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**COMMITTEE ON EMPOWERMENT OF WOMEN  
(2021-2022)**

**SEVENTEENTH LOK SABHA**

**FIFTH REPORT**

**EMPOWERMENT OF WOMEN THROUGH EDUCATION  
WITH SPECIAL REFERENCE TO 'BETI BACHAO-BETI  
PADHAO' SCHEME**



**LOK SABHA SECRETARIAT  
NEW DELHI**

**December, 2021/Agrahayana, 1943 (Saka)**

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PADHAO' SCHEME**

**Presented to Lok Sabha on 9<sup>th</sup> December, 2021**

**Presented to Rajya Sabha on 9<sup>th</sup> December, 2021**



**LOK SABHA SECRETARIAT  
NEW DELHI  
December, 2021/Agrahayana, 1943 (Saka)**

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**COMPOSITION OF THE COMMITTEE ON EMPOWERMENT OF WOMEN**  
**(2020-2021)**

**Dr.Heena Vijaykumar Gavit - Chairperson**

**Members**  
**Lok Sabha**

2. Smt. Locket Chatterjee
3. Smt. Sangeeta Kumari Singh Deo
4. Vacant\*
5. Ms. RamyaHaridas
6. Smt. K. Kanimozhi
7. Vacant\*\*
8. Smt. Malothu Kavitha
9. Smt. Raksha Nikhil Khadse
10. Smt. Poonamben Hematbhai Maadam
11. Smt. Jyotsna Charandas Mahant
12. Smt. Jaskaur Meena
13. Smt. Queen Oja
14. Smt. Shardaben Anilbhai Patel
15. Smt. Riti Patha
16. Smt. Navneet Ravi Rana
17. Smt. Satabdi Roy (Banerjee)
18. Smt. Gomati Sai
19. Smt. Sarmistha Sethi
20. Smt. Geetha Viswanath Vanga

**Rajya Sabha**

21. Smt. Priyanka Chaturvedi\*\*\*
22. Smt. Jharna Das Baidya
23. Smt. Misha Bharti
24. Smt. Vandana Chavan
25. Smt. Shanta Chhetri
26. Smt. M.C. Mary Kom
27. Smt. Mamata Mohanta
28. Ms. Saroj Pandey
29. Smt. Sampatiya Uikey
30. Smt. ChhayaVerma

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\*Smt. Annapurna Devi has been appointed the Minister of State, Ministry of Education w.e.f 07.07.2021

\*\*Smt Shobha Karandlaje has been appointed the Minister of State, Ministry of Agriculture and Farmers w.e.f. 07.07.2021

\*\*\* Nominated w.e.f. 19.04.2021 vice Smt. Jaya Bachchan upon her resignation from membership w.e.f. 18.03.2021

## **COMPOSITION OF THE COMMITTEE ON EMPOWERMENT OF WOMEN**

**(2021-2022)**

**Dr. Heena Vijaykumar Gavit - Chairperson**

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16. Smt. Gomati Sai
17. Smt. Sarmistha Sethi
18. Smt. Geetha Viswanath Vanga
19. Vacant
20. Vacant

#### **Rajya Sabha**

21. Smt. Ramilaben Becharbhai Bara
22. Smt. Priyanka Chaturvedi
23. Ms. Sushmita Dev
24. Ms. Indu Bala Goswami
25. Dr. Fauzia Khan
26. Dr. Sonal Mansingh
27. Smt. Mamata Mohanta
28. Ms. Saroj Pandey
29. Dr. Kanimozhi NVN Somu
30. Dr. Ameer Yajnik

#### **SECRETARIAT**

1. Dr. Sanjeev Sharma - Director
2. Smt. Reena Gopalakrishnan - Additional Director
3. Smt. Radha Negi - Committee Officer

## INTRODUCTION

I, the Chairperson, Committee on Empowerment of Women (2021-22), having been authorized by the Committee to submit the Report on their behalf, present this Fifth Report on the “Empowerment of Women through Education with special reference to ‘Beti Bachao - Beti Padhao’ Scheme”.

2. Keeping in view the role of education in shaping the lives of girl children and empowering women, the Committee selected this subject for detailed examination and Report to the Parliament. The Committee had detailed discussions/interactions with the Ministries concerned and NGOs on the subject in their various sittings.

3. The Committee wish to express their thanks to the representatives of the Ministry of Women and Child Development, Ministry of Education (Department of School Education and Literacy) and Ministry of Health and Family Welfare for appearing before the Committee for evidence and furnishing the information desired by the Committee in connection with the issues relating to the subject. The Committee also express their thanks to the representatives of NGO, 'Pratham' and 'The Coalition for Food and Nutrition Security' (CFNS).

4. The Report was considered and adopted by the Committee at their sitting held on 07<sup>th</sup> December, 2021.

5. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in Part II of the Report.

NEW DELHI  
07th December, 2021  
16 Agrahayana, 1943, (Saka)

DR. HEENA VIJAYKUMAR GAVIT  
*Chairperson,*  
*Committee on Empowerment of Women*

## **PART – I**

### **A. INTRODUCTORY**

A nation can progress only when its women are freed from discrimination in their access to education, healthcare and employment and are equal partner in all activities – social, economic and political. The framers of Indian Constitution visualized that balanced and sustainable development is possible only if women participate in activities in equal measure. The need for providing a special dispensation to women is articulated through Article 14 to 16 of the Constitution of India.

1.2 The Constitution not only grants equality to women, but also empowers the State to adopt measures of positive discrimination in favour of women to neutralise the cumulative socio-economic and political disadvantages faced by them. Women have fundamental rights to not being discriminated on the grounds of sex and get equal protection under the law. It also imposes a fundamental duty on every citizen to renounce the practices derogatory to the dignity of women.

1.3 Empowerment of women is a process that leads women to claim their rights to have access to equal opportunities in economic, cultural, social and political spheres of life and realise their full potential. This progress has to be accompanied by their freedom in decision making both within and outside their home with the ability to influence the direction of social change.

1.4 In order to achieve women empowerment, it is important that we begin with the girl children. This is because girls of today are the women of tomorrow. The role of education is extremely important here and goes a long way in empowering women. And the process of education has to begin early in life.

1.5 Keeping in view the grand role of education in shaping the lives of women and empowering women, the Committee took the subject “Empowerment of Women through Education with special reference to 'Beti Bachao – Beti Padhao' Scheme” for detailed



examination and report. In order to have in-depth understanding of the subject, the Committee had detailed meetings with the representatives of the Ministry of Women and Child Development, Ministry of Education (Department of School Education and Literacy) and the Ministry of Health and Family Welfare. The Committee also interacted with NGO 'Pratham' and 'The Coalition for Food and Nutrition Security' (CFNS) to hear their views/suggestions on the subject.

1.6 The Committee examined several issues pertaining to declining Child Sex Ratio in India, efforts needed to ensure survival, protection and education of girl child, problems faced in the education of girls, lack of infrastructure in schools, safety and security of girls in schools, nutritional status of women and children and efforts to reach every child through digital learning in rural areas, etc. during the sittings held on the subject "Empowerment of Women through Education with special reference to 'Beti Bachao – Beti Padhao' Scheme".

1.7 In India, where orthodox and patriarchal social norms pose a challenge to gender equality, it is imperative to identify and redress power imbalances that lead to a loss of economic and social opportunity and ensure widespread autonomy for women. One of the manifestations of gender bias in India is the decline in the Child Sex Ratio (CSR), defined as a number of girls per 1,000 boys in the age ground of 0-6 years.

1.8 Census 2011 data was a call for urgent action, because it highlighted that the girl child is increasingly being excluded from life itself. The unabated decline in Child Sex Ratio (CSR) since 1961 (from 976 in 1961 to 927 in 2001 and 918 in 2011) was a matter of grave concern as it reflected the low status of women in our society and indicates her disempowerment over a life-cycle continuum. Declining CSR is also indicative of pre-birth discrimination manifested through gender biased sex selection and post birth discrimination against girls (in terms of health care, nutrition and educational opportunities).

1.9 CSR has continued declining in spite of a strong legal and policy framework and various Government initiatives in place. The sharp decline is associated with an intersection of various factors such as the increasing spread and misuse of technology for

prenatal sex selective elimination, changing aspirations of urban and rural societies, changes in family structures and reproductive decision making, favoring a smaller family size, etc.. This has accentuated the son preference, associated with the low status of women in society, patriarchal social norms and the disturbing pattern of gender based violence faced by girls and women across the life cycle.

1.10 During the examination of the subject, the Ministry of Women and Child Development submitted that despite various policy and programmatic provisions, addressing adverse and steeply declining CSR has remained a critical challenge. Efforts are needed to ensure survival, protection and education of girl child to help realize her full potential. Consequent to the coming into force of the 'Beti Bachao –Beti Padhao' Scheme, the Ministry of Finance had made a commitment by setting aside Rupees Hundred Crore for the same. The Committee took note of the deep concern raised from time to time over the decline in CSR.

1.11 In this backdrop, the 'Beti Bachao - Beti Padhao' (BBBP) Scheme was launched by the Hon'ble Prime Minister on 22<sup>nd</sup> January, 2015 in Panipat, Haryana to address the issue of decline in CSR and related issues of empowerment of girls and women over a life cycle continuum.

## **B. BETI BACHAO – BETI PADHAO SCHEME**

1.12 Beti Bachao – Beti Padhao Scheme is a tri-ministerial, convergent effort of Ministries of Women and Child Development (as Nodal Ministry), Health & Family Welfare and Education with a focus on awareness and advocacy campaign for changing mindsets, multi-sectoral intervention in select districts, enabling girls' education and effective enforcement of Pre-Conception & Pre Natal Diagnostic Techniques (PC&PNDT) Act. The Scheme was initially launched in 100 districts in 2014-15 (Phase-1), and was expanded to 61 additional districts in 2015-16 (Phase-2). Following initial success of the scheme, the initiative has been expanded to 640 districts of the Country (as per Census 2011) on 8th March 2018. As of now, 405 districts are totally covered with multi-sectoral intervention including advocacy and media campaign, while the rest of the districts are covered with a nationwide media campaign.

1.13 As informed by the Ministry of Women and Child Development, the Scheme is being implemented with a goal to celebrate the girl child and enable her education. The objectives of the Scheme are as under:

- i. To prevent gender biased sex selective elimination
- ii. To ensure survival and protection of the girl child
- iii. To ensure education and participation of the girl child

1.14 The Scheme aims to introduce mind set change with the help of nuanced communication with the following target groups:

- Primary: Young and newly married couples; Pregnant and Lactating mothers; parents
- Secondary: Youth, adolescents (girls and boys), in-laws, medical doctors/ practitioners, private hospitals, nursing homes and diagnostic centres
- Tertiary: Officials, PRIs; frontline workers, women SHGs/Collectives, religious leaders, voluntary organizations, media, medical associations, industry.

1.15 The following are the two major components of BBBP:-

- a. Advocacy and Media Campaign on Beti Bachao - Beti Padhao: The campaign aims at ensuring that girls are born, nurtured and educated without discrimination to become empowered citizens of this country with equal rights. A 360° media approach is being adopted to create awareness and disseminating information about the issue across the nation. Acknowledging the outreach, economy and efficacy of Social Media Platforms, the Ministry is also using these platforms in a major way. The Ministry has been spearheading a nationwide media campaign since the launch of the scheme. The Campaign is operationalised through print, audio visual mode and social media. The Campaign logo is a well -recognised symbol in the Country.
- b. Multi-Sectoral intervention in selected Districts: Under the Scheme, the multi- sectoral intervention in 405 districts focuses on schematic intervention and sectoral actions in collaboration with M/o H&FW & M/o Education. A flexible framework for convergent action and review has been adopted which can be contextualized by State Task Forces and District Task Forces chaired by Chief Secretary and District Magistrates respectively. Funds @ Rs.50 lakh per district per year could be released to District Magistrate under the scheme, for Media and outreach

activities, capacity building and sensitization of Stakeholders and innovative activities for attitudinal shift, to suit the local socio-cultural context.

1.16 The Ministry-wise programmes include the following aspects:

MoWCD	MoH&FW	MoEducation
Advocacy	Improvement of Sex Ratio at Birth	Promotion of universal enrolment for girls
Awareness Generation	Enforcement of PC & PNDT Act including monitoring and decoy operations	Prevention of drop outs
Community Mobilisation	Promotion of early pregnancy, Registration, institutional deliveries and birth registration	Girl Child Friendly Schools including separate toilets ad hostels for girls
Training of Stake holders	Capacity building of stakeholders	Implementation of Right to Education
Coordination		
Recognition of Stake holders		

#### **(i) Fund Allocation for 'Beti Bachao- Beti Padhao' Scheme**

1.17 The Ministry of Women and Child Development in its background note have stated that, 'Beti Bachao – Beti Padho' Scheme will be implemented with 100% central assistance and the fund will be released directly to dedicated account of District Magistrate and District Collector. The annual budget of per district is Rs. 50 lakh per district per annum. The fund is released in two installments as per BBBP guidelines.

1.18 When the Committee enquired about the percentage share for education and health components out of the 50 lakh earmarked for districts, meant, the Ministry of Women and Child Development in their written replies stated as under:-

"As per the schematic norms Rs. 50 lakh per district per year is earmarked for Districts implementing under multi-sectoral interventions. Rs. 50 lakhs is bifurcated under 6 different components as mentioned below:-

Sl. No.	Budget Head	Amount (in Lakhs)
1.	(i) Inter-sectoral Consultation/meetings and meetings of District Task Force (ii) Training & Capacity-building/Orientation & Sensitization	8
	(i) Innovation and Awareness generation activities (ii) IEC Material/awareness kit to Anganwadi Centres	25
3.	Monitoring and Evaluation, Documentation	3
4.	Sectoral Interventions of MoHFW	5
5.	Sectoral Interventions of MoHRD	5
6.	Flexi funds (10%)	4
	TOTAL	50

PC&PNDT Act being the mandate of MoH&FW, Rs. 5 lakh has been allocated for conducting training programme, IEC materials, conducting decoy operation & reward for informers.

As various schemes are already being implemented by M/o Education, Rs. 5 lakh has been allocated for felicitation of girls toppers in primary, upper primary, secondary and higher secondary for promotion and importance of education.

Declining CSR is a major indicator of women disempowerment as it reflects both, pre- birth discrimination manifested through gender biased sex selection, and post birth discrimination against girls (in form of their health, nutrition, educational needs). The issue requires rigorous awareness and media advocacy for nurturing & valuing of girl child. A locally suitable communication strategy ought to be developed in every district. Therefore, an amount of Rs. 25 lakh (50%) of the total allocated budget is kept for awareness and innovation at District level".

