

One Year Since the Bilaspur Sterilisation Tragedy

A stock taking report¹

February 2016

A. Introduction

On 8th November 2014 a government Laparoscopic Tubal Ligation (LTT) sterilisation ‘camp’ held in a private abandoned hospital in Takhatpur block in Bilaspur, Chhattisgarh, led to the death of thirteen women while several other women experienced serious medical complications. A total of 83 women had been operated on that day in the ‘camp’ that was held at the Nemichand Hospital. In the subsequent days, women in three more ‘camps’ held on 10th November in the nearby blocks of Gaurella, Marwahi and Pendra, became seriously ill following the tubectomy operations. In the next few days, all the women who had been in these ‘camps’ (around 137) were gathered up and admitted to various tertiary level hospitals in Bilaspur city. By 13th November, 13 women had died. The Government immediately set up an enquiry with members from the department itself. Subsequently, a one-person Judicial Commission Enquiry was set up² to investigate the incident and the Bilaspur High Court took suo moto cognisance. Three separate fact-finding teams (JSA, SAMA, NAMHHR,³ PFI and other organisations⁴ and HRLN⁵) visited the area and submitted reports. The Judicial Commission submitted its report in August 2015 and was then shared with the Cabinet. It was tabled in the Assembly session in December 2015 and made available to journalists and others.

Deaths and other complications following sterilization have also been documented previously as well as following Bilaspur from other parts of the country. This grave public health tragedy and the manner in which this ‘camp’ was conducted in gross violation of all safety and ethical guidelines, yet again drew attention to the manner in which the family planning

¹ Prepared by: Jan Swasthya Abhiyan Chhattisgarh, Human Rights Law Network Chhattisgarh, Kanooni Margdarshan Kendra Chhattisgarh, and Public Health Resource Network, with inputs from Sudha Bharadwaj, Satyabhama Awasthi, and SAMA Delhi. We also acknowledge the contribution of many other organisations, individuals and health workers working on gender and health rights in Chhattisgarh who have been monitoring the issue and the state of reproductive rights in the state. With this report we reiterate our solidarity with the women and families affected by this tragedy, and also with those who are still struggling to access safe and quality contraceptive services.

² <http://timesofindia.indiatimes.com/city/raipur/Judicial-probe-into-botched-sterilisations/articleshow/45154978.cms>

³ Jan Swasthya Abhiyan, Sama Resource Group for Women and Health and National Alliance for Maternal Health and Human Rights. (2014). Camp of Wrongs: The Mourning Afterwards- A fact finding report on sterilisation deaths in Bilaspur. 16-18 November 2014

⁴ Robbed of Choice and Dignity: Indian Women Dead after Mass Sterilization- Situational Assessment of Sterilisation Camps in Bilaspur District, Chhattisgarh. Report by a Multi-organisational Team, November 2014

⁵ Human Rights Law Network. (2014). Fact-Finding Report on Sterilization, Access to Contraceptive Information and Services, and Women’s Health in Bilaspur District, Chhattisgarh. 14-18 November 2014

programme is being implemented across the country. It highlighted the neglect being faced by the public health system, the issue of a target driven family planning programme, which puts the onus of contraception almost entirely on women. This and other similar tragedies demand repeatedly the need for introspection by the state regarding the manner in which it provides services, particularly to its poor and marginalised.

The Bilaspur tragedy drew attention to critical legal, public health and gender issues and concerns:

(i) The target driven and coercive population policies since independence have been targeting women, assuming women's sole responsibility for family planning towards national population targets, while completely ignoring male responsibility in this regard. Neither have other determinants of women's health like discrimination, education, age / decisions regarding marriage, etc., been attended to or addressed.

(ii) The absence of any responsibility and accountability of the state health administration in providing quality public health services to its most marginalised section of women. The focus has been centrally on "population control or stabilisation" with the socio-economically marginalised women being the targets of the family planning programme, routine sterilization camps perceived as a quick fix method. These women who are at the bottom of socio-economic ladder, in the absence of information and choice, have been the target of top down approach of the population control policy of the state.

(iii) Sexual and reproductive autonomy and agency of women, is instead determined by the state policies. This has led to restricting sterilization services to the Particularly Vulnerable Tribal Groups (PVTGs) in Chhattisgarh.

(iv) The lack of necessary safeguards and accountability of the health system and duty bearers in the context of violations is prevalent and are insufficient to ensure that such tragedies do not occur in the future. In the absence of the former, the lack of timely medical as well as financial relief in the short and long term to the victims / survivors continues to remain a serious concern.

One year after Bilaspur, we, groups working in Chhattisgarh on health, women and legal rights, take stock of the steps / action taken by the government to provide relief to all those affected, the findings and the performance of the Judicial Commission that was set up to inquire into the violations, and the current scenario of family planning services including sterilization and women's reproductive rights in the state.

The methodology includes discussions with health workers, interviews with few of the affected women and their families through telephone and home visits, consultations with organisations and people working in Bilaspur and other districts of Chhattisgarh on health, women and legal rights and review of all media articles of the last one year, orders passed by the High Court, Supreme Court, the Judicial Commission report and other related documents.

In this report, we attempt to describe the current situation vis-a-vis our demands that were submitted to the Judicial Commission, and the status of the recommendation of the

Commission and our views on it, and enumerate the interventions by the Supreme Court and High Court related to the case.

