

# **CHAPTER-II**

## **PERFORMANCE AUDIT**



## CHAPTER-II

This chapter contains findings of a Performance Audit on Protection and Welfare of Girl Child.

### PERFORMANCE AUDIT

#### HEALTH AND FAMILY WELFARE DEPARTMENT, SOCIAL JUSTICE AND EMPOWERMENT DEPARTMENT AND WOMEN AND CHILD DEVELOPMENT DEPARTMENT

### 2.1 Protection and Welfare of Girl Child

#### Executive Summary

The Constitution of India through the fundamental rights and directives principles protect the right of children and direct the state to ensure that the children are protected from abuse and are provided early childhood care and education. The Performance Audit on Protection and Welfare of Girl Child was conducted for the period 2011-12 during prior and current years which revealed the positive feature in the scheme provided to all girl children studying in secondary education enrolment to Scheduled Caste, Scheduled Tribe, Economically Weaker Section and sufficient infrastructural facilities were made available in majority of the tehsil-level Children's Protection Societies in the area of concern relating to the protection and welfare of the girl child are highlighted below -

- Gujarat State Child Protection Societies (CPS) had not incorporated the State Child Protection Policy and State Plan of Action as a result of which the State Government failed in getting the plan and principle and articulation of responsibility and accountability of the concerned department for child protection and welfare services.
- The percentage of the trend of the ratio of the state had declined over the period though the India ratio had improved over the period. As compared to Central Government audit also observed that the ratio at birth in the district in the state declined in 2011-12 as compared to 2010-11 as per data of CII registration rate.
- The main issue with the pre-natal care is that in the e-ata portal in the state the entries were not updated as a result of which a difference of the district authorities had not properly identified the reason for difference.
- Out of the offence cases registered under Pre-Conception and Postnatal Diagnostic Techniques (PC&PNDT) Act, only 49 cases were finalised and on the date of the audit could be conducted. Audit observed that though the Hon'ble Supreme Court had directed (March 2013) to finalise the cases within six months, the pending cases had not been finalised; the pendency period of the cases ranged from one to three years.

- In the success of the operation had been carried out in the state district appropriate authorities since implementation of the C... which indicated lack of monitoring on the part of district appropriate authorities
- Out of the complaints of child marriage received during... court cases were filed in only 15 cases and not a single person was convicted in the state during the review period
- Specialized adoption agencies had not been established in the district resulting in deprivation of protection and care to orphaned abandoned or surrendered children in the district
- Not a single specialized adoption agency inaugurated a Cradle and Reception Centre in the state to rescue abandoned children here were abandoned children found dead during... and the inaugurated a Cradle and Reception Centre due to the death could have been avoided
- The percentage of in-country and inter-country adoption of the girl child and respective during... adoption procedure in respect of the girl abandoned for a period up to... due to delay in issue of 'legally free for adoption' certificate by the Child Welfare Committees.
- Children of the state were found under-utilized and the overall percentage of utilization of sanctioned capacity decreased to... per cent... non-rationalization of Children Homes led to deprivation of benefits to needy children and increased overhead expenditure in running the Children of the state
- Audit observed that girls with special needs were accommodated with other girls in the Children of the state Children of various age groups were found accommodated in a single home instead of accommodating in separate home as per uniform practice
- The sponsorship programme under Integrated Child Protection Scheme and National Child Protection Fund was not implemented in... and nine districts respectively, depriving the benefits of the schemes to the girl children of the district
- After-care facilities were not provided to girl children who left Children Homes after attaining age of 18 years which could lead to difficulty for the child to adapt to the changes in the society
- Audit observed that cases of kidnapping and abduction and cases of rape in the state had increased during...
- Monitoring of the protection and care of children at the state and district level was found deficient.

### Introduction

The Constitution of India through the Fundamental Rights and Directive Principles protects the rights of children and guides the State for ensuring that the children are protected from abuse, and are provided early childhood care and education. The National Plan of Action for Children, 2005 commits itself to ensure all rights to children upto the age of 18 years. The mid-term appraisal of the Tenth Plan expressed concern with regard to adverse child sex ratio, the rising incidence of female foeticide and infanticide, persistently high infant child and maternal mortality rates, wide gender gaps in child health and education as well as low female literacy, escalating violence against women, *etc.* The Government of India (GoI) in the Eleventh and Twelfth Plan also emphasized the importance of ensuring the right to life and liberty to all girl children, and upholding their dignity and security in family and society, with utmost attention to their right to equality and social justice.

The GoI and the State Government are committed to ensure the protection and welfare of girl child through enactment of various legislations such as State Commission for Protection of Child Rights (SCPCR), Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act, 1994, Juvenile Justice (Care and Protection of Children) Act, 2000, the Prohibition of Child Marriage Act, 2006, Nari Gaurav Niti and implementation of various welfare schemes like Integrated Child Protection Scheme (ICPS), Integrated Child Development Scheme (ICDS), Rajiv Gandhi Scheme for empowerment of adolescent girls (SABLA), Kishori Shakti, Vidyalaxmi Scheme, Financial Assistance and Support Services to the victims of Rape, Dikari Yojana, Saraswati Sadhana Yojana, Palak Mata-Pita Yojana, *etc.*

As per census data of 2011, there were 1.04 crore girls in the age group of 0-18 years as against 1.18 crore boys in the same age group in the State and population of girls in the State was 17 *per cent* of the total State population (6.04 crore). The State is also having a low child sex ratio of 890 in the age group of 0-6 years, which is ninth lowest in India as per 2011 census and is much lower than the all-India average of 919. Considering the vulnerability of the girl child due to gender bias in the society, a Performance Audit was conducted with focus on protection and welfare of girl child through Acts/schemes meant for her.

### Organizational Set-up

Additional Chief Secretary (ACS), Social Justice and Empowerment Department (SJED) is the head of the Department, under whose aegis schemes/Act like ICPS, Palak Mata-Pita Yojana and the Prohibition of Child Marriage Act fall. Director of Social Defence (DSD) under the ACS is responsible for overseeing the implementation of these schemes/Act and is assisted by District Social Defence Officer cum Child Marriage Prohibition Officer at district level. The Chief Executive Officer (CEO) of Gujarat State Child Protection Society<sup>1</sup> (GSCPS) with other implementation structures (**Appendix-IV**) assist the DSD in implementation of ICPS. State Commission for Protection of Child Rights (SCPCR) is constituted by SJED.

<sup>1</sup> A State level agency for implementation of ICPS and registered under the Societies Registration Act, 1860

The Principal Secretary, Women and Child Development Department (WCDD) is the head of the Department, who looks after the implementation of Nari Gaurav Niti and Scheme of Financial Assistance and Support Services to the victims of Rape.

The Principal Secretary, Health and Family Welfare Department (HFWD) is the head of the Department. The Commissioner of Health (CH) is responsible for implementation of the PC&PNDT Act and Dikari Yojana in the State and is assisted by Chief District Health Officer (CDHO) at district level. The details of functions of various statutory bodies/authorities for implementation of the PC&PNDT Act in the State are shown in **Appendix-V**.

#### Audit Objective

The broad objectives of the Performance Audit were :

- To examine whether adequate legal and regulatory provisions exist for protection of girl child and whether there is effective mechanism in place to enforce compliance to these provisions;
- To examine whether an effective institutional mechanism was in place to help the needy girl children; and
- To examine implementation of the various welfare schemes which promote development of girl child.

#### Audit Criteria

In order to achieve the audit objectives, the following audit criteria were adopted –

- Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994;
- Nari Gaurav Niti and the Commissions for Protection of Child Rights Act, 2005;
- Guidelines of Integrated Child Protection Scheme (ICPS) and Juvenile Justice (Care and Protection of Children) Act, 2000;
- The Prohibition of Child Marriage Act, 2006; and
- Guidelines of Scheme of Financial Assistance and Support Services to the victims of Rape, Dikari Yojana, Palak Mata-Pita Yojana and Saraswati Sadhana Yojana.

#### Audit Scope and Methodology

Implementation of Integrated Child Development Scheme (ICDS), Kishori Shakti Scheme (KSS), Rajiv Gandhi Scheme for empowerment of adolescent girls (SABLA) and Vidyalaxmi Scheme had been reviewed and audit remarks included in the Report of the Comptroller and Auditor General of India on General and Social Sector for the year ended March 2012 and March 2013. The present Audit was conducted to look into the issues relating to girl child, arising out of the implementation of the Acts/Rules and execution of the Central/State

schemes (except ICDS, KSS, SABLE and Vidyalaxmi) in the selected eight<sup>2</sup> out of 26 districts (before the creation of seven new districts) in the State (selected by Simple Random Sampling without Replacement method so as to ensure that two districts were selected from each of the region<sup>3</sup> in the State).

Records covering the period 2009-14 concerning enforcement of the Acts/Rules and implementation of the schemes/programmes meant for protection and welfare of girl child in the respective Secretariats (SJED, WCDD and HFWD) and in concerned district level offices were test checked (April 2014 to September 2014) to ascertain the audit objectives enumerated above.

An entry conference was held (5 June 2014) with the Joint Secretary (SJED) to discuss the audit objectives and methodology. Audit methodology mainly consisted of collection and analysis of statistical data, joint field visit of institutions (**Appendix-VI**) and discussions with officers of implementing Departments. Physical evidences were obtained in the form of replies to audit queries, copies of documents, photographs, *etc.* Information regarding various crime-related cases pertaining to girl children were collected from State Crime Records Bureau (SCRB), Gandhinagar. Details of supply of bicycles under Saraswati Sadhana Yojana were collected from Gujarat Rural Industries and Marketing Corporation (GRIMCO). An exit conference was held (12 November 2014) with the ACS (SJED), Joint Secretary (HFWD) and Deputy Secretary (WCDD) to discuss the Audit findings. The views of the State Government emanating from the exit conference have been duly incorporated in the Report.

## Audit Findings

### Annexure

#### Non-fulfillment of State Child Protection Policy and State Plan of Action

The National Plan of Action for Children, 2005 envisaged effective implementation of child protection legislation, schemes and achievement of child protection goals. GoI envisaged to carve out a broad and comprehensive framework for child protection and to set the foundation for creating a strong protective environment for children by giving every child the right to be cared for by a loving and nurturing family, to live with dignity, and to be protected from separation from her family, violence, abuse, neglect and exploitation. In order to achieve these goals, GSCPS was to formulate the State Child Protection Policy (SCPP) and State Plan of Action (SPA) in consultation with other Departments, Academic Institutions/Universities, Civil Society Institutions, International Agencies and Non-Government Organisations.

