



BETI BACHAO BETI PADHAO



Haryana Model of Fighting Female Foeticide
A Case Study of Jhajjar, Sonapat and Kurukshetra
August 2017

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A Case Study of Jhajjar, Sonapat and Kurukshetra (2014-17)

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LIST OF ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWK	Anganwadi Kendra
BBBP	Beti Bachao Beti Padhao
B3P	Beti Bachao Beti Padhao
CARA	Central Adoption Resource Authority
CDPO	Child Development Project Officer
CMO	Chief Medical Officer
CS	Civil Surgeon
CSR	Child Sex Ratio
DAA	District Appropriate Authority
DC	Deputy Commissioner
DEO	District Education Officer
DTF	District Task Force
GII	Gender Inequality Index
GPRS	General Packet Radio Service
GPS	Global Positioning System
HRD	Human Resource Development
H&FW	Health and Family Welfare
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
ILO	International Labor Organization
MTP	Medical Termination of Pregnancy
NFHS	National Family Health Survey
NHM	National Health Mission
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PMMVY	Pradhan Mantri Matritva Vandana Yojana
RTE	Right to Education
SMO	Senior Medical Officer
SRB	Sex Ratio at Birth
SRS	Sample Registration Survey
UPT	Urine Pregnancy Test
WCD	Women and Child Development

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1. INTRODUCTION

It is said, that the status of women in a society determines the status of its development, and that when you educate a man, you educate an individual, but when you educate a woman, you educate an entire family. India has a rich history of empowered women speaking volumes of our social structure. However, gradually the status of women degraded to the extent that female foeticide got widely practised. This resulted in wide gender disparities in the Indian society. The GII (Gender Inequality Index) for India in 2013 was 0.563, ranking 127th out of 186 countries. Child Sex Ratio (0-6years) in India continued to decline from 945 in 1991 to 927 in 2001 and 918 in 2011 census.

Similarly, considering the education and macroeconomic statistics from World Bank Gender statistics database¹ for 2012, like - expected years of schooling, percentage of secondary school education pupils, and unemployment (percentage of labour force-ILO method), youth unemployment (percentage of labour force age 15-24 years-ILO method), etc reflect vast inequalities in education amongst girls in India. The country ranks 114 out of 142 nations in the Gender Gap Index in 2014².

Eyeing the critical situation, in terms of adverse child sex ratio, PM Narendra Modi launched Beti Bachao Beti Padhao (BBBP) initiative in 2015, urging people to change their attitude and break the stereotypes towards girl child and give up the inhumane practice of female foeticide. The initiative primarily aims at '*celebrating girl child and enable her education*'. Converging several existing schemes and programmes of health, education and women and child welfare, the initiative looks at engaging multiple agencies to put up focused efforts in improving the poor sex ratio, girls' education indicators and overall attitude towards girl child.

The B3P campaign was launched in Haryana, which is most gender critical state of the country owing to its skewed child sex ratio, with CSR of 819 in Census 2001 and 834 in Census 2011. Haryana stood lowest in Census 2011 in terms of child sex ratio. Though there are laws that prohibit sex-determination and illegal termination of pregnancy, but female foeticide in India has grown into a Rs1000 crore industry³. Post 1980s, Haryana too has pampered the industry building on its preference for a male-child, resulting in low sex ratio in the state. In two years of focused efforts put in under the campaign, sex ratio at birth in the state catapulted from 866 in 2012-14 (SRS Report 2014⁴) to 940 by March 2017.⁵

¹ Gender Statistics. World Bank 2012. <http://databank.worldbank.org/data/reports.aspx?source=Gender%20Statistics#>

² <http://reports.weforum.org/global-gender-gap-report-2014/part-1/the-global-gender-gap-index-results-in-2014/> (Accessed on 10-6-2017)

³ <http://unicef.in/PressReleases/227/Female-foeticide-in-India> (Accessed on 08-8-2017)

⁴ Refer <http://www.livemint.com/Politics/gu0jri6lcv6k3QAdPqscNJ/Haryana-tops-the-list-amid-national-trend-of-worsening-of-se.html>

⁵ Press Releases, Govt. of Haryana. April 2017.

2. ABOUT RESEARCH

The study attempts to examine the strategies undertaken by Govt. of Haryana and approach of the system under B3P initiative that has resulted in improvement in sex ratio at birth statistics in the state. Therefore, the study gives useful insights into best practices of the state for combating the female foeticide menace, changing attitudes towards girl child and also identifies factors that may challenge the sustainability of the results. At the end, the study provides certain recommendations to bridge the gaps, so as to strengthen the Haryana Model of Beti Bachao.

2.1 Objectives and Scope of Study

The objectives of the study can be defined as under –

- To examine the initiatives undertaken by the state and district officials to combat the female foeticide menace in the state.
- To assess the participation of multiple stakeholders in the campaign under BBBP.
- To document the best practices, innovative initiatives and motivational stories around changing attitudes towards girl child in the state.

Thereby, scope and limitations of the study can be described as below –

- **State of Haryana** – The alarming gender ratio statistics make the state of Haryana a ‘gender critical state’ contributing to thousands of disappearing daughters each year. As of 2014, though no concrete figures are available on the exact number of female foeticide cases, an estimated 37,000 girls are killed every year in the State before they are born. The fact that Haryana, with just 2.2% of the total children in India, accounts for 4% of the female foeticide cases, speaks volumes about the extent of problem.
- **Districts of Jhajjar, Sonapat and Kurukshetra** in Haryana – owing to the dismal CSR figures recorded in 2011 and wide improvements in figures of Sex ratio at birth (SRB) reported in March 2017, these districts were selected as sample for the research.

District	Description
Jhajjar	CSR – 774 in 2011, SRB – 781 in 2012, SRB – 893 in 2017 <ul style="list-style-type: none"> • The district ranked lowest on CSR in 2011, and is now in top-3 districts with improving SRB rates (around 13% between 2012-2016). Also, the district was amongst the most critical 100-districts under BBBP.
Sonapat	CSR – 790 in 2011, SRB – 808 in 2012, SRB – 939 in 2017 <ul style="list-style-type: none"> • The district was amongst the bottom-5 on CSR in 2011, and is now in top-10 districts with highest SRB. Also, the district was amongst the most critical 100-districts under BBBP.
Kurukshetra	CSR – 817 in 2011, SRB – 743 in 2012, SRB – 980 in 2017 <ul style="list-style-type: none"> • The district was amongst the bottom-10 on CSR in 2011, and is now in top-5 districts with highest SRB. Also, the district was amongst the most critical 100-districts under BBBP.

- **Variables** –Taking into account only the initiatives undertaken to combat the female foeticide menace in the state and to change the attitude towards girl child, only following variables were considered for analysis –
 - Sex Ratio at Birth, ANC registrations, NHM book keeping, AWK growth monitoring record keeping, ICDS immunization book keeping.
 - PCPNDT and MTP Raids – FIRs registered, arrests, seizure and convictions.
 - Communication strategies for B3P through Atal Sewa Kendra, Panchayat Samiti, Schools, NHM, AWK, and civil society and community participation.
 - Status of girl child education – enrolment, absenteeism and drop out in general.

2.2 Methodology ⁶

- **Approach** – Case Study (Qualitative, supported by empirical evidences)
- **Literature** –
 - Beti Bachao Beti Padhao guidelines, circulars, Annual reports of Women and Child, Health and School Education Departments, Govt of Haryana, and related published research reports and media review.
 - Articles and Papers on Gender Economics, Health Economics and UNICEF, WHO, World Bank studies.
- **Methods of research** -Sample group Expert Interviews including - nodal officers, stakeholders, civil society and local communities. Focus group discussions, in-depth interviews and Participant observation, besides library research.
- **Sampling Model** –Purposive, Snowball sampling and case variation sampling.
- **Sample groups** –
 - Administrative levels – State officials from WCD, Health and School Education Department, District Civil Surgeons, CEO Zila Parishad, Block Resource Persons, School Management Committees, Superintendents of Police.
 - Functional levels –
 - Health: Doctors, Nurses, ANM and ASHA. Diagnostic Centres, Medical Associations, Nursing Homes and Anganwadi Kendras.
 - Education: Parents/Guardians in School Management Committees, Teachers, Students.
 - Others: Panchayati Raj Institutions, Voluntary organisations, etc.

⁶ Refer <http://www.wcd.nic.in/BBBPScheme/ImplementationguidelinesofBBBPScheme.pdf>

3. BACKGROUND

Primarily, being an agrarian state, the economy of Haryana is largely dependent on agriculture, and allied sectors, followed by industrial production. About 70% of the state population is engaged in the primary sector. Green revolution changed the state's economic profile from pastoral economy to grain basket of the country, which is now shifting to industrial boom. In all the agricultural and allied works, women participation has been significant.

3.1 Gender Equations in Haryana

Agriculture in Haryana, like in other parts of the country, has been largely dependent on family labour, with women playing an integral role and acknowledged as an economic asset. Most Haryanvi women, across regions, religions, castes and classes, are engaged either as female family workers or agricultural wage earners in agriculture or agricultural processing or animal husbandry. The socio cultural factors have been largely responsible for consistent high level of women labour participation in the economic activities of the state⁷. However, the devaluation of their labour and cultural disrespect to their contribution in the process of economic development has degraded their status in the society. Swarna S Vepa, in her paper published in 2005, calculated that on an average, a woman spends 23.6 hours a week on economic activities, but receives payment for 60 per cent of their work⁸.

Since economic stability could not be based on a trade-off between economic prosperity and social justice, immediately post independence, India abolished the feudalist zamindari system (Tenancy Reforms). But in regions around Haryana, it re-emerged in the form of landlord dominated peasant society, wherein most farmers are still landless working for rich agricultural land-owners. Studies reveal that men tend to work on their own land and send the women out as wage labours and tenants⁹, with personal laws and customary practices retaining widespread landlessness amongst women in the Haryanvi society¹⁰. These poor property rights to women sustain the devaluation of their contribution to economic activities and counts their job-roles as 'inferior'.

Despite high contributions made by women in the economic prosperity of the state from green and white revolution, the prosperity didn't translate into improving the human development indices, particularly for women. Hence, women, who are largely seen as economic liability, social customs such as dowry, add on to this deemed economic liability status of women. Eventually, economic liability became social liability, and everybody preferred to have a son over daughter. Resultantly, female infanticide and female foeticide came to be practiced in the society. Gradually, post 1990s, as advanced techniques became easily accessible, an illegal industry of sex determination and sex selective abortions prospered across the country, which is estimated to worth around Rs 200 crore in the state.

⁷Chowdhry, P. '*High Participation and Low Evaluation – Women and Work in Rural Haryana*', Economic and Political Weekly, Vol.28, No.52, December 15, 1993.p.135-148.

⁸Swarna S Vepa, '*Feminisation of Agriculture and Marginalisation of their Economic Stake*', Economic and Political Weekly, 2005.

⁹Chowdhry, P. '*The Veiled women – Shifting Gender Equations in Rural Haryana*', Oxford University Press, 2004.

¹⁰ Sen, P. '*Customary Laws over land & land rights of women in Haryana*', IOSR Journal Of Humanities And Social Science, ISSN: 2279-0845, Volume 20, Issue 12, Ver. II (Dec. 2015) PP 10-24.

