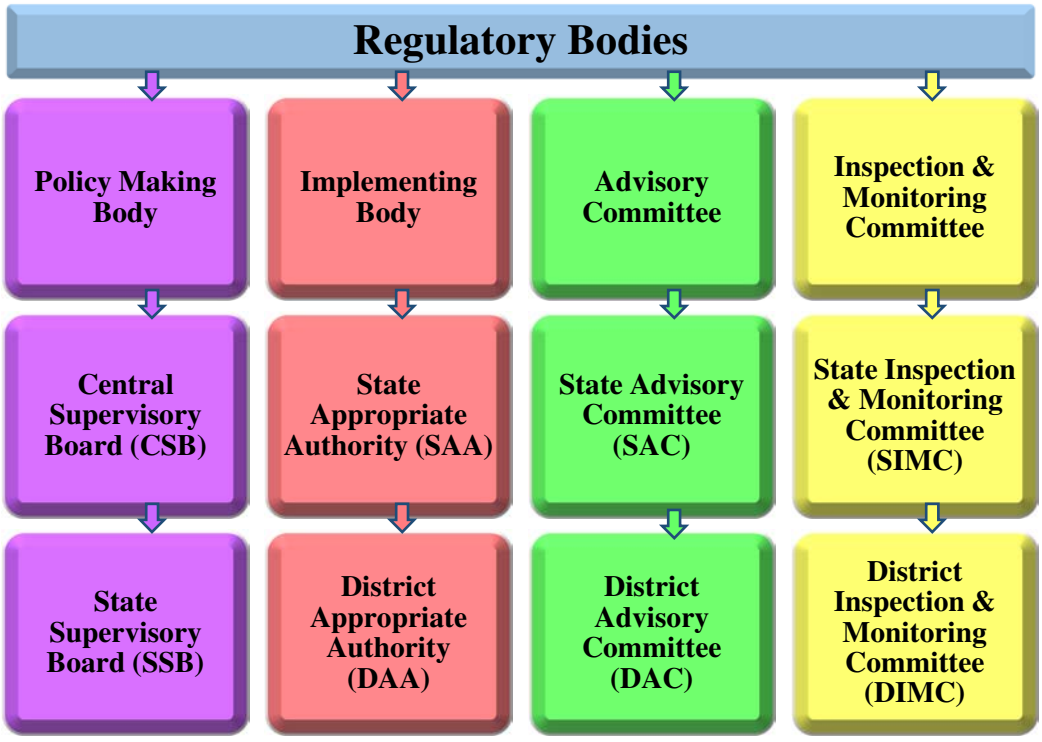
HEALTH, MEDICAL EDUCATION AND FAMILY WELFARE DEPARTMENT

2.2 Audit on implementation of the provisions of Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

2.2.1 Introduction

The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PCPNDT Act) and Rules thereunder, aimed to overcome the growing and grave problem of sex-selection resulting from misuse of pre-natal diagnostic techniques. The Act prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to pre-natal determination of sex and prescribes punishment for its contravention. Persons contravening the provisions of the Act are punishable with imprisonment up to three years and fine up to ₹ 10,000.

The institutional arrangements for implementation of the Act at various levels in the State are shown below:



Audit examined the extent of implementation of the Act/Rules covering the period 2014-17 based on three essential parameters- sufficiency of human resources, adequacy and utilisation of funds and effectiveness of monitoring through test check of records of Directorate (PCPNDT Cell), National Health Mission (NHM) and six[39] out of 24 civil surgeon cum district appropriate authority (CS cum DAA) offices in the districts. Besides, joint physical

[39] Dhanbad, East Singhbhum, Gumla, Koderma, Ranchi and Sahibganj selected by Probability Proportionate Size (PPS) with replacement method.

inspection of 72 (16 *per cent*) out of 439[40] ultrasonography clinics (USG) which includes six Government hospitals (GH), eight private hospitals (PH) and 58 private USG/nursing homes (NH) was carried out in these test-checked districts with the representatives of concerned CS cum DAA offices.

Entry (April 2017) and exit conferences (September 2017) were held with Director cum Nodal Officer, Health Services, PCPNDT to seek views of the Department on objectives, scope, audit methodology and audit findings. Further, the Additional Chief Secretary (ACS) of the Department replied to the Audit observations in January 2018. The replies of the Department have been suitably incorporated in the Report.

Audit findings

2.2.2 Human resource management

2.2.2.1 Vacancies in key positions

For implementation of the Act, the State Government created the posts of Nodal Officer PCPNDT in April 2005 and State co-ordinator (PCPNDT), State co-ordinator Monitoring and Evaluation and PCPNDT lawyer in April 2011. Except the post of Nodal Officer which is managed by Director, Health Services, the other three posts were vacant (May 2018) since their creation.

It was observed that the Department took no action to fill up the posts and issued (October 2017) advertisement for filling these posts (except PCPNDT lawyer) and held examination only in April 2018; appointments were yet to be made (May 2018). The vacancies in these key positions adversely affected monitoring of implementation of the Act as discussed in paragraph **2.2.4**.

2.2.2.2 Sonography by unqualified doctors

As per PCPNDT Rule 3(3)(1)(b), a sonologist or an imaging specialist or registered medical practitioner having post graduate degree or diploma or six months training duly imparted in the manner prescribed in the PCPNDT (Six Months Training Rules) Amendment Rules 2014 is eligible to perform ultrasound in registered centres. Further, the Amendment Rule 2014 stipulates that all the existing registered medical practitioners who are employed in a genetic clinic or USG or imaging centre on the basis of one year experience or six months training are exempted from undertaking the said training provided they are able to qualify the Competency Based Evaluation (CBE). In case of failure to clear the CBE, they shall be required to undertake the complete six months training as provided under these rules for the purpose of renewal of registration of the centre. Moreover, section[41] 3(2) of PCPNDT Act 1994 stipulates that no genetic counseling centre/laboratory/clinic shall employ or cause to be employed or take services of any person, whether on honorary basis or on payment who does not possess the qualification as above.

Contrary to the Act/ Amendment Rules 2014, the Director-in-Chief, Health services, Government of Jharkhand intimated (December 2014) all DAAs that

[40] In six test checked districts out of 751 centers in the States

[41] for regulation of genetic counseling centers, genetic laboratories and genetic clinics

the existing doctors who are employed in a genetic clinic or USG or imaging centre on the basis of one year experience or six months training and given exemption from appearing in the CBE to work in the USG centres. Audit observed that the Amendment Rule 2014 has mentioned only about the exemption from appearing in the training in the notified institutions and not permitted such doctors to work in any USG centres for undertaking sonography until they meet the other conditions of the Amendment Rule 2014. This resulted in irregularities in the implementation of the Act as discussed below:

2.2.2.2 (i) Functioning of USG centres with unqualified doctors

As per records of PCPNDT cell of National Health Mission (NHM), 599 doctors were working in the 702 registered and functional USG centres[42] in the State as on March 2017. Of these, 360 doctors (60 *per cent*) were qualified[43] to conduct ultrasound in the USG centres in line with the above rule while 227[44] (38 *per cent*) doctors were not qualified (excluding 12 unqualified doctors working with 10 qualified doctors in 10 USG centres) to work in the USG centres as detailed in **table 1**:

Table 1: USG centres with qualified and unqualified doctors

USG centres	Working doctors	USG centres where qualified doctors work		USG centres where unqualified doctors work alone		Breakup of USG centres and unqualified doctors			
		USG centres	Doctors	USG centres	Doctors	USG Centres (only MBBS)	Unqualified doctors (only MBBS)	USG Centres (MBBS plus experienced/ trained)	Unqualified but trained doctors (MBBS plus experienced/ trained)
702	599	442	360	250	227	87	81	163	146

(Source: Information provided by PCPNDT Cell of NHM)

As seen from the table, 250 USG centres (36 *per cent*) in 19 out of 24 districts of the State have engaged 227 unqualified doctors (38 *per cent*) without any qualified doctors on their panel in violation of section 3(2) of the Act. Of these, 87 USG centres have engaged 81 MBBS doctors without any experience or training while 163 USG centres have appointed 146 MBBS doctors, though having one year experience/six months training, but without the mandatory clearance of CBE.

2.2.2.2. (ii) Districts with high concentration of unqualified doctors

The five major districts which have the highest numbers of USG centres with unqualified doctors are shown in **table 2:**

[42] Out of 751 USG centres in the State. The PCPNDT Cell could not furnish details of doctors working in the balance 49 USG centres. This requires investigation.

[43] 171 have degrees in Radiology and 189 were doctors from other streams with requisite qualifications

[44] Bokaro-18, Chatra-03, Deoghar-04, Dhanbad-25, Dumka-06, East Singhbhum-21, Giridih-07, Godda-06, Garhwa-11, Gumla-02, Hazaribagh-03, Koderma-06, latehar-03, Palamu-25, Ranchi-58, Ramgarh-20, Sahibganj-02, Saraikela-02, West Singhbhum-05

Table 2: Five major districts/USG centres with highest unqualified doctors

Districts	USG Centres	Doctors	USG centres engaging unqualified doctors		Breakup of USG centres and unqualified doctors			
			USG Centres	Doctors	USG Centres (MBBS)	Doctors (MBBS)	USG Centres (MBBS + experienced/ trained)	Doctors (MBBS + experienced/ trained)
Ranchi	198	163	66	58	45	39	21	19
Dhanbad	64	76	25	25	0	0	25	25
Palamu	31	29	27	25	0	0	27	25
East Singhbhum	133	91	25	21	13	13	12	08
Ramgarh	35	31	23	20	0	0	23	20

(Source: Information provided by PCPNDT Cell of NHM)

As may be seen, 39 *per cent* USG centres (25 out of 64) in Dhanbad have engaged 33 *per cent* (25 out of 76) unqualified doctors while 33 *per cent* USG centres (66 out of 198) in Ranchi have engaged 36 *per cent* (58 out of 163) unqualified doctors. Interestingly, East Singhbhum which has the highest numbers of USG centres after Ranchi has 23 *per cent* unqualified doctors (21 out of 91) working in 19 *per cent* (25 out of 133) of the USG centres.

