

MINUTES OF THE 17TH MEETING OF THE CENTRAL SUPERVISORY BOARD (CSB) HELD ON 04.06.2011 IN COMMITTEE ROOM A, VIGYAN BHAWAN, NEW DELHI

The 17th Meeting of the Central Supervisory Board (CSB), constituted under the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994, was held on 04.06.2011, under the Chairmanship of Hon'ble Union Minister of Health & Family Welfare.

2. List of participants is at Annexure A.
3. Welcoming the participants, Secretary (H FW) informed that the objective of the PC & PNDT Act across the country in the wake of continuing fall in child sex ratio as per Census 2011 (provisional). Outlining the agenda of the meeting, he suggested the development of a strategy for actionable outcomes to save the girl child, including appropriate amendments to the PC & PNDT Act, monitoring the effective implementation of the law and drawing up a multi-sectoral roadmap to address the problem of illegal sex determination as well as gender discrimination.
4. HFM in his opening address observed that the provisional data from the latest 2011 Census shows that Child Sex Ratio has dipped further to an all time low across the country. Expressing serious concern that skewed sex ratios were no longer a problem limited only to the north and western states of Punjab, Haryana, Delhi, Gujarat and Himachal Pradesh, he stated that sex selection is now being seen in rural as well as tribal areas and in districts that had not registered a declining trend in 2001. He emphasized that in view of the recent census figures, the Central Government, State Governments and all stakeholders must come together and make earnest efforts to arrest the unfortunate trend. He exhorted the professional organizations to evolve and enforce a code of conduct for medical fraternity so that medical technology and techniques are not abused for sex selection or sex selective abortions.
5. MOS (WCD) stated that the continuous decline in child sex ratio places an onus on all concerned to harness available resources to arrest this decline. Stressing the need for a strict enforcement of the PC & PNDT Act, she mooted a nation-wide campaign to close all unregistered clinics. The minister also called for stringent action against violators of the law on the lines of action taken in Hyderabad and Fatehgarh Sahib districts in Andhra Pradesh and Punjab respectively. She emphasized the role of advocacy for women's empowerment and the drawing up of a concerted plan of action for awareness generation activities.

6. A presentation was made by JS (RCH) regarding key findings of Census 2011 and the Lancet study relating to the declining sex ratio in most States/UTs.

7. Responding to the scenario presented by the Census 2011, Ms. Brinda Karat, Hon'ble Member of Parliament, observed that sex ratio imbalance as a long standing problem has plagued the Indian society. She laid emphasis on a two pronged strategy to check gender biased sex selection through regulating ultrasound clinics/facilities indulging in illegal sex determination and reinforcing the idea of gender equality through education, advocacy and empowerment of women. She added that greater vigilance is required to track media advertisements on sex selection and urged the ministry to engage with the state governments to ensure follow-up on Act violations.

8. Ms. Mabel Rebello, Hon. Member of Parliament, suggested that the Central/State governments should popularize incentive schemes providing economic benefits that could accrue to families having a girl child, similar to the Cradle scheme and other incentive schemes in Tamil Nadu towards enhancing the value of girls. It was also suggested that stringent action be taken against doctors indulging in misuse of ultrasound technology for sex determination.

9. The Board reviewed the progress made by individual states in implementation of the PC & PNDT Act including efforts made to arrest the decline in child sex ratio. This was followed by an extensive discussion briefly summarized as under:

(i) Secretary (H&FW), Delhi informed that medical audit of form F was initiated but the exercise could not be completed in time due to various issues. He assured the CSB that the medical audit would be restarted and report will be submitted within 2 months. Birth data from hospitals will also be provided as a part of this report.

HFM expressed dissatisfaction on the implementation of the Act by the Delhi Government and erroneous registration of machines "on call" and pointed out that on-call ultrasound machines mostly in the mobile category were examples of misuse of technology by unscrupulous elements which warrant large scale investigations followed by sound prosecution in a court of law. A separate meeting would be convened for Delhi, to review the status of implementation of the Act.

