

**Minutes of the Regional Consultation held under the Chairpersonship of Secretary, Women & Child Development to discuss the implementation modalities of District Action Plans under the scheme of Beti Bachao Beti Padhao on 13<sup>th</sup> December, 2014 in Guwahati.**

A Regional Consultation was organized on 13<sup>th</sup> December at Assam to discuss the implementation modalities of District Action Plans with District Collectors/Deputy Commissioners of the 8 districts of Manipur, Nagaland, Meghalaya, Mizoram, Sikkim, Tripura, Assam and Arunachal Pradesh. The Consultation was collaborative efforts of the Ministry of Women and Child Development, the nodal Ministry and its Partner Ministries namely, Ministry of Health & Family Welfare and Ministry of Human Resource Development. The Department Women and Child Development, Govt. of Assam had coordinated the Consultation. The Consultation was held under the Chairpersonship of Secretary, Women & Child Development.

2. **Shri. H. K. Sharma, Commissioner & Secretary**, Social Welfare Department, Govt. of Assam, welcomed the participants and set the context for the Consultation.

3. In the inaugural address, **Shri V.S Oberoi, Secretary, MWCD** reiterated the speech of Hon'ble Prime Minister of India on the Independence Day, wherein Hon'ble Prime Minister's had spoken about women's safety and Child Sex Ratio. Further, added that the Beti Bachao Beti Padhao Scheme is perhaps the most important initiative of Ministry of WCD and it is truly the initiative of Hon'ble Prime Minister of India.

4. **Secretary, MWCD** made a presentation on CSR issue and stated that it is a multi ministry initiative of Women and Child Development, Health & Family Welfare and Human Resource Development. The logo of the scheme itself indicates *save the girl child, health care & protection and ensuring education of girl child*. He showed a map to indicate how the issue had spread across India in last three decades. The data shows that the situation is worst and needs immediate attention and action. Although, the situations in North East States are good and CSR data shows that it is above the national average, but simultaneously the continuous decline in CSR from Census 2001 to Census 2011 except in Arunachal Pradesh is a concern.

5 **Secretary, MWCD** continued by emphasising on the consequences and impact of declining CSR and briefed about BBBP scheme along with its components. Further, he stated that the scheme has multi-sectoral interventions with special attention on training, community

mobilization, reward & recognition, strict implementation of PC& PNDT Act, universal enrolment of girls and provision of girl's friendly school. He informed the participants that as a part of the media advocacy BBBP scheme have an URL: <https://www.youtube.com/user/BetiBachaoBetiPadhao> where anyone can watch clipping & jingles and share the same with local channel, newspaper, radio and even translate it into local language for spreading awareness. The programme has two pillars namely advocacy & awareness which are aimed at changing the mindset of people. For effective implementation of the scheme there is a need of coordinated & convergent efforts be made with Panchayati Raj, Religious leaders, local institutions/bodies and NGOs, let us get them all together to address the issue.

Secretary, WCD ended his speech by saying that *“the problem is of mind set, so if we all can crack that we can solve more than half of the problem”*. He asked all the Deputy Commissioners and senior officials of the State to take ownership of the programme.

6. **Shri J. Khosla**, Chief Secretary, Govt. of Assam, in his remarks, emphasised on the social life and mentality of the Indian society by mentioning that people are lacking social and cultural values. Further, he added that this is the right time when every section of the society has to participate and contribute to build the nation. Although, as far as CSR is concerned North East States are performing well and are relatively better as compared to the national average, however, the region is seeing a declining trend, which is a matter of concern. It is a responsibility of every citizen to generate awareness and stop discrimination between girls & boys.

7. The inaugural session was followed by technical sessions. **Ms. Lopamudra Mohanty, Director, WCD** facilitated the session and share that BBBP Scheme has been started to address the issue of decline in CSR through national level media campaign and multi-sectoral action in 100 districts. Under the programme Health and HRD ministry is also partnering as a part of Convergent action to address the issue. After that a presentation was made by representative of Ministry of H&FW on “Overview on the Implementation of PC&PNDT Act”. The presentation focused on the guidelines for Deputy Commissioners/ District Magistrates and appropriate authorities for strict implementation of the Act, its salient provisions, penalties and new provisions. During the presentation it was informed that, 1697 USG machine have been sealed/ seized, 1934 court cases are ongoing under PC & PNDT Act,

and 647 cases were disposed off, 206 conviction secured and 97 medical licenses had been cancelled.