Audit observed that SCPP and SPA had not been formulated by GSCPS till date (September 2014) even after four years of its constitution (September 2010). Thus, in absence of SCPP and SPA, the State Government failed in setting goals and principles, and articulating responsibility and accountability of the concerned Departments for child protection and welfare services.

<sup>2</sup> Ahmedabad, Anand, Mehsana, Panchmahal, Rajkot, Sabarkantha, Surendranagar and Valsad

<sup>3</sup> Saurashtra, Central Gujarat, North Gujarat and South-East Gujarat

The Government (SJED) stated (November 2014) that the process of formulation of the policy would be initiated within a week in coordination with concerned Departments. During Audit, it was observed that non-functioning of Open Shelters and After-care programme to the needy children, and non-implementation of Sponsorship programme and Palak Mata-Pita Yojana in many districts could be attributed to delay in preparation of SCPP and SPA.

#### Delay in District Child Protection Plan

As per the MoU entered (March 2010) into between the State Government and the GoI for implementation of ICPS, the prime objective of GSCPS was to prepare District Child Protection Plan (DCPP). Audit observed that GSCPS took a decision (February 2013) to identify an institute for preparing the plan which was subsequently changed due to non-approval of the same by the Chairman and decided (May 2013) to prepare the plan based on the survey of villages by appointing a research fellow. However, the Chairman instructed to entrust the work to Mahatma Gandhi Labour Institute<sup>4</sup> (MGLI), Ahmedabad and the work was entrusted (February 2014) to MGLI at an estimated cost of ₹ 31.30 lakh with stipulation to complete the work by February 2015. Thus, delay in decision making by the GSCPS in engaging the agency resulted in non-preparation of DCPP till date (September 2014).

The ACS (SJED) in the exit conference (November 2014) agreed to expedite the work and to provide benefit of ICPS to identified children. However, the State Government failed to identify the number of children especially girl child requiring care and protection and to make proper planning for providing institutional and/or non-institutional care facilities to needy children.

#### Delay in appointment of State Commission for Protection of Child Rights

The GoI<sup>5</sup> enacted (January 2006) the Commissions for Protection of Child Rights Act, 2005. The Act provides for the constitution of State Commission for Protection of Child Rights and Children's Courts for speedy trial of offences against children or of violation of child rights and for matters connected therewith or incidental thereto.

Audit observed that the State Government had constituted State Commission for Protection of Child Rights (SCPCR) only in September 2012 and the members of the Commission were appointed in February 2013. The Rules were framed by the SJED in May 2014. Speedy trial of offences against children and protection of child rights were the major objectives behind setting-up of the Commission and the delay in constitution of SCPCR had a detrimental effect on the entire issue of child rights protection.

4 MGLI is an autonomous society registered under the Societies Registration Act, 1860 to provide for education, training, study and research in labour and related subject

5 Ministry of Law and Justice



### Convergence of various programmes/schemes under Nari Gaurav Niti

The State of Gujarat enacted the State policy for gender equity – the Nari Gaurav Niti (NGN) in 2006 for creating an enabling environment for enjoyment of all human rights by women on equal basis with men viz. right to life, right to health care, right to education, social security, etc. As per NGN, the State shall promote convergence of programmes and schemes of various Departments and organisations to address identified cross-cutting issues. Women and Child Development Department (WCDD) is the nodal Department for coordinating the efforts made by all Departments under the NGN and Gender Resource Centre (GRC), Ahmedabad is supposed to provide technical support to related Departments. The concerned Departments<sup>6</sup> were to prepare the report of action taken by them every six months and submit to the nodal Department. However, Audit observed that six monthly progress reports were not being submitted by any of the concerned Departments nor was the nodal Department taking any action for convergence of various programmes/schemes.

The State Government also constituted (October 2006) a State Level Review Committee<sup>7</sup> with Hon'ble Chief Minister as Chairperson to review the overall implementation. The Committee was required to meet every six months to assess the progress of policy implementation focusing on gender mainstreaming, gender budgeting, gender analysis of the programmes, convergence with other Departments, the progress made in proposed programmes and future plans. However, it was observed that no meetings were held by the Committee since its formation (October 2006).

Audit also observed that no efforts had been made for convergence of various programmes as illustrated below -

- Home Department was responsible for welfare and rehabilitation of victims of rape cases as per State Policy. GoI introduced the scheme of Financial Assistance and Support Services to the victims of Rape which was implemented in the State since January 2012 through WCDD and SJED; however, no efforts were made by the nodal Department *i.e.* WCDD for convergence among the three Departments.
- Nari Gaurav Niti provided for 100 *per cent* registration of marriage by WCDD in co-ordination with Rural Development Department and the Prohibition of Child Marriage Act (PCMA) was being implemented by SJED. However, Audit observed that requisite convergence was not achieved among these Departments.
- GRC held seminars during 2007 and 2008 for the officials of three<sup>8</sup> Departments; however, no seminars were held thereafter.

The Deputy Secretary (WCDD) in the exit conference (November 2014) agreed to conduct meetings of the Committee for effective implementation of NGN and stated that progress report from all concerned Departments would be called for regularly.

<sup>6</sup> Home, Health and Family Welfare, Education, Rural Development, etc.

<sup>7</sup> The Minister of WCDD as Vice Chairperson and Principal Secretary, WCDD as Member Secretary and the Secretaries of all the related departments as members

<sup>8</sup> Education, Health and Family Welfare & Home



## Implementation of Acts/Schemes pertaining to Girl Child

### Implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques Act

The Pre-Conception and Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PC&PNDT) amended in 2004 is an important legislation aimed at preventing the decline in child sex ratio. It provides for prohibition of sex selection, before or after conception and regulation of pre-natal diagnostic techniques for the prevention of their misuse for sex determination leading to female foeticide. It requires registration of Genetic Counseling Centres<sup>9</sup> (GCC), Genetic Laboratories<sup>10</sup> (GL) and Genetic Clinics<sup>11</sup> (GC), prohibition on sale of ultrasound machines to persons, laboratories not registered under the Act, etc.

Under the PC&PNDT Act, a State Supervisory Board<sup>12</sup> (SSB) was constituted (August 2003) to monitor the implementation of the Act, create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus and review the activities of the Appropriate Authorities functioning in the State, etc. A State Appropriate Authority<sup>13</sup> and District level Appropriate Authorities<sup>14</sup> (AA) were appointed (August 2010) to regulate GCC/GL/GC, investigate complaints of breach of provisions of the Act and take appropriate legal action against the use of any sex selection technique, etc. The State Advisory Committee<sup>15</sup> was constituted (April 2011) for consideration of any complaint for suspension or cancellation of registration and to give advice thereon. Each GC, ultrasound clinic, imaging centre was required to maintain a record of pregnant women on whom ultra sonography was conducted and feed the data in the online system.

### Sex Ratio

Sex ratio is determined as number of females per 1,000 males. A comparative position of sex ratio in India vis-a-vis Gujarat as per census 2001 and census 2011 is given in **Table 1** below–

**Table 1: Details of sex ratio in Gujarat and India as per census 2001 and 2011**

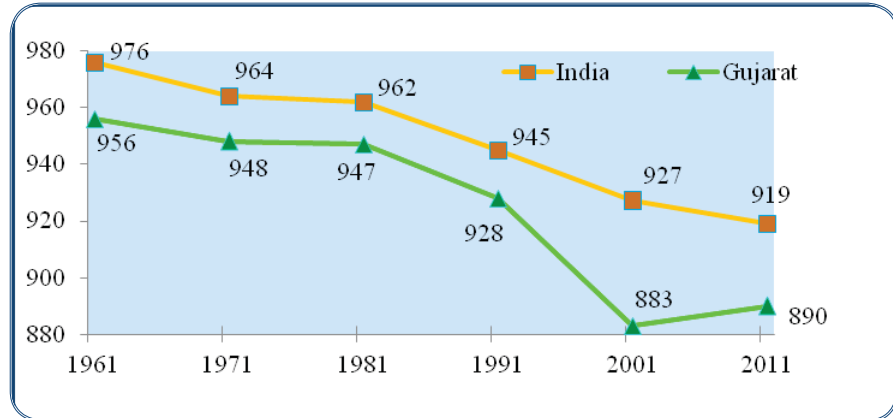
Sex ratio	2001		2011	
	Gujarat	India	Gujarat	India
Child sex ratio (0-6 years)	883	927	890	919
Overall sex ratio	920	933	919	943

(Source: Information as per Census 2001 and 2011)

9 An institute, hospital, nursing home or any place, by whatever name called, which provides for genetic counseling to patients  
 10 A laboratory and a place where facilities are provided for conducting analysis or tests of samples received from Genetic clinic for pre-natal diagnostic test  
 11 A clinic, institute, hospital, nursing home or any place, by whatever name called, which is used for conducting pre-natal diagnostic procedures  
 12 Hon'ble Minister of HFWD as Chairperson and ACS, HFWD as Vice Chairperson and other Secretaries of various departments as members.  
 13 Joint Secretary, HFWD as Chairperson, Director, Gender Resource Center and Under Secretary, Legal Department as members  
 14 Collector, District Development Officer and Chief District Health Officer  
 15 Consisting of three medical experts, one legal expert, one officer to represent HFWD and three eminent social workers

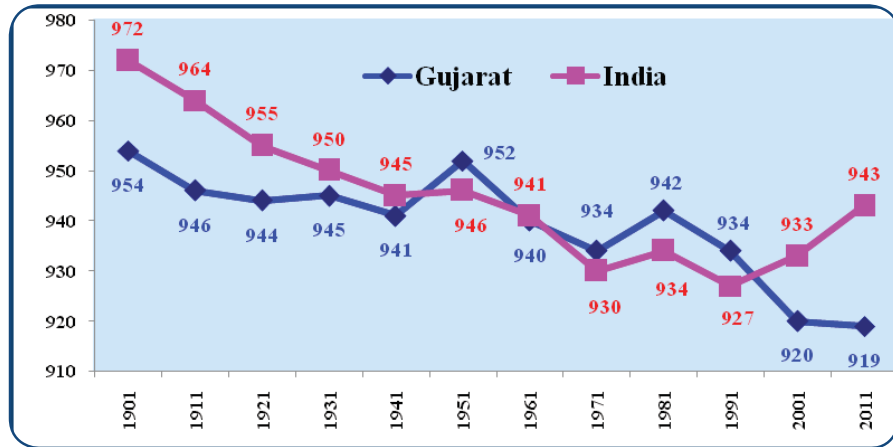
The above table shows that the child sex ratio had improved marginally in the State but was far below the national figure while overall sex ratio declined marginally, whereas the same improved on all-India basis. A comparative graph of child sex ratio since 1961 to 2011 and overall sex ratio since 1901 to 2011 of India and the State is shown in **Graph 1** and **Graph 2** below–

**Graph 1 : Graph showing child sex ratio of India and in Gujarat as per census**



(Source: Information provided by the Commissioner of Health and validated with census figures)

**Graph 2 : Graph showing overall sex ratio of India and in Gujarat**



(Source: Information provided by the Commissioner of Health and validated with census figures)

As seen from the above graphs, child sex ratio and overall sex ratio declined drastically in the penultimate two decades in the State compared to the all India figures for the same period.