1.19 The proportion of funds spent on advertisement of the BBBP Scheme over the last three years in a reply given to Rajya Sabha on 05.03.2020 is as under:

(Rs. in Crore)

S. No	Financial Year	Proportion of advertisement fund to total funds released
1	2016-17	91.10 %
2	2017-18	80.25 %
3	2018-19	65.38 %

1.20 However, in a written reply to the Committee, the Ministry of Women and Child Development has given the details of year-wise ratio of amount spent on Media Advocacy campaign under the BBBP Scheme which is as under:-

Sl.NO.	Financial Year	Funds Allocated (Amount in Crores)	Expenditure on Media advocacy campaign by the Ministry (Amount in Corres)	Percentage of expenditure for Media Advocacy Campaign against funds Allocated
1.	2017-18	200	135.70	68%
2.	2018-19	280	160.13	57%
3.	2019-20	200	23.67	12%

1.21 When the Committee enquired about the year wise details of the total sum allocated, released and utilised by Centre to the Districts under the Beti Bachao – Beti Padhao Scheme since 2014-15 to 2020-21, the Ministry of Women and Child Development in a written reply stated as under:-

“Details of total budget allocated, Total Amount Released, Total Funds Utilized by States/UTs under the scheme, since its inception, is as under;

(Rs. in Crore)

Sl. N o.	Financial Year	Budget Allocated/ R.E.	Total Amount released /Expenditure*	Total Funds Utilized by State/UT**
1	2014-15	50	34.84	0.35
2	2015-16	75	59.37	10.82
3	2016-17	43	28.66	8.87
4	2017-18	200	169.10	21.38
5	2018-19	280	244.73	41.05
6	2019-20	200	85.78	73.99
7	2020-21	100	60.57	Pending

\* Fund released include funds released to State/UT, funds for Media Advocacy campaign at central level and other administrative expenses

\*\* Fund released for Media Advocacy campaign at central level and other administrative expenses are fully utilized.

1.22 Regarding the release of funds, the Ministry of Women and Child Development in their written reply stated as under:-

"The funds are released timely to districts subject to their fulfilling the scheme conditions and submitting the utilisation certificate, inter alia”.

**(ii) Out reach Activities**

1.23 The Committee were informed that one of the important components of BBBB scheme is to generate awareness through outreach activities. Under this component Districts execute various activities as per their approved District Action Plan. District is an

implementing unit so it covers both urban & rural part of the concern District. The districts have introduced interventions mainly towards engaging communities, improvement in Sex Ratio at Birth, birth registration, encouraging celebration of girl child, challenging son-centric rituals and reversing the social norms, re-enrolment drives for getting girls back to schools and other initiatives for valuing of girl child. Some of the popular activities undertaken by Districts are as follows:

1. Dedicating special day on value of girl child.
2. Celebration of birth of girl child.
3. Prabhat pherry, rallies, drawing, essay competitions, nukkad natak, exhibition vans, workshops, seminars.
4. Display of Guddi Gudda Boards (a gender disaggregated data).
5. Special Gram Sabhas and Mahila gram sabha to spread awareness about the criticality of the issue.
6. Plantation drive in the name of girl child
7. Identification of local champions and brand ambassadors at District level

1.24 During the oral evidence, the representative of the Ministry submitted as under:

“One of the achievements has been that it has captured the attention of political leadership and national consciousness towards valuing the girl child. Now, the issue of child sex ratio is well raised in the public discourse through advocacy and media campaign. There have been improvements in the child sex ratio since the last census. As per the Health Management Information System, an improving trend of nineteen points has been observed in sex ratio at birth from 918 to 937 in 2021.

1.25 The Ministry of Women and Child Development have informed that the following 05 States have been felicitated on the occasion of National Girl Child day i.e. 24<sup>th</sup> January, 2019 by Hon’ble Minister, WCD:

S.No.	Category	Names of States
1.	East & North East region	Nagaland
2.	West region	Rajasthan
3.	North region	Haryana
4.	South region	Tamil Nadu
5.	Central region	Madhya Pradesh



1.26 They have also informed that the following 5 States were felicitated on 6<sup>th</sup> September, 2019 by Hon'ble Minister, WCD for consistent improvement in Sex Ratio at Birth (SRB). The status is as below:

Sl. No	Name of the State	2014-15	2015-16	2016-17	2017-18	2018-19
1	Haryana	876	887	902	914	914
2	Uttarakhand	903	906	914	922	938
3	NCT of Delhi	901	904	908	917	920
4	Rajasthan	929	929	938	945	947
5	Uttar Pradesh	885	902	906	911	918

1.27 During the course of examination on the subject, the Committee desired to know about the details of orientation and sensitization programmes organised in the 405 districts to create awareness about the issue decreasing Child Sex Ratio, Survival and Celebration of girl child and enabling her education and empowering her, the Ministry of Women and Child Development in their written reply stated as under:-

"Orientation & sensitization programme is a core activity of the Scheme. It is equally important to sensitize various stakeholders regarding the inference and impact of declining CSR. Under BBBP there is a provision of training programme at District, Block and Village level. Initially, regional level training programmes covering all States/UTs were conducted through National Institute for Public Cooperation & Child Development (NIPCCD). Accordingly, a training module was developed based on which Districts are organizing various training programmes for frontline workers & other stakeholders".

### iii) **Community Mobilisation/ Participation**

1.28 The Committee understand that community participation is a proven approach for the success of programme. The community should celebrate the birth of girl child in the family and community. Take pride in daughters and oppose the mentality of 'Bojh' and 'Paraya Dhan'. Find ways to promote equality between boys and girls. Secure admission to & retention of girl child in schools. Engage men and boys to challenge gender

stereotypes and roles. Educate and sensitize our sons to respect women and girls as equal members of society. Report any incident of sex determination test. Strive to make neighbourhood safe & violence-free for women and girls. Oppose dowry and child marriage within the family and community. Advocate simple weddings. Support women's right to own and inherit property. Encourage women to go out, pursue higher studies and work, do business, access public spaces freely etc. Mind their language and be sensitive towards women and girls.

1.29 When the Committee desired to know as to how the Government has taken help of front line workers like women members of the Panchayat, Anganwadi workers, female health workers, female school teachers and NGOs in the execution and promotion of BBBP Scheme, the Ministry of Women and Child Development in their written reply stated as under:-

“Under BBBP Scheme, District Administration is mainly responsible for execution of Field based activities in Districts. The districts lay emphasis on awareness and advocacy and launch focused campaigns for changing mindsets. The districts introduce interventions and also conduct innovative activities mainly towards engaging communities, improvement in sex-ratio at birth, birth registration, encouraging celebration of girl child, challenging son-centric rituals and reversing social norms. For such initiatives for valuing girl child, as per Approved Annual District Action plan in District Task Force Meeting under WCD Department, the District Administration, engages front line workers, Anganwadi Workers, female health workers, female school teachers in different Programs as per the need”.

1.30 The Ministry of Women and Child Development have also informed that the Districts laid emphasis on awareness and advocacy & launched focussed campaigns for changing mindsets. The districts have introduced interventions mainly towards engaging communities, improvement in Sex Ratio at Birth, birth registration, encouraging celebration of girl child, challenging son-centric rituals and reversing the social norms, re-enrolment drives for getting girls back to schools and other initiatives for valuing of girl child. Few good initiatives taken by Districts under the leadership of District Collector/Deputy Commissioners in different districts/states are for (a) survival of girls (b) Protection of girls (c) Education of girls (d) Participation of girls (e) Valuing girls.

#### **(iv) Training and Capacity Building of Stake Holders**

1.31 In response to a specific query of the Committee regarding the efforts undertaken by the Governments, both at Centre and States for capacity building of front line workers directly linked with execution of the 'Beti Bachao - Beti Padhao' Schemes, the Ministry of Women and Child Development in response stated as under:-

“Training and Capacity Building Programmes are conducted following top to bottom approach which involve;

1. Training and capacity building & communication with Ministries/Departments for policy and programmatic interventions as implementation of BBBP requires linkages for convergent action.
2. National Capacity Building workshops for State Appropriate Authorities and State Nodal Officers.
3. Facilitating Training of Master Trainers and ensuring training is imparted by the districts to the existing network of AWWs/ ASHAs and other functionaries”.

1.32 The Committee asked about various training modules available for State and District Task force government officials and how these modules have helped in comprehending the 'Beti Bachao - Beti Padhao' scheme, the Ministry in its written reply stated as under:-

"Ministry has developed the training module as “Beti Bachao - Beti Padhao Module for Master Trainer” which serves as effective tool to equip the master trainers with necessary skills, which they will be able to use to further train the grassroots functionaries and it is available on MWCD website”.

The purpose of the training module is to train the master trainer at state, district and block level for the effective implementation of the scheme at every level. A three- tier strategy has been adopted to build the capacity of the State Level Master Trainer - District level Master Trainer- Block level Master Trainer - AWWs AWS. The training programmes aid the frontline workers for effective implementation of the scheme by engaging in following activities:

1. To provide knowledge and guidance about the various schemes, policies and to act for the education and safety of the girl child.

2. Sensitize and train the functionaries as catalysts for social change to improve CSR, SRB and enrolment & retention of the girl child.
3. Provide information and training for better inter sectoral and inter institutional convergence at district/ block and grass root level.
4. Orient the trainer about planning process of advocacy campaign for social and behaviour change.

Imparting training by local functionaries has helped people understand the need for the programme, generated perspective about the rights of girl child and established connect with the issues impacting girls locally. As a result grass root functionaries along with public try to find suitable solutions for enabling girls rights ranging from celebration at their birth to their higher education or professional training".

1.33 The Committee further desired to know the effectiveness of these training programmes in implementation of 'Beti Bachao – Beti Padhao' Scheme, in response, the Ministry submitted as stated as under:-

"The purpose of the training module is to train the master trainer at state, district and block level for the effective implementation of the scheme at every level. A three- tier strategy has been adopted to build the capacity of the State Level Master Trainer - District level Master Trainer- Block level Master Trainer - AWWs AWS. The training programmes aid the frontline workers for effective implementation of the scheme by engaging in following activities:

1. To provide knowledge and guidance about the various schemes, policies and to act for the education and safety of the girl child.
2. Sensitize and train the functionaries to become catalysts for social change to improve CSR, SRB and enrolment & retention of the girl child in school.
3. Provide information and training for better inter sectoral and inter institutional convergence at district/ block and grass root level.
4. Orient the trainer about planning process of advocacy campaign for social and behaviour change.

Such training programmes helped the trainees in better implementation of the scheme to sensitise public to acknowledge the rights of the girl child. With such training, frontline workers have been working within communities for increasing awareness and sensitization of masses.

**(v) Monitoring and Implementation of Scheme**

1.34 The Committee have been informed that the monitoring of the BBBP Scheme would be at following levels:

- i. At National level, a National Task Force for Beti Bachao – Beti Padhao headed by Secretary, WCD with representation from concerned ministries namely Ministry of Health & Family Welfare, Education, Information and Broadcasting, Panchayati Raj, Registrar General of India, Gender Experts and Civil Society representatives. The Task Force will provide guidance, support and review of the progress of the Scheme.
- ii. At the State/UT level, State Task Force headed by the Chief Secretary with representation of concerned Departments, Gender Experts and Civil Society representatives. In UTs the Task Force would be headed by Administrator, UT Administration. Some States/UTs have their own mechanism at the State/UT level for Women's Empowerment, Gender and Child related issues which may be considered and/or strengthened as State/UT Task Force. Principal Secretary, WCD/Social Welfare will be the convener of this body.
- iii. At the District level, a District/City Task Force led by the District Collector/Deputy Commissioner/CEO Zila Parishad with representation of concerned Departments are responsible for effective implementation, monitoring and supervision of the District Action Plan. Technical support and guidance for the implementation of Action Plan in the district is provided by District Programme Officer (DPO) in the District ICDS Office for formulation of District Action Plan using the Block level Action Plans.
- iv. At the Block level, a Block level Committee would be set up under the chairpersonship of the Sub Divisional Magistrate/Sub Divisional Officer/Block Development Officer (as may be decided by the concerned State Governments) to provide support in effective implementation, monitoring and supervision of the Block Action Plan.

1.35 When the Committee enquired about the specific mechanism available with the District Collectors/ Deputy Commissioners as head the District Task force to coordinate and monitor the implementation of BBBP Scheme at the District Level to monitor this scheme periodically, in response, the Ministry of WCD in their written replystated as under:-

“(i) District Programme Officer (DPO) is designated as the coordinating officer by DTF who is responsible for coordinating with nodal officers from Health and Education departments. The coordinating officer collates and compiles the monthly report for submission to MWCD with a copy to State Government.

(ii) A nodal officer from each Department for formulation is nominated for implementation and monitoring of district Action Plans under overall supervision of DC/DM.

(iii) Regular process of documentation of all activities conducted at the District/block and gram panchayat level is undertaken through regular reports, MIS and photographic documentation at the district level.

(iv) Qualitative progress is documented through case studies, good practices, innovations and supplemented through photographs.

(v) At the district level, progress report is furnished by nodal officer (DPO, ICDS Office/PNDT Cell or any other structure as deemed fit by the DC/DM) in coordination with nodal officer of D/o Health and Education on Monthly/Quarterly and annually to PMUBBBP”.

(vi)

1.36 When the Committee desired to know whether the State and District level task forces are managing to convene monthly review meetings, the Ministry of WCD in their written reply stated that as per guideline of BBBP, States have to ensure meetings of STF at least twice in a year and DTF has to conduct meetings on regular basis.

1.37 When asked whether all the district administrations are able to achieve the targets of District Action Plan within set deadline, the Ministry WCD in a written reply stated:

“District Administration implements BBBP Scheme as per approved District Action Plan. Funds are released to only those districts who have utilized the previous funds. Under the current guidelines, punitive provisions have not been incorporated”.

1.38 About any reports about diversion/misuse of funds as reported in C&AG Report and other sources in 'Beti Bachao-Beti Padhao' Scheme, the Ministry WCD in their written reply stated that no such report has come to the notice of the Ministry.

1.39 On the issue of taking help of digital and other technologies for better monitoring and supervision of 'Beti Bachao – Beti Padhao Scheme, the Ministry WCD in their written reply stated asunder:

“In order to achieve better oversight, Ministry is developing an online Management Information System (MIS) portal for monitoring and supervision at State, District, Block and Village level”.

1.40 When asked about the details of reporting and documentation of activities at the ground level the Ministry in their written reply stated as under:-

“There is a National Task Force at National level headed by Secretary, MWCD, State Task Force headed by Chief Secretary/UT Administrator and District task Force headed by DCs/DMs to guide and monitor the intermediary targets of the scheme. To ensure accountability and for service improvement, it is important to document all activities conducted at the District, Block and Gram Panchayat level related to scheme and campaign. Therefore, since scheme requires extensive review and regular monitoring mechanism, the Ministry ensures through following monitoring mechanisms”:

- Through Physical Progress Reports on half yearly or annual basis sought from the BBBP districts endorsed by either DC/DM or Nodal Officer of BBBP. It includes on all activities mentioned in District Action Plan and implemented at district, block and village levels. It is mandatory that all BBBP districts are required to submit the same along with their UC, SoE and District Action Plan.

- Also, MIS portal is in place for monitoring and supervisions of BBBP progress at State, District, Block and Village level.
- Further, documentation of innovative activities/best practices is done at national level and has helped other districts to adapt such activities as per their local needs.
- Existing forum of Village Health Sanitation and Nutrition Committee (VHSNC), a sub-committee of Gram Panchayat, will have the responsibility of coordinating implementation and monitoring of action plan.
- Existing platform of VHSNC/Village Health and Nutrition Day are used for creating awareness on schemes/programmes for women/girls, promote early registration of pregnancy, institutional deliveries, birth registration, equal care of girl child service delivery and counselling on Beti Bachao-Beti Padhao.
- Special Gram Sabha meeting are encouraged to discuss (a) birth rate of boys and girls over the last few years, (b) the impact of having a larger number of men than women, (c) the illegality sex determination of foetus and female foeticide and (d) increase the value of girl child through advocacy.
- The Anganwadi Centres / Ward Members will report to the Gram Panchayat every month about the pregnant mothers, children and immunization.
- The Anganwadi Worker who also belongs to the same village take the initiative for registration of all cases of pregnancy during the first month”.