Functioning of these USG centres by unqualified doctors violates the Act and resulted in sonographies by unqualified doctors, putting at risk the life of patients who may undergo treatment based on such reports.

2.2.2.2 (iii) Findings in test checked USG centres

In the test-checked districts, 126 unqualified doctors working in 136 USG centres conducted 59,959 sonographies during 2014-17 of which, 604 were done by 56 inexperienced and untrained MBBS doctors in 61 USG centres.

Further, Audit visited 72 selected USG centres and reviewed 3,717 sonography cases conducted in the month of March 2017 in these centres from Form-'F'. Findings are shown in **Table 3:**

Table 3: Sonography in test checked USG centres

Particulars	Qualified doctors	Unqualified doctors			Grand Total (qualified + unqualified)
		Total	MBBS	MBBS and trained	
No. of doctors	70	16	08	08	86
USG centres	57	15	07	08	72
Sonographies done	3511	206	113	93	3717

(Source: Joint physical inspection of the USG centres by Audit with the representatives of concerned DAAs)

In 15 USG centres, 16 doctors who are not qualified to conduct sonographies were working alone during 2014-17 and have also conducted 206 sonographies in March 2017 and issued reports in contravention to the Act. Of these, 113 sonographies were done by eight MBBS doctors in seven USG centres who did not even have any work experience or training.

It was observed in Audit that the concerned District Appropriate Authorities responsible for granting registrations failed to verify violations of section 3(2) of the Act by the USG centres in engaging doctors who were not eligible to work in the USG centres. Resultantly, no actions were taken against these centres under section 23 (1) of the Act which stipulates imprisonment up to three years and with fine up to ₹ 10,000 for persons owning genetic counseling centre/laboratory/clinic and contravening any of the provisions of this Act or rules made thereunder. Moreover, the Department did not take any steps to restrict the USG centres from functioning with unqualified doctors.

The ACS of the Department agreed (January 2018) that only qualified doctors can render service in the USG centres or MBBS doctors have to take six months training from a State notified institution and clear the CBE to work in the centres. The ACS further stated that in Jharkhand, only one CBE exam has been conducted and second exam could not be held due to stay on the examination by High Court. The ACS also stated that an Interlocutory Application (IA) has been filed by the department in the High court, Jharkhand to vacate the stay and till then no existing clinics having only MBBS doctors would be closed. Further, the ACS informed Audit that no new registrations and renewals are being given to clinics that are not fulfilling the qualification criteria as per the PCPNDT Act (six months training[45] Rule 2014).

The reply of ACS is not acceptable as (i) the functioning of USG centres with unqualified doctors contravenes the Act; (ii) the problem was created when DAAs who were required to ensure the qualifications of the medical personnel of the USG Centres, in accordance with the section 3(2) of the Act, failed to do so; and (iii) the Department filed (September 2017) IA only after more than one year of stay order (July 2016) by High Court and this enable unqualified doctors to continue to work in the USG centres.

2.2.2.3 Single Radiologist in multiple USG centres

As per GoI notification (June 2012), each medical practitioner qualified under the Act to conduct ultrasonography in a genetic clinic/ultrasound clinic/imaging centre shall be permitted to be registered with a maximum of two such clinics/centres within a district. Further, the CSB also instructed (May 2015) the Principal Secretary of the Department to restrict qualified medical practitioners to register and work in a maximum of two centres.

Scrutiny of records of PCPNDT cell of NHM revealed that the Principal Secretary forwarded (June 2015) the letter of CSB to Mission Director, NHM and Nodal Officer (Director, Health Services), PCPNDT for taking immediate action. However, Audit did not find evidence of any action in the files of the Nodal Officer.

Audit further observed from the list of registered USG centres in the State maintained by the PCPNDT cell that in five districts[46] (two out of six sampled and three other districts), 18 radiologists were registered with 71 USG centres

[45] Rule 9 of PCPNDT (six months training) Rules, 2014 stipulates that the registered medical practioners employed in a USG centre on the basis of one year experience or six months training shall have to clear CBE examination.

[46] Bokaro, Deoghar, East Singhbhum, Ranchi and West Singhbhum

during 2014-17 which involved a minimum of three USG centres per radiologist and a maximum of six USG centres per radiologist in violation of the notifications of GoI (***Appendix-2.2.1).*** Although no reasons were on record of the Directorate of NHM, one of the possible causes observed by Audit was failure of the SIMC to conduct inspections of the USG centres (as commented in paragraph **2.2.4.7(i)**) to report cases of violation of the instructions of GoI to the SSB where the Principal Secretary holds the position of ex-officio Deputy Chairman. The fact of one radiologist registered in multiple USG centres has two implications: (i) since the radiologist is unavailable for most of the time the patient of these USG centres are required to wait for unduly long period of time, perhaps days, and they are subject to acute and unwarranted distress; (ii) patients are attended to by unqualified doctors, with the qualified radiologist only signing the reports.

Accepting (January 2018) the audit observation, the ACS assured corrective action, which is awaited (May 2018).

Recommendation

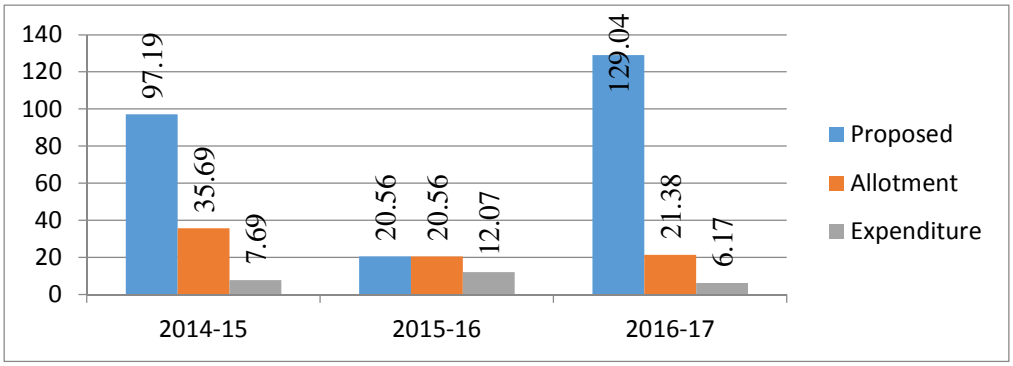
The Department should initiate appropriate action against (i) unqualified doctors performing sonography, (ii) USG centres who permit such unqualified doctors to perform sonographies, and (iii) DAAs who registered such USG centres despite their not having qualified doctors.

2.2.3 Financial Management

National Health Mission (NHM), Government of India (GoI) provides financial resources for implementation of PCPNDT Act, 1994 in the State. In addition, the State Government also collects fees for registration of genetic counselling centres, genetic laboratories, genetic clinics, ultrasound clinics and imaging centres.

The details of allotment and expenditure during 2014-17 are depicted below:

(₹ in lakh)



(Source: Directorate, NHM, Jharkhand)

Audit observed that:

- During 2014-17, GoI allocated ₹ 77.63 lakh against the proposed budget of ₹ 2.47 crore for implementation of various components[47] of the Act. The short allocation was due to the underutilisation of allotted funds by the Department.

[47] Support to PCPNDT cell and Other activities (annual orientation programme, mapping of USG centres, printing of Flip Book, annual rallies/road shows/nukkad, permanent flex hoarding etc)

The Department utilised only ₹ 25.93 lakh (33 *per cent*) and ₹ 51.70 lakh remain unutilised on account of failure to conduct activities like orientation programmes, mapping of USG centres, information, education and communication (IEC) activities consisting of various awareness programmes through print and electronic media etc.

- Rule 5 (2) of PCPNDT Rules 1996, stipulate maintenance of separate bank accounts for implementation of PCPNDT Act. All amounts including those realised by the DAAs in the form of fee, penalties etc., are to be kept in this bank account and spent on implementation of the Act.

In the six test checked districts, two DAAs maintained separate bank accounts for implementation of PCPNDT Act. However, four[48] DAAs did not maintain separate bank accounts in violation of the Rules and used the bank accounts maintained in the designation of Civil Surgeon. These four DAAs and the SAA did not furnish any reason for failing to comply with the PCPNDT Rules 1996. Maintenance of common bank account may prevent verification of cash book balance with the balance in the bank accounts as it would not be possible to ascertain if the balance in the bank pertains to funds received for implementation of the Act or for the other receipts of Civil Surgeon. Further, the six DAAs realised ₹ 55.41 lakh from fees, penalties etc., during 2014-17, but spent only ₹ 15.38 lakh (28 *per cent*) as the DAAs did not undertake IEC activities in three districts and partially executed these activities in the other three districts, and the balance of ₹ 40.03 lakh was parked in bank accounts.

Thus, the Department neither ensured utilisation of funds by the DAAs nor provided funds for essential activities such as decoy operations [commented in paragraph **2.2.4.9 (ii)**] etc. As a result, the Department could not efficiently enforce the Act. No reply has been furnished by the Department (March 2018).

Recommendation

The Department should ensure full utilisation of the allocated funds by the DAAs on the approved activities for smooth implementation of the Act.

