



**Govt. of Rajasthan**  
**Directorate of Medical Health & Family Welfare Services,**  
**State PC-PNDT Cell**  
**Swasthya Bhawan, Jaipur**

No. State PCPNDT Cell/HM/Workshop (23)/2015/

1135

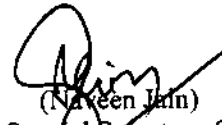
Date: 24/9/15

**Director (PNDT),**  
**Ministry of Health & Family Welfare, GOI**  
**Room No. 203D, Nirman Bhawan,**  
**New Delhi-110001**  
**(Email Id :- pndtmohfw@gmail.com)**

**Subject :-Regional Workshop of the District Appropriate Authorities of the Border Districts of Rajasthan on effective implementation of PCPNDT Act.**

Sir,

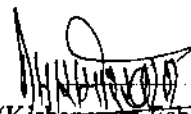
Report on Regional Workshop of the District Appropriate Authorities of the Border Districts of Rajasthan is being sent herewith for necessary action please.

  
(Naveen Jain)  
Special Secretary &  
Mission Director (NHM)  
Medical & Health Department,  
Rajasthan, Jaipur

Copy forwarded for information and necessary action to :-

1. SA to Hon'ble Health Minister & Chairperson State Supervisory Board.
2. AAG-GOR at Hon'ble Supreme Court in reference to matter of DB CWP PIL No. 349/2006 Voluntary Health Association of Punjab & Union of India & Ors.
3. Chairperson National Human Right Commission, Manav Adhikar Bhawan, Block C, GPO complex, INA, New Delhi-110023.
4. Chairperson State Human Right Commission, Rajasthan Secretariat, SSO Building, Janpath, Jaipur.
5. Chairperson National Child Right Protection Commission, 5th floor, Chanderlok Building, 36 Janpath, New Delhi-110001.
6. Chairperson National Woman Commission, 4, Deen dayal Upadhayay Marg, New Delhi-110002.
7. Chairperson State Woman Commission, Lal Kothi, Tonk Road, Jaipur.
8. PS to PHS, Medical & Health Department, Jaipur.
9. P.S. to Chairperson State Appropriate Authority, Medical & Health Department, Rajasthan, Jaipur.
10. Chairperson State Appropriate Authority Punjab, Uttar Pradesh, Madhya Pradesh, Gujarat, Maharashtra, Haryana
11. PA to Director (PH), Medical & Health Department, Rajasthan, Jaipur.
12. PA to Director (RCH), Medical & Health Department, Rajasthan, Jaipur
13. Director(SIHFW), State Institute of Health and Family Welfare, Jhalana Dungri, Rajasthan, Jaipur
14. All nodal officers of border districts Punjab, Uttar Pradesh, Madhya Pradesh, Gujarat, Haryana.
15. All District Appropriate Authority (PCPNDT) & District Collector, Rajasthan.
16. All District Nodal Officer (PCPNDT) & Chief Medical & Health Officers, Rajasthan.

17. All sub divisional Appropriate Authorities, Rajasthan.
18. All District PCPNDT Coordinator, Rajasthan.
19. Drug Controller, Medical & Health Department, Rajasthan Jaipur.
20. Sh. Sunil Thomas, UNFPA, Rajasthan Jaipur (Email id :- jacob@unfpa.org & rprasad@unfpa.org)
- ✓ 21. Central Server Room for uploading on Departmental website and e-mail to all concern.
22. Guard File.

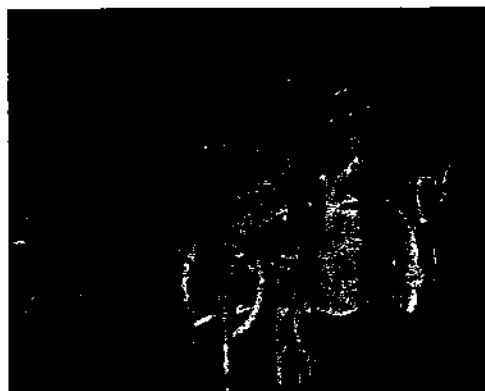


(Kishanaram Esharwal)  
Project Director (PCPNDT)  
& Deputy Director (RCH)  
Medical & Health Services,  
Rajasthan, jaipur

**Regional Workshop of the District Appropriate  
Authorities of the border districts of Rajasthan on  
effective implementation of PCPNDT Act  
September 15, 2015, Hotel Holiday Inn, Jaipur  
(Rajasthan)**



A regional workshop of the District Appropriate Authorities of the border districts of Rajasthan on effective implementation of the PCPNDT Act was held on September 15, 2015 at Hotel Holiday Inn, Jaipur. The workshop was jointly organized by the Government of Rajasthan, State Institute of Health & Family Welfare and UNFPA.