1.41 When the Committee enquired about the provision for social any audit by Civil Society Groups and whether any such audit has been conducted so far, the Ministry in their written reply stated as under:

“Yes, Social Audit could be undertaken which is conducted by Civil Society Groups to obtain direct feedback from public and institutions involved in implementation of the scheme. No such audit has been reported so far”.

**vi) Coordination among the Stakeholder Ministries**

1.42 To a specific query of the Committee as to how effective is the coordination between the three Ministries with regard to Beti Bachao- Beti Padhao



(BBBP)Scheme', the Ministry of Women and Child Development in their written reply stated as under:-

"The three Ministries make coordinated efforts to achieve the desired objectives. Apart from participation in BBBP national task force, the collaboration at other levels is diligently pursued. High level meetings to review implementation of PC & PNDT Act are co chaired by Minister WCD along with Minister Health and Family Welfare and serious policy decisions are taken for implementation of the act. Apart from regular Policy dialogue regarding girls education, incorporation of gender sensitive Course material in text books, printing BBBP logo in NCERT books and co-branding BBBP are some of the initiatives taken by Ministry of Education which strengthen the common pursuit of celebrating the rights of girl child".

### **C. BETI BACHAO- SAVE THE GIRL CHILD**

1.43. As has been stated earlier, the Indian government has brought the Beti Bachao - Beti Padhao scheme by considering the declining girl child ratio in India. The Committee have been given to understand that the Child Sex Ratio (Census by Registrar General of India) is a decadal process. Hence, Sex Ratio at Birth was set as a monitoring parameter for assessing the intermediary progress of the Scheme.

1.44 Changes in sex composition largely reflects the underlying socio-economic and cultural patterns of a society in different ways. Child Sex Ratio defined here as the number of females per 1000 males in the in the age group of 0-6 years, is an important social indicator to measure the extent of prevailing equity between males and females in a society at a given point of time. It is mainly the outcome of the interplay of sex differentials in mortality, sex selective migration, sex ratio at birth and at times the sex differential in population enumeration.

1.45 Child Sex Ratio, does not only reflect pre-birth elimination of girls, but also the neglect of the girl child after birth that puts the girl child at more risk, which is reflected in the decline in Sex ratio at birth from **901** in 2005-7 to **896** in 2015-17. Some of the reasons for neglect of girl child and low levels of sex ratio are prevalence of a patriarchal mindset/

son preference, low status of women, social and financial security associated with sons and, socio-cultural practices including dowry and violence against women.

**i) Sex Ratio at Birth**

1.46 The Child Sex Ratio (CSR) at birth in the country since 1961 is as under:

Year	1961	1971	1981	1991	2001	2011
Child Sex Ratio	976	964	962	945	927	919

According to World Health Organization, the natural sex ratio at birth is considered to be around 105 males for every 100 females, which translates to about 952 females for every 1,000 males. As per the latest SRS 2016-18 report, Chhattisgarh and Kerala are the only States that recorded healthy Sex Ratio at Birth as 958 and 957 respectively.

1.47 The Committee during examination of the subject noted that declining Child Sex Ratio has remained a critical challenge in India in spite of a strong legal and policy framework and various Government initiatives. In this regard, the Ministry of Health and Family Welfare in their reply, inter-alia, stated as under:-

“.....with consistent efforts and effective implementation of law, the States are beginning to show a positive result which is evident as per the latest Sample Registration Survey (SRS) Report 2018. The overall Sex Ratio at Birth (SRB) data has recorded 3 points improvement, from 896 in 2015-17 (SRS) to 899 in 2016-18 (SRS). As per SRS 2018, 15 States out of 22 surveyed States have shown improvement:

- 6 states recorded maximum improvement of 15 points recorded in Rajasthan, Himachal Pradesh (12 points), Gujarat (11 points), Haryana, Assam, and Jammu & Kashmir by 10 points.
- 9 more states that showed improvement in the Sex Ratio at Birth are: Andhra Pradesh, Jharkhand, Kerala, Madhya Pradesh, Punjab, Tamil Nadu, Telangana, West Bengal and Uttar Pradesh

Small family norm coupled with easy availability of sex determination tests, act as a catalyst in the declining child sex ratio and further stimulated by illegal practice of pre-conception sex selection leading to female foeticide”

1.48 During the oral evidence, the representative of the Ministry of Health and Family Welfare stated as under:

“As per the National Family Health Survey V (NFHS -5 - Phase 1) Sex-ratio at birth is below 900, in only three States now – Himachal Pradesh, Goa, Dadra and Nagar Haveli and Daman Diu. These are the States that we focus on, while we do our regular reviews in the Ministry of Health and Family Welfare. In the last National Family Health Survey IV, this number was 6 and so there is a reduction of 50 per cent in this”.

1.49 During the sitting of the Committee, the authenticity of the data of Sex Ratio at Birth, was enquired about. In response, the representative of the Ministry of Health and Family Welfare deposed as under:

“Especially, on the sex ratio at birth, I would like to submit that this data that was presented is from the Registrar General of India (RGI) which is under the Ministry of Home Affairs. It is a completely independent Sample Registration Survey which is done by RGI. That data is not collected by us from the States and districts. Once this survey is done by the RGI, we take that data and we see how the various States and districts are performing. We regularly take it up with the States and districts in our reviews.

Having said that, a three-point improvement is there in the SRB. Yes, we say that there is a three-point improvement but we are still at 899. We do acknowledge that there is a lot to be done in terms of reaching the SRB because 899 girls to 1000 boys is still very low in the country. So, we do look at these differences among the States which have done well, which have not done well and where it has declined. We also constantly discuss this and review this with the States. Odisha is a State that has actually shown a 5-point decline as far as the sex ratio is concerned. Seven States have shown a decline and we have also addressed letters to those States in terms of giving our concern that there has been this decline in the seven States”.

1.50 On the same issue, the Ministry have enumerated the challenges involved as under:-

- Sex selection/ determination is normally carried out in collusion with both the service providers and the service seekers, hence, making it tough to gather evidence/witness- leading in turn to difficulties in securing conviction of the violators.

- New Technological development in the Prenatal and Preconception diagnostic techniques makes sex selection/ determination more accessible and affordable

1.51 When Committee desired to know the measures adopted for improvement in Child Sex Ratio the Ministry of Health and Family Welfare, in a written reply stated that the PC&PNDT Act is being followed/implemented throughout the States & UTs in the country and the enforcement of PC & PNDT Act is a key element of the BBBP scheme to save the girl child from being eliminated before even born.

**ii) Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) PC&PNDT Act**

1.52 The PC&PNDT Act was enacted in 1994 to check female foeticide and was brought into operation from 1<sup>st</sup> January, 1996. The Act was amended further in 2003 to make it more comprehensive. The Ministry of Health & Family Welfare looks after the implementation of PC&PNDT, Act, 1994.

1.53 The salient features of the PC&PNDT Act are as under:

- Prohibition of advertisement and misuse of prenatal diagnostic techniques for determination of sex of the foetus, leading to female foeticide;
- The techniques of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the misuse of such technologies;
- Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus;
- More stringent punishments are prescribed under the Act, so as to serve as a deterrent against violations of the Act;
- Primary responsibility for implementing the Act rests with the States through District Appropriate Authority aided with State/ District Advisory Committees;

1.54 As the Committee were given to understand that despite the law, female foeticide continues unabated, they desire to know the steps taken by the Ministry of Health and Family Welfare to check female foeticide and how far these steps have proven to be effective. In response, the Ministry has stated as under:

"(i) Amendment in the Laws: Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996: In order to create the required deterrence the Government of India has notified several important amendments in the rules under the Act, as mentioned below:

- Rule 11(2) of the PNDT Rules, 1996 amended in 2011 to provide for confiscation of the unregistered machines
  
- Rule 3 (B) inserted in 2012 to regulate portable ultrasound machines and services to be offered by Mobile Genetic Clinics.
  
- Rule 3A (3) has been inserted in 2012 to restrict the registration of medical practitioners qualified under the Act to conduct ultrasonography in a maximum of two ultrasound facilities within a district only.
  
- Rule 5(1) amended in 2012 to enhance Registration fee for diagnostic facilities
  
- Rule 13 amended in 2012. to intimate every change of employee, place, address
  
- R and equipment installed, 30 days in advance of the expected date of such change
  
- Under Rule 3(3)(1)(b)- Rules for Six Months Training in ultrasound for the MBBS Doctors notified in 2014 to include the training curriculum, criteria for accreditation of institutions
  
- Form F revised and simplified in 2015 by separating sections for the invasive and non-invasive diagnostic procedures

- Rules 18 A inserted in 2014 to lay down Code of conduct for Appropriate Authorities
  - Rule 19A inserted in 2017 to prescribe the manner of filing appeal against the orders of the Appropriate Authorities.
  - Rule 5 amended in 2017 for Exception of fee for the Government institutions.
  - Six Months Trainings Rules, 2014 amended in 2020, to expand the scope of training by increasing the teacher student ratio and number of MCI recognised training institute.
- (ii) Ultrasound equipment notified in 2020, as drug under Drugs and Cosmetic Act, 1945. The licenses from Drug Controller of India made mandatory for selling/importing/ R&D of Ultrasound Machines.
- (iii) Monitoring/ reviewing of the implementation of the PC&PNDT Act: Implementation of PC&PNDT Act is regularly being monitored through various mechanism.
- State/UT level Review meetings conducted regularly to evaluate the progress of implementation at the district level.
  - Regular monitoring through National Inspection and Monitoring Committee (NIMC). Observations and recommendations of the NIMC teams have been communicated to their concerned authorities for further necessary action.
  - Constitution of State Supervisory Board, and ensure they conduct regular meetings and send quarterly progress report to the Central Supervisory Board as per the Act.
  - Constitution of State Inspection and Monitoring Committees (SIMC);
  - Notification of State/ District Appropriate Authority and Advisory Committees;

(iv) States have been directed to develop online mechanism for registrations, record maintenance under the PC&PNDT Act to ensure accountability, transparency and effective monitoring.

- 18 States/UTs viz. Andhra Pradesh, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Telangana, Tripura, Uttar Pradesh, D. N.Haveli and Delhi have already developed the online mechanism.

(v) Online sex-selection advertisements are monitored by the Nodal Agency under MoHFW, and the violations under Section 22 of the PC&PNDT Act are conveyed to the concerned Search Engines for compliance.

(vi) Capacity Building and Sensitisation of Appropriate Authorities, Judicial Officers and Public Prosecutors

- Handbook on Standard Operational Guidelines for the Appropriate Authorities developed in 2016 to ensure effective, uniform and standard implementation of the PC & PNDT Act, 1994 and Rules across the country
- Capacity Building and training workshops: *Technical and financial assistance provided to States/UTs for capacity building/training programs of District Appropriate Authorities and PNDT nodal officers.*
- Orientation and sensitization for Judicial Officers and Public Prosecutors conducted through National Judicial Academy (NJA) and State Judicial Academies. The training on PC&PNDT Act incorporated in the training schedule of the NJA and State Judicial Academies.
- Orientation and sensitization on the provisions and implementation of PC&PNDT Act also incorporated in the training curriculum of Lal Bahadur Shastri National Academy of Administration (LBSNAA)

(vii) Financial support provided to strengthen implementation structures under National Health Mission (NHM): Dedicated PNDT Cells, Capacity Building, Monitoring, Advocacy Campaigns etc.

(viii) IEC activities undertaken for the awareness of provision of PC&PNDT Act.

- A360 degree approach on changing mindset through sustained local level engagement with community. States have been directed to plan appropriate behavior change /Communication campaigns and effective awareness generation on provisions of the PC & PNDT Act.

Potential of print, electronic and mass media including social media has been leveraged for awareness generation through Print advertisements, social media platforms of twitter, facebook”.

1.56 As per the State Quarterly Report (December, 2020), 71096 Diagnostic facilities including Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre registered under the PC& PNDT Act. So far, 3158 Court Cases filed by the District Appropriate Authorities (Active) and 617 convictions secured and 145 Medical licenses suspended/cancelled . The details are as under:-

**State wise number of bodies registered, ongoing cases, convictions and medical licenses cancelled/suspended (as per QPR upto December 2020)**

S. No.	State/UT	No. of bodies registered	No. of ongoing Court/Police Cases	Convictions	Medical licenses cancelled/suspended
1.	Andhra Pradesh	3284	19	0	0
2.	Arunachal Pradesh	123	0	0	0
3.	Assam	1144	12	1	0
4.	Bihar	3230	142	6	0
5.	Chhattisgarh	745	14	0	0
6.	Goa	179	1	0	0
7.	Gujarat	6978	288	25	7
8.	Haryana	2458	353	93	22
9.	Himachal Pradesh	526	3	1	0
10.	Jammu & Kashmir	528	3	1	0
11.	Jharkhand	846	38	2	0
12.	Karnataka	5097	84	38	0
13.	Kerala	1737	-	0	0
14.	Madhya Pradesh	1992	52	4	3
15.	Maharashtra	9933	604	109	76
16.	Manipur	164	0	0	0
17.	Meghalaya	75	0	0	0
18.	Mizoram	70	0	0	0
19.	Nagaland	53	0	0	0
20.	Odisha	1158	70	5	0
21.	Punjab	1708	169	33	1
22.	Rajasthan	3615	753	153	22
23.	Sikkim	31	0	0	0
24.	Tamil Nadu	7626	147	109	2
25.	Telangana	4272	31	3	8
26.	Tripura	131	1	0	0
27.	Uttarakhand	671	48	4	0
28.	Uttar Pradesh	6989	184	20	1



29	West Bengal	3791	24	0	0
30	A & N. Island	22	-	0	0
31	Chandigarh	90	1	0	0
32	D. & N. Haveli	20	0	0	0
33	Daman & Diu	10	-	0	0
34	Delhi	1643	117	10	3
35	Lakshadweep	9	-	0	0
36	Puducherry	148	0	0	0
	Total	71096	3158	617	145

1.57 On being enquired about the number of private sex determination clinics functioning in the country, the Ministry of Health and Family Welfare submitted as under:-

"Sex determination is prohibited under PC&PNDT Act and there is no legal entity called Sex Determination Clinic registered under the Act. However, whenever such clinics are identified, stringent action under PC&PNDT Act is taken by the concerned Appropriate Authorities and complaints are filed accordingly in courts.

Under Section 8 of the PC&PNDT Act 1994, no person shall open any Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic, including clinic, laboratory or centre having ultrasound or imaging machine or scanner or any other technology capable of undertaking determination of sex of foetus and sex selection, or render services to any of them, after the commencement of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002 unless such centre, laboratory or clinic is duly registered under the Act".

1.58 When asked about the steps taken by the Ministry to monitor the regular functioning of such clinics and also to stop the mushrooming growth of such sex determination clinics in the country, the Ministry in its written reply stated as under:-

"Since the inception of PC&PNDT Act several steps and interventions have been taken to monitor the functioning of such clinics and also to stop the mushrooming of growth of such sex determination clinics in the country which are as follows:

1. Amendments in the Act
2. The States/ UTs are regularly monitoring on the following points:
  - o Focused interventions in the areas with skewed Sex Ratio at Birth
  - o Constitution of State Supervisory Board, conduct its regular meetings and send quarterly progress report to the Central Supervisory Board as per the Act

- Notification of State/ District Appropriate Authority and Advisory Committees
  - Implementation of new amendments in PC&PNDT Rules
  - Constitution of State Inspection and Monitoring Committees (SIMC)
3. Conducting regular surveys, updating registrations and renewals to curb the unregulated use of diagnostic techniques having potential of sex selection and determination
  4. Ensuring analysis and scrutiny of medical records, prescribed under the Act for better regulations and monitoring
  5. Conducting workshops and training for judiciary and public prosecutors
  6. Giving training to appropriate authorities for building strong cases against offenders
  7. Strengthen inter-state coordination for regulating ultrasound clinics across borders
  8. State/UT level Review meetings conducted regularly to evaluate the progress of implementation at the district level.
  9. Regular monitoring through National Inspection and Monitoring Committee (NIMC). Observations and recommendations of the NIMC teams have been communicated to their concerned authorities for further necessary action.
  10. States directed to develop online mechanism for registrations, record maintenance under the PC & PNDT Act to ensure accountability, transparency and effective monitoring.
  11. Online sex-selection advertisements are monitored by the Nodal Agency under MoHFW, and the violations under Section 22 of the PC&PNDT Act are conveyed to the concerned Search Engines for compliance. A Public Notice has also been brought out in the media wrt awareness on illegal advertisements on commerce sites of tools etc promoting/facilitating sex selection of the foetus.”

