

**Minutes of the 12<sup>th</sup> meeting of the Central Supervisory Board (CSB) held on 30<sup>th</sup> March 2005**

(Constituted under the Pre-Conception and Pre-Natal Diagnostic Techniques Act 1994)

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1. The list of participants is annexed.
2. Dr. Anbumani Ramadoss, Hon'ble Minister for Health & Family Welfare (HFM) and Chairman of the Central Supervisory Board, chaired the Meeting. While welcoming the participants, he requested them to give their suggestions regarding measures to be taken for effective implementation of the PNDT Act in the country.

The item-wise discussion of agenda items as follows:-

3. **Agenda item no. 1: *Confirmation of the Minutes of the 11<sup>th</sup> meeting of the Central Supervisory Board (CSB) held on 23<sup>rd</sup> September, 2004.***

The Minutes of the last meeting of the CSB held on 23.9.2004, circulated earlier to the members for their perusal were confirmed by the Board.

4. **Agenda item no. 2: *Action Taken Report on the decisions taken / recommendations made in 11<sup>th</sup> Meeting of Central Supervisory Board held on 23.9.2004.***

The members noted the Action Taken on various decisions/recommendations of the last meeting. The related items on which action was to be taken as per the decisions / recommendation of 11<sup>th</sup> meeting of CSB were the following.

- i) Amendment of Section 2 (m) of the PNDT Act for permitting Homoeopathic and Ayurvedic doctors having proper training to use ultrasound/imaging machines for diagnosis.
- ii) Accreditation / recognition of institutions for imparting training in ultrasonography / image scanning.
- iii) National Advocacy Strategy

Details of these are given under the minutes relating to the respective agenda items.

**5. Agenda item no. 3: *Presentation on implementation status of PC and PNDT Act and findings of the survey of bodies registered under the Act and AYUSH doctors by Population Research Centres (PRCs).***

Presentation on the status and implementation of PC and PNDT Act based on reports from States/UTs and main findings from the survey of bodies/AYUSH doctors conducted by PRCs were made by Director, PNDT. The CSB members noted that there are 26082 registered Centres in the country as on 29.3.2005. It was also noted by the Board that 24 cases of communication of sex of foetus had been filed in the Courts all over the country under violation of PNDT Act. Dr. Nozer K. Sheriar, Treasurer, FOGSI was of the view that actual conviction of 24 doctors, who were instrumental in conveying the sex of the foetus, would act as a deterrent for medical community. He informed that FOGSI had already issued an order of ostracizing the members, if convicted.

*Dr. Ranjana Kumari, Centre for Social Research (CSR) presented an immediate Plan of Action against Pre-Birth Elimination of girls and requested Hon'ble HFM to consider it. The Plan of Action included monitoring of clinical records, registrations, complaints, surveys, progress of litigation in courts, surveillance etc. in the form of social audit by civil society organizations / individuals.*

Dr. C.S. Pant, President, Indian Radiological and Imaging Association (IRIA) said that sensitization of Appropriate Authority was to be taken up on a priority basis by MOHFW. He cited an example of an advertisement issued by Appropriate Authority of Meerut in the Newspapers that all the centres doing the ante-natal check up were required to be registered under PNDT Act. HFM agreed that sensitization of Appropriate Authority is required. He also wanted to know as to how to involve NGOs in catching the violators and in monitoring the Act.

**6. Agenda item no. 4: *Survey of PRCs – untrained doctors using ultrasound machines.***

The findings of the survey on the use of ultrasound facility by AYUSH doctors presented by Director (PNDT) were discussed in detail. *The survey was mainly done with reference to the need for amendment to Section 2(m) of the PNDT Act for permitting Homeopathic and Ayurvedic doctors for registration under the Act.* It was noted that the percentage of AYUSH doctors referring cases varies from 30% in Andhra Pradesh to 97% in Maharashtra

and Punjab. The percentage of AYUSH practitioners desirous to have ultrasound machines although varies from 18% in Andhra Pradesh to 100% in Tamil Nadu.

The percentage of owners of registered centres using the ultrasound machines themselves varies from 28% in Delhi to 80% in Andhra Pradesh. The remaining centres are employing Radiologist/Gynaecologist etc. for carrying out the ultrasound procedure. Prof. Sunita Mittal said that positive use of ultrasound machines could not be neglected as the sex determination was one of the uses of the machine, and therefore it was necessary to delink the ultrasound machine from PNDT Act.

Dr. Amarjit Singh, Secretary (Family Welfare), Gujarat said that the State has observed direct co-relation between number of ultrasound machines and adverse sex ratio. A focused Action Plan for 43 vulnerable Talukas where sex ratio was below 800 had been prepared by the State of Gujarat. The public representatives of the concerned areas had been involved in creating awareness in their respective areas. The Government had printed 5 lakhs pamphlets on the occasion and a 20 minute CD had been made for telecast. *He suggested that other states might use the experience of Gujarat state to involve elected representatives and NGOs for advocacy under PNDT.* Secretary (H & FW), Government of India stated that female foeticide was a complex problem and experience of different partners in the field would be useful in alleviating the situation.

