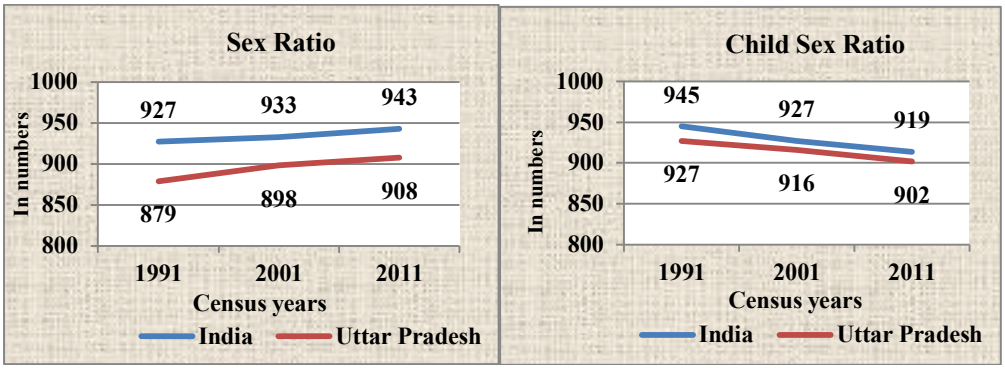
Missing Daughters

Chapter 3:
Missing Daughters

Introduction

Society's continued preference for boys and apathy for girl child has led to child sex ratio in the country dropping to 919 females per 1,000 males, one of the lowest since independence according to Census 2011. In Uttar Pradesh, the sex ratio[1] in the State increased from 898 in 2001 to 908 in 2011 while child sex ratio (CSR) is far below the national average and has consistently declined from 927 females per 1,000 males in 1991 to 916 in 2001, 902 females per 1,000 males in 2011 and further deteriorated to 883 in 2015[2]. CSR in the State had not improved even in three decades as depicted in chart 3.1 below.

Chart 3.1: Sex Ratio and Child Sex Ratio in India and Uttar Pradesh

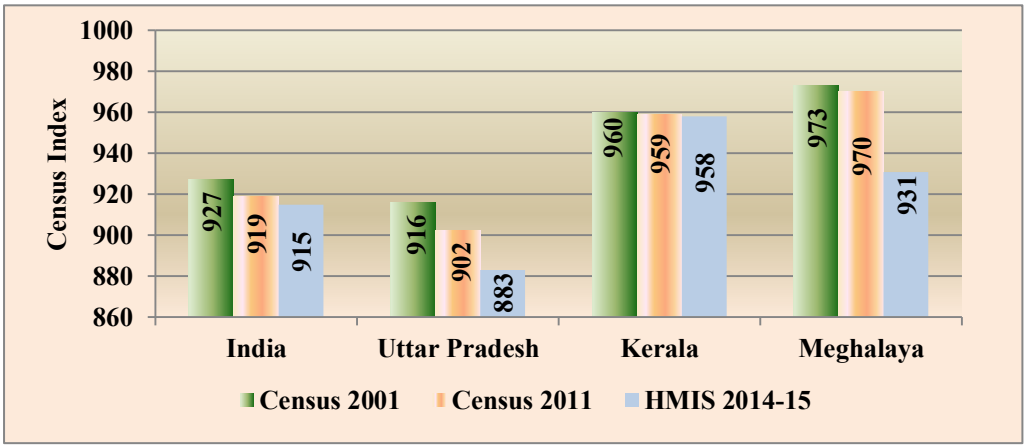


(Source: Census Reports, Government of India)

3 Child Sex Ratio: Trend across the States

As per Programme Implementation Plan of National Health Mission, the child sex ratio was decreasing in the State as depicted in the chart 3.2 below:

Chart 3.2: Trend of Child Sex Ratio in UP vis-à-vis India and other States



(Source: Census and Health management Information System maintained by NHM)

[1] As per census 2001 and 2011.
[2] As per Health Management Information System 2014-15.

It is evident that CSR in Uttar Pradesh (2011: 902) was lower than the national average (2011: 919) while best performing states like Kerala (2011: 959) and Meghalaya (2011: 970) were almost stable during 2001 to 2011 and have much higher CSR compared to the State of Uttar Pradesh. Moreover, as per Census 2011, CSR in the age group of 0-6 year's children in urban areas (885) remained much below the CSR in rural areas (906) of the State as given in table 3.1 below.

Table 3.1: Comparison of child sex ratio in Rural and Urban areas

Year	India			UP		
	Total	Rural	Urban	Total	Rural	Urban
2001	927	934	906	916	921	890
2011	919	923	905	902	906	885

(Source: Census 2001and 2011)

The practice of sex selective abortion has been a critical influencer of skewed sex ratio in recent decades. Therefore, a need was felt to legally regulate termination of pregnancy through Medical Termination of Pregnancy Act in 1971 and prenatal diagnostic technologies through Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

Audit examined implementation of these two Acts in the State to ascertain whether diagnostic and termination technologies available were properly regulated and monitored to ensure prohibition of sex selection, and safe termination of pregnancies in cases involving risk to life to the pregnant woman or substantial risk of physical and mental abnormalities to the child. Our findings are discussed in the succeeding paragraphs.

