

d. Ensure that Ultrasound clinics not filing timely Form F statements should be sealed

2. AUDIT INDIVIDUAL HOSPITALS

- a. Registrar of Deaths has records of deaths in each hospital.
- b. Find out figures for neo-natal death during delivery for each hospital.
- c. If female neonatal deaths are significantly more, it is indicative that the hospital may be indulging in femicide.

(Comment: Can it be used as a conclusive evidence???)

(Comment: What powers should be vested with the DCW in case a clinic is found to have very skewed sex ratio in terms of baby deaths during delivery??? Whom should DCW instruct for follow-up? Discuss role of an existing/new vigilance body)

- d. Identify and pursue cases District-wise (through a fast-track mechanism?)

3. CONDUCT STUDIES FOR ADVISING ON FORMULATION/AMENDMENT IN POLICIES/LAWS

a. GUJARAT'S EXAMPLE

(suggested time frame: 1 month)

Conduct a study on the example set up by Gujarat (any other states?) which has made good progress in addressing the issue.

b. ROLE OF CDMOs – CAN THEY BE GRANTED EXCLUSIVE STATUS? OR SETTING UP EXCLUSIVE PNDD BODIES

(Suggested time frame: 3 months)

c. STUDY NEW "FORM F" – ESPECIALLY THE 23 CONDITIONS WHERE ULTRASOUND IS PERMITTED. ARE THEY NECESSARY, OR ARE THEY HELPING CULPRITS GET AWAY WITH FEMALE FOETICIDE?

(Suggested time frame: 15 Days)

In 1994, ultrasound was included in PNDD Act but not satisfactorily

In 2003, in Form F – 23 conditions were included where ultrasound is permitted.

Probe peculiarities in Form F to find if the form makes it easy for culprits to hide behind excuses and pretexts.

- d. Study the provisions of the MTP Act, and submit recommended amendments after reviewing pertaining to greater control focusing on 2nd trimester abortions since that is when the sex is established.
- e. WILL SPECIAL PPs help in PNDD Cases?
 1. Study details of provision in Cr. PC by which special PPs can be appointed if needed.
- f. Under the CrPC, police action is needed in cognizable offences *(Study Section 27. Please refer experts for more on this)*

4. AWARENESS/ADVOCACY ROLE

- a. Hold advocacy workshops for Public Prosecutors/Judges as a refresher on PNDD Act, and also sensitize them on being more empathetic in such cases
- b. Hold Workshops for CDMOs on RCH Scheme of Govt. of India by which they can

The Central Government has already initiated a scheme called RCH where CDMOs can recommend any renovation or other plans to GOI, and what improvements they would like to be incorporated. Study the RCH plan in detail. Conduct awareness programs for CDMOs/PNDT authorities so they can maximally benefit from it.

- c. Promote online registration of complaints on PNDT that has already been initiated nationally (by GoI).
- d. Judiciary Training
- e. Joint efforts with spiritual leaders

RECOMMENDATION #2

PERTAINING TO REGULATING ACTIVITIES OF ULTRASOUND CLINICS

- ^a No direct ultrasounds on females (pregnant or any?) should be allowed to be conducted. **Make it mandatory** only to be referred by a Gynecologist. (*But how do you decide & differentiate if the ultrasound is for conducting sex selection and not a mere abdominal pain arising in a woman.*)
2. Ban or severely limit the use of portable ultrasound machines, in which it is very difficult to keep a vigil if the machine was being illegally used to conduct a sex test at home.
The Central Supervisory Board had also received a complaint on June 14th, 2006, seeking restrictions on portable ultrasound machines and that a discussion on this is expected in August 2006. keep a watch on the developments, and do necessary backing up so that definitive action is taken in this regard, and that the matter is not delayed.
3. Conduct a comprehensive review of all registered ultrasound clinics in Delhi. While renewing registration licenses, based on their past histories that are assessed during the review, the ultrasound clinics may be filtered as genuine/law-abiding or fake/not-submitting-reports, so that in the next 2 years, we'll have more genuine clinics remaining after RE-REGISTRATION, and less of fraudulent clinics which are not approved. (Designate role to appropriate review panel. Freeze time frame. Break submission of reviews into phases, if necessary.)
4. Only qualified Radiologists, and not technicians and others, should be allowed to perform ultrasonography. (Issues: will the cost of ultrasounds not shoot up? Should the pricing be fixed for various kinds of ultrasounds?)