2.2.4 Monitoring and inspection for implementation of the Act

2.2.4.1 Institutional arrangement under the Act

The PCPNDT Act and Rules notified thereunder envisages constitution of State Supervisory Board (SSB), State Appropriate Authority (SAA), State Advisory Committee (SAC) and State Inspection and Monitoring Committee (SIMC) bodies at State level and District Appropriate Authority (DAA), District Advisory Committee (DAC) and District Inspection and Monitoring Committee (DIMC) at district level for proper monitoring and inspection of implementation of PCPNDT Act and Rules in the State. Details of roles and functions are narrated below in **Table 4.**

[48] Dhanbad, East Singhbhum, Sahibganj and Gumla

Table 4: Roles and functions of different statutory bodies

Body	Headed by/composition of statutory body	Role	Function
State Supervisory Board (SSB)	Minister-in-charge[49]	Supervision	To create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide in the state; 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 make suitable recommendations to the Board and to send such consolidated reports as may be prescribed in respect of the various activities undertaken in the State under the Act to the Board and to the Central Government.
State Appropriate Authority (SAA)	Officer above the rank of Joint Director[50]	Implementation of the Act at State level	To grant, suspend or cancel registration of USG Centres; to enforce standards prescribed for USG centres; to investigate complaints of breach of the provisions of the Act, to create public awareness, to supervise the implementation of provisions of the Act and rules, to take appropriate legal action against the use of any sex selection technique, take action on recommendations of the Advisory Committee etc.
State Advisory Committee (SAC)	Specialist Obstetric and Gynaecologist [51]	Assist SAA	To aid and advise the Appropriate Authority in the discharge of its functions
State Inspection and Monitoring Committee (SIMC)	Senior Regional Deputy Director (RDD)[52]	Surprise visits to USG centres	Conduct surprise visits to ultrasound centres, check their compliance, records, to deploy as decoy, pregnant women if need arises, facilitate search and seizure by the District Appropriate Authorities within the State.
District Appropriate Authority (DAA)	Civil Surgeon cum Chief Medical Officer	Implementation of the Act at district level	Implement the Act at the district level, register ultrasound clinics/hospitals, inspect them, investigate complaints and file court complaints
District Advisory Committee (DAC)	Civil Surgeon cum Chief Medical Officer[53]	Assist DAA	Advisory body to the DAA in implementing the Act
District Inspection and Monitoring Committee (DIMC)	DAA/Member of DAC[54]	Inspection of USG centres	Ensure registration certificate displayed in every USG centre, USG machine number tallied with machine number entered in registration certificate, timely submission of form by USG centres, take legal action against violators and sent pregnant women for decoy operations.

(Source: PCPNDT Directorate and provisions of Act and Rules)

[49] Secretary, Health as Deputy Chairman, Mission Director, NHM as member secretary and 19 members

[50] Including State Programme Director and one representative from Law Department

[51] Including Paediatric specialist, Advocate High Court, Director Information and Broadcasting Department and three members from NGO

[52] Including four RDD, two Lawyer and four NGOs

[53] Including Nodal Officer PCPNDT, one Public Prosecutor, one Pediatrician, one Gynecologist and two members

[54] Including one social worker/member from NGO and First class Judicial Magistrate

Audit observed the following deficiencies in the constitution and functioning of some of these bodies:

2.2.4.2 Delay in constitution of Statutory Bodies

As per Section 16A and 17(2) of the PCPNDT Act, the State Government was to constitute the SSB and SAC for a period of three years and thereafter SSB and SAC would be reconstituted.

Scrutiny of records of Directorate, NHM revealed that these were constituted in August 2011 and their term ended in August 2014. However, these were re-constituted after a delay of almost two years i.e., in June 2016 due to delay in issuing notification for reconstitution. During the intervening period from September 2014 to May 2016 the SSB and SAC functioned unauthorisedly and convened one and two meetings of SSB and SAC respectively. These shortcomings resulted in absence of supervision and monitoring of provisions of PCPNDT Act at the State level as discussed in succeeding paragraphs **2.2.4.7 (i)** and **2.2.4.7 (ii)**

The Director cum Nodal Officer, PCPNDT stated (March 2018) that the delay in constitution was due to delay in their notification and consequently delay in approval by the State Government. The reply is not acceptable. It was the responsibility of the State Government to get the notification issued on time. Further**,** though the SSB (February 2015) and SAC (March 2014 and October 2014) resolved to reconstitute the statutory bodies, the Department failed to reconstitute these on time.

2.2.4.3 Constitution of Sub-District Appropriate Authority

As per guidelines of GoI and GoJ[55], a Sub-District Appropriate Authority (SDAA) was required to be constituted by the State Government for implementation of the Act at grass root level. Section 17 (2) of the Act ibid also stipulates appointment of Appropriate Authorities for whole or part of the State. SSB in its meeting (June 2012) also instructed effective implementation of the PCPNDT Act 1994 in the whole State.

Audit noticed that no such committee was constituted in any of the six test checked districts by the Department for reasons not on record. Thus, monitoring and inspection of implementation of the Act was not ensured at grass root level as discussed in paragraphs **2.2.4.7 (iii)** and **2.2.4.7 (iv)**.

The SAA stated (March 2018) that at present Civil Surgeons (CS) function as DAAs for implementation of PCPNDT Act in the district and steps are being taken to make the Deputy Commissioners of Districts as the DAA and the Sub Divisional Officers (SDOs) as Sub-District Appropriate Authority. It is therefore evident that the provisions of the Act and instruction of GoI[56]/GoJ have not been complied with.

Recommendation

The Department should establish Sub-District Appropriate Authorities at the earliest to strengthen the institutional arrangements to fulfil the

[55] Guidelines for effective implementation of PCPNDT Act 1994 issued by Government of Jharkhand

[56] Standard Operating Procedure (SOP) guidelines issued by GoI for DAA

mandate of the Act and ensure strengthening of supervisory and advisory committees.

2.2.4.4 Formation of District Advisory Committee (DAC)

As per chapter 3(7) of the Standard Operating Procedure (SOP), Chairperson of District Advisory Committee (DAC) would be appointed only from the members of the DAC. Further, the DAA can neither become a member nor Chairperson of DAC.

Audit observed that the Civil Surgeon cum Chief Medical Officers of the test checked districts functioned both as DAA and the Chairperson of the DAC in contravention of the SOP.

The Director cum Nodal Officer, PCPNDT stated (March 2018) that steps are being taken to make the Deputy Commissioners of the districts as the DAA.

2.2.4.5 Implementation of recommendations of Statutory Bodies

Audit noticed that Central Supervisory Board recommended (October 2014) three issues for implementation during 2014-17 of which, one was partially implemented and two were not acted upon by the State Government (SAA/DAAs) due to failure of the Principal Secretary of the Department who was the ex-officio deputy Chairman of the SSB to follow-up the recommendation with the SAA/DAAs. Likewise, the State Supervisory Board recommended 14 issues out of which two were implemented, six were partially implemented on account of failure to conduct awareness programme about the Act in three out of six sampled districts while six recommendations were not implemented due to failure to appoint legal expert, absence of funds for activities like decoy operations, non-involvement of stakeholders, absence of inspections, dedicated website etc. as detailed in ***Appendix-2.2.2***. A summary of the important recommendations of CSB/SSB (policy making bodies) which were not implemented by the implementing bodies of the State are listed below:

Sl. No.	Recommendations	Status of implementation
Central Supervisory Board		
1	Restricting qualified Doctors to two clinics to operate ultrasound machine in a district.	SAA/DAAs were responsible for implementation of this recommendation. However, the recommendation was not implemented as observed in two out of six sampled districts and three other districts where 18 radiologists were registered with more than two USG centres as discussed in para **2.2.2.3**
2	Online grievance/complaint portal for receiving complaints	Nodal Officer, PCPNDT (SAA) was to implement this recommendation. Against the recommendation (May 2015) to set-up online grievances/complaint portal for the Act, the Nodal Officer took up development of website for PCPNDT which included provision of grievance redressal portal only in August 2017 for completion by December 2017. However, it was not completed till April 2018 as discussed in paragraph **2.2.4.9 (i)**
State Supervisory Board		
3	Inspection of ultrasound clinics by State Inspection and Monitoring committee	SIMC did not carry out any inspection of USG centres during 2014-17 although constituted in August 2011 by GoJ to undertake field visits and conduct monitoring and surprise inspections of USG centres as discussed in paragraph **2.2.4.7(i)**. SAA stated that members of SIMC

		were engaged with other programme and hence, inspections could not be held. The reply was not acceptable as engagement with other programmes did not absolve the members of SIMC of the responsibility of inspection of the USG centres for which this body was created.
4	Online tracking of Form 'F'[57]	Nodal Officer, PCPNDT was responsible to ensure this. However, online tracking of Form F was not done as the website of PCPNDT which would facilitate such tracking was not completed (April 2018) as discussed in para **2.2.4.9 (i)**
5	GIS mapping of USG centres	Nodal Officer, PCPNDT was responsible for GIS mapping of USG centres. The mapping work was completed in five districts[58] and in progress (January 2018) in the remaining 19 out of 24 districts. However, in none of the test checked districts, GIS mapping work has been completed till January 2018 as the vendors did not submit report of sale and purchase of machines to SAA as discussed in para **2.2.4.8 (iii)** which prevented identification of the USG machines for mapping work.

Although the recommendations were not acted upon, no accountability was fixed or contemplated against the Nodal Officer, PCPNDT (SAA) or the concerned CS cum CMO (DAAs).

The ACS of the Department, while accepting (January 2018) the facts, stated that development of website for online grievances and redress was in process and online tracking of form 'F' will be done after launching of PCPNDT website. It was further stated that instructions have been sent to all the DAAs (July 2015) for random scrutiny of Form 'F'.

The fact remains that non-implementation of the recommendations adversely impacted the implementation of the Act in the districts in the form of delays in renewal/registration of USGs centres, failure to keep track of missing deliveries, poor maintenance of records, unsatisfactory generation of monthly reports, inadequate meetings, etc., as discussed in succeeding paragraphs. This in turn had prevented the State Government from assessing the overall effectiveness of implementation of the Act in the State.

Recommendation

The Department should ensure immediate implementation of the recommendations of Statutory Bodies.