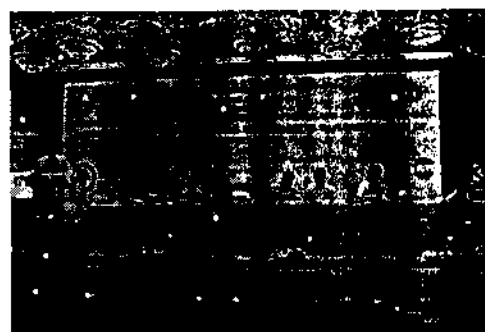


The workshop was attended by more than 130 participants that included Appropriate Authorities and other PCPNDT officials from bordering districts of Rajasthan and other bordering states of Rajasthan such as Punjab, Haryana, Uttar Pradesh, Madhya Pradesh and Gujarat, besides eminent people from various development partners, Civil Society and media.



The workshop started with the welcome address by Mr. Sunil Thomas Jacob, State Program Coordinator, UNFPA. He shared the two fold objective of the workshop – firstly, understand trends of child sex ratio in the border districts, share experiences and learn about the challenges; and secondly, gather inputs for operational strategies which could be developed and implemented for the bordering districts across states. He thanked Government of Rajasthan for facilitating this opportunity in providing a platform for sharing the different experiences of the districts of the Border States, the challenges in implementing the PCPNDT Act and developing operational strategies for strengthening the implementation of the Act in the border districts

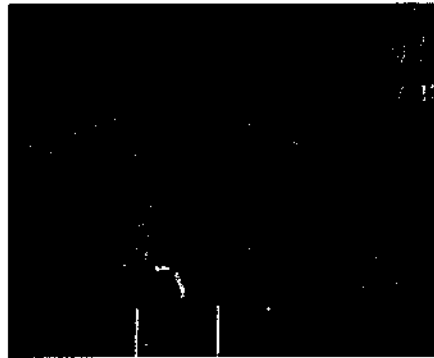
A special address by Mr. Mukesh Kumar Sharma, Principal Secretary – Health, Government of Rajasthan was given. He emphasized that in the bordering districts sex determination is a clandestine activity and it is essential that we need to cooperate to curb this problem. A cooperative effort would benefit all. The various interventions made by Government of Rajasthan were highlighted. He expressed the hope that the present workshop would be a step towards successful implementation of the PCPNDT Act in the bordering districts.



The IEC material of PCPNDT Act was unveiled by the Honourable Health Minister, Principal Health Secretary, MD-NHM, Director-SIHFW and State Programme Coordinator, UNFPA.

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The Key-note address of the workshop was given by Mr. Rajendra Rathore, H'ble Health Minister, Government of Rajasthan. He highlighted on the gravity of the problem that though females have made immense progress in all fields, the mindset of the society about them has not changed much. He figured that on one hand we see people worshipping Devi Durga during Navratra and touching the feet of girls but on the other hand we see the declining sex ratio - 888 for Rajasthan. He focused that Rajasthan has been one of the pioneers in taking concrete steps towards the implementation of the Act and also towards promoting girl child through various schemes and these actions are now bringing promising results.

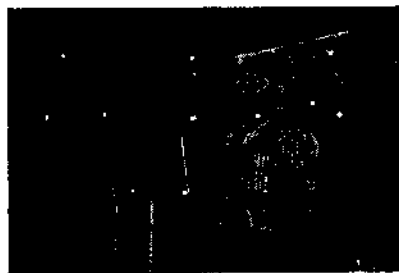


He mentioned the establishment of Beti Bachao Prakoshth; Sending congratulatory message to parents by Chief Minister on birth of baby girls; Announcing the Brand Ambassador for Save the Girl Child - Princess Diya Kumari; Oath taking against sex determination and selection by over two lakh citizens in Jhunjhunu, voluntary support by doctors in supporting daughters through Doctors for daughters and Halwai Sangh through printing Beti Bachao Sandesh on sweet packets.

The installation of active trackers in all USG machines, Mukhbir Yojna, toll free complaint registration at 104, monetary incentive on birth of girl child through e-shubhlaxmi yojna and tracking through PCTS.

Finally, an appeal was made to the delegates that the workshop should focus on experience sharing that will lead to the formulation of new strategies for stopping sex selection and prayed that the workshop would achieve its objective

A detailed presentation on 'Overall Scenario of declining sex ratio in Rajasthan and status of implementation of the Act' by Mr. Naveen Jain, Mission Director - National Health Mission, Government of Rajasthan started with the declining trend of child sex ratio in Rajasthan. A comparison was also made between the bordering States which highlighted that all the attending States had a child sex ratio below the national average.