Year	CSR – National	CSR – Haryana
1971	964	898
1981	962	902
1991	945	879
2001	927	819
2011	914	830

Source- Census Data.

The skewed sex ratio in the state has nurtured the practice of ‘*attabatta*’ – a girl will be married in exchange of another girl for her brother. The deficit of suitable brides has shot up so much so that in almost every village one could find hundreds of young males who are not getting married at the suitable age. This has led to the practice of buying brides from other states of the country. Poor girls from North Eastern states, Bihar, Odisha etc are being trafficked under the pretext of marriage to meet the deficit. It has also added many cruel dimensions to the nature of violence and crime against women in the state, making them even more vulnerable. The crime and question of safety and security of women has further added to the social liability status of the girl child, turning the female feticide menace into a vicious circle.

3.2 Existing Policy Framework

A skewed CSR highlights the fact that the number of girls in the age group of 0-6 is pretty low as compared to boys. The figures are indicative of several factors contributing to the statistics, including, pre natal sex selection and subsequent abortion in case of female foetus, post birth discrimination against girls with respect to nutritional development, safety security and inadequate attention towards health and related issues of the girl child. While there are several causative elements behind low CSR, a low Sex Ratio at Birth (SRB) is directly indicative of rampant use of sex selection techniques and abuse of diagnostic tools to eliminate the girl child in the womb itself. In order to combat the female feticide menace and empower women to overcome the liability status, India enacted several legislations, besides schemes, policies and programmes to break through the described vicious circle.

A. Pre-Conception and Pre-Natal Diagnostic Techniques Act¹¹

The aforementioned legislation criminalises any act of identifying the sex of the foetus and elimination of the foetus if it is of the unwanted sex. The Act was enacted in 1994, and then amended in 2003 to include Pre-conception testing techniques also under the purview of the law. Under the law, PC & PND Tests are allowed only to detect - genetic abnormalities, metabolic disorders, chromosomal abnormalities, certain congenital malformations, haemoglobinopathies,

¹¹ Act No.57 of 1994, Parliament of India. Refer http://www.ncpcr.gov.in/view_file.php?fid=434 (Accessed 05-8-17)

and sex linked disorders¹². Other than these, conducting or helping in conducting the test for purposes other than the ones mentioned above, are defined as an offence.

All, persons involved – man or woman, laboratories, clinics, etc and even unregistered units shall be offenders. Nonetheless, sale, distribution, supply, renting etc. of any ultra sound machine or any other equipment capable of detecting sex of the foetus, is regulated under this law. Thereby, the act provides for compulsory registration of all diagnostic laboratories, all genetic counselling centres, genetic laboratories, genetic clinics and ultrasound clinics. Moreover, the law stipulates punishment for any person who advertises for pre-natal and pre-conception sex determination facilities.

However, the implementation of the law has been a challenge for all states across the country, despite rampant violations. There were hardly any cases reported and fewer illegal practitioners were nabbed down. It was only after the 2003 amendment, that the effective implementation of the law was taken seriously. According to a report of the Health Department of Haryana as of September 2015, a total of 63 doctors were convicted out of 135 court cases filed under PC&PNDT Act in the State, and that 22,336 inspections of registered centres/clinics were conducted leading to suspension/cancellation of 517 registrations and sealing of 330 centres/clinics.¹³ The state has indeed putting up a tough fight against the female feticide menace.

B. Medical Termination of Pregnancy Act¹⁴

In matters of medical terminations of pregnancy, abortions in India are legal only up to 20 weeks of pregnancy under conditions of risk of life or injury to pregnant woman, or that there is substantial risk of health or abnormalities to the child to be born, or in case of rape victims, allowed on contest of adult pregnant women. The Medical Termination of Pregnancy (MTP) Act, 1971 lays down regulations in this regards.

The Act clearly defines the qualification of the medical practitioners and the place where medical termination of pregnancy is allowed. Though the law prohibits sex selective abortions, it provides no rules in this context. So, technically India has criminalised any induced abortion purposefully causing miscarriage or harm to pregnant mother or foetus, and the offence is punishable under IPC by imprisonment of three years or fine or both.

However, the provisions of the law legalising consent abortions on mentioned grounds have been often reported to be misused for sex-selective abortions. With advancement of technology, it has become easier to determine the sex of the foetus, particular second trimester onwards. Then, easy availability of ‘A’ pills causing induced abortions often leads to health threats to pregnant women and foetus, leading to abortions under MTP. Strong check on easy sale of these pills is required in this context.

¹² ‘The State of Female Feticide in Haryana’, Asian Centre for Human Rights, 2016. Refer - <http://stopfemaleinfanticide.org/files/Haryana.pdf> (Accessed on 10-8-17)

¹³ Refer <http://haryanahealth.nic.in/menudesc.aspx?page=320> (Accessed on 05-8-17)

¹⁴ Refer <http://tcw.nic.in/Acts/MTP-Act-1971.pdf> (Accessed on 05-8-2017)

C. Beti Bachao Beti Padhao Initiative¹⁵

The Beti Bachao Beti Padhao campaign seeks to improve the child sex ratio and also to further make way for a better world free from gender discrimination, where they are nurtured and educated for a brighter future. Under the programme, 100 districts throughout India having child sex ratio below the national average of 918, or were on a decline trajectory or both as per the census 2011, were shortlisted. It is however to be noted that out of the 100 shortlisted districts, 12 belonged to the state of Haryana, with a close second in Punjab with 11 such districts. Owing to the states dismal sex ratio of 834 in 2011, the scheme was launched from Panipat, Haryana on 22nd Jan, 2015 by Honourable Prime Minister Sh. Narendra Modi.

The B3P initiative is a convergence of Ministry of Health and Family Welfare, Ministry of Women and Child Development and Human Resource and Development Ministry. The three ministries have been assigned tasks and work area under the guidelines. The Ministry of Women and Child Development (MoWCD), the nodal ministry under the scheme, has been entrusted with improving the awareness level and ensure that its programs and schemes are utilized by women/girls for - ICDS, ICPS, PMMVY, Sabla, Creche, Swadhar Greh, CARA, and Working Women's Hostel etc.

Further, community mobilization through initiatives like celebration of birth of a girl, facilitation of mothers with one or more daughters and identifying local champions at all levels for are encouraged for creating awareness about the issue concerning women and girl child. The ministry is responsible for creating awareness among the public and also train/sensitize the grassroots functionaries to achieve gender sensitization and awareness regarding child sex ratio issues. The Ministry has to also ensure that the scheme disbursed for women and girls are optimally utilized by target beneficiaries.

The Health Ministry is responsible for state PNDDT cell with technical human resources and also constitution of supervisory and advisory boards at the state level. The health department is responsible for analysing and monitoring of all on-going PNDDT court cases and also those pending in district courts. The Ministry has also been assigned the task of orienting and sensitizing the judiciary at both the state and district level.

The HRD Ministry is entrusted with the education and re-enrolment of drop out girl children. The HRD ministry has to ensure that the School Management Committees, as constituted under the BBBP guidelines, are actively run by the school authorities. The ministry has to ensure adequate sensitization of teachers on the issue of declining child sex ratios and also carry out awareness and sensitization campaigns.

The Beti Bachao Beti Padhao initiative seeks to propel this multi-sectoral convergence for improving the sex ratios. There is also a strong emphasis on mindset change through training, sensitization, awareness raising and community mobilization on ground.

¹⁵ Refer [http://www.wcd.nic.in/BBBPScheme/02.12.2014%20Final-Guidelines_BBBP.pdf%20\(1\).pdf](http://www.wcd.nic.in/BBBPScheme/02.12.2014%20Final-Guidelines_BBBP.pdf%20(1).pdf) (Accessed 05-8-17)

D. Other Schemes and Programmes for Economic Empowerment of Girl Child

As Prime Minister Narendra Modi while launching ‘Save the Girl’ campaign from Panipat in Haryana on 22 January 2015 stated “*Our mental illness is responsible for this poor sex ratio. We give a lot of importance to boys. Many women also do this. But for how long will we look at girls as ‘paraya dhan’?*” In order to mitigate the threats of rising female feticide and skewed sex ratio, it is important to overcome the stigma around the having the girl child and the liability status attached to her. To address the structural inequalities, Govt. of Haryana has brought forward schemes such as -

- **Ladli Laxmi Scheme** – Financial incentive on birth of girl child (up to Rs21000), and financially supporting her education, up to class 12th, and finally providing around a lac financial help to the girl when she attains 21years of age.
- **Sukanya Samriddhi Yojana** – High interest rate in saving accounts opened for girl child, till she attains 21yrs of age; withdrawal allowed only after 18yrs of age, for her marriage.
- **Kanya Kosh** – Rs100crore set up for girl child belonging to poor families of SCs.
- **Apki Beti Hamari Beti** Scheme implemented to incentivize birth of girl child in BPL and SCs families.
- **DhanaLaxmi Scheme** is a conditionally cash benefit transfer scheme, wherein, financial incentives are given to families with girl child, to look after her health (post natal), education and prevents child marriage.

Moreover, the govt. has increased the award money under Indira Gandhi Mahila Shakti Award, Behan Shanno Devi Award and Life Time Achievement Award¹⁶. In order to change attitude towards girl child, the B3P campaign aims at negating the gender inequality through such initiatives by reaching out to the masses, for socio-economic development and gender justice.

¹⁶ Refer <http://www.news18.com/news/india/aapki-beti-humari-beti-scheme-launched-in-haryana-972099.html> (Accessed on 06-7-17)

4. OBSERVATIONS

A statistical analysis of gender ratios in the state of Haryana through years reveals that the state witnessed a drop in child sex ratios. In 2001, the state stood at 819, and at 834 as per 2011 figures. The Haryana CSR figure of 2011 census was the lowest in the entire country. As per Census 2011, four districts with lowest CSR (less than 800) were Mahendargarh, Rewari, Sonapat and Jhajjar – lowest CSR of 775 in Mahendargarh. This significant decline called for proactive and immediate action. The scenario called for mobilizing the existing infrastructure and a focused and multi-sectoral initiative to ensure survival, protection and education of the girl child. Post the launch of the B3P, the districts carrying the infamy of being listed under the 100 gender critical districts in the state also witnessed an encouraging growth in terms of Sex Ratio at Birth. The districts selected for field survey afforded ample scope for assessing the reasons and motivating factors behind the improving scenario.

Sonapat, with CSR of 790 in 2011 and SRB of 808 in 2012 was amongst the bottom five in terms of CSR 2011 and was resultantly among the 100 gender critical districts under the BBBP. The district now with SRB of 939 stands in top 10 districts with highest Sex Ratio at Birth. Similarly, Kurukshetra which featured among the 100 gender critical districts with CSR of 817 in 2011 and SRB of 743 in 2012, now with SRB of 980 as per 2017 figures, it stands among the top five districts in terms of Sex Ratio at Birth. Considering Jhajjar, the district which stood at the bottom with a notoriously low child sex ratio of 774 in 2011 and SRB of 781, was a matter of grave concern for the state authorities. However, latest figures of 2017 put forth an encouraging scenario. The district with SRB of 893 in 2017, figures among the top three districts with improved SRB rates, i.e. around 13% between 2012 and 2016.