8. **Dr. Renu Pahal Malik, Deputy Director (S.S.) PNDT** shared the various initiatives taken by the State Government in implementation of PC & PNDT Act in Haryana. Special campaign against violators were organised to ensure the enforcement of the Act. Surprise check on suspicious centres throughout the state was carried out and as a result of which 22 FIRs were lodged. Several innovations like; Best village scheme, Incentive for informer, Residence ID proof with Form-F for verification, PNDT Helpline Number 82880141414 for call service and 8288033337 for SMS service and monitoring sale of MTP pills by State Drug Controller.

9. **Ms. Papuri Baruah, Consultant (SSA), Assam** made a presentation on the targeted interventions for girls under Sarva Siksha Abhiyan (SSA) and informed about various steps taken for enrolment of girl children at the elementary level which includes: i) Provision of free text books for all girls ii) Provision of school uniform/dress grant for all girls iii) Provision of residential facility for education of girl belonging to disadvantaged and weaker section iv) Implementation of Kastuba Gandhi Ballika Vidyalaya programme for girls in educationally backward blocks v) Provision of mid-day meal for all girls and vi) Provision of separate toilets for girls.

10. Thereafter, an interactive session was held on experience sharing by DCs & CMOs, **Ms. Lopamudra Mohanty, Director WCD** shared that District Collectors/ Deputy Commissioners have a crucial role to play in the successful implementation of BBBP scheme. An effective and result oriented District Action Plan should be developed with the support of line departments. After that she invited DCs and representatives from the districts for presentations focusing on situational analysis, gaps, issues and challenges in arresting the declining trend in CSR, best practices/innovations carried out by District Administration for implementation of PC&PNDT Act and advocacy efforts. The highlights of the session were as follows;

11. **Shri Rang Peter, CEO/ACD, Senapati, Manipur** made a presentation and informed the participants that not a single case of sex selection abortion has been reported, he also mentioned that the girl child education needs to be improved as there are few cases of drop out owing to parental and other socio-economic reasons. Key initiatives taken up by the

district administration includes; awareness Generation Campaigns focused on PNDT Act and prevention, BCC activities and rewards for parents of girl child who were able to excel their daughters.

12. **Ms. Pooja Pandey, Deputy Commissioner, Ri Bhoi, Meghalaya** stated that as per the Census 2011 CSR of the State has decline by 3 points while Ri Bhoi district has shown a decline of 19 points. It was informed that the district does not have any private hospital, therefore chances of sex determination in the district is not possible. Geographically the district is surrounded by borders on the three sides, therefore access to pre-natal sex determination tests and abortion technologies may be possible in nearby areas/districts. The cause of the declining trend may be migration of Rabha, Mikir, Karbi, Assamese population where male preference is high and other reason could be acceptance of small family. Some of the initiatives like Self Help Groups which are empowered groups are taking up women issues strongly and mother and child tracking system is being maintained to ensure pre & post natal care of mother and child health.

13. **Ms. Mailyr Rual Zakhum Thangi, Sub District Magistrate, Saiha, Mizoram** informed that Saiha district had 18 points decline - in CSR from Census 2001 to Census 2011. The district health data also show neo-natal and infant deaths are more in females as compare to male. As far as violation of PC & PNDT Act is concerned there is no report of any sex selective abortion or issues related to child discrimination. Since the state and district are showing declining trend in CSR, which is a concern there is a need for immediate action. A strict monitoring of the ultrasound centres and private hospitals is required to ensure the effective implementation of PNDT Act.

14. **Shri Nikhashe Sema, Deputy Commissioner, Longleng, Nagaland**, emphasized on the need to find out the cause of declining trend in CSR in the district. As per the Census 2011, 11 villages of Sakchi area (EAC Circle) has some issues. CSR in girls are much lower than the boys in that area. A study carried out by Directorate of Health with the support of Unicef does not reveal anything in particular. Naga society resides in the district and they are not involved in sex determination & any kind of violence. Under the BBBP programme, district will focus on early registration of pregnancy, monitor institutional deliveries and ensure birth registration of each child to increase the CSR.