3.1 Pre- conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

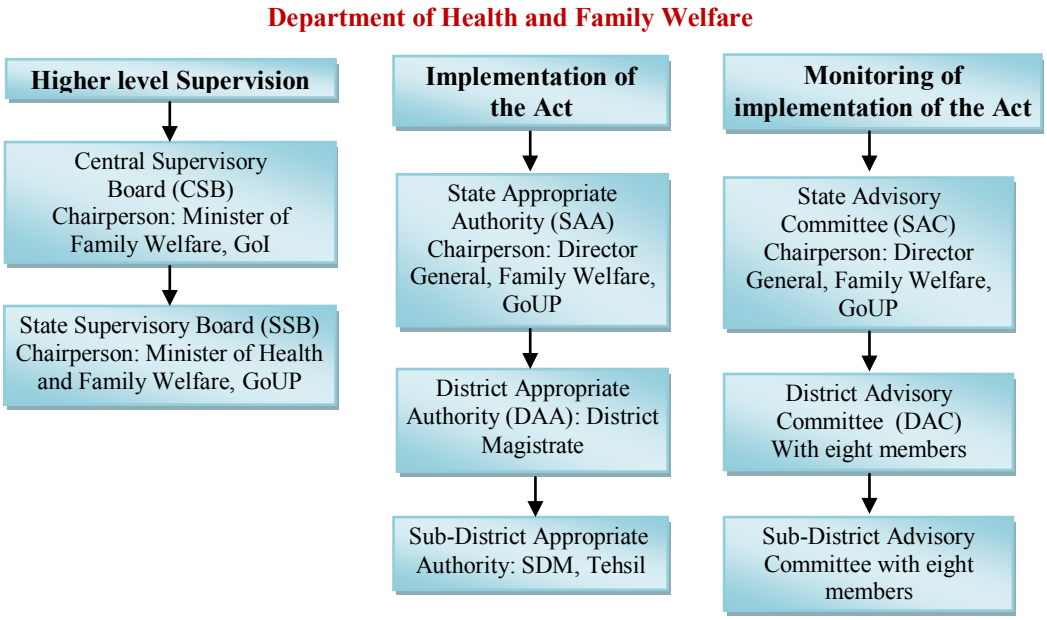
3.1.1 Introduction

The use of ultrasound technology has become the most common mode of sex determination. In view of growing misuse of technology, the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC-PNDT) , 1994 and the Pre-conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Rules, 1996 were enacted and subsequently amended in 2003 to check female foeticide and address gender-biased sex selection and to improve sex ratio at birth.

As per information provided by the Department of Health and Family Welfare, by the end of 2014-15, 4622 Ultrasonography (USG) centres were registered in the State and 1652 in test checked districts.

3.1.2 Organisational setup under the PC-PNDT Act

Organisational structure for implementation of the PC-PNDT Act is given below:



(Source: Directorate of Family Welfare, GoUP)

GoUP constituted State Supervisory Board (August 2004) and State Advisory Committee (July 2006) to discharge the functions as prescribed under the Act. Accordingly, State Appropriate Authority (SAA) was constituted (November 2007) as a multi-member body and was responsible for implementation of the Act at State, District and Tehsil level. District Magistrate was appointed (November 2007) as District Appropriate Authority (DAA) and Assistant Chief Medical Officer (Family Welfare) (ACMO) as district nodal officer for registration, inspection and monitoring of compliance of PC-PNDT Act. Role and functions of various authorities are given in ***Appendix 3.1***.

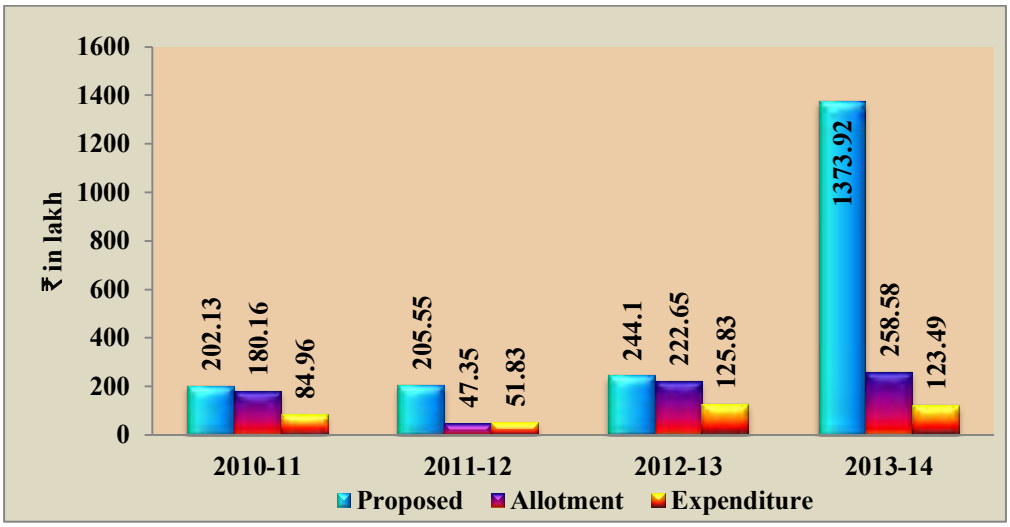
Audit Findings

3.1.3 Financial Management

Financial resources for implementation of PC-PNDT were provided by GoI through National Health Mission (NHM) and fee collected by DAA through registration of Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre. Fee collected was required to be kept in a separate bank account of DAAs at the districts.

Districts prepared the District Action Plan (DAP) for PC-PNDT activities which were consolidated at the State level in the form of Programme Implementation Plan (PIP) and submitted to GoI for approval. Based on PIP, GoI sanctioned the funds in the form of grants. The position of requirement projected by the State government, allocation of funds by GoI and actual expenditure incurred by the State implementing agencies during 2010-15 is depicted in the chart 3.3 below:

Chart 3.3: Funding of PC-PNDT under NHM



(Source: Census and HMIS: Health management Information System maintained by NHM)

We in audit observed that:

- Only 54 *per cent* (₹ 3.86 crore) of the total allocation of ₹ 7.09 crore during 2010-14 was utilized by the State government for the implementation of PC-PNDT Act (***Appendix 3.2***). Details of expenditure incurred on various PC-PNDT activities are given in ***Appendix 3.3***.