B. Demands that were submitted to the Judicial Commission and the current situation

Civil society groups in Chhattisgarh had submitted a list of demands and recommendations to the Judicial Commission in January 2015. Now a year later, we are taking stock of whether these demands have been fulfilled and of the current situation with respect to the issues that had been highlighted.

The demands put forward by us and their current status are detailed below:

1. Demand: The Judicial Enquiry Commission should set up a technical committee with declared no conflict of interest for an independent and comprehensive epidemiologically sound investigation into this incident.

Status: The Judicial Commission continued with the one-person enquiry team. It held both the standards at the 'camp' and the tainted medicines as the causes of death. However, there still remains a lot of uncertainty regarding the role of the drugs in the incident.

2. Demand: All necessary steps must be taken for continued follow up with all the affected women who had undergone sterilisation in the four camps to ensure access to health care, and to address any complications that the women may be experiencing.

Status: The state continues to maintain a lax attitude towards the affected women and the families of those who died. We spoke to families of thirteen affected women from Takhatpur and Gaurella blocks in January 2016 and most continue to face severe health problems, like pain from the waist downward, weakness and periodic fever. The state had assigned Apollo Hospital to provide free services in case of any follow-up visits. However, the actual nature of the current agreement between the hospital and the government is not known. Around half of the women interviewed had received some kind of a health card from CIMS, which is the Government Medical College in Bilaspur. Half of the women we spoke to, went to Apollo and received free treatment while the rest seem to be going to their local and nearest health facility where they continue to incur expenditure. For instance, L. Yadav keeps falling ill and gets fever regularly. She has been going to a private hospital for treatment, at her own cost. She is no longer able to go for wage labour and around Rs. 8000 has been spent on her follow-up treatment.

There is one case in which the patient had to pay money for treatment at Apollo. P. Sahu went to Apollo hospital, Bilaspur for checkup and treatment a year back, but the hospital administration refused to provide free treatment and demanded Rs 5000-6000. She then went to the Care & Care hospital instead. Now she only goes to Shri Ram Care hospital where they incur around Rs. 2000-3000 per visit. She says that the Rs. 50,000 amount that the Government gave her as compensation has been already spent on her treatment.

3. Demand: Ensure higher compensation and access to indemnity schemes to all families / children of women who died following the sterilisations and those who experienced

morbidities. The education till Class 12 of all the children of all the victims should be taken care of by the state.

Status: All the affected women and families have been paid the entitled compensation. However, as we see above, the families continue to incur costs and many women continue to experience ill health because of which they are unable to work. Despite all promises by the Government regarding 'adopting' the kids whose mothers had died, no special efforts seem to have been made for them. We spoke to the family of Shivkumari who had died after sterilisation. We spoke with her sister who said that the family had received Rs. 4 lakh. Her three children, aged below 6 years were attending the village school and anganwadi.

The other case, which has recently emerged, is of ten women who had fallen ill after consuming the 'banned' medicines prescribed by various health providers. These women were not part of the sterilisation 'camps'. The state government had announced compensation for them too but even after more than a year they had not been paid their entitled compensation of Rs. 50,000 each. They have been going from one office to another for many months, with no resolution. Only after they took up this issue with the media, had the government initiated the process. Dainik Bhaskar published an article on the issue on 13th January 2016. In the article, the concerned officials - the CMHO Bilaspur, BMO Takhatpur and SDM Takhatpur - had given statements, placing the blame on each other. There seems to have been delay in verification of the medical documents of the affected women. Although it was the government's duty to ensure that timely and appropriate compensation was paid to the affected families, only when the families took up the issue with the media, did some action begin.

4. Demand: Even though the state had declared that it would adopt the children of the women who had died, the specific provisions for them should be spelt out. All the provisions for the families should be given in written to the families to facilitate access by them.

Status: As per our knowledge, no written documents have been provided to the families where deaths occurred, related to the 'adoption' of children or provision of any special services and facilities.

5. Demand: All the documents and reports related to the tragedy such as Forensic Report, Viscera Report, report of drug (used in the surgery) test, etc., should be made public.

Status: The Judicial Commission Report was first submitted to the Cabinet in August 2015 and then to the Vidhan Sabha in December 2015. The report should be now made available on the government's website, in the public domain.

6. Demand: Appropriate action should be taken on all involved and responsible in these incidents - Negligence and contributory negligence should be fixed on all those involved.

Status: The Judicial Commission report fixed the blame on various people involved in organising the 'camp', the drugs purchase committee and the companies providing the medicines. The Government took certain steps against these parties, which is detailed in the table below. However, the Commission failed to fix any blame on the senior officials. The

Health Minister was removed nearly 6 months after the incident during a reshuffling of the Cabinet. The Director Health Services at that time was shifted as Director, Food and Civil Supplies, a post of similar status and importance.