(ii) Shri Ram Niwas, Health Secretary, Chandigarh Administration stated that UT of Chandigarh had a 91.75% rate of institutional deliveries and an audit of pregnancies was undertaken by involving ANMs. The results of the audit indicate that out of a total of 5120 cases of pregnant women that approached ultrasound centres, follow-up on the information from their F-forms has revealed a total of 2224 cases of delivery and 75 cases of abortion. In 622 cases, the addresses of the

women given were found to be incorrect. The state has addressed this aspect through retaining a photograph of the pregnant woman along with any other admissible photo identity card like voter ID card for every pregnant woman undergoing ultrasound procedures.

- (iii) Shri Satish Chandra, Health Secretary, Punjab informed that in Punjab, 1317 ultrasound centers have been registered and 23 convictions have been secured for violations under the Act. He added that 25 mobile clinics have been registered in the state and the administration is examining appropriate restrictions to rein in their misuse. He listed out the various steps being undertaken including Mother and Child Tracking, inspection of all ultrasound/imaging machines on a quarterly basis, sensitization of judiciary, involvement of religious leaders including the Akal Takht call for action to save the Girl Child, awards to panchayats for specific initiatives to save the girl child, incentive schemes etc. He stated that CMHOs have been directed to verify the schedules of radiologists to limit registration of doctors at multiple ultrasound facilities.

DGHS Punjab while elaborating on the issue of radiologists registered at multiple clinics informed that collection of credible evidence was very crucial for follow up of cases filed in the court.

- (iv) DGHS Haryana informed that village-wise mapping of child sex ratio has been initiated in the low CSR districts of Jhajjar, Rewari, Mahendragarh and sex ratio at birth is being collected on a monthly basis. Analysis of PNDT records of different districts, including stand alone ultrasound centers has also been taken up on a priority basis.
- (v) Health Secretary, J&K informed that the state is seized of the problem of the worst decline of child sex ratio of 82 points since 2001 and was committed to contain the proliferation of ultrasound machines and their misuse for illegal sex determination. He elucidated the proactive steps undertaken including clamp down on 50 ultrasound clinics in Kashmir Division and 24 in Jammu Division, a review of the situation at the level of Chief Minister, institution of award of Rs.25, 000/- for whistleblowers and involvement of religious leaders such as the Imams to spread the message through mosques. In addition, an innovative project using Java based mobile phone technology has also been drawn up to track the fate of pregnancies.
- (vi) Dr. Jignesh Thakker, IRIA informed that a technological innovation, the 'Silent Observer' has been installed in ultrasound machines under the directions of Kolhapur administration to capture images in real time of all ultrasound procedures carried out in clinics/ facilities. These images are linked to a private website maintained by private parties which is not appropriate.

- (vii) Dr. Sanjay Anant Gupte, FOGSI stated that cases of doctors registered for providing services at multiple ultrasound clinics was a major factor for unlawful sex determination practices. Silent observer and on-line data filing are important for monitoring and to check the under reporting of ultrasound procedures by clinics. However, he suggested that the information contained in the F-Forms needs to be rationalized.
- (viii) Ms. Brinda Karat reiterated that the monitoring of F-forms is an effective tool to curb malpractice and the existing provision of maintaining F-Forms will need to continue in its present form. In addition, on-line form-F software can be a useful tool for improved monitoring and timely analysis of F-forms will lead to effective enforcement of the Act. She also suggested that District magistrates should be made the District Appropriate Authorities, and this should apply uniformly to all States/UT's ,as already recommended earlier by the CSB.
- (ix) Dr. Neelam Singh from Vatsalya stated that monitoring of F-Forms, in any form, whether on-line or hard copy is necessary. She also elaborated on the need to regulate private institutions undertaking short-cut training in ultrasound procedures to doctors and set up a system of accreditation, to limit misuse by stand alone clinics.
- (x) Dr. R. N. Tandon of Indian Medical Association raised the issue of monitoring the activities of ultrasound machine manufactures, given that older models of ultrasound are being replaced by the industry and no database exists on the fate of such old machines.

10. The Agenda items were then taken up for discussion as under:

- (i) **Agenda Item No. I :- Confirmation of the Minutes of the 16th meeting of the Central Supervisory Board held on 12.12.2007**

The minutes of the 16th meeting of the Central Supervisory Board were confirmed subject to following observations made by Ms. Brinda Karat:

- i. Follow-up action on the BBC sting operation in Noida and Delhi needs to be ascertained.
- ii. Cognizance to be taken of the advertisement for sex determination kits appearing in the Hindi daily, Dainik Jagran.
- iii. Matter to be taken up with Ministry of Information and Technology for strict action on blocking gender testing web-sites on Google and other search engines.

