDT Act. The key objectives include –

1. Assessing the performance of state governments/union territories on the implementation of Act.
2. Bringing in uniformity in the practice at the district and state levels.
3. Raising the accountability of states/ union territories by emphasizing on the procedural gaps and lapses in implementation.
1. Assessing the status of statutory mechanism: Functioning of mechanisms such as the State Supervisory Board (SSB), State Advisory Committee (SAC), District Advisory Committee (DAC), State Inspection and Monitoring Committee (SIMC), State Appropriate Authority (SAA) and District Appropriate Authority (DAA).
2. Assessing the monitoring mechanism: Monitoring and inspection of ultrasound centres both registered / unregistered in the state.
3. Assessing self-regulation: Status of monthly reporting by ultrasound clinics.
4. Assessing the enforcement mechanism: Status of court complaints in the state.
5. Assessing the regulatory mechanism: Role of State Medical Councils/Medical Council of India in discouraging medical malpractice.

## Five Indicators

The campaign on PCPNDT has identified five key indicators to evaluate the performance of the states and talk about their accountability within the larger framework of the Act.



# Assessing the Status of Statutory Mechanisms

Civil Society Report Card attempts to assess the status of statutory mechanisms at state and district levels on the basis of certain indicators as provisioned under the PCPNDT Act. It aims to assess the constitution of the board, committees and authorities, their functioning, compositions, mandatory meetings, complete/incomplete quorum, major agenda among others. So, at one level it finds answers to two broad questions related to the mechanisms –

- Whether boards/committees/authorities have been put in place
- Whether they are functional

Through observations made by civil society organizations, at another level the Civil Society Report Card looks into the following –

- Procedural gaps and challenges in the functioning of the committees.
- Status as a whole with regard to the mechanisms/structures of the committees for each state.

## Strategy and process

The strategy involves assessing the work done around the statutory mechanisms in each of the states selected for assessment. Civil society organizations associated with 'Girls Count' collected data from 10 states and then gave their observations on the statutory mechanisms for the compilation. Many of the organizations involved in the Civil Society Report Card have been working on gender biased sex selection and implementation of the PCPNDT Act for the past several years at national, state and district levels. Some of them are even part of the committees at state, district and sub-district levels.

## Source and method of data collection

Review of secondary data/information on statutory mechanism was done between February and March 2014 by the civil society organizations for each of the states undertaken for assessment. The key methods of data collection include –

- Analysis of secondary data (Government orders/circulars/departmental orders/notification/ official websites). Some of it was taken through the use of RTI.

- One-to-one interactions with concerned officials, NGOs and committee members.

## **Selection of states**

We have included the states that were summoned by the Honorable Supreme Court of India in 2013 for failing to implement the PCPNDT Act as well as the states where the coalition has its presence. These states are – Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu and Uttar Pradesh.

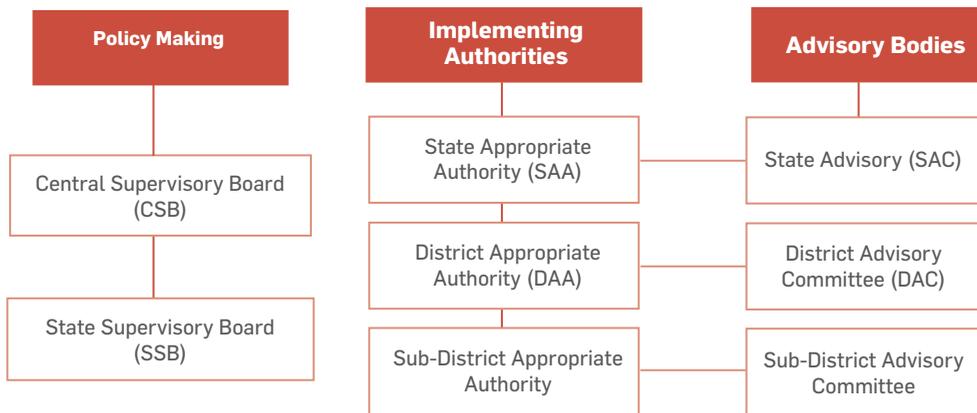
# Know the Statutory Mechanism

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994, (PNDT Act) amended as Pre-Conception and Pre-Natal Diagnostic Technique (Prohibition of Sex Selection) Act, 2003 (PCPNDT Act) is a legal tool that aims to regulate and prevent the misuse of diagnostic techniques to detect the sex of a foetus. All the states of India, except Jammu

and Kashmir, are required to provide for an enabling structure and system for the effective implementation of the Act.

Flow charts given below illustrate the structure that is required at the national, state and district level for comprehensive and effective implementation of the Act.

## MECHANISM UNDER THE PCPNDT ACT



### Central Supervisory Board

Advises on policy matters, reviews and oversees implementation and lays down code of conduct.

### State Supervisory Board

Creates awareness about the Act, reviews Appropriate Authority's activities, monitors

implementation and sends reports to CSB.

### State Appropriate Authority

Implements the Act at the state level, inspects ultrasound centres, investigates complaints and hears appeal.

### State Advisory Committee

Serves as an advisory to the SAA in

implementing the Act, offers advice on registration of clinics, their inspections and court complaints.

#### **District Appropriate Authority**

Implements the Act at the district level, registers ultrasound clinics/hospitals, inspects them, investigates complaints and files court complaints.

#### **District Advisory Committee**

Serves as an advisory to the DAA in implementing the Act, offers advice regarding registration of clinics, inspections and court complaints.

#### **Sub-District Appropriate Authority**

Implements the Act at the sub-district level, registers clinics, inspects clinics, investigates complaints and files court complaints.

#### **Sub-District Advisory Committee**

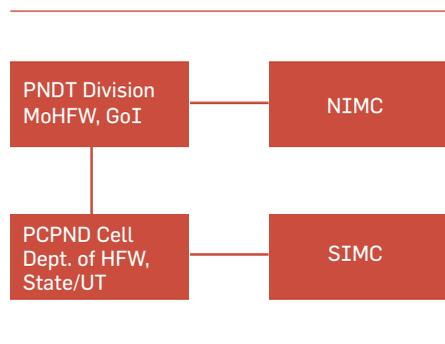
Serves as an advisory to the sub-district AA in implementing the Act, offers advice regarding registration of ultrasound centres, inspections and court complaints.

## **Monitoring and Inspection Committee**

Monitoring and Inspection Committee at the national level was set up after the rulings of the Supreme Court in 2001. Subsequent to this, States/UTs were directed by the Government of India to set up State Monitoring and Inspection Committee to undertake periodic inspections of ultrasound clinics/hospitals.

**NIMC\*** Conducts inspections of the ultrasound centres; check their compliances, records, facilitate the process of search and seizure by the District Appropriate Authorities across the country.

**SIMC** Conducts surprise visits to ultrasound centres; check their compliances, records, facilitate the process of search and seizure by the District Appropriate Authorities within the State/UT.



\*This report card does not analyse the status of NIMC. It's analysis will be carried out separately.

# What does the Act require?

## State Supervisory Board (SSB)

**Provision** According to the Section 16A, each State/UT shall constitute SSB.

**Composition** The SSB shall consist of 21 members and it should include the following –

- Minister, Health and Family Welfare as the ex-officio Chairperson.
- Secretary, in charge of the Department of Health and Family Welfare as Vice-Chairperson.
- Secretaries/Commissioners in charge of four different departments or their representatives.
- Director, Health and Family Welfare or Indian System of Medicines and Homeopathy.
- Three women MLAs/MLCs.
- Joint Director in charge of Family Welfare.
- 10 representatives from social, medical and legal fields.

**Tenure** The term of office of a member, other than an ex officio member, shall be 3 years.

**Meeting** The SSB has to meet at least once in four months.

**Quorum** One third of the total number of members should constitute the quorum.

**Function** Its functions include –

- Reviewing activities of the Appropriate Authorities (AAs).
- Recommending appropriate actions against those violating the Act and its rules.
- Monitoring and implementation of the Act.
- Sending consolidated reports to the Central Govt. regarding the activities undertaken in the state.
- Creating public awareness against the practice of gender biased sex selection.

## Advisory Committee (AC)

<b>Provision</b>	According to Section 17(5) of the Act, the Central Government or State Government, as the case may be, shall constitute an Advisory Committee to aid and advise the AA in the discharge of its functions. AC should be constituted from State to Sub-district level.
<b>Composition</b>	Section 17(6) of the Act states that the Advisory Committee shall consist of eight members – <ul style="list-style-type: none"><li>■ Three medical experts.</li><li>■ Three prominent social workers at least one from women's organization.</li><li>■ A legal expert.</li><li>■ An official of the department dealing with information and publicity.</li></ul>
<b>Tenure</b>	Every member should be in the AC for a period not exceeding three years.
<b>Meeting</b>	The intervening period between two meetings of the AC at state, district and sub-district level should not exceed 60 days.
<b>Quorum</b>	Four members should form the quorum of the meeting.
<b>Function</b>	The main function of the Advisory Committee is to aid and advise the AA in the discharge of its function

such as granting, renewing, suspending or canceling the registration of a centre.

## Appropriate Authority (AA)

<b>Provision</b>	According to Section 17, one or more Appropriate Authorities (AAs) are to be appointed by the state government through gazette notification.  This was further reinforced by the Supreme Court through its directive that came in September 2003 to appoint AA at district and sub-district levels. Furthermore, the Ministry of Health and Family Welfare (MoHFW), Govt. of India in February 2007 through an office memorandum asked all the states/UTs to appoint District Magistrate as the District Appropriate Authority. At the sub-district level, the practice varies from state to state from Deputy CMO in one place to the Sub-District Magistrate in another.
<b>Composition</b>	The AA is a multi-member body comprising – <ul style="list-style-type: none"><li>■ An officer of or above the rank of Joint director of Health and Family Welfare (Chairperson)</li><li>■ An eminent woman representing women's organization</li></ul>

	<ul style="list-style-type: none"> <li>■ An officer of the Law Department</li> </ul>
<b>Tenure</b>	Non-officials member - three years.
<b>Function</b>	<p>The AA is responsible for the implementation of the Act at the state, district and sub-district levels. The functions of the AA include:</p> <ul style="list-style-type: none"> <li>■ To grant, suspend, or cancel registration and enforce standards prescribed for them.</li> <li>■ To investigate complaints and take immediate action against the misuse of pre-natal diagnostic techniques.</li> <li>■ To seek and consider the advice of the Advisory Committee on applications for registration and on complaints for suspension or cancellation of registration.</li> <li>■ Create public awareness against the practice of sex selection and sex determination.</li> <li>■ Supervise implementation of the Act and Rules and recommend modifications required in the Rules.</li> </ul>

committee was felt by the Union of India during the hearing on the petition filed by CEHAT & Others in 2000. In November 2001, the Union of India informed the Supreme Court that the Government has decided to take concrete steps for the implementation of the Act and set up a National Inspection and Monitoring Committee (NIMC). The Supreme Court passed an order on this accordingly.