The following table reflects the trends in Sex Ratio at birth. We see a significant rise in respect of SRBs when compared to the figures under the National Family health Survey IV¹⁷.

Districts	NFHS – 4 (last 5 years)	Apr'16 - March'17	Apr'17
Palwal	888	948	858
Panipat	918	942	925
Panchkula	751	943	1063
Kurukshetra	823	889	971
Ambala	730	917	962
Yamunanaga	616	906	963
Karnal	880	919	973
Sonapat	855	906	961
Jhajjar	713	904	882
Bhiwani	999	909	903
Mewat	891	912	887

¹⁷ Refer http://rchiips.org/NFHS/pdf/NFHS4/HR_FactSheet.pdf (Accessed on 10-8-17)

Sirsa	847	927	853
Fatehabad	922	918	895
Hissar	776	921	843
Faridabad	686	903	874
Jind	1003	906	908
Kaithal	949	906	821
Gurgaon	916	886	888
Rewari	704	861	888
Rohtak	930	903	891
Mahendragarh (Narnaul)	698	866	845
Haryana	833	909	902

Source: NFHS IV; & Government of Haryana SRB statistics, received June, 2017

4.1 Haryana’s Structural Model – Combating Female Feticide Menace

During field research of these three gender critical districts, Haryana model was vividly identified - a strategy consciously crafted to address the most pressing issues affecting the child sex ratio in the state. The officers were mobilised on a mission mode to fight this battle and rid the state from the issue crippling the state for decades. Not without its share of challenges and set-backs, the state has no doubt made remarkable progress on the front, while the process still goes on. Seeking for a Haryana Model during our research we came across several good governance measures and initiatives that worked together to put the existing policy infrastructure in the state into motion.

The larger initiative of the Beti Bachao Beti Padhao is to celebrate the girl child and enable her education with the core objectives of preventing gender biased sex selective elimination, ensuring survival and protection of the girl child and finally to ensure education and participation of the girl child. The objectives were charted out, to be achieved by a well coordinated convergence action between Ministry of Women and Child Development (MoWCD), Ministry of Health & Family Welfare (MoH&FW) and Ministry of Human Resource Development (MoHRD) - Department of School Education and Literacy.

The salient features of Haryana structural model observed during the field research can be listed as below and graphically represented as in fig.1

- **Political Leadership**– The activities under the Pre-Conception and Pre-Natal Diagnostic Techniques Act are monitored by the “Beti Bachao, Beti Padhao” Secretariat set up in the office of the CM. The proactive leadership and ownership of the program that flows from the secretariat can well be credited with the success under the program. Political will and leadership is the sine qua non of the success of any initiative or program. Similarly, In Haryana, we observed that the accountability and leadership that flows from the CM’s office has an incremental impact on the entire organizational structure and across stakeholders of the *Beti Bachao Beti Padhao Mission*.

- Interdepartmental Role-** The roles and functions assigned to the several government departments under the program guidelines have been strategically aligned. The Haryana Model illustrates the role of proactive leadership and initiative in successful accomplishment of desired campaign objectives. While the hierarchical flow of responsibilities and accountability structure adheres to the departmental positions and seniority level, the model offers interesting insights through the chain of communication and leadership styles adopted to optimize resources for achievement of goals.
- Mobilising Decentralised Set-up-** The well crafted mechanism is a productive blend of both centralized decision making and delegation of appropriate authority for decentralized task orientation and initiative. The **task oriented approach** at the top of the hierarchy ensure effective goal-setting and laying a clear path to complete objectives and defining structures, roles and targets to achieve the targeted Sex Ratios with designated deadlines. The management approach has enthused the stakeholders with a **competitive spirit** who work tirelessly to portray their district on a progressive path. Further below at the district level, we see a more decentralized form of management marked by a more relationship oriented networking propelled by mainly an informal mode of communication.
- Inducing Pro active Governance Approach-** At the district level, the nodal officers, entrusted with implementation of their mandate under the PNDT ACT, lead the campaign on a more relationship oriented management. This approach has ensured satisfaction, self-motivation and productive interaction between ranks. This approach ensures that the tedious task of pursuing the suspects, planting decoys and finally conducting raids, is handled more conveniently and productively.

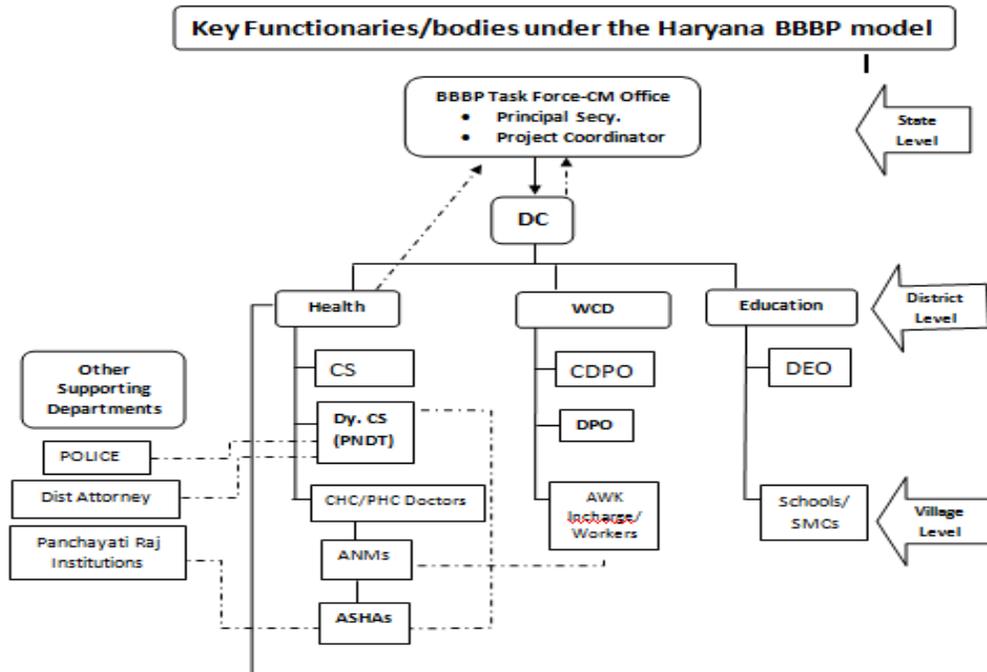


Figure 1 - A working model of key functionaries under B3P in Haryana

- **Team Building and Internal Communication**

- ✚ The doctors have become the baton bearers in the entire campaign as they function as the Nodal Officers at the district level. They coordinate with all the other functionaries such as the police, the attorneys, WCD officers etc. The designated PNDT doctors conduct raids and follow up through the entire legal process.
- ✚ They have ensured that competent individuals have been recruited at the district level who can translate the administration goals and objectives into concrete action plans and then follow up to see the implementation through its completion. Regular video conferences are held with the civil surgeons, District Magistrate, law enforcement and legal officers to ensure that pressure of accountability and answerability translates plans into concrete actions. With effective delivery of expectations and sharing of performance, the platform comes up as a means of ensuring sharing of information and grievances.
- ✚ Effective communication underscores productive team work and is the key to employee engagement thereby enabling better understanding of their roles and organizational mission. It has also been observed that district nodal officers maintain an all-channel communication network the staff both horizontally and vertically, across departments. For instance, Asha workers can directly approach the Dy. CMO for giving leads on suspected sex determination activity in their neighbourhood etc. While an official channel of communication through the hierarchy exists, the staff workers occasionally contact the officers directly in certain cases to maintain secrecy and promptness of action.
- ✚ Sensitization-cum-training district workshops of Police, Prosecution and Health officers on PNDT/MTP Acts are also held.
- ✚ The SRB trends are regularly monitored from the CM office and the districts are categorised on the basis of performance. At the same time, details regarding investigation, filing of challans/ complaints, appeals against acquittals, revision against discharge, and appeals against sealing of ultrasound machines or suspension of registration are also recorded and minutely monitored.

Table 3- Data on Monitoring and Inspections in Haryana under B3P			
Indicators	Apr 2015- Mar 2016	April 2016-March 2017	Cumulative
Inspection	2874	2169	25696
DAC Meetings	137	1601	1794
DTF Meetings	58	98	281
Source: http://haryanahealth.nic.in/userfiles/file/pdf/PNDT/2017/pndtcomulativenotemarch17_14062017.PDF http://haryanahealth.nic.in/userfiles/file/pdf/RTI/PNDT_2016/Cumulative%20PNDT%20Note%20Upto%20March%202016_270716.pdf			

While the focus is on creating deterrence on one hand, the state has also created a band of foot soldiers among the ASHA and Anganwadi workers to maintain vigil at the grass roots level. This mobilization of the grassroots functionaries ensures prompt and focussed action by higher officials. This two-pronged approach has worked well in tightening the noose and also creating an environment of vigilance and accountability. Specific strategic observations in this regards have been detailed in the observations below.

4.2 Strategies for *Beti Bachao*

Haryana's approach towards combating the menace is result oriented and focussed on addressing the immediate causes of concern. With the Health department taking the lead role through the PNNDT nodal officers, the entire focus has been on taking immediate action against centres/doctors/people involved in illegal sex determination. The state is focussed on bringing all diagnostic centres, sale of MTP kits at pharmacies and SSDs scam etc under the scanner and creating adequate deterrence for probable offenders.

4.2.1 Marked Deterrence

The state has been put on a mission mode since the inception of *Beti Bachao Beti Padhao* program. The State supervisory board had earlier recommended conducting sting operations at USG Centres suspected for involvement in sex determination. The scenario indicated negligent attitude towards monitoring of sex selection activities and inefficient implementation of the PCPNNDT act. However, post 2015; decoy operations have gained considerable prominence in state's action plan for improving the sex ratios.

Since 2015, a total of 459 FIRs have been registered under PNNDT and MTP Act and more than 1000 culprits have been nabbed since then. Further, more than 500 USG machines have been sealed under PC-PNNDT Act and 100 Chemist shops have been sealed for illegal sale of MTP Kits. A number of convictions have been secured since then, including those of high profile and well-known doctors. Further, 92 Inter-State PC-PNNDT raids have been conducted (Delhi-20, UP-44, Punjab-20, Rajasthan-8).¹⁸

The Deputy CMOs in all districts have been identified and are entrusted the task of ensuring rigorous implementation of the PCPNNDT and MTP Act. The designated doctors have been engaged full time in inspection and monitoring of USG centres/sex determination activities and conducting decoy operations. The raids are meticulously planned and implemented with the requisite expertise and support. Decoys are engaged and sent along with the touts or middlemen who are used to entrap the doctors conducting illegal sex determination of the unborn foetus. The entire process involves

Following two tables put forth the rigorous implementation of the PCPNNDT in the state of Haryana and specifically in three selected sample districts of Jhajjar, Sonapat and Kurukshetra, post implementation of *Beti Bachao Beti Padhao*.

¹⁸ Data received from Government of Haryana, June 17.