2.2.4.6 Meetings by Statutory Bodies

2.2.4.6 (i) Shortfall in meeting of SSB

Under the guidelines, SSB is to meet at least once in four months to review the activities of Appropriate Authorities.

Audit scrutiny revealed that SSB held only two meetings[59] against the required nine[60] meetings during 2014-17 for which no reasons were on files of SSB

[57] Form for maintenance of record in case of Prenatal Diagnostic test/procedure by genetic clinic/ultrasound clinic/imaging centre

[58] Bokaro, Hazaribagh ,Khunti, Ramgarh and Ranchi

[59] 18 February 2015 and 16 November 2016

[60] Once in fourth month (3x3) = nine meetings

maintained in the PCPNDT cell of NHM. Shortfall in the meetings adversely affected the supervision of implementation of the Act.

2.2.4.6 (ii) Shortfalls in meetings of SAC/DAC

SAC and DAC are to hold meetings once in 60 days for effective monitoring of implementation of the PCPNDT Act/Rules.

Audit scrutiny revealed that SAC met only three times (17 *per cent*) against the required 18 meetings while total numbers of meetings held by DAC in six sampled districts are depicted in **Table 5**.

Table 5: **DAC meetings in test-checked districts during 2014-17**

Sl. No.	Name of District	No. of meetings due to be conducted	No. of meetings conducted	Shortfall (in *per cent*)
1	**2**	**3 (3 years x 6 times)**	**4**	**5**
1	Dhanbad	18	08	56
2	Jamshedpur	18	09	50
3	Ranchi	18	18	Nil
4	Sahibganj	18	Nil	100
5	Koderma	18	02	89
6	Gumla	18	01	94
	TOTAL	**108**	**38**	**66**

During 2014-17 the SSB held only two against required nine meetings, SAC met only three times against required 18 meetings and DAC held only 78 meetings against the required 432 meetings

- DAC conducted 78 meetings (18 *per cent*) in the state against the requirement of 432[61] meetings during 2014-17.
- In the test checked districts, DAC met 38 times (35 *per cent*) against the requirement of 108 meetings which ranged between zero (Sahibganj) and 18 (Ranchi) meetings during 2014-17. As a result of shortage of meetings by these bodies, monitoring activities remained incomplete and ineffective.

The ACS of the Department, while accepting (January 2018) the facts, stated that due to non-availability of Chairperson, only five meetings of SAC had been held and instruction has been sent to conduct the DAC meeting within the time frame.

The reply was not acceptable as the concerned Chairperson was not available only during 2015-16 and the Principal Secretary of the Department had not nominated any other Chairperson during that period. Even when 2015-16 is not taken into consideration, there was still shortfall in the number of meetings to the extent of 75 *per cent* during the availability (2014-15) of the concerned Chairperson. Thus, the Department cannot absolve itself of its responsibility in ensuring availability of Chairperson or justify the shortfall in the number of meetings during 2014-16.

2.2.4.7 Inspection of ultrasonography centres

Rule 18-A (8) (i) of PCPNDT Amendment Rules, 2014, prescribes that all the DAAs are to inspect and monitor all registered centres once every 90 days and preserve inspection report as documentary evidence to ensure enforcement of the provisions of the Act by the USG centres. Further, as per rule 18-A (8)

[61] Once in two months i.e. 24 (districts in the state) x3 years x6 times in a year= 432

(ii), the CS cum DAA is required to conduct regular inspections of USG centres and submit all inspection reports once in three months to DAC for follow up action.

2.2.4.7 (i) Inspections by State Inspection and Monitoring Committee (SIMC)

The body was constituted in August 2011 by GoJ to undertake field visits and conduct monitoring and surprise inspection of USGs centres. However, SIMC neither carried out any field visits nor conducted inspection of any USG centre during 2014-17. This was also reported (December 2015) by the National Inspection and Monitoring Committee to the Principal Secretary.

Although the ACS of the Department did not reply to the audit observation, the SAA stated that members of SIMC were engaged with other programme and hence, regular inspection could not be held. The reply was not acceptable as engagement with other programmes did not absolve the members of SIMC of the responsibility of surprise inspection of the USG centres for which this body was created.

2.2.4.7 (ii) Inadequate inspections by DAAs

Scrutiny of records of PCPNDT cell revealed that only 244 inspections (three *per cent*) against targeted 8,608 inspections were conducted by CS cum DAAs in the State during 2014-17. In test checked districts, 96 inspections (two *per cent*) against required 5,060 inspections were carried out by DAAs during 2014-17**.**

As against the prescribed quarterly inspection of each USG centres by DAAs, the shortfall in inspection of USG centres ranged between two and 40 *per cent* in all the six test checked districts of the state. In important districts such as Ranchi (capital city) and Jamshedpur, the DAAs did not carry out any inspection, although the Director, Health Services who functions as Nodal Officer, PCPNDT and the Principal Secretary, who acts as the ex-officio Deputy Chairperson of the State Supervisory Board were based in Ranchi itself, which indicates the level of deficiency in monitoring and supervision of the implementation of the Act. Interestingly, the inspection by DAA in the remote Sahibganj district was 40 *per cent* of the requirement compared to other districts.

One of the primary reasons of shortfall in the inspections, as observed by Audit, is the dual roles the DAAs perform which are mostly administrative in nature concurrently with their duties as Civil Surgeons cum Chief Medical Officers. The Nodal Officer, PCPNDT informed (March 2018) Audit that steps are being taken to nominate Deputy Commissioners as DAA.

Further, during the course of visit to nine[62] out of 72 sampled USG centres, Audit observed deficiencies such as non-maintenance of basic records by the centres, USGs conducted by unqualified doctors', unavailability of backup of

[62] Life line clinic & diagnostic center, Bharat ultra sound, Sahara ultrasound, Rahat ultrasound, Bhadani Diagnostic Centre, Koderma, St. Josheph Hospital, Urmi, Dumardih, Gumla, and Tejswini USG Clinic, Surya Nurshing Home, and Utkarsh Nursing Home, Sahibganj

images, absence of name, registration number and qualification of radiologist on the display board etc., as commented in paragraphs **2.2.2.2.** and **2.2.4.7 (iii)**. These nine USG centres were also inspected by the concerned DAAs but these irregularities were not mentioned in the inspections reports by the DAAs[63]. In fact, the inspection reports did not mention any irregularities at all in these USG centres. Thus, the irregularities were concealed by the DAAs from the DAC and State Level Authorities and possible nexus between the DAAs and the USG centres, cannot be ruled out. The ACS of the Department did not furnish any reason for shortfall in inspections of diagnostic centres or suppression of facts by the DAAs.

Recommendation

The Department should ensure required numbers of inspections by SIMC and DAAs and shall take appropriate action against those DAAs whose inspections of the nine USG centres did not reveal the irregularities noticed by Audit.

2.2.4.7 (iii) Joint Physical Inspection of USG centres by Audit and Auditee

In order to ascertain whether the USG centres adhered to the provisions of PCPNDT Act/ Rules, joint physical inspections (JPIs) of 72 USG centres in the test checked districts were conducted by audit teams along with the representative of CS cum DAAs and Nodal Officer, PCPNDT. In these 72 centres, Audit test checked 3,717 cases (40 *per cent*) (Form-F) out of 9,401 cases (***Appendix 2.2.3***) during 2014-17 and the main violations noticed are tabulated below:

Basic details of patient to track records of pregnancy, were not filled in 2,257 cases

In 979 cases (26 *per cent*), there were no referral slips of registered medical practitioners

Table 6: **Violation of PCPNDT Act by USG Centres**

Sl. No.	Audit Findings	PCPNDT Clause
1.	Basic details of patient such as number of living children, phone number, address etc. to track records of pregnancy were not filled in 2,257 cases (61 *per cent*). PMCH Dhanbad did not submit Form 'F' during 2014-17 despite being a Government hospital.	Violation of rules 9(4) and 10(1A) of Rules, 1996
2.	In 979 cases (26 *per cent*) referral slips of registered medical practitioners were not found attached for conducting sonography.	Violation of rules 9(3) and 9(4) of Rules, 1996
3.	In 49 USG centres (68 *per cent*), backups/ records of images taken during ultrasonography were not kept for the prescribed period of two years ***(Appendix-2.2.3)***	Violation of Section 29 of PCPNDT Act
4.	USG centres were to intimate any change in its employees, place, address and installed equipment to DAA within 30 days. Further, only registered radiologists are permitted to practice in any USG centre. However, 14 USG centres (19 *per cent*) had employed radiologists other than the radiologists registered with the DAAs. Likewise, three out of 20 USGs centres in Dhanbad had different USG machines than those registered without any intimation to DAA ***(Appendix-2.2.4).***	Violation of rule 13 of PCPNDT Rules 1996
5.	Name, registration and qualification of the radiologist are to be displayed at prominent place. JPI revealed that in 19 centres (26 *per cent*) such details were not displayed.	Violation of rule 17 of PCPNDT Rules 1996
6.	As per guidelines issued by the GoI, display board stating that "Disclosure of the sex of the foetus is prohibited under law" is to be displayed in english and in the regional language. JPI revealed that in 26 centres (36 *per cent*) of test-checked districts, displays were only in a single language.	Violation of rule 17 of PCPNDT Rules 1996

[63] Civil Surgeon is the DAA. Members are nominated by the DAAs which includes Medical officers, Lawyers and representative of NGOs.

7.	Communication of sex of foetus by words, signs or any other manner to any person, pregnant women or relatives is prohibited. JPI revealed that in four test-checked centres[64] indicative photographs were found pasted on the wall of USG centres, which have high probability of being misused to communicate the sex of foetus.	SOP guidelines for DAAs
8.	In the test checked districts, 17 USG centres (24 *per cent*) out of 72 centres had not been maintaining any records, registers *etc.*	Violation of Rules 9(4) and 10(1A) of rules 1996

Thus, the JPI revealed that 97 *per cent* (70 out of 72) of test checked USG centres in both Government as well as private sector were violating one or more provisions of the PCPNDT Act/ Rules made thereunder.