As per the Government of India's DO No. 24026/81/03 PNDT (Pt) dated 3/8/2006, states were told to constitute State Inspection and Monitoring Committee (SIMC).

<b>Tenure</b>	The tenure of the SIMC members is for three years.
<b>Composition</b>	States/UTs have been told to select members from medical, social and legal fields. However, the size of the SIMC varies from state to state depending on their needs.
<b>Function</b>	Its main function is to undertake field visits and conduct random inspections of centres in the States/UTs with regard to effective implementation of the PCPNDT Act and also facilitate search and seizure of records/equipments by the District Appropriate Authorities.

## **Inspection and Monitoring Committee**

<b>Provision</b>	The need for having a national level inspection and monitoring
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# What does the ‘Code of Conduct’ require?

In February 2014, the Government of India through a gazette notification introduced a ‘code of conduct’ for Appropriate Authorities at state, district and sub-district levels to observe and implement the provisions of the Act and Rules in a balanced and standardized manner. This ‘code of conduct’ has been added as Rules 18A in the PCPNDT Rules, 1996.

As per the new set of Rules, all Appropriate Authorities shall observe the ‘code of conduct’ for the following –

- 1. Advisory Committees (AC) |** For example, the reconstitution, functions and other relevant matters related to advisory committee shall be in accordance with the provisions of the Advisory Committee Rules, 1996.
- 2. Processing of complaint and investigation |** Such as, attend to all complaints and maintain transparency in the follow-up action of the complaints.
- 3. Registration and renewal of applications |** For instance, ensure that no application for fresh registration or renewal is accepted if any case is pending in any court against the applicant.
- 4. Legal action |** For example, immediate action for filing appeal, revision or other proceeding in high courts in case of order of acquittal within a period of 30 days but not later than 15 days of receipt of the order of acquittal.
- 5. Quarterly progress report |** Such as, submit quarterly report to the Government of India through State Government and maintain Form-H for registration related information.
- 6. Regulation of ultrasound machines |** For instance, monitor the sales and import of ultrasound machines including portable or buyback, assembled, gift, scrap or demo.
- 7. Inspection and monitoring |** Conduct regular inspection once in every 90 days, place inspection reports before ACs once in 3 months.
- 8. Accountability |** In terms of obtaining prior sanction and approval of Government of India for any resolution concerning implementation of Act.
- 9. Financial guideline |** maintain separate bank account and ensure transparency.

# Comparative analysis based on indicators

An attempt has been made to do an assessment of the status of statutory machinery constituted under the PCPNDT Act at the state and district level. The aim was to look into the practice keeping in mind the provisions made for each committee and authority under the Act.

The status and position of the boards, committees and authorities was assessed under two broad categories, namely, (1) constitution and (2) functioning.

And for each category key indicators were undertaken and analysed. These indicators are based on the provisions given under the PCPNDT Act.

# 1. State Supervisory Board (SSB)

## CONSTITUTION

The constitution of the SSB has been verified based on three major indicators such as reconstitution of the SSB in the last three years (2011-2013), its notification and the appointment of all its 21 members as per the provision of the PCPNDT Act and Rules. As per these indicators, the constitution of SSB was found to be satisfactory in five states namely, Bihar, Chhattisgarh, Maharashtra, Punjab and Uttar Pradesh. In Delhi, Haryana and Rajasthan, inconsistencies were noted in the appointment of SSB members. The situation of SSB was found to be abysmal in Himachal Pradesh and Tamil Nadu, where it has not been reconstituted in the last three years.

## FUNCTIONING

As far as the functioning of the SSB is concerned, indicators like regular meetings (three in a year) and participation of members in the meeting were assessed. Irregularity in meetings and lack of participation of members was observed in all states barring Delhi, Maharashtra and Uttar Pradesh where the meeting is called at a regular interval.

**TABLE NO. 1: COMPARATIVE ANALYSIS – STATE SUPERVISORY BOARD**

Sl.	States	CONSTITUTION			FUNCTIONING	
		Reconstituted in the last 3 years	Notification	All 21 members appointed	Regularity of meetings (3 in a year)	Does every member attend?
1	Bihar	✓	✓	✓	✗	✗
2	Chhattisgarh	✓	✓	✓	✗	✗
3	Delhi	✓	✓	✗	✓	✗
4	Haryana	✓	✓	✗	✗	✗
5	Himachal	✗	✗	✗	✗	✗
6	Maharashtra	✓	✓	✓	✓	✗
7	Punjab	✓	✓	✓	✗	✗
8	Rajasthan	✓	✓	✗	✗	✓
9	Tamil Nadu	✗	✗	✗	✗	✗
10	Uttar Pradesh	✓	✓	✓	✓	✗

## 2. State Advisory Committee (SAC)

### CONSTITUTION

The constitution of the SAC has been checked based on the same three key indicators- reconstitution in the last three years (2011 to 2013), its notification and appointment of all eight members. The SAC has not been reconstituted in Bihar, Chhattisgarh, and Tamil Nadu. In Punjab the tenure of three years of the present SAC was completed and the reconstitution is in process. Though it has been reconstituted in Himachal and Maharashtra, members have not been appointed in accordance with the Rules. The constitution of SACs in Delhi, Haryana, Rajasthan and Uttar Pradesh looks fine. In Himachal and Maharashtra the SAC has been reconstituted and notified but there is discrepancy in the appointment of members.

### FUNCTIONING

Largely, the functioning of the SACs was seen in the context of the number of SAC meetings (at a gap of 60 days) that were conducted in 2013, participation by the members, provision for the disbursement of TA/DA and the circulation of meeting notice among the members. Function wise all states fall in the category of 'average' and 'poor'; absence of regular meetings and lack of participation by members was found in almost all the states. TA/DA is disbursed to the members only in Delhi, Haryana and Himachal. Circulation of advance notice of the meeting to the members is done in all states except Bihar and discussion on inspection, monitoring and decoy was found to be held only in Maharashtra and Rajasthan.

**TABLE NO. 2: COMPARATIVE ANALYSIS – STATE ADVISORY COMMITTEE**

Sl.	States	CONSTITUTION			FUNCTIONING				
		Reconstituted in the last 3 years	Notification	All 8 members appointed	Regular meetings (at a gap of 60 days – 6 meeting in a year)	Does every member attend?	Disbursement of TA/ DA to members	Advance notice for meetings given to members	Agenda- discussions on inspections, monitoring and decoys
1	Bihar	x	x	x	x	x	x	x	x
2	Chhattisgarh	x	x	✓	x	x	x	✓	x
3	Delhi	✓	✓	✓	✓	x	✓	✓	x
4	Haryana	✓	✓	✓	x	x	✓	✓	x
5	Himachal	✓	✓	x	x	x	✓	✓	x
6	Maharashtra	✓	✓	x	x	x	x	✓	✓
7	Punjab	✓	✓	x	x	x	x	✓	x
8	Rajasthan	✓	✓	✓	x	✓	x	✓	✓
9	Tamil Nadu*	x							
10	Uttar Pradesh	✓	✓	✓	x	x	x	✓	x

\* Other details of the SAC were sought through RTI but could not be retrieved.

## 3. District Advisory Committee (DAC)

### CONSTITUTION

The constitution of DAC was assessed on the basis of two indicators namely, reconstitution of DAC in the last three years and appointment of all eight members in the committee. The DAC has been reconstituted in all the 10 states in the past three years (2011 to 2013). States where members have not been appointed in DAC as per the Act and Rules include Bihar, Himachal, Punjab, Rajasthan and Uttar Pradesh. States where the DACs as a whole were constituted properly and as per the provision include – Chhattisgarh, Delhi, Haryana, Maharashtra and Tamil Nadu.

### FUNCTIONING

The functioning of the DAC was assessed on the basis of five main indicators such as – regular meetings at a gap of 60 days, participation of members, disbursement of TA/DA to members, advance notice for the meetings and the agenda that includes discussions on inspections, monitoring and decoys. It was found that in Bihar, Tamil Nadu and Uttar Pradesh regular meetings of the DACs were not taking place at an interval of 60 days. Of the 10 states, only Haryana offer TA/DA to its members for attending the DAC meetings. In none of the selected states members participate in full strength in the DAC meeting. Moreover, only Maharashtra, and Rajasthan seem to be discussing agenda of inspection, monitoring and conducting decoy operations.

**TABLE NO. 3: COMPARATIVE ANALYSIS – DISTRICT ADVISORY COMMITTEE**

Sl.	States	CONSTITUTION		FUNCTIONING				
		Reconstituted in the last 3 years	All 8 members appointed	Regular meetings (at a gap of 60 days)	Does every member participate?	Disbursement of TA/DA to members	Advance notice for meetings given to members	Agenda- discussions on inspections, monitoring and decoys
1	Bihar	✓	✗	✗	✗	✗	✓	✗
2	Chhattisgarh	✓	✓	✓	✗	✗	✓	✗
3	Delhi	✓	✓	✓	✗	✗	✓	✗
4	Haryana	✓	✓	✓	✗	✓	✓	✗
5	Himachal	✓	✗	✓	✗	✗	✓	✗
6	Maharashtra	✓	✓	✓	✗	✗	✓	✓
7	Punjab	✓	✗	✓	✗	✗	✓	✗
8	Rajasthan	✓	✗	✓	✗	✗	✓	✓
9	Tamil Nadu	✓	✓	✗	✗	✗	✓	✗
10	Uttar Pradesh	✓	✗	✗	✗	✗	✗	✗

## 4. State Inspection and Monitoring Committee (SIMC)

SIMC is not a statutory body as mandated by the Act. It is to be constituted as per the order of the State Govt. or Union Govt. So an order to constitute SIMC is sufficient while in the case of a statutory body gazette notification is required. As per the record available, the order to constitute SIMC was first passed by the Government of India in 2006 (DO No. 24026/81/03 PNDT (Pt) dated 3/8/2006). Through this order, the States/UTs were also told to appoint members from medical, social and legal fields in the SIMC.