Indicators	Apr 2015-Mar 2016	Apr 2016-Mar 2017	Cumulative
	Suspension/ cancellation	58	
Seize & Seal	95	97	489
Court Case	38	53	208
Conviction	9	3	69 (40 doctors)
License cancellation	2	0	14
Licenses suspended	2	0	6

Source:
http://haryanahealth.nic.in/userfiles/file/pdf/PNDT/2017/pndtcomulativenotemarch17_14062017.PDF
http://haryanahealth.nic.in/userfiles/file/pdf/RTI/PNDT_2016/Cumulative%20PNDT%20Note%20Upto%20March%202016_270716.pdf

District	Raids		FIRs under PCPNDT and MTP				Convictions	Acquittals	
	Till Dec 2016	Till July 2017	Till 31.03.16		till July 2017		Total	Total	
	PNDT+MTP	PNDT+MTP	PNDT	MTP	PNDT	MTP	PNDT+MTP	PNDT+MTP	
Jhajjar	19	20	2	2	9	5	14	1	0
Sonepat	26	34	2	5	20	9	29	2	2
Kurukshetra	20	24	4	3	15	14	29	0	0
Haryana	N/A	N/A	396		459		459	22	23

Source: Data received from Government of Haryana, July 2017

Similarly, the following two tables analyses the implementation of the PNDT and MTP Act in the state of Haryana and the three sample districts since the implementation the campaign. With the network proliferating in the neighbouring states, the Haryana government also intensified the inter-district raids to ensure that rigorous law enforcement does not get diluted on account of easier avenues and safer havens in neighbouring states.

Apr 2016-March 2017				Cumulative			
Inter-state	Inter-district	Intra district	Total	Inter-state	Inter-district	Intra district	Total
62 (Punjab-7, UP-33, Delhi-16 Rajasthan-6)	55	55	172	80 (Punjab-12, UP- 37, Delhi-22, Rajasthan-8, Himachal -1)	111	66	257

Source: Data received from Government of Haryana, June 2017

Table 7- Data on Inter-State Raids (PNDT) in Haryana (Since B3P launch)					
DISTRICT	UP	DELHI	PUNJAB	RAJASTHAN	TOTAL
Sonipat	8	5	(in districts other than these three)		13
Kurukshetra	6	-			6
Jhajjar	1	4			5
HARYANA	44	20	20	8	92

Source: Data received from Government of Haryana, June 2017

A. Deterrence on the supply side

Interviewing law enforcement officers from the three districts, it was found that there has been a definitive deterrent effect post increase in frequency of raids. DSP of Jhajjar district also asserted that due to increased vigilance and random probability of sting operations, even the doctors/diagnostic centres earlier suspected of involvement in sex selection have become cautious in their dealings. Besides, convictions in high profile cases, such as that of Dr. Meena Taneja, stood testimony to the state’s rigorous campaign.

Box: 1
EXEMPLARY CONVICTIONS- IMPACTFUL DETERRENCE

Dr Meena Taneja, an affluent doctor, stood testimony to the fact that no amount of societal standing can shield the miscreants from the axe of the law. Her clinic in Bahadurgarh was raided by the Jhajjar PNDT team and the doctors found huge irregularities in her record keeping and established her guilt after subsequent investigation. She was booked under both PNDT and MTP act and sentenced to three years of imprisonment and a fine of Rs 22,500. The doctor had been conducting sex selections tests and subsequent abortions for years with impunity, irrespective of the fact that her agendas were quite know in the local circles. Her arrest also sent out a strong message to the illegal fraternity, said the PNDT team of Jhajjar.



However, the DSP, Jhajjar further informed that this crackdown has driven the miscreants to devise newer strategies to conduct sex determination as demand for such tests still exists. Due to the increasing risk factors, USG machines are now carried in mobile vans and the tests are done secretly or even door-to-door services are being provided by miscreants. Machines and MTP kits are now being informally smuggled and delivered

through personal contact, creating newer challenges for the authorities. Nonetheless, such developments are under the government’s scanner and actions are being undertaken even in this respect. Instruments such as a Portable 6’’x 4’’ Chinese USG was found being used for door step service in sex determination, authorities also unearthed a godown of cost effective, mobile Chinese Ultra Sound machines. In a case, two such machines supplied to Ambala were traced down and the accused are still facing trial. Such actions have led to a cumulative deterrent impact on the illegal trade leading to a consequent nab on foeticide practices. Intensive raids have been conducted in all the districts to ensure that miscreants don’t dig out safer havens. The table below illustrates the legal crackdown on the illegal sale of sex selection drugs. The drugs containing steroids are sold to the public for sex selection of the foetus. But consumption of these drugs is playing havoc with the health of expectant mothers and their foetus. The State is also bringing such nefarious activities under the scanner.

Table 8 : Sex Selection Drugs cases in Haryana (Since B3P launch)			
District	No. of FIRs	Convictions	Acquittals
Sonepat	3	-	-
Kurukshetra	2	-	-
Jhajjar	0	0	0
HARYANA	54	5	1

Source: Data received from Government of Haryana, June 2017

B. Deterrence on the demand side

Interviewing the general public and grassroot functionaries at the block and village level, it was realized that while there is still a strong desire for a son, people are largely aware that any such test would invite penal action. Informal interaction with families with 2 or more daughters and pregnant mothers, revealed that though they were desperate for a son, going for a sex diagnosis was not an option because of increased surveillance, ‘*sakhti bohut ho gayi hai*’ (stringency has increased) was a commonly held notion among the general public. While regressive mindsets are still prevalent, crackdown is a definitive deterrent.

Health functionaries at the block level, including doctors, ANMs, ASHA and Anganwadi workers, were found to be aware of sex selection activities and informed that many such informal centers which were proliferating initially in the neighbourhood have either been shut down or have been nabbed by the authorities. An ASHA in Rai Village of Sonapat district revealed that with lesser opportunities in the state, people now prefer going to neighbouring states for such tests, they also prefer sending their daughter-in-law to their maternal homes for sex determination. This out flux and percolation to neighbouring states also stands as a major challenge.

ASHA workers- eyes and ears of the administration

During our research and extensive interaction with ASHAs in villages, it was found out that they play a very crucial link in the entire crackdown on illegal centres. A majority of them identified with the cause of *Beti Bachao Beti Padhao* and took proactive steps to mobilize and motivate women to educate their girls and ensure proper nutrition. The workers keep a special vigil on families with first girl child or two or more girls, as according to the common perception they are most likely to go in for sex selection. Asha workers are the primary source of demographics and familial details of the assigned population on their tips, which they report to sub centres, where the data is further collated. However, it is ensured that Asha workers keep a vigil on each other as well. As narrated by staff of RAI village, Sonipat district about an ASHA worker who was involved in sex determination and MTP, was arrested after a coordinated action against her by district level authorities and other Asha activists–

Box 2:

ASHAs- the foot soldiers

Owning the cause

“My strategy is to befriend the newly-wed girls in the village and become their close confidante so that she does not hide her pregnancy from me and gets herself registered in the first trimester itself, I also keep a close eye on families with two or more daughters for their probable efforts towards sex determination”, said an ASHA worker in Rai village of Sonapat district, with the demeanour of a vigilance officer and determination of a soldier!



Proactive involvement

Interaction with Ritu (name changed), an Asha worker in Kurukshetra, highlighted their spirit and motivation level. On receiving informal tip off on likely sex determination activities in a private ultrasound centre under her PHC, she first approached them on her own accord and then after getting confirmation she approached the Dy.CMO-PNDT and volunteered to become a decoy agent to bust the racket.

The Asha workers also keep authorities informed on the local touts and quacks operating in remote areas befooling people. Rewarding such initiatives and encouraging others to pitch in, the state gives incentives to volunteer decoy customers and for tip offs by informers. 48 incentives have been given (released from State Budget in F.Y 16-17) and a cumulative figure of 86.¹⁹

Their reach and access by means of informal relationship building helps them get crucial leads and insider information with regard to family pressures for sex determination and aborting the girl child. Even post delivery of girl child, they frequently do follow ups and ensure that the girl child is being taken care of proper nutrition and timely vaccinations. ASHAs are also trained for giving pre-conception care to the women with timely folic activities and regular visits, which helps in both health care and also keeping a vigil. ASHA's provide UPT kits for free as a means to stay informed about the pregnant women in the village.

Early registration of pregnancies and institutional deliveries

There is a considerable stress on ensuring 100% registration of all pregnancies in the first trimester itself i.e. before a conclusive sex determination can be made. Registering the expecting mothers in the first 12 weeks of the pregnancy enables maintaining vigilance and scrutiny over the registered women and also creates a deterrent effect among the family members who intend to get a sex test done.

On visiting the PHCs and Sub centres it was observed that a detailed chart tracking the pregnancy stage, delivery status-whether successful, aborted or still born was clearly specified for each registered woman. The records maintained at village level helps the Asha workers to closely monitor and report any indications of sex determination tests. Details regarding her existing children their gender and age is also maintained. Specific attention is paid to those who already have one or more girls.

Further, under the Pradhan Mantri Surakshit Matritva Abhiyan, every pregnant woman in the block has to visit health centres for check up and regular immunization of the pregnant mother and the new born. Private practitioners are also involved in the health checkups, enabling greater vigil and mobilization of private health centres.

SMO Kanonda village, credited with 80% 1st trimester registration, informed us that people are particularly reluctant to get themselves registered at the time of pregnancies for fear of being tracked. Similar concerns were raised by Asha workers across districts; they said that women and specially their families have to

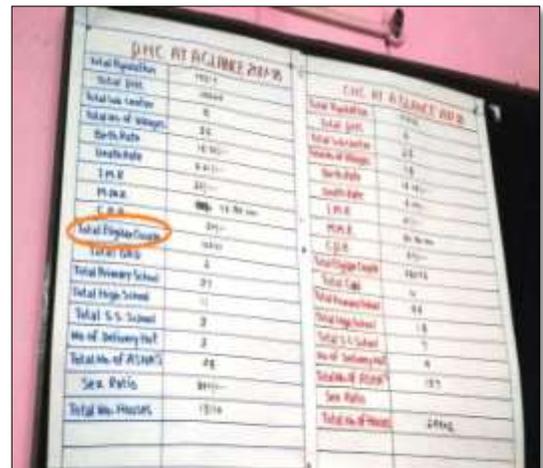


Figure 3 : Display board at village Ladwa PHC, Kurukshetra

¹⁹ Refer http://haryanahealth.nic.in/userfiles/file/pdf/PNDT/2017/pndtcomulativenotemarch17_14062017.PDF (Accessed 12-8-17)

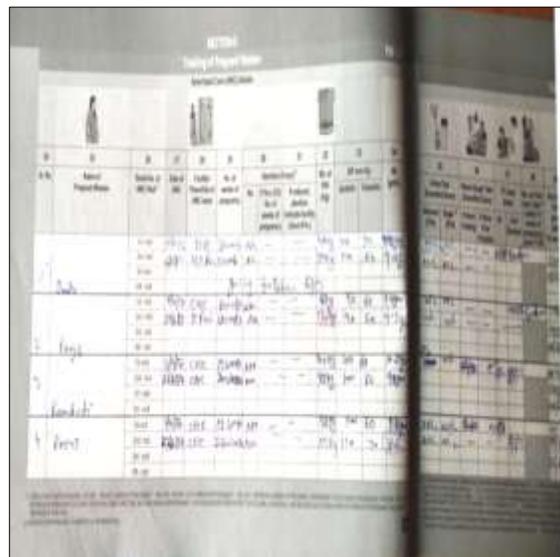
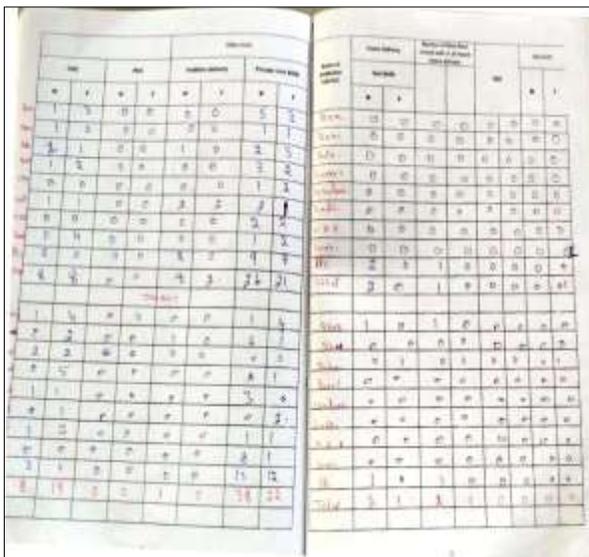
be convinced for registration. Recounting her experience, one Asha worker said that she often feels unwelcomed in houses where they do not intend to get themselves registered and in many cases maintain secrecy for as long as possible. Each Sub-centre regularly updates and monitors data for ‘eligible couples’ in their area.