- Failure to utilize funds led to allocation of ₹ 7.09 crore only (35 *per cent*) of the funds by GoI as against the projected requirement of ₹ 20.26 crore during 2010-14[3].

As regards utilisation of revenue generated from fee etc., scrutiny of records of the 20 test-checked districts revealed that utilization of funds collected through registration/renewal fee, penalties charged by DAA from diagnostic centres was negligible as indicated in ***Appendix 3.4.***

Audit observed that ₹ 1.93 crore, received by DAAs in form of fee, penalties etc., which was to be spent on monitoring, IEC, etc. activities was kept in the savings bank accounts resulting in accumulation of funds in DAAs accounts from₹ 18.09 lakh in 2010-11 to ₹ 207.64 lakh at the end of 2014-15.

Thus, meagre allocation of funds, failure of the State and district implementing agencies to utilise grants received from GoI and fee collected from diagnostic centres indicated poor implementation of the Act in the State thereby leaving diagnostic centres largely unregulated and unmonitored, defeating the very purpose of the PC-PNDT Act viz., enforcing prohibition of sex determination *etc.* as discussed below:

[3] Separate figures for this component for 2014-15 was not made available to audit.

3.1.4 Implementation

Chapter III section 18(1) of PC-PNDT Act envisaged that no Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic would function without being registered under the Act. As of March 2015, 4,622 Ultrasound/ Genetic Clinics were registered with District Appropriate Authorities (District Magistrates) in the State including 1,652 in the test-checked districts. The number of unregistered USG centres operating unauthorisedly or due to delay in approval of registration by the competent authority was not known. Audit noticed cases of serious violation of PC-PNDT Act including non-renewal of registration, non-maintenance of patients' details and diagnostic records, absence of regular inspection of USG centres by DAA, lack of mapping and regulation of USG equipment, absence of tracking system in USG machines, non-imposition of penalties, etc., as discussed in succeeding paragraphs:

3.1.4.1 Operation of Ultrasound Clinics without renewal of registration

Every certificate of registration shall be valid for a period of five years since its issue and application for renewal of registration should be made 30 days before the expiry of the certificate of registration along with the prescribed fee.

If the Appropriate Authority fails to renew the certificate of registration within 90 days of its receiving the application for renewal, it will amount to automatic renewal or deemed renewal. Further, SSB in its meetings (2008 and 2014) directed all the DAAs to ensure registration of all the USG centres functional in the State and take appropriate action against the centres operating without proper registration.

Audit, however, noticed in test-checked districts that pendency in renewal of registration of 138 centres ranged between 26 and 1490 days while registration of 32 centres had not been done in due time (***Appendix 3.5***). The department was also not ensuring timely submission of application for renewal of registration by USG centres and taking action against the defaulters as Format H containing the details about USG centre such as date of receipt of application, Name, address of applicant, details of machine installed, recommendation of DAC, registration number allotted, date of renewal and renewed upto *etc.* are mentioned was not being maintained by DAAs. Thus, these centres functioned as deemed to have been registered during the intervening period.

In reply the district authorities accepted the fact and ensured compliances in future.

Recommendation: The Department should ensure timely renewal of registration to avoid functioning of centres as ‚deemed registered'.

3.1.4.2 Violation of provisions of PC-PNDT Act by Ultra-sound centres

PC-PNDT Act and Rule made thereunder makes it mandatory for every genetic counselling centre, genetic laboratory, clinic, ultrasound clinic and imaging centre to maintain and preserve complete records of each case including details of the patient, details of doctor referring the pregnant women for ultrasonography, laboratory test results/pictures/plates/slides and recommendations. Further USG centres were to intimate any change in its employees, place, address and installed equipment to DAA within thirty days. The main aim of maintenance and preservation of these details and records is to facilitate proper inspection and monitoring by the authorities to ensure that pre-natal diagnostic investigation had been carried out only on the recommendation of a qualified doctor on valid grounds and was not intended to be used for irregular sex determination and termination of pregnancy.

In order to ascertain whether USG centres were adhering the provisions of PC-PNDT Act/ Rules, joint physical inspections (JPIs) of 100 USG centres in test-checked districts were conducted by audit teams along with the representative of DAAs and nodal officer PC-PNDT from the department in which 1,937 cases (Form „F') were test checked. Violations and shortcomings noticed during JPI of the ultrasound centres (***Appendix 3.6***) are discussed below:

- 1,326 cases (68 *per cent*) did not have referral slips of registered medical practitioner attached to them while details of procedure conducted and the purpose of such procedure were also not mentioned in 1,110 cases (57 *per cent*).

- Basic details of patient, such as number of living children, phone number, address etc., to track records of pregnancy, were not filled in 961 cases (50 *per cent*).

- According to section 29 of PC-PNDT Act, USG centres were to preserve Form F, referral slips of doctors, forms of consent and sonographic plates or slides for not less than two years. However, it was observed in all the test-checked USG centres (100 *per cent*) that they did not keep backups/ records of images taken during ultrasonography for the prescribed period.

- As per rule 13 of PC-PNDT Rules, USG centres were to intimate any change in its employees, place, address and installed equipment to DAA within thirty days. It was observed that two USG centres in Agra were having two machines against only one registered without any intimation to DAA. Further, change of staff was not intimated to DAA by one centre while two centres did not intimate shifting of USG machine to other place.

