



Report of the Workshop on Beti Bachao Beti Padhao Campaign
National Gender Centre
Lal Bahadur Shastri National Academy of Administration, Mussoorie
17th - 19th May 2018

The National Gender Centre (NGC) in collaboration with Ministry of Women and Child Development, conducted a three day workshop on “Beti Bachao Beti Padhao Campaign” (BBBP) at the Lal Bahadur Shastri National Academy of Administration (LBSNAA), from 17th - 19th May 2018, for the District Magistrates/District Collectors from select states. The workshop was enriched by the presence of 42 District Magistrates from across the country. Shri K. Moses Chalai, Joint Secretary (BBBP, STEP, Gender Budgeting, Coordination), Ministry of Women and Child Development, addressed the participants. The deliberations in each of the thematic sessions focussed on issues such as sex ratio in India, Interpreting data, Challenges in Implementation of PCPNDT act, Judiciary’s Perspective on Pre-Conception and Pre-Natal Diagnostic Techniques Act-PCPNDT, Sharing of Best Practices, Communication for Social Mobilization Model and Advocacy for Social and Behaviour Change (Improving CSR and Education of Girls) at length.

Background

Gone are the days when a girl child in the family was considered burden. Today a girl child in the family is considered burden for the social conditions that make her vulnerable to a number of risks. Protecting her through is a challenge to the parents.

This vulnerability, on a broader term may be the degradation of moral values. However, the expression of this degradation is of great concern to the society at large. The Child Sex Ratio (CSR) leads us to the gender biased sex selection involving parents and pathological technicians. Studies and rules against this selection are still a far cry from success. Attempts are being made from the local to the global level to curb this practice.

The attraction towards deceitful advertisements assuring boy child is prevalent in the society. This awareness of not falling prey can be induced with the raise of literacy rate in our society.

To regulate such malpractices the government has brought the 1994 act on the Pre Natal Diagnostic Techniques (Regulation and Prevention of Misuses). This Act lays down strict rules on prohibition of sex selection and sex revelation of the foetus. It further dictates terms for the right to setup diagnostic centres, technician requirements and limits. The Act also envisages for setting up of Advisory Board at centre and state levels and the allied branches of genetic laboratories, counselling centres and clinics. The offences and punishments are so clearly highlighted in the Act, that by just implementing them goals are achieved.

Alongside the Act from time to time research in this field is unfolding the positive/negative sides of this concern and further articles, drafts, case studies on MTP, legal implications census, etc. are throwing light on this issue to bring the loose threads closer.

Save the child foundation reveals the state of girls in society and the need for a better tomorrow for them. Society has to fight the stereotyped mental setup of patriarchal beliefs, early marriage as a solution for the fear of being a victim of abuse. The BBBP involving three ministries – Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Human Resource Development are relentlessly working on it.

To further the cause of BBBP and with the above backdrop the three-day workshop at the National Gender Centre gave an impetus to discuss, deliberate and develop a working plan to deal with the concerns and restraints -

- Districts to be focussed were shortlisted,
- Objectives and strategies have been deeply studied and finalised,
- Monitoring mechanism,
- Legal implications, and
- New dimensions for effective realisation of the scheme, have all been discussed.

Proceedings from the three-day sessions

17th May 2018

Welcome and Introductions

Ms. Aswathy Sivadas, IAS, Executive Director, NGC, welcomed all the participants and facilitated a round of introductions by the participants. The participants introduced themselves and highlighted the challenges being faced by them in their districts. Some of the challenges include –

- Female feticide across districts
- Lack of interdepartmental coordination
- No reliable data
- Identifying and eliminating illegal/unregistered sex determination (ultrasound) centers
- Need for social audits
- Tackling and eliminating the use of Chinese sonography mobile app
- Need for tailor-made schemes for offbeat zones
- Lack of proper infrastructure at the Civil Hospitals
- Mandatory registration for pregnant mothers
- Gender sensitization targeting upper middle class
- Monitoring and control on the e-commerce websites promoting pills and machines, etc

A group photograph of all the participants at the AN Jah Lawn, LBSNAA, followed the session.