1.59 The Committee also enquired about the number of complaints received by the Ministry of Health and Family Welfare during the last 3 years against unregistered doctors operating ultrasound machine and indulging in illegal activity under PC&PNDT Act, the Ministry in their written replies stated as under:-

"As per the Quarterly Progress Report (QPR) received from the State/UT, 184 complaints regarding unregistered doctors operating ultrasound machine and indulging in illegal activity under PC&PNDT Act have been received during the last 3 years".

1.60 Regarding the provision of anonymous or otherwise online complaint portal under PCPNDT Act, the Ministry of Health and Family Welfare in their written reply has stated:

" Yes, as per the information received from States/UTs, States/ UTs have different mechanisms including dedicated email IDs, toll free numbers, dedicated contact numbers, web portals for registering complaints under PC&PNDT Act. As per information received from States/ UTs 45 complaints received in last three years and are being acted upon".

1.61 When asked about the types of stringent punishments that are prescribed to serve as a deterrent against violation of the PCPNDT Act, the Ministry of Health and Family Welfare in their written reply have stated as under:-

"Chapter VII Offences and Penalties of the PC&PNDT Act lay down the offences and accordingly prescribes the penalties under section 22, 23, 24, 25 and 26. The Act protects the pregnant woman but provides for the following penalties:

- For doctors/owners of clinics (Section 23):-
  - Upto 3 years of imprisonment with fine upto Rs. 10,000 for the first offence.
  - Upto 5 years of imprisonment with fine upto Rs. 50, 000 for subsequent offence.
  - Cancellation of Registration for 5 years by the State Medical Council in the case of 1<sup>st</sup>offense and permanent cancellation in case of subsequent offense.
- For husband/family member or any other person abetting sex selection (Section 23):
  - Upto 3 years of imprisonment with a fine upto Rs. 50,000 for the 1st offence.
  - Upto 5 years of imprisonment with fine upto Rs. 1 lakh for subsequent offence.
  -
- For any advertisement regarding sex selection (Section 22):
  - Upto 3 years of imprisonment and upto Rs. 10,000 fine.

As per the Act, appropriate authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines/equipment, records and premises of the diagnostic facilities found violating the law".

1.62 Regarding frequency of requirement of meetings, field inspection and monitoring of all districts by State Inspection and Monitoring Committee, the Ministry of Health and Family Welfare in their written reply stated as under:

"Under Rule 18 A (8) All the Appropriate Authorities including the State, District and Sub-district notified under the Act, inter-alia, shall observe the following conduct for inspection and monitoring, namely:

- i) Conduct regular inspection of all the registered facilities once in every ninety days and shall preserve the inspection report as documentary evidence and a copy of the same be handed over to the owner of facility inspected and obtain acknowledgement in respect of the inspection.
- ii) Place all the inspection reports once in three months before the Advisory Committee for follow up action.
- iii) Maintain bimonthly progress report containing number of cases filed and persons convicted, registration made, suspended or cancelled, medical licenses cancelled, suspended, inspections conducted, Advisory Committee meetings held at the district level and quarterly progress report at the State level.
- iv) Between March 2018 & Dec 2020 , total 1,60,560 inspections have been carried out at the district level by the State/ UT Authorities".

1.63 At the national level, National Inspection and Monitoring Committee (NIMC) constituted as per the directions of Supreme Court, conducted monitoring visits to State/UTs and districts. Since 2014-15, a total number of 84 visits have been conducted by the National Inspection and Monitoring Committee (NIMC) across India. Details as follows:

S. No	Year	No of visits conducted by NIMC
1	2014-15	11
2	2015-16	20
3	2016-17	22
4	2017-18	20

5	2018-19	9
6	2019-20	10
7	2020-21	Field visits could not be conducted due to COVID-19 Pandemic
8	2021-22	

1.64 During the examination of the subject, the Chairperson of the Committee raised a practical problem which the doctors generally face while doing scanning:

"There is a format in the PCPNDT Act, the standard operating guidelines. Sex detection is one issue. On the other hand, if there is a mistake while filling the form, then action is taken against those doctors by filing FIR. Due to this many times doctors are afraid to register. Then, they do the entire sonography illegally. If there is any technical typing mistake or mistake in filling the form, then there should be some flexibility in it. If a doctor is specifically doing something illegal, then definitely that person should be held responsible, but as a doctor, I feel that we also need to think about these things that how we can make this process easier".

1.65 When Ministry was asked about the challenges faced by doctors and other medical professionals while performing routine and essential scans, after enforcement of PC&PNDT Act, the Ministry in its written reply have stated that "all grievances /complaints of doctors and other medical professionals are addressed by the States/ UTs".

1.66 In reply to a query about the doctors being punished for minor offences such as clerical errors in the filling of forms for ultrasound, the representative of the Ministry of Health and Family Welfare stated as under:-

"On the form 'F', a mandatory form, which has to be kept for every ultrasound scan that they do, we have encouraged States to take up online filing of these forms and about eighteen States have already moved on to the online form system where it has to be filled by them. There is a software. The other States are yet to do it. We are also having regular trainings with the States to basically orient them on the provisions of the Act again and again so that they do not misuse the Act and try to harass the doctors. It is the work in progress".

1.67 When, further asked whether any representation or suggestion in this regard has been received from the medical fraternity and whether the grievance or complaints of the Doctors in such cases are dealt with properly and in a time-bound manner, the Ministry in their written reply have stated as under:-

"All representations/suggestions received from all the stakeholders are duly examined through consultative process and accordingly addressed in a time bound manner". "Yes, all grievances /complaints are addressed by the States/".

### **c) Gender Differentials in Under Five Mortality Rates**

1.68 The Committee have further been informed that to bring down the child mortality in the country, the Government of India is supporting all States/UTs under National Health Mission in execution/implementation of various interventions/ initiatives under the Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategies such as (i) Strengthening Facility Based Newborn Care,(ii) Home Based Newborn Care (HBNC), (iii) Home Based Care of Young Children (HBYC), (iv) Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS), (v) Mothers' Absolute Affection (MAA) programme, (vi) Nutrition Rehabilitation Centres, (vii) Rashtriya Bal Swasthya Karyakram (RBSK), (viii) Intensified Diarrhoea Control Fortnight (IDCF) Campaign, (ix) National Deworming Day (NDD), (x) Early Childhood Development (ECD), (xi) Anaemia Mukta Bharat strategy, (xii) Universal Immunization Programme (UIP)and Mission Indradhanush.

1.69 The Ministry has also submitted that the above steps have contributed significantly in increasing the Sex Ratio at Birth and deduction of Gender differentials in Under Five Mortality Rates .

1.70 Status of Under 5 Mortality Rate at National level and Larger States/ UTs - Gender wise (SRS 2018) is as under:

India/State	U5MR	Male	Female
India	36	36	37
Andhra Pradesh	33	34	32
Assam	47	44	51
Bihar	37	34	39
Chhattisgarh	45	46	45
Delhi	19	19	18
Gujarat	31	32	29
Haryana	36	36	36
Himachal Pradesh	23	22	25
Jammu & Kashmir (including Ladakh)	23	23	23
Jharkhand	34	30	39
Karnataka	28	26	30
Kerala	10	11	9
Madhya Pradesh	56	58	53
Maharashtra	22	21	23
Orissa	44	44	43
Punjab	23	23	22
Rajasthan	40	40	41
Tamil Nadu	17	18	17
Telangana	30	29	30
Uttar Pradesh	47	46	48
Uttarakhand	33	34	32
West Bengal	26	26	26

1.71 It was also apprised by MoHFW in this regard as under

"As per the Sample Registration System Report of Registrar General of India, Under 5 Child Mortality (U5MR) has declined significantly from 69 in 2008 to 36 in 2018 thus showing a 33 points decline since 2008 with compound the annual decline rate of 5.6%.

- Gender differential in U5MR: At National level there is 1 point gap between male and female Under 5 Mortality Rate (Male-36, Female-37). There is a promising improvement in Gender differentials in U5MR; difference in mortality rate has shrunk to 1 in 2018 from 5 points in 2015.
- High female mortality in comparison to male mortality: As per SRS 2018, State of Jharkhand (9 points) has the highest gender differential of U5MR followed by Assam (7 points), Bihar (5 points), Karnataka (4 points), Himachal Pradesh (3 points), Maharashtra (2 points), and Uttar Pradesh (2 points).
- High male mortality in comparison to female mortality: As per SRS 2018, reverse trends in the gender gap in child mortality have been observed in Madhya Pradesh (5 points), Gujarat (3 points), Andhra Pradesh (2 points), Kerala (2 points), Uttarakhand, Chhattisgarh, Delhi, Odisha, Punjab and Tamil Nadu.
- Seven States/ UTs namely Kerala, Tamil Nadu, Delhi, Maharashtra, Punjab, Jammu & Kashmir and Himachal Pradesh have achieved Under 5 Mortality Rate target set under the National Health Policy (23 per 1000 live births by 2025) and Sustainable Development Goals (25 per 1000 live births by 2030)."

**d) Promotion of Pregnancy Registration, Institutional Delivery and Birth Registration**

1.72 When Committee enquired about the trend that is observed in terms of registration institutional deliveries in Urban Rural and Tribal Areas, the Ministry of Health and Family Welfare in their written reply stated as under:-

"As per HMIS an increasing trend is observed in ANC registration and reported institutional deliveries during the period of 2017-18 to 2019-20.

- 1<sup>st</sup> trimester registration has increased from 64.1% in 2017-18 to 73.1% in 2020-21 (provisional upto March, 2021)
- Institutional deliveries increased from 92.2 in 2017-18 to 94.7 in 2020-21 (provisional upto March, 2021)



- Institutional deliveries have risen from 38.7% in 2005-06 (NFHS-3) to 78.9% in 2015-16 (NFHS-4) and more importantly, institutional births in public facilities have increased from 18% to 52% during this period. As per NFHS-4 the institutional birth in urban areas is 88.7% and in rural is 75.1%.
- 1<sup>st</sup> phase of NFHS-5 data released for 22 States/UTs has reflected that there has been a rise in institutional deliveries in 14 States/UTs with more than 90% of institutional births in health facilities.
- 1<sup>st</sup> Phase of NFHS-5 data in respect of scheduled tribes category is available for 18 States/UTs and institutional delivery in respect of scheduled tribes category has increased in all 18 States.

1.73 The Committee further enquired about the role played by ASHA and ANMs and the measures taken by the Government to augment their efficiencies to increase institutional deliveries and provide better services to pregnant mothers in the country, in response, the Ministry of in their written reply stated as under:-

"Role of ASHAs in increasing institutional deliveries:

- Accredited Social Health Activist (ASHA) is tasked with the role of mobilizing, counselling and supporting pregnant women in the community, particularly in relation to institutional delivery, antenatal care and postnatal care.
- ASHA ensures that every pregnant woman avails antenatal care and postnatal care at the monthly health worker clinic/VHND and that every family with a pregnant woman has made a plan and is prepared for the event of childbirth.

Measures to increase efficiency:

1. Training of ASHA on Module 6 and 7 (Maternal and Child health modules)
2. Incentivisation: To promote institutional delivery, ASHA is incentivised under JSY as per the following:
  - a) ASHA package of Rs. 600 in rural areas include Rs. 300 for ANC component and Rs. 300 for facilitating institutional delivery.
  - b) ASHA package of Rs. 400 in urban areas include Rs. 200 for ANC component and Rs. 200 for facilitating institutional delivery.
3. ASHA Support and supervision: For ASHA to be effective and for her skills to be updated, she needs both on-the-job support and refresher trainings.
  - Each ASHA is supported in the field by an ASHA facilitator.
  - The ASHA facilitator interacts with ASHA at least twice a month.

Role of ANMs in increasing institutional deliveries:

1. ASHAs/ ANMs prepare a line list of all the pregnant women (Trimester wise: I, II, III). Pregnant Women in II<sup>nd</sup> & III<sup>rd</sup> trimester are mobilized to PMSMA
  2. ANMs have to draw up a micro-birth plan or birth preparedness plan for each pregnant woman in their area which includes counselling where all pregnant women are encouraged to opt for an institutional delivery.
  3. ANM visits the village on VHSND to provide health services including antenatal care. ANM keeps a record of pregnant women and continues counselling them during all their antenatal visits to opt for an institutional delivery.
  4. She identifies a functional delivery point for referral and delivery.
  5. She arranges referral transport for taking the pregnant women to the health facility and escorts the woman to the predetermined health centre and stay with her till she is discharged.
  6. All pregnant women receive group counselling. High risk cases get additional counselling on 'where to go for regular check-up and institutional delivery, whom to contact during emergency', and the contact details for assured transport
- Measures to increase efficiency of ANMs:
- Trainings: In order to increase efficiency and skills, ANMs undergo 21 days Skilled Birth Attendants training and 3 days Dakshata training. ANMs are also regularly updated on their roles and responsibilities in newer initiatives like PMSMA etc.
  - Supportive supervision and review: Supportive supervision of VHSNDs and regular ANM meetings at block level or sector PHC level to review performance.

## **D. BETI PADHAO- EDUCATE THE GIRL AND EMPOWER HER**

### **i) Enrolment of Girls in Schools**

1.74 The Right of Children to Free and Compulsory Education Act (RTE), 2009 provides right of free and compulsory elementary education to every child in the age group of six to fourteen years in a neighbourhood school.

1.75 Further, the Department of School Education and Literacy, Ministry of Education has launched an Integrated Scheme for School Education - Samagra Shiksha with effect from 2018-19 which subsumes the three erstwhile Centrally Sponsored Schemes of Sarva Shiksha Abhiyan (SSA), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Teacher Education (TE). The scheme envisages school education as a continuum from pre-school to senior secondary level and aims to ensure inclusive and equitable quality education for all.

1.76 The Committee have also been informed that the Cabinet has approved the National Education Policy (NEP), 2020 on 29.07.2020. The NEP prescribes to approach gender as a cross-cutting priority to achieve gender equality in education with the partnership of states and local community organizations. Various measures have been proposed in NEP to eradicate gender based discrimination and for Empowerment of women.