District-wise analysis of data<sup>16</sup> of sex ratio at birth of last three years revealed that the sex ratio at birth indicated an increasing trend in 2012 as compared to 2011 (except in Ahmedabad district) while it declined in 2013 as compared to 2012 in 15 out of 26 districts (**Appendix-VII**). This could be due to misuse of pre-natal diagnostic technologies and ineffective implementation of the PC&PNDT Act in the State.

<sup>16</sup> The Civil Registration System (CRS) data provided by the Commissioner of Health

The CH attributed (September 2014) practice of sex selective abortion, misuse of pre-natal diagnostic technologies, community customs such as dowry, preference for a male child, *etc.* as reasons for decreasing sex ratio. It was further stated that the State Government had constituted legal bodies for effective implementation of the PC&PNDT Act, sonography centres were being regularly checked and online submission of form 'F'<sup>17</sup> was being facilitated. However, Audit observed shortfall in meetings of State Supervisory Board, inspection of sonography centres, and submission of form 'F', *etc.* as discussed in the succeeding paragraphs could have contributed towards the continuing adverse sex ratio, when compared to the all-India position.

Child sex ratio in rural and urban area

As per last three census, child sex ratio (0-6 years age group) in rural areas of the State was greater than that in urban areas as shown in **Table 2** below –

**Table 2: Data of child sex ratio and literacy rate in rural and urban areas**

Census year	Child sex ratio		Literacy rate (in per cent)	
	Rural Areas	Urban Areas	Rural Areas	Urban Areas
1991	937	909	53.09	76.59
2001	906	827	61.29	81.24
2011	914	852	71.70	86.30

(Source: Information provided by the Commissioner of Health)

The above table shows that there is a negative correlation coefficient between literacy and neo-natal male child. It means that higher the literacy rate as well as economic advances, higher is the tendency of expectation of a neo-natal male child compared to a female child. A study conducted in 2012 by Dr. P. H. Thakar, Directorate of Bureau (Economics and Statistics), Government of Gujarat also concluded the decline in child sex ratio on account of above reasons. Further, the availability of genetic clinics in urban areas and awareness of literate people about usage of sex determination techniques could also be attributed to declining child sex ratio in urban areas.

Audit observed that modern electronic media such as TV and Radio had not been effectively utilised for Information, Education and Communication (IEC) activities to change the mindset of people about misplaced preference for a male child and to improve child sex ratio in urban areas, though instructions were issued by the SSB (May 2011). The Infant Mortality Rate (IMR) of male *vis-a-vis* female (deaths *per* 1,000 live births) was 47:48 in 2009, 39:42 in 2011, 36:39 in 2012 and 35:37 in 2013 in the State. Though the overall IMR has come down for both male as well as female child, the mortality of female child as compared to male child remained higher during 2009-13. This has adversely affected the child sex ratio. The goal fixed in National Plan of Action for Children, 2005 to reduce the IMR below 30 by the year 2010 could not be achieved by the State.

The Joint Secretary (HFWD) in the exit conference (November 2014) stated that easy availability of sonography technique facilities in urban areas was responsible for decrease in the child sex ratio. It was further stated that intensive

<sup>17</sup> Form for maintenance of record in respect of pregnant woman by genetic clinic/ultrasound clinic/imaging centre



IEC activities by use of electronic media and Frequency Module (FM) Radio would be undertaken to improve the present scenario.

#### 4.1.3.1 e-Mamta Card and Antenatal Care

The State Government introduced (January 2010) a mother and child name based tracking information management system “e-Mamta”. All pregnant women in the State were to be registered under the scheme and provided a Mamta card<sup>18</sup>. The SSB decided (May 2011) to assign the work of monitoring and tracking of antenatal and delivery cases to all Chief District Medical Officer and District Appropriate Authority and also by utilising the data of e-Mamta portal. The Hon’ble High Court of Gujarat also directed (June 2011) the State Government to ensure that all Mamta cards issued by it were duly registered and the doctors conduct diagnostic sonography on any pregnant lady possessing a registered Mamta card only, and not terminate any pregnancy without prior express permission of the concerned District Health Officer.

The details of antenatal cases, delivery cases and legal abortion cases registered in the e-Mamta portal in the State during the period 2009-14 are as shown in **Table 3** below –

**Table 3: Details of antenatal, delivery and legal abortion cases registered in the e-Mamta portal in the State**

Year	Number of antenatal cases registered	Number of delivery cases registered	Number of legal abortion cases	Balance (antenatal cases-delivery cases – legal abortion cases)	Percentage of balance cases against antenatal cases
1	2	3	4	5	6
2009-10	14,53,554	10,54,852	29,727	3,68,975	25.38
2010-11	13,82,680	11,95,845	18,202	1,68,633	12.19
2011-12	13,83,654	12,03,014	21,863	1,58,777	11.47
2012-13	14,10,872	11,73,456	20,102	2,17,314	15.40
2013-14	14,64,473	11,39,248	14,729	3,10,496	21.20
<b>Total</b>	<b>70,95,233</b>	<b>57,66,415</b>	<b>1,04,623</b>	<b>12,24,195</b>	<b>17.25</b>

(Source: Information provided by the Commissioner of Health)

As seen from the above table, out of 70.95 lakh pregnancies registered in the e-Mamta portal during last five years, only 57.66 lakh deliveries were registered, leaving a difference of 13.29 lakh. Audit observed that district authorities had not ascertained the reasons for the difference between the registered antenatal and delivery cases.

The Joint Secretary (HFWD) in the exit conference (November 2014) stated that the gap between registered antenatal and delivery cases was due to abortions, spontaneous miscarriage, etc. and also agreed to ensure proper tracking of every pregnancy and unnatural loss of pregnancy in e-Mamta portal. It was further stated that in case of illegal abortion and gender based female foeticide, necessary action would be taken.

#### 4.1.3.2 Genetic Counselling Centre

Section 3 of the PC&PNDT Act mandates that no Genetic Counselling Centre (GCC), Genetic Laboratory (GL) or Genetic Clinic (GC) unless registered under

<sup>18</sup> unique mother/child health Identification (ID) Number

this Act, shall conduct or associate with, or help in, conducting activities relating to pre-natal diagnostic techniques. As of March 2014, a total of 4,400 centres<sup>19</sup> had been registered under the PC&PNDT Act in the State. Audit observed that in Surendranagar district though registration of 18 clinics had been cancelled from March 2007 till March 2014, the machines/equipment of nine clinics were not sealed or seized by the Appropriate Authority till date (August 2014). This could lead to possible misuse of machines/equipment for sex determination.

The Joint Secretary (HFWD) in the exit conference (November 2014) assured that necessary action as per the provisions of the PC&PNDT Act would be taken.

#### Shortfall in Inspection of Clinics

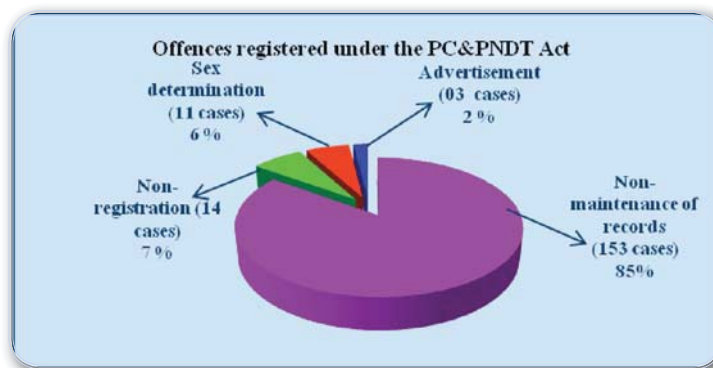
The State Government had appointed various district/sub-district level Appropriate Authorities (AA)<sup>20</sup> in all the 26 districts to oversee the strict implementation of the PC&PNDT Act. The SSB in its meeting (12 May 2007) issued directions that the district AAs should inspect every clinic once in six months. Details of actual inspection carried out by AAs in test-checked districts are shown in **Appendix-VIII**. The shortfall in inspection of clinics by district AAs ranged from 73 per cent (2013-14) to 90 per cent (2009-10). Thus, due to inadequate inspection of clinics, proper maintenance of records and compliance with other regulations by the clinics could not be ensured by district AAs.

The Chief District Health Officers attributed (September 2014) heavy work load as reasons for shortfall in inspection. The Joint Secretary (HFWD) in the exit conference (November 2014) stated AAs are being instructed to conduct inspection of the clinics.

#### Offences registered under the PC&PNDT Act

The PC&PNDT Act provides for punishment of imprisonment with fine for contravention of the Act. The details of offences registered since 2001 under the PC&PNDT Act in the State is shown in the below **Chart 1** and the offences registered in the test-checked districts are given in **Appendix-IX**.