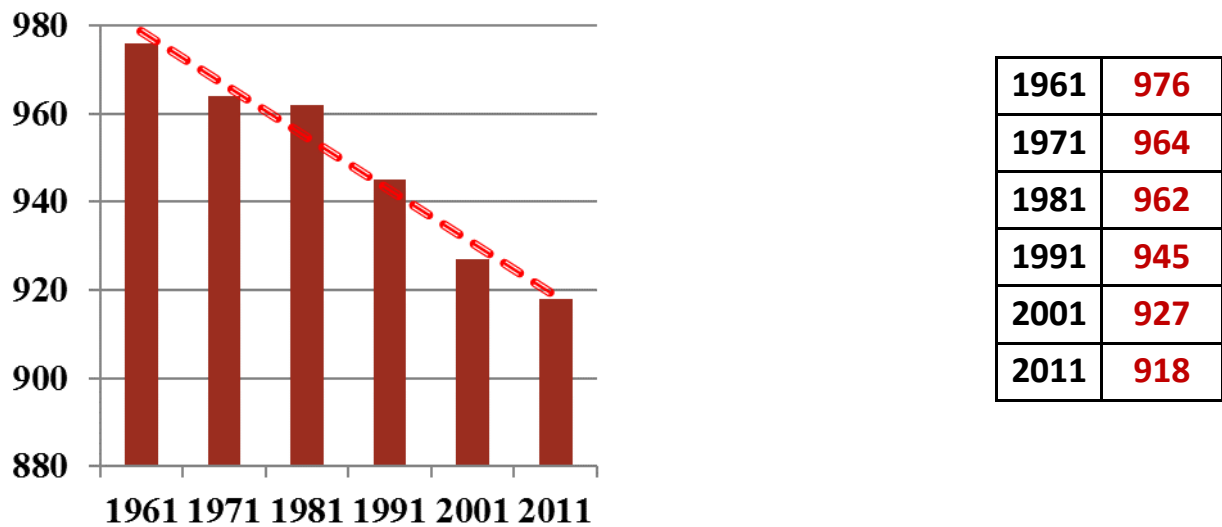


Session 1: Government initiatives in reducing Child Sex Ratio in India

Mr. Moses Chalai

Even after 70 years of independence, and in spite of the constitution providing for protection, the problems and issues pertaining to poor child sex ratio still exist. The government and the Ministries are working relentlessly for the cause.

Mr. Moses, highlighted and discussed the various initiatives being taken up by the government. He traced the trajectory of the falling CSR from 1961 and briefly discussed the causes for the falling trends.



The current CSR scenario across 640 districts in the country shows the following trends –

S.No	Decline/ Improvement/ No change	No. Of Districts
1.	Districts with Declining trend	429
2.	Districts with Improving trend	204
3.	Districts with “NO CHANGE”	07

Poor CSR due to the following reasons -

Pre-birth discrimination, which is manifested through gender, biased sex selective elimination that does not allow girls to be born.

Post-birth discrimination due to inadequate health care, nutrition & education opportunities leading to low survival rates & reducing ability of girls to grow to their full potential.

He further discussed the causes and the consequences of the declining CSR.

The causes are mainly due to **societal mind-sets**, which include –

- Daughter discrimination
- Trend towards small families coupled with strong son preference
- Reproductive decisions not by the woman
- Subordinate status of women
- Social norms: dowry, lineage, last rites
- Property and inheritance
- Gender based violence, and

- Spread and misuse of medical technology

In addition, the consequences extend to -

- Ethical issues
- Lost opportunities
- Mother's health
- Reinforcing gender stereotyping
- Increased violence against women
- Trafficking, abduction
- Polyandry

Launched by Hon'ble Prime Minister on 22nd January 2015 to address the decline in Child Sex Ratio and related issues of disempowerment of Women, the BBBP campaign is performing an intensive array of actions in **405 districts** and **media advocacy and outreach in 235 districts**.

BBBP campaign today is playing a vital role in changing the mind-sets of the society, implementation of the PC&PNDT Act and enabling Girl Child's Education. The immediate outcomes of which are improvement in the Sex Ratio at Birth (SRB), and in the long term, BBBP aims in improvement in CSR with manifestation of over-all development such as improved health & nutrition, gender parity in education, better sanitation, opportunities and removal of asymmetries between the genders.

The Advocacy and Media Campaign at PAN India level is following a 360-degree approach with messaging aimed at positive reinforcement of girl child. The campaign extends from Radio, **Television, SMS Campaign, Community Engagement to Social Media, Field Publicity and Special Campaigns and drives** like BBBP Week, the Daughters of New India, #SunoMaaKiKahaani and #SelfieWithDaughters.

The BBBP has thus far captured National consciousness towards valuing Girl Child and the Political leadership has also been owning it and driving it further.