However, apart from challenges, ANC registration has helped in increased monitoring and vigilance. The ANMs have to communicate the details to their superiors and in case of discouraging figures, the causes are investigated. The system has also created an accountability structure among the grass root health functionaries.

There is also considerable emphasis on encouraging institutional deliveries to further ensure that curbing the practice of sending new-born girls to orphanages, in the 100 districts where it was implemented. As per NFHS 4, 2015-16 reports, Jhajjar achieved 91.2 % institutional deliveries in rural areas, Kurukshetra with 92.4% IDs and Sonipat achieved 84.9 % IDs.²⁰ .Dr. Neeraj, NHM In-charge, Sonipat, informed that Ashas were mobilized to give instant information about any home deliveries at the CMO office. On getting the tip off, the entire team along with the CMO used to reach the reported house with an ambulance and police to discourage home deliveries.

Book Keeping & Record Maintenance

Analyzing the books and records maintained at all levels, it was found out that exhaustive data is maintained and is also subject to routine inspection and scrutiny. Across districts a practice of sharing sex ratios on 1st of every month has been maintained, specific guidelines have been issued in that respect. Besides, ANM monthly reports are maintained at the sub-centre level. This monthly recording of real time data enables direct and swift action.



²⁰ Refer http://rchiips.org/NFHS/pdf/NFHS4/HR_FactSheet.pdf (accessed 16th August, 2017)

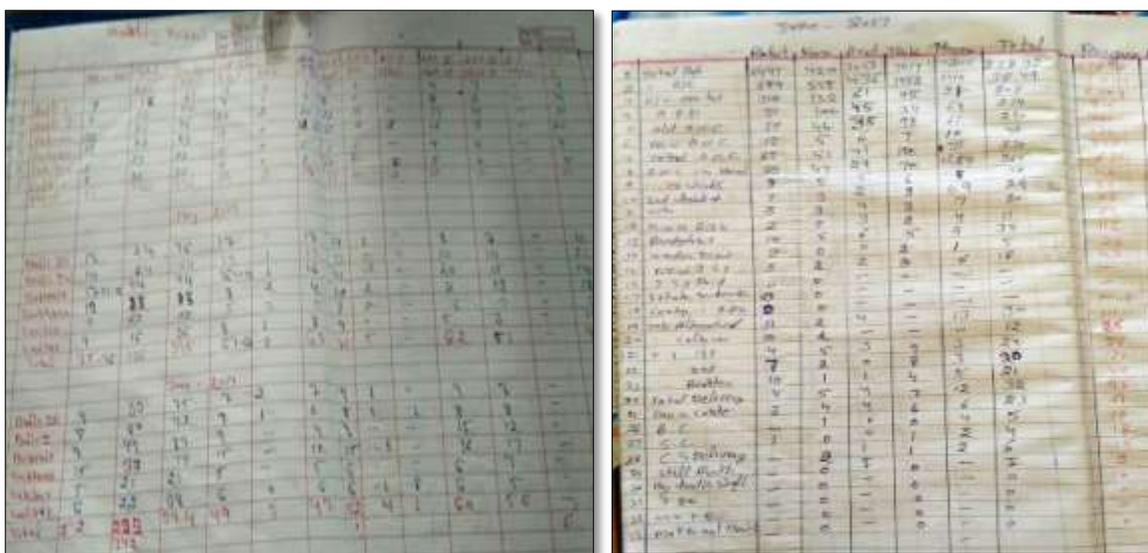


Figure 4 - Illustrations of book keeping in the sample districts

Topdown – (1) Rai, Sonapat, (2) Ladwa, Kurukshetra, (3) Badli, Jhajjar, (4) Rohat, Sonapat

Record keeping in Kurukshetra is being done in a particular Performa issued from the district level to village units, while in other two districts data keeping Performa varied. The manner of preparing records in Kurukshetra can be duplicated in other districts as well. Monthly data on total no. of pregnant women and the total no. of those registered in first, second and third trimester, details of their ANC check-ups, delivery, vaccination records is maintained in a printed Performa. The data maintained allows for easy monitoring and access.

Further Gudda Guddi Boards put up outside Anganwadi centres create accountability on the ground staff by displaying the no. of girls and boys in the village. Such data helps in easy keeping constant vigil on child sex ratio in the village and naming/shaming the village in open. Nutrition records maintained at the Anganwadi centres also helps in gauging the attitude of people towards girl child and her nutritional level in comparison to boys. The pink pages record growth indicators for girls and the blue pages for boys. In this respect however, no significant differences were noticed, indicating the malnourishment problems or growth is same for boys and girls.

माह	2016		2017		2018		2019	
	गर्भवती	पंजीकृत	गर्भवती	पंजीकृत	गर्भवती	पंजीकृत	गर्भवती	पंजीकृत
जनवरी	-	-	-	-	-	-	-	-
फरवरी	-	3	-	1	5	4	-	-
मार्च	1	2	1	2	1	-	-	-
अप्रैल	1	2	-	-	1	-	-	-
मई	-	1	-	-	-	1	-	-
जून	2	1	-	-	-	-	-	-
जुलाई	-	-	1	2	1	-	-	-
अगस्त	1	3	1	-	-	-	-	-
सितम्बर	1	-	-	4	-	-	-	-
अक्तूबर	1	-	1	3	-	-	-	-
नवम्बर	1	-	1	4	-	-	-	-
दिसम्बर	1	1	1	1	-	-	-	-

Figure 5: Gudda Guddi Board, Bhatmajra AWK, Kurukshetra

Records maintained by diagnostic centres are also inspected every three months. Among the many forms provided under the PNDDT Act, suspicious omissions/errors in information provided in Form F are taken by the authorities as an indication of malpractices.

4.2.3 Communication– Awareness for law enforcement and changing attitude towards girl child

Effective communication occupies central position in any national campaign and is instrumental in creating awareness to bring about a long lasting change. While creating deterrence and vigilance are essential in short term, targeted communication and mobilizing the general masses is must for bringing about a shift in regressive mindsets. The case of disappearing daughters in Haryana is rooted in deep seated gender discrimination and apprehensions and the vicious circle would continue unabated without effective mobilization of masses.

State Role Models -On the launch of Beti Bachao Beti Padhao campaign from Panipat district, Prime Minister Narendra Modi described female feticide as a ‘mental illness’ and urged the doctors to refrain from such activities and also sensitize the people towards girl child.²¹ He laid a strong emphasis on mindset change through training, sensitization, awareness raising and community mobilization on ground. In his Man ki Baat he lauded the Sarpanch from Bibipur, Haryana who started a ‘Selfie with daughter’²² initiative. He urged others to follow footsteps and soon it became a worldwide hit.



²¹ Refer <http://economictimes.indiatimes.com/news/politics-and-nation/pm-modi-denounces-female-foeticide-calls-it-mental-illness/articleshow/45980214.cms> (accessed 17.08.2017)

²² Refer <http://www.hindustantimes.com/india/modi-s-praise-for-selfie-with-daughter-helps-bibipur-sarpanch/story-DVYYzPktUaK10Gd1sbGGCO.html> (accessed 17.08.2017)

Women accomplisners such as Saina Nehwal, Phogat sisters, Sakshi Malik, paralympian Deepa Malik are glorified and portrayed as standing examples of what daughters can achieve and be pride of their families. In Sonapat, authorities organized free screening of Dungal Movie for about 5000 ground level functionaries under BBBP.

Mobilising Functionaries– It was learnt that Inter-district Divisional level meetings called commissionaires have also been conducted. The commissionaires area platform for seminars and would targeted at low SRB villages (42 have been identified) and would consist of office employees, local registered medical practitioners and other people related to health services. The communication through such commissionaires would be aimed at mobilizing the people and creating a fear of indulging in malpractices.

Since the launch, multi-sectoral district action plans were operationalized and a Nation-wide Mass Communication Campaign was launched for celebrating Girl Child and enabling her education. A 360° approach including radio spots/ jingles in Hindi and regional languages, television publicity, community engagement through mobile exhibition vans, social media, field publicity with use of SMS campaigns, Mailers, Hand-outs, Brochures and other IEC material was adopted to create awareness and disseminating information about the issue across the nation. To achieve the mission targets the funds are disbursed to the WCD ministry for the implementation of the campaign, the ministry in turn provides grant-in-aid to the District and District may have a separate BBBP Account operated by District Collector/Deputy Commissioner for implementing the scheme at the grassroots level. (Guidelines²³).The core strategies involve-:

- i) Implement a sustained Social Mobilization and Communication Campaign to create equal value for the girl child and promote her education.
- ii) Place the issue of decline in CSR/SRB in public discourse, improvement of which would be an indicator for good governance.
- iii) Focus on Gender Critical Districts and Cities low on CSR for intensive and integrated action.
- iv) Mobilize and Train Panchayati Raj Institutions/Urban local bodies/ Grassroots workers as catalysts for social change, in partnership with local community/women's/youth groups.

Sr	Activities	Achievements
1	Awareness rally	59090
2	Celebration of birth	478344
3	NukkarNatak	9217
4	Gudi- Gudda Board	5799
5	Film show	6259
6	Prabhat Phery	41355
7	Puppet show	8613
8	Signature campaign	52687
9	Health camps	95575

Source – Data received from WCD, Haryana in June 2017

²³ [http://www.wcd.nic.in/BBBPScheme/02.12.2014%20Final-Guidelines_BBBP.pdf%20\(1\).pd](http://www.wcd.nic.in/BBBPScheme/02.12.2014%20Final-Guidelines_BBBP.pdf%20(1).pd)

Active Interpersonal Communication- Haryana field survey in sample districts revealed that, in regard to ground activities under the BBBP program maximum reliance has been laid on interpersonal communication through ground level functionaries such as ASHAs, ANMs, school teachers etc. Asha workers are enrolled on the job to sensitize and create awareness regarding gender equality.