1.77 As regards the enrolment of girls of various levels, the following data has been shared by the Ministry with the Committee:

(i) Enrolment of Girls (Class 1<sup>st</sup> to 12<sup>th</sup>):

Level	Primary	Upper Primary	Secondary	Higher Secondary
Enrolment of Girls	57721044	31107939	18327824	12324185

(Source: UDISE+ 2018-19 provisional)

(ii) Gross Enrolment Ratio (GER): GER of Girls at different levels of School Education is as under:

Level	Primary	Upper Primary	Elementary	Secondary	Higher Secondary
GER of Girls	101.78	88.55	96.72	76.93	50.84

(Source: UDISE+ 2018-19 provisional)

(iii) Gender Parity Index (GPI): GPI, at different levels of School Education is as under:

Level	Primary	Upper Primary	Elementary	Secondary	Higher Secondary
GPI	1.01	1.02	1.01	1.00	1.03

(Source: UDISE+ 2018-19 provisional)

1.78 When Committee enquired about the reasons for declining of GER of girls In schools from Primary to Elementary and then to Secondary and Higher Secondary Classes, the Ministry of Education in their written replies stated as under:-

"GER has declined in 18 out of the 36 states/UTs in 2018-19 contributing to an overall decrease at the national level. Some of the reasons for declining of GER of girls from school from Elementary to Higher Secondary Classes could be – early age admissions in schools at the age of 5, lack of infrastructural facility in schools including lack of girls’ toilet facility, early marriage, low aspirations related to girl’s education etc. Cost of education in terms of uniform, textbooks, could not be deterrents as they are taken care of under Samagra Shiksha.

1.79 On the aspect of the enrolment of girls in secondary schools ever since Beti Bachao – Beti Padhao (BBBP) Scheme was launched, the Ministry of Education in their written replies (Ans. 9) stated as under:-

“Gross Enrolment Ratio of girls at Secondary Level for the year 2015-16 and 2019-20 are as under:

Particulars	2015-16	2019-20
Gross Enrolment Ratio	80.10	77.83

(Source: UDISE)

DoSEL is continuously focusing on girl’s education and started various interventions to ensure greater participation of girls in schools which shows increase in GER of girls and decrease in Drop-out rate of girls.

Further, DoSEL has issued various guidelines/instructions to all States and UTs time to time for ensuring access to school of girls.

Kendriya Vidyalayas are composite schools running classes from Class I to Class XII. As on 31.03.2021, total girl students in Kendriya Vidyalayas are 630795 out of total students 1388895. (45.42%)”.

**ii) Prevention of Drop-Outs/Retention of Girls in Schools**

1.80 The drop-out rate of the girls as compared to that of the boys as furnished by Ministry of Education is as under:

Level->	Primary	Upper Primary	Elementary	Secondary
Boys	4.6	4.3	4.5	18.6
Girls	4.3	5.1	4.6	17.0

(Source: UDISE+ 2018-19 provisional)

Category-wise Drop-out rate of girls at different level of Education is as under:

Level->	Primary	Upper Primary	Elementary	Secondary
SC	4.9	6.5	5.4	19.0
ST	5.2	6.5	5.6	23.2

(Source: UDISE+ 2018-19 provisional)

1.81 On the aspect of the enrolment of girls in secondary schools and also on re-enrolment of girls who had dropped out of school ever since Beti Bachao – Beti Padhao (BBBP) scheme was launched, the Ministry of Education in their written reply stated as under:-

“Gross Enrolment Ratio and Drop-out ratio of girls at Secondary Level for the year 2015-16 and 2019-20 are as under:

Particulars	2015-16	2019-20
Gross Enrolment Ratio	80.10	77.83
Drop-out rate	16.9	15.1

(Source: UDISE)

1.82 When Committee enquired about the reasons for high dropout ratio of girls from schools especially in rural areas, the Ministry in their written reply stated as under:-

“Facilities such as proper infrastructure, availability of trained teachers, access to learning materials, greater distance from school to home, lack of local transportation, could be some of the reasons. The access to secondary education in rural areas is also a big challenge. Secondary schools are either inadequate or are located in far off places making it physically inaccessible, especially for girls. Parents of adolescent girls are often not willing to send their daughters to school situated in far off places due to safety and security reasons. As a result of all these factors, girls especially in rural areas experience persistent barriers to access and participation in educational opportunities”.

1.83 Regarding any third-party/ independent survey on number of girls who are out of school across the country the Ministry of Education stated as under:-

“The Ministry of Education commissioned a third-party/ independent all India survey to estimate the number of out of school children in the age group of 6-13 years. According to estimate of the survey, conducted in 2014, there were a total of 20.41 crore children in the age group of 6-13 years in the country out of which, an estimated 60.64 lakhs (2.97%) were out of school in which 28.97lakh (47.78%) were girls.”

1.84 On a specific question about the effect of COVID pandemic and the resultant scenario on the progress made in terms of enrolment and retention of girls, especially from among the socially and economically backward groups in schools, the Ministry of Education submitted as under:-

“The school closure in India has affected 320 million children enrolled from pre-primary to tertiary levels of education. It has been estimated that of these, about 158 million are female students. There is a growing concern that the pandemic will disproportionately affect adolescent girls. Post pandemic, this can lead to a higher risk of girls permanently dropping out of school and reversing the gains made in recent years. One cannot ignore the fact that there is a gender dimension in digital access to learning which also varies across location and household status. In families which possess a single smart phone, it is likely that sons will be given the preference to access online classes followed by girls, if time permits. In the case of girls from very poor families, living in rural areas, they may not even have access to any key technology. The closure of schools and hostel facilities for girls and the uncertainty in their reopening may also pose serious challenges so far as girl’s access to education is concerned.”

1.85 In response to the same question, the Secretary, Ministry of Education during the sitting of the Committee held on 22.02.2021 stated as under:-

“About any special effort made during the Pandemic to reach out to the girl child for education, we have come out with a series of six-seven guidelines on how to reach out to the last child, what all can be done. Many States have done many innovative works. Some States have not done but most States have done. We have asked every State to do a mapping of out of school children compulsorily through the house-to-house survey. That is mandatory. That results will come out in June, and that is the time we will have a fairer idea but what we suspect is, dropouts would have increased from the last time, learning loss would be very huge, and girl child would be impacted”.

1.86 During the oral evidence, it was submitted as under:

“We have seen during the last year’s PAB that there is an increase in the number of out-of-school children. So, in 2020-21, we had only 10 lakh out-of-school children. But during the current year PAB, we saw that the States have given a total of 27.85 lakh out-of-school children. Hence, for these, we have provided funding support at the rate of Rs. 2,000 per child for non-residential programme and an additional amount for carrying out residential bridge courses and mainstreaming these children in the normal schools.

We have also ensured that child-wise backing of such out-of-school children is done and in our Prabandh Portal we are collecting child-wise detail of the out-of-school children. The bridge course is being introduced for them and they are integrated into the schools. So, that is also being done in the Department of School Education.”

1.87 As regards the impact of pandemic on learning skills of students especially rural children, the Committee have been apprised by experts that though our country boasts about internet access to every second citizen, a deeper look reveals the gaps in these numbers. While the pre-existing educational divide between urban and rural areas has been drastic, the pandemic has worsened the situation. While urban populations found it easier to access digital infrastructure, rural India struggled to access the internet to stay connected and receive educational inputs. Even with proper access, e-learning platforms struggled to integrate local dialects, contexts, and experiences of the physical classroom, leading to digital fatigue, and learning losses.

1. 88 The Committee are also given to understand that unequal access to technology has amplified the existing gaps between urban and rural Indian in terms of access to quality schools and resultant learning levels. Clubbed with the financial uncertainty and distress caused by the pandemic, the lack of quality learning inputs has worsened the situation of children and young adults across rural India.

1.89 The Committee have also been informed that a study by a private university estimates a loss of language ability in 92% and loss of mathematical ability in 82% of primary school students due to the closure of schools.

1.90 However, the experts also stated that the current crisis also provides opportunity as many rural households in India have purchased a new smartphone in the pandemic to ensure that children were not cut off from education, more students in rural India has access to a smart phone at home. This is a positive outcome and an indication that the digital age is here to stay and can be leveraged.

1.91 The pandemic is also a call to action to develop a digital pedagogy that is different from just a textbook being shown on the screen. Creativity is key to developing innovative learning solutions that ensure that children with limited access to devices can receive quality learning inputs.

### **iii) Samagra Shiksha Scheme and Quality Education of Girls**

1.92 The Committee have been informed that under Samagra Shiksha Scheme, the following steps have been taken by the Government to give quality school education from pre-school to senior secondary level:-

“The Department of School Education and Literacy has launched an Integrated Centrally Sponsored Scheme for School Education- Samagra Shiksha with effect from the year 2018-19. It is an overarching scheme for the school education sector extending from pre-school to class XII and aims to ensure inclusive and equitable quality education at all levels of school education.



Samagra Shiksha focuses on improvement in quality of education by providing support for different interventions like in-service training of teachers and school heads, conduct of achievement surveys at state and national level, composite school grant to every school for providing a conducive learning environment, grants for library, sports and physical activities, support for Rashtriya Avishkar Abhiyan, ICT and digital initiatives, School Leadership development programme, remedial teaching for academically weaker students, etc

In order to improve quality school education from pre-school to senior secondary level, the Government has taken several steps:-

- (i) To ensure competencies, the Central rules to the Right of Children to Free and Compulsory Education (RTE) Act, 2009 have been amended and class-wise, subject-wise Learning Outcomes have been shared with all States and Union Territories.
- (ii) Section 23(2) of The Right of Children to free and Compulsory Education Act, 2009 was amended to ensure all untrained in-service elementary teachers are trained. Accordingly, 958513 teachers have successfully completed the online D.El.Ed. course conducted by the National Institute of Open Schooling (NIOS).
- (iii) National Achievement Survey (NAS) are conducted to assess learning levels of the students studying in the government and government aided schools in grade 3, 5, 8 and 10. NAS is conducted in all States/UTs to understand the progress towards achieving the learning outcomes and also suggests way to improve the learning level of children. The competency based test was based on the Learning Outcomes which were incorporated in the Central Rules for RTE Act by the Government of India.
- (iv) The Department of School Education and Literacy launched a National Mission to improve learning outcomes at the Elementary level through an Integrated face-to-face Teacher Training Programme called NISHTHA – National Initiative for School Heads’ and Teachers’ Holistic Advancement under the Centrally Sponsored Scheme of Samagra Shiksha in August 2019. Till 31st March 2020, 23000 Key Resource Persons and around 17 lakh elementary teachers were trained across states and UTs in face to face mode.
- (v) This Ministry has designed a 70 indicators based matrix, including indicators related to teachers- called Performance Grading Index(PGI) to grade the States/UTs by objectively evaluating performance of the school education system in the States and UTs. The PGI is a 1000 point scale which covers the major domains of learning outcomes, infrastructure and facilities, Access

outcomes, equity outcomes and governance process. The PGI of each and every State and UT is also discussed in detail during the Project Approval Board (PAB) meetings

- (vi) The Digital Infrastructure for Knowledge Sharing (DIKSHA) is a national platform which is presently being used by organizations like CBSE, NCERT and several States and UTs to host e-content, has inbuilt capability to leverage machine learning, artificial intelligence and data to provide needed guidance and personalisation for the needs of teachers and students. In the context of COVID-19 related disruption of schooling, DIKSHA makes it possible for all states/UT's to enable learning/education at home through innovative state programs thereby enveloping the use of technology for the benefit of teachers and learners across India.

Also, the National Education Policy, 2020 focuses on improving the quality of education through various measures such as introduction of New pedagogical and curricular structure, Early Childhood Care and Education, Foundational Literacy and Numeracy and Transforming Assessment for Student Development, Experiential and Competency based Learning etc.

Further, Education is under Concurrent List of the constitution; therefore, most of the schools and their regulation are under the jurisdiction of respective State Governments and UTs”.

1.93 While replying to one of the queries of the Committee on the ground realities of schools, the Secretary, Ministry of Education during the briefing and presentation stated as under:-

“Coming back to how do we see whether things are happening on the ground, we initiated something like ranking for States in 2017-18. It is called Performance Grading Index Ranking (PGI) on 70 parameters. Obviously, learning outcomes are one of the major parameters, but there is teachers’ attendance, teacher recruitment policy, teacher transfer policy and other governance areas which are there. As Member was saying that in Odisha, we find that class rooms etc., this is all reflected in PGI ranking. So, I think in the last ranking, it was Gujarat, Kerala and Chandigarh on the top. These three States were on the top. The other States are at various levels. So, we have now decided to have PGI ranking for districts also and we are putting it in the public domain, so that people can respond, react and give us feedback as to what is actually happening on the ground”.

1.94 Elaborating on the same, the representative of the Ministry continued as under:

“This was one of the things that we are doing. The other thing is, school-wise it has been directed under the National Education Policy that the school data has to come in public domain. Now, as Hon’ble Member is saying that possibly people will not respond to that, there will be no self-regulation, so, in our Ministry, we have decided to do something which we earlier called Shagun. Probably we will give it another name, wherein every school will be checked by a third party on certain indicators which includes class rooms, toilets, segregated toilets, teachers, their qualifications, attendance etc. This would come in the public domain and everything that is checked by a third party would come in the public domain and this would give us a fair idea as to UDISE and what they are reporting in UDISE and how far it is true to the ground. We will initiate it depending on the pandemic. We planned to do it in October, but it all depends on how things turn out”.

1.95 As informed by the Ministry, following are the target and the achievement for school infrastructure for Elementary Education under Samagra Shiksha during the last three years:-

S. No.	Component	2018-19		2019-20		2020-21	
		Target	Achievement	Target	Achievement	Target	Achievement
1	Primary School Building	722	1056	368	285	1873	1881
2	Upper Primary School Building	289	1026	92	164	51	1494
3	Additional Class Room	2593	13621	10012	8618	5251	13708
4	Drinking Water Facilities	382	513	4891	770	4685	3318
5	Boys Toilet	4595	6989	10547	5716	3658	10247
6	Separate Girls Toilet	4571	7711	7575	5503	2427	8506
7	CWSN Toilets	417	3419	8427	3782	4002	7054
8	Electrification	11245	5049	21818	858	11759	12254
9	Ramps with hand rail	6300	3593	18147	1190	13140	12958

Note: Achievement more than target pertains to target of previous years.

Source: PRABANDH portal

#### **iv) Functional Toilet for Girls**

1.96 When the Committee desired to know whether all Government Schools in the country have made the provision of separate toilets for girls and whether all government schools either in rural and urban areas have functional girls toilets, the Ministry of Education in a written reply stated as under:-

“In August, 2014, the Department of School Education & Literacy, Ministry of Education had launched the Swachh Vidyalaya initiative (SVI) to provide separate toilets for girls and boys in all Government schools, within one year. Under the initiative, the gaps in availability of toilets were addressed and construction/re-construction of 4,17,796 toilets, including 1.91 lakh girls’ toilets, were completed in 2,61,400 Government elementary and secondary schools as reported by the States and UTs.

Under Samagra Shiksha, States and UTs are supported for strengthening of existing Government schools, and for creation and augmentation of infrastructure facilities including drinking water and toilets as per proposals received from respective State/UT. The scheme also envisages an annual recurring composite school grant varying up to Rs. 1,00,000/- per annum depending upon the number of students, for all government schools. Each school is required to spend at least 10% of the composite school grant on activities related to Swachhata Action Plan for maintenance and repair of school buildings including toilets and other facilities to keep the infrastructure in good condition.

Under erstwhile Sarva Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA) till 2017-18 and Samagra Shiksha effective from 2018-19, construction of 5.31 lakh Separate Girls’ toilets have been sanctioned to States and UTs for elementary education, out of which States and UTs have reported construction of 5.17 lakh Separate Girls’ toilets, till 31.03.2021; and construction of 36,302 Girls’ toilets have been sanctioned for secondary education, out of which States and UTs have reported construction of 27113 Girls’ toilets, till 31.03.2021. As per Unified District Information System for Education (UDISE+), 2019-20 (provisional), 96.7% of Government schools have girls’ toilets.

