

1. ALL INDIA CONFERENCE ON IMPLEMENTATION OF THE PC& PNDT ACT

“It is unfortunate that for one reason or the other, the practice of female infanticide still prevails despite the fact that the gentle touch of a daughter and her voice has soothing effect on the parents.”

Four years since the Supreme Court has made the above-mentioned observation, the situation remains grim and this is reflected in the overall sex ratio in various states where female infanticide still prevails. However, the traditional system of killing the girl child after her birth has now given way to the more modern techniques of sex selection and female foeticide.

A study of the census reports of 1991 and 2001 shows that the situation has worsened in most parts of India. The census 2001 further reveals that the situation is far worse in respect of Girl child population in the age group of 0-6, particularly in the affluent areas of Punjab (793 girls to 1000 boys), Haryana (820), Chandigarh (845), Himachal Pradesh (897) and Delhi (865).

It was felt that, though the PNDT Act 1994 was amended and the amendment Act came into force in January 2003, no significant impact of the Act was felt at the grassroots level because of the difficulties associated with the implementation of the Act.

With a view to understanding the ground realities and impediments, in the implementation of the Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, the National Commission for Women, decided to organize an All India Conference to debate the issue and to involve the concerned Government departments and NGO's in the consultative process.

The **All India Conference** of State Secretaries - Health and Women and Child Development, DGPs and NGOs on implementation of the PNDT Act, was convened at the **Vigyan Bhawan, New Delhi on 11th August, 2005, by the National Commission for Women**. Hon'ble Minister of Health and Family Welfare, Dr. Anbumani Ramadoss, was the Chief Guest. Hon'ble Minister of State for Health and Family Welfare, Smt. Panabaka Lakshmi and Hon'ble of Minister of State for Women & Child Development, Smt. Kanti Singh were the Guests of honour. Shri Prasanna Hota, Secretary Health, Smt. Reva Nayyar, Secretary Women and Child Development, Govt. of India, along with Dr. Girija Vyas, Chairperson, National Commission for Women shared the dais with the other dignitaries.

RECOMMENDATIONS

❖ **ADVOCACY, AWARENESS & SENSITISATION**

1. The Commission welcomed the proposal to set up the National Surveillance Cell to counter the practice of sex-selection. The inclusion of retired senior police officials, lawyers, NGO's and the women commissions would certainly provide the required impetus to the authorities constituted under the PCPNDT Act.
2. The Appropriate authorities and the Advisory Committees throughout the country should be made aware of the provisions of the Act as well as the Rules. A copy of the judgment by the Supreme Court in CEHAT & Ors should also be provided to them, and programmes undertaken to sensitize them.
3. The National Commission for Women in league with the Ministry of Health & family welfare and the other participants such as the State Governments, State Women Commissions, the medical fraternity and NGO's, would launch campaign against sex-selection in a concerted manner, to create awareness among medical fraternity society and the public.

4. There is a need to empower women and educate them and also to create awareness and sensitization amongst the MPs, MLAs, Govt. Servants, and to involve them in the campaign against sex selection.
5. Interaction with religious leaders who are willing to cooperate in preventing sex-selection is needed.
6. A System of awards as encouragement to the govt. servants as well as the public may be instituted.
7. "Value Girl Child" Campaign may be initiated which may include, Documentation and Research, Consultations with all stakeholders, Sessions in medical colleges , short films on the issue, Campaign in colleges and schools, Media campaigns
8. Specific commitment should be there at the policy level by the Central Government to reach equal sex ratio at birth by 2010.

❖ **MONITORING AND IMPLEMENTATION**

1. A state Level inspection and Monitoring Committee may be constituted from within the state level Advisory committee which may visit the districts from time to time. In this committee, representatives from the state commission for women, social welfare department, legal activists, NGO's who are members of the Advisory Committee may be included.

Similarly, monitoring committees may be constituted at District level to assist the AA's in regularly visiting and monitoring registered clinics .

2. The records of all diagnosis done by the ultrasound machines or other machines, as well as charts, forms, reports, consent letters etc. used for the purpose of pre-natal diagnosis should be maintained for at least two years or as directed by the AA. All new machines should have the facility of blocking any deletion from the memory unless authorized by the AA.
3. The addresses and names of various members constituting the AA should be displayed at every registered Genetic Counseling Center, Genetic Laboratory, Genetic clinic and Imaging Center so that any body interested in filing a complaint can do so easily.
4. Periodic meetings of the Appropriate Authorities and Advisory Committees, as provided in the Act & Rules and their monitoring by the State and Central Supervisory Boards is a must. The decisions taken in these meetings should be made public. THE National Commission for Women and State Commissions should be authorized to ask for these reports for its independent assessment.

5. The mandate of the National Commission for Women Act, 1990 under Section 10 of the Act clause 1(a)(f), clause 2 and clause 4(b), (d) and (e), empowers the Commission to investigate and inquire into the proper implementation of any Act and accordingly the Commission as well as the State Commissions may use their mandate for ensuring the proper implementation of the PC&PNDT Act and may either suo-moto or on receipt of a complaint may make the required inquires and cause the appropriate authorities to conduct an inquiry leading to search, seal and seizure of machines, records and documents.

❖ **MODIFICATION IN Act /Rules**

1. There is a need to strengthen the provisions of the Act and make the sex selection practices, a high- risk business, instead of a low risk business. The Commission proposes to form a expert committee , comprising of representatives from the Ministry of Health & Family Welfare, Advocates and the representatives from the medical fraternity, to look into the provisions of the Act and make suitable recommendations on the amendments.

2. NCW and SCWs must be represented at the appropriate levels in the advisory and monitoring committees and the appropriate authorities and advisory committee and may also be given the power for periodic inspections of centres and clinics.

3. Under the Act; violation of the provisions is punishable with imprisonment and fine, whereas under Rule 11(2), if the Appropriate Authority seizes any ultrasound machine or other equipment capable of detecting sex of foetus, which is used by an organization not registered under the Act, the machine of the organization is released only on payment of penalty equal to 5 times the registration fee and on such organization giving an undertaking that it will not indulge in detection of sex of foetus or selection of sex before and after conception. The Rule takes away the rigor of the punishment provisions under the Act. It permits a clinic/laboratory to run without registration, thus indulging in violation of the provisions of the Act but it can be let off merely on payment of a fine and an undertaking. This rule is required to be deleted, otherwise, it will be misused 'by those who are indulging in heinous practice of sex determination of foetus.

4. The mandatory regular submission of Form F by all clinics to the AAs must be ensured through Rules 9(8). This would make it possible also to monitor abortions conducted after 12 weeks of pregnancy. A team for auditing these documents regularly to help the AAs may be formed possibly by using law interns for the purpose. It shall be mandatory for all registered centres to maintain all records, charts, forms, reports, consent letters for a period of two years or until permitted by the concerned AA in case if legal proceedings are instituted against it. These must be available for inspection by AAs or any other person authorized by AAs or by the National Commission for Women or the State Commissions. If records are not properly maintained this may lead to suspension of registration.
5. Birth profiling is extremely important and studies from time to time should be conducted in order to ensure that proper records are maintained in hospitals at the time of birth of children. There should be strict implementation of universal registration of births.
6. The conviction rate has been practically nil, it would be worthwhile to get a study conducted, to see the reasons and take remedial measures, such as setting up of fast track courts.

7. Disincentives and other coercive measures to ensure small family norms must be dropped from all population policies and measures at Central and State Levels.