7. Demand: To avoid such tragedies in future, (i). Family Planning Guidelines by the Indian Government, Supreme Court, Human Rights Commission and other International Organisations should be followed strictly and monitored. Non-government organisational representatives with relevant expertise should be included in the Quality Assurance Committees (QAC). (ii). The continued emphasis on female sterilisation in the name of reproductive rights and reproductive health has to be done away with, along with promotion of male responsibility. (iii). All target-based sterilisations must be stopped and all coercive population policies abolished. (iv). Women and men's sexual and reproductive rights should be well articulated in all policies. Women's right to dignity, privacy and bodily integrity has to be respected, and women's right to make an informed decision regarding her sexual and reproductive health, including contraception must not be compromised at any cost. (v). The 'camp approach' and 'population control' policies must be discontinued immediately and routine contraception services provided through an improved public health care system offering safer contraceptive methods such as condoms, oral pills. (vi). Public health care institutions must be strengthened. (vii). Ensure ethical processes such as informed consent, provision of medical documents, consent forms to all those accessing services.

Status: The public health system is being further weakened in this matter. Due to the near suspension of services for permanent contraceptive methods, women are being forced to go to the private sector facilities. These private facilities are charging the patients through the Rashtriya Swasthya Bima Yojana (RSBY) and the Mukhyamantri Swasthya Bima Yojana (MSBY) but many also demand extra money. This is leading to public funds being pushed into the private sector and people having to incur expenditure on services that should have been otherwise provided free of cost. The Particularly Vulnerable Tribal Groups (PVTGs) continue to face restrictions regarding family planning.

Near suspension of services for permanent methods of family planning

Discussions were held with Mitans and their support team members from Sarguja and Bilaspur divisions in order to understand the status of availability of family planning services in the state. They quoted instances of facilities where tubectomy services were previously being provided, but had been stopped since the Bilaspur incident. In districts like Koriya, Balrampur and Kawardha, tubectomy services were not provided by any public health facility in the whole of the districts, whereas previously, these services were being provided. For example, earlier fixed day services were being provided in CHC Manendragarh and in the Koriya DH. Since the Bilaspur incident, this had stopped. Women now had to go either to the private hospital in Baikunthpur (district HQ) or to the government facility in Bijuri town of Madhya Pradesh. A discussion with Mitans (ASHAs) of Manendragarh block revealed that during November-December 2015, around 50 women from 15 panchayats of the block went to Bijuri for tubectomy. They had to spend between Rs 400 to 600 for travel. However, most received the incentive amount along with the Mitans. Around five women from the same

area went to the private hospital in Baikunthpur (district HQ) where they used their RSBY card for the operation. The hospital asked them to buy six injections, amounting to Rs. 900 each, however they did not incur that expense due to intervention by the Mitans.

Similarly, Ramanujganj CHC of Balrampur district used to provide regular services for tubectomy, so much so that women would also come from across the border, from Jharkhand. However, these services have been suspended and now women are instead going to the neighbouring district in Jharkhand for the operation.

In districts like Sarguja, Raigarh, Bilaspur, Korba, Mungeli, where these services were being provided in a few of the CHCs, had stopped and have restarted in December 2015-January 2016, after many months, only in the District Hospitals. However, in many of these districts, women having a RSBY card are being referred to the private sector. For example, in Korba, women with RSBY cards are sent from the DH to the private hospital belonging to one of the government doctors. The private hospital charged an exorbitant amount of Rs. 6000-7000 for one tubectomy from the RSBY card whereas the actual package rate of the procedure in RSBY/MSBY is Rs. 3500. For one woman, they charged Rs. 13,000, saying that she had an infection. The private hospital in Kawardha charged up to Rs. 3000 additionally that was expended out of pocket.

The health workers also said that even though the ANMs are providing IUCD services, women were very apprehensive to use IUCD. The ones who had got it complained of heavy bleeding and pain. The availability of condoms and oral contraceptives with the Mitans was variable across the state. They said that women demand permanent methods and feel extremely helpless when these were not available to them. The media has started reporting on this issue⁶. Few health workers also expressed their concern that some women may be going for unsafe abortions due to lack of contraceptive services however such cases could not be documented during this exercise.

While on the one hand, tubectomy services had been suspended in most facilities, on the other hand, very little is being done to increase availability of the various methods of contraception such as condoms, oral pills, IUCD to widen the ambit of choices available to women, and nor has there been any efforts to promote family planning measures among men. Moreover, the state seems to be preparing to introduce injectible contraceptive methods, which has its own serious health risks and adverse effects⁷.

Continued restrictions for PVTGs on use of permanent family planning methods and its consequences.

The restrictions on PVTGs in accessing permanent family planning methods remain. Even the 1979 order, 'allowing' sterilisation with 'permission' from the Sub Divisional Magistrate (SDM), was not being adhered to. In September, Jan Swasthya Sahyog wrote to the state health official regarding a demand from 15 Baiga women and 1 Baiga man for sterilisation.

⁶ <http://ehitavada.com/CroppedImages/201616021447.jpg>

⁷ <http://kafila.org/2015/09/24/a-statement-protesting-approval-to-introduce-injectable-contraceptives-in-the-national-family-planning-programme/>

The Government wrote back saying that only the SDM could give ‘permission’. Subsequently, the Baiga women and man, with help of JSS, applied to their respective SDMs. The SDM of Kota responded stating that his office could not give such an order. The Bilaspur district officials also refused. In Mungeli, district level response was awaited.