**Chart 1**



(Source: Information provided by the Commissioner of Health)

19 102 – GCC, 200 – GL, 1,134 – GC, 1,203 – ultrasound clinic/imaging centre, 1,625 – joint clinics (sonography clinic with laboratory), 02 – mobile clinics and 134 – other bodies (fertility clinics, in-vitro fertilisation centre)

20 Chief District Health Officers (26), Collectors (26), District Development Officers (26), Taluka Health Officers (223), Prant Officer (112), Corporation Areas (Dy. Commissioner, Health Officer etc.) (38)

Audit observed that out of total 181 cases filed, only 49 cases had been finalised as of March 2014. Out of 49 cases finalised, only in six cases (12 *per cent*) the delinquents were convicted. In the test-checked districts, out of 104 cases filed, only 31 cases had been finalised as of March 2014 and in three cases conviction entailed. It showed that there was an inordinate delay in adjudication of these cases and the percentage of conviction was very low. The State Supervisory Board had also expressed (May 2011) concern about low percentage of conviction ratio and decided to discuss the issue with the Judges of the Hon'ble High Court for creating sensitivity on the issue of the PC&PNDT Act in the judiciary.

The Hon'ble Supreme Court also directed (March 2013) the State Government to finalise the cases filed under the PC&PNDT Act within six months. However, Audit observed that 132 cases were still pending (September 2014) though the pendency period of these cases ranged from one to 12 years.

The Joint Secretary (HFWD) in the exit conference (November 2014) stated that the State Government had assured to increase rate of conviction by meticulous paper work, evidence gathering and its proper submission, and strong pleading of the PC&PNDT cases.

- **Sting/Decoy operation**

The PC&PNDT Act empowers the Appropriate Authority (AA) to conduct search and seizure of records of any GC, Ultrasound Clinic, Imaging Centre or any other place providing facility of sonography. An effective way to find out if a GC, Ultrasound Clinic, Imaging Centre is practicing sex determination is to carry out a sting/decoy operation. The State Inspection and Monitoring Committee (SIMC) instructed (22 January 2013) all district AAs to conduct a sting operation in each month. Audit observed that till date (October 2014) only 14 successful sting operations (seven districts) were conducted in the State. The detail of number of unsuccessful sting operations conducted was not available at State level or at test-checked districts. As a result, Audit could not vouchsafe whether the district AAs had conducted the prescribed sting operations. This indicated lack of monitoring on the part of the district AAs which led to poor implementation of the PC&PNDT Act in the State.

The Commissioner of Health stated (November 2014) that successful sting operation was far less than the number of stings attempted due to various constraints faced during sting operations such as non-handling of audio-video evidence properly by witness, doubtful behavior of witness, non-availability of dedicated staff to undertake sting operation, witness turning hostile in the court, *etc.* It was further stated that due to confidentiality, the details of unsuccessful sting operations attempted were not documented. The Joint Secretary (HFWD) in the exit conference (November 2014) stated that execution of sting/decoy would be done with proper planning to ensure conviction.

- **Sale of machines/equipment**

As per the PC&PNDT Rules, 1996, no organisation or a person, including manufacturer, importer, dealer or supplier of ultrasound machines/imaging



machines or any other equipment, capable of detecting sex of foetus, shall sell, distribute, supply, rent, allow or authorise the use of any such machine or equipment, to any GCC, GL, GC, Ultrasound Clinic, Imaging Centre or any other body or person unless such Centre, Laboratory, Clinic, Body or person is registered under the Act. The provider of such machine/equipment to any person/body registered under the Act shall send to the State Appropriate Authority and to the Central Government, once in three months a list of persons to whom the machines/equipment have been provided.

Out of 33 manufacturers/suppliers/dealers who applied for registration in the State, only two manufacturers had submitted the list for the quarter ending March 2014. Audit observed that these existing manufacturers/suppliers/dealers were not furnishing the list regularly every quarter and no efforts were made by the State Appropriate Authority either to obtain the list on regular basis or to issue show cause notice for contravention of Rule provision. Audit also observed that though the district AAs booked 14 clinics for operating without registration, no action had been initiated against the corresponding manufacturers/suppliers/dealers who supplied the machines/equipment to these 14 clinics.

The Joint Secretary (HFWD) in exit conference (November 2014) stated that all registered manufacturers/suppliers/dealers would be instructed to submit quarterly report of the transactions carried out in the State and statutory actions would be initiated against any unlawful sale/transactions.

- **Reasons for non-compliance with the provisions of the Act**

Rule 9 of the PC&PNDT Rules, 1996 provides that every genetic clinic shall maintain a record in respect of each man or woman subjected to any pre-natal diagnostic procedure/technique/test in form 'F'. The Hon'ble High Court of Gujarat also directed (June 2011) that all form 'F' should be submitted online from June 2012. However, the State Government had developed the system from December 2012 onwards.

Audit observed that out of 3,397 registered clinics in the State required to submit form 'F' online, only 2,492 clinics (73 per cent) submitted the form online as of July 2014 and no punishment was imposed by the Department as per the provisions of the PC&PNDT Act for the default. Thus, remaining 905 clinics were not submitting their form 'F' online even after lapse of 19 months, thereby dishonouring the direction of the Hon'ble High Court. Further, GoI revised the format of form 'F' and issued instructions (February 2014) to submit the revised format to the State Government offline and in turn the State Government was to submit the same to GoI online. Audit observed (September 2014) that none of the registered clinics were submitting the revised form 'F' to the State Government and the State Government also failed to upload the same online. Thus, the State Government failed to monitor and track the number of pre-natal diagnostic tests carried out in the State.

The Joint Secretary (HFWD) in exit conference (November 2014) stated that notice would be issued by the District AAs for delay in submission of form 'F' and if the Medical Practitioner fails to submit a valid reason, appropriate legal actions such as suspension of the registration and filing a criminal complaint in the Court as per provisions of the PC&PNDT Act would be initiated.

### Prevention of the Prohibition of Child Marriage Act

In India, child marriage is defined as the marriage of males below the age of 21 years, and of females below 18 years. Child marriage denies a child the basic right to good health, nutrition and education. To prohibit child marriage, GoI promulgated (January 2007) the Prohibition of Child Marriage Act 2006 (PCM Act). The State Government framed (September 2008) the Prohibition of Child Marriage Rules (PCMR), 2008 under the PCM Act.

The figure of child marriage cases registered in the State during last four years was as shown in **Table 4** below-

**Table 4: Number of cases of child marriage registered in the State**

Particular	2010	2011	2012	2013
Number of child marriage registered in the State	14	13	14	12
Percentage to number of cases registered in India	23.30	11.50	8.28	5.41

(Source: Information provided by the State Crime Records Bureau)

As seen from the above table, the number of child marriage cases remained almost at the same level between 2010 and 2013. Apart from this, Audit observed that out of 659 complaints of child marriages received during 2009-14, court cases were filed in only 15 cases (two *per cent*) and not a single person was convicted in the State during review period. Further, as per information furnished by District Child Marriage Prohibition Officers (DCMPO) of test-checked districts, it was observed that the complaints received were either found fake or marriage was stopped by DCMPOs or police officials (**Appendix-X**).

As per provisions of the PCM Act, on receipt of application regarding conduct of child marriage or marriage about to be solemnised, the DCMPO shall report to Judicial Magistrate of the First Class or a Metropolitan Magistrate for issuing an injunction order. The Act also provides for punishment to the person who performs/conducts/directs/abets any child marriage. However, Audit observed that in cases of pre-marriage complaints received, though sufficient evidences like marriage cards, birth certificates, *etc*, had been collected by DCMPOs, sufficient follow-up action as required under the PCM Act had not been taken. Illustrative cases showing inaction on the part of DCMPOs/police officials is given in **Appendix-XI**. Audit observed that the District Social Defence Officers (DSDO) are also entrusted with the responsibility of implementation of the PCM Act in addition to their regular responsibility and out of 26 sanctioned posts, 17 posts of DSDO were vacant as on September 2014. This could adversely affect the strict implementation of the PCM Act. *We recommend filling up the vacant posts and ensuring regular return of contractor and effective implementation of the Act*

The ACS (SJED) in the exit conference (November 2014) stated that recruitment to vacant posts would be started after approval of recruitment Rules, which is under revision and agreed to take necessary action for effective implementation of the PCM Act.

Implementation of Integrated Child Protection Scheme and Juvenile Justice Care and Protection of Children Act

GoI introduced (April 2009) “Integrated Child Protection Scheme (ICPS)” a centrally sponsored scheme with the objective to contribute to the improvement in the well-being of children in difficult circumstances, as well as to reduce the vulnerabilities to situations and actions that lead to abuse, neglect, exploitation, abandonment and separation of children. The three<sup>21</sup> existing schemes of child protection were merged with the ICPS by the GoI. The State Government established Gujarat State Child Protection Society (GSCPS) and State Project Support Unit (SPSU) in September 2010, State Adoption Resource Agency (SARA) in October 2010 and District Child Protection Unit (DCPU) in each district between November 2011 and August 2012 for implementation and monitoring of the scheme in the State. GSCPS was the fundamental unit in the State responsible for ensuring effective implementation of the ICPS. The SPSU was responsible for updating State level information on the status of child protection institutions, management of State level child tracking system, etc. SARA was responsible for promoting in-country adoption and assisting in inter-country adoption. There are 19 Specialised Adoption Agencies (SAAs), 96 Children’s Homes and five Observation Homes registered under Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act) in the State (September 2014). Out of these, 49 Children’s Homes and one Observation Home were exclusively for girls (**Appendix-VI**). From the 49 Children’s Homes and one Observation Home for girls in the State, 19 Children’s Homes and the Observation Home were registered for receiving financial assistance under ICPS. In addition among the 19 SAAs in the State, nine were receiving financial assistance under ICPS.

Financial Assistance

The GoI and State Government provide funds for implementation of the scheme. GoI provides *cent per cent* share for State Project Support Unit. The funds for other structural components in the State is shared by GoI and State/NGOs<sup>22</sup> in the ratio of 75:25. For the regulatory bodies established under the JJ Act *i.e.* Juvenile Justice Boards, Child Welfare Committees and Special Juvenile Police Units; the funding for the scheme is done by GoI and State in the ratio of 35:65.