The strategy is however informal and is susceptible to personal biases and understanding of individual functionaries. It was also observed that highlighting the concerns regarding skewed sex ratios leading to lack of brides for the sons of Haryana was a commonly adopted strategy to sensitize people against female foeticide. “*Betiyaan nahi hongi to kalko bahu kahan se laoge*” – is the common communication trigger.

Use of schools for awareness generation and mobilization has also been visualized under the campaign objectives. The department of school education, govt. of Haryana has organized Prabhat Pheri, essay, slogan and painting competitions on Beti Bachao Beti Padhao themes. However, platforms such as School Management Committees (SMCs), Balika Manch etc were found to be non-functional, which can be effectively used to mobilise and sensitize the local populace in the Haryana, as under RTE rules in Haryana SMC comprise 75% students’ guardians²⁴.



²⁴ Refer [http://harprathamik.gov.in/pdf/rte/RTE%20Rules%202011%20Haryana\(English\).pdf](http://harprathamik.gov.in/pdf/rte/RTE%20Rules%202011%20Haryana(English).pdf) (17.08.17)

Impact of Strategies- Apart from this, campaign distribution of IEC materials for awareness generation is comprised of mainly murals, logos on automobiles, and posters in hospitals, anganwadi centres, panchayat ghar, schools etc. On interacting with the villagers to assess their feedback on the posters and murals, it was observed that the people could hardly relate to the displays. The posters did not appear to attract the attention on the target audience.

However, radio ads did attract their attention but for a shorter span, not enough to impact the psyche. Prime Minister's appeal also has remarkably added to the enthusiasm in the fight against female feticide. Most significantly, the shaming of state at national level due to worst sex ratio has triggered a spirit amongst the youth to fight back the female feticide menace and orthodox sex discriminatory beliefs.

Box – 5
Change begins from home

"My daughter is an aspiring Doctor and is currently studying at AIIMS, Delhi. She makes me and our entire family really proud and sets an example for all the girls in the family. My son on the other hand is a bit irresponsible. I often admonish him stating her as an example. My both children are equally dear to me and it is up to their capabilities who outshines the other", said Anil Chhej, Secretary, Panchayat Samiti, Matanhail, Jhajjar.

These self motivated functionaries are playing an instrumental role to inspire the masses, in order to change attitude towards girl child.



Innovative Initiatives– Nonetheless, a particular initiative that was successful in deeply sensitizing people by catching their imagination was noted in Jhajjar, where screening of foetal development and abortion process videos to the villagers, at target group meetings conducted by ASHA and PNDT Team was effectively communicating that *'female feticide is murder'*.

As informed by Dr.Sarita, Dy. MO Jhajjar, people were awestruck after seeing the video and were effectively sensitized towards aborting the girl child. This was initiated in response to a commonly held perception that foetal life is not important. Such targeted communication interventions address the root cause of the problem and are thus highly effective.

Besides, certain district level initiatives such as placing of complaint boxes outside 114 schools across Kurukshetra, organization of self-defense workshops for girls helped in invigorating a sense of self-esteem and confidence in them. Several other symbolic programs including felicitation of the mother giving birth to a girl child, *kuanpujan*, *betijanmmahotsav*, Independence Day flag hoisting by the most literate girl in the village, are also run in several districts.

Apart from this Flag marches, pledges, signature campaigns have been run across districts. However, the consistency and frequency of such initiatives is not adequate and thus hampers the tempo built upon by previous campaigns. The civil society also has significant role to play under the BBBP awareness campaign. Santosh Dahiya, Rashtrapati Award winner in women’s rights, spoke about several initiatives taken by her like anti-Parda movement, door to door campaign for awareness against female feticide, etc.

Box – 6
360° Communication Approach



Motivating the functionaries

Awarding the best performing CHCs, PHCs, Doctors, nurses, ASHAs keeps them motivated to work for the cause.

Interpersonal Communication- Sensitizing masses

Engaging grassroots functionaries such as ANMs, ASHAs and Anganwadi workers to reach out to the local people and sensitize them.

Multi-pronged communication strategy envelops all gender sensitization themes.



4.3 Challenges

A. JUDICIAL CHALLENGES – Threat in sustaining deterrent effect

- ❖ **Promptness and certainty of justice delivery** to keep the deterrence momentum going - While deterrence emerged as a significant causative factor in improving child sex ratios in the state, certain observations pose questions on its long term impact. Deterrence is a theory of choice which is based on the premise that individuals balance the benefits and cost of crime.²⁵ However, deterrence greatly relies on three individual components including the severity, certainty, and swiftness in administration of justice. Strengthening the perception that the wrong doers would be caught and punished can have a considerable impact than any legislation irrespective of the severity of the penal provisions. More recently, the concept of *perceptual deterrence* treats ‘threat communication’ as an important mechanism in deterring individuals. Criminal convictions initiate a powerful and consequential labeling processes and subsequent social exclusion²⁶.

Likewise, in case of Haryana, the increase in frequency of raids has created a persistent fear of being caught in action through decoy patients. While there are a no. of high profile convictions there is need to devise a mechanism to increase the rate further. Further, the huge time lag between commission of the offence and final delivery of sentence is another factor that works to dilute the deterrent impact.

- ❖ **Challenges in Evidence collection, packaging and preservation-** Interview with district attorneys across the three districts, brought to the fore certain pressing issues regarding the legal modalities of the raids conducted and evidence collection. It was highlighted that absence of any person from legal fraternity at the time of raids, leave ample room for the offenders to go scot free on account of faulty evidence collection and packaging.

This was also observed in the case of Civil Surgeon vs. Dr.Arun²⁷, the case ended up in acquittal because of unavailability of the witness, unconvincing evidence and non-compliance with certain rules under the PCPNDT Act. In the particular case, the court highlighted irregularities such as a glaring gap of 10 days in collecting CCTV data, reliance on unconvincing photographic evidence, non-joining of local witnesses during the procedure and also non-furnishing of seized evidence before the illaqua magistrate within 24 hours.

In another case, the ultrasound machine was sealed and left at the diagnostic centre; the internal records were also not secured before that, said one of the assistant attorneys in Sonapat. Mrs. Meena Madan, Assistant District Attorney, Sonapat, stressed on the need for legal awareness of doctors and also coordination with a person of legal expertise during the planning and execution of decoy operations or otherwise.

²⁵ Lilly, Cullen et.al, ‘Criminological Theory: Context and Consequences’, 2011, Sage Publishers.

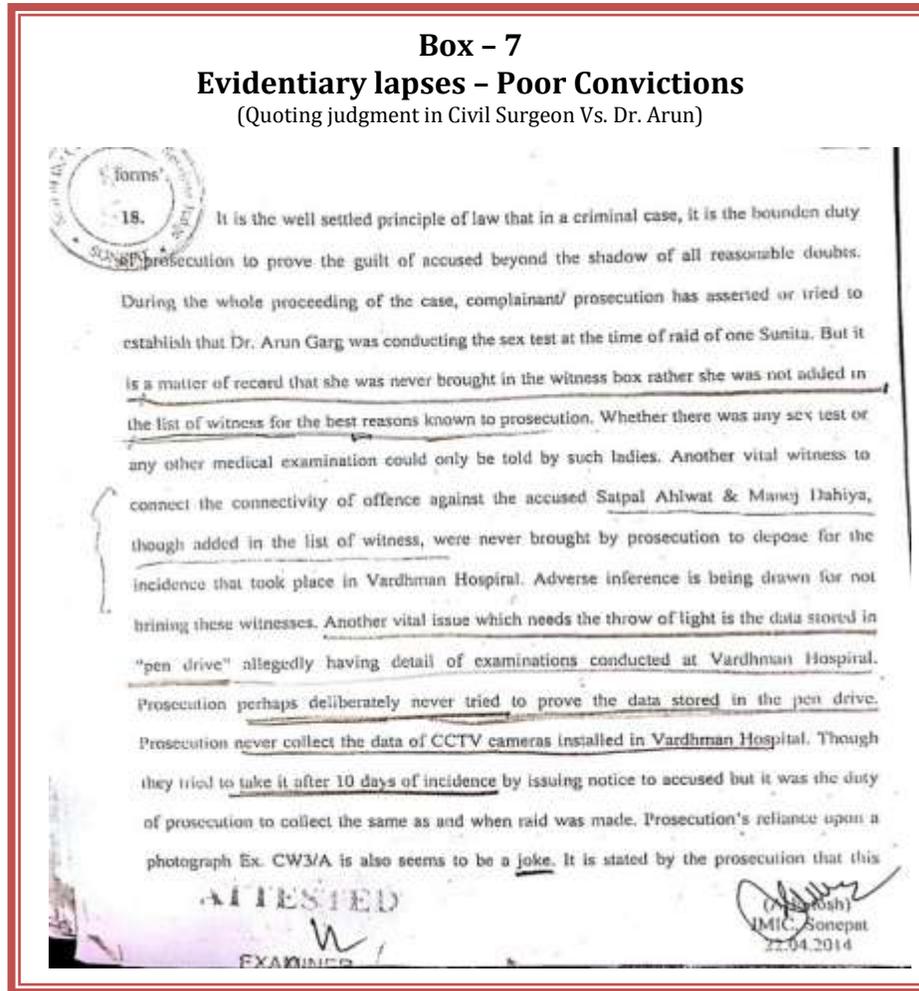
²⁶ Paternoster, Saltzman, et.al, ‘Perceived Risk and Deterrence: Methodological Artifacts in Perceptual Deterrence’, *Journal of Criminal and Criminology*, Vol74.No1, ISSN 0091-4169, 1983.

²⁷ Civil Surgeon Vs. Dr. Arun, C.C. No. RT/309/2014, Complaint u/s 28 of the PNDT Act 1994 & sec 200 of the CrPC.

- ❖ **Capacity building of decoys**– Decoy patients are an important link in the entire modus operandi to catch the perpetrator, but they are also the weakest link. The entire case can crumble if the witness goes hostile or is unprepared at the time of hearing.

This was observed in several judgments. There could be several reasons for them to go hostile, as said by a lawyer, including better deals from the offenders, fear of reprisal if the offender gets bail or even wish to actually get the girl child aborted.