Meanwhile, Baiga women were going to neighbouring Madhya Pradesh at great risks and costs to themselves and without any post-operative follow-up. One such Baiga woman died post sterilisation in December 2015. 27 year-old Sukhiyarin Baiga of Kawardha district got her tubectomy surgery done at PHC Samanpur in neighbouring MP. In a few days’ time her sutures opened and got infected. She started vomiting blood and later died. When the media asked the CMHO of the district, he said that there were no restrictions on sterilisation for Baigas provided they got a letter from the block official. However, the actual situation on the ground was that no such services were being provided in the public health system in the whole of Kawardha district, and it was extremely challenging for the Baiga community to be able to access the private sector.

C. The Judicial Commission Report

Summary of conclusions of the Judicial Commission as per the TOR

TOR 1. Were standard procedures followed in organising the camp?

Finding: Facts and evidence prove that serious mandatory requirements were violated and standard guidelines not followed as a result of which women were infected.

TOR 2. The tragedy happened under what circumstances?

Finding: Under serious medical negligence and poisonous drugs.

TOR 3. Were standard medicines used in the camps?

Finding: Proved that medicines were substandard and poisonous.

TOR 4. Who all are responsible for the tragedy?

Finding: The following are held responsible for the tragedy:

- i. The Block Medical Officer – Takhatpur,
- ii. On-duty camp manager at Takhatpur
- iii. Surgeon performing the surgery at Takhatpur
- iv. Block Medical Officer – Gaurella
- v. Medical Officer- CHC Takhatpur
- vi. Mahavar Pharma Pvt Ltd, Khamadih, Raipur, Technical Lab and Pharma Pvt Ltd , Haridwar Uttarakhand
- vii. Kavita Pharma, Tifra, Bilaspur
- viii. Members of District Drug Purchase Committee Bilaspur
- ix. Members of District/ State Drug Purchase Committee (whichever was involved in purchasing the drug

x. The Licensing Authority and Drug Officer.

TOR 5. What can be done to avoid such tragedies in future?

Details given in the Table on Recommendations

TOR 6. Suggestions regarding gender equality in the state Family Planning Programme

Details given in the Table on Recommendations

TOR 7. Any other issue of public interest into which investigation may be required

Finding: No such issue was found

Some concerns of Chhattisgarh groups regarding the Judicial Commission and its report:

The Judicial Commission Report did not comment at all on the status of the affected women and their families, the status of compensation and other services that the Government had announced for them. This could have easily been done under the last point of the TOR.

The affidavits seem to be selectively quoted to come to an already agreed upon conclusion. The report of the fact finding by JSA, SAMA and NAMHHR was misrepresented in the report. The JC report states that the fact finding concluded that poisonous drugs led to the death of the women, which is completely wrong.

Since the time when Ms. Anita Jha was appointed to the one-person Judicial Commission, there were questions regarding the reasons behind her appointment. There seemed to be a conflict of interest, in that, she was said to have applied for appointment to the Chhattisgarh Commercial Tax Tribunal. The Health Minister at that time, Mr. Amar Agarwal was also the Minister of Department of Commercial Taxes. These accusations were swept aside by her and the government and she continued in the Judicial Commissions. However, soon after the submission of the Commission's report in August, she was appointed as the Chairperson of the Chhattisgarh Commercial Tax Tribunal.

Her recommendations on 'rewarding' government and private sector employees, who adapt family planning methods, reflect her lack of knowledge and understanding on the current debates and discussions around reproductive rights and coercive population policies.

The most frustrating part of the Judicial Commission was the way it was conducted⁸. Since the beginning, there was no attempt to reach out to the affected women and their families. The Member never once visited any of the villages. The affected families were expected to read the advertisement of the Judicial Commission in the newspaper (published on 19th November 2014) and travel from 20 to 100 kms to Bilaspur to submit their affidavits before the deadline of 8th December 2014. Even if they managed to reach Bilaspur, it was a huge challenge to identify the Commission's office and undertake the formalities of affidavit

⁸ <http://scroll.in/article/692449/survivors-of-bilaspur-sterilisation-tragedy-face-locked-gate-at-inquiry-panel-office>

submission. For the initial few weeks, the designated office of the Judicial Commission remained closed. Once it opened, there was no one to help the families to file the affidavits or give them any legal advice. The families had to get the affidavits written on a stamp paper, get 5 sets of photocopies done and then submit. As a result, the families who were already mourning the death of their members and women who were still very unwell, incurred costs they could ill afford, in addition to having to travel such long distances. The deadline for filing affidavits was revised from 8th December to 6th January 2015 at the insistence of civil society groups and also because very few affidavits had been submitted. At the end of the second deadline for filing affidavits, the Commission sent letters to the affected women, asking all of them to come on the last date, i.e. 6th January 2015. The women and their families travelled from the different blocks but once they reached Bilaspur, they were not provided with any help by the Commission to file the affidavits. They had to bear all the expenses of travel and making of the affidavits. Finally a proportion of affected persons could file the affidavits with help from legal groups like Kanooni Margdarshan Kendra, HRLN and Janhit.

Recommendations made by the Judicial Commission to the Health and Family Welfare Department, its response by the Government and the analysis of the current situation by civil society groups in Chhattisgarh.