The primary responsibility of maintenance of school toilets lies with the concerned State Government and UT Administration. The Ministry of Education has repeatedly requested the States/UTs to ensure maintenance and functionality of toilets constructed in schools, and to also take steps to bring about behavioural changes among students and teachers through an intensive awareness campaign to ensure that the toilets are properly used and kept neat and clean. Recently, the Department of School Education & Literacy has again requested the States/UTs, on 28th May, 2021, for filling the gaps in availability and functionality of infrastructure facility including toilets and drinking water in all Government schools.

The Ministry of Education had requested the CPSEs who participated in the Swachh Vidyalaya initiative on 31st January, 2017 to maintain the toilets constructed/reconstructed by them for at least five years. Further, this Ministry has requested their administrative Ministries/Departments on 3rd November, 2020 to consider maintenance of school toilets constructed/reconstructed by the CPSEs under the Swachh Vidyalaya initiative, for at least next five years.

The Ministry of Panchayati Raj had advised the Panchayati Raj Departments of all States, on 18th March 2016, to include the provision for construction and regular repair/maintenance of the toilets in schools in the Gram Panchayat Development Plans under 14th Finance Commission grants. The Ministry of Education (Department of School Education & Literacy), Ministry of Panchayati Raj and Ministry of Jal Shakti had also jointly requested the States, on 6th April 2016, regarding participation and support of Gram Panchayats for proper arrangements for regular cleaning of toilets and waste disposal in schools. The Ministry of Education (Department of School Education & Literacy) and Ministry of Panchayati Raj had also jointly requested the States, on 16th April 2021, to utilize the funds available with various schemes and programs, including the Fifteenth Finance Commission Grants, towards creation and maintenance of rooftop rain water harvesting structures and groundwater recharge systems in various Panchayat/ Government owned/controlled/ aided schools. Keeping in view of the spread of COVID-19 pandemic the States and UTs were also requested for regular daily sanitation in schools, cleaning of school toilets and proper arrangement in schools for hand-wash, wearing of masks and adequate social distancing. As per Unified District Information System for Education (UDISE+), 2019-20 (provisional), 95.4% of Government schools have functional girls toilets.

Details of Separate Girls toilets and functional Girls toilets in Government Schools for the year 2018-19

Details of Separate toilets for Girls in Government Schools	
Total Government Schools (Co-Ed+ Girls)	1516797
Total Government Schools (Co-Ed+ Girls) having Girls toilets	1438156
Total Government Schools (Co-Ed+ Girls) having Functional Girls toilets	1375086

Separate sufficient toilets are available in all Kendriya Vidyalayas for girl students.

Separate toilets are constructed in school building and hostels of JNVs. Daily cleaning and sanitation in JNVs is done by engaging female sweepers.”

1.97 The Committee have also been informed that States like Andhra Pradesh, Assam, Bihar, Chandigarh, Dadar & Nagar Haveli and Daman & Diu, Delhi, Haryana, Karnataka, Maharashtra, Manipur, Odisha, Punjab, Rajasthan, Tamil Nadu, Tripura, Uttar Pradesh have made provision for supply of free sanitary napkins to girls in Government Schools with their own budget. KVS has an established system of Medical Rooms in each schools with trained nurse which provides free sanitary pads to girl students and lady staff wherever required. In JNVs, Sanitary Napkins are provided free of cost to all the girls who need it. In addition to it, there are Incinerators installed in all the JNVs for a hygienic disposal of used sanitary napkins.

1.98 On the aspect of functional toilets for girls in schools, the representative of the Ministry of Education deposed before the Committee as under:-

“With regard to segregated toilets, No, we do not have 100 per cent. As regards functional toilets, again on the ground we hear that the toilets are not functional, particularly, because of water. Therefore, we have initiated this convergence with the Jal Shakti Mission ‘*हर घर नल*’. In fact, it has been announced that a village will be considered as completed only if the school has the Nal. Now, with the help of State counterparts we are hoping that in the coming 1 ½ to 2 years every school will have tapped water supply. It is a fact that our schools do not have it because of which health and nutrition actually suffer the most”. ”.

#### **v) Kasturba Gandhi Balika Vidyalayas (KGBV)**

1. 99 The Committee have been informed that “Under Samagra Shiksha, KGBVs are residential schools from class VI to XII for girls belonging to disadvantaged groups such as SC, ST, OBC, Minority and Below Poverty Line (BPL). The objective behind establishing KGBVs is to ensure access and quality education to girls from disadvantaged groups by setting up residential schools and to reduce gender gaps at all levels of school education. Under Samagra Shiksha, provision has been made to upgrade/converge the existing KGBVs of Sarva Shiksha Abhiyan (SSA) and Girls’Hostel of Rashtriya Madhyamik Shiksha Abhiyan (RMSA), as feasible, up to Senior Secondary Level. A total of 5726 KGBVs have been sanctioned under Samagra Shiksha as on 11.01.2021. Out of it, 4886 are operational enrolling 6.07 lakh girls”.

1.100 The Ministry has informed the details of KGBVs sanctioned, operational and the number of girls enrolled from the year 2018-19 to 2020-21 which is as under:-

Sl. No.	As on	No. of KGBV sanctioned	No. of KGBV operational	No. of girls enrolled
1	2018-19	5970	4841	590963
2	2019-20	5930*	4881	618138
3	2020-21 (as on 31.03.2021)	5726*	4887	630208

\* Number of KGBVs appear to be reducing due to up-gradation/convergence of Type-I and Type-IV KGBVs.

1.101 During the oral evidence, the representatives of the Ministry of Education also informed the Committee as under:

“In Kasturba Gandhi Balika Vidyalayas, we had made this provision for the first time in Samagra Shiksha that we can upgrade it till class 12th. Till now Kasturba Gandhi Vidyalaya used to run only for class 6th to 8th. It has been provisioned for the first time in Samagra Shiksha. We will extend it till class 12th. In this there was a provision of stipend for disabled children, that was for class 9 to 12. But in Samagra Shiksha it has been increased from class 1 to 12. Now we are proposing that pre-primary children should also be included in this. This will lead to early identification and we will be able to support them.”

1.102 The Committee had expressed their concern about certain reported incidents about violation of the security of girl children in KGBVs during their sittings. In that context, on being asked as to how the security and security of girls is ensured in the residential schools of the Kasturba Gandhi Balika Vidyalaya (KGBV), the Ministry of Education in their written replies submitted as under:-

“Strategy for Safety and Security of Girls residing in KGBVs have been specified. Accordingly, States/UTs have developed guidelines /instructions about the non-negotiable operational aspects of the KGBVs to provide safe environment for girls so that they may pursue and complete their education in a fearless environment.

Some of the aspects of safety & security of Girls are as follows:

- School building should be surrounded with Boundary Walls.
- In case of any emergency, they must have a plan ready. Mock drills should be conducted to train them. If possible disaster management people be involved in this process.
- No male family member or any other visitor is allowed to enter the dormitories of the girls.
- Sensitive and trained woman wardens, teachers and staff should be deputed in the KGBVs.
- Appoint only female warden, teachers and staff in the KGBVs
- Self defence mechanism should be given due focus - Karate training is provided to KGBV students to boost their moral and self-confidence.
- Watchman is to be provided in all KGBVs for 24 hours.
- Awareness programme for adolescent girls needs to be conducted.
- School Development and Monitoring Committee's/local Communities needs to be involved in providing Safety and Security to KGBV's Girls.
- Guest register to be maintained in every KGBV wherein the detail of each visitor is recorded.
- The school authorities should get the name/s along with the photos of the family members of the girl child authorized to visit the girl in hostel and paste their particulars in a register.
- Develop counseling programs wherein girls should be taken in confidence so that they can report their problems related to health, personal matters or anything relating to KGBV.
- Strict punishment to be given for anyone found guilty in case of sexual harassment and matter may be reported immediately to higher authorities.

In addition, D/o SE&L has issued instructions to States/UTs vide letter No. 21-2/2017-EE.8 dated 01.03.2017 to ensure safety and security of girls residing in KGBVs”.

Apart from sensitization programmes, training material for teacher educators on Gender Equality and Empowerment in three volumes has been developed by NCERT. Vol. I has a module on “Gender and Violence” and Vol. III has a module on “Protecting the Right of Girls and Women: The Legal Framework”. These volumes are widely disseminated by the Department in all its various programmes and its softcopy is available on NCERT’s website.

An online course on Gender Issues in Education is being developed by NCERT wherein special care has been taken to include modules like – Socialization and Cultural Conditioning in the Indian Context, Gender Violence and Laws for Safety and Security of Girls and Women and Cyber Safety and Security.



In every JNV, safety and security of students is always the topmost priority. For ensuring the safety and security of girl students additional provisions are made:

- i. Posting of female PET in every JNV
- ii. Posting of Staff Nurse in every JNV
- iii. Engaging trained female counsellor in every JNV
- iv. Engaging Matrons in every JNV
- v. Providing sanitary napkins free of cost
- vi. Providing incinerator in every JNV for hygienic disposal of the sanitary napkins

1.103 The Committee then desired to know whether specific cases of sexual harassment of girl students/women teachers have been received in Kasturba Gandhi Balika Vidyalaya (KGBV), in response, the Ministry of Education have submitted as under:-

“Appropriate action is taken by Department of School Education & Literacy by addressing the states/UTs, if any complaint of girl students/women teachers of KGBV received from across the country. However, the functioning and management of KGBVs as well as matters relating ‘Police’ and ‘Public Order’ come under the purview of concerned State Governments”.

1.104 When the Committee further desired to know the mechanism available in Kasturba Gandhi Balika Vidyalaya (KGBV) for redressal of complaints/grievances of the girl students, the Ministry of Education in their written reply submitted as under:-

“As functioning and management of KGBVs come under the purview of concerned State Government, States/UT’s have their own mechanism for redressal of complaints/grievances of the girl students. Every KGBV has a complaint box and a committee wherein these issues are addressed”.

## **PART -II**

### **OBSERVATIONS / RECOMMENDATIONS**

#### ***1. Need for more efficient allocation and release of funds***

The Committee find that the Beti Bachao–Beti Padhao (BBBP) Scheme was launched to address the decline in Child Sex Ratio (CSR) and related issues of empowerment of girls over a life cycle continuum. It is a tri-ministerial scheme of the of Ministries of Women and Child Development (as Nodal Ministry), Health & Family Welfare and the Ministry of Education (Department of School Education and Literacy). The Committee find that since the inception of the scheme in 2014-15 till 2019-20, the total budgetary allocation under BBBP scheme was Rs. 848 crore, excluding the COVID stricken financial year of 2020-21. During the above period, an amount Rs. 622.48 crore was released to the States. However, to the Committees' dismay, only 25.13% of the funds, i.e. Rs. 156.46 crore have been spent by the States reflecting not upto the mark performance of the scheme. Even C&AG had made references to the scheme's implementation and very less spending by States in 2016-17.

The Committee also find that despite funds left unspent with the States in a particular year, the Ministry of Women and Child Development has been releasing additional funds. The Committee also find that the nodal Ministry has no disaggregated information on the spending by the States/UTs on education, health and other interventions under BBBP. The Committee, therefore, recommend that the Ministry of Women and Child Development should immediately take up with the States/UTs, the issue of poor utilisation of the central funds and ensure proper utilisation of BBBP funds for the benefit of the girl child. The nodal Ministry should release funds to the States/UT strictly on the basis of actual utilisation of earlier release and after proper scrutiny of expenditure/ utilisation of the previous funds. The nodal Ministry must have a target oriented approach for the States and must act in a time-bound manner.

## **2. Need to Focus on Education and Health under BBBP than on Advertisements**

The Committee understand that the BBBP scheme is implemented with 100% central assistance. Rupees Fifty Lakh per year is earmarked per districts for utilisation under six different components, viz. 16% for inter-sectoral consultation/ capacity building, 50 % for innovation/ awareness generation activities, 6% for monitoring and evaluation, 10% for sectoral interventions in health, 10% for sectoral interventions in education and 8% as flexi funds. The Committee find that out of a total of Rs. 446.72 crore released during the period 2016- 2019, a whopping 78.91% was spent only on media advocacy. Though the Committee understand the necessity to undertake media campaign to spread the message of Beti Bachao Beti Padhao among the people, they feel that it is equally important to balance the objectives of the scheme. Over the last six years, through focused advocacy BBBP has been able to capture the attention of political leadership and national consciousness towards valuing the girl child. Now, it is time to focus on other verticals by making ample financial provisions to help achieve measurable outcomes related to education and health envisaged under the scheme. Since BBBP is one of the most important schemes of the government to improve child sex ratio in backward regions and ensure education of the girl children, the Committee recommend that the government should, hereafter, reconsider spending on advertisements under the 'Beti Bachao – Beti Padhao' scheme and should focus on planned expenditure allocation for sectoral interventions in education and health.

## **3. Best Practices from Best Performing States to be Emulated by Other States**

The Committee find that awareness generation through outreach activities is one of the important components of BBBP scheme. Under this component, in addition to media campaigns by the nodal ministry, districts execute various activities both in urban and rural areas as per their approved District Action Plan. The districts

introduce interventions mainly towards engaging communities, improving Sex Ratio at Birth, encouraging birth registration and celebration of girl child, challenging son-centric rituals, getting girls back to schools and other initiatives for valuing girl child. The Committee note that the Government has felicitated the States of Nagaland, Rajasthan, Haryana, Tamil Nadu and Madhya Pradesh for their good work and Haryana, Uttarakhand, Delhi, Rajasthan and Uttar Pradesh were felicitated for consistent improvement in Sex Ratio at Birth (SRB) from the year 2014-15 to 2018-19. The Committee are happy to note from the National Family Health Survey (NFHS)-5 (2019-20) data that the sex ratio in Assam, Goa, Gujarat, Karnataka, Meghalaya, Manipur, Mizoram and Bihar has shown improvement compared to NFHS-4 undertaken in 2015-16 . The overall sex ratio in the country too has shown an increase from 991 in NFHS-4 to 1020 in NFHS-5. The Committee consider this as a commendable achievement of the unrelenting efforts of the Government towards this end. The Committee also find that the Ministry of WCD have compiled some of the good practices from some of the districts. Since, good practices in the best performing districts might have definitely helped them in increasing awareness among the masses about issues like girls' education, female literacy, female feticide etc., the Committee, recommend that the other districts/States where child sex ratio is comparatively low may be encouraged to emulate the best practices towards achieving the goals of this ambitious programme.

#### **4. Need to Enhance Community Mobilisation/ Participation**

The Committee find that community mobilisation and participation is very important for the success of the BBBP scheme. Although the Government has undertaken various initiatives in this regard, it is high time to get the awareness translated into concrete actions supporting the birth, growth and education of a girl child. Therefore, the Committee recommend as under:

- (i) Self Help Group platforms may be used to sensitise local women by encouraging positive discussions about the scheme in the meetings of the SHGs. Such a process would help percolate awareness to wider local level as the SHG members could be urged to sensitise other women outside their group too.**
- (ii) Government should identify families/couples who have been motivated / acted under BBBP campaign and request them to act as opinion makers to accelerate societal change in the villages/mohollas, where discrimination against girl child is still rampant.**
- (iii) Private participation and involvement of NGOs, both national and international may be sought in the execution of the programme.**

#### **5. Orientation and Sensitization Activities under BBBP**

**The Committee observe that orientation and sensitization are core activities of the scheme. For community mobilization, the district administration, engages front line workers, like Anganwadi Workers, ASHAs, female health workers, female school teachers, etc. in different programmes as per the need. The Ministry of WCD has developed different training modules for each category and an elaborate mechanism is in place to impart training. National level capacity building programmes are also conducted through workshops, training of master trainers, Anganwadi Workers and other functionaries. The Committee, while appreciating the capacity building efforts envisaged under the BBBP scheme, was disappointed to find that information about the number of trainings, nature of trainings, number of stakeholders who underwent the trainings, etc. are not available with the nodal Ministry . The Committee, therefore, recommend the following:**

- (i) Annual training calendar should be prepared for orientation and refresher courses to enable capacity building in a focussed manner.**
- (ii) Since the frontline workers like ASHAs/ANMs and Anganwadi Workers are in direct contact with the people and they can create a significant**

impact on the results of the scheme, they should be rigorously trained/motivated.