### CONSTITUTION

The constitution of the SIMC in the states was checked on the basis of two key indicators like reconstitution in the last three years and presence of members from social field in the SIMC. It was found that the SIMC has not been in place in Chhattisgarh and Maharashtra till date. However, Maharashtra has other similar mechanisms that undertake inspections such as monitoring squads which the other states have not put in place. In Tamil Nadu, the SIMC was constituted for the first time in January 2014 and is yet to become functional. Except in Haryana and Rajasthan, the SIMC in other states does not include members from the social field.

### FUNCTIONING

The functioning of the SIMCs was gauged on the basis of four key indicators like – training/orientation conducted for the current SIMC, planning meeting with SIMC members called by the State, yearly target set for inspections, and clinics inspected in year 2013. Five states namely, Chhattisgarh, Himachal, Maharashtra, Tamil Nadu and Uttar Pradesh have not matched the indicators while the remaining five are relatively better on these criteria.

Training/orientation for the SIMC members was called only in Bihar, Delhi, Haryana, Punjab and Rajasthan. In addition, only Haryana has set an annual target for inspections in the state.

**TABLE NO. 4: COMPARATIVE ANALYSIS – STATE INSPECTION AND MONITORING COMMITTEE**

Sl.	States	CONSTITUTION		FUNCTIONING			
		Reconstituted in the last 3 years	Appointment of members from social field	Training & orientation conducted for the current SIMC	Planning meeting with SIMC members called by State	Any yearly target set for inspection	Clinics inspected by SIMC in 2013
1	Bihar	✓	✗	✓	✗	✗	✓
2	Chhattisgarh	✗	✗	✗	✗	✗	✗
3	Delhi	✓	✓	✓	✓	✗	✓
4	Haryana	✓	✓	✓	✗	✓	✓
5	Himachal	✓	✗	✗	✗	✗	✓
6	Maharashtra	✗	✗	✗	✗	✗	✗
7	Punjab	✓	✗	✓	✓	✗	✓
8	Rajasthan	✓	✓	✓	✓	✗	✓
9	Tamil Nadu	✓	✗	✗	✗	✗	✗
10	Uttar Pradesh	✓	✗	✗	✗	✗	✓

## 5. State Appropriate Authority (SAA)

### CONSTITUTION

The constitution of the SAA was assessed on the basis of the key indicator – appointment of multi-members Appropriate Authority in the states. To our surprise, Bihar, Himachal, Rajasthan and Tamil Nadu have not appointed three-member SAA in the state.

### FUNCTIONING

In order to gauge the functioning of the SAA, five major indicators were assessed. These include – participation of SAA in the SAC meetings, practice of sending quarterly ATR to the Centre, receiving of quarterly sale report of ultrasound machines by the state, trainings conducted for judiciary, DAA and public prosecutors, and finally existence of the State PCPNDT Cell.

Irregularity in sending quarterly ATR to the Central Government was found in Bihar, Himachal and Tamil Nadu. It was also found that the Appropriate Authorities in Bihar, Delhi, Punjab and Tamil Nadu do not receive quarterly sales report from the dealers/suppliers of ultrasound machines on a regular basis. The State PCPNDT Cell has not been constituted in Bihar, Chhattisgarh, Himachal and Tamil Nadu. Moreover, training for judiciary, public prosecutors and DAA was not conducted in 2013 in four states namely, Chhattisgarh, Himachal, Rajasthan and Tamil Nadu.

**TABLE NO. 5: COMPARATIVE ANALYSIS – STATE APPROPRIATE AUTHORITY**

Sl.	States	CONSTITUTION		FUNCTIONING			
		Appointment of multi-member AA	Participation of SAA in SAC meetings	Quarterly ATR sent to the Centre	Maintenance of quarterly sale report of ultrasound machines by the state	Training conducted for judiciary, public prosecutors, DAAs	Existence of State PCPNDT Cell
1	Bihar	×	✓	×	×	✓	×
2	Chhattisgarh	✓	✓	✓	✓	×	×
3	Delhi	✓	✓	✓	×	✓	✓
4	Haryana	✓	✓	✓	✓	✓	✓
5	Himachal	×	×	×	✓	×	×
6	Maharashtra	✓	✓	✓	✓	✓	✓
7	Punjab	✓	✓	✓	×	✓	✓
8	Rajasthan	×	✓	✓	✓	×	✓
9	Tamil Nadu	×	×	×	×	×	×
10	Uttar Pradesh	✓	✓	✓	✓	✓	✓

## 6. District Appropriate Authority (DAA)

### CONSTITUTION

The constitution of DAA in the states was checked on the basis of office memorandum issued in February 2007 by the PNDT Division of MoHFW, Govt. of India regarding the appointment of District Magistrate/Collector as Appropriate Authority at the district level. It was found that Bihar, Haryana, Himachal, and Punjab have not followed the office memorandum and have not appointed District Magistrate/Collector as Appropriate Authority at the district level. More recently, Tamil Nadu through its order no: 308, dated December 24, 2013 has reversed the Central Govt. order and appointed Chief Medical Officers or Civil Surgeons as the DAA in the districts. On the other hand, Haryana has appointed a multi-member DAA in all its districts which is against the provision of the Act and Rules.

### FUNCTIONING

The functioning of DAAs was evaluated on the basis five indicators such as - quarterly ATR sent to the State, regular audit of Form-F, maintenance of Form-H, circulation of agenda/minutes among DAC members, and maintenance of separate bank accounts in the districts for PNDT. It was found that the DAAs in Uttar Pradesh do not send their quarterly ATR to the State. DAAs in Chhattisgarh and Tamil Nadu do not maintain separate bank accounts for the revenue that comes through new registration or renewal. Except Bihar, DAAs in other nine states were found to be auditing Form-F regularly; however, information on the outcome of audit report was not available. It was felt that the number of complaints against clinics in the states could have increased manifold had the audit reports been acted upon properly.

**TABLE NO. 6: COMPARATIVE ANALYSIS – DISTRICT APPROPRIATE AUTHORITY**

Sl.	States	CONSTITUTION	FUNCTIONING				
		District Magistrate/Collector appointed as Appropriate Authority	Quarterly ATR sent to the State	Regular Audit of Form F	Maintenance of Form H	Circulation of agenda & minutes among DAC members	Separate bank accounts in the districts for keeping funds
1	Bihar	x	✓	x	✓	✓	✓
2	Chhattisgarh	✓	✓	✓	✓	✓	x
3	Delhi	✓	✓	✓	✓	✓	✓
4	Haryana	x	✓	✓	✓	✓	✓
5	Himachal	x	✓	✓	✓	✓	✓
6	Maharashtra	✓	✓	✓	✓	✓	✓
7	Punjab	x	✓	✓	✓	✓	✓
8	Rajasthan	✓	✓	✓	✓	✓	✓
9	Tamil Nadu	x	✓	✓	✓	x	x
10	Uttar Pradesh	✓	x	✓	x	x	✓

# Current Structure and Status of Boards, Committees and Authorities in the States

## 1. Status with regard to SSB:

### BIHAR

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- As per the information provided by the state partners, the present SSB in Bihar was reconstituted in January 2013 and notified in June 2013.
- There are 22 members in the present SSB.
- As seen in the past, SSB meeting does not take place regularly every four months. Moreover, no meeting of the SSB has been conducted since its formation in 2013.
- The key issues discussed in the meeting are instructions for inspection, registration fees, IEC, awareness generation programs, toll free number for complaints, constitution of SIMC in the state, active tracker and GPS for monitoring of centres, online filing of Form-F and mobile centres.

### CHHATTISGARH

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- The present SSB was reconstituted in June 2013. According to the civil society partners SSB has been notified in Chhattisgarh.
- There are 22 members in the present SSB.
- The SSB meeting does not take place regularly; only one meeting was held in the year 2013 on 27<sup>th</sup> September 2013. Moreover, the SSB could not meet in full strength in this meeting due to absence of representatives from the social field.
- Generally the duration of the meetings is 2 hours; the SAC does a follow up of previous discussions in the meetings.
- The present SSB in Delhi was constituted in 2011. As per the information provided by the civil society partners the SSB has been notified vide government order. There are 17 members in the current SSB.
- The SSB meetings take place regularly every four months. Three meetings were held in 2013 and were attended by all 17 members. The duration of these meetings varied between one to two hours.
- It was found that the SSB does not do a follow-up of previous meetings and discussions.
- The key issues discussed in the meetings were; notice for late submission of Form-F, follow up of all pending cases and

### DELHI

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submission of report to the state, districts to file court cases against ultrasound centres, capacity building workshops, amendments in PCPNDT Act, mapping of registered and unregistered centres, inclusion of CT, MRI, ECHO machines and veterinary clinics, less representation of Delhi Medical Association (DMA) in 2011.

## **HARYANA**

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- The present SSB was constituted in February 2011 in Haryana and it has been notified by the State Government through gazette dated 22<sup>nd</sup> February 2011. There are 20 members in the current SSB.
- The SSB meeting does not take place regularly every four months. Only two meetings had taken place in 2013 against mandated three on 3<sup>rd</sup> April 2013 and 7<sup>th</sup> October 2013.
- Quorum in the last two meetings held in 2013 was complete. A maximum of 15 members were present in both the meetings and the dropouts were mostly ex-officio members.
- The key issues discussed in the meetings were inclusion of PCPNDT in training curriculum of doctors/nurses, identity proof for ultrasound test, training of PRIs, IEC, and demonstration of machines, mobile vans, registration by Medical Council of India (MCI), and the registration of veterinary clinics.
- The duration of these two meetings was around two hours.

- It was found that SSB does a follow-up of previous discussions/meetings.

## **HIMACHAL PRADESH**

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- The non-officials members were removed from the SSB immediately after the new government came into power in 2013. The SSB has not been reconstituted since.
- As per the information available, no SSB meeting has taken place in 2013. The last meeting was held in October 2012.

## **MAHARASHTRA**

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- The present SSB in Maharashtra was constituted in March 2011 and it was subsequently notified as informed by civil society partners.
- There are 22 members in the present SSB.
- The SSB meeting takes place regularly at an interval of four months. Three meetings were held in the year 2013 on 13<sup>th</sup> February, 3<sup>rd</sup> May and 3<sup>rd</sup> October.
- Quorum was complete in both the SSB meetings held in 2013, even though not all members participated in these.
- The key issues discussed in the meetings were – action taken by medical council on a proposal sent by single window system, providing guidelines for preparing panchnama, reserving 10 percent hoardings at the corporation for awareness generation, instructions regarding online Form-F, display of SRB in private and government hospitals,

meetings and workshop of Assistant Government Pleaders (AGP) and Additional Public Prosecutors (APP), speedy disposal of PCPNDT cases, committee on scrap, immediate action on new registration and approval for new MTP centres.