S. No.	RECCOMENDATIONS BY JUDICIAL COMMISSION	GOVERNMENT'S REPLY ON ACTION TAKEN	CURRENT SCENARIO
I (a)	Culpability of BMO – Takhatpur who did not follow Standard Operating Procedures and guilty of Medical negligence.	BMO removed from office two days after the tragedy and charge sheet filed.	
	Failure of camp manager to effectively perform his duties.	Charge sheet filed against camp manager	
	Culpability of the surgeon who performed the operation.	Surgeon, Dr. RK Gupta removed from government job	Dr. Gupta had been arrested but is out on bail. HRLN, along with an affected person, filed an application for rejection of bail in the High Court. The application was rejected. HRLN has now filed an application for cancellation of bail in the Supreme Court.
(b)	Culpability of BMO- Gaurella in permitting the surgery of two Baiga women without following due procedure of taking permission from the district administration	Chargesheet filed against BMO Gaurella	
(c)	Culpability of CHC Takhatpur Medical Officer in Takhatpur in failure to use the check list and other formats related to beneficiaries.	Chargesheet filed against the MO.	

(d)	Action against Mahavar Pharma and Technical Lab and Pharma	Good Manufacturing Practice certification of Mahavar Pharma Pvt Ltd revoked, Criminal case filed against the owners of Mahavar Pharma. Criminal Case registered against Technical Lab and Pharma by the DHS for providing substandard medicines.	The Directors of Mahavar Pharma are currently in jail. Recently, in an RTI reply by the National Institute of Immunology, regarding the tests on the Ciprocin 500 drugs done by them, they stated that the tests were not undertaken officially and that they do not certify the results of those lab tests. Taking up this new information, the wives of the jailed Directors held a press conference in November, alleging that the Directors have been framed. They demanded that their husbands be released and all charges dropped.
(e)	Action against Kavita Pharma	Criminal Case filed against Kavita Pharma distributors.	
(f)	Action against members of the District drug purchasing committee who had approved purchase of Ciprosin-500 (batch no. 14101) from Kavita Pharma, without getting the batch tested as per guidelines.	Chargesheet filed against members of drug purchasing committee, Dr. MA Jeevani, Dr. K K Airi, Dr. C P Aari.	
(g)	Action against members of District/ State Drug Purchase Committee, whichever was involved in purchasing the drug Ibuprofen 400 batch no. 450413	Purchase of Ibuprofen 400 batch no. 450413 was done as per rules at the state level. A year before the incident, on September 2013 the DHS had sent a show cause letter to the firm as a legal action and all districts were ordered not to use this batch of medicines. Despite this, these medicines were used in this Camp. The process of fixing accountability for this negligence is underway.	We are not aware of any action taken on this nor whether accountability has been fixed on a person/s
(h)	Action against the then Licensing Authority and Drug Inspector, for providing license to Mahavar Pharma.	Licensing Authority removed from office and departmental inquiry initiated against him. Show cause notice produced by Food and Drug	

		Department against the then Drug Inspector.	
II	What can be done to avoid such tragedies in future		
1.	No more surgeries should be done other than in adherence to the standards, in the name of achievement of target in Family Planning.	Orders have been given and circulated that under no circumstances, should the number of surgeries exceed than prescribed. No such violations have yet been found.	There has been a near suspension of sterilisation services all over Chhattisgarh. Women are being forced to go to the neighbouring states or to the private sector (through RSBY).
2.	<p>Firstly, as far as possible, most camps should be held in public hospitals.</p> <p>Secondly, only under special circumstances should private hospitals be used for holding such camps and that too such hospitals should be chosen at a high level committee at state level consisting of Director Health, District Magistrate, CMHO and Civil Surgeon.</p> <p>Thirdly, the hospital chosen by a high level committee should be one, which has been performing such surgeries at least since the last five years. A certificate from the director of the private hospital certifying that the OT of the hospital has been completely sterilized should be taken.</p>	<p>Currently all the sterilisation activities in camp mode under family planning programme have been put to a halt. Only those facilities where OTs are in operational condition, are providing the sterilization services in a fixed day service pattern.</p> <p>Health department is not providing fixed day services in private hospitals.</p> <p>Even though camps are not being organised in private hospitals but if circumstances demand, the recommendations will be taken care of before considering a private hospital for sterilisation services.</p>	<p>Finally, it is the women of Chhattisgarh who are suffering. Women who want to undergo tubectomy are not being provided the services under various guises, form lack of services to restrictions for PVTGs. Moreover, women have to spend out of pocket for such operations in the private sector, with no payment of incentives. In addition to the out of pocket expenses, the private sector is taking advantage of the situation and charging the Government for it through RSBY.</p>
3.	The help of CSR activities (awareness generation, camps etc) can be taken in programmes related to family planning. Camps can be organised in the hospitals of such companies.	The awareness generation activities are carried out by the health department itself. In relation to Family Planning services on World Population Day, Population Stabilization fortnight and male sterilisation fortnight are organised by the department, in which extensive activities are carried out for awareness generation.	
4.	The government should mandatorily involve drug and pharmaceutical companies operation in CG in sterilisation	Under consideration	