- (iii) The Government should direct the National Skill Development Council and other related agencies to develop short term training programmes targeted at Government officials for the execution of community outreach, mobilisation and awareness activities falling under the BBBP scheme.

## **6. Need for Regular Review and Monitoring**

The Committee find that a well structured monitoring system has been conceived under BBBP right from National, State, District, Block and Village levels to track the progress of targets, outcomes and process indicators. There is a National Task Force headed by Secretary, MWCD, State Task Force headed by Chief Secretary/UT Administrator and District Task Force headed by DCs/DMs to guide and monitor the intermediary targets of the scheme. As per the BBBP guidelines, regular or quarterly meetings are to be conducted to review the progress at the district level. Regular process of documentation of all activities conducted at the district/block and gram panchayat level is required to be undertaken through regular reports, MIS and photographic documentation at the district level. However, the Committee find that there is a lapse in undertaking required number of Task Force meetings and collecting monthly reports or statement of expenditure from districts on time. Such examples of non-compliance of the guidelines are clear indicators that the scheme is not being reviewed or monitored properly. Regular audits and real time updation of activities are necessary to ensure compliance. The Committee also find that records of the activities held for Information, Education & Communication (IEC) at the State/district level with the national task force authorities are not maintained. The Committee therefore recommend as under:

- (i) Being the Nodal Ministry of the Beti Bacho – Beti Padho Scheme, the Ministry of Women and Child Development must ensure that review

meetings of NTF, STF and DFT are conducted as per the BBBP guidelines. The Committee may be apprised through action taken replies about the yearly review meetings conducted at the national and State levels during the last five years.

- (ii) Documentation of all activities conducted at the District, Block and Gram Panchayat level related to scheme and campaign may be completed at the earliest.
- (iii) In order to achieve better oversight, Ministry should develop without further delay the online Management Information System (MIS) portal for monitoring and supervision at State, District, Block and Village level and to make available the data in the web portal for transparency and real time monitoring.
- (iv) Social Audit of BBBP should compulsorily be got done either by the civil Society Group or third party/expert at the district level and the outcome may be communicated to this Committee.

## **7. Urgent Need to Achieve Better Child Sex Ratio**

The Committee note that the unabated decline in Child Sex Ratio (CSR) since 1961 (from 976 in 1961 to 927 in 2001 and 918 in 2011) is a matter of grave concern as it reflects the low status of women in our society and indicates her disempowerment over a life-cycle continuum. Declining CSR is also indicative of pre-birth discrimination manifested through gender biased sex selection and post birth discrimination against girls in terms of health care, nutrition and educational opportunities. The Committee note that despite having a strong legal and policy framework like PNDT ACT and various other interventions under the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategies to bring down child mortality in the country, CSR has been declining over the years. The sharp decline in CSR is associated with an intersection of various factors such as the increasing spread and misuse of technology for prenatal sex

selective elimination, changing aspirations of urban and rural societies, changes in family structures and reproductive decision making favoring a smaller family size. This has accentuated the son preference, associated with the low status of women in society, patriarchal social norms and the disturbing pattern of gender based violence faced by girls and women across the life cycle. However, the Committee find that with consistent efforts the States are beginning to show a positive result which is evident as per the latest Sample Registration Survey (SRS) Report 2018 wherein the overall Sex Ratio at Birth (SRB) is seen to have recorded 3 points improvement, from 896 in 2015-17 (SRS) to 899 in 2016-18 (SRS). It is seen that a maximum improvement of up to 15 points have been recorded in Rajasthan, Himachal Pradesh, Gujarat, Haryana, Assam, and Jammu & Kashmir. Nine more States, i.e. Andhra Pradesh, Jharkhand, Kerala, Madhya Pradesh, Punjab, Tamil Nadu, Telangana, West Bengal and Uttar Pradesh have showed improvement in the Sex Ratio at Birth. The Committee are happy to note from the National Family Health Survey (NFHS)-5 (2019-20) data that the sex ratio at birth for children born in the last five years has shown improvement in Assam, Gujarat, Karnataka, Manipur and Mizoram also. The overall child sex ratio in the country too has shown an increase from 919 in NFHS-4 to 929 in NFHS-5.

Though these are rays of hope for the country, the Committee feel that there is still a long way to go to reach anywhere near the standard healthy Sex Ratio at Birth of World Health Organisation which is 952 females for every 1000 males. The Committee, therefore, recommend that the efforts towards accelerating the progress towards reaching a healthy sex-ratio at birth should be given focus by roping in Public Private partnership and asking civil society and NGOs to participate proactively in awareness campaign among marginalised groups particularly among the poorest of the poor.

#### **8. Efforts to be Taken to Implement PC& PNDT Act More Effectively**

The Committee are aware that the Pre-conception and Pre-Natal Diagnostic



**Techniques (PC & PNDT) Act was enacted in 1994 to check female foeticide and it was brought into operation from 1<sup>st</sup> January, 1996. The Act was amended further in 2003 to make it more stringent and comprehensive. In order to create the required deterrence in falling sex ratio, the Government has notified several important amendments in the rules under the Act, viz., provision for confiscation of unregistered machines, regulation of portable ultrasound machines and services to be offered by Mobile Genetic Clinics, restriction in the registration of medical of medical practitioners qualified under the Act to conduct ultrasonography, revision of Form F by separating sections for the invasive and non-invasive diagnostic procedures, etc. The Committee also note that the ultrasound equipment is notified in 2020 as drug under Drugs and Cosmetic Act, 1945 and the licence from Drug Controller of India is made mandatory for selling/importing/R&D of Ultrasound Machines.**

**The Committee have been informed that the implementation of PC&PNDT Act is regularly monitored through various mechanism and the States have been directed to develop online mechanism for registrations, record maintenance under the PC&PNDT Act to ensure accountability, transparency and effective monitoring. It is seen that 18 States/UTs have already developed the online mechanism. The Committee note that 71096, Diagnostic facilities including Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centres are registered under the PC&PNDT Act. As regards the implementation of the Act and the actions taken on ground to control the declining sex ratio in the country, the Committee has been informed that 3158 Court Cases have been filed by the District Appropriate Authorities (Active) and 617 convictions have been secured with 145 Medical licenses suspended/cancelled as on December, 2020. However, the Committee observe that despite the introduction of PC&PNDT Act, overall Sex ratio in the country has not improved remarkably. The Committee strongly believe that the same can be addressed by further strengthening the implementation of PC&PNDT Act in the country. Therefore, the Committee recommend the following:**

- (i) The Committee find that the inadequate monitoring visits by the National Inspection and Monitoring Committee, infrequent/inadequate monitoring of clinics at the State and district levels, etc is a matter of concern. In order to strengthen the implementation of PC&PNDT Act and improve SRB the Committee recommend that the District Appropriate Authority aided with State/District Advisory Committee which are vested with the primary responsibility for implementing the Act should conduct strict and frequent inspections of clinics as mandated under the law. The Committee may be apprised about the number of review meetings/ field inspections carried out in districts during the three years before the COVID pandemic, i.e from 2017 to 2020, year wise.**
- (ii) The Committee are aware that the Act calls for registration of all ultrasound scanning machines and that the manufacturers are required to furnish information about the clinics and practitioners to whom the ultrasound machinery has been sold. However, it has been observed that several clinics and practitioners are indulging in determination and disclosure of the sex of the foetus, though prohibited by the Act. Hence, the Committee recommend that Ultrasound machines should be compulsorily registered by the importers/sellers/users clearly stating the purpose, i.e. invasive/non invasive diagnostic procedure/R&D for using these machines and the data be uploaded and made available in the public domain. Misuse of ultrasound machines should be treated as punishable offence and the Committee recommend that a proper mechanism to complain such cases should be established.**
- (iii) Many States that are yet to develop online mechanism for registration and record maintenance under the PC&PNDT Act to ensure accountability, transparency and effective monitoring of the scheme. All States may be directed to develop the same and get it rolling within six months from the presentation of this Report. The Committee consider decoy operations and informer schemes effective in proper implementation of PC&PNDT Act and have observed that the 15 States that have recorded improved Sex Ratio at**

Birth have successfully utilised this method in identifying culprits. The Committee, therefore, recommend that the decoy operations and informer schemes may be implemented in the remaining States and the same may further be encouraged through suitable cash rewards. The Committee further feel that wider publicity methods should be used to implement such schemes.

- (iv) The Committee find that over the last 25 years, only 617 convictions were given out of 3158 Court Cases registered under PC&PNDT Act and Rajasthan and Maharashtra which have recorded the lowest Sex Ratio at Birth, 871 and 880 respectively, in 2016-18 are having the highest number of court case/police case pending i.e. 604 and 753. The Committee also find that in 18 out of 36 States/UTs have neither got any case registered or have any convictions so far. The Committee has every reason to believe that the delay in arriving at final decision in the pending cases has a tendency to dilute the spirit of PC&PNDT Act. Therefore, the Committee in no uncertain words recommend that the Ministry should make all out efforts in consonance with all other concerned Ministries so that the finality is reached in such pending cases within six months. It goes without saying that the progress made alongwith the outcome achieved be intimated to the Committee expeditiously. The Committee also desire that Year and State/UT-wise data of the cases registered, their pendency and nature of conclusion /conviction arrived at may be furnished to the Committee within six months from the presentation of this Report.

## **9 Re-enrolment, Retention and Attendance Tracking of Girls in Schools**

The Committee observe that as per Unified District Information System for Education (UDISE ) data for 2018-19, the Gross Enrolment Ratio of girls decreased from 96.72 in elementary classes to 76.93 in secondary class to 50.84 in higher secondary class. They also observe that the drop out ratio of girls during 2019-20 is 15.1. The Committee understand that the enrolment and retention of girls in schools

in rural areas is still a great challenge despite having a plethora of efforts under RTE, Samagra Siksha, etc. Further, the Committee find that Covid crisis has disproportionately affected girls, especially their education. Further, lack of digital access to learning, poor family background, closure of schools and hostels facilities for girls, uncertainty of re-opening of schools pose serious challenges in girls' retention in schools. Those girls who were not doing well academically prior to the pandemic had an even more chance to drop out of schools after the pandemic. In this context, the Committee recommend that concerted and urgent efforts to mobilize the return of girls students to schools and sustain their regular attendance should be taken up by all the stakeholders i.e. Central and State Governments and all frontline workers. Such efforts should be continued into post pandemic period too, i.e., after every holiday/break and during transition from one level to the next. The Committee are happy to find that the Centre has asked every State to do a mapping of out of school children through household surveys and also has come out with guidelines to reach out to the last girl child to resolve her problems. The Committee would like to be apprised of the results of this effort and the specific measures chalked out /implemented to retain, re-enrol and track the attendance of girls in schools.

#### **10. Rewarding/ Incentivising Schooling of Girls at Higher Secondary Level**

It has been observed from available data that the highest dropout rate for girls is in the secondary and higher secondary grades. In the post pandemic scenario, the probability of more adolescent girls dropping out of school permanently to help with household tasks and childcare due to economic hardships of their families is very high. The Committee feel that incentivizing participation can help more girls continue their schooling and learning journey. In this connection, provision of targeted scholarships, conditional cash transfers and bicycles for transport can significantly increase the retention of girls in schools. Similarly, rewarding better performing girls with incentives such as smart phones, incentive for higher education in reputed institutions, internet vouchers, transportation allowance, book

allowance, hostel facilities etc. can also be of some impact. The Committee desire that the Government may work out on such provisions for girl students, especially for those from the EWS category to enable and support their continued education.

#### **10. Performance Grading Index of States/Districts**

The Committee find that the integrated Centrally Sponsored Scheme for School Education- Samagra Shiksha which was started from the year 2018-19 is an overarching scheme that aims to ensure inclusive and equitable quality education at all levels of school education. The Committee are extremely happy that an elaborate arrangement has been put in place in the data management by the Ministry to track and monitor state-wise, district-wise and even school wise information for evaluating their performance. This Performance Grading Index (PGI) is based on 70 parameters covering learning outcomes, teachers' attendance, recruitment policy/ transfer policy and other governance areas. The Committee have been informed that in the last ranking, Gujarat, Kerala and Chandigarh were on the top and now, the Government has decided to have PGI ranking for districts also which will be made available in the public domain. As the Committee strongly believe that the PGI ranking will help States and UTs to identify the gaps and enable the public to respond, react and give feedback, they recommend that the data so compiled should be put up in public domain and meaningfully utilised for prioritizing areas for interventions to bring about the much-desired optimal education outcomes. The progress made in conducting PGI ranking for districts may be appraised to the Committee.

#### **11. Creation of Platform/ Repository of School-wise Data**

The Committee have been informed that under the National Education Policy, it has been decided to put up school-wise data in public domain. Under this, every school will be checked by a third party on certain indicators which includes class rooms,

toilets, segregated toilets, teachers, their qualifications, attendance etc. Everything that is checked by a third party would come in the public domain and would give a fair idea about the veracity of the data captured by UDISE and to what extent it is true to the ground. While profusely appreciating this move by the Government, the Committee recommend that the creation of the said platform/ repository may be expedited and the school-wise data may be made available in public domain to facilitate online monitoring by the public/civil society. The Committee may be informed about the status of this data repository while furnishing the action taken replies.

#### **12. Construction of Separate Functional Toilets in Schools for Girls**

The Committee are happy to note that construction of toilets is one of the initiatives of Samagra Shiksha Abhiyan. The Committee have observed that 94.8% schools out of 1516797 (co-ed + girls) have girls' toilets. Out of 94.8% only 90.65% schools (co-ed + girls) have functional girls toilets. KVS and JNVs also have sufficient separate toilets for girl students. The Committee also observe that composite grants under Smagra Shiksha are provided for conducive learning environment including construction of separate girls toilets. Though the UDISE data claims the availability of 95.4% toilets for girls in schools, their actual usability with running water and doors which can be secured from inside is what counts and not the data on paper about the existence of toilets. The Committee believe that lack of functional toilets in schools is the major reason for drop out of girls as toilets play an important role in creating safe and hygienic school environment, especially for girl students. From a biological point of view, at pubescent age, sanitation needs of girls increase for which besides, privacy and safety, she needs water.