- Two USG centres in Agra were not maintaining any records, registers *etc.* on this being pointed out by Audit, the management stated that the centre was closed and the registration was surrendered but this was neither confirmed by CMO nor any documentary proof was produced by the management though called for (May,2015) from the centre visited.

Ultrasound machine sealed during JPI at Agra

Thus, JPI noticed large scale blatant violations of the provisions of the Act by USG centres. Non-maintenance of patient details, performing ultrasonography on pregnant women without recommendation of a doctor, not indicating the purpose of carrying out such diagnostic test and not preserving results of diagnostic test/ ultrasonography by large number of USG centres not only indicated possible misuse of facilities by these centres for illegal sex determination but also highlighted complete failure of the concerned authorities to effectively monitor and regulate their activities.

3.1.4.3 Non-maintenance of records at DAA

(i) Information of USG centres: As per rule 9 of the PC-PNDT Rules,1996, the District Appropriate Authority was to maintain a permanent record in Form H in which details about USG centre such as date of receipt of application, name, address of applicant, details of machine installed, recommendation of District Advisory Committee, registration number allotted, date of renewal and renewed upto *etc.,* are mentioned about applicants for grant or renewal of certificate of registration along with basic details of centres. Maintenance of this information by DAA is essential to facilitate inspection and monitoring of the centres to verify and ensure that no unauthorised practices are being carried out by USG centres.

Scrutiny revealed that in 13 out of 20 test-checked districts, details of USG centres have not been maintained by DAA. In the absence of such information, DAA were not able to effectively monitor USG centres and ensure that no unauthorised activities were undertaken by USG centres.

In reply department assured that it had taken the matter in consideration for appropriate action.

(ii) Non-receipt of monthly reports from USG centres: Section 29 of the PC-PNDT Act and Rule 9 of PC-PNDT Rules, 1996 envisaged that every USG Centres was to maintain a register showing details of patients, procedures and tests conducted etc., along with details about patient's case history in prescribed formats (Form D, Form E and Form F) and should send monthly report about the above details in respect of all diagnosis conducted by them by 5th of the following month to the concerned DAA.

We noticed during scrutiny of records of test-checked districts that:

- No monitoring register was maintained by DAA except in three districts[4], to confirm that monthly reports had been received from USG centres; and

- 262 USG centres (16 *per cent*) in test-checked districts had not submitted their monthly reports regarding the above details of patient in due time (***Appendix 3.7***)

Thus, in the absence of proper maintenance of mandatory records and non-receipt of prescribed returns, no effective monitoring and inspection of all the USG centres in the district was possible. Hence, possibility of irregularities such as illegal operations of ultrasound machines could not be ruled out.

In reply, district authorities had assured for appropriate action.

Recommendation: The Department should ensure the proper maintenance/up keep of mandatory records at USG centres as well as at DAA level.

3.1.4.4 Absence of regular inspection of Ultrasonography centres by DAA

GoUP instructed (July 2013) DAA to inspect two USG centre per week. Further, as per Rule 18-A (8) (i) of PC-PNDT Amendment Rules, 2014, all the DAAs (District Magistrates) were to inspect and monitor all registered centres once in every 90 days and preserve inspection report as documentary evidence to ensure enforcement of the provisions of the Act by the USG centres.

Scrutiny of the records of the directorate revealed that no inspection schedule was prescribed by GoUP for the period between April 2010 and June 2013. Only 4681 inspections (25 *per cent*) were conducted by DAAs during 2014-15 against 18488 targeted in the State (***Appendix 3.8***) while only 1561 against required 6608 inspections[5] were carried out by DAAs of test-checked districts during 2014-15 (***Appendix 3.9***). Thus, there was a shortfall of 76 *per cent* in inspections in the test checked districts.

Recommendation: The Government should ensure regular inspection of USG centres by District Appropriate Authorities.

3.1.4.5 Documentation of inspection report

As per rule 18-A (8) (ii), the District Appropriate Authorities had to conduct regular inspections of USG centres and place all inspection reports once in three months before District Advisory Committees for follow up action.

Scrutiny of records of test-checked districts revealed that as per information furnished by district authorities, 3532 inspections of 1652 USG centres were carried out by DAAs in the test-checked districts during 2010-15, but only 130 inspection reports (four *per cent*) were issued to USG centres. The district authorities did not furnish information about placement of inspection reports before DACs.

[4] Agra, Bareilly and Saharanpur.
[5] 4x1652 centres.

Non-issue of inspection reports to USG centres for compliance after inspection and non-placement before DACs defeats the purpose of carrying out the inspection and indicates the lackadaisical attitude of the authorities towards implementation of PC-PNDT Act.

In reply department had taken the matter in consideration for appropriate action.

3.1.4.6 Mapping and regulation of Ultrasound equipment

As per Rule 18-A (7) of PC-PNDT Amendment Rules, 2014, all the Appropriate Authorities were required to regulate the use of ultrasound equipment; monitor the sales and import of USG machines; ensue regular quarterly reports from ultrasound manufacturers and dealers; conduct periodical survey and audit of all USG machines sold and operating in the State; and file complaint against any unregistered owner or seller of the USG machine.

Scrutiny of records of test checked districts revealed that the department did not take any action for mapping of sale of USG equipment and also did not call for any information regarding sale, installation and possession of USG equipment from the manufacturers, suppliers, dealers, etc., due to which number of USG equipment installed and the location of their placement were not known to the authorities to regulate the use of all the ultrasound machines.

In reply department stated that information is not available in this regard.

Thus, in absence of information on placement and possession of USG machines the possibility of misuse of ultrasound machines could not be ruled out.

Recommendation: The Government should effectively monitor the sale, supply and installation of USG machines to regulate and ensure their proper use as per PC-PNDT Act..