RECOMMENDATION #3

PERTAINING TO ROLE OF CDMOs

1. **Reconstitute the PNDT Authorities.** (based on review of DCW PNDT monitoring cell?)
Include a larger cross-section of society, even other than doctors, since the erring party is the doctors themselves, and can not be entrusted with the responsibility exclusively.
The major hold of the PNDT Authorities should not be vested with doctors/gynaecologists.
2. Consider setting up **separate & EXCLUSIVE PNDT bodies instead of CDMOs**
 - a. CDMOs are loaded with several other responsibilities besides just PNDT, which then becomes just one of the several tasks and cannot be given as much importance as it merits.

- b. CDMO is personally summoned by name in all meetings/reportings, so he cannot designate anybody even if he's handling something urgent. He HAS to leave everything in between to attend that meeting himself.
 - c. Short staffing with CDMOs → No extra staff is made available due to Govt. recruitments being withheld
 - d. Crystallize the role of the CDMOs vis-à-vis the PNNDT Act. (This suggestion was seconded by various CDMOs present.)
 - e. Meanwhile, set-up a Committee to do a realistic need assessment and suggest possible alternate mechanisms. Constitute exclusive bodies for PNNDT monitoring, rather than CDMOs. (REVIEW COMMITTEE UNDER DCW MONITORING CELL?)
3. **Revise Area of Jurisdiction for PNNDT Authorities**
 - a. Too large area of jurisdiction for each CDMO – becomes practically difficult to monitor every case of sex-based determination, leave alone any action.
 - b. Area of jurisdiction should be appropriate and not too large to manage.
 4. **Provide an investigative arm to PNNDT authorities for conducting investigations**
 - a. There should be an investigative arm (police or otherwise) provided to the appropriate authority for support rather than overloading them with conducting investigations.

RECOMMENDATION #4 **OTHER RECOMMENDATIONS**

1. Permit Social Audits

As of now, the access is not provided to NGOs/aware citizens, to get figures from hospitals. (Under RTI Act,) it should be made publicly available to all citizens. It is alleged that even the Army is not very gender friendly. Provide access to the data of the Cantt. Area to bring them under public scanner. Make Army authorities also accountable.

2. Have Fast Track Courts for PNNDT related cases

3. Rope in Advertising Council or similar body to keep a watch on advertisements & TV programs.

4. AMEND DELHI MEDICAL COUNCIL ACT

Under the DMC Act, a change should be brought wherein if found guilty of conducting sex determination test, not only the technician but also the referring doctor should be held as guilty.

5. SUSTAINED TOP MANAGEMENT INVOLVEMENT

Introduce a mechanism of periodic (monthly) reporting at the highest authority level, which is Principal Secretary. The reporting may be done directly to the Chief Minister every 6 months. Only with the active and persistent involvement of the top authorities will the sense of urgency percolate downwards.

6. Allotment of funds for each MLA for undertaking advocacy

The Ministry of Health and Family Welfare has already proposed allotment of Rs. 5 lakhs for each of the MP's for undertaking advocacy.

MINUTES OF THE 17th MEETING OF THE CENTRAL SUPERVISORY BOARD (CSB) HELD ON 04.06.2011 IN CHANDNICHOWK, BHAWAN, NEW DELHI

**BY SPEED POST
IMMEDIATE**

No. N.24026/52/2008-PNDT (Pt.)
Government of India
Ministry of Health & Family Welfare
(PNDT)

Nirman Bhawan, New Delhi
Dated the 4th July, 2011.

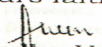
To
The Members
Central Supervisory Board (CSB),
(As per list attached)

Subject: Minutes of the 17th Meeting of the Central Supervisory Board (CSB), constituted under Section 7 of the Pre-Conception & Pre-Natal Diagnostic Act, 1994 held on 04.06.2011.

Sir/Madam,

Please find enclosed herewith the Minutes of the 17th Meeting of the Central Supervisory Board (CSB), for information and necessary action.

Encl: A/a.

Yours faithfully,

(Anuradha Vemuri)
Director (PNDT)
Tele/FAX: 23062432.

Copy to:

- (1) PS to HFM
- (2) PS to Minister of Women & Child Development.
- (3) PPS to Secretary (H&FW)
- (4) PS to SS&MD (NRHM);
- (5) PS to Joint Secretary (RCH).
- (5) Director (PNDT).

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 meeting was to primarily review the implementation of 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.