The GoI released funds to the State Government and the State Government through budgetary allocation released funds to the Director of Social Defence (DSD). The DSD in turn released funds to GSCPS, SAAs, Children’s Homes, etc. Details of Annual Plan approved by GoI, funds released by GoI and State Government, expenditure as per Utilisation Certificates (UCs) and unspent balance of GoI funds during last five years (2009-14) is as shown in **Table 5** as follows–

21 Scheme of Assistance to Homes for Children (Shisu Gruh) to promote in-country adoption, a programme for Juvenile Justice and Integrated Programme for Street Children  
 22 10 per cent NGO share for all NGO run SAA and Children’s Homes



Table 5: Details of funds released by GoI and State Government under ICPS

₹ in crore)

Year	Opening Balance of GoI funds as per grant release order	Annual Plan of ICPS approved by GoI		Funds released by GoI to State Government (Col. 3 - 2)	Total funds required to be released by State Government (Col. 2+4+5)	Total funds released by State Government	Expenditure as per UCs sent to GoI		Expenditure accepted by GoI as its share
		GoI Share	State Government share				Total expenditure <sup>23</sup>	GoI expenditure	
1	2	3	4	5	6	7	8	9	10
2009-10	--	02.69	01.44	02.69	04.13	04.80	08.71	02.69	02.69
2010-11	--	06.41	02.56	06.41	08.97	07.42	07.66	06.08	05.17
2011-12	01.24	05.99	01.81	04.75	07.80	11.84	06.99	05.18	04.69
2012-13	01.30	13.43	04.31	12.13	17.74	13.15	16.95	08.03	07.73
2013-14 <sup>24</sup>	05.70	15.50	04.96	09.80	20.46	15.98	17.05	10.04	10.04
<b>Total</b>				<b>35.78</b>	<b>59.10</b>	<b>53.19</b>	<b>57.36</b>	<b>32.02</b>	<b>30.32</b>

(Source: Information furnished by DSD and GSCPS)

As seen from the above table, the State Government had not released the adequate funds as approved by GoI during the years 2010-11 and 2012-14. On scrutiny of records, Audit observed that final instalment was not paid to many NGO-run Children's Homes as the audit of annual expenditure statement were yet to be conducted by the DSD. Further, GoI funds of ₹ 1.24 crore, ₹ 1.30 crore and ₹ 5.70 crore as of March 2011-13 respectively remained unutilised. Audit also observed shortfall in expenditure as against funds approved by GoI under the ICPS annual plan due to non-implementation of sponsorship programme in many districts, vacancy in DCPUs, less utilisation of Information, Education and Communication (IEC) funds, etc.

It was further observed that though there was difference between the expenditure furnished by GSCPS and expenditure considered by GoI, no efforts were made by the State Government to reconcile the differences which resulted in less receipt of central assistance of ₹ 1.70 crore (₹ 32.02 crore - ₹ 30.32 crore) during 2009-14.

The GSCPS agreed (October 2014) that the entire expenditure communicated by the State Government was not accepted by GoI.

#### Specialised Adoption Agency (SAA)

As per amended (2006) JJ Act, the State Government was required to identify one or more institution in each district as Specialised Adoption Agency (SAA) for the placement of orphaned, abandoned or surrendered children for adoption. However, Audit observed that the State Government had recognised only 19 institutions<sup>25</sup> in 14 districts as SAA. Thus, remaining 12 districts had no facility of SAA resulting in deprivation of protection and care to orphaned, abandoned or surrendered children in these districts.

The ACS (SJED) in the exit conference (November 2014) stated that the applications for establishment of SAAs in the remaining districts were invited (October 2013) by GSCPS, which would be finalised within a short period. This indicated that even after a lapse of one year since the invitation of applications, the SAAs were yet to be established.

23 This included State, GoI and NGO share

24 Details of actual expenditure accepted by GoI was not available. Therefore, GoI expenditure booked as per Utilisation Certificate sent to GoI is treated by Audit as accepted.

25 Eight run by Government and 11 by NGOs

Annexure 10: Implementation of Cradle Baby Reception Centre

ICPS guidelines provide that the DCPU shall nominate one Specialised Adoption Agency (SAA) in the district as the Cradle Baby Reception Centre with all basic facilities for infants, to rescue the abandoned children and look after them with due care and affection till he/she is given in adoption. However, not a single SAA was nominated as Cradle Baby Reception Centre in the State till date (September 2014). Guidelines of ICPS also provide that each SAA shall install one cradle at the doorstep to receive such babies. However, during joint field visit of test-checked SAAs, it was found that the cradle had been installed at the doorstep of only one SAA<sup>26</sup> (out of seven SAAs). As per crime records of the State, it was observed that out of 681 cases of abandoned children registered during 2009-14, 216 abandoned baby girls were found dead. Had the DCPUs nominated a SAA as Cradle Baby Reception Centre or had the cradle installed at doorstep of SAAs, some of these deaths could have been avoided.

The GSCPS stated (July 2014) that nomination of cradle baby reception centre was ongoing. It was further stated (October 2014) that telephonic instructions had been issued to all SAAs for installation of one cradle at their doorstep.

Annexure 11: In-country and inter-country adoption

A total of 2,295 children were admitted (2009-14) in 19 SAAs consisting of 1,440 girl children (63 per cent). The details of in-country and inter-country adoption cases reported during 2009-14 are shown in Table 6 below-

Table 6: Details of in-country and inter-country adoption of girls

Year	In-country adoption			Inter-country adoption		
	Total cases	Cases of girls	Percentage of girls	Total cases	Cases of girls	Percentage of girls
1	2	3	4	5	6	7
2009-10	179	91	51	09	05	56
2010-11	138	85	62	17	08	47
2011-12	150	79	53	14	08	57
2012-13	89	56	63	05	02	40
2013-14	121	58	48	11	07	64
<b>Total</b>	<b>677</b>	<b>369</b>	<b>55</b>	<b>56</b>	<b>30</b>	<b>54</b>

(Source: Information provided by the SARA)

The percentage of in-country and inter-country adoption was only 55 and 54 per cent respectively as against 63 per cent girls admitted in SAAs during 2009-14. The major observations in respect of adoption of girl child are discussed in succeeding paragraphs.

- ICPS guidelines provide that a child admitted in an SAA should be given for adoption within one year from the date of her admission to the SAA. During 2009-14, 24 girls, who were staying in the eight SAAs<sup>27</sup> for periods ranging

<sup>26</sup> Kathiavar Nirashrit Balashram, Rajkot

<sup>27</sup> Shishu Gruh, Palanpur – one girl, Shishu Gruh, Vadaj, Ahmedabad – one girl, Tapibai R. Gandhi, Bhavnagar – one girl, Missionary of Charity, Ahmedabad – one girl, Shishu Gruh, Vadodara – 10 girls, Mahipatram Roopram Ashram, Ahmedabad – eight cases, Shishu Gruh, Navsari – one girl and Shishu Gruh, Bharuch – one girl

from three months to six years, were transferred to Children's Homes on the attaining age of six years as their adoption procedure could not be completed. Audit observed that though there were prospective adoptive parents available (790 as of August 2014), these girls were deprived from adoption. The GSCPS attributed (October 2014) the reasons for non-adoption as non-selection of children by parents or non-matching of children with parents or non-declaration of children as legally free for adoption. Audit observed that delay in declaring girls as legally free for adoption could be a strong reason for their non-adoption as discussed in the next paragraph.

- As per guidelines governing the Adoption of Children, 2011 (June 2011), if the parents of an orphan or an abandoned child admitted in an SAA on temporary basis were not traceable, and in case of surrendered children, if the reclaiming period of sixty days was over, the SAA shall approach the Child Welfare Committee (CWC) for declaring the child legally free for adoption. Audit analysis of online information available (September 2014) revealed that adoption procedure for 43 girl children could not be finalised due to pendency in issuance of certificate by CWC for declaring the children legally free for adoption. It was observed that the delay ranged from one to 1,175 days in 43 cases<sup>28</sup>.

The ACS (SJED) in the exit conference (November 2014) stated that necessary action would be taken to avoid delay in issuance of 'legally free for adoption' certificate and completion of adoption procedure within the time frame would be ensured in future.

- Guidelines governing the Adoption of Children, 2011 provide for post adoption follow-up measures to be taken by SAA up to a period of two years and submit half yearly progress report to SARA in the first and second year for in-country adoption. However, Audit observed that half-yearly progress reports were not submitted by any of the SAAs to SARA in 2009-14. During joint field visit of four SAAs<sup>29</sup>, it was observed that no post adoption follow-up measures had been taken in respect of 53 girl children out of 90 children given for adoption during 2009-14. At one SAA<sup>30</sup>, it was observed that a girl child harassed by the adoptive parents was brought back by the SAA. Thus, post adoption follow-up measures are of utmost necessity to prevent exploitation of the adopted children. The Government stated (November 2014) that GSCPS has issued (November 2014) instructions to all SAAs to complete the follow-up action and submit the report to SARA.

#### Open Shelters

Open Shelters in urban and semi-urban areas cater to all children in need of care and protection, particularly beggars, street and working children, rag pickers,

<sup>28</sup> Seven cases – seven to 100 days, 12 cases – 101 to 200 days, 15 cases – 201 to 500 days and nine cases – 501 to 1,175 days

<sup>29</sup> District Probation and After Care Association, Vadaj, Ahmedabad – 10 girls out of 14 children, Nari Shakti Kendra, Panchmahal – 14 girls out of 25 children, State Home for women, Surendranagar – 12 girls out of 21 children and Vikas Vidhyalaya, Wadhwan, Surendranagar – 17 girls out of 30 children

<sup>30</sup> Shishu Gruh, Odhav, Ahmedabad

small vendors, run-away children, etc. The objective of provision of Open Shelters was to attract above mentioned children from their present vulnerable life situation to a safe environment<sup>31</sup> for temporary stay facility. Children requiring long term care are referred to the nearest Children's Home.

GoI merged the scheme of 'Integrated Programme for Street Children<sup>32</sup>' with ICPS under 'Open Shelters' and approved grants during 2009-11 for 10 existing centres working under the previous programme with the condition that the State Government would visit the Open Shelters before release of grants to these organisations. DSD inspected all the ten centres between January and March 2011 and found that none of them had adequate infrastructure as per requirements of norms of Open Shelter and hence their approval under ICPS were cancelled by DSD in June 2011 with effect from September 2010. Thus, children in need of care and protection in the State continued to live a vulnerable life and were deprived of the facility of safe environment in Open Shelters and further accommodation in Children's Homes for long term care.