The State on the other hand has been playing a very important role in organising meetings of State Task Force (headed by Chief Secretary) to review implementation, training & Capacity-building/Orientation & Sensitization programmes for Officials, Monitoring /Field visits in BBBP districts and providing handholding support to the districts.

The District Task Force headed by the Deputy Commissioner/District Magistrate have been Using the Guidelines & templates to develop District Action Plans through consultative process, Monthly review of progress and Review implementation of PC&PNDT Act.

Mr. Moses answered the questions posed by the participants, some of which included **need for setting up of PMUs/MSKTs at the districts, one stop centers, need for convergence (as BBBP is more a DM driven project), focus on mass communication campaign, etc.** He emphasized the need for a balanced society and urged all the participants to work relentlessly for the cause of saving the girl child, as it's "a job someone has to do and continue as the nation and country continue to push the issue". He ended the session by briefly highlighting the BBBP innovative initiatives under taken by Districts to create awareness and engage communities and played a short video clip showing the same.

Session 2: Sex Ratio in India: Reading Data and Beyond

Dr. Satish Agnihotri

Dr. Satish broadly explained the following in this Session –

- Use of Data
- Possibilities of Data
- Various interpretations of Data
- Various sources of Data

BBBP campaign being primarily a DM driven program, everything under it today comes to the DM's office, Dr. Satish started the session by posing a question to all the participants as to whether –

The DM's apparatus is well equipped to deliver?

He emphasised the need to understand few important nuances of the Debate –

- Tendency of denial with respect to CSR (denial syndrome)
- Discrimination of the daughter (girl child)
- Epicentre of the problem- Urban and the prosperous and not rural and the poor
- Profit being made by a powerful section of the society through crime
- Loss of Morality
- Involvement of both male and female doctors in the crime – doctors claim social service
- The nexus of Economic Justifications of Parents, Sanctity of Profession of Doctors and Law

Dr. Satish also shared the links of few data centric websites related to CSR and highlighted the ways of interpreting the data –

<http://trendsindia.org/>

<http://censusgis.org/india/>

nhfs4.indiagis.org

He further explained the two verticals of the problem –



Supply Side (Crime)

Demand Side (Social)



Dr. Satish urged all the participants to look for avenues of non-traditional activities for women and promote the increase of participation of women in NAREGA, identify and reward the fastest women/girl runner in the district, women in CRPF and all other well performing girls and women in the districts, thereby empowering them.

He concluded by saying “*aversion towards daughters leading to her life*”, and its high time to bring in a campaign explaining the right concept of masculinity.

Session 3: The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act PCPNDT Act), 1994 – Challenges in Implementation

Ms. Varsha Deshpande

Ms. Varsha broadly discussed the following –

- Provisions of the Act,
- Regulation of technology and prevention of misuse,
- Use of language and imagery,
- How to inspect, search and seize,
- How to register a criminal case,
- How to handle the complaint
- How to conduct a decoy operation, and
- Many real examples from her experiences.

Discussing the many challenges, Ms. Varsha explained the various ways and means in which the sex of a child is being disclosed. Seeing the foetus is not a crime, however disclosing the sex of the child is. She further said, “Active trackers not a solution to the problem”, she insisted on tracking doctors rather than pregnant women, she advocated for safe and legal abortions.

Talking about abortion, she said abortion is not the root cause of the problem, as abortion by itself is not discriminatory, only a percentage of abortions are sex selective. The root cause of the problem today is **discrimination**.

She discussed the overlaps in the PCPNDT Act and the MTP Act –

Discrimination is unlawful (PCPNDT), Abortion is lawful (MTP)

Therefore, Practice of (sex) selection is the problem and abortion is the consequence not the cause.

Ms. Varsha further shared in detail a decoy operation, which she conducted and the many ups and downs of the same.

Session 4: Saving the Girl Child, Implementation of PCPNDT Act

Dr. Neelam Singh



Dr. Singh shared few recent trends from her many experiences –

She said, the post-birth discrimination today has reduced considerably, girls are being celebrated in the community, and change is happening, the numbers are less. However, pre-birth discrimination still exists.

Discussing the proper ways of implementation of the PCPNDT Act, she highlighted the importance of -

- **‘Mapping’** and matching the records,
- Documentation and misreporting of cases,
- Evidence collection,
- Identifying registered and unregistered clinics, doctors and operators,
- Regulation on clinics, doctors and operators,
- Qualifications of operators and guidelines of operators,
- Sale and Proper disposal of the sonography machines.