A brief was given on the structure of implementation of PCPNDT Act through the various authorities at different level and the actions taken by them in form of inspections (7153); suspension (181); cancellation (379); seal and seizure (422); complaints filed in the court (620) and convictions against sonography centers including dealers/ suppliers of machine (96) besides 10 FIR lodged against fake degree-holders. He highlighted that Rajasthan has

focused on the problem through various strategies, innovations and actions. It was pointed that the impact software has been awarded with SKOTCH order of merit - 2013 award and was shortlisted by CSI-Nihilent for e-Governance Awards 2014-15.

The functioning of red alert system to track the pregnant woman wishing to determine the sex of the unborn child and also the mechanism of active tracker were detailed. Besides these the online submission of form F, Mukhbir Yojna, 104 toll free services, Mukhyamantri Shubhlaxmi Yojna and e-Shubhlaxmi Yojna were discussed and Judicial Colloquium to develop a common understanding between judiciary, health and other departments was organized. He specially mentioned that all new sonography machines being sold/ purchased after July 15, 2015 have GPS compulsorily installed in them.

He insisted that every possible opportunity has tried to be availed for addressing the sex selection in forms of IEC, Beti Janm Badhai Sandesh, religious and social fairs and government cultural programs, involvement of youth, doctors and other groups. In the end Mission-Director emphasized that efforts always yield results, so we should continue with all best efforts towards the problem.

The vote of thanks was given by Dr. M. L. Jain, Director, State Institute of Health and Family Welfare, Rajasthan to the inaugural session wherein he thanked all the representatives from various States for becoming a part of the workshop. He stated that the upcoming working sessions would be an opportunity for each State to learn strategies and experiences from other States.



#### **Working Session –I**

The first working session focused on status of implementation of the Act by States – Initiatives and Strategies. Presentations by Haryana, Uttar Pradesh, Gujarat and Madhya Pradesh were done besides experience sharing by Maharashtra. The session was chaired by MD-NHM, Govt. of Rajasthan and co-chaired by Director SIHFW, Rajasthan.

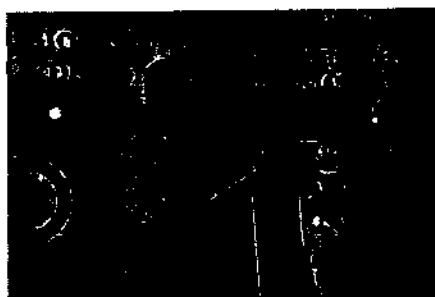
Dr. G.L. Singhal, Project Coordinator, Beti Bachao Beti Padhao (B3P), Government of Haryana, pointed at the start that declining sex ratio has been an issue of concern and is affecting the society of Haryana. Looking into the gravity, raids were conducted across Haryana with on spot checks, seal and seizure of machines and black out notice against main culprit. Such aggressive strategy showed positive results in the Jhajjar districts which once showed dooming figures on child sex ratio. With the launch of Beti Bachao – Beti Padhao (B3P), from Panipat district in Haryana, it has become the flagship campaign being regularly monitored by Chief Minister. With positive experience from Jhajjar, raids are now being conducted in other districts also. Under the District Collector or Deputy Commissioner interstate raids are also being organized.

A major concern was shared regarding the availability of portable Chinese USG machines and reading material on sex selection which can be purchased online. It was expressed that strict vigilance was required for this purpose cooperation between states is a must.

Dr. Ram Adhar, Joint Director (Family Welfare) and State Nodal Officer (PNDDT), Uttar Pradesh, presented the sex ratio trends in Uttar Pradesh and indicated the decline over the last two census. As a consequence, Government of UP focused on developing the capacities of the PCPNDDT related staff and

increased the number of inspections. It was hoped that the coming trends would be positive. The website launched was also shared. Concern was shown towards various issues as officials overburdened with various other assignments and lack of NGOs in the field and their coordination. He expressed that the present workshop would bring some concrete steps to the problems.

**Dr. R.R. Vaidya, Assistant Director, FW, Government of Gujarat,** highlighted that the Beti Bachao Beti Padhao campaign was initially Beti Vadhaao Abhiyaan in Gujarat. The trends of sex ratio especially of the bordering districts with Rajasthan were shared. A concern was shown regarding the sex ratio below 700 in some of the villages. The presentation focused on the actions taken under the PCPNDT Act, cases registered and convictions made. A brief was made on the sting/ major operations held, mapping of the USG centers done, IEC activities undertaken and the website which not only allows online Form F entry but also provides an analytical report.