The Government (SJED) stated (November 2014) that the Project Approval Board<sup>33</sup> (PAB) has approved (September 2014) the proposal for 10 new Open Shelters submitted (May 2014) by the GSCPS.

#### Guidelines for Children's Homes

The JJ Act, 2000 empowers the State Government either by itself or in collaboration with voluntary organisations (NGOs) to set up Children's Homes in every district or group of districts for the reception and residential care of all children in need of care and protection. Similarly, the JJ Act provides for establishment of Observation Homes for temporary reception of children in conflict with law during the pendency of any inquiry. Out of 96 Children's Homes and five Observation Homes in the State, 54 Homes<sup>34</sup> (49 Children's Homes and five Observation Homes) were approved for maintenance grant under ICPS. As of March 2014, a total of 2,315 children (1,080 girls and 1,235 boys) had been accommodated in these Homes.

- **Registered Children's Homes**

The JJ Act, 2000 provides that all Children's Homes shall be registered under the Act. The Hon'ble Supreme Court of India had also directed (February 2013) to register all Children's Homes under the Act. However, Audit observed that DSD initiated (June 2013) the procedure of registration of Children's Homes only after the direction of the Hon'ble Supreme Court.

Audit scrutiny in test-checked districts revealed that two Children's Homes<sup>35</sup> were running without obtaining registration under the JJ Act, and had not even applied for the same. Audit also observed that they kept boys and girls in same Children's Homes in violation of the JJ Act. In the absence of their registration, the well being of the children in the Children's Homes were not ensured by the DCPU as these unregistered Homes were not inspected or monitored by the DCPU.

31 Such centres shall provide a space for children where they can play, use their time productively and engage themselves in creative activities through music, dance, drama, yoga and medication, computers, indoor and outdoor games, etc.

32 These centers were providing only day care services

33 Board of GoI for approval of components and funds under ICPS

34 26 run by Government and 28 run by NGOs

35 Sahyog Children's Home, Sabarkantha accommodated 36 boys and 28 girls, and Navbharat Orphanage, Umargam, Valsad accommodated 18 boys and 10 girls



The ACS (SJED) in the exit conference (November 2014) agreed to take strict action against these Homes. However, it may be mentioned that these were only the illustrative cases noticed by Audit in test-checked districts. The possibility of more such Homes in the State cannot be ruled out.

- **Under-utilisation of capacity of Children's Homes**

As per provision of Rule 2 (e) (ii) of the Juvenile Justice Rules, 2011 (JJ Rules), 'child in need of care and protection' means the child whose parent(s) or guardian is unable to provide him/her, temporarily or otherwise, with basic needs including education and attention, because of the nature of their occupation and means of livelihood or of being affected by development work, enforcement of legislation, acquisition of resources such as land belonging to his family, etc. The details of actual capacity utilised against the sanctioned capacity for girl child in Children's Homes as on 31 March of each year (2009-10 to 2013-14) are given in **Table 7** below –

**Table 7: Details of actual capacity utilised against the sanctioned capacity**

Year	GO			NGO			Total		
	Number of Children's Homes for Girls	Capacity <sup>36</sup> (in numbers)	Number of Girls accommodated <sup>37</sup>	Number of Children's Homes for Girls	Capacity (in numbers)	Number of Girls accommodated	Capacity (in numbers)	Number of Girls accommodated	Percentage of utilisation
1	2	3	4	5	6	7	8	9	10
2009-10	11	655	238	27	2,525	1,528	3,180	1,766	56
2010-11	11	655	324	26	2,475	1,348	3,130	1,672	53
2011-12	11	655	217	25	2,550	1,212	3,205	1,429	45
2012-13	11	655	214	28	2,600	1,172	3,255	1,386	43
2013-14	11	655	239	38	2,912	1,573	3,567	1,812	51

(Source: Information provided by the GSCPS)

The above table shows that the overall percentage of utilisation of sanctioned capacity of Children's Homes for girls decreased to 43 *per cent* (2012-13) from 56 *per cent* (2009-10). Audit observed that PAB had expressed (August 2011 and 2012) concern for low utilisation of Children's Homes capacity and directed (August 2011) the State Government to rationalise the Homes in terms of capacity, manpower, category and requirement of Homes. However, no action was taken by the State Government in this regard till date (October 2014). Audit also observed that as discussed in paragraphs 2.1.6.1 and 2.1.6.2, had the State Government formulated SCPP and SPA besides preparing the DCP, more girl children in need of care and protection could have identified so as to utilise the capacity available with Children's Homes. Moreover, non-functioning of Open Shelters in the State also deprived the benefit of identifying the vulnerable children and their admission to Children's Homes for further long term care and protection.

The Government (SJED) stated (November 2014) that instructions have been issued (November 2014) to all Children's Homes to identify the children in need of care and protection by round-up activity so as to utilise full capacity of Children's Homes.

<sup>36</sup> In four cases capacity were not fixed and it was considered as 50 (as per norms fixed in ICPS) for one Children's Home unit

<sup>37</sup> One institution had not furnished the details of girl kept

• **Inadequate facilities in the Children's Homes**

As per Gujarat JJ Rules, 2011 the Superintendent of Children's Home shall provide sufficient infrastructural facilities to children accommodated in the Homes. During joint field visit of seven Children's Homes in four selected districts, it was observed that –

- (i) In Agriculture and Rural Developments Foundation (Girls), Valsad, the toilets were found dirty and compound wall in damaged condition. In Kathiavar Nirashrit Balashram, Rajkot and Mahipatram Roopram Ashram, Ahmedabad there was no facility of playground for children and in Vikas Gruh, Paldi, Ahmedabad no proper rain water drainage system was available as shown in **Picture 1**.



Picture 1 : Showing water logging in playground during rainy season at Vikas Gruh Paldi, Ahmedabad (02.09.2014)

- (ii) The JJ Act provides for supply of four pairs of clothes per girl annually. However, only one pair of clothes was annually provided at Children's Home, Odhav, Ahmedabad while two pairs were provided annually at Vikas Gruh, Paldi, Ahmedabad during review period (2009-14).
- (iii) ICPS guidelines provide for setting up of separate homes with specialised services for children with special needs. However, girls with special needs were found to be kept alongwith other girls in Children's Home, Odhav (seven girls) and Vikas Gruh, Paldi (one girl), Ahmedabad as of September 2014.
- (iv) Five girls escaped (April 2009 to September 2014) from Children's Home, Odhav, Ahmedabad and seven from Special Home for Girls, Rajkot, of which only five girls came back while the remaining seven girls are yet to be traced (October 2014). The matter was reported to the local police and is under investigation by the police.

Audit observed that in other than the cases brought out above, in majority of the test-checked Children's Homes sufficient infrastructure facilities were available.

The concerned Superintendent accepted the audit observations and agreed for taking remedial measures so as to improve infrastructure and provide clothes as per norms. The Superintendent of Children's Home, Odhav and Vikas Gruh, Paldi, Ahmedabad stated that efforts were being made to transfer girls with special needs to Special Need Centres. The Government stated (November 2014) that necessary instructions had been issued to the respective Children's Homes to ensure compliance to the provisions of the JJ Act. The ACS (SJED) in the exit conference (November 2014) stated that establishment of separate Special Need Children's Home for girls with special needs was under consideration.

- **Integration of children of various age group**

The JJ Act, 2000 and Gujarat JJ Rules, 2011 require separate Children's Homes for the age group of 7-11 and 12-18 years. However, during joint field visit of seven Children's Homes, it was observed that all girls were accommodated in a single home instead of being accommodated in separate homes based on age groups. Further, during joint field visit of Special Home for Girls, Rajkot, it was observed that the girls of all age groups were being kept in a single dormitory though an additional dormitory with requisite facilities was available (**Picture 2** and **Picture 3**). An incidence of sexual abuse of a girl by another girl was also reported (June 2014) in Special Home for Girls, Rajkot. The matter was investigated by CWC and the abusive girl was ordered to be relieved from Special Home and sent back to her single parent (June 2014).



Picture 2 : Showing girls accommodated in single dormitory at Special Home for Girls, Rajkot (16.09.2014)



Picture 3 : Showing another dormitory not being utilised at Special Home for Girls, Rajkot (16.09.2014)

The Superintendents of all test-checked homes attributed (September 2014) shortage of staff as the reason for accommodating girls of all age groups at one place. Audit is of the view that the possibility of abuse of junior girls by senior girls could not be ruled out due to accommodating all girls in single homes.

**Identification of non-institutional care**

- **Sponsorship programme**

Many children are at risk of abandonment, exploitation, neglect and destitution because of poor socio-economic conditions of their families. Poor families often place their children into institutional care as a poverty coping measures. ICPS guidelines introduced (July 2011) sponsorship programme with the aim to restore the children staying in Children's Homes with his/her families. Children's Homes shall identify such children as may benefit from being restored to their families based on the assessment of the families' capacity to take care of the children and recommend to DCPU for rehabilitation through the sponsorship fund. The children were eligible<sup>38</sup> for financial assistance at the rate of ₹ 1,000 per month to meet the educational, medical and other needs.

The sponsorship programme was taken up in two districts<sup>39</sup> on pilot basis in 2011-12 which was extended in May 2012 to all districts of the State.

<sup>38</sup> Children of age group of zero to 18 years, staying in Children's Home for more than six months and family income should not be more than ₹ 24, 000 per year

<sup>39</sup> Rajkot and Vadodara

Accordingly GSCPS issued (June 2012) instructions to all DCPUs to identify the children eligible for the sponsorship programme. Under the programme, financial assistance was provided to nine girls (2011-12) covering two districts, 19 girls (2012-13) covering five districts and 49 girls (2013-14) covering nine districts. However, benefit of programme was not provided in remaining 17 districts in the State as the DCPUs had not identified the beneficiaries.

The ACS (SJED) in the exit conference (November 2014) agreed to identify the beneficiaries in the remaining districts and provide them the benefit under the scheme.