Dr. S.K. Sharma, Adviser (Ayurveda) said that ultrasound being one of the tools of the investigation, be allowed to be used by Ayurvedic Practitioners. Col. (Dr.) C.S. Pant, President, Indian Radiological and Imaging Association (IRIA) said that The Ayurvedic and Homeopathic doctors could refer the cases to Radiologists. *After lot of discussion, it was decided that it is not necessary to amend section 2(m) of PNDT Act.*

**7. Agenda item no. 5 : Accreditation/recognition of institution for imparting training in ultrasonography/image scanning.**

DGHS informed that a Committee was set up to identify the institutions for Accreditation/recognition for imparting training to doctors in ultrasonography/image scanning. Based on the technical inputs obtained from MCI and IRIA, a curriculum for ultrasound training has been devised by them. The place of training proposed was any 500 bedded Govt. Hospitals or MCI recognized Post Graduate Teaching of MD Radiology.

HFM was of the view that it should not be limited to 500 beds as good Research Institutions / Centres in the country might not fulfill this criteria. Dr. Nozer Sheriar, Treasurer, FOGSI was of the view that this training be limited to MBBS doctors in Government systems, to which HFM said that 82% of medical care was provided by private sectors and this was required to tackle the increasing Maternal Mortality Rate and related emergencies. Col. (Dr.) C.S. Pant, President, Indian Radiological and Imaging Association (IRIA) opposed this idea of training of MBBS doctors and wondered whether opening of training to unqualified practitioners would harm the system more. He was also of the view that the training be limited only to deal with Obstetric ultrasound for Maternal Health Care. This was supported by Professor Sunita Mittal. *The proposal for training was accepted in principle and HFM directed DGHS to work out a Plan for institutionalizing such a training programme.*

**8. Agenda item no. 6 : National Advocacy Strategy**

JS (BPS) informed that the National Advocacy Strategy on “Ending the Practice of Pre-Birth Elimination of Females – Changing the Mind Set” was placed before the Board in its 11<sup>th</sup> meeting held on 23<sup>rd</sup> September, 2004. As decided in the 11<sup>th</sup> meeting of the CSB, comments on the same from the members of the Board were invited. The comments had been received from Dr. Sunita Mittal, HOD, Department of Gynecology, AIIMS. The comments on the same were also invited earlier from the all the States/UTs which were incorporated before placing it in the 11<sup>th</sup> meeting of the CSB. *It was decided that the comments received from Dr. Sunita mittal may be suitably incorporated in the National Advocacy Strategy.*

**9. Agenda item no. 7.1: Registration of CT Scan clinics**

Some Appropriate Authorities appointed under the PNDT Act had been registering the MRI-CT Scan Clinics under Sub-section (d) and (e) of Section 2 of the PNDT Act, as Genetic Clinic/Laboratory under the Act. It was informed by IRIA that theoretically it was possible to detect sex of foetus by these machines but due to constant fetal movement it was impractical to use them and in addition as CT scan is X-Ray based, its use on pregnant women is contraindicated. Hence MRI-CT Scanner should be kept outside the purview of the PNDT Act. DGHS along with the Experts also recommended the same. These views were also endorsed by the CSB. *Accordingly, it was decided to seek the legal opinion in the matter from the Ministry of Law for taking further necessary action to amend the Act/Rules.*

**10. Agenda item no. 7.2: Authority of Search and Seizure**

Under PNDT Rules 1996 the Appropriate Authority or an Officer authorized can undertake search and seizure of premises etc. In many States, the Appropriate Authorities have been notified upto the sub district level and sub district Medical Officers or the Senior Medical Officers or Block Medical Officers are the Appropriate Authorities. These Authorities at times need to authorize the officers for search and seizures. As the rank to be decided will be applicable to all the States, it was suggested to decide the authority in terms of category of staff i.e. Group 'A' or Group 'B' etc. instead of the name and designation of the post which may not be uniform across States/UTs. *It was decided that any officer not holding a post below Group 'B' level (Gazetted) be authorized for search and seizure of premises under PNDT Act. Further action will be taken in consultation with the Ministry of Law.*

**11. Agenda item no. 7.3: Setting up of a National Surveillance Cell**

Setting up of a National Surveillance Cell by appointing retired Police Officer of DG/IG/DIG rank belonging to those States where sex ratio is more adverse has been under consideration of the Ministry for quite some time. Salient features of the proposal to have one DG level officer for the National Cell at Delhi and 3-4 more officers, one each for Punjab, Haryana, Gujarat and Delhi were presented by Secretary (H & FW) before the Board. The main work of these Officers would be to liaise with respective police agencies and senior medical officers (Appropriate Authorities) to collect intelligence on such medical providers who are indulging, abetting sex determination and female foeticide. They would assist the law enforcement agencies in apprehending the violators. They would also coordinate and advise the medical fraternity and the respective Governments including the Central Government about strengthening the prosecution mechanism under the Act. Secretary (H & FW) informed that these police colleagues would be briefed and supervised properly to go about their work in a professional manner and not create problems for innocent doctors. Dr. Ranjana Kumari from Centre for Social Research wanted to know more about the scheme. Secretary (H & FW) mentioned that the scheme is available in the agenda item no. 7.3 circulated among the CSB members. *The Central Supervisory Board approved the proposal for implementation on a Pilot basis.*

12. HFM promised to consider the suggestions given by the Members of the Board.

13. The Meeting ended with a vote of thanks to the Chair.