**Dr. Vandana Sharma, DD-PCPNDT, Bhopal, Government of Madhya Pradesh,** also showed the sex ratio in various districts of Madhya Pradesh and the activities undertaken to implement the PCPNDT Act. Madhya Pradesh has 43 cases under the Act, regular monitoring and inspections are being done. An incentive of Rs. 1,00,000/- to the informer is being given after successful sting and registration of case. To create awareness and understanding capacity building of the various stakeholders has also been done.

**Advocate Srinivas Kulkarni, Legal Consultant, Pune, Maharashtra,** shared the important steps taken by Government of Maharashtra as making registration mandatory for manufacturer and dealer with the District Appropriate Authority, display of board on sealed USG centers, online tracking of court cases, mandatory registration of veterinary clinics, establishment of state and regional level squads for surprise visits of suspected and other USG centers. Guidelines have been issued on how to file court cases, conducting sting operations, do's and don'ts for USG centers. Various trainings, seminars and workshops have been organized at state and district level for AA, judges and advocates, medical professionals and faculty from medical and law colleges. The crash inspection drives in Maharashtra lead to success and increased the number of cases under the Act. The state Medical Council has also extended the support. The helpline and online complaints have also helped in curbing the illegal activities. He also shared the case study of sting operation done with cooperation between the Government of Maharashtra and Gujarat.



The session was followed by discussion. MD-NHM pointed out that the Rajasthan can learn a lot from the experiences of other states. The sex selection if happening in IVF centers needs focus. The training modules developed by Maharashtra for medical professionals can be utilized. For this purpose a team

from SIHFW and DM&HS, Rajasthan can visit Maharashtra to collect the resource material. IMPACT software can also use key features from Gujarat software.

### **Working Session – II**

The second working session focused on issues and challenges in terms of PCPNDT Act implementation in the border districts. Presentations were made by border districts of Agra, Mathura, Sri Mukhtsar Sahib and Jhunjhunu. The session was chaired by Director SIHFW, Rajasthan and co-chaired by PD-PCPNDT, GoR.

**Dr. Virendra Bharati, Dy. CMO and Nodal Officer (PNDT), Agra, Uttar Pradesh,** focused in his presentation on the sex ratio in different tehsil of Agra district. The reasons and effects of sex selection were pointed out. Some suggestions as only qualified doctor could be the owner of the center, mandatory id proof of patient, tracker/ GPS and voice recorder with USG machine to be installed and CCTV camera outside USG chamber were given.

**Mr. Rajendra Singh, Nodal Officer, Mathura, Uttar Pradesh,** shared the number of registered centers, status of cases in Mathura, IEC activities as pamphlets, hoardings etc., and various other plans to implement the PCPNDT Act.



**Dr. Ranju Singla, District Family Welfare Officer, DH&FW, Sri Mukhtsar Sahib, Punjab,** shared the NHM initiatives for strengthening PCPNDT Act as IEC activities for awareness generation, developing sensitization through workshops and seminars and making the website functional.

**Dr. S.N. Dholpuriya, CM&HO, Jhunjhunu, Rajasthan,** threw light on the very low sex ratio in Jhunjhunu district and the activities taken on war footing to develop awareness among the general mass on the ill effects of this problem. The videos of oath taking which made a place in the Limca Book of records was shared. The simple but effective steps to include as many commercial groups of the society as halwai sangh, printing press, beauty parlours, colleges and universities for free education to girls, adopting girl child for education have showed positive results. The actions taken under the act were also shared.

**Director SIHFW** concluded the session and asked to focus not only on experience sharing but also to come to some creative conclusions for way forward focusing on balanced execution of PCPNDT and MTP Acts.

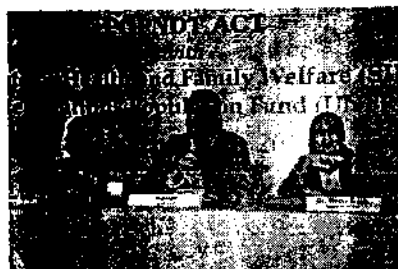
**PD-PCPNDT, Rajasthan** appealed to make a simple but effective action plan with the objective of opening communication between states; adopting their best practices; numbering of each USG machine; cooperation in cross border decoy and sting operations; involvement of youth and NGO support to promote balanced approach of PCPNDT and MTP Acts.