3.1.4.7 Absence of tracking system in USG machines installed at USG centres

The State Supervisory Board in its meeting (October 2012) discussed some aspect relating to implementation of PC-PNDT Act in the other States[6] and concluded that Active tracker be installed at USG equipment to report every diagnostic procedure conducted at USG centres. It was expected to help in reporting online and tracking suspicious scans.

JPI revealed that USG centres' machines did not have memory to save data for more than 24 hours. In absence of online tracking of USGs and lack of memory of the existing USG equipment beyond 24 hours, no effective tracking of USGs centres was being conducted in the State.

Thus, in absence of tracking system and online reporting, the misuse of USG equipment during check-up of pregnancies could not be ruled out.

[6] Maharashtra and Rajasthan.

Recommendation: The Department should ensure inbuilt system of active tracking of data in USG machines to prevent misuse during checkup of pregnancies.

3.1.4.8 Training of medical practitioners conducting Ultrasonography

According to PC-PNDT (Prohibition of Sex Selection) (Six Months Training) Rules, 2014, the existing registered medical practitioners who were conducting ultrasound procedure on the basis of one year experience or six months training under any radiologist were required to qualify competency based examination or to complete six months training from the accredited institutions for the purpose of renewal of registrations.

Scrutiny revealed that GoUP neither notified any institute as accredited for imparting training nor conducted any examination in this regard. As such, 28 registered medical practitioners in the two out of 20 test-checked districts were conducting ultrasound on the basis of one year experience or six month training without undergoing the said competency examination or six months training under the rules.

No specific reply was furnished by department to address the issue raised by audit.

3.1.4.9 Seized USG machines found missing

As per Rule 11(2) of PC-PNDT Rules, the seized objects, if it is not possible to remove, may be retained where they are found after taking a bond from the owner that the same would be produced before the court as and when required.

Scrutiny revealed that 120 USG machines had been sealed for breach of the provisions of PC-PNDT Act, 1994 in the State by the end of March, 2015 but the whereabouts of these machines were not known to the department. During Joint Physical Inspection(JPI) conducted by Audit, one sealed machine was found to have been sold in Bulandshahr district and in two other machines at Agra were found to have been removed from the centres, without any intimation to the department. Thus, failure of the department in monitoring and tracking the sealed ultrasound machines may result in misuse of such machines for illegal and unauthorised purposes.

In reply, district authorities had assured for appropriate action.

Recommendation: The Department should ensure effective tracking of seized machines to avoid unauthorised use of these machines.

3.1.4.10 Decoy Customer or Sting operation

State Supervisory Board recommended (June 2008) to send decoy cases to USG centres and to conduct sting operations at large scale in order to identify USG centres involved in sex determination for petty payments. Audit noticed that only 52 decoy operations[7] were undertaken in 52 USG centres (one *per cent*) of 4,622 registered centres during 2010-15 in the State while

[7] Decoy used - 2010-11: 0 ; 2011-12: 0; 2012-13: 0 ; 2013-14: 29 and 2014-15: 23.

19 decoy operations had been done in the test checked districts during 2013-15. Thus, a negligible number of decoy operations were carried out to monitor that the centres were not engaged in illegal activities of sex determination.

Thus, the department was failed in conducting the decoy operation on large scale so that centres engaged in illegal activities of sex determination may be detected. In absence of sting operations actions were not taken against defaulters conducting sex determination.

3.1.4.11 Non-imposition of penalty

Section 20 of PC-PNDT Act envisages that in case of a breach of the provisions of this Act or the Rules by USG centres, DAA may suspend their registration for such period as it may think fit or cancel their registration. Further, as per Section 23 of the Act, whoever contravenes any of the provisions of this Act or any Rules made thereunder, shall be punishable with imprisonment upto three years or fine upto ten thousand rupees and as per Section 25 whoever contravenes any of the provisions of this Act or any rules made thereunder, for which no penalty has been provided in this Act, shall be punishable with imprisonment upto three months or fine upto one thousand rupees.

Further, as per the provisions of Rule 9, every USG centre should maintain a register showing the names and addresses of the women subject to pre-natal diagnostic procedure/ technique/ test along with the names of their spouse or father, the date on which they first reported *etc.* in seriatim. The details in Form „F' with respect to each woman subject to pre-natal diagnostic procedure/ technique/test, history of genetic/ medical disease and indication of pre-natal diagnosis *etc.,* was also required to be maintained by USG Centres.

Scrutiny of records of test checked districts revealed that the above said records were not maintained by USG centres in 936 (58 *per cent*) out of 1,652 USG centres (***Appendix 3.7***) registered in test-checked districts. However, neither any action was taken nor any penalty imposed (under sections 20, 23 and 25 of the Act) on the defaulting USG centres during 2010-15 except issuing show cause notices (under section 20 of the Act) to 221 centres out of 936 centres at default. The notices issued were however, not being followed to ensure compliance.

Failure to take action against any defaulting USG centre and impose penalties despite serious violation of provisions of PC-PNDT Act by such a large number of centres, indicates lax attitude adopted by the district administration with regard to the implementation of PC-PNDT Act. Lack of any deterrent action will encourage defaulting USG centres to commit more violations thereby defeating the very purpose for which the PC-PNDT Act was enacted.

Recommendation: The Department should ensure adherence to the provision of the Act by USG centres and penal action should be taken against the defaulting centres.

3.1.5 Monitoring and Inspections

A State Supervisory Board (SSB) was to be constituted under the Chairmanship of the Hon'ble Minister-in-charge of Health and Family Welfare to review the activities of Appropriate Authorities; to monitor the implementation of provisions of the Act and Rules; and to make suitable recommendations. Likewise State Advisory Committee (SAC) headed by Director General Family Welfare, Uttar Pradesh and District Advisory Committee (DAC) under District Magistrate were to be constituted to aid and advise the Appropriate Authority in granting, renewing, suspending or cancelling registration of USG centres in the district.