Audit further observed that -

- (i) At DCPU Rajkot, financial assistance was provided to 87 children (including 32 girls) under the programme upto 2013-14. GSCPS observed (September 2014) that 43 children were approved by DCPU, Rajkot without proper scrutiny *i.e.* without obtaining income certificate of parents, incomplete case history and home study reports, *etc.* The DCPU subsequently cancelled these cases sighting different reasons like discontinuance of education, higher income of parents, being resident of another district, *etc.* Thus, failure on the part of DCPU to conduct proper scrutiny of application for sponsorship and eligibility criteria resulted in irregular payment of assistance to ineligible beneficiaries.

The Government (SJED) agreed (November 2014) to the fact that DCPU had recommended the cases without proper documentation and scrutiny.

- (ii) DCPU Ahmedabad had identified 85 children (including 79 girl children) in June 2012 for providing financial assistance under sponsorship programme. However, till date (October 2014) the assistance had not been paid to these beneficiaries. The DCPU, Ahmedabad stated (October 2014) that the assistance was not paid due to pending scrutiny of cases like annual income of family, home study by DCPU, *etc.* However, the children were identified in June 2012 but their cases were not approved till October 2014 *i.e.* even after lapse of more than two years. No explanation of such procedural delays could be justified, which defeats the purpose of these kinds of assistance.

#### After-care programme

The JJ Act provides for an after-care programme for children without family or other support, after leaving institutional care on attaining 18 years of age. The objective of this programme was to enable such children to adapt to the society and to encourage them to move away from an institutional based life. DCPU was responsible for identifying suitable voluntary organisations that shall formulate after-care programme for these children, for a period of three years in accordance with the provision laid down under the Act. DCPU was also responsible for arranging after-care programme such as community group housing on a temporary basis for groups of 6-8 young persons, encouraging learning a vocation or gaining employment, encouraging to gradually



sustaining themselves without financial support, *etc.* Financial assistance of ₹ 2,000 was payable to each child *per* month for three years under ICPS.

Audit observed that the State Government had identified (July 2004) 13 Women's Institutions as after-care centres. However, till date (September 2014) no girl children had been admitted in the centres. Audit also observed that the State Government had not raised demand for funds from the PAB. Thus, the children in the State who were being kept under institutional care up to 18 years could not be provided after-care facility and would face difficulty in adapting to the challenges in the society in coming times.

The ACS (SJED) in the exit conference (November 2014) agreed and stated that action had been initiated to provide benefit of after-care programme to needy girl children.

#### Identification of Glac in te or i in children

GoI planned to develop a nationwide website for tracking missing children for their ultimate repatriation and rehabilitation. The Central Project Support Unit under ICPS had established (June 2012) the online Child Tracking System. The data in respect of all children produced before the Juvenile Justice Board (JJB) or CWC was required to be entered in the system within 24 hours by the JJB or CWC.

Audit observed that the data in respect of children produced before the JJB or CWC had not been uploaded in the system (September 2014). Instructions for regular up-dation in the system had been issued by GSCPS only twice (June 2012 and September 2014) till date.

The information provided by State Crime Record Bureau (SCRB) revealed an increasing trend in cases of kidnapping and abduction of girls during 2009-14. The cases of kidnapping and abduction of girls increased from 430 (2009) to 1,183 (2014). Regular up-dation of data by JJB and CWC could have helped the police Department to link the children who were missing due to kidnapping and abduction, *etc.* and provide rehabilitation to children subsequently produced before the JJB or CWC. Thus, regular data entry in the Child Tracking System is of utmost importance and would help in rehabilitation of children.

National Commission for Protection of Child Rights (NCPCR) highlighted (October 2013) for close monitoring of the number of children going missing and children traced and continued follow-up to bridge the gap between the two. NCPCR further recommended that the SCPCR should take the initiative to form "State Level Task Force for Missing Children". Audit observed (August 2014) that no such Task Force had been constituted in the State.

The ACS (SJED) in the exit conference (November 2014) agreed to take necessary action for constitution of the Task Force for prevention of cases of kidnapping and abduction of children in the State.

are not paid under ICPS

Funds under ICPS were also provided to SPSU and GSCPS for activities such as training, capacity building, IEC and advocacy, monitoring and evaluation. Further, UNICEF was also providing financial assistance as well as awareness campaign materials for such activities to GSCPS. Audit observed that as against ₹ 90 lakh provided for these activities under ICPS, only ₹ 19.79 lakh (22 per cent) had been utilised during 2011-14. This indicated that the awareness campaigns were not being carried out in the State which could have adversely affected the implementation of ICPS. Audit also observed (September 2014) at GSCPS that campaign materials purchased for the scheme were lying unutilised since last eight to ten months (Picture 4 and 5).



Picture 4 and 5: Awareness campaign materials lying unutilised at GSCPS, Gandhinagar as of 20 September 2014

The Government (SJED) stated (November 2014) that the materials are being dispatched to the districts. The ACS (SJED) in the exit conference (November 2014) stated that instructions have been issued to GSCPS to utilise the available funds for awareness campaign.

Financial Assistance and Support Service to the Victims of Rape

The Hon'ble Supreme Court of India directed (1994) to evolve a scheme so as to wipe out the tears of the unfortunate victims of rape. Accordingly, GoI formulated (September 2010) a scheme "Financial Assistance and Support Services to the victims of Rape". The scheme envisages financial assistance up to ₹ 2 lakh<sup>40</sup> to the victims of rape and setting up of Criminal Injuries Relief and Rehabilitation Boards at the District, State and National levels. The State Government implemented the scheme from January 2012 and constituted State and District level Criminal Injuries Relief and Rehabilitation Boards.

rend of incidence of rape in the State

The details of number of girl-child victims of rape cases against the total number of cases registered in the State during last five years are shown in Table 8 as follows –

40 Additional assistance of ₹ one lakh can be provided for vulnerabilities and special needs of affected women

**Table 8: Details of girl child victims of rape cases against total cases registered in the State**

Year	Number of victims of rape cases in different age groups			Total girl child victims	Total victims in the State	Percentage of girl child victims
	Below 10 years	Between 11-14 years	Between 15-18 years			
1	2	3	4	5	6	7
2009	15	27	50	92	433	21.25
2010	22	28	53	103	408	25.25
2011	16	45	69	130	439	29.61
2012	24	37	89	150	472	31.78
2013	35	66	164	265	733	36.15
<b>Total</b>	<b>112</b>	<b>203</b>	<b>425</b>	<b>740</b>	<b>2,485</b>	<b>29.78</b>

(Source: Information provided by the State Crime Records Bureau)

The above table shows an increasing trend in number of girl-child victims. The Inspector General of Police (CID Crime), Gandhinagar attributed the increase to more viewing of television, mobile, internet, pornography, vulgar posters, love affairs, immaturity of minor girls, *etc.* It was further stated that a 'women helpline 1091' has been established in the State for protection of women and '181 Abhayam Women Helpline' has been established in three<sup>41</sup> districts for quick response to help women.

#### 2.1.10.2 Delay/Non-disbursement of financial assistance

As per scheme guideline, the District Criminal Injuries Relief and Rehabilitation Boards had to pay to the victim of rape an interim assistance of ₹ 20,000 within three weeks from the date of receipt of the application, restorative support service of ₹ 50,000 as per need of victim for shelter, counseling, medical aid, legal assistance, education, vocational training, *etc.* and final assistance of ₹ 1.30 lakh within a period of one month from the date on which the affected woman gives her evidence in the criminal trial or within one year from the date of receipt of the application in cases where the recording of evidence has been unduly delayed for reasons beyond her control, whichever is earlier. Scrutiny of records revealed that financial assistance was not released in time and in some cases, assistance was not released at all. Year-wise details of number of cases where financial assistance was provided to the victims are shown in **Table 9** below –

**Table 9: Details of financial assistance provided to the victims of rape**

Year	Interim financial assistance		Support services assistance		Final assistance		Funds provided by State Government (₹ in lakh)	Funds utilised (₹ in lakh)
	Number of victims	Amount disbursed (₹ in lakh)	Number of victims	Amount disbursed (₹ in lakh)	Number of victims	Amount disbursed (₹ in lakh)		
1	2	3	4	5	6	7	8	9
2012-13 <sup>42</sup>	14	02.80	04	2.00	03	07.60	100.00	12.40
2013-14	284	56.80	03	1.50	07	07.30	100.00	65.60
<b>Total</b>	<b>298</b>	<b>59.60</b>	<b>07</b>	<b>3.50</b>	<b>10</b>	<b>14.90</b>	<b>200.00</b>	<b>78.00</b>

(Source: Information provided by the DSD)

41 Ahmedabad, Gandhinagar and Surat

42 In one case occurred during 2009, final financial assistance of ₹ 5.00 lakh was provided as directed by the court

Audit observed that against 1,205 (472 in 2012 and 733 in 2013) rape cases registered (**Table 8**), the benefit of financial assistance was provided to only 298 victims as of March 2014. Less number of victims provided with financial assistance during the year 2012-13 was attributed to various administrative reasons, such as delay in appointment of non-Government members in the District Boards, lack of meetings of District Boards and delay in opening of bank accounts of District Boards, etc.

On scrutiny of records of District Social Defence Officer (DSDO) in test-checked districts, Audit observed that since the introduction (January 2012) of the scheme, out of 136 applications received as of March 2014, the interim assistance was not released in 36 cases. In 81 cases, the interim assistance was released with delays ranging between one and 15 months. In Mehsana, Audit observed that final assistance was not released in four rape cases<sup>43</sup>, as it was pending for approval of the State Board. In all these four cases, the District Board had accorded (January 2014) approval for payment of final assistance. On scrutiny of records of DSD, Audit observed that these cases were pending with State Board for want of supporting documents from DSDOs.

The DSDOs attributed the non-release/delay in release of assistance to various administrative reasons such as incomplete information, lack of proof, non-receipt of FIR or Medical Report in time from Police Station, etc. The Deputy Secretary (WCDD) in the exit conference (November 2014) stated that necessary instructions would be issued to the State and District Board for providing financial assistance to the victims of rape.