Box - 7
Evidentiary lapses – Poor Convictions
(Quoting judgment in Civil Surgeon Vs. Dr. Arun)



18. It is the well settled principle of law that in a criminal case, it is the bounden duty of prosecution to prove the guilt of accused beyond the shadow of all reasonable doubts. During the whole proceeding of the case, complainant/ prosecution has asserted or tried to establish that Dr. Arun Garg was conducting the sex test at the time of raid of one Sunita. But it is a matter of record that she was never brought in the witness box rather she was not added in the list of witness for the best reasons known to prosecution. Whether there was any sex test or any other medical examination could only be told by such ladies. Another vital witness to connect the connectivity of offence against the accused Satpal Ahlwat & Manoj Dahiya, though added in the list of witness, were never brought by prosecution to depose for the incidence that took place in Vardhman Hospital. Adverse inference is being drawn for not bringing these witnesses. Another vital issue which needs the throw of light is the data stored in "pen drive" allegedly having detail of examinations conducted at Vardhman Hospital. Prosecution perhaps deliberately never tried to prove the data stored in the pen drive. Prosecution never collect the data of CCTV cameras installed in Vardhman Hospital. Though they tried to take it after 10 days of incidence by issuing notice to accused but it was the duty of prosecution to collect the same as and when raid was made. Prosecution's reliance upon a photograph Ex. CW3/A is also seems to be a joke. It is stated by the prosecution that this

(Signature)
JMCC, Sonapat
22.04.2014

B. SYSTEMIC CHALLENGES – Loose ends

- ❖ **Coordination-** Yet another glaring issue which emerged during our expert interviews was that of coordination. There is a lack of understanding of each other's roles and responsibilities, and coordination emerged as a major roadblock especially in reference to raids conducted under PCPNDT Act. The doctors interviewed expressed their concern with respect to legal issues during all the three phases of a raid including, planning, execution and post-raid phase. In some cases, some raised safety issues where police officers do not accompany them during such operations. Both Intra-and-Inter State raids are challenges in this regards. Several incidences also revealed that raids conducted in absence of police personals were hampered and delayed due to procedural lapses. As has been mentioned it is this lack of coordination that leads to acquittals on account of faulty evidence. It was observed that mostly coordination is achieved on basis interpersonal relations and pro-activeness of officers across departments. Wherever and whenever there are missing links in this regards, the frequency of effective raids go down.
- ❖ **Capacity building-** There is also a constant need for training and capacity building of all nodal functionaries under the program. The doctors who have adorned a role equivalent to law enforcers, feel over burdened and torn in different roles having diametrically different requirements in terms of functional capabilities. Both in terms of investigation, equipping them with legal know how etc. Secondly, the judiciary and police need to be sensitized about the issue both to ensure better contribution from their side and to also better coordination. As pointed out by one of the district attorneys, that there is a difference in evaluation of evidence by different judicial magistrates leading to stranding of several cases. The police needs to be sensitized and made aware about the provisions under the PCPNDT Act, and misuse under MTP Act.
- ❖ **Newer Technologies for sex determination-** The miscreants have been adopting newer technologies after intensification of surveillance and vigil. This has made investigation and proving of guilt a challenging task. The doctors informed that in most cases, the record settings in the sonography machines are turned off, to leave no evidence in case of being caught. Nonetheless, due to ease of access to such machines their misuse is rapidly increasing at the hands of quacks, registered/unregistered practitioners and even household. Raiding such practices and evidence collection here becomes a tough nut to crack. Moreover, with affordable portable machines coming up for household use is a new threat to escape the current law scanners. Similarly, identifying illicit use of IVF measures for sex-selective conception is a challenge. Indeed syncing with the dynamic technological advancement and building capacity of the current set up, right from district level officials to village level NHM workers is a great challenge.

- ❖ **Easy Availability of ‘A’ pills-** Regarding open retail sale of MTP drugs (Mifepristone and Misoprostol) in the state is still allowing rampant misuse of such pills for sex-selective abortions. More of, now since early ANC registrations are strictly monitored, trends of induced abortions are an escape, using one of these medicines and getting rid of the foetus under MTP rules on grounds of complications.
- ❖ **Inconsistent book-keeping-** A marked inconsistency in the manner of book keeping was also noticed. Lack of uniformity can lead to overlapping and chances of missing out on crucial details which can be suggestive of any trends in sex ratios.
- ❖ **The Form F dilemma-** It has been a bone of contention between the government authorities, radiologists, practitioners and judiciary. In a judgement Bombay High court, disregarded considering Form F errors to be taken as violating provisions under PCPNDT, saying “*The omissions of a nature not to mention the mobile number of the patient, full address of the patient with mobile number, difference in signature of the Doctor & other inadvertent mistakes cannot be termed as a discrepancy or act of inaccuracy amounting to violation of provisions of the PCPNDT Act*²⁸”.
There have been demands that clerical errors in Form F and not keeping hand book on the PC&PNDT Act etc should not be equated with sex determination and criminal offence. However, nodal officers, by their experience, count inconsistency in records as probable mal practice, and ‘benefit of doubt’. This dilemma further causes coordination issues and faulty evidence collection, in law enforcement under PCPNDT.

C. COMMUNICATION CHALLENGES – Short term approach

- ❖ **Myopic approach-** The communication approach under BBBP is mainly top down. Use of murals, bill boards, wall paintings, flag marches, etc has little impact on psyches of the people to change their prejudices and attitude towards girl child. Interpersonal communication and awareness generation methods like counselling, community role plays, motivating and engaging villagers themselves, door to door campaigning by Asha/Aanganwadi workers has reflected more impact, but they are inconsistent and fewer in numbers.
Such initiatives are largely dependent on the pro-activity of the doctors or other grassroots functionaries. Moreover, the CAG report revealed that huge expenditure on these dead methods is done. The report revealed that huge amount was spent on preparation of “Theme Gate” and purchase of 1,800 laptop bags and 2,900 mugs²⁹.

²⁸ Refer <http://medicaldialogues.in/much-awaited-relief-on-form-f-given-by-bombay-high-court/> (Accessed on 16-8-17)

²⁹ Refer http://www.cag.gov.in/sites/default/files/audit_report_files/Haryana_Report_1_of_2017_Non_PSU_SGE_Sectors.pdf (accessed 20.08.17)

- ❖ **Lop sided communication triggers-** The communication is also not targeted, i.e. it lacks the ability to connect with the audience. The fact that, for people, lack of marriageable girls for their sons arising out of skewed sex ratios in the state, was apparently the most talked about concern taken as trigger in communication, which does not address the whole stigma around having a girl child³⁰.

- ❖ **Motivation and mobilization of grassroots workers-** While several Asha workers were found to be considerably motivated and sensitized towards the program and took several proactive steps to address foeticide in their locality by giving leads and information or counselling people, many seemed to have a casual approach towards the issue of dwindling sex ratio. The task involves significant will power to overcome social pressures and local opposition from the society they put up in. The incentives should outweigh the challenges they face in their everyday work of preventing sex determination and sex selective abortion. Moreover, these functionaries need to be sensitized first to own up the cause.

- ❖ **Least Involvement of Schools-** The B3P campaign through schools is only limited to sloganeering, essay competition, paintings, etc. School Management Committees that comprise 75% guardians according to State RTE rules are first of, not functional in most of the areas, and then rarely mobilised for B3P campaign. Use of other platforms such as Balika Manch etc. is also inconsistent. Such platforms are crucial for bringing personal problems and challenges to the fore, and significantly impact attitude towards girl child.

³⁰ Aravamudan, G. *'Disappearing Daughters – Tragedy of Female Feticide'*, 2007, Penguin Publishers.

5. CONCLUSION – Key learnings from Haryana’s B3P

In all, Govt. of Haryana has made all round efforts to mitigate the female feticide menace, and overcome the skewed sex ratio status. Primarily, it is the focused initiatives undertaken by the health department, followed by multi-dimensional campaign by women and child department mobilizing all functionaries from district level to village/town level, in order to change attitude towards girl child. The stringent checks on female feticide are yielding improved sex ratios at birth in Haryana. To sum up, the key learning from Haryana can be listed as –

1. **Pragmatic approach towards the problem**– *‘By the time we convince and sensitize society, very few girls would be left’* – Dr Dahiya (The Week, 2007)³¹. State authorities adopted target oriented action by focusing on curbing the avenues aiding in sex determination and female foeticide. The strategy to check the proliferation of sex determination centers in and around the state by strict legal enforcement helped in checking rampant female foeticide. The approach proved to be instrumental in improving the sex ratio.
2. **Proactive Leadership**– A dedicated task force instituted under the BBBP campaign aided in integrating the actions and programs being carried out at individual level. The action oriented leadership helped in setting the means to the desired ends. The short term goals of achieving improved sex ratio every month keeps the functionaries motivated and competitive and minimizes lapses. Officers and functionaries, right till the grassroots, have owned up the cause and take self initiatives to motivate the district level and village level functionaries.
3. **Coordination**– The Programmatic convergence under the BBBP calls for dynamic coordination between all the stakeholder ministries viz Health, WCD and HRD. Similar coordination needs to be achieved at the district level while executing the campaign objectives. A lucid coordination was observed between officials from Health (PNDDT), WCD, Police, Panchayati Raj Institutions and those from Education. The coordination is ensured both on account of structural requirements and interpersonal communication. Considering the nature of operations such as raids and arrests, a close cooperation and all channel communication aids in successful accomplishment of task.
4. **Marked deterrence**- Frequent raids under PCPNDDT & MTP helped in generating a risk impact among the probable offenders and deterred sex selection activities both on the demand and supply side. Since 2015, a total of 459 FIRs have been registered under PNDDT and MTP Act. Further, 92 Inter-State PC-PNDDT raids have been conducted (Delhi-20, UP-44, Punjab-20, Rajasthan-8). Exemplary convictions in high profile cases and making the masses aware of the penal sanctions attached to the practice, helped improve the situation.

³¹ Dr Dahiya – ‘Crusader of girl child’ - led the first ever case that was registered under PCPNDDT in Chandigarh – the first miscreant doctors convicted under the law in India in year 2006.

5. **Accountability**– The accountability mechanism instituted in the state through continuous reporting and performance check points has aided in ensuring continuous progress on the front. Between April 2016 to March 2017, 2169 inspections, 1601 DAC Meetings and 98 DTF Meetings were conducted.
6. **Digital Governance**– Use of technology to ensure real time coordination and establishing accountability through Virtual conferences, Meetings etc. Also, the state is heading towards greater role of technology to curb the menace of foeticide, by experimenting with use GPS trackers in ultrasound machines, use of sophisticated gadgets during raids etc.
7. **Focused vigilance**– Several initiatives such as early registration of pregnancies through Ante-Natal Checks, free health check-ups, stress on institutional deliveries have aided in registration of pregnant women in the family and their familial details and thereby monitor sex-selection probabilities. Further, the grassroot functionaries employ demographic strategies to maintain vigil on the high-risk families, such as those with one or more living daughters etc. Informants and volunteers, both official and individuals, are awarded vigilance awards while maintaining their anonymity.
8. **Competitive mobilization**- To stimulate the officials and staff under the BBBP campaign, the task leadership has infused a competitive spirit through incentivization and recognition. The best performing CHCs/PHCs in terms of sex ratio at birth are awarded. Similarly, dedicated efforts and achievements of doctors, nurses and ASHAs are also recognized through rewards and awards.
9. **Towards higher community participation**– There is an inherent understanding in the BBBP functionaries that community participation is a crucial requirement to ensure sustainability of efforts towards fighting the female foeticide menace. Involving the civil society through certain programs such as community watch groups, which are on the anvil, and mobilizing the existing structures such as School Management Committees (SMCs), would ensure holistic achievement of goals under BBBP.
10. **Overcoming ‘liability status’ of the girl child**– Along with the focused approach towards containing the female foeticide menace, the state is also carrying out programs to rid the girl child from the status of a economic and social liability. However, improved implementation of several social security schemes for girl child along with efforts to curb crime and discriminative practices against women such as domestic violence, dowry, rape etc.