Dr. Singh discussed and explained in detail about the practice of **sex selection**–

As per the Act, ‘any procedure, technique, test or administration or prescription or provision of anything for the purpose of ensuring or increasing the probability that an embryo will be of a particular sex’. It is strictly prohibited under section 3A, Section 5(2) & Section 6.

She further discussed the **powers and the functions** of the ‘**appropriate authority**’ u/s 17 (A). Some of them include –

- Summoning of any person who is in possession of any information relating to violation of the provisions of the Act or the Rules made thereunder,
- Issuing search warrant for any place suspected to be indulging in sex selection technique or pre-natal sex determination,
- To grant, suspend or cancel registration of genetic centres,
- To enforce standards prescribed for such centres,
- To investigate complaints of breach of the provisions of the Act,
- To seek and consider the advice of the Advisory Committee, and
- To create public awareness against the practice of sex-selection or pre-natal determination of sex.

Dr. Singh, stressed upon the need and importance of ‘**Registration**’ as **Section 18(1), prohibits unregistered Centres, laboratories and persons from undertaking determination of sex of foetus and sex selection.**

She further discussed certain violations, penalties and some dos and don'ts of the Act briefly through her experiences.

Dr. Singh emphasised on creating and building strong networks and urged all the participants to practice what they preach.

Day 2: 18th May 2018

Session 5: Judiciary's perspective in implementation of PCPNDT Act

Mr. Anil A. Dhawas

Mr. Dhawas discussed some of the landmark decisions rendered by Hon'ble Supreme court and various high courts.

Constitutional Validity of the PCPNDT Act on the grounds of Liberty –

Vinod Soni and Anr Vs Union of India (UOI) Decided on 13/06/2005 High Court of Bombay

The Validity of the Act was challenged on the ground that the provisions of the Act are in violation of Article 21 of the Constitution of India, which includes the liberty of choosing the sex of the offspring and to determine the nature of the family.

The Bombay High Court ruled –

- a) Right to personal liberty cannot be expanded by any stretch of imagination to liberty to prohibit to coming into existence of a female or male foetus, which shall be for the nature to decide.
- b) These rights, even if, further expanded to the extremes of the possible elasticity of the provisions of Article 21, cannot include right to selection of sex, whether preconception or post-conception.
- c) The case leaves one wondering how right to life of a person can be expanded to include selection of sex of the child.
- d) Constitutional validity upheld.

Constitutional validity of the PCPNDT Act on the grounds of Equality -

Mr. Vijay Sharma and others- Vs- Union of India (UOI) 06/09/2007

The Petitioners were a married couple having two female children and were desirous of having a male child. According to them, by doing so, they could then enjoy the love and affection of both, son and daughter and their daughters can enjoy the company of their own brother while growing up.

The Bombay High court held-

- a) The High Court had in this case taken note of the frightening figure showing imbalance in sex ratio in various parts of India and expressed its concern for the same.
- b) It affects the dignity of women. It undermines their importance. It insults and humiliates womanhood. It violates woman's right to life. Sex selection is therefore against the spirit of the law and Constitution
- c) The Act is not in violation of Article 14 of the Constitution of India

Mr. Dhawas further discussed some of the 'F' Form violations, how and who can file a complaint, seizure of sonography machine/ release during trial, proper disposal of the machine, buyback and resale, tackling technology and tech waste.

He further discussed the provision of **Removal of Doctor from Register** –

There is a mandate to the Appropriate Authority to inform the State Medical Council concerned, the name of the registered medical practitioner against whom the charges are framed by the Court and who had been convicted. In the case when the charges are framed, the State Medical Council must take action including suspension of registration till the case is decided but where there is conviction the name of the concerned medical practitioner should be removed from the Register of the Council for a period of five years.

Mr. Dhawas concluded the session by discussing some of the general directions of the Hon'ble Supreme Court, some of them include –

- seizure of machine if violation of act is found,
- to monitor the progress of various cases pending in the Courts under the Act,
- The authorities concerned should take steps to seize the machines and the seized machines can also be confiscated under the provisions of the Code of Criminal Procedure and be sold, in accordance with law,
- The various Courts in this country should take steps to dispose of all pending cases under the Act.