15. **Dr. B. K. Sen, Nodal Officer, PNDDT, Tripura** stated that the cause of declining in CSR may be due to security of girl child, gender discrimination and domestic violence. To curb the situation, strict implementation of PC & PNDDT Act is required with focus on training of frontline workers and NGOs on this particular issue. In this context, district has initiated activities like reward and recognition of mothers having delivered girl child at district level. District has planned to involve the MP/MLAs to felicitate the children and spread a positive message in the society towards girl child.

16. **Shri Ravindra Kunar, Additional District Magistrate, North District, Sikkim** stated that as per Census 2011, 82.5% population of the district reside in rural area and sex ratio of the rural area is 764 as compare to urban area i.e. 891. Even CSR has also declined 66 points from Census 2001 to Census 2011. The reasons could be migrating population, mindset of the society. Various initiatives related to education have been taken such as; Free school uniform & textbooks till elementary level, no school fee & Prerna Scholarship for girls from class V to XII.

17. **Dr. H.N Hussain, Joint Director of Health Services (MCH), Govt. of Assam** informed that various activities undertaken by the state to create awareness on CSR like State level orientation workshops for appropriate authorities, State level awareness workshop for Judiciaries, Medical Officers, Police Officers, Women Organization, posters, hoardings, banners are displayed for awareness & advertisements are published in local news papers in Assamese, English and Bengali. For reporting any illegal practice of doctors regarding violation of the PC & PNDDT Act, a Toll free no. 104 and a Mobile no. 9401886082 has also been provided in the State.

18. **Dr. Nilima Devi, Chief Medical & Health Officer, Kamrup Metropolitan, Assam** stated that appropriate authority in the district is rigorously monitoring and inspecting the clinics and hospitals. As a result of these visits 9 registration certificates have been cancelled, 1 clinic has been sealed while 3 USG centers have been seized. Various meetings, workshops and IEC activities have been organised with support from civil society organizations to generate awareness on this issue.

19. **Shri Shiv Kumar, Deputy Commissioner, Lower Dibang Vally, Arunachal Pradesh** stated that the district has tribal community and they have their own social and cultural believes. They celebrate the birth of girl child. The declining trend in CSR is a

concern for the district and a holistic approach has been already been adopted with support of NGOs. NGOs along with the district administration are creating awareness about CSR, maternal and child health. Special emphasis has been given to Skill Development and self employment of girls including career counselling.

**Following initiatives /suggestions emerged during the consultation:**

- Setting up of District Task Force under the chairmanship of District Magistrate.
- Collection of Baseline data for indentifying the grass root causes around CSR.
- Awareness creation on the issue of declining Child Sex Ratio, its societal impacts and spread the message of BBBP through mobile vans, billboards, ringtone on girl child. Short films and audio visual, IEC material on BBBP should be disseminated through local cinema halls.
- A mass campaign for the enrolment of the drop out girls. Ensuring availability of proper functional toilets and free sanitary towels in schools.
- Training of the Judiciary members, Government officers, Police, frontline workers, SHG members and NGOs.
- Active involvement of MPs/ MLAs, school & college teachers and NGOs to generating awareness.
- *Gudda-Guddi* card should be displayed in Panchayat office providing the details of number of boys and girls born in a month.

20. The Consultation ended with concluding remarks by **Ms. Lopamudra Mohanty, Director, MWCD**, reiterated that most of the districts participating in consultation were not aware of the root causes of declining CSR and none had conducted baseline survey. It was important to find out the reasons of declining trend in CSR and accordingly District Action Plans need to prepared and submitted at the earliest so that the funds could be released to the districts for rolling out of BBBP scheme.

Based on the deliberations at consultation the following actions points emerged:-

- Setting up of District Task Force under Deputy Commissioner by December, 2014.
- Baseline survey needs to be planned immediately to find out the reason behind declining CSR in the districts.

- Each district has to collect baseline data for measuring the CSR, Sex Ratio at Birth (SRB) by December, 31, 2014.
- The action plan should be developed for village level, block level as well as district level and submitted before 15<sup>th</sup> January, 2014.
- Mapping of all available ultra sonography machines (individual machines not the clinics), in the districts and quarterly renewal of this data
- Develop a strategy for border districts to combat interstate movement of people for availing illegal diagnostic services.

Meeting ended with vote of thanks to the Chair and the participants.

-----