6. RECOMMENDATIONS

In order to resolve the challenges mentioned in the previous section of this report, and to strengthen the initiatives undertaken by Govt. of Haryana to combat the female foeticide menace, the following points can be recommended –

A. Overcoming systemic and law enforcement hurdles

- 1. Focused body for PCPNDT-** As was observed, strict action against perpetrators of female foeticide needs coordinated and concerted efforts of several stakeholders. Expert interviews revealed that significant procedural and coordination issues erupted posed challenges in the battle against foeticide. A separate PNDT cell comprising of a dedicated force enrolled full time to tackle the menace.
The department comprised of representative officers from health, WCD police, attorneys and civil society. The proximity and quick communication would enable better coordination and investigation of cases. On the same lines, Rajasthan Government has recently formed PCPNDT Bureau³² for focused implementation and investigation under the Act, to ensure coordination and effective deterrence.
- 2. Real time data monitoring-** With sex determination and female foeticide rackets transcending the state and national boundaries, the need to share the real time data, tracking the diagnostic machines/centres, the pharmacists, sale/purchase of MTP drugs, details of RMPs, doctors, Veterinary doctors, ASHA/ANM, Anganwadi workers, etc has become a need. This includes the data strategically monitoring through book-keeping today such as ANC registrations, vaccinations, abortions, deliveries, etc.
This information would ensure easy tracking of miscreants and also enable the state authorities to act swiftly and lead to greater transparency. Alongside a more streamlined book keeping, right till ANM/Anganwadi records, validated by the Sex Ratio at Birth data, would ensure easy and accurate data updation and retrieval. Such a data sharing network would also enable mapping of female foeticide hot spots and take immediate and corrective steps.
- 3. Use of technology–** GPS trackers in all sonography machines must be made compulsory, like it is done in Rajasthan³³. In Haryana, similar experiment was carried out in Jhajjar and Jind. An active tracking device was installed on every machine. The GPRS-based SIM card sends a message to the CMO and the Deputy Commissioner the moment it is switched on. It records the entire functioning of the ultrasound machine and sends a video in encrypted form to the CMO every day.
- 4. District Magistrate as the Nodal Officer under the campaign–** As is currently practiced in Rajasthan, appointing District magistrates as the nodal officers under BBBP would enable better inter-departmental coordination.

³² Refer <http://indiatoday.intoday.in/story/female-foeticide-pcpndt-bureau-rajasthan-sex-determinatio-sex-selective-abortion/1/891331.html> (accessed 20.08.17)

³³ Refer <http://timesofindia.indiatimes.com/india/All-sonography-machines-must-have-inbuilt-GPS-Rajasthan-HC/articleshow/46938924.cms> (accessed 20.08.17)

5. **Preparing for infanticide apprehensions**– Just as for ANC early registration of pregnancies are under focused scanners, Infant mortality rates should be equally kept under the radar. As with increased vigilance it is an apprehension that people may resort to old infanticide methods. In the light of induced abortion cases, such a scenario can't be denied. To ensure there are no forced infanticides³⁴ (such as induced diseases, negligence, etc) in the wake of strictness under the PNDDT Act. If such practices catch trend, improving trends of SRBs will not equally yield improving CSR trends in the upcoming census.
6. **Legal Dialogues**- Medico-Legal fraternity must be mobilized to take steps to bring about required amendments under MTP law, or develop tests to learn misuse of 'A' pills for induced abortion methods. So that such practices can be curbed. Nonetheless, sale of 'only son' medicines by local babas, quacks, even sometimes vets must also be covered under legal awareness programs, as consumption of such medicines are causing induced abortions or deformities in child development.
7. **Swift Delivery of Justice**- It was observed that delay in justice dilutes the impact of deterrence created under PCPNDT Act. In response to writ petition filed by CEHAT, as instructed by Supreme Court all cases filed under the law must be disposed be within six months (2013)³⁵. Provisions for speedy convictions/acquittals under the law will create a higher impact under Beti Bachao initiatives. To expedite cases, a time limit may be stated within which the entire case must be concluded, beginning from the date of taking cognizance. Such provisions are available under other Acts, for instance, under POCSO Act, it has been made mandatory that the entire trial must be concluded within a period of one year.³⁶
8. **Stricter punishments under the PCPNDT Act**- With changing times, the penal provisions under the PNDDT Act must be made more stringent, the fine amount must also be increased. Recently, it was learnt that to create higher deterrence, Rajasthan Govt. is booking offences u/s 315 of IPC rather PCPNDT Act, that calls for 10yrs of imprisonment or fine or both³⁷. Under PCPNDT Act, first offence calls for three yrs imprisonment and Rs 10,000 fine, or both, and subsequent conviction calls for five years imprisonment and Rs1 lakh fine, or both. Higher punishments under PCPNDT Act are required for higher deterrence.

³⁴ Verma, KK, 'Life and Times of Unborn Kamla', 2013. New Delhi.

³⁵ Rangarao, E. 'Felony of Female Feticide – Role of Judiciary in Implementation of PCPNDT Act in India', International Journal of Law, Vol2, Issue 5, 2016, ISSN 2455-2194, pg.31-34.

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B. For Effective Communication - Changing attitude towards girl child

1. **More interpersonal Communication-** Communication campaigns should be more localized and hit at the social psyches which lead to female feticide. The campaign should be more interactive, involve the people and seek to address the direct concerns of the target audience. Increased focus and expenditure on more impactful interpersonal means of communication strategies should be used.
2. **Higher community participations–** For ensuring a lasting impact of any communication strategy, engagement of the targets groups must be ensured at every level. A civil society initiative, ‘community watch group’ addresses this very need. An informal mechanism of community participation would aid in bridging the communication gap between the people and local health functionaries. Such mediums also aid in keeping a vigil on persons indulging in illegal practices. Greater support and participation must be assured to such initiatives.
3. **Promoting Local Women Leadership for Effective Campaign-** Following Bibipur, Jind example a Mahapanchayat led by women leaders was organized to motivate and mobilize the people towards women emancipation and female participation. Projecting the girl child as a social economic asset to overcome the notion of liability.
4. **Higher Role of Schools-** Schools should be mobilized as an effective means of interpersonal communication and awareness generation. School Management Committees, if adequately functional can provide a useful platform where parents can raise their concerns and also awareness generation. They can be instrumental in assessing the social set up and gender preferences of families and prevalent social psyches.
5. **Capacity building and Sensitization of Govt. functionaries–** Training and capacity building of all government representatives at the ground level including local cops, ASHAs/ANM/Anganwadi workers etc on laws, their implementation and standard operating procedures must be emphasized. Moreover, all govt. functionaries must be sensitized on the issue to engage their active self-participation. For better PCPNDT implementation, more sensitive and active involvement from police and judiciary is needed.
6. **Collateral Vigilance–** Since most stigmas around girl child revolves around dowry burden and protecting her against sexual crimes, it is important to deliver confidence through speedy justice in such cases. Similar concerns were also expressed by civil society members and law enforcement officials in the area, that rising cases of crime against women is an important factor impacting the status of women in the society. Therefore, strictly enforcing dowry laws and other legislations protecting the women against discrimination and harassment would aid in addressing the challenge. Safety and security of women must be on top of the agenda. There should be collateral vigilance and action against the practice of bought bride alongside.

7. **Addressing the structural gender inequalities-** Owing to the liability status unfortunately attached to the birth of a girl child, focused efforts should be carried out to project a daughter as a social and economic asset. Experiments carried out on similar lines in South Korea and Singapore resulted in improved sex ratio and a significant change in the mindset of the masses. With better implementation of several social security schemes for girl child for instance financial assistance schemes such as Laadli, Aapki Beti Humari Beti etc must be enforced rigorously.

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ANNEXURE I – Sample Details

A. Research Route Map and Village Sampling

SI	District	List of Sample Villages	SRB Improvement Status*
1	Jhajjar	Kanonda	Good
2	Jhajjar	Badli	Improving
3	Jhajjar	Gobhana	Good
4	Jhajjar	Chhuchakwas	Sluggish
5	Jhajjar	Acchej	Improving
6	Jhajjar	Paharipur	Sluggish
7	Jhajjar	Matanhail	-
8	Sonepat	Rai	Good
9	Sonepat	Firozpur	Sluggish
10	Sonepat	Rohat	Improving
11	Sonepat	Mandora	Sluggish
12	Sonepat	Mandori	Improving
13	Sonepat	Turkpur	Improving
14	Sonepat	Purkhwas	-
15	Sonepat	Gannaur	Good
16	Kurukshetra	Ladwa	Good
17	Kurukshetra	Pehowa	Good
18	Kurukshetra	Arunae	Improving
19	Kurukshetra	Bhatmajra	Sluggish
20	Kurukshetra	Ismailabad	Sluggish
21	Kurukshetra	Khanpur	Improving

*Based on pre-field research statistics received from Govt of Haryana on Sex Ratio at Birth trends in villages

B. Sex Ratio at Birth Trends in Sample Districts (Since launch of B3P)

Sex Ratio at Birth Trends	Jhajjar			Sonepat			Kurukshetra	
	2015	2016	2017	2015	2016	2017	2016	2017
Jan	800	914	927	815	921	974	896	915
Feb	834	819	1024	886	930	928	754	988
Mar	875	878	895	847	915	934	854	980
Apr	894	911	882	811	859	961	821	971
May	845	836	967	836	900	906	864	854
June	841	807	961	887	882	924	787	797
July	860	914	-	825	843	-	730	-
Aug	894	960	-	861	918	-	904	-
Sept	830	840	-	881	888	-	842	-
Oct	800	911	-	881	947	-	896	-
Nov	949	886	-	923	888	-	1033	-
Dec	796	932	-	942	894	-	922	-

ABOUT PPRC

Public Policy Research Centre (PPRC) is a research organization established in 2011. The Centre aims at constructively impacting the policy formulation process with emphasis on good governance practices, efficient implementation mechanisms and evidence-based policy-making including policy-audit and evaluation, in the larger interest of the nation.

Public interest is of paramount importance in a democracy. No democratically elected government can perform its duties as the custodian of public good without evidence-based research. Solid research is a prerequisite of sound policy formulation and design making. Dispassionate and objectively conducted research enhances democracy as it can reduce the ability of those with vested interests to influence the public policy debate. The idea behind PPRC is to undertake structured research and carry field-study projects to explore constructive solutions on important policy issues in an institutionalized manner, through discussions, debates, seminars, study circles and brainstorming sessions.

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5. Jo-Kaha, So-Kiya (Implementation on Assurances made in the Election Manifesto by Modi Government during 2-year of office) (June, 2016)
6. Antyodaya (Justice and Welfare to the Deprived: Value addition made by Modi Government) (April, 2016)
7. Politics of Performance (A Comparative study of delivery of Good Governance by different political parties in India) (December, 2014)
8. Reference Web Director on Public Policy Issues (Compiled list of web links of various government ministries, departments and civil society on policy issues)
9. Fact Sheet on Communal Riots in India (Occasional paper on communal riots in India) (May, 2013)
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11. Foundation for providing skills for life and livelihood through Elementary Education (Outline for Policy Framework) (September, 2015).

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