**These needs must be met invariably at schools to ensure that girls feel comfortable while attending their classes. The Committee, therefore, recommend as under:**

- (i) A time line for constructing 100% segregated functional toilets for girls in government schools may be finalised and in convergence with Jal Shakti Mission, tapped water supply should be ensured in them.**
- (ii) Central Government must take up the matter of installation of incinerators in all girls toilets for hygienic disposal of used sanitary napkins.**
- (iii) The local authorities must ensure supply of water to the toilets. A mechanism to fix responsibility must be worked and**
- (iv) Regular inspection of toilets is the need of the hour.**

### **13. Safety and Security of Girls in KGBV Residential Schools/ Hostels**

**The Committee observe that 4997 Kasturba Gandhi Balika Vidyalaya have been established under Samagrah Shiksha up to 01.01.2021. KGBV are the residential schools from class VI to XII for girls belonging to disadvantaged groups such as SC, ST, OBC, Minority and Below Poverty Line (BPL) which have been established to ensure access and quality education to girls from disadvantaged groups. The Committee are happy to see that KGBV residential schools have emerged, over the years, as an important strategy to enhance the enrolment of girls belonging to disadvantaged groups, arrest their high drop-out and improve educational attainment among these disadvantaged communities. However, certain reported incidents of violation of the safety and security of girl students within school/ hostel campus have constrained the Committee to underline the added responsibility of the authorities in ensuring high standards of safety and security of girls in KGBVs as the students and their parents fully trust and depend on the system being from poor and marginalized sections of the society. It is unfortunate that despite having clear policy and guidelines, the safety and security of girls in residential**

**schools/hostels is being compromised. The Committee, therefore, recommend the following:**

- (i) To the extent possible, all the teachers/staff in KGBVs should be female.**
- (ii) The schools and hostels should be built in one premise with toilets and bath rooms within the hostel campus to provide more safety to girls.**
- (iii) Cases of violence against girls in residential schools/hostels must be addressed properly with effective investigations, adequate punishment of perpetrators, and counselling services for victims.**
- (iv) An all women committee may be constituted by the district authorities to inspect the residential schools once in every quarter or in six months to oversee the safety aspects of the girl students in the school/hostel premises and submit a written report to the District Magistrate/ District Collector. Such reports may also be made available in the public domain through the Unified District Information System for Education (UDISE).**
- (v) Local media may also be apprised the importance of the matter from time to time and they may also be requested to keep a check on this sensitive issue.**

**NEW DELHI;  
.07 December, 2021  
16, Agrahayana 1943 (Saka)**

**DR. HEENA VIJAYKUMAR GAVIT,  
*Chairperson,*  
*Committee on Empowerment of Women.***



**COMMITTEE ON EMPOWERMENT OF WOMEN (2020-2021)**

**MINUTES OF THE SECOND SITTING OF THE COMMITTEE HELD ON  
TUESDAY, THE 22nd FEBRUARY, 2021**

The Committee sat from 1430 hrs. to 1550hrs. in Committee Room 03, Block A, First Floor, Extension to Parliament House Annexe, New Delhi.

**PRESENT**

**Dr. Heena Vijaykumar Gavit-**

**Chairperson**

**MEMBERS**

**Lok Sabha**

2. Smt. Sangeeta Kumari Singh Deo
3. Smt. Annpurna Devi
4. Smt. Navneet Ravi Rana
5. Smt. Satabdi Roy (Banerjee)

**Rajya Sabha**

6. Smt. Vandana Chavan
7. Smt. Shanta Chhetri
8. Ms. Saroj Pandey
9. Smt. Chhaya Verma

**SECRETARIAT**

1. Smt. Kalpana Sharma - Additional Secretary
2. Smt. Maya Lingi - Director
3. Smt. Reena Gopalakrishnan - Additional Director

## **REPRESENTATIVES OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT**

- |                               |   |                      |
|-------------------------------|---|----------------------|
| 1. Shri Ram Mohan Mishra      | - | Secretary            |
| 2. Shri Ashish Srivastava     | - | Additional Secretary |
| 3. Ms. Asatha Sexana Khatwani | - | Joint Secretary      |
| 4. Shri Navender Singh        | - | Director             |

## **REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (PNDD SECTION)**

- |                        |   |                                 |
|------------------------|---|---------------------------------|
| 1. Ms. Vandana Gurnani | - | Additional Secretary & MD (NHM) |
|------------------------|---|---------------------------------|

## **REPRESENTATIVES OF THE MINISTRY OF EDUCATION (SCHOOL EDUCATION AND LITERACY)**

- |                             |   |                 |
|-----------------------------|---|-----------------|
| 1. Ms. Anita Karwal         | - | Secretary       |
| 2. Shri Santosh Kumar Yadav | - | Joint Secretary |

2. At the outset, the Chairperson welcomed the Members of the Committee to the sitting convened to have briefing and presentation by the representatives of the (i) Ministry of Women and Child Development (ii) Ministry of Education (Department of School Education and Literacy) and (iii) Ministry of Health and Family Welfare on the subject 'Empowerment of Women through Education with special reference to 'Beti Bachao-Beti Padhao Scheme'.

3. After welcoming the witnesses, the Chairperson read out Direction 55, of the Directions of the Speaker regarding confidentiality of the proceedings. Thereafter, the Chairperson requested representatives of all the Ministries, i.e, the Health and Family Welfare, Education and Women and Child Development to start their presentation on the subject. After the presentations were made before the Committee, Members raised queries on various issues pertaining to the subject which *inter-alia* included authenticity of data given in power point presentation, shortage of teachers in schools, shortage of classrooms, priority to female teachers in girls schools, availability of toilets for girls especially in rural and tribal areas, need for functional toilets, problems faced by girls students especially in rural and tribal areas, need for proper implementation and monitoring of Government schemes, cases of sexual harassment of girls students by teachers in Kasturba Gandhi Balika Vidhyalaya, language proficiency and drop out rate of girl students, low learning levels of students, lack of hostels, need for job counseling of students to find their interest areas, lack of funds with school management committee, involvement of local representatives in District

Action Plan regarding 'Beti Bachao Beti Padhao' scheme and problems faced by the doctors while following certain provisions in PC&PNDT Act for conducting ultrasounds.

4. The Chairperson and Members sought further clarifications on certain points viz. vocational training of girls, special education zones, convergence and co-ordination among different Ministries, effect of Covid 19 pandemic on enrolment and retention of girl child and also efforts to reach out of girl children of deprived sections.

5. The Committee also desired to know in particular the special funding for schools of aspirational districts under 'Beti Bachao Beti Padhao' scheme, the number of students who dropped out from school due to migration of their parents and the misuse of mid-day meal scheme in different States.

6. Explanations and clarifications on some of the points raised by the Chairperson and the Members were given by the representatives of all the three Ministries. However, the queries on which the information were not readily available, the Ministry/Department were directed to furnish written replies at the earliest to the Committee.

7. Thereafter, the Chairperson thanked the representatives of the Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Education for presenting their views before the Committee.

*The witnesses then withdrew]*

8. A verbatim record of the proceedings has been kept.

*The Committee then adjourned.*

**COMMITTEE ON EMPOWERMENT OF WOMEN (2020-2021)**

**MINUTES OF THE FIFTH SITTING OF THE COMMITTEE HELD ON  
TUESDAY, THE 23<sup>RD</sup> MARCH, 2021**

The Committee sat from 1500 hrs. to 1620 hrs. in Committee Room No. 139, First Floor, Parliament House Annexe, New Delhi.

**PRESENT**

**Dr. Heena Vijaykumar Gavit                      -                      Chairperson**

**MEMBERS**

**Lok Sabha**

2.                      Smt. Sangeeta Kumari Singh Deo
3.                      Km. ShobhaKarandlaje
- 4..                     Smt. Raksha Nikhil Khadse
5.                      Smt. JaskaurMeena
6.                      Smt. ShardabenAnilbhai Patel
7.                      Smt. Riti Pathak
8.                      Smt. Navneet Ravi Rana
9.                      Smt. Gomati Sai
10.                     Smt. SarmisthaSethi

**Rajya Sabha**

11.                    Smt. Jharna Das Baidya
12.                    Smt. VandanaChavan
13.                    Smt. MamataMohanta
14.                    Smt. SampatiyaUikey
15.                    Smt. ChhayaVerma

**SECRETARIAT**

1.                    Smt. Kalpana Sharma                      - Additional Secretary

### **Representative of Pratham, NGO**

1. Dr. Rukmini Banerji - Chief Executive Officer

### **Representative of The Coalition for Food Nutrition and Security (CFNS)**

1. Dr. Sujeet Ranjan - Executive Director

2. At the outset, the Chairperson welcomed the Members of the Committee to the sitting convened to interact with NGO 'Pratham' and 'The Coalition for Food and Nutrition Security' (CFNS) to hear their views/suggestions on the subject "Empowerment of Women through Education with special reference to 'BetiBachao - BetiPathao' Scheme".

*[Witnesses were then called in]*

3. After welcoming the witnesses, the Chairperson read out Direction 55, of the Directions of the Speaker regarding confidentiality of the proceedings. Thereafter, the Chairperson requested both the representatives to give brief presentation on the subject. The main issues which came up for discussion after presentation included prevalence of anaemia and malnutrition in aspirational districts, nutritional status of women and children, desirability of one building upto secondary school, awareness among poor illiterate mothers regarding cognitive development of children in the age group of 0-6 years, need for 100% nutrition for girls, categorisation of nutrition, role and working conditions of Anganwari Workers, ASHAs and ANMs, school dropout of children, requirement of Mahila Mitra in Panchayats, houses in the name of daughters under 'Pradhan Mantri Awas Yojna', low learning levels of students, lack of knowledge about nutritive value of food in rural

areas, low quality mid day meal/food, shortage of teachers in schools, problems faced by young girls of rural areas, quality education in Zila Panchayat Schools and need to improve education in Government Schools especially in rural areas.

4. Chairperson and Members sought clarification on various points viz. percentage share of Central Government in fund allocated for nutrition programme, vocational training of girls, availability of concrete buildings and functional toilets in schools, efforts to reach every child through digital learning in rural areas and gaps in Government Welfare Scheme.

5. Chairperson then informed about the need of the Committee to rush to the Lok Sabha for voting on Finance Bill. Therefore, representatives were asked to furnish written replies to the queries raised.

*(The witnesses then withdrew)*

A copy of verbatim record of the proceedings has been kept.

*The Committee then adjourned.*

**COMMITTEE ON EMPOWERMENT OF WOMEN (2020-21)**

**MINUTES OF THE SEVENTH SITTING OF THE COMMITTEE HELD ON  
TUESDAY, THE 03<sup>RD</sup> AUGUST, 2021**

The Committee sat from 1500 hrs. to 1705 hrs. in Committee Room 02, First Floor, Block 'A', Extension to Parliament House Annexe, New Delhi.

**PRESENT**

Dr. Heena Vijaykumar Gavit - **Chairperson**

**MEMBERS**

**LOK SABHA**

2. Smt. Raksha Nikhil Khadse
3. Smt. Jaskuar Meena
4. Smt. Shardaben Anilbhai Patel
5. Smt. Riti Pathak
6. Smt. Navneet Ravi Rana
7. Smt. Sarmistha Sethi

**RAJYA SABHA**

8. Smt. Jharna Das Baidya
9. Smt. Priyanka Chaturvedi
10. Smt. Vandana Chavan
11. Smt. Sampatiya Uikey
12. Smt. Chhaya Verma

**SECRETARIAT**

1. Smt. Kalpana Sharma - Additional Secretary
2. Smt. Maya Lingi - Director
3. Smt. Reena Gopalakrishnan - Additional Director

**Representatives of the Ministry of Women and Child Development**

1. Shri Indevan Pandey - Secretary
2. Ms. Aastha Saxena Khatwani - Joint Secretary
3. Shri Navendra Singh - Director

**Representatives of the Ministry of Education (Department of School Education and Literacy)**

- |    |                          |   |                                |
|----|--------------------------|---|--------------------------------|
| 1. | Shri Santosh Sarangi     | - | Additional Secretary (SE & L), |
| 2. | Shri Santosh Kumar Yadav | - | Joint Secretary (SS-I)         |
| 3. | Shri Maneesh Garg        | - | Joint Secretary (SS-II)        |
| 4. | Shri R.C. Meena          | - | Joint Secretary (EE_I)         |

**Representatives of the Ministry of Health and Family Welfare**

- |    |                            |   |                 |
|----|----------------------------|---|-----------------|
| 1. | Shri Rajesh Bhushan        | - | Secretary       |
| 2. | Ms. Vandana Gurnani        | - | AS & MD         |
| 3. | Shri Patibandla Ashok Baby | - | Joint Secretary |

2. At the outset, the Chairperson welcomed the members of the Committee to the sitting convened to take oral evidence of the representatives of the Ministry of Women and Child Development, Ministry of Education (Department of School Education and Literacy) and Ministry of Health and Family Welfare in connection with the examination of the subject "Empowerment of Women through Education with special reference to 'Beti Bachao – Beti Padhao' Scheme".

*[Witnesses were then called in]*

3. After welcoming the witnesses, the Chairperson, in her initial remarks, expressed concern over the several lacunae on ground implementation of the BBBP Programme, insufficient monitoring of PC&PNDT Act, increasing drop out ratio of girls and declining gross enrolment ratio of girls in secondary schools. She requested the nodal Ministry to throw light upon the total budgetary allocation of the BBBP programme, total funds released to the Districts and the total funds utilised by them, year-wise, since the inception of BBBP Scheme and the impact of under utilisation of funds under BBBP scheme. Further, she requested the Ministry concerned to apprise the Committee about the result of the mapping of out of school children done by the States and the effect of COVID on education of children.

4. Thereafter, the Chairperson and Members sought further clarifications on certain points viz. number and percentage of women teachers in Kendriya Vidyalayas, Navodaya Vidyalayas, Kasturba Gandhi Balika



Vidyalayas in the country, plans of Government for imparting skill education on development of regional product/services to national and even global standards, institutional deliveries, gender differential in Under 5 mortality rate, decoy operations, medical termination and pregnancy act, involvement of ASHAs and ANMs in BBBP Scheme.

5. Explanations and clarifications on some of the points raised by the Chairperson and the Members were given by the representatives of all the three Ministries. However, the queries on which the information were not readily available, the Ministry/Department were directed to furnish written replies at the earliest to the Committee.

6. Thereafter, the Chairperson thanked the representatives of the Ministry of Women and Child Development, Ministry of Education and Ministry of Health and Family Welfare for presenting their views before the Committee.

*The witnesses then withdrew]*

7. A verbatim record of the proceedings has been kept.

*The Committee then adjourned.*

**COMMITTEE ON EMPOWERMENT OF WOMEN (2021-2022)**

**MINUTES OF THE SECOND SITTING OF THE COMMITTEE HELD ON  
TUESDAY, THE 07th DECEMBER, 2021**

The Committee sat from 1530 hrs. to 16.00 hrs. in Committee Room 01, Block A, Extension to Parliament House Annexe, New Delhi.

**PRESENT**

**Dr. Heena Vijaykumar Gavit** - **Chairperson**

**MEMBERS**

**LOK SABHA**

2. Smt. Sangeeta Kumari Singh Deo
3. Ms. Ramya Haridas
4. Smt. Raksha Nikhil Khadse
5. Smt. Jaskaur Meena
6. Smt. Shardaben Anilbhai Patel
7. Smt. Riti Pathak
8. Smt. Navnit Ravi Rana
9. Smt. Gomti Sai
10. Smt. Sarmistha Sethi
11. Smt. Geetha Viswanath Vanga

**RAJYA SABHA**

10. Dr. Fauzia Khan
12. Dr. Kanimozhi NVN Somu

## **SECRETARIAT**

1. Dr. Sanjeev Sharma - Director
2. Smt. Reena Gopalakrishnan - Additional Director

2. At the outset, the Chairperson welcomed the Members of the Committee to the sitting of the Committee. The Committee thereafter took up for consideration the Draft Report on the subject "Empowerment of Women through Education with Special Reference to 'Beti Bachao - Beti Padhao' Scheme". After some discussions, the Committee adopted the Report with some minor modifications.

3. The Committee also authorised the Chairperson to finalise the Report and present the same to both the Houses of Parliament.

*The Committee then adjourned.*