(ii) **Agenda Item No. II:- Action Taken Report on the decisions taken/recommendations made in the 16th meeting of the Central Supervisory Board held on 12.12.2007.**

Action Taken on various decisions/recommendations of the 16th meeting was noted.

(iii) **Agenda Item No. III: - A review of the status of implementation of PC & PNDT Act in states and future strategies.**

JS (RCH) briefly outlined the various initiatives undertaken for effective implementation of the Act as under:

- As per the Quarterly Progress Reports received from States/UTs, for the quarter ending March 2011, a total of 4132 cases have been registered, 379 cases were filed in the court and a total of 55 convictions were secured under the Act. 17 states with the most skewed child sex ratio identified for concerted attention.
- A meeting of Health Secretaries of key focus States was convened on 20th April 2011, to review their implementation status on PC & PNDT Act.
- States asked during appraisal of the annual Program Implementation Plans (PIPs) to take advantage of funding available under NRHM to strengthen infrastructure and augment HR required for effective implementation of the PC&PNDT Act.
- Operational guidelines for PNDT-NGO Grant in Aid Scheme have been revised to ensure targeted use of resources for effective implementation of the Act.
- Chief Secretaries in the States/ UTs have been addressed to take effective measures and regularly monitor implementation of the PNDT Act.
- Regular appraisal of effective implementation of the Act through zonal and state specific reviews.
- PC&PNDT will be high on the agenda in all future review meetings on Reproductive and Child Health issues.

(iv) **Agenda Item No. IV: - Proposed amendment to the PC & PNDT Act,1994 and PC & PNDT Rules,1996 .**

The matter was discussed at length. It was decided not to amend Section 2(p) of the Act in isolation and retain Rule 3 (3)(1)(b) in its present form in view of the shortage of doctors with post-graduate qualifications on the one hand and the growing need of ultrasound services on the other . It was however decided that the criteria with regard to educational qualifications for eligibility for training, length

and content of training, accreditation of training institutions as well as experience, valid under the Rules be developed by MCI and incorporated in the amendment.

Dr. Rajiv Yeravdekar, Director, Symbiosis Institute of Health Sciences Dean, Pune, and a member of the MCI Governing Board, informed that the criteria related to accreditation of institutions offering training, training curriculum and experience in radiology and imaging sciences are under active consideration of the MCI.

a) Need of registering the mobile genetic clinic under Section 2 (d)

Subhash Mendhapurkar, Secretary, SUTRA informed that there have been instances of portable machines undertaking pre-natal sex determination in Pithoragarh district of Uttarakhand in a camp mode, and state is doing little to keep a vigil on the movement of mobile clinics.

The issue of curbing the misuse of portable machines as opposed to curbing the use of technology in health emergencies, was keenly deliberated upon and members shared their views with regard to use of the machine within a registered premises such as the hospital and portable machines being used outside of registered facilities or moved outside their jurisdiction.

Keeping in view the fact that use of portable machines inside a unit registered under the law such as a clinic, facility or hospital and vehicle is permitted under law, the issue of use of on-call machines as had been registered in the state of Delhi is clearly a violation of the law.

After due deliberations, it was decided that registration of stand alone portable machines may be strictly restricted to registered premises such as clinics, nursing homes and hospitals so as to be used for bedside services to patients. In the case of vehicles, portable machines be limited to Mobile Medical Units only which offer sonography as a part of a bouquet of health and medical services in rural/ remote areas and their area of operation should be clearly specified in their Registration certificate. Portable machines should not be allowed in ordinary vehicles or/ and as a standalone mobile service as they are being grossly misused across borders for sex-determination. This position should be incorporated in the Rules.

(v) Agenda Item No. V: - Strengthening of monitoring and inspection mechanisms for effective implementation of the PC & PNDT Act.

The CSB was informed by the members that there have been instances of ultrasound machines sealed during the course of inspections by the National Inspection and Monitoring Committees being released within days of the visit. This was considered unlawful and it was agreed that the National Inspection and Monitoring Committee and State Monitoring and Inspection Committees should be empowered to oversee follow up action by the District Appropriate Authority on irregularities found during inspections and if required, take recourse to section 28 (b) of the Act which empowers a person other than DAA to file a case in the court if DAA fails to take action within 15 days.