3.1.5.1 State Level Monitoring

A State Supervisory Board (SSB) was constituted in August 2004. SSB was to meet at least once in four months to create public awareness; to review the activities of the Appropriate Authorities functioning in the State and recommend appropriate action against them; to monitor the implementation of provisions of the Act and the Rules and any other functions as may be prescribed under the Act.

Scrutiny revealed that only five meetings (33 *per cent)* had been held against required 15 meetings during 2010-15. It was also noticed that most of the recommendations that analysis of Form F (patient details, purpose of investigation etc.), regular inspections, tracking of pregnancies, providing toll free lines for registration of complaints, online filing of Form F, analysis of monthly reports received from USG centres, centres breaching provisions of Act to be sealed and legal action initiated etc., made by SSB were not implemented **(*Appendix 3.10).***

In reply, department had taken the matter in consideration for appropriate action.

3.1.5.2 Advisory Committees

State Advisory Committee (SAC) headed by Director General Family Welfare, Uttar Pradesh and District Advisory Committee (DAC) under District Magistrate were constituted in July 2006. SAC and DAC were to meet once in 60 days.

Scrutiny revealed that SAC met only five times against the required 30 meetings during 2010-15. Scrutiny further revealed that only 943 DAC level meetings (42 *per cent*) were conducted in the State, during 2010-15, against the required 2250 meetings. Thus, on an average only two to three meetings of DAC were held in each district every year against the requirement of *six* meetings. DACs in Ambedkar Nagar, Firozabad, Gorakhpur, Hardoi, Jhansi, Sant Kabir Nagar and Sitapur were not meeting regularly and very few meetings (*five* to *seven* meetings) were held during 2010-15.

Scrutiny of records of test-checked districts revealed that five to 23 meetings against required 30 meeting were held during 2010-15 (***Appendix 3.11***). It was also observed that most of the decisions/recommendations of DACs such as collecting reports from the centres on total number of ultrasound performed

during the month, noting patient's name and phone numbers on Form F and D and compiling the information at district level, enquiring about the delivery (boy/girl) six months after the scan, conducting more inspections in rural areas, clearing pending renewals within one month *etc*., were either not followed or discontinued.

Thus, on one hand SSB, SAC and DACs did not meet regularly and on the other, they did not ensure proper follow up action on the decisions taken and directions given by them. This rendered the entire system of monitoring, created under the provisions of the PC-PNDT Act, ineffective and largely dysfunctional.

Recommendation: The Government should ensure regular meetings of SAC and DAC for monitoring the proper implementation of the provisions of Act.

3.1.5.3 Insufficient inspections

GoUP in February 2009 constituted a State Inspection and Monitoring Committee (SIMC) headed by Joint Director Family Welfare under the provisions of PC-PNDT Act, 1994 to undertake field visits and conduct monitoring and inspections of USG centres for effective implementation of PC-PNDT Act.

Scrutiny revealed that budgetary provisions of ₹ 7.30 lakh[8] were made during 2010-15 through NHM to conduct 53 random inspections[9] in worst districts of the State in term of sex ratio, against which only 17 inspections[10] were carried out. Thus, on an average only zero to nine inspections were carried out every year by SIMC in the State having 75 districts and 4,622 registered USG centres.

Thus, State Inspection and Monitoring Committee did not conduct adequate inspections of USG centres and failed to discharge their responsibility to monitor and ensure the proper implementation of PC-PNDT Act.

Recommendation: The Government should ensure regular inspection by SIMC for enforcement of the provisions of the Act.

3.1.6 Complaint redressal system

As per Section 17 of the Act, SAA was to investigate complaint for breach of provisions of the Act or Rules and take immediate action based on the recommendation of SAC. Further, SSB in its meeting of October 2012 had directed the department to establish a website and provide a dedicated toll free phone number for registering complaints. The toll free phone number was to be displayed at prominent places and printed on pamphlets/forms for distribution under IEC activities.

It was observed in audit that the department had not established dedicated toll free phone line as of October 2015 for registration of complaints nor department had any database of complaints received for their proper disposal.

[8] 2010-11: ₹ one lakh; 2011-12: ₹ two lakh; 2012-13: ₹ 1.3 lakh; 2013-14: ₹ one lakh; and 2014-15: ₹ two lakh.
[9] No. of inspections during the year 2010-11: 20; 2011-12:10; 2012-13: 13; 2013-14: 10; and 2014-15: not mentioned.
[10] No. of inspections during the year: 2010-11: 02; 2011-12: Nil; 2012-13: 02; 2013-14: 09; and 2014-15:02.

On this being pointed out in audit, the department stated (June 2015) that no phone line was established for complaint registration but complaints can be registered through their website which was established in November, 2014. Further, complaints were received on different subjects at different levels in different offices so it had not maintained any database of year wise complaints received in respect of PC-PNDT Act. The reply was not acceptable as the registration of complaints through website only may not be sufficient to provide easy access to common public to register their grievances. As internet access to common public especially in rural areas is limited and tele-density is relatively much higher, a toll free phone number for registration of complaints, as directed by SSB, in addition to website should have been provided.

Recommendation: The Government should establish a dedicated toll free phone line for registration of complaints and should also effectively monitor redressal of grievances by maintaining a separate database of complaints received relating to violations of PC-PNDT Act.