Further, the PCPNDT Act envisages penalties for the contravention of provisions of the Act like suspension/cancellation of registration of USG centres under section 20, punishment with imprisonment up to three years or fine up to ₹ 10,000 under section 23 and punishment with imprisonment up to three months or fine up-to ₹ 1,000 under Section 25. However, neither penalty was imposed nor registration suspended for any of these centres which was largely due to inadequate inspections / meetings of DAC and non-reporting by the DAAs of incidents of violation of Act provisions by the USG centres as commented in paragraph **2.2.4.7 (iv).** As these were findings in the sampled USG centres and the possibility of these deficiencies happening in other USG centres of the State cannot be ruled out, the Department needs to investigate cases of violations in other USG centres also to ensure adherence to the Act.

The ACS of the Department, while accepting (January 2018) the facts, stated that instructions have been issued to the DAAs for inspection of USGs centres in a regular basis. Further, it was also stated that action would be taken against clinics violating the PCPNDT Act, the implementation of which would be made more stringent in the State.

Recommendation

The Department should ensure regular inspection of USG centres to prevent violations of the Act, and take appropriate corrective action.

2.2.4.7 (iv) Functioning of ultrasound centres without valid registrations

Every certificate of registration of ultrasound clinics issued by the CS cum DAA is valid for a period of five years. For renewal of registration, application has to be made 30 days before the date of expiry of the certificate of registration. In the event of failure of the USG centres to apply for renewal of registration before 30 days of expiry of the certificate of registration, the DAA can take action as per provision of Section 25 of PCPNDT Act, 1994 which stipulates punishment with imprisonment up to three months or with fine up to ₹ 1,000 or with both. If the Appropriate Authority fails to renew the certificate of registration or to communicate rejection of application for renewal of registration within 90 days of such application, it will amount to automatic renewal or deemed renewal.

Review of 72 of the sampled clinics under GHs, PHs and NHs in the test checked districts revealed delayed issuance/ renewal of registration certificates by the concerned DAAs as discussed below:

[64] 1. Harmu Hospital & Research Center, Harmu, Ranchi 2. Discovery Diagnostic, Sakchi, 3. Kantilal Gandhi Memorial Hospital, Sakchi 4. Doctors Diagnostics, Sakchi, Jamshedpur.

In nine out of 72 test checked USG centres there were delays ranging between 73 and 1,180 days in renewal of registration of centres by the DAA and this resulted in functioning of these Centres without valid registrations

- In nine out of 72 test-checked USG centres, there were delays ranging between 73 days and more than three years in renewal of registration of centres ***(Appendix-2.2.5).*** In one case there was delay of 80 days in fresh registration of one USG centre under Patliputra Medical College and Hospital (PMCH), Dhanbad by the DAA Dhanbad. The Hospital applied for registration of USG centre on 30 December 2013 which however, was issued by the DAA on 30 May 2014.
- In 21 out of 72 test-checked USG centres, there were delays ranging between 15 days and more than three years in submission of renewal applications by the USG clinics (***Appendix-2.2.6).***

Audit noticed that the main reason for delayed issuance of registration certificates was delayed submission of renewal applications by the USG centres resulting from failure of the DAAs to enforce their timely submissions, as these activities were not monitored by the SAA at the Apex level. In addition, the delays were also on account of failure of the DACs to renew licenses on time on grounds of delayed meetings as DAA issues the registration certificates only upon seeking recommendation from DAC which advises the DAA on this matter.

It was noticed that all the 30 (42 *per cent*) USG centres functioned illegally in the intervening period without registration and got renewed subsequently without paying any penalty. This is because the State higher authorities (SAA, SSB and SIMC) failed to intervene in respect of the defaulting USG clinics and the defaulting DAAs as stipulated under Section 25 of the Act. The concerned DAAs accepted (May 2017) these facts and stated that timely registration would be ensured in future. As these were findings in the sampled USG centres and the possibility of these deficiencies happening in other USG centres of the State cannot be ruled out, the Department needs to investigate cases of violations in other USG centres also to ensure adherence to the Act.

The ACS of the Department, while accepting (January 2018) the facts, stated that instructions for timely issuance of Registration/Renewal of certificates had been sent to all DAAs and this would not be repeated in future. It was also stated that action would be taken against the clinics for failure to submit renewal of application for registration on time.

Recommendation

The Department should levy penalty under section 25 of the Act against USG centres for delayed submission of renewal applications and the defaulting DAAs/Nodal Officer, PCPNDT for failing to enforce the Act provisions.

2.2.4.8 Record maintenance

2.2.4.8 (i) Information of USG centres

As per rule 9 (5) of the PCPNDT Rules, 1996, the DAA is to maintain a permanent record of application in Form H[65] about USG centres for grant or renewal of certificate of registration along with basic details of centres. This is

[65] Date of receipt of application, name, address of applicant, details of machine installed, letters of intimation of every change of employees, place, address and equipment installed, Committee, registration number allotted, date of renewal and renewed up-to etc.

essential to facilitate inspection and monitoring of the centres to verify and ensure that USG centres do not carry out illegal practices.

Scrutiny revealed that the DAAs did not maintain detailed records in Form H in any of the test-checked districts. The concerned DAAs stated that due to shortage of manpower, detailed information of USG centres in form H could not be maintained. The replies of DAAs are not acceptable as grant/renewal of registration required maintenance of information in Form H and since registrations are done with the available manpower, separate manpower for maintenance of Form H is not required.

In the absence of such information, DAAs could not prevent the functioning of the USG centres without valid registrations as discussed in paragraph **2.2.4.7 (iv)** besides failing to ensure effective monitoring of USG centres and to detect any illegal practice.

The ACS of the Department, while accepting (January 2018) the audit observation, stated that instructions had been issued to all DAAs for maintenance of records.

2.2.4.8 (ii) Non-receipt of monthly reports from USG centres

Section 29 of the PCPNDT Act and Rule 9 of PCPNDT Rules, 1996 envisaged that every USG centre has to maintain records of patients, procedures and tests conducted etc., along with details about patient's case history in prescribed formats (Form D[66], Form E[67] and Form F). These formats should be sent as monthly report for all diagnostic tests by fifth of the following month to the concerned DAAs.

In the test checked districts, the submission of monthly reports by the USG centres to the concerned DAAs are mentioned in the **Table 7**:

Table 7: Non-submission of monthly reports by USG centres

District	2014-2017			
	No. of centres (in three years)	Monthly report due	Submitted	Deficiency (*per cent*)
		(No. of centres multiplied by 12 months)		
(1)	(2)	(3)	(4)	(5)
Dhanbad	212	2,544	574	77
Jamshedpur	386	4,632	NA*	NA*
Ranchi	627	7,524	4,857	35
Sahibganj	16	192	65	66
Koderma	41	492	87	82
Gumla	13	156	66	58
Total	**1,295**	**15,540**	**5,649**	**65**

(Sources: DAAs of test checked districts except Jamshedpur)
(* Not produced to audit by DAA Jamshedpur)

It could be seen from the above table that only 5,649 (35 *per cent*) monthly reports[68] were submitted by USG clinics against 15,540 reports due to be

[66] Form for maintenance of records by the genetic counselling centre
[67] Form for maintenance of records by genetic laboratory
[68] Year 2014-15, 1,830 reports against 3,300 in Dhanbad, Gumla and Ranchi districts, year 2015-16, 1,919 reports against 3,636 in Dhanbad, Koderma, Ranchi and Sahibganj districts and year 2016-17, 1,900 (51 *per cent*) reports against 3,696 in Dhanbad,Gumla, Koderma, Ranchi and Sahibganj districts.

submitted to DAAs during 2014-17**.** Further, it was also noticed that DAA Jamshedpur did not maintain any record to watch the submission of monthly report by the 386 USG centres during 2014-17. On similar lines, DAAs Sahibganj and Koderma for the period 2014-15 and DAA Gumla for the period 2015-16 did not maintain records to keep track of monthly reports submitted by the concerned USG centres. A primary reason for non-submission of monthly reports by the USG centres was failure of SIMC and DIMC to ensure inspection of these centres besides failure of the Nodal Officer, PCPNDT who heads the SAA for enforcing standards prescribed for USG centres. As these were findings in the sampled USG centres and the possibility of these deficiencies happening in other USG centres of the State cannot be ruled out, the Department needs to investigate cases of violations in other USG centres also to ensure adherence to the Act.

The ACS of the Department accepted (January 2018) the audit observations, and stated that instructions have been sent to all DAAs to ensure timely submission of report by the USG centres.

Recommendation

The Department should impose penalty against the defaulting USG centres as stipulated under Section 25 of the PCPNDT Act 1994 and continuously monitor their returns.

2.2.4.8 (iii) Mapping and regulation of ultrasound equipment

As per Rule 18-A (7) of PCPNDT Amendment Rules, 2014 and notification of GoI (February 2014), SAA/DAAs were required to regulate the use of ultrasound equipment, monitor their sales, ensure submission of regular quarterly reports from vendors, conduct periodical survey, audit all USG machines sold and operating in the State and to file complaint against the unregistered owner/ seller. Further, SSB also recommended (November 2016) for geographic information system (GIS) mapping of USG centres.

The Director cum Nodal Officer, PCPNDT reported (January 2018) to Audit that GIS mapping of USG centres were completed in five districts[69] and was in progress in the remaining 19 districts.