## Open Discussion

This session intended to develop key strategies for effective implementation of Act in border states. Dr. Renu Pahal Malik, Dr. Meeta Singh and Dr. Yogesh headed the discussion and Mr. Rizwan acted as the moderator.

Dr. Renu Pahal Malik, DD-PCPNDT, Haryana expressed her views that Haryana along with Delhi has exposed USG centers involved in the sex determination. It is essential that data of all doctors should be shared besides analyzing the sex ratio of IVF centers, cross check of the details filled in Form F need to be done. Cooperation and support from State Medical Council would help in these activities.



Dr. Meeta Singh, Dignity of Girl Child, Rajasthan highlighted the right of MTP of females which at times comes in controversy with PCPNDT Act. She shared her experiences from various border districts of Rajasthan and how they have tried to sensitize even the taxi drivers to curb cross border sex determination activities.

Mr. Yogesh, Director, Praytna, emphasized that even if some sex ratio of some districts are not as grim as others, it cannot be guaranteed that it would not be a problem tomorrow. Awareness activities are important for all districts.

Mr. Rizwan moderated the session and summarized the output of the session. The conclusions of the open session were need of cooperation between the various DAA; training in strategy execution; joint inspection; sharing of data; analyzing IVF center data; strengthening monitoring activities and involvement of youth and civil society.



Mr. Neeraj K. Pawan, AMD- NHM, Government of Rajasthan, in his address emphasized that it is essential to change the mindset of people, to sensitize everyone on the issue. The Act would not alone suffice but the full solution to the problem would come from support of people. He energized audience and asked them to take an oath on indulging in any activity related to sex determination

## Way Forward and Valedictory

The session was chaired by MD-NHM, Government of Rajasthan. He concluded with providing the way forward steps. These included preparing and sharing a joint directory of the AA officials from districts of bordering States; establishing communication channels between the officials of the border districts; undertaking joint inspection visits; collaboration in decoy operations; knowledge sharing and engaging the community.

He highlighted that the Act is similar for all but what matters is how it is implemented. A small mistake in any process can lead to doom but an effective step would bring fruitful results.

Dr. M.L. Jain, Director SIHFW appealed to focus on the actionable points, which could actually be beneficial. He proposed that a communication plan be built to address the problem which could also focus on MTP and PCPNDT Acts. For this purpose along with government, development partners can also contribute.

A vote of thanks was given by Dr. Sanjaya Saxena, Registrar, SIHFW.

**Regional Workshop of the District Appropriate Authorities of Border Districts of Rajasthan on Effective Implementation of PCPNDT Act**

**15<sup>th</sup> September 2015**

**Jaipur**

**Salient Outputs of the Regional Workshop**

1. **Establishment of a joint Directory of the AA officials from districts of Border States:** The joint Directory of the AA officials will enable the respective officials to know the details of the name and the details of the officials holding critical changes related to the implementation of the PCPNDT Act. The details of the senior administrative officials in the respective districts would enable the strengthening of the effective implementation of the PCPNDT Act.
2. **Establishing communication channels between the officials of the border districts:** Regular Communication channels will be institutionalized for sharing information about various elements related to the implementation of the PCPNDT Act. It will also involve dissemination of registered machines, service providers and the registered centers which would facilitate how many machines are registered in the name of a particular doctor. The collaboration is also aimed through the mechanism, which would even extend to the filing of the case and all elements associated with it.
3. **Undertaking Joint Inspection Visits:** Guidelines for the joint inspection visits to be drafted and finalized on the basis of the discussion with respective neighboring states of Rajasthan, Joint inspection visits to be regularly undertaken on the basis of the guidelines.
4. **Collaboration in Decoy Operations:** Neighboring states should promote joint decoy operations in collaborations with each other. Guidelines for the same to developed for facilitating the same.
5. **Knowledge sharing:** A platform to be developed to share best practices of the states bordering Rajasthan. It will also include various resource materials for capacity building of various stakeholders, sharing of communication material especially IEC materials, Case studies and IT tools.
6. **Engaging with community:** Working closely with the Civil Society and Community organizations in districts of bordering States is pivotal in creating wider awareness about the issue, which will belong lasting in shifting the mindsets.
7. **Workshops at the Border districts:** Rajasthan will explore in organizing consultations and workshops at the Border districts to facilitate joint planning and joint implementation of the PCPNDT Act.

8. **Formation of Communication Plan:** A communication plan will be formed with technical support of development partners to address the problem through focus on MTP Act and PCPNÖT Act.



(Naveen Jain)

**Chairperson, State Appropriate Authority,  
MD (NHM) & Spl Secretary  
Medical & Health Services,  
Rajasthan, Jaipur**