3.2 The Medical Termination of Pregnancy Act, 1971

3.2.1 Introduction

The Medical Termination of Pregnancy Act, 1971 (MTP, Act), provides for the termination of pregnancies by registered medical practitioners in cases where length of pregnancy is between 12 to 20 weeks and continuance of pregnancy would involve a risk to life of the pregnant woman or of grave injury physical or mental health; or there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities so as to be seriously handicapped. The Medical Termination of Pregnancy Rules, 2003 (MTP, Rules) have been framed for implementation of MTP Act. MTP Rules require constitution of District Level Committee (DLC) for two years to approve the place for MTPs in the district. Further, the Chief Medical Officer (CMO) of concerned District, as often as may be necessary, is to verify whether termination of pregnancies are being done under safe and hygienic conditions.

We have taken up this topic for examination during this performance audit as per Director General, Family Welfare, the number of maternal deaths in the State due to unsafe abortions was quite significant (8.9 *per cent* of the maternal deaths). Further, there is also a likelihood of misuse of MTP for termination of female fetus unless, such terminations are effectively monitored and regulated.

Audit Findings

3.2.2 Financial Management

Resources were provided by GoI for services to be covered under MTP Act through NHM under the head ‚safe abortion services' covering expenditure on procurement of equipment for MTP, strengthening of DLC and review of implementation of the Act, etc.

Scrutiny revealed that funds for implementation and monitoring of MTP Act were not provided uniformly during 2010-15 and very minimal amount had been spent.

It was also observed that there was no expenditure during 2010-12 and the expenditure was much below the allotment in 2014-15. Only 11 *per cent* (₹ 450.95 lakh) of the fund allocated (₹ 4,058.12 lakh) during 2010-15 could be utilised by the department (***Appendix-3.12***).

No specific reply for low spending had been furnished by the department.

3.2.3 Insufficient MTP facilities in rural areas

The objective of MTP Act, 1971 was to provide termination of pregnancies by registered medical practitioners under safe and hygienic conditions.

Scrutiny revealed that only 46 CHCs (six *per cent*) out of 773 CHCs were having MTP facilities registered under MTP Act in the State. Thus, only six *per cent* CHCs were equipped to provide safe abortion services to the rural women. This implies that majority of women in rural areas had no access to safe abortion services at affordable cost and reasonable distance from their habitations. Given the fact that 1.19 lakh of 2.8 lakh MTPs conducted during the year 2010-14 in the State pertained to rural areas and very limited number of CHCs are available in such areas, possibility of operation of large number of unauthorised MTP centres in smaller towns in the vicinity of rural areas cannot be ruled out.

The department, in its reply, stated that due to non-availability of gynaecologist, these CHCs were not registered under MTP Act. Reply of the department confirms the audit assertion about the lack of adequate MTP facilities for rural women.

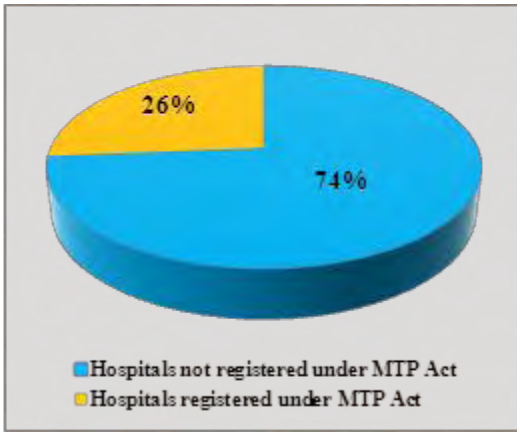
Recommendation: The Government should increase MTP facilities in rural areas by posting more gynaecologists and registering more CHCs under the Act.

3.2.4 Implementation

3.2.4.1 Non-registration of the premises

As per the provisions of the Act, no termination of pregnancy was admissible at any place other than a hospital established or maintained by the Government or a place approved for the purpose under the Act. On recommendations of CMO of concerned district DLC was to approve, such places and issue a certificate of approval. Scrutiny of records of test-checked districts revealed that only 548

Chart 3.4: Registration of Hospitals under MTP Act



(Source: Test checked districts)

(26.3 *per cent*) of 2083 nursing homes/ hospitals, having MTP facilities and operating in test-checked districts, were registered under MTP Act as detailed in ***Appendix-3.13*** and depicted in chart 3.4.

Further, Community Health Centres (CHCs)/Primary Health Centres (PHCs) particularly for rural services were not registered under MTP Act though 94933[11] MTPs/abortions were conducted in the Government institutions (District Women Hospital, CHCs and PHCs) in the State during 2013-15 and 40152[12] abortions in the Government institutions of test-checked district (***Appendix-3.14***). As such only 14 CHCs were registered under the MTP Act against 240 CHCs in the test checked districts. Moreover, safe and hygienic conditions were not ensured in 226 un-registered CHCs in test checked districts while it was observed that (1595) terminations had been carried out in *seven* out of 226 un-registered CHCs/PHCs during 2010-15. Therefore, the illegal, unsafe and unhygienic abortions could not be denied.

The department had taken the matter in cognizance and assured to take appropriate action.

3.2.4.2 Illegal termination of pregnancies

Accordingly to Section 3 of MTP Act, a pregnancy may be terminated by a registered medical practitioner where length of pregnancy does not exceed twelve weeks. It also prescribes that pregnancy of 12 to 20 weeks may be terminated, if not less than two registered medical practitioners were of the opinion that continuance of the pregnancy would involve a risk to life of the pregnant woman; or would result in fetus abnormality; or pregnancy was due to rape or contraceptive failure.

Audit scrutiny of records of test checked districts revealed that four pregnancies from 13 weeks to six months had been terminated in a hospital at Hardoi by medical practitioner who was granted permission for termination of pregnancy up to 12 weeks only, but the department even did not scrutinise the case reported through Form-I.