	camps through corporate social responsibility.		
5.	Two points should be kept in mind when purchasing medicines for distribution in sterilization camps - (i) for transparency in buying emergency medicines by the purchase committee, the decision taken by the committee and the decision making process should be ratified by the government. (ii) It is important that the inspection of medicines is done before distribution and hence it is important to have a government laboratory in the state itself for such purpose. Such a laboratory should be set up in the state immediately.	Currently all the medicine distribution is being done by CGMSC. In emergency, a committee consisting of Collector, CMHO etc, purchases the medicines. A government laboratory is already operational in the state even through improvements are being made.	The state has upgraded a lab but it is barely functional. All medicines are still being sent out of state for testing.
6.	Assure that the Mitans whose support is sought for sterilisation, have finished their 14th round of training which is about Family Planning Services. Hence the review of the activities of mitans should be done by BMO.	Sufficient availability of essential requirement regarding the temporary methods available for contraceptive services are being provided to mitans by the health department time to time. The presence of Mitan Trainers in sector meetings is also being ensured.	
7.	Introduction of a Mitan Karykram in the lines of Mitanin Karyakram to encourage men to take part in sterilization activities can lead to gender equality in Family Planning programme.	Activities are organised time to time to create awareness with regards to male sterilisation.	The services for male sterilisation continue to be negligible. There has been absolutely no effort to encourage this on the part of the state. In facilities where male sterilisation would take place along with female sterilisation, those services too have been suspended.
III	Suggestion to work towards gender equality in Family Planning programmes.		
1.	In FPP, targets should be kept keeping in mind gender equality. Extensive campaigning and awareness should be done by men about the options of contraceptives available for men.	Activities are organised time to time to create awareness in relation to male sterilisation.	The Government has to unequivocally commit to NO targets. The continued use of the term 'targets' is highly problematic and needs to be discontinued both in speech and in action.
	Those employed in private sector should be given incentives in terms	This will be kept in mind.	

	of salary for contraception. This will bring parity in govt and private sector policies.		
	Involvement of administration and society is expected through proper implementation and follow-up of programmes meant for gender equality, Empowerment of women should be undertaken so that they can make informed choices about the options of contraception available to them.	Family planning consultation services are being provided in health facilities. In Medical Colleges, DH and facilities having high number of deliveries, counsellors are advising target couples and their families.	
	SCHOOL EDUCATION DEPARTMENT		
	Need to include the importance of Family Planning and the available means in detail in the Chhattisgarh board syllabus.	Suggestions being included in the science subject of class 10 th (session 2016-17)	<p>A reading of the Class 10 Social Sciences Chapter on 'Population Explosion' shows that there are currently numerous problems with it. Firstly, they have chosen to name the chapter as 'Population explosion'!</p> <p>Secondly, in reasons for 'population explosion', some points are as follows:</p> <ul style="list-style-type: none"> - Women have higher fertility due to the hot climate in India - Migrants and infiltrators from neighbouring countries too increase population - Reduction in death rate (which, in part is due reduction in famines and epidemics) - Due to joint families, couples have less sense of responsibilities and therefore have more children. <p>The people writing this chapter don't seem to have any knowledge about demographics and demographic transition and nor do they seem to know of 'science' or 'society'.</p> <p>According to a news report⁹, the government has started revising the curriculum for the new session.</p>
	HIGHER EDUCATION		

⁹ <http://timesofindia.indiatimes.com/city/raipur/Chhattisgarh-textbook-teaches-students-abortion-as-remedy-for-population-control/articleshow/50303351.cms>

	DEPARTMENT		
	Need to include the importance of Family Planning and the available means in detail in the Chhattisgarh board syllabus.	Directions given to all state universities regarding the need to include the importance of Family Planning and the available means and education curriculum. Syllabus is decided by the academic councils of universities.	
	GENERAL ADMINISTRATION DEPARTMENT		
	There is a two-child norm for government service and provision for salary increase if either a husband or wife, who is in government service, gets sterilised. This rule needs to be amended so that the individual undergoing the surgery gets the raise and not the spouse. This is because it has been observed that male employees whose wives undergo sterilization are becoming beneficiaries of this scheme instead of the men getting a vasectomy.	All such rules for incentive based population measures have been removed for government service due to gender concerns in family planning programmes.	It is good that the government reiterated that such rules have been removed. Chhattisgarh has also abolished the two-child norm for Panchayats and other offices in 2005. It is telling that the Senior retired Judge was completely ignorant on the matter and recommended a much-criticised coercive population policy.

D. Interventions in the Supreme Court and High Court related to the case

Suo moto cognisance taken by the Bilaspur High Court

On the basis of news reports of death of 13 women due to alleged lapses in the sterilization camp at village Kanan Pendari, the High Court of Chhattisgarh took suo moto cognisance of the matter within a couple of days, on 12th November, 2014 stating that: “this incident is unfortunate compelling this Court to take cognisance of the matter”. The Court issued notices to the Union of India, State of Chhattisgarh, and Medical Council of India asking them to inform the court in ten days regarding the remedial measures taken. Moreover, the court directed the respondents to provide required immediate assistance to persons attending the affected persons admitted in the various hospitals. The court appointed two lawyers as Amicus Curiae in the matter.

On the next date of hearing, on 24th November, the Counsel for the Medical Council of India stated that the MCI had taken cognisance in the matter and the Ethics Committee of MCI had initiated an enquiry. The Advocate General representing the Chhattisgarh government presented findings from the government’s investigation before the Court. He said that Ciprocin had adversely affected users, and though he could not confirm what the real cause of

the tragedy was, in order protect people's lives the government had taken all possible steps to collect the medicine from various institutions and shops. The Court issued several directions to the respondents, mainly asking the government to ensure that the medicines are collected from hospitals, medical shops, health-workers etc, and to spread awareness about not using the medicines. The Court once again directed the respondents to provide assistance to persons in hospitals. Most importantly the government was directed to take necessary measures for rehabilitation not just in terms of compensation but also take necessary steps for rehabilitation of the children and families.