Session 6: Role of Stakeholders in Declining Child Sex Ratio

Chair: Ms. Suneeta Dhar

Speakers: Dr. Neelam Singh, Ms. Kirti Singh and Dr. Sabu M George

This session had a panel discussion on the role of stakeholders in declining CSR and stopping female foeticide, which was moderated by Ms. Suneeta Dhar.

The discussion started with Dr. George highlighting the attempts made by some of the states, which include Maharashtra, Haryana, and Rajasthan in stopping female foeticide.

He traced the trajectory of the unhealthy practice of ‘Genocide of sex selection’ in the country and the efforts being made in protecting the wellbeing of girl child whose life is at a great threat.

Dr. George laid emphasis on the need to recognize the contributions of DM’s for this cause and share the best practices. He shared some of his experiences.

The discussion Continued with Ms. Kirti Singh explaining ‘Family’ as a site of violence against the girl child and the pervasive mind-set changes.

Dr. Neelam Singh, further stressed the need to include another pillar in the BBBP campaign, that of – harassment and discrimination, stalking, sexual assault and safer workspaces.

Session 7: Lessons Learnt from the States

Dr. Darez Ahmed and Mr. K. K. Pal

The session started with Dr. Ahmed highlighting the important role of the DM in implementation of the BBBP and the PCPNDT Act, the DMs role is that of a pivot.

He laid emphasis on **identifying the deficits** in the districts first –

Pre-birth deficit, Post-birth deficit, Geographical area of the deficit, supply driven or demand driven and from where the demand is coming from and who supplies it.

He next laid emphasis on **disrupting this supply-demand** continuum as DM -

- Tools at disposal
- Key Information
- How information can be collected, analysed and to Act on it
- Legal tools Available

- How to NUDGE
- Health HR at disposal, key factor

Dr. Ahmed, further shared his experience from Tamil Nadu –

- **Magnitude:** Alarming decline in Sex ratio at birth from **965** in 2007-08 to **861** in 2011-12(lowest)
- **Intervention:** Save The Girl Child initiative (Started in 2011 August)
- **Outcome:** Sex ratio at birth for 2013-18 - 963

Some of the **Interventions and strategies** adopted were –

- 2nd Trimester Abortion Audit (Post facto)
- Audit of all male child birth in Adverse SRB HSC areas.
- VHN's accountable for sex ratio
- Leveraging the Government System- Using Government schemes to derive desired outcomes
- Early ANC registration.(Spontaneous abortion is a rarity in second trimester, Sex of the fetus can be predicted with accuracy only in second trimester)
- Co-ordinated approach with Anganwadi worker, Panchayat functionaries, Social welfare, and Health functionaries.
- Disaggregated Health Sub Centre wise data analyzed and localized issues sorted out.
- The information was used to deal with supply side issues by enforcing PNDT act

Role of Medical officers

- Interacting with mothers, public, educating them, Auditing 2nd trimester abortions, and reviewing activities against sex determination and abortions.

Role of District Administration

- Monthly review of SRB, Sensitization of public about the benefits given to girl child, prevention of child marriage, provision of shelter to families with two girl children.

Dr. Ahmed also shared some experiences of decoy operations by National Inspection and Monitoring Committee.

Session 8: Best Practices on BBBP Campaign

Mr. Khetmall M Pandurang

Igniting social change in Sonipat

Mr. Pandurang shared some of the best practices being followed in sonipat, Haryana, where the CSR has been very low.

Background

Sonipat is located merely 12 miles north to the Capital of India. This prosperous district used to tell a horrifying tale in terms of the sex ratio at birth with **830 girls per 1000 boys** before the launch of Beti Bachao Beti Padhao Program in 2015. Now within just two years of BBBP program, the sex ratio at birth (SRB) has improved to **937 girls per 1000 boys**.

Some of the Initiatives include –

- Awareness campaign for religious leaders,
- Participation of NGOs in spreading awareness,
- Oath taking at schools,
- Thali bajao campaign,
- Kuan Pujan,
- Enforcement.

The methodology followed primarily involved decoy and sting operations.

Other Measures include –

- Anonymous complaint portal
- Rewards
- Regular Monitoring by District Task Force

Accomplishments –

- Average SRB increased from 830 in 2014 to 937 in 2017
- Improvement in the mindsets/attitudinal change in the society
- Almost zero cases of sex determination in the district

Session 9: Group Work and Presentations

Ms. Suneeta Dhar and NGC Team

Preparation of Action Plan

Based on the new learnings about the challenges in implementing BBBP Campaign, the participants were asked to prepare an action plan to address them.