The district authority while acknowledging the fact, assured to take appropriate action.

3.2.5 Monitoring

The MTP Rules, 2003 had provided rules for composition and tenure of District Level Committee, Conditions for approval of the place for MTP, Inspection of place, cancellation or suspension of certificate *etc.* We in audit observed that:

3.2.5.1 District Level Committee (DLC)

A multi member committee was to be constituted at district level, consisting of one member as Gynaecologist/ Surgeon/ Anaesthetist and other members from local medical profession, non-government organisation and *Panchayati Raj*

[11] As per HIMS Report during 2013-14: 49130 and 2014-15: 45803.
[12] 2013-14: 20651; 2014-15: 19501.

Institutions of the district. Provided that one of the members of the committee shall be a woman. Tenure of the Committee shall be for two calendar years. The Committee was to approve place for termination of pregnancy and issue a certificate of approval on the recommendations of Chief Medical Officer.

Scrutiny revealed that DLCs in 14 out 20 test-checked districts had become invalid as tenure of the committee had expired and not renewed during 2010-15. It was also observed that DLCs meetings were not held regularly (only 41 against the required 1200 meetings) in 20 test-checked districts, defeating the objective of constitution of the committee (***Appendix 3.15***).

The district authorities while acknowledging the fact, assured for constitution of DLC in timely manner and its regular meetings.

3.2.5.2 Inspections for death/injury and hygiene/safety

DLC on recommendation of CMO[13] could cancel registration of place of MTP.CMOs have power of inspection and seizure[14] of the place of MTP in case of death/injury to pregnant women and lack of hygiene/safety.

Scrutiny revealed that no inspections were carried out by CMOs of test-checked districts to ensure that no death/injury to a pregnant woman had happened. Similarly, no inspection to ensure safe and hygienic conditions for MTPs had been carried out during 2010-15 in any of test-checked districts by the authorities.

Audit examination disclosed that as per records of directorate, the instances of death/injury to pregnant women were nil during 2013-15, however, HMIS reported two cases of death in the State due to unsafe abortions during 2013-14 and nil instances of death / injury to pregnant women during 2014-15.

This indicated that CMOs and DLCs completely failed in discharging their responsibility under the Act to inspect hospitals and nursing homes to verify safe and hygienic conditions and ensure that there was no death/injury to any pregnant woman due to negligence in termination of pregnancy.

The district authorities had noted audit observation for compliance in future.

3.2.5.3 Submission of irregular monthly reports

As per, Para 4(5) of MTP Regulations, head of the hospital or owner of the approved place was to submit a monthly statement of cases to CMOs of concerned district where medical termination of pregnancy had been carried out. However, audit observed that CMOs of 10 out of 20 test-checked districts did not receive monthly report on MTP while out of remaining 10 districts, CMOs of seven districts had received MTP reports irregularly and in incomplete format ***(Appendix 3.13).*** Other three districts did not furnish any information.

Further, as per paragraph 4 (7) of MTP Regulations, where pregnancy was not terminated in an approved place or hospital, intimation by the registered

[13] Rule 6 of MTP Rules.
[14] Rule 6 (2) of MTP Rules.

medical practitioner or practitioners by whom such termination of pregnancy was performed was required to be sent to the CMO of the district on the same day or on the next working day following the day on which the pregnancy was terminated.

Audit scrutiny revealed that no enforcement mechanism was developed by district authorities to ensure reporting under this provision.

Thus, due to lack of inspections and monitoring, the department failed to recognize unregistered centres conducting MTPs and number of MTPs cases shown by the department was un-realistic as the department did not ensure reporting from unregistered hospitals.

The district authorities had noted audit observation for compliance in future.

Recommendation: The Government should ensure regular meetings of DLC and required inspection by CMOs, for effective monitoring of the provisions of the Act.

3.2.5.4 Operation of unauthorised MTP in private clinics

As per Directorate, Family Welfare only 25 *per cent* of MTPs, which were conducted at Government hospitals, were reported and remaining 75 *per cent* MTPs were conducted at private clinics, most of which were unregistered. Information on MTP conducted in private clinics was not received in view of most of these clinics being unregistered and, therefore, it was not known as to whether these private clinics were complying with the prescribed safety and hygiene norms and standards or otherwise.

Audit observed that as per Health Management Information System (HMIS)[15] 2013-15 database, the total MTPs reported were 94,933[16] in the State, out of which 88 *per cent* (83,541 cases) were in government institutions and 12 *per cent* (11,392 cases) MTPs were in private institutions. Since HMIS captured data only in respect of registered MTP centres as explained above, the department did not have any information on the total number of MTPs in the State including those conducted in unauthorised clinics. Despite operation of large number of unauthorised MTP clinics (as informed by the Directorate, Family Welfare), the CMOs did not conduct inspections and enforce provisions of MTP Act with regard to taking action against the unregistered/unauthorised private clinics carrying out MTPs in unsafe and unhygienic conditions so as to compel them either to register under MTP Act or to discontinue their unauthorised activities.

Thus, due to poor implementation of MTP Act, 1971 the objectives of the Act "to provide for the termination of certain pregnancies by registered medical practitioner and for matters connected therewith or incidental thereto" could not be fulfilled and prescribed safety and hygiene norms and standards for safe abortion services had not been ensured.

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[15] HMIS is a digital initiative under National Health Mission by Ministry of Health and Family Welfare, GoI for compilation of information regarding the health indicators of India. The information sources are National Family Health Survey, Census, Sample Registrations System (SRS) and performance statistics at various levels.

[16] 2013-14: 49130; 2014-15: 45803.