In the subsequent hearing on 22nd December, the Advocate General submitted in court that necessary measures were taken to withdraw and collect Ciprocin and Ibuprofen. The MCI Counsel stated that the MCI had issued notice to the state authorities. The Court again issued directions to the government to trace the supply chain of the medicines and ensure that the entire quantity was collected. In this hearing, the court directed the government to appoint a nodal officer in the affected areas, who would have to be in regular touch with the affected families for at least six months so as to be able to provide immediate treatment in case of emergency. The nodal officer would also have to ensure compliance of the various orders passed by the High Court. The state was also directed to produce a detailed report on the action taken against officers and persons responsible for the production of the medicines.

During the hearing held on 10th February 2015, the Court was not satisfied by the compliance report furnished by the state government, as it appeared to the court that the government was only issuing directions to different authorities, and had nothing to show for what it had actually done for the victims.

In the next few hearings the state government repeatedly sought time to take necessary steps for rehabilitation of children in terms of admission to Anganwadi's and schools.

In the hearing held on 22nd April 2015, counsel for the interveners submitted that there were reports in the media that the medicine Ciprocin did not contain any poisonous substance. Additional AG submitted that the reports were silent on the presence of poison i.e. presence of poison was not denied. He sought time to file the report while the court directed compliance of its earlier orders.

Meanwhile the matter had also been brought before the Supreme Court in the Devika Biswas case. Therefore, during the High Court hearing on 13th May 2015, the court was of opinion that as the Supreme Court is already looking into, there is no need for the High Court to continue pursuing this case. No substantial orders have been passed thereafter by the High Court.

Interventions related to the Bilaspur tragedy in the Supreme Court

In 2012, the case of Devika Biswas v. Union of India & Ors. WP(C) 95/2012 was filed in the Supreme Court, highlighting the fact that the guidelines issued in the Ramakant Rai case were not being followed by several states. The case brought into the Supreme Court's notice, sterilisation camps being conducted in Bihar, Rajasthan and other states in complete violation

of norms. It highlighted the fact that sterilisation was still approached as a population control target based practice rather than a reproductive right entitlement.

After the Bilaspur Tragedy an application was filed in the case seeking various reliefs from the court related to compliance with Ramakant Rai case, SOPs, compensation, transparent investigation by the Judicial Commission, ban on the target camp approach etc. The Supreme Court on 30th January 2015 asked the Chhattisgarh government to file a report on the steps taken to ameliorate the conditions of the victims and action taken against the doctors involved. The Court asked the government to inform the court on the steps taken to educate people about sterilisation.

On 20th March 2015 the matter came up before the Supreme Court and the Court was not satisfied with the report filed by the government of Chhattisgarh. In the report filed by the Government of Chhattisgarh, no information was given about the allegations in the FIR, progress in investigation, date of setting up of the Judicial Commission, or the Terms of Reference of the Commission. The Court in this hearing went through the reports prepared by the Population Foundation of India, Jan Swasthya Abhiyan/National Alliance for Maternal Health & Human Rights/SAMA, and the Report by the Petitioner and directed the government of Chhattisgarh to take these into account and file a reply. The Supreme Court directed the government to file the FIRs, post mortem reports and the charge sheet.

The next hearing was on 14th August 2015. The Advocate General of Chhattisgarh stated in court that the Anita Jha Commission had given its report on 10.8.2015 and that the state cabinet would take a decision on the same in following two weeks. The AG told the court that two charge sheets had been filed and there was no FIR with investigation pending. Strangely the AG mentioned that the FSL tests were awaited from Hyderabad and if the need were felt thereafter supplementary charge sheets would be filed. He informed the court that two persons who were absconding in the matter were declared as proclaimed offenders. The court listed the matter for future hearing for information on the decision taken by the government on the Anita Jha Commission report.

On the next date of hearing the AG told the court that the Anita Jha Commission report had been accepted by the State Cabinet and an Action Taken Report was to be considered by the State Legislature in the next Session of the Assembly. The FSL reports from Hyderabad had been received and supplementary chargesheet had been filed. The court was informed that steps were being taken to attach the properties of absconding persons. However, even on the next date of hearing on 1st February 2016 the AG again sought time to file Anita Jha Commission report. What remains unclear is whether supplementary charge sheets will be filed as per the findings of the Commission and whether the officials will be arrayed as accused.

Case related to Dr. R.K. Gupta's bail

The Police arrested Dr. R.K.Gupta, the surgeon responsible for the botched-up surgeries, on 12th November 2014. He was in jail for less than a month and was granted bail by the Chhattisgarh High Court on 4th December 2014.