- Generally duration of the meetings is between two to three hours.
- The SSB does a follow-up of previous discussions and meetings.

### **PUNJAB**

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- The last SSB was constituted in February 2011 and it has been notified according to the civil society partners.
- While the earlier SSB had 21 members, the current SSB is still being reconstituted.
- The SSB meeting does not take place every four months. In 2013, only one meeting was held on 27th May 2013.
- Quorum in this meeting was complete. However, three women MLAs had failed to attend in this meeting.
- The key issues discussed in the meeting were sale and refurbishment of used ultrasound machines, registration of ultrasound machines used for veterinary purposes and the qualification of performing doctors.
- The duration of the SSB meeting is usually two to three hours.

- The SSB does a follow-up of previous discussions/meetings.

### **RAJASTHAN**

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- The present SSB was constituted in March 2011. As per information provided by civil society partners, the SSB was notified vide notification dated 1<sup>st</sup> April 2011.
- There are 10 members in the current SSB.
- The SSB meeting does not take place regularly every four months. Only two meetings were held on 2<sup>nd</sup> February 2013 and 5<sup>th</sup> August 2013 at a gap of six months but all members were present in both the meetings.
- The keys issues discussed during these meetings were decoy operations, community participation, awareness, court cases and ATR.
- Generally the duration of SSB meeting is around three to four hours.
- The SAC does a follow-up of all previous meetings.

### **TAMIL NADU**

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- The SSB was first constituted in 2005 in Tamil Nadu but it has not been reconstituted since. Presently, there is a proposal to reconstitute it after the 2014 Lok Sabha Elections.

## UTTAR PRADESH

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- According to the information provided by the civil society partners the present SSB was constituted in June 2013 in Uttar Pradesh and has been notified.
- There are 21 members in the present SSB.
- The SSB meeting takes place every four months. All three SSB meetings were held in 2013 on 20<sup>th</sup> January 2013, 16<sup>th</sup> March 2013 and 3<sup>rd</sup> July 2013. The quorum was complete in all these meetings.
- The SSB does a follow-up of previous discussions/meetings and generally the duration of its meetings is around two hours.

## 2. Status with regard to SAC:

### BIHAR

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- The SAC in Bihar was constituted eight years ago and it is not functional at present. Therefore, no information with regard to its composition, meetings, agenda etc. is available.

### CHHATTISGARH

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- The first SAC was constituted in 2001 in Chhattisgarh. The same committee is still in place without any changes.
- The ongoing SAC has eight members. Three representatives from medical field include two government employees and one private practitioner.
- The SAC meetings are held whenever needed, not necessarily at a regular interval of 60 days. Only one meeting was held in 2013 on 7<sup>th</sup> May 2013 and it was not attended by members from the social field.
- The agenda for the meeting was implementation of the PCPNDT Act. The SAC usually does a follow-up of the previous discussions/meetings.
- Generally, the duration of the meeting is one hour. It was found that the members usually get advance notice however they are not provided travelling and daily allowances (TA/DA) for attending the SAC meetings. The minutes are always shared with the members.

### DELHI

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- The SAC was reconstituted in January 2012 in Delhi. There are eight members in the current SAC. Appointment of its five members has been done by designation and name of the institution. The names of the members are not mentioned.
- The SAC meeting takes place regularly every 60 days; the duration of these meetings varies between one to one-and-a-half hours. Members mostly get advance notice; the minutes are shared with them and the SAC also does a follow up of previous meetings and discussions. It is usually the doctors who do not attend meetings opposing the criminalising of fellow doctors.
- TA/ DA is provided to the members for attending the SAC meetings.
- The issues that were discussed in 2013 include a complaint against "Saras Salil magazine", NIMC visit and a district-wise performance report.

### HARYANA

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- The present SAC was constituted in October 2012 in Haryana. There are eight members in the present SAC.
- Of the three representatives from medical field, two are government employees and one is a private medical practitioner.
- The SAC meeting does not take place regularly every 60 days. In 2013, only

two meetings were held with quorum on 28<sup>th</sup> June 2013 and 24<sup>th</sup> October 2013.

These however were delayed due to the unavailability of the chairperson.

- The SAC did not meet in full strength in any of the meetings held in 2013. The key issues discussed in the meetings included show cause notice, disciplinary action on DAAs and IVF centres.
- The SAC always does a follow-up of previous discussions/meetings and generally the duration of the meeting is between two to three hours.
- The SAC members get their TA/DA for attending its meetings.
- Members get advance notice for the meetings as well and the minutes are always shared with them.

## HIMACHAL PRADESH

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- The SAC is not fully constituted in the state. After the change of government in 2013, the non-official members of the SAC were removed.
- At present, there are 10 members (six officials and four doctors) in the SAC. This is against the provision of the Act. NGO members are yet to be appointed.
- The SAC meetings do not take place regularly every 60 days. Only two meetings were convened in 2013 on 27<sup>th</sup> June 2013 and 30<sup>th</sup> December 2013 and the quorum was completed in both the meetings.

- The key issues discussed in the meetings were system for tracking pregnancies, training of medical officers in sonography, award for blocs with best CSR, NIMC visit and its recommendation, court cases, sensitisation of stakeholders involved in implementation of the Act, reserving a seat for single girl child in educational institutes, publicity of cases registered in 2007 under the PNDT Act.

- The SAC does a follow-up of previous discussions/meetings, minutes of previous meetings are shared and the ATR is discussed in the beginning of the meetings.
- The duration of the meetings is between four to five hours.
- TA/DA is paid only to non-official members. The officials from other departments are required to claim the same from their respective departments.
- The members get seven clear days notice for the meeting. No urgent meeting has been called so far. Minutes of the meeting are not shared after every meeting despite requests from its members.

## MAHARASHTRA

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- The present SAC in Maharashtra was constituted in July 2011.
- Presently, there are seven members in the SAC.
- Three representatives from the medical field are government employees, though this is not required by the Act.

- The SAC meeting does not take place regularly every 60 days. Only two meetings were held in 2013, the dates are 25<sup>th</sup> June 2013 and 26<sup>th</sup> July 2013. The quorum was complete in both meetings.
- The SAC could not meet in full strength in 2013 as the doctors and government representatives were absent.
- The key issues discussed in the last two meetings were appeal under Rule 19 (2) of PCPNDT Act, planning decoy operations, quarterly inspection of centres, filing of online Form-F, action on non-filling centres, reconstitution of DAC, crash drive of centres and discussion on outcome, analytical study of Form-F, disposal of pending cases, organising training programmes for AGP in the high court for speedy disposal, reconstitution of the SAC and hearing at the state medical council.
- The SAC members get advance notice for meetings but they do not get TA/DA for attending the meetings.

## **PUNJAB**

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- The last SAC was constituted in 2010 in Punjab.
- The current SAC is being reconstituted. The earlier SAC was fully constituted and had eight members.
- The SAC meeting does not take place regularly every 60 days; the last meeting was conducted on 15<sup>th</sup> January 2013 with complete quorum.

- Some of the issues discussed in the meetings included - SIMC visit, involvement of NGOs during inspections and speedy trial of cases.
- The SAC does a follow-up of previous discussions/meetings.
- The duration of SAC meeting is roughly three hours.
- SAC members do not get TA/DA for attending the SAC meetings.
- Members get advance notice for the meeting and the minutes of the SAC meeting are shared with the members.

## **RAJASTHAN**

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- The SAC was reconstituted in March 2011 in Rajasthan.
- There are eight members in the current SAC.
- Meeting of the SAC does not take place every 60 days. Three meetings were held in 2013 on 27<sup>th</sup> January 2013, 1<sup>st</sup> May 2013 and 27<sup>th</sup> September 2013. After September 2013, no meeting took place due to the assembly elections.
- The key issues discussed during these meetings were inspection report, decoy operations, mukhbir yojna and the court cases.
- The SAC follows up the decisions taken in the previous meetings and generally the duration of its meeting varies between three to four hours.

- The SAC members do not get TA/DA for attending the meetings.
- All members get 15 clear days notice. In case of an urgent meeting, they are informed through phone, sms and email.
- Minutes of the meeting are shared with all the members.

### **TAMIL NADU**

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- The SAC in Tamil Nadu was constituted in 2005 and it is still continuing.
- Other details of the SAC were sought through RTI but could not be retrieved.

### **UTTAR PRADESH**

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- The present SAC was constituted in February 2013.

- There are eight members in the present SAC.
- All members from the medical field are government employees; even though this is not required by the Act.
- The SAC meetings are not held regularly every 60 days. The last meeting of SAC was held in June 2013.
- The duration of its meetings is between one to two hours.
- The SAC members do not get TA/DA for attending the meetings.
- Generally, the members get advance notice for the meeting.

### 3. Status with regard to DAC:

#### BIHAR

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- The DAC is fully constituted in every district of the state and there are 10 to 13 members in each of the DACs (against the provision of eight members as mentioned in Section 17 [6]). There exists no selection procedure for the DACs. Three representatives from medical field in the DACs are government employees, though it is not required by the Act.
- Only 3-4 districts call DAC meetings regularly every 60 days. Usually, members get seven days advance notice with agenda for the meetings; however, the members do not get TA/DA for the DAC meetings they attend in the districts. The minutes are shared with its members but not with the SAA.
- It was found that the DAC members are consulted by the DAAs on matters of granting and suspending registration, filing court cases and conducting inspections.

#### CHHATTISGARH

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- The DAC has been constituted in all the districts in Chhattisgarh.
- There are eight members in each of the DACs. Members of DAC are selected with the consent of the DAA and the minister in-charge of the district. Three representatives from medical field in DACs are government employees and private practitioners.

- The DAC meetings take place regularly every 60 days. Members get seven days advance notice for the meeting but the members do not get TA/DA for the meetings they attend in the districts. Minutes of the DAC meeting are shared with the members as well as with the SAA.
- It was found that DAC members are consulted by the DAAs on the matter of granting and suspending registration, filing court cases and conducting inspections.