After detailed deliberations the following decisions were taken:

1. Cognizance of the advertisement in the Hindi daily Dainik Jagran for carrying the "Baby Gender Tool Kit", for strict action.
2. Letter to be addressed to Secretary, Ministry of Information and Technology at the level of Secretary (H & FW) for blocking gender testing web-sites on Google and other search engines.
3. MCI to expedite the finalization of guidelines on accreditation of institutions for training and experience, so that these can be suitably incorporated in the Rules.
4. Regulation of mobile clinics using portable machines outside registered premises through appropriate provisions in the rules.
5. National Inspection and Monitoring Committees be empowered to oversee follow-up action after inspections and take recourse under Section 28(2) of the PC & PNDT Act, in case of failure of the District Appropriate Authority to take timely action. State Inspection and Monitoring Committees to be similarly empowered.
6. MCI to consider suspension/cancellation registration of doctors found prima facie guilty of violations, in accordance with the provisions of the PC & PNDT Act.

The meeting ended with thanks to the Chair.

List of Participants

S. No.	Name & Designation of the Participants
1.	Shri. Ghulam Nabi Azad, Union Minister for Health and Family Welfare
2.	Smt. Krishna Tirath, Hon'ble Minister of State ((Independent Charge), Ministry of Women & Child Development
3.	Smt. Poonam.V.Jat, MP (Lok Sabha)
4.	Ms. Mabel Rebello, M.P (Rajya Sabha)
5.	Dr. Brinda Karat, MP (Rajya Sabha)
6.	Shri. K. Chandramouli, Secretary. (Health & FW)
7.	Shri. P. K. Pradhan , Special Secretary & MD (NRHM), MOHFW
8.	Dr. R. K. Srivastava, Director General of Health Services
9.	Mrs. Anuradha Gupta, JS (RCH), MOHFW
10.	Shri Satish Chandra, Principal. Secretary, Punjab
11.	Shri Ram Niwas, Secretary (Health), Chandigarh
12.	Smt. Anju Sharma, Secretary (PH), Gujarat
13.	Shri Anshu Prakash, Pr. Secretary, H&FW, Delhi
14.	Shri Suresh Kumar, Principal Secretary (H&ME), J&K
15.	Dr. S. K. Sharma, Adviser (Ayurveda), Department of Ayush
16.	Ms. Deepika Srivastava, OSD, Planning Commission, New Delhi
17.	Mrs. M. Ghose, National Commission for Women, New Delhi
18.	Dr. V. Pathak, Director (H&FW), Himachal Pradesh
19.	Mrs. Anuradha Vemuri, Director (PNMT) MOHFW

20.	Dr Prakash Vaghela, Asst. Director (FW), Gujarat
21.	Dr. Narveer Singh, DGHS, Haryana
22.	Dr. Soma, Distt. Family Welfare Officer, Chandigarh
23.	Ms. S. B. Sharan, Director (PIB), MOHFW
24.	Dr. R. N. Tandon, IMA
25.	Dr. Sanjay Anant Gupte, President, FOGSI, Mumbai
26.	Dr. C. N. Purandare, Former President (FOGSI)
27.	
28.	Dr. Jignesh Thakker, General Secretary (IRIA)
29.	Dr. Bani Sarkar, Department of Obstetrics and Gynaecology, R.M.L. Hospital, New Delhi
30.	Dr. Rajiv Yeravdekar, Director, Symbiosis Institute of Health Sciences , Pune
31.	Dr. Gayatri Thaker, Gynaecologist & Obstretician Siddhivinayak Hospital, Jamnagar, Gujarat.
32.	Dr. Girija Wagh, HOD (Gyno.), Bharti Vidya Pith University Medical College, Pune
33.	Dr. Neelam Singh, Advocate, Supreme Court of India
34.	Prof. D. M. Diwakar, Director, Dr. A.N. Sinha Institute of Social Sciences, Patna
35.	Dr. Subhas Mendhapurkar , Director, (SUTRA), Himachal Pradesh.
36.	Dr. Neelam Singh, Secretary, Vatsalya, Lucknow
37.	Dr. Sabu M George, Social Activist, New Delhi
38.	Ms. Ena Singh, Assistant Representative, UNFPA
39.	Ms. Dhanashri Brahme, Programme Officer, UNFPA