**Implementation of other schemes**

**Dikari Yojana**

The State Government introduced (December 1987) 'Dikari Yojana', a special incentive scheme for couples without a male-child but with one or two daughters who have undergone sterilisation operation. The couples where the wife was 35 years or below were eligible to receive six-year National Saving Certificate of ₹ 6,000 if they had one daughter and ₹ 5,000 if they had two daughters. The details of number of beneficiaries and financial assistance paid under the scheme during 2009-14 is shown in **Table 10** below-

**Table 10: Details of number of beneficiaries and financial assistance paid under the scheme**

(₹ in lakh)

Year	Number of beneficiaries with one girl child	Financial assistance paid	Number of beneficiaries with two girl child	Financial assistance paid	Total number of beneficiaries	Total financial assistance paid
1	2	3	4	5	6	7
2009-10	235	14.10	2,047	102.35	2,282	116.45
2010-11	165	9.90	1,838	91.90	2,003	101.80
2011-12	158	9.48	1,853	92.65	2,011	102.13
2012-13	236	14.16	1,704	85.20	1,940	99.36
2013-14	131	7.86	1,685	84.25	1,816	92.11

(Source: Information provided by the Commissioner of Health)

43 Three occurred between February and December 2012; and one occurred in March 2013



The above table shows that the number of beneficiaries declined to 1,816 (2013-14) from 2,282 (2009-10). Audit observed that the Department in an assessment (June 2014) felt the need of revising the rates to attract more beneficiaries. However, the rates have not been revised since last 27 years which could be a reason for decline in number of beneficiaries under the scheme, since the meagre monetary allurements might have failed to draw adequate response.

Joint Secretary (HFWD) in the exit conference (November 2014) stated that the proposal for increasing the rate of incentive under the scheme was already under consideration keeping in view the rate of inflation.

#### પાલક માતા-પિતા યોજના

The State Government launched<sup>44</sup> (2009) ‘Palak Mata-Pita Yojana’ with the aim to provide foster care and assistance at the rate of ₹ 1,000 *per month per child* upto the age of 12 years (can be extended upto 14 years or 18 years in special cases). During 2009-14, an expenditure of ₹ 66.78 lakh<sup>45</sup> was made under the Palak Mata-Pita scheme. Audit observed that the benefits under the scheme were provided to children of 17 districts only and thus, deprived the benefit of the scheme to the children of remaining nine districts of the State.

On scrutiny of records at test-checked districts, Audit observed that -

- (i) financial assistance were provided on quarterly basis instead of monthly.
- (ii) In Ahmedabad district, payment of financial assistance to 15 girls was delayed for a period ranging from two months to two years.
- (iii) By conducting (2012-13) a survey, DCPUs, Panchmahal and Valsad had identified 87 and 109 orphaned girl children respectively for providing financial assistance under the scheme. However, till date (September 2014) no assistance was paid to the identified beneficiaries.

Thus, the outreach of the programme was very low and it proved ineffective.

The ACS (SJED) in the exit conference (November 2014) agreed to identify the beneficiaries and provide benefit of the scheme.

#### સરસ્વતી સાધના યોજના

State Government formulated (May 1999) Saraswati Sadhana Yojana to provide assistance in the form of a bicycle to the girls of BPL families of ST/SC/Developing Castes studying in Standard VIII (upto 2012-13) and Standard IX (from 2013-14), so as to encourage the girls to go to school and thereby to decrease the drop-out rate. During 2010-14, around 3.10 lakh girl students<sup>46</sup> were provided bicycle under the scheme. Audit observed that the implementation of the scheme was found appreciable and bicycles were provided, which would act as an impetus for retention of girl children in school by providing them with transportation.

44 The scheme was implemented for six major cities from 1999 which was extended to 17 talukas of Kachchh district affected by earthquake from 2001 and further extended to all districts from 2009 onwards

45 2009-10 - ₹ 1.81 lakh to 21 children (10 girls), 2010-11 - ₹ 4.47 lakh to 79 children (39 girls), 2011-12 - ₹ 11.10 lakh to 89 children (36 girls), 2012-13 - ₹ 15.86 lakh to 164 children (52 girls) and 2013-14 - ₹ 33.54 lakh to 288 children (93 girls)

46 2010-11 - 58,990 beneficiaries, 2011-12 - 55,997 beneficiaries, 2012-13 - 61,000 beneficiaries, 2013-14 - 1,34,169 beneficiaries.

### Monitoring and Evaluation

#### Monitoring and Evaluation of the State Government under the PC&PNDT Act

As per the provisions of the Act, the State Supervisory Board (SSB) was required to meet at least once in four months. However, Audit observed that the required number of meetings of SSB were not held during the review period. Only two meetings were held against the requirement of 15 meetings during 2009-14. Thus, the activities of various authorities involved in the implementation of the Act were not being reviewed at State level from time to time as envisaged in the Act. The Hon'ble Supreme Court had also directed (September 2014) that meeting of SSB in all States should be conducted as per provisions of the PC&PNDT Act.

The Joint Secretary (HFWD) in the exit conference (November 2014) stated that now onwards the meetings would be held regularly.

#### Monitoring and Evaluation of the District Level under the PC&PNDT Act

As per PCM Rules, the DCMPOs shall submit monthly progress report and quarterly statement to the DSD in the Form III and IV (showing details of numbers of complaints received, investigation done by DCMPO, cases reported to Court, awareness campaign carried out, etc.).

Audit observed in test-checked districts that monthly/quarterly reports were not being submitted regularly to DSD by DCMPOs. Further, DSD had not maintained any register to monitor the receipt of reports from district level. The DSD stated (September 2014) that information would be collected from all DCMPOs in the Form III and IV and Audit would be intimated accordingly. Absence of complete information with DSD indicates that the required monitoring and supervision by State level authorities were not being done, which are of utmost necessity for successful implementation of the Act.

#### Monitoring and Evaluation of the Selection Committee

As per provisions of the JJ Act, 2000 and JJ Rules, 2011, State Government was required to constitute a Selection Committee<sup>47</sup> for a period of five years to select and recommend a panel of names to the State Government for appointment as members of Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) at the district level. The JJ Rules provides that the CWCs and JJBs should be reconstituted on expiry of its tenure of three years and no member was to be appointed for more than two terms. The PAB in its meeting (30 August 2012) directed the State Government to expedite the process of constitution of Selection Committee.

Audit observed that the State Government had not constituted the Selection Committee till date (October 2014). The CWCs and JJBs constituted between 2007 and 2009 were not reconstituted, though the tenure of three years had expired between 2010 and 2012.

---

<sup>47</sup> under the Chairmanship of a retired Judge of the Hon'ble High Court

Audit further observed that-

- In test-checked districts, out of five members appointed in CWCs, only two or three members used to attend the meetings.
- Required number of meetings of CWCs was not held in test-checked districts.
- CWCs did not maintain individual case files of children produced before them.
- There was a shortfall (58 per cent) in number of meetings of JJB in test-checked districts against the prescribed norm, which led to increase in number of cases pending with JJB (621 girls cases out of 12,168 as of March 2014).

The ACS (SJED) in the exit conference (November 2014) stated that the matter of constitution of Selection Committee and reconstitution of CWCs and JJBs was under consideration of State Government and agreed to expedite the matter.

#### Conclusion and Recommendation

The Performance Audit on the 'Protection and Welfare of Girl Child' revealed that bicycles were provided to 3.10 lakh girl children studying in secondary education belonging to SC/ST/Developing Caste and sufficient infrastructural facilities were available in majority of the test-checked Children's Homes. However, there are some areas of concern relating to implementation of various Acts/schemes/programmes for protection and welfare of girl child, which are highlighted below :-

- Gujarat State Child Protection Society had not formulated the State Child Protection Policy and State Plan of Action as envisaged in National Plan of Action for Children, 2005.  
*The Government should issue instructions to CWCs for formation of the State Child Protection Policy and State Plan of Action in consultation with other departmental and State and non-governmental organizations in accordance with the National Plan of Action for Children.*
- The Health and Family Welfare Department had not ascertained the reasons for the difference between the antenatal and delivery cases registered in e-Mamta portal.  
*The Government should adopt a methodology to ensure proper tracking of antenatal and delivery cases through e-Mamta portal and issue instructions to district authorities to monitor the reasons for antenatal and delivery cases to prevent inter-abortion.*
- There was increasing concern about low percentage of conviction rates in cases registered under the PC&PNDT Act. There was shortfall in conducting sting operations and inspection of clinics by district Appropriate Authorities under the PC&PNDT Act.

The Department may take action to ensure that in the remaining districts and no later than one year in each district a Cradle Reception Centre to rescue the abandoned children.

- Audit observed that out of 659 complaints of child marriages received during 2009-14, court cases were filed only in 15 cases and not a single person was convicted in the State. There were vacancies in the post of District Social Defence Officer-cum-Child Marriage Prohibition Officer in 17 districts which may have adversely affected the implementation of the PCM Act.
- In the State, SAA were not established in 12 out of 26 districts (before the creation of seven new districts) and not a single SAA was nominated as Cradle Baby Reception Centre for rescuing the abandoned children.

The Department may take action to ensure that in the remaining districts and no later than one year in each district a Cradle Reception Centre to rescue the abandoned children.

- Audit observed that two Children's Homes were running without registration in test-checked districts. Though provided in Juvenile Justice Rules, no separate Children's Homes were established for age group of 7-11 and 12-18 years. During joint field visits of two Children's Homes, Audit observed accommodating girls with special needs along with other girls, etc.

The Department may take suitable measures to ensure that all Children's Homes are registered and the homes should accommodate the children based on age group and separate Children's Homes for children with special needs.

- The benefit of sponsorship programme was not provided to 17 districts in the State due to non-identification of beneficiaries by DCPUs. Girl children in the State who were being kept under institutional care up to 18 years were not provided benefit of After-care programme.

The Department may provide benefit of After-care programme to all orphan children coming out of Children's Homes to adapt to the changes in the society and become self-sufficient.

- Increasing trend of kidnapping and abduction of girls were noticed in the State. Out of 1,205 rape cases registered during 2012 and 2013, the benefit of financial assistance could be provided to only 298 victims (March 2014) due to procedural delays.

To provide timely relief and rehabilitation to victims, the Department may ensure that a district board or a parent or guardian assistance as per the prescribed in the guideline.