#### DELHI

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- The DACs are fully constituted in every district of Delhi. Each DAC has eight members; selection procedure for the members is not well worked out. Many organizations without any work on the issue are selected.
- Three representatives from medical field in the DACs are government employees, even though this is not required by the Act.
- The DAC meetings take place every 60 days in the districts, but NGO members are informed late making it difficult for them to attend the meetings.
- The DAC members are consulted by the DAA on the matter of granting and suspending registration, filing court cases and conducting inspections.

- Not all DACs provide the travelling and daily allowances to its members for the DAC meetings they attend in the district.
- Minutes of meeting are shared with members as well as the SAA.

## HARYANA

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- The DAC has been constituted across the 21 districts of Haryana.
- There are eight members in each of the DACs.
- The selection of DAC members is done by the DAA.
- Three representatives from medical field in DACs are appointed as per the availability but the preference is given to government employees.
- In almost all districts, the DACs meetings take place every 60 days. Failing to do so, the state takes strict action with a call for explanation. In some cases, it is delayed due to transfer, vacant post or promotion etc.
- It has been observed that representatives from the medical field do not attend meetings.
- The DAC members are consulted by the DAAs on matters of granting and suspending registration, filing court cases and conducting inspections.
- All members of the DAC get TA/DA for attending meetings as per grade-I and the government representatives get it as per their entitlements.

- All members get seven days advance notice for the meeting.
- Minutes of the DAC meetings are shared with its members and key decisions are shared with the state through e-mails and by hard copies.

## HIMACHAL PRADESH

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- The DACs are incomplete in all the districts in Himachal Pradesh. After the change of the state government in 2013, non-official members were terminated. New members have not been appointed thereafter.
- In all the 12 districts, the DACs presently comprise three to five members.
- It was told that DAAs/CMOs in Himachal have no role in the selection of the NGOs.
- Representatives from the medical field in DAC are government employees; though it is not required by the Act.
- The DAC meetings take place regularly at a gap of 60 days. Sometimes these are postponed due to the unavailability of DAAs.
- The DAC members are consulted by DAAs for conducting inspections. In case of granting and renewal of registration, information is provided to the members during the meeting.
- The DAC members do not get TA/DA for the DAC meetings they attend in the districts.
- Members get advance notice for the meetings and the minutes are shared with the members as well as with the SAA.

## MAHARASHTRA

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- The DAC has been fully constituted in every district of the state.
- Currently, there are eight members in each DAC.
- The members are selected by the Civil Surgeon in consultation with the District Collector.
- Three representatives from the medical field are government employees.
- The DAC meetings take place regularly every 60 days in the districts. Mostly, all members attend the meetings.
- The DAC members are consulted by DAAs on matters of granting and suspending registration, filing court cases and conducting inspections.
- Members of the DACs do not get TA/DA for the meetings they attend in the district.
- The DAC members get seven days notice for the meeting and three days clear notice in case of an urgent meeting.
- Minutes of the DAC meetings are shared with the members and that with the SAA.

## PUNJAB

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- The DAC is fully constituted in every district of the state.
- There are seven to 11 members appointed in each district against the provision.
- Three representatives from the medical field in the DACs include both private and government practitioners.

- The DAC meetings mostly take place every 60 days in the district but the government doctors and NGO representatives do not attend the meetings.
- The DAC members are consulted by the DAA on matters of granting and suspending registration, filing court cases and conducting inspections.
- Members of the DAC do not get TA/DA for the DAC meetings they attend in the district.
- The DAC members get seven clear days notice for the meeting and in case of an urgent meeting three days clear notice is sent.
- Minutes of meeting are shared with its members but not with the SAA.

## RAJASTHAN

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- The DACs are not fully constituted as the non-official members have not been nominated. The present DACs have only five members.
- Three representatives from medical field are government employees even though this is not required by the Act.
- The DAC meetings take place regularly every 60 days in every district. All appointed members (5) attend the meetings.
- The DAC members are consulted by the DAA on matters of granting and suspending registration, filing court cases and conducting inspections.

- Members of the DAC do not get TA/DA for the DAC meetings they attend in the district.
- The DAC members get 15 days clear notice and in the case of urgent meeting members are informed through SMS/ call/ email.
- Minutes of the DAC meetings are shared with the state as and when required.

### **TAMIL NADU**

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- The DACs have been constituted in every district of the state with eight members each.
- There is no standard procedure for the selection of the DAC members.
- Three medical representatives from the medical field are government employees.
- The DAC meetings do not take place regularly every 60 days.
- Generally, APP and Public Relation Officer/Mass Education and Information Officer of the District Family Welfare Bureau do not attend the meetings.
- The DAC members are consulted before granting registration but they are not consulted before conducting inspections.
- The DAC members do not get TA/DA for the meetings they attend in the district.

- The DAC members mostly get seven days advance notice for the meeting.
- Minutes of the DAC meeting are shared with its members and with the SAA.

### **UTTAR PRADESH**

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- The DAC is constituted in every district of the state but in some districts the committee is not formed according to the provision. For instance, the DAC in some districts consist of more than eight members that is against the provision.
- The DACs members are selected by the DAAs or CMOs in the districts.
- In most of the districts, medical representatives in the DACs are government employees.
- The DAC meetings do not take place regularly every 60 days.
- The DACs are not consulted by DAAs on matters of granting and suspending registration, filing court cases and conducting inspections.
- The DAC members do not get TA/DA for the meetings they attend.
- In many districts, DAC members do not get seven days advance notice for the meeting. However, the minutes of the DAC meeting are shared with the members and that with SAA.

## 4. Status with regard to SIMC:

### BIHAR

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- The first SIMC was constituted in Bihar almost seven to eight years ago and it has not been functional. The SIMC was reconstituted in 2013 that includes six officials from the state government.

### CHHATTISGARH

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- The SIMC has not been constituted in Chhattisgarh. Therefore no information is available.

### DELHI

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- As per the information provided by the State PCPNDT Cell, the SIMC in Delhi constitutes of 18-20 members and this includes members from the social field. Presently, the SIMC is being reconstituted in Delhi.
- No yearly target is set for inspections of clinics. It was found that the previous SIMC had visited all the nine districts in the State.
- Serving show-cause notices, sealing of clinics and filing of court cases are some of actions taken by the SIMC in the past to strengthen the implementation of the Act.

### HARYANA

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- SIMC also known as State Task Force (STF) has been constituted in Haryana. The present SIMC/STF was constituted in December 2011.

- There are 10 members in the current SIMC/STF.
- Training on inspection has been conducted for the SIMC/STF members at the state level. However, no meeting of SIMC/STF to discuss strategies has been called since its formation.
- The SIMC/STF had conducted 14 inspections in 2013 against the yearly target of 12. However, these inspections were conducted only in six districts of Haryana.
- Five of the 10 SIMC/STF members, have not gone for inspections even once.

### HIMACHAL PRADESH

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- The State Task Force or SIMC was constituted in Himachal Pradesh in 2012.
- All three members in the present SIMC are from the directorate.
- Training on inspections has not been conducted for the current SIMC by the state.
- No specific and formal meeting of SIMC has taken place in 2013.
- The annual target of inspections has not been fixed. In 2013, SIMC conducted inspection of only one hospital in Shimla.

### MAHARASHTRA

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- The SIMC was constituted under the Chairpersonship of the President, State Commission for Women but this post

was vacant till January 2014, hence the SIMC was not functional. Therefore, no information with regard to its composition, meetings, agenda etc. is available.

## **PUNJAB**

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- The present SIMC was constituted in March 2012 in Punjab.
- There are 24 members in the present SIMC team.
- Training on inspections was conducted by the state in the SIMC meeting held in April 2012. Training was further imparted during zonal workshops of the SIMC.
- Planning meeting with its members has been called thrice since its formation.
- Though there is no fixed yearly target for inspections, yet 41 clinics/hospitals were inspected by the current SIMC team in 2013 across the 14 districts.
- Surprise inspections are conducted on a regular basis by the SIMC.

## **RAJASTHAN**

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- The present SIMC was constituted in November 2013
- There are seven members under the current SIMC and it is divided into two teams. The first team consists of three members while the second has four members.
- Training on inspections has been conducted for the current SIMC by the state.

- The SIMC members are also invited to attend SAC and SSB meetings.
- Though there are no fixed yearly targets for inspection, two inspections are conducted every month.
- The current SIMC team had conducted 25 inspections in four districts last year. All its members had participated in the inspections.
- Steps taken by the SIMC to strengthen the implementation of the Act include - ceasing non-registered ultrasound centres, conducting decoy operations and monitoring of the court cases.

## **TAMIL NADU**

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- The SIMC was constituted in January 2014 for the first time in Tamil Nadu. It has yet to start functioning.

## **UTTAR PRADESH**

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- The present SIMC was constituted in May 2013 in the state.
- There are three members in each SIMC team (2).
- Training on inspections has not been conducted for the current SIMC by the state.
- No planning meeting of SIMC members has been called till date.
- There is no fixed target of inspections for SIMC. Since June 2013, only 10 centres were inspected in six districts.
- The SIMC keeps a track of inspections conducted.

## 5. Status with regard to SAA:

### BIHAR

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- Appropriate Authority at the state level has not been constituted as per the provision. Only Director in Chief, Health Services is appointed as SAA. The other two members are yet to be appointed.
- The state officials have visited 1,584 clinics, of which 95 centres were sealed, 235 registrations were cancelled and 36 centres were closed down and FIR was lodged against 165 centres during 2012 and 2013.
- Action Taken Report (ATR) is not sent regularly to the Central Government. Also, the state does not receive the sales report every quarter from the supplier/dealer of ultrasound machines. The date of the last quarterly sale report received by the state could not be retrieved.
- Two state level trainings were conducted in 2013 (one state level training for DAAs in June 2013 and another training for judiciaries, DAAs and public prosecutors in September 2013). Trainings were conducted by a CSB member, MD-NRHM, Madhya Pradesh and the law officer from Jharkhand.
- In order to prepare court cases, the state takes inputs from the DAC, the public prosecutor, activists/NGO representatives. However, information about number of appeals (by medical practitioners) heard by the SAA in 2013 was not available.

- The budget received by the State for the financial year 2013-14 to implement the PCPNDT Act was Rs. 52.27 lacs.

### CHHATTISGARH

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- The multi-member Appropriate Authority at the state level has been constituted as per the provisions of the Act.
- The state sends its quarterly ATR to the Central Government and receives the same from the districts on a regular basis. In addition, the SAA also receives the sales report regularly from the supplier/dealer of ultrasound machines in the state.
- No training has been conducted for the judiciaries in the state. A proposal has been sent to the NRHM for the training of DAAs and public prosecutors.
- However, the nodal officer has called three trainings in general during the year 2013-14. Trainers included members of SAA, nodal officer and a consultant.
- State prepares court cases with the help of the DAAs.
- No appeal was made to the SAA by the clinics in 2013.
- Rs. 46 lacs were sanctioned by the National Rural Health Mission (NRHM) in 2013-14 towards salary, mobility support and incentives for the informers.