Audit observed, however, that in none of the test checked districts GIS mapping work has been completed till January 2018 as the vendors did not submit report of sale and purchase of machines to SAA. Further, the SAA empowered under section 26 of PCPNDT Act to take legal action against the vendors did not take any action except issuing (August 2016) notice to six vendors[70] for non-submission of quarterly report. In addition, the DAAs responsible to monitor sale of machines on a regular basis, ensure submission of regular quarterly reports from vendors, conduct periodical survey etc., as mandated under the rules failed to keep track of the sale of USG machines and their location in the test checked districts. As a result, neither the SAA nor the DAAs were aware of the sale and purchase of USG machines in the State and the possibility of unregistered ultrasound machines functioning in the centres

[69] Bokaro, Hazaribagh, Khunti, Ramgarh and Ranchi

[70] (1) Wipro GE Healthcare, Bengaluru (2) Toshiba, Kolkatta (3) Philips India Ltd, Gurugram (4) Niranjan ultrasound India, Calicut, Kerala (5) Samsung India Electronic, Gurugram and (6) Siemens Ltd., Kolkatta

could not be ruled out. This was confirmed in Dhanbad district during the joint physical inspection where three out of the 20 USGs centres visited by Audit had different USG machines than those registered without any intimation to DAA Dhanbad. Under these circumstances, mapping of the USG machines, even if completed, would not guarantee coverage of all sales and purchases.

The ACS of the Department stated (January 2018) that upon completion of mapping work, it would be uploaded on the website.

Recommendation

The Department should ensure GIS mapping in all districts by comprehensively covering all the USG machines sold by the vendors besides ensuring geo tagging of the machines.

2.2.4.8 (iv) Missing deliveries

Government of India instructed (August 2016) the State Government to monitor and track district wise sex ratio of births as per Civil Registration of Birth through Health Management Information System (HMIS) data under NHM and to send monthly updates to GoI.

Audit scrutiny of HMIS data revealed (November 2017) shortfalls in respect of reported deliveries (institutional and home) against the numbers of registered pregnant women (PW). During 2014-17, the State had 25,05,257 registered PW of which 20,51,291 (82 *per cent*) reported institutional and home deliveries, while the remaining 4,24,714[71] (18 *per cent*) registered PW were not tracked as the Department did not develop a system for tracking of registered PWs. Further, in test checked USG clinics, essential details of all PW as discussed in paragraph **2.2.4.7 (iii)** were not maintained.

Non-maintenance of mandatory records in USG clinics corroborated with absence of tracking system under HMIS was fraught with the probable risk of sex determination of foetus or illegal termination of pregnancy. This concern was also expressed by the Principal Secretary, Health, Medical Education and Family Welfare Department in his letter (March 2015) addressed to all Deputy Commissioners (DC) and Superintendent of Police (SP) in which he noted that female foeticide following sex determination is the basic reason for diminishing child sex ratio in the State. He also ordered the DCs/SPs to collect information of registered and un-registered USG clinics and inspect these for smooth implementation of the Act. Further, DAA Ranchi responded (January 2018) to audit query that missing deliveries is an indicator of the possibilities of medical termination of pregnancy (MTP) following sex determination but did not have any mechanism to track these.

However, no follow up action was taken on the orders of the Principal Secretary, Health, Medical Education and Family Welfare Department by the Director cum Nodal Officer, PCPNDT to track the missing deliveries and operation of illegal USG and MTP centres.

[71] 25,05,257 -20,51,291 -29,252 (Medical Termination of Pregnancy(MTP) during 2014-17) =4,24,714

Recommendation

The Department may evolve a mechanism to keep track of missing deliveries to prevent any possibility of female foeticide.

2.2.4.9 Internal Control

2.2.4.9 (i) Grievance redressal

Grievance redressal in an important component to address social issues and its remedies. As per Section 17(4) C of the Act, SAA is required to investigate complaint for breach of provisions of the Act or Rules and take immediate action based on the recommendation of SAC. Further, GoI instructed (May 2015) the Principal Secretary of the Department to develop an online grievance/complaint portal for receiving complaints against unethical practice of sex selection and a comprehensive website containing all relevant information regarding implementation of PCPNDT Act.

Audit observed that the Principal Secretary instructed (June 2015) the Mission Director, NHM and Nodal Officer (Director, Health Services), PCPNDT to take immediate action. The Nodal Officer, however, took up development of website for PCPNDT only in August 2017 more than two years of instructions for completion by December 2017. However, reasons for delay on the part of the Nodal Officer or failure to follow up the case by Principal Secretary were not recorded in the files of the PCPNDT cell. The work was not completed as on April 2018. As such, effective redressal of grievances was not ensured either at State or at district levels.

The ACS of the Department stated (January 2018) that PCPNDT website is under process and from next year grievance and redressal can be seen online. Further, presently, the Jharkhand Rural Health Mission Society (JRHMS) website has a separate section for grievance and complaints which can be used to lodge complaints. The fact remains that the website of JRHMS does not have any portal for grievances and complaints and the Department has not disseminated any information on availability of alternative website for grievance redressal. Resultantly, not a single compliant was recorded in the Department against violation of the Act as noticed by Audit.

Hence, the instructions of GoI to develop an online grievance/complaint portal for receiving complaints were not adhered to in more than three years.

Recommendation

The Department should develop and make operational the website and ensure that online grievance redressal system is functional at the earliest. The website should carry information about the status of the redressal along with the authority with whom it is pending.

2.2.4.9 (ii) Decoy Operations

GoI guidelines prescribe carrying out decoy operations by the DAAs in suspected centres and send decoy cases /pregnant women to concerned facilities. Further, SAC in its meeting (October 2016) directed to develop mechanism for "*Mukhbir Yojna*" to identify illegal sex determination by clinics.

No decoy operation was carried out in any of the test checked districts or at the State level to detect violations of PCPNDT Act

Scrutiny in SAA and six DAAs revealed that SAA neither issued any instruction nor provided any fund for conduct of decoy operations in test checked districts. Consequently, no decoy operation was carried out in any of the test checked districts during 2014-17 to detect violations of PCPNDT Act.

The Director cum Nodal Officer, PCPNDT accepted (January 2018) the facts and stated that funds for decoy operations in three districts namely Dumka, Pakur and Palamu has been provided in November 2017.

The fact however, remains that 87 *per cent* (i.e. 21 out of 24 districts) of the districts have still not been provided any fund for decoy operation while no decoy operation was conducted till April 2018 in the three districts where fund was provided.

Recommendation

The Department should ensure the conduct of periodic decoy operations to get feedback on misuse of the Act, if any.

2.2.5 Conclusion

The implementation of PCPNDT Act in the State is far from satisfactory as institutional arrangements such as Sub-district Appropriate Authorities had not been established in two decades, and State Supervisory Board and State Advisory Committee were not reconstituted for almost two years between September 2014 and May 2016. In the intervening period, the recommendations of the Central as well as State level committees could not be enforced.

As on March 2017, 250 (36 *per cent*) genetic/ ultrasonography (USG) centres in 19 out of 24 districts of the State had only 227 unqualified doctors and no qualified doctors. Of these, 126 unqualified doctors working in 136 USG centres in test-checked districts conducted 59,959 sonographies during 2014-17 in violation of section 3(2) of the Act which stipulates that no genetic/USG centre shall employ or take services of any person other than sonologist or imaging specialist or registered medical practioner with post graduate degree or diploma or having six month training (as per Amendment Rule 2014).

Eighteen radiologists were registered with 71 USG centres in five out of 24 districts during 2014-17 which implied that, on average, one radiologist worked in three to six USG centres, against the permissible limit of two USG centres per radiologist.

In 97 *per cent* (70 out of 72) of test checked USG centres under both Government and private sector, one or more provisions of the PCPNDT Act/ Rules were violated. This included illegal functioning of 21 USG centres without valid registrations, non-maintenance of records in 2,257 out of 3,717 cases (61 *per cent)* for tracking pregnancy, absence of referral slips of registered medical practitioners in 979 out of 3,717 cases (26 *per cent*), non-submission of monthly reports by USG centres in 65 *per cent* cases etc.

Monitoring activities were ineffective as either no decoy operations were carried out or required numbers of review meetings held or inspections of USG centres conducted. The State Supervisory Board conducted two meetings

(against nine) while the State Advisory Committee held only three (against 18) meetings during 2014-17. Further, District Appropriate Authorities conducted three *per cent* inspections (244 out of targeted 8,608 inspections) of the USG centres at state level and only two *per cent* inspections (96 out of required 5,060 inspections) in the test checked districts during 2014-17 and that too with suppression of irregularities. Moreover, the Department had not developed any online grievance/complaint portal or website for the PCPNDT Act. Thus, the Government had not kept any channel in operation to receive feedback on the actual status of implementation of the Act and this impaired the legislative intent behind it.