Participants in groups discussed and presented the following –

1. How to bring about synergies and convergence across different Depts./Ministries for effective implementation - beyond the 3 Ministries charged with this programme.
2. How to work across districts to ensure better tracking/monitoring/follow up on PC-PNDT Act, with district authorities across the states
3. How to engage a wider pool of stakeholders, including the communities, women, youth, civil society, others
4. Building innovative strategies that address the systemic barriers and engage men and other partners in addressing son preference, child sexual abuse, trafficking, etc.
5. How to ensure more effective monitoring, accountability mechanisms, fund utilization at district level, and working closely with state, and other committees charged with BBBP.

Some of the ways suggested to bring about Synergies and convergence across different departments were –

- Establishment of PMU
- Inter-sectoral meetings of DTF, BTF
- Stakeholders Meetings & feedback mechanisms
- Close coordination between Administrative, police, judicial, medical wings
- Review of cases pending before district court & follow up
- Analyze the birth registration trend GP/ ULB wise.
- Effective use of VHNSCs

Some of the Innovative strategies to address systemic barriers include –

Jaagriti, Umang - Ek Pehel, Bal Rakshak, Collaboration with UNDP, Economic empowerment of women, Social media, Use of IT, Name and shame, Role

models/ Brand Ambassadors, Screening of Good and Bad touch, Preferential treatment to 2-D Club and name plates of houses starting with the Ladies name.

Ms. Suneeta highlighted some of the good suggestions and suggested the participants to rethink “Name and Shame” strategy as it may involve dignity and human rights.

The day ended with High-tea at the AN Jah Lawns. The participants interacted with the faculty and staff of LBSNAA and shared their experiences through the day.

Day 3: 19th May 2018

Session 10: Communication for Social Mobilization Model

Mr. C. Srinivas

Mr. Srinivas started the session by explaining Daniel Kahneman’s Dual Process Theory of Humans –

Automatic system “System 1”

- Subconscious and non conscious behaviour
- Intuitive
- Fast to react
- Based on habit / impulse / emotions

Reflective system “System 2”

- Conscious behaviour
- Deliberative
- Slow to react
- Reflects values and beliefs

Historically the focus has been on the reflective system 2, until quite recently Public Policy making focussed primarily on appealing to system 2 influences. This led to behaviour change campaigns that were primarily **information-based**; however, information-based campaigns have not been very successful at achieving sustained behaviour change.

Framework for Behavior change communication today needs to be based on data & insights –

- Behavioural objectives
- Strategy
- Planning and content development
- Execution adaptation optimisation
- Evaluation

Programs to be developed beyond communication –

- On ground activation/participation
- Social customs for messaging
- Scalable models

Integrated approach –

- Across policy + communications + on ground + schemes
- Build call for action
- Create database for recontacts where possible
- Invest in measurement

Discussing going beyond communication Mr. Srinivas played some impactful social initiative and ad videos, some of which include –

‘Nanhi Kali’ - Educate the girl Child – Nestle

‘Hope Soap’ – South Africa – Capturing psyche of the stakeholders

‘Immunity Charm Bead’ – Afghanistan – using culture and local beliefs

Mr. Srinivas ended the session by answering some of the questions posed by the participants.

Session 11: Advocacy for Social Behavior Change – Improving CSR and Education of Girl Child

Mr. Anand Chitravanshi

Aarohin Initiative, Digital Study Hall

Mr. Chitravanshi discussed about the *Aarohin Initiative* and how it has led to the education and empowerment of close to 1000 girls schools across the states of Uttar Pradesh and Rajasthan. Through these schools, over 90,000 girls have participated in critical dialogues that focus on discussing issues that limit the lives of girls and help develop a political understanding of patriarchy.

He discussed the co-relation of education and empowerment, which in recent times has become the most, theorized and abused word.

The documented transformations of several girls was showcased using visual aids.

Valedictory Programme

Ms. Aswathy Sivadas, Ms. Anjali Chauhan and NGC Team

Ms. Aswathy gave the closing remarks. The workshop was effective as many issues were deliberated, true and likely situations were introspected, and participants actively engaged themselves in reaching out to possible solutions.

The workshop engaged the participants into active learning and also refreshed and motivated them to further the cause with commitment to create an equitable society for the girl child.

Ms. Aswathy congratulated all the participants and gave away the certificates. The workshop ended with the vote of thanks proposed by Ms. Aswathy.