## DELHI

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- Appropriate Authority at the state level has been constituted as per the provisions of the Act. However, no concrete step has been taken by the SAA to implement the Act; inspections are irregular and decoy operations are negligible in Delhi.
- The state sends its quarterly ATR to the Central Government and receives the same kind of ATR from the districts regularly.
- The SAA does not receive the sales report every quarter from the supplier/dealer of ultrasound machines in the state.
- The state has conducted three trainings for DAAs in 2013; the trainers were NGO representatives, activists and doctors who are not always related to the issue. No trainings were conducted for the judiciary or public prosecutors for the effective implementation of Act in 2013.
- Only public prosecutors help the state in preparing court cases.
- Budget received by the state for the financial year 2013-14 towards implementing the PCPNDT Act was roughly between Rs. 50 to 60 lacs; the exact figures for this financial year could not be ascertained.
- Regular inspections are conducted to implement the Act. In addition, the team also visits on specific complaints.
- State regularly sends its quarterly ATR to the Central Government. The last ATR was sent in January 2014.
- The state receives ATR regularly from the districts as well. The last ATR was received from 21 districts in January 2014.
- The SAA receives quarterly sale report from the supplier/dealer of ultrasound machines in the state. The last sale report was received for the quarter ending December, 2013.
- Only one state level training workshop was organised in April 2013 for the members of the District Legal Services Authority (DLSA) and DAAs. The training was conducted by the senior experts on PNDDT.
- It was mentioned that the state law officer helps the state in preparing the court cases.
- A total of 71 appeals were heard by the SAA in 2013, out of which nine were decided.
- For the financial year 2013-14, a budget of Rs. 71.31 lacs was received by Haryana state to implement the PCPNDT Act.

## HARYANA

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- Members of the multi-member SAA have been appointed as per the provisions of the Act.

## HIMACHAL PRADESH

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- Multi-member Appropriate Authority at the state level is incomplete. The woman representative in SAA has not

been nominated after the change of government in 2013.

- The SAA has given a target of one inspection per quarter to DAAs. There is a provision of Rs. 10,000/- as incentive to informers giving information about illegal practices and Rs. 5 lacs as an incentive to blocs for improving the child sex ratio. Over 700 surprise inspections were conducted between April 2013 and January 2014.
- The ATR is sent monthly as well as quarterly to the Central Government by the SAA. The last quarterly ATR was sent in January 2014 for the period between October and December 2013.
- The state receives the ATR from the districts regularly. The last ATR from the districts was received in January 2014.
- The state receives the sales report every quarter from the supplier/dealer of ultrasound machines.
- The SAA has not conducted any training for the judiciaries, DAAs and public prosecutors in 2013.
- No case was filed by the SAA in 2013 and no appeal was heard.
- For the financial year 2013-14, the state received Rs. 109.5 lacs under the PNDT Act.

## **MAHARASHTRA**

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- Multi-member Appropriate Authority at the state level has been constituted as per the provisions of the Act.

- Various guidelines have been issued by the SAA to implement the Act. These include guidelines on decoy cases, filing court cases, preparing the panchnama etc.
- The state regularly sends its quarterly ATR to the Central Government. The last ATR was sent in February 2014.
- The state receives the ATR from districts regularly; 45 districts/corporations have submitted its ATR in December 2013.
- The SAA regularly receives the sales report from the supplier/dealer of ultrasound machines. The last sales report was received in December 2013.
- In 2013, no training was conducted for judiciaries by the state. The state however, has conducted 13 trainings for DAAs and three trainings for the public prosecutors in 2013. The trainers included medical representatives, senior lawyers and activists.
- The DAC members, public prosecutors, legal counselors and vigilance squad help the state in preparing the court cases.
- A total of 10 appeals were heard by the SAA in 2013.
- The state received Rs. 291.68 lacs for the financial year 2013-14 to implement the PCPNDT Act.

## **PUNJAB**

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- Multi-member Appropriate Authority at the state level has been constituted as per the provisions of the Act.

- The SAA conducts regular inspections to ensure implementation of the Act.
- The SAA sends ATR regularly to the Central Government.
- The state receives ATR from the districts regularly; the last ATR was received in December 2013.
- The SAA does not receive sales report for every quarter from the supplier/dealer of ultrasound machines.
- Divisional level workshops were conducted for the DAAs in 2013. However, no training was conducted for the judiciaries or public prosecutors in 2013.
- Trainers at the workshop included Director Health Services (FW), Chairperson SIMC, GOI representative, District Attorney of the concerned district.
- Three appeals were heard by the SAA in 2013 out of which two were disposed of.
- For the financial year 2013-14, the state received Rs. 142.26 lacs to implement the Act.

## **RAJASTHAN**

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- Multi-member Appropriate Authority at the state level has not been reconstituted after the assembly elections held in November 2013.
- Inspections are done by the SIMC and decoy operations are conducted under the mukhbir yojna in the state.
- The ATR is sent by the state regularly to the Central Government. The last ATR

was sent in February 2014 for the period October 2013 to December 2013.

- The state receives the ATR regularly from the districts. The last ATR for all the districts was received in January 2014.
- The SAA receives the sales report every quarter from the supplier/dealer of ultrasound machines in the state. The last sales report was received in February 2014.
- No training was conducted by the state for the judiciaries, the DAAs and the public prosecutors in 2013.
- The state prepares court cases with the help of the SAC, the Crime Branch, State PCPNDT Cell and the public prosecutor.
- 12 cases were heard by the SAA in 2013 and the decisions taken by DAAs were left unchanged.
- A budget of Rs. 160 lacs was received by the state for the financial year 2013-14 to implement the PCPNDT Act.

## **TAMIL NADU**

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- A multi-member Appropriate Authority at the state level has not been constituted as per the provision of the Act.
- The state does not send its quarterly ATR to the Central Government regularly. The last report was sent in April 2012.
- The state receives the quarterly ATR from the districts on a monthly basis.
- The state has not conducted any training for the judiciaries, DAAs and public prosecutors in 2013.

- It was found that public prosecutors and legal persons in the state help in drafting the complaints/court cases.

## **UTTAR PRADESH**

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- Multi-member Appropriate Authority at the state level has been constituted as per the provisions of the Act.
- Step taken by the SAA to implement the Act include regular inspections but that is limited to a few districts.
- The state sends its quarterly ATR to the Central Government regularly. The last ATR was sent in February 2014. Similarly, the state receives ATR from the districts on a regular basis.
- The state also receives sales report from suppliers/dealers of ultrasound machines regularly. The last sales report was received in February 2014.
- The state has conducted trainings of the Chief Judicial Magistrates (CJM) in four batches. Training was also conducted for DAAs. In addition, public prosecutors were orientated during a meeting called by the prosecution department. The resource persons included senior demographer, senior lawyer, CSB member, doctors and social activists.
- The state is helped by Director General, Family Welfare and Joint Director, Family Welfare in preparing court cases at the state level while at the district level cases are drafted by District Government Counsel (DGC) and Sr. Prosecuting Officer (SPO), Health and Family.
- In 2013, 10 cases were heard by the SAA and decision was taken in two cases.
- The state received a total budget of Rs. 247.12 lacs for the financial year 2013-14 under the PCPNDT Act.

## 6. Status with regard to DAA:

### BIHAR

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- Bihar has not followed the office memorandum issued in February 2007 by the PNDT Division, the MoHFW, Govt. of India regarding the appointment of the District Magistrate as Appropriate Authority at the district level. Presently, Civil Surgeons cum Chief Medical Officers (CMO) are working as DAAs in Bihar.
- As far as action is concerned, regular inspections are being conducted by the Civil Surgeon/CMOs. But not all districts send their ATR regularly to the SAA.
- Form-F(s) are received in the districts but it is often not reviewed and verified by the DAAs. Form-H (registration related permanent record of a centre) is said to be maintained as mandated under the Act.
- Physical verification of information provided by the clinics/hospitals applying for registration under the Act is done by the District Inspection and Monitoring Committee (DIMC) along with Nodal officer (PNDT) or the DAA.
- The practice of the districts consulting the state on the matter of drafting the court complaints was found to be absent. This may be due to absence of cases.
- DAAs circulate the agenda of the meeting as well as the minutes of the meeting among the DAC members.
- There are separate bank accounts in the districts for keeping funds generated

through registration/renewal and Civil Surgeon is the authorized signatory. Funds are mainly utilized for awareness building. Approximately Rs. 1.5 lacs was sanctioned to each of the districts for the financial year 2013-14 to implement the Act.

### CHHATTISGARH

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- Chhattisgarh has appointed District Magistrate/District Collector as AA at the district level. We were told that regular inspections are conducted by the DAAs to implement the Act.
- The DAAs regularly send the quarterly ATR to the state. Analysis of Form-F is also done randomly but on a regular basis. The DAAs maintain Form-H as mandated under the Act and delegate their power to the officials for the physical verification of information provided by the clinics/hospitals before granting them registration.
- Court cases are handled at the state level and districts have no role to play, as informed.
- Agenda as well as minutes of the meeting are circulated among DAC members.
- There is no separate bank account in the districts as no funds are generated at their level. The funds generated through registration/renewal in the districts are deposited with the state.

- Funds are spent on legal processes, staff, IEC etc. and there is a separate guideline for this.
- Budget in 2013 was sanctioned to 11 districts for "mobility support" and to five "focus" districts towards the payment of data entry operators.

## **DELHI**

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- District Collectors have been appointed as AAs at the district level.
- Irregular inspections are done by the DAAs.
- Quarterly ATR is sent to the SAA regularly.
- Form-F is filled in all districts. In East District, because of the proactive role of a few DAC members Form-F are properly analyzed and checked.
- Form-H (registration related permanent record of a centre) is maintained but columns are mostly incomplete.
- The Nodal officers/SDMs/AC members go for the physical verification of information provided by the clinics/hospitals before granting them registration under the Act.
- Usually DAAs do not consult the state before or during drafting court complaints.
- The agenda and the minutes of the meeting are circulated among the DAC members in all the districts.
- The districts in Delhi maintain a separate bank account for keeping funds generated through registration/renewal. These funds are spent on advertisements and workshops to create awareness. Major

activities are seen only in the month of March, and there is no initiative on part of the DAAs otherwise.