The Chhattisgarh High Court granted him bail on the following grounds: (a) that the procedure laid down by the Hon'ble Supreme Court in Jacob Mathew v. State of Punjab & Anr. 2005 (6) SCC 1 with regard to obtaining independent competent medical opinion before making arrest was not followed by the police; (b) that the accused is a renowned surgeon having performed over 50,000 tubectomy operations in the past and that there have been no complaints in the past; (c) the drugs Ciprocin 500 and Ibuprofen 400 which had been given to the women on the supervision of the Block Medical Officer and consumed by them contained Zinc/Aluminium Phosphide that contain phosphine gas which had caused toxic shock that led to the death of the women; (d) No custodial interrogation of the accused is required, and the investigation, filing of charge sheet, commencement of trial may take time; (e) the accused was dismissed from service and there was nothing on record to show that he would abscond or influence witnesses (f) the accused's only son is a differently abled person (g) 304-A is a bailable offence, and S.304 is an offence punishable with imprisonment or fine or with both and no purpose would be served by keeping the 63 year old accused in jail.

After bail was granted to Dr. R. K Gupta, two women survivors Savita Khande and Lalita Yadav who were part of the 'camp' challenged his bail before the High Court. The bail was challenged on the following grounds:

(a) The Hon'ble Court erred in holding that no independent medical opinion was obtained as required by the guidelines laid down by the Hon'ble Supreme Court. The health department and government doctors had conducted an inquiry and had held the accused doctor liable.

(b) The theory that the drugs given to the women Ciprocin-500, Ibuprofen-400 contained Zinc/Aluminum Phosphide has been proven wrong. Government laboratory tests do not confirm the presence of Zinc /Aluminum Phosphide in the drugs.

(c) The post mortem reports state the cause of death to be Peritonitis, Septicemia and Septic Shock. Dr. Surya Prakash Dhaneri, Head of Pharmacological Department, AIIMS Raipur, expert witness summoned by the Hon'ble Inquiry Commission has stated in his statement and cross examination before the Hon'ble Commission that Peritonitis, Septicemia and Septic Shock can only be caused due to bacterial infection and not due to sub standard drugs or due to any oral consumption. He has further stated that if all regular steps to ensure a safe surgery are followed there is no scope whatsoever for any infection to arise.

(d) The surgeries were conducted by the surgeon in complete violation of the guidelines laid down by the Hon'ble Supreme Court in Ramakant Rai, and the Standing Operating Procedure laid down by the Ministry of Health and Family Welfare.

However, this petition seeking cancellation of the Doctors bail was dismissed by the High Court on the technicality that the High Court did not have the power to cancel/review bail order under the Criminal Procedure Code.

The women have now approached the Supreme Court seeking cancellation of the doctor's bail.

D. Our demands

Further action on the Bilaspur tragedy

- Government should provide continued follow up with all the surviving women who had undergone the sterilisations in the four camps to ensure access to free and quality health care, and to address any complications that the women may be experiencing. Provision for free treatment and free transport to health facilities has to be ensured.
- The government has to honour their commitment to take responsibility for the children of the women who died and provide them quality education and free health care.
- The State ought to pay higher compensations for the lives lost and also to those who are sick.
- Negligence and contributory negligence should be fixed on not only on the medical team, which performed the operations, but also on higher officials in-charge of the family planning programme in the state and the Government should make public the status of all the action taken against the guilty
- The Judicial Commission report, along with its annexures (containing the medical reports, forensic tests, tests of viscera analysis, drug tests etc.) and record of proceedings should be put in the public domain, on the website of the Chhattisgarh Government.

Ensuring Access to Safe and Quality Contraceptive Services in Chhattisgarh

The suspended family planning services in Chhattisgarh need to be restarted at the block level and the various methods of safe contraception should be provided to men and women through quality and free services. Chhattisgarh government should strengthen Access to Safe and Quality Contraceptive Services in the following manner:

- Provide routine contraception services through an improved public health care system offering safer contraceptive methods such as condoms, oral pills and encourage male responsibility. Sterilisation should only be offered as one of the options among other safe, non-hazardous, non-invasive, methods of contraception, regardless of marital status, age, gender identity, etc.
- Strengthen public health care institutions - make them functional by improving infrastructure, availability of doctors and other health personnel, counselling, medicines, etc.- and not abdicate its responsibility to provide free and quality services by pushing women to go to the private sector.
- Strengthen capacities of human resources at all levels of the health system, to ensure provision of comprehensive information, adequate response to the needs of persons wanting to access contraceptive services and ensure fixed day services at all block and district levels.
- Ensure ethical processes such as provision of comprehensive information, informed consent, provision of medical documents, consent formats to all those accessing services.
- Promote male responsibility in contraception through health and sexuality education and provision of information and services through adequately trained male health workers in addition to ASHA/Mitanin

- Strengthen implementation of SOPs and Quality Assurance and implement and strictly monitor guidelines and standards for sterilisation services.
- Ensure the functioning of the Quality Assurance Committees (QAC). The regular monitoring must ensure that such acts of negligence are not repeated and the underlying deficits are addressed effectively and systems for grievance redressal for reporting of any problems experienced following sterilisation services have to be put into place.

Policy level interventions

- The Government has to completely do away with the camp-based approach and ensure fixed day services for all those who choose to access contraceptive services.
- The Government needs to abolish all coercive population policies, including the two-child norm being implemented across different government departments and schemes like maternity entitlements under MNREGA, home deliveries in JSY and the restrictions on PVTGs for accessing permanent methods of family planning.
- The target-based approach for sterilisation (male or female) and all other methods of contraception must be discontinued. The targets in any form, official or unofficial, should be completely eliminated from policy and programmes well as in practice.