APPENDICES

Appendix-2.2.1

(Referred to in paragraph 2.2.2.3; page 27)

Functioning of ultrasound centres by the same radiologist in different centres/locations

Sl. No.	District	Name of Radiologist	Name of USG centres
1	BOKARO	Dr A K Sinha	1. Amaresh ultrasound clinic, I T I More Chas, Bokaro
			2. Brimbs Medical college & hospital, Sector -6 B.S..City, Bokaro
			3. Bokaro Scan centre, 44- Cooperative colony, Bokaro
			4. Neelam Hospital & Research centre, Jodhadih More Chas, Bokaro
2		Dr. B Dayal	1. Clini Lab Diagnostic centre, Sector-IV Bokaro
			2. Digital health care, Pl M 5 City centre, Bokaro
			3. City X-ray, Pt no-B5, Laxmi Market ,Bokaro
3	DEOGHAR	Dr. Anil Kumar Barnwal.	1. Ramkrishna Mission Vidhiyapith, Williams Town Deoghar. (Reg. No.02)
			2. Apex Diagnostic, Subhash Chowk, Deoghar.
			3. Ramkrishna Mission Vidhiyapith, Williams Town Deoghar.(Reg. No.03)
4	RANCHI	Dr Manish Kumar	1. Anjuman Islamia Hospital, Ranchi (Konka Road)
			2. Dr Reeta Verma, Medicare Hospital, Kanta Toli, Purulia Road, Ranchi.
			3. Ali ultrasound centre, Ranchi Surgical Clinic Ramjan colony, Kantatoli, Ranchi
			4. Life Care ultrasound centre, Near Gurudawara, Opp-Mallah Toli Road, Main Road, Ranchi.
5	RANCHI	Dr Rajni Lal	1. Lal Nursing Home, Rouniyar Path, Ratu Road, Ranchi.
			2. Vishal Sewa Sadan,Daily Market, Ratu, Ranchi
			3. The Advance Pathology & Imaging Centre ,Block Road, Kanke, Ranchi-6
6	RANCHI	Dr Rakesh Kumar Vidrohi	1. Dr. (Mrs) Karuna Shahdeo Sukhdeo Nagar, Ratu Road, Ranchi.
			2. Director, Rinchi Trust Hospital, Near DAV Hehal, Kathal More, Ranchi.
			3. Vibha Diagnostic Centre, Complex, Opp-Mahabir Tower, Kathitand, Ratu, Ranchi.
7	RANCHI	Dr Sangeeta Jha	1. The Seven Palm Hospital & Research Centre Lalgutwa, Ranchi.
			2. Mecon Limited, Ispat Hospital, Shyamli Colony, Ranchi..
			3. Dr. Ajit Kumar Jha, Bhaskar ultrasound, Shop No- 08, Krishna Tower, Cart Sarai Road, Upper Bazar, Ranchi..
8	RANCHI	Dr Seema Verma	1. IVF & Infertility Research Centre Morabadi, Ranchi. 834008
			2. M/S Alam Hospital & Research Centre, Booty Road, Bariatu, Ranchi.
			3. A.H. IVF & Infertility Research Centre,10, Tagore Hill Road, Morabadi, Ranchi
			4. Dr Seema Verma, ultrasound clinic, Rameshwaram, Ranchi.
			5. Santevita Hospital, Hazaribagh Road, (Near Firayalal Chowk), Ranchi.
			6. High Court Dispensary ,Doranda, Ranchi.
9	RANCHI	Dr Swati Chaitanya	1. Dr Sujeet Kumar Kasyap, Anand Mayi Nagar, Block Road, Ratu, Ranchi.
			2. R.K. ultrasound, Heritage Complex, Bariatu, Ranchi.
			3. Suyog Hospital ,Lem Bargain (Near Kabristan), Bariatu, Ranchi-9.
10.	RANCHI	Dr Ziaur Rahman	1. Aditi Diagnostic centre, Singhal Surgical Hospital ,Itki Road, Ranchi
			2. Gulmohar Hospital,NH-33, Booty More, Ranchi-9
			3. Abdur Razzaque Ansari Memorial Weavers Hospital, (Appolo), City Medical centre ,Main Road Ranchi.
			4. The Pulse , Oppsite-RIMS, Bariatu, Ranchi.
			5. Bhagwan Mahavir Medica Super Specialty Hospital, (Unit of Medica Hospitals Pvt .Ltd.), P.H.E.D. More, Bariatu Road, Ranchi-834009
			6. Medanta- Abdur Razzaque Ansari Memorial Weavers Hospital ,Irba, Ranchi
11.	CHAIBASA	Dr. P Minz	1. Diagnostic centre Sadar Hospital Chaibasa
			2. Akansha Srishti ,House -3, Teacher Colony, Pump Road, Chaibasa
			3. Mundhra Hospital European Quarters Chaibasa
			4. Doctor X- Ray, Old Rungta Market, Amla Tola Chaibasa, West Singhbhum
12	JAMSHEDPUR	Dr. Deepak Kumar	1. MS Nishant Telemedical & Diagnostic Centre, Sakchi, Jamshedpur
			2. Modi Pathology, Kadma
			3. St. Joseph Hospital, Bhilaipahari, Jamshedpur
			4. Arogyam Radiology, South Park, Bisputupur, Jamshedpur
			5. Jeevandeep Sakchi, Jamshedpur

			6.	Radiology Drishti Diagnostic centre, Sidgora, Jamshedpur
13	JAMSHEDPUR	Dr. Devesh Bahadur	1.	Tinplate Hospital, Jamshedpur,
			2.	MSDNB Manas Urologist, Mango, Jamshedpur
			3.	Aspir Nurshing Home Prowin Nagar, Jamshedpur
			4.	Medica Hospital, Jamshedpur
			5.	Narayana Diagnostic & Imaging, Sakchi, Jamshedpur
			6.	Dr. T. John Memorial Charitable Foundation, Jamshedpur
14	JAMSHEDPUR	Dr. D C Besra	1.	MGM Medical College & Hospital, Jamshedpur
			2.	Gandhi X- ray and Computerised Patholab, Mango, Jamshedpur
			3.	Sanjeevani, Sakchi, Jamshedpur
15	JAMSHEDPUR	Dr. Arpita Banerjee	1.	Necleus & Medical Diagnostic centre, Govindpur, Jamshedpur
			2.	Nucleus Diagnostic Centre Bari Road, Sakchi, Jamshedpur
			3.	Wellness Diagnostic, Jamshedpur
16	JAMSHEDPUR	Dr. Anil Kumar Gupta	1.	Sr. Jessy, Mercy Hospital, Baridih, Jamshedpur
			2.	Dashrath Kountia, Life Line Nursing Home, Rajendra Nagar, Jamshedpur
			3.	Mr. Dashrath Kountia, Discovery Diagnostic, New Baradwari sakchi, Jamshedpur
17	JAMSHEDPUR	Dr. Samir Kumar Patra	1.	Seva X-Ray Clinic & Diagnostic centre, Near Rly Station Ghatsila
			2.	Dr. Geeta Baidya Suraksha scan centre College road, Ghatsila, East Singhbhum
			3.	Mr. Tarun Panda, C/O Ram Pravesh Singh, Singh Nursing Home, Ghatsila
			4.	Zeba X-Ray Clinic and diagnostic centre, Amrit Medical Chakulia
18	JAMSHEDPUR	Dr. Sanjay Lal Srivastav,	1.	M/s Tata Motors Hospital, Kharangajhar, Telco Hospital, Jamshedpur 4 (Registration no. 172)
			2.	Tata Main Hospital, (CCU), Jamshedpur
			3.	M/s Tata Motors Hospital, Kharangajhar, Telco Hospital, Jamshedpur (Registration no. 173)
			4.	Tata Motors Hospital, Kharangajhar, Telco, Jamshedpur (Registration no. 174)

Appendix-2.2.2

(Referred to in paragraph 2.2.4.5 page 31)

Status of compliance of recommendations of statutory bodies

Sl. No.	Date of meeting	Decision	Reason for non-implementation
A.	**Central Supervisory Board (CSB)**		
I	1/10/2014	1. Restricting qualified doctors to two clinics to operate ultrasound machine in a district.	In violation of the recommendation, 18 radiologists were registered with more than two USG centres in two out of six sampled districts and three other districts as discussed in paragraph no. 2.2.2.3
		2. Online grievance/complaint portal for receiving complaints	Against the recommendations (May 2015) to set-up online grievances/complaint portal for the Act, the Department took up development of website for PCPNDT which included provision of grievance redressal portal only in October 2017. However, it was not completed till April 2018 as discussed in paragraph 2.2.4.9 (i)
		3. Making of comprehensive website on the implementation of PCPNDT Act.	The website has not been developed till date (April 2018)
B.	**State Supervisory Board (SSB)**		
I	18/02/2015	1. Reconstitution of the State Statutory committees i.e., State Supervisory Board, State Advisory committee, State Monitoring and Inspection Committee and State Appropriate Authority	Implemented
		2. Public awareness with regard to PC PNDT Act	Partial awareness programmes were conducted under IEC activities in three out of six sampled districts Dhanbad, East Singhbhum and Sahibganj.
		3. Strengthening of State Cell of PCPNDT by hiring legal expert	Appointment of legal expert has not been made till April 2018.
		4. Launching of special inspection drive by State Inspection & Monitoring Committee in a regular basis and in rigorous manner	SIMC did not carry out any inspection of USG centres during 2014-17 although constituted in August 2011 by GoJ to undertake field visits and conduct monitoring and inspections of USG centres as discussed in paragraph 2.2.4.7 (i). SAA stated that members of SIMC were engaged with other programme and hence, regular inspection could not be held. The reply was not acceptable as engagement with other programmes did not absolve them of the responsibility of inspection of the USG centres for which this body was created.
		5. Involvement of local people for effective monitoring of USG centres	Funds for decoy operation was provided (November 2017) only in three out of 24 districts as discussed in paragraph no. 2.2.4.9 (ii)
		6. Orientation of judiciary personnel	Implemented
		7. Online tracking of Form 'F'	Online tracking of Form F is not done as the website of PCPNDT which would facilitate such tracking was not completed as discussed in para 2.2.4.9 (i)
		8. Involvement of NGOs to take support of child rights in implementation of PCPNDT Act.	Test checked districts neither involve NGO nor take any support from them. The reason was not on record.
		9 Public awareness for discouraging foeticide	Partial awareness programme were conducted under IEC activities in three out of six sampled districts Dhanbad, East Singhbhum and Sahibganj.
		10. Organisation of seminars for Anganwadi Sahiya and Sevika	Partial awareness programme were conducted under IEC activities in three out of six sampled districts Dhanbad, East Singhbhum and Sahibganj.
		11. Holding of workshops at District and Block levels for sensitization of USG centres owners and Doctors	Partial awareness programme were conducted under IEC activities in three out of six sampled districts Dhanbad, East Singhbhum and Sahibganj.
		12. Inspection of USG centres once in three months	SIMC did not carry out any inspection of USG centres during 2014-17 although constituted in August 2011 by GoJ to undertake field visits and conduct monitoring and inspections of USG centres as discussed in paragraph 2.2.4.7 (i). SAA stated that members of SIMC were engaged with other programme and hence, regular inspection could not be held. The reply was not acceptable as engagement with other programmes did not absolve them of the responsibility of inspection of the USG centres for which this body was created.