- In 2013-14, a total of Rs. 13.5 lacs was sanctioned for awareness generation in all the 11 districts.

## **HARYANA**

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- Haryana has not appointed District Magistrate/District Collector as AA at the district level.
- There is multi-member DAA in the districts of Haryana. It includes a civil surgeon, a representative WCD and a district attorney.
- They regularly conduct inspections in the districts and send their quarterly ATR to the state. In addition, DAAs also send monthly reports to the state.
- The DAAs conduct medical audit of Form-F regularly.
- Form-H (registration related permanent record of a centre) is being maintained as mandated under the Act.
- Physical verification of information for registration is done by the members (Dy. CMO/Sr. medical officers of concerned health facility) nominated by DAAs. before granting registration to clinics, issues and reports are discussed in the DAC meetings by the DAAs.
- DAAs consult the State before or during drafting the court complaints, if needed. Law officers are appointed in each of the districts for the purpose.

- DAAs circulate the agenda as well as the minutes of the meeting among their members.
- A separate bank account in the districts is maintained for keeping funds generated through registration/renewal. District nodal officer (District Family Welfare Officer) is the authorised signatory. The fund is utilised for need-based activities such as IEC, meetings and transportations.
- For the financial year 2013-14, a total of Rs. 25.85 lacs were sanctioned to all the 21 districts.
- Form-H is being maintained as mandated under the Act.
- Physical verification of information provided by the clinics/hospitals before granting them registration under the Act is done by the DMOs and clerical staff.
- No court complaint was filed by DAAs in 2013 across the state.
- DAAs circulate the agenda as well as minutes of meeting among the DAC members.
- Separate bank accounts are maintained in the districts for keeping funds generated through registration and renewal. The CMO is the authorised signatory of this account and the funds are spent on inspections and stationery.
- In 2013-14, a budget of Rs. 4 lacs was granted to each district for IEC related activities under the PNDDT Act.

## HIMACHAL PRADESH

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- Himachal Pradesh has not appointed the District Magistrate/District Collector as AA at the district level. CMOs are working as DAAs across all districts in Himachal.
- As far as action is concerned, surprise inspections are conducted by a team comprising the CMO or the District Medical Officer (DMO), bloc medical officer, doctors and clerical staff.
- In 2013, three-day workshops were organised for two to three batches of health workers and anganwadi workers. Declamation and debate competitions were also organised in colleges.
- The DAA regularly sends its ATR before 10th of every month to the SAA.
- Form-F(s) are submitted with DAA by 5th of every month, and these forms are then randomly checked.

## MAHARASHTRA

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- Maharashtra has followed the office memorandum issued in February 2007 regarding the appointment of the District Magistrate/District Collector as AA at the district level. District Collector, Municipal Commissioner, Civil Surgeon, Medical Officer of Health, Medical Superintendent of Rural Hospital, Sub Divisional Officer, tehsildar have been notified as AA for their respective jurisdiction by the state government.
- Some of the steps taken by the DAA for implementing the Act are decoy

operations (so far 67 cases) and regular quarterly inspections of ultrasound centres.

- The DAAs send their quarterly ATR to the SAA regularly.
- The DAAs maintain a hard copy of Form-F at the district level. Presently Form-F(s) are also being filled online by the clinics. These forms are analysed at the district and state levels.
- Form-H is being maintained as mandated under the Act.
- Physical verification of information provided by the clinics/hospitals before granting them registration is done by sub-district authorities.
- The DAAs do not consult the state before or while drafting the court complaints.
- Most of the DAAs circulate the agenda and minutes of the meeting among the DAC members.
- A separate bank account is maintained in the districts for keeping funds generated through registration/renewal. Civil Surgeon and Administrative Officer is the authorised signatory of the account.
- These funds are spent on the implementation of the Act, as per the guidelines issued by the state government in October 2012.
- Rs. 6.34 lacs per district was sanctioned by the NRHM for the financial year 2013-14 to implement the Act at the district level.

## **PUNJAB**

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- Punjab has not appointed the District Magistrate/District Magistrate as the Appropriate Authority at the district level. The civil surgeon is working as the DAA.
- Regular inspections are conducted by DAAs to implement the Act and the ATR is sent regularly to the SAA.
- Form-F is scrutinized and a follow-up is done in suspected cases.
- Form-H is also maintained by the DAAs as mandated under the Act.
- Physical verification of information provided by the clinics/hospitals seeking registration is done by the District Family Welfare Officer along with a person appointed by DAAs.
- Drafting of the court complaints is done either on advice from the District Attorneys or in rare case they go to private consultants.
- The DAAs circulate the agenda as well as the minutes of the meeting among the DAC members.
- Separate bank account is maintained in the districts for keeping funds generated through registration/renewal. The Civil Surgeon is the authorised signatory. The funds are spent on awareness building, meetings, court cases and other activities related to PCPNDT.
- The budget allocated to the districts varies between Rs. 4 to 5 lacs.

## RAJASTHAN

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- Rajasthan has followed the office memorandum of February 2007 regarding the appointment of District Magistrate/ District Collector as AA at the district level. However, Chief Medical and Health Officers (CMHOs) are authorised by the DAAs to conduct inspections and carry out related procedures on their behalf.
- Steps taken so far by the DAAs to implement the Act include regular inspections (four visits per month) by a team comprising the Sub-Divisional Magistrate (SDM) and CMHO.
- Decoy operations are conducted only in the state capital.
- The DAAs send their ATR to the SAA regularly on monthly and quarterly basis.
- Audit of Form-F is done by the PCPNDT Coordinators and an amount of Rs. 1 lac is allocated every year for the purpose.
- Form-H (permanent record) is maintained as mandated under the Act at the CMHO office.
- Physical verification of information provided by the clinics seeking registration is done by the sub-division AC and representatives of CMHOs.
- Complaints are filed in consultation with APPs in the district and the SAA is consulted on complicated matters by the DAAs.
- The agenda for the meeting is circulated by the DAAs among its members.

- The districts maintain a separate bank account and keep the funds generated through registration/renewal. District Collectors and CMHOs are the authorised signatory for that account in the districts. The funds available with the DAAs are used on IEC and related activities.
- The total budget sanctioned to the districts for the financial year 2013-14 to implement the Act is Rs. 121 lacs - an average of little over Rs. 3.5 lacs per district.

## TAMIL NADU

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- In Tamil Nadu, the District Collectors were functioning as DAAs till December 2013, however they were replaced by Joint Director of Health Services in each of the districts vide G.O. (Ms.) 308 dated 24<sup>th</sup> December 2013.
- No concrete action has been taken by DAAs for the implementation of the Act; very minimal inspection is done to monitor the violations. Even if there are any violations, only oral instructions are given in response.
- The DAAs send their quarterly ATRs to the SAA.
- No thorough audit of Form-F is conducted. However, Form-H is maintained as mandated under the Act.
- The Joint Director of Health Services goes for the physical verification of information provided by the clinics/hospitals before granting them registration under the Act.

- The DAAs consult the state before or during drafting court complaints but court complaints are filed rarely.
- The agenda of the meetings is not circulated prior to the DAC meetings by DAAs.
- The registration and renewal fee are drawn in the name of Director of Medical and Rural Health Services, the SAA. Demand Drafts are collected and sent to SAA by the DAAs. So the DAAs have no access and control over the fund.
- No budget was allocated to DAAs for the period 2013-2014 in Tamil Nadu.
- Timely reporting of ATR is not seen. Some of the reports are sent quite late, few districts don't even send the report to the SAA.
- In most districts, Form-H is not maintained. In some districts, the information/record related to registration of centres is available but not in prescribed format.
- Physical verification of information before granting registration to clinics is not done. Most of the records are just verified in the CMO office.
- The DAAs do not consult the state before or while drafting the court complaints.

## **UTTAR PRADESH**

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- Uttar Pradesh has followed the office memorandum issued in February 2007 regarding the appointment of District Magistrate/District Collector as AA at the district level.
- Regular inspections, serving show-cause notices and orientation of clinic owners and doctors on PCPNDT are some of the practices that are being sustained by DAAs.
- The agenda as well as the minutes of the meeting are not circulated among the DAC members.
- A separate bank account is maintained in the districts for which the authorized signatory is the CMO in some districts and the District Magistrate in some others. In most of these districts, the funds lie unutilized.

# Observations and Key Findings

Following highlights the findings and the concerns that were raised by the civil society members of the 10 states. A brief summary of their analysis and key observations is discussed in this section.

## BIHAR

In the last three decades, Bihar has shown a constant decline in the child sex ratio from 953 girls per 1000 boys in 1991 to 942 in 2001 and further to 935 in 2011.

Though the policy making body i.e. the SSB exists in Bihar for over a year it is not yet fully functional. The Advisory Committees at the state and the district levels are also not functional which is reflected in absence of regular meetings and follow up action. The law enforcing body, which is the Appropriate Authority (multi-member) in the state, has not been constituted as per norm. Civil society partners have raised concerns on the lack of action by the DAAs in case of violation of the Act. It was reported that DAAs are not acting consistently and become active only during the visits made by the Central Government authorities. Moreover, the state level inspection body (SIMC) that

was reconstituted in 2013 has not started functioning.

As has been elaborated earlier, the present condition of all boards and committees including Appropriate Authorities at the state and district level does not meet the prescribed norms. While basic structures have been put in place there appears to be lack of effort to make them functional.

## CHHATTISGARH

Chhattisgarh has witnessed a steep decline in its child sex ratio over the last three decades. The CSR declined from 984 in 1991 to 975 in 2001 and further to 969 in 2011.

Though the SSB has been constituted in the state its functioning has been unsatisfactory in terms of its periodic meetings and participation of members.

It was observed that the SAC meeting is held only when the officials feel the need for discussing matters related to a court case or when an appeal is made by any clinic. In addition, non-official members do not attend the meetings. This is indicative of the quality

of meetings and reflects lack of motivation among the members.

The level of functioning of the SAA is evident from the fact that there are only seven court cases filed in the state till date. Even if violations are reported to the SAA, the outcome is not known. As per the indicators, Appropriate Authorities at district level are appointed and are functioning as per the provisions, but the same is not reflected in the outcome. There are over 650 clinics registered in Chhattisgarh, but no details of inspection and action taken are available. The states were instructed to constitute the SIMCs in 2007; however Chhattisgarh hasn't formed its inspection team.

## **DELHI**

The child sex ratio in Delhi has registered a slight increase, standing at 871 girls per 1000 boys in 2011 against 868 in 2001 Census. The state, however, has not recovered from the deficit of 47 points registered between 1991 (915) and 2001 Census. Moreover, the child sex ratio in Delhi is far below the national average of 914 recorded in 2011.

Meetings of the policy making body (SSB) in Delhi are held, but required engagement with the issue seems to be missing; apart from SAA members, almost all district officials are called for these meetings. Civil society

partners feel that issues which are raised are not always taken up seriously and no feedback is given to the members. Concerns have also been raised on the role of representatives from the medical field. According to the civil society partners they are only keen to protect the interests of the fellow doctors, the legal representatives, if present have very little role. Not only do members attend the meetings, there are host of other officials from CMOs to DCs who are also present.

SAC Meetings are held, but members are not involved with the issues. Lack of clarity with regard to role among members has also been observed. The notice to DAC members like NGOs is often delayed, so it becomes difficult for them to attend the meetings at very short notice.

The mandatory meetings of the SAA are held but delivery and coordination as per the norms are missing. The issues are repeated in the meetings but no concrete outcome in terms of action is seen; also fallacies in reporting have been observed. Appropriate Authorities at the district level are functional. Notices are issued to clinics, but no action takes place. Result of surprise visits is usually in clinics' favour. The inspection body (SIMC) is not active consistently and becomes active only when there is a pressure from 'above' and even if inspections are conducted, these are not followed through.

## **HARYANA**

When it comes to child sex ratio, Haryana is the worst performing state in the country. The CSR in the state was recorded as 879 girls per thousand boys in 1991, 819 in 2001 and 834 in 2011. Despite the fact that the CSR has improved by 15 points in 2011, it has not recovered the deficit of 60 points witnessed between 1991 and 2001 Census.

As far as structure is concerned, all the bodies at state and district level are in place. It was reported that loopholes exist only at the level of functioning of these committees. The SSB meetings never witness full attendance of its members. Same is the case with the SAC wherein ex-officio members send their representatives or proxies to attend the meetings on their behalf. Lack of participation by members reflects their non-seriousness towards the issue.

It was observed that the SAA conducts inspections only when complaints are made. Pro-activeness on the part of the SAA is missing. Civil Society partners reported that the State is reluctant to conduct decoy operations citing bad experiences from previous attempts.

There are over 1500 centres registered under the PCPNDT Act in Haryana, however, SIMC/STF has inspected only 14 clinics in six districts last year. Every member of SIMC/STF does not participate in the inspection. Only the

Deputy Director, PNDT along with 3-4 other members go for it. By and large, the committees in Haryana have not been able to deliver as expected under the law.

## **HIMACHAL PRADESH**

The child sex ratio in Himachal has slightly increased from 896 girls per 1000 boys in 2001 to 909 in 2011, but a comparison with the 1991 Census reveals that this increase of 13 points is negligible against the steep decline of 55 points witnessed between 1991 and 2001 Census by the state.

At present, the SSB in Himachal is not functional, as non-official members were terminated even before they completed their tenure. The Advisory Committee expected to aid and advise the SAA has also not been constituted as per the provisions.

Political bias is evident as all the non-official members in the DACs in the state largely belong to the ruling party. Filing of complaints is absent in the state. Decoy operations, though important, are not being conducted.

It was reported that the DAAs do not take into consideration the advice of the SIMC on action against clinics. Though the state government claims to conduct over 700 inspections through the AAs and the SIMC in 2013 alone we did not find any Court complaint filed in the state.

## MAHARASHTRA

The child sex ratio in Maharashtra has declined by 19 points, from 913 girls per 1000 boys in 2001 to 894 in the 2011 Census. The CSR for the state in 1991 was a point above the national average (945).

Maharashtra has filed the maximum number of cases under the PCPNDT Act in the country. This can be attributed to seriousness of the AAs as well as coordination among the various committees at state, district and sub-district levels. Progress in the state is also due to the presence of proactive and vigilant civil society members in the committees.

Though the committees are functioning, certain level of political interference was reported in the appointment of the SSB and SAC members.

The decisions of the SAA were found to be in compliance with the law, DAAs have improved and become more vigilant while granting registrations. As per the information provided by the civil society partners, the SIMC though constituted is not functional in Maharashtra. The task force constituted in every district complements the work of the DAA.

According to the civil society partners, an initiative like appointments of young women lawyers as legal counselors in all districts and corporation areas had been found to be working.

## PUNJAB

Despite the recovery of 48 points in 2011 Census (846), the state has not matched the CSR it had recorded in 1991 (875). According to 2011 Census, Punjab is the second worst performing state in the country after Haryana.

The policy making body (SSB) in Punjab has not been functioning as per the norms. Irregularities in meetings and lack of participation by members have been reported by the partner organizations.

Pro-activeness in advisory committees is missing and irregularity in participation by members is observed. Though not provisioned under the Act, an official from the Vigilance department has been appointed as a member of the SAC. It was found that the ex-officio members often send their representatives to attend the meetings.

The law implementing body (SAA) has been functional in Punjab. However according to the civil society partners, the situation in districts is not improving; sex selection continues unabated despite DAAs conducting regular inspections of clinics. The SIMC was found to be working well in the state but complaints need to be filed for violations that they come across during the inspections.

Even though the overall mechanisms are in place in Punjab, non-compliance with provisions related to committees has been

observed and currently the implementation was reported to be weak at the ground.

## **RAJASTHAN**

The child sex ratio in Rajasthan has decreased sharply over the last two decades. The CSR stood at 916 in 1991, to 909 in 2001 and further declined to 888 in 2011.

The policy making body (SSB) in Rajasthan is in place and seems to be working well. The advisory committee at the state level is observed to be working actively. Though no separate meeting of the SAC is called, there are back-to-back meetings with the SSB. Also, no non-official member has been appointed in the past five years in the DAC.

As per the findings, all three positions in the SAA are presently vacant and the officials from the State PCPNDT Cell are providing backend support. As per the order from the state, DAAs are supposed to conduct four inspections every month, but unfortunately DAAs (District Collectors) do not accompany the inspection team. This has been seen across 33 districts of Rajasthan. Moreover, inspections by the SIMC are concentrated in areas around the state capital and are strictly based on the complaints received.

In Rajasthan, the large number of complaints filed in the courts shows pro-activeness of the authorities. It was reported that the irregularities in appointment of members at state

and district level are largely due to political interference.

## **TAMIL NADU**

The child sex ratio in Tamil Nadu has improved by one point in 2011 Census standing at 943 girls per 1000 boys against 942 in 2001. The CSR in 1991 was 948.

In Tamil Nadu, the statutory bodies mandated under the Act for effective implementation are not in place – the SSB and the SIMC are either not reconstituted or are waiting to get functional. The SSB has not met in the last five years (since Dec 2008). This implies that the SSB does not exist in the State. The SAC consists of members mainly from the state headquarter. It was reported that the DAC members are not much informed on the PCPNDT Act and the issue of declining child sex ratio.

The SAA has not made any efforts to create awareness among the people, as reported by the civil society partners. Also, no effort has been made to carry out inspections and decoy operations. The state government's order to regulate the practice of sex determination test and fertility clinics has not been taken into account. In addition, no fund is allocated to the DAAs and to the sub-district AAs to enforce the Act.

The SIMC for the first time was constituted in 2014 and it is yet to start functioning. The

proposal to constitute the monitoring and inspection committee at the district-level is yet to materialise.

## **UTTAR PRADESH**

The child sex ratio in Uttar Pradesh has been continuously declining. It has declined from 927 girls per 1000 boys in 1991 to 916 in 2001 and further to 902 in 2011.

According to the civil society partners, the SSB in Uttar Pradesh lacks the mechanism to review the performance of the districts as far as the implementation of PCPNDT Act and Rules is concerned. A lot of focus is given on the IEC and awareness generation activities. Discussions around legislation and gaps in implementation do not get enough attention.

Instead of taking into account the functioning of the districts, the SAC is more interested in discussing loopholes in the Act and making observations around it. The constitution of the

DACs is not as per the Act in some districts. The follow-up of legal cases, reports, progress of cases filed, etc. are not presented in the meetings, as reported by the partners.

In a State like Uttar Pradesh which has over 4800 bodies registered under the PCPNDT Act, no list of ultrasound suppliers/dealers is maintained at the state level. Due to frequent transfer of officials and delay in appointment of members, the multi-member SAA has not been very active in the last one year.

The DAAs in some districts are active and have taken action under the PCPNDT Act but the meetings of the DAA in general are merged with other departmental meetings, and the issues don't get adequate attention.

In the last two years, the SIMC was reported to be less active in conducting inspections. The number of inspections, however, increased in the state subsequent to the Supreme Court directive in 2013.

# Annexure

## Budgetary allocation on work related to PCPNDT Act

The Central Government has recently announced that the non-government organisations interested in working on PCPNDT may approach their respective State/UT directly for resources. Henceforth, organisations would be required to submit their proposals with the concerned states/UTs. Earlier, the Central Government was releasing the budget separately to the states/UTs and to the shortlisted non-government organisations to work on PCPNDT.

In the beginning of this financial year, all the states/UTs were informed by the Central

Government to send their annual work plan on PCPNDT along with a budget to the MoHFW. In this backdrop, it would be interesting to see if the States/UTs keep an agenda to work with NGOs or prefer to execute the action plan directly.

For the financial year 2013-14, we wanted to analyse and understand the pattern of budget released to the following states by the Central Government and relate it with the status of their statutory mechanism.

## BUDGET RECEIVED BY THE STATES FOR THE FINANCIAL YEAR 2013-14 TO WORK ON THE PCPNDT ACT

Sl	States	Budget in lacs of Rs.	Budget Per District in lacs of Rs. (approx)	No. of Districts	CSR-2011
1	Bihar	52.27	1.5	38	935
2	Chhattisgarh	46	**	27	969
3	Delhi	50-60*	1.2	11	871
4	Haryana	71.31	1.2	21	834
5	Himachal	109.5	4	12	909
6	Maharashtra	291.68	6.34	35	894
7	Punjab	142.26	4-5*	22	846
8	Rajasthan	160	3.5	33	888
9	Tamil Nadu	**	No allocation	32	943
10	Uttar Pradesh	247.12	2.4	75	902

\* As informed by the State

\*\* Information not available

A coalition of civil society organizations and activists from across the country, committed to addressing factors that lead to declining child sex ratio.



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