		13 GIS mapping of USG centres	GIS mapping of USG centres were completed in five districts and in progress (January 2018) in the remaining 19 out of 24 districts. In none of the test checked districts, GIS mapping work has been completed till January 2018 as the vendors did not submit report of sale and purchase of machines to SAA as discussed in para 2.2.4.8 (iii).
		14. Inclusion of PC&PNDT Act in Udan module	PCPNDT Act is not included in Udan model. The reason was not on record.

Appendix-2.2.3

(Referred to in paragraph 2.2.4.7 (iii) page 35)

Centres not having back up of images/slides for more than two years

Sl. No.	District	No. of centres inspected	No. of form F/cases checked	Referral slip not attached	No. of cases with incomplete form F	No. of centres in which back up of images/slide for two years not maintained
1	Dhanbad	20	617	50	138	15
2	Jamshedpur	17	831	178	486	11
3	Sahibganj	04	313	11	313	03
4	Ranchi	14	726	431	585	11
5	Koderma	14	590	282	122	07
6	Gumla	03	640	27	613	02
Total		**72**	**3,717**	**979**	**2,257**	**49**

Appendix-2.2.4

(Referred to in paragraph 2.2.4.7 (iii) page 35)

Change of machine and radiologist not intimated by the USGs centres to the DAA

Sl. No.	Name of USG centre	Registration no.	Name of radiologist as per records of DAA	Name of radiologist performing ultrasound in the centre	Change of USG machine
1	Jeevan Deep, Sakchi, Jamshedpur	152/2012	Dr. A K Gupta	Dr. P K Sinha	NA
2	Orient Nursing Home, Dhatkidih Jamshedpur	116/09-10	Dr. Ritu Verma	Dr. V Murmu	NA
3	Meditec diagnostic Centre, Dimna Road, Jamshedpur	131/11-12	Dr. Deepak Kumar	Dr. D C Besra	NA
4	Diagnostic Hub Bistupur Jamshedpur	154/2012	Dr. Payal Prasad	Dr. Devesh Bahadur	NA
5	Discovery Diagnostic Centre, Sakchi Jamshedpur	156/2012	Dr. Anil Kumar Gupta	Dr. Saba Feraz	NA
6	Medika Diagnostic Centre, Bistupur Jamshedpur	176/14-15	Dr. D C Besra	Dr. Nitin Kumar	NA
7	Nexgen Diagnostic, Sakchi Jamshedpur	188/2015	Dr. Devesh Bahadur	Dr. Sunita Kumari	NA
8	Ideal Imaging Centre, Sakchi Jamshedpur	191/2015	Dr. Arpita Banerjee	Dr. Deepak Kumar Dr. S Ali	NA
9	Medica Diagnostic Centre, Dhatkidih Jamshedpur	193//2015	Dr. D C Besra	Dr. P K Sinha	NA
10	Health Map, Sadar Hospital, Jamshedpur	197/2016	Dr. D C Besra	Dr. Sushil Kumar	NA
11	Surya Nursing Home, Sahibganj	01/06-07	Dr. Vijay Kumar	Dr. Ajay Kumar Singh	NA
12	Sadar Hospital, Sahibganj	02/11-12	Dr. Devesh Kumar	Dr. P P Pandey	NA
13	Asian Dwarakadas Jalan Sup Hospital, Dhanbad	DBD 000/2017	Dr. Subhash Chandra Bose.	Md. Ibrar	NA
14	Sahyog Diagnostic Centre, Dhanbad	05/2001	Dr. Abhijit Sarkar/Dr. Bijay Kumar	Dr. Rajeev Aggrawal	NA

Dhanbad					
Sl. No.	**Name of USG centre**	**Registration no.**	**Name and make of registered USG machine**	**USG machine functional in USG centre**	**Remarks**
15	X-Ray & Echo House	DBD-022/2002	Wipro GE Logiq p5	Voluson Siemens Sonoline 60.5 Model P62502016	Registered USG machine was not available in the centre
16	Relief Diagnostic Centre	DBD 0002/2013	LP-5 Pro Premium India Wipro GE	Machine Number of idle machine was not legible	Non-functional machine was kept in the centre without intimation to the DAA
17	Dr. Debashish Chakraborty Nursing Home	DBD 29/2008-09	Sonalisa (Larsen & Toubro) Sl. No. 708v44684	Logiq Pro P3 (Wipro) CISRR11/EN 55011	Utilization of new USG machine without intimation/approval of DAA

Appendix-2.2.5

(Referred to in paragraph 2.2.4.7 (iv); page 37)

Delays in renewal/registration of USG centres

Dhanbad					
Sl. No. (1)	**Name of USG centre & Address (2)**	**Registration No. (3)**	**Renewal due date/valid up to (4)**	**Date of renewal by CS (5)**	**Delay in days (6) (5-4-70 days[1])**
1	Regional Railway Hospital, Dhanbad	40/2009	04/05/2014	17/10/2014	96
2	X ray and Scan Centre, Bartand, Dhanbad	38/2009	21/03/2014	08/09/2014	101
3	Luxmi Ultra Sound, Jharia	0005/2011	14/07/2016	24/01/2017	124
4	R.C. Hazara Memorial hospital Telephone Exchange Road Dhanbad	25/2002	10/04/2012	12/09/2015	1,180
5	Life Line Main Road , Jharia	30/08-09	30/09/2013	17/10/2014	312
Sahibganj					
6	Surya Nursing Home, Sahibganj	01/2006-07	09/05/2016	29/09/2016	73
Jamshedpur					
7	Dr. Neeraj Kumar Clinic, Sakchi Jamshedpur	106/09-10	30/07/2014	15/04/2017	920
8	Orient Diagnostic, Dhatkidih, Jamshedpur	116/09-10	15/01/2015	15/02/2016	326
Ranchi					
9	Dr. Papiya Roy, 69, Station Road, Ranchi	243/12	03/04/2012	30/08/2012	79

[1] Rule 18A (4) (i) Appropriate Authority has to dispose of the application for renewal and new registration within a period of seventy days from the date of receipt of applications.

Appendix-2.2.6

(Referred to in paragraph 2.2.4.7 (iv); page 37)

Delays in submission for renewal by USG centres

Sl. No.	Name of USG centres & Address	Registration no.	Date of Registration/renewal	Renewal due date/valid upto	Due date for submission of Application for renewal	Actual date of submission for renewal	Delay in days
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(7-6)**
Dhanbad							
1	B P Sinha Memorial clinic Gandhi Nagar Dhanbad	08/2001	1/10/2008	30/09/2013	30/08/2013	28/09/2013	29
2	Regional Railway hospital, Dhanbad	40/2009	08/05/2009	07/05/2014	07/04/2014	04/08/2014	119
3	Samrendra Nath Chakraborty memorial nursing home Adarsh Vihar , Dhansar, Dhanbad	29/08-09	1/10/2008	30/09/2013	30/08/2013	25/09/2013	26
4	Patliputra nursing home Joraphatak Road Dhanbad	54/10-11	21/02/2011	20/02/2016	20/01/2016	11/03/2016	51
5	X ray and Scan centre, Bartand, Dhanbad	38/2009	27/03/2009	26/03/2014	26/02/2014	07/05/2014	70
6	Luxmi Ultra Sound, Jharia	0005/2011	22/07/2011	21/07/2016	21/06/2016	12/08/2016	52
7	R C Hazara Memorial hospital telephone exchange road Dhanbad	25/2002	20/02/2003	10/04/2012	09/03/2012	11/04/2015	1,131
8	X ray and Echo house, Joraphatak Road, Dhanbad	0022/2002	20/02/2007	19/02/2017	18/01/2017	17/03/2017	58
Ranchi							
9	IVF & Infertility Research centre, Morhabadi	112/07	27/06/2007	26/06/2012	26/05/2012	09/07/2012	44
10	R Jeevan Jyoti nursing home, Upper Bazar Ranchi	134/2007	07/01/2008	06/01/2013	06/12/2012	22/12/2012	16
11	Ranchi nursing home Booty More	144/08	24/01/2008	23/01/2013	23/12/2012	12/01/2013	20
12	HEC Plant hospital, Dhurwa	145/2008	04/02/2008	03/02/2013	03/01/2013	03/04/2013	90
13	Seventh Day Adventist Mission, hospital, Bariatu, Ranchi	138/2008	08/01/2008	07/01/2013	07/12/2012	07/01/2013	30
14	Astha Mother and Child Care, Harmu Housing colony, Ranchi	114/2007	09/08/2007	08/08/2012	08/07/2012	28/07/2012	20
15	Harmu Hospital & Research Centre, Harmu, Ranchi	142/2008	08/01/2008	07/01/2013	07/12/2012	02/01/2013	25
16	Summer Hospital & Research Centre, Singh More, Hatia	118/2007	04/10/2007	03/10/2012	03/09/2012	18/09/2012	15
17	Maa Ram Pyari Orthopaedic centre, Karamtoli, Ranchi	167/2009	14/05/2009	13/05/2014	13/04/2014	12/05/2014	28
18	Shalini hospital, Angara, Ranchi	214/2011	14/05/2011	13/05/2016	13/04/2016	02/05/2016	19
19	Dr. Papiya Roy, 69, Station Road, Ranchi	243/12	04/04/2007	03/04/2012	03/03/2012	12/06/2012	69
Sahibganj							
20	Sadar hospital, Sahibganj	02/2011-12	21/03/2012	20/03/2017	20/02/2017	27/03/2017	37
21	Prem Jyoti hospital, Barhait, Sahibganj	01/12-13	10/01/2008	23/06/2012	23/05/2012	14/02/2013	267