Chapter

23

GENDER ISSUES

23.1 INTRODUCTION

Reproductive and Child Health (RCH) programme is a comprehensive sector wide flagship programme, under the bigger umbrella of the Government of India's (GoI) National Health Mission (NHM), to deliver the RCH targets for reduction of maternal and infant mortality and total fertility rates. RCH programme aims to reduce social and geographical disparities in access to, and utilisation of quality reproductive and child health services. Launched in April 2005 in partnership with the State governments, it is consistent with GoI's National Population Policy-2000, the National Health Policy-2001 and the Millennium Development Goals. The major components of the RCH programme are Maternal Health, Child Health, Immunization, Family Planning, Adolescent Health (AH) and implementation of PC-PNDT Act.

The government of India has launched Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) approach in 2013 and it essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The strategy is based on provision of comprehensive care through the five pillars, or thematic areas, of reproductive, maternal, neonatal, child, and adolescent health, and is guided by central tenets of equity, universal care, entitlement, and accountability, and it has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. A detailed discussion on the programme interventions under each of the components is given below;

23.2 JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Health Mission (NRHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme, launched on 12 April 2005 by the Hon'ble Prime Minister, is under implementation in all States and Union Territories (UTs), with a special focus on Low Performing States (LPS).

The number of JSY beneficiaries has risen from 7.39 lakhs in 2005-06 to more than 104.16 lakhs in 2015-16, with the expenditure on this scheme increasing from Rs. 38.29 crores to Rs. 1649.12 crores in 2015-16. It is well established that JSY has succeeded in promoting institutional delivery. Under NHM, institutional delivery has increased from 40.8% in 2005-06 (NFHS -3) to 78.7% (Rapid Survey of Children 2013-14).

23.2.1 Accrediting private health institutions

In order to increase the choice of delivery care institutions, States are encouraged to accredit at least two willing private institutions per block to provide delivery services. The State and district authorities should draw up a list of criteria/protocols for such accreditation..

23.2.2 Direct Benefits Transfer under JSY

Direct Benefit Transfer (DBT) mode of payment was initially rolled out in 43 districts w.e.f. 1.1.2013 and in 78 districts from 1.7.2013. Now, this initiative has been expanded across the country in all the districts.

Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their bank accounts through Aadhaar/Core Banking Solution. Details of payments made through DBT mechanism in FY 2016-17 till 30.09.2016 are as under:

Period:1.4.2016-30.09.2016	Numbers	Amount (in Rs.)
Aadhaar based payments	84,461	112,146,682.00
Payments through Core Banking Solution (CBS)	3,933,765	5,336,197,805
Total	4,018,226	5,448,344,487

23.2.3 Physical & Financial progress

JSY has been a phenomenal success both in terms of number of mothers covered and expenditure incurred on the scheme. From a modest figure of 7.39 lakhs beneficiaries in 2005-06, the scheme currently provides benefit to more than one crore beneficiaries every year. Also the expenditure of the scheme has increased from 38 crores in 2005-06 to 1668 crores in 2014-15.

In terms of achievement, the JSY is considered to be one of the important factors in increased utilization of public health facilities by the pregnant women for delivery care services which are reflected in the following:

- Increase in institutional deliveries which gone up from 47% (District Level Household Survey-III, 2007-08) to 78.7% (RSOC:2013-14);

- Maternal Mortality Rate (MMR) which declined from 254 maternal deaths per 1,00,000 live births in 2004-06 to 167 maternal deaths per 1,00,000 live births during 2011-13;

- IMR has declined from 58 per 1000 live births in 2005 to 39 per 1000 live births in 2014;

- The Neo-Natal Mortality Rate (NMR) has declined from 37 per 1000 live births in 2006 to 26 per 1000 live births in 2014.

State/UT-wise and year-wise physical and financial progress of JSY is as under:

Year	No. of beneficiaries (in lakhs)	Expenditure (in crores)
2005-06	7.39	38. 29
2006-07	31.58	258. 22
2007-08	73.29	880. 17
2008-09	90. 37	1241. 33
2009-10	100.78	1473.76
2010-11	106.97	1618.39
2011-12	109.37	1606.18
2012-13	106.57	1640.00
2013-14	106.48	1762.82
2014-15	104.38	1668.39
2015-16	104.16	1649.17
2016-17*	46.15	671.70

* Reported Data for the period April-September 2016. Figures are provisional

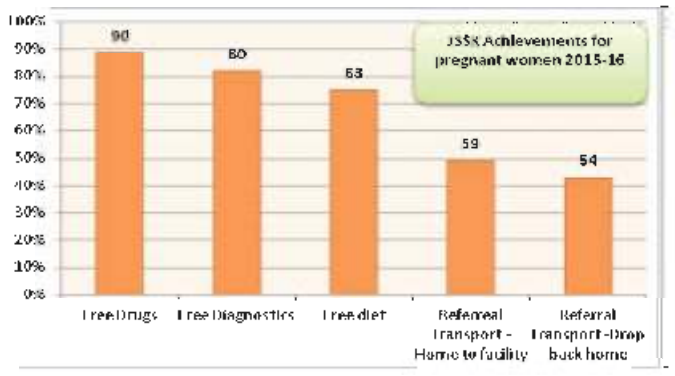
23.3 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

- Building on the phenomenal progress of the JSY scheme, Government of India has launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during stay at normal delivery and C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements were put in place for all sick infants accessing public health institutions for treatment upto 1 year of age. The scheme has also been expanded to cover antenatal & post-natal complications of pregnancy

- Prior to launch of NHM, Call Centre based ambulance network was virtually non-existent. Now most States have the facility where people can dial 108 or 102 or 104 telephone number for calling an ambulance. A total of over 21,000 ambulances/ patient transport vehicles are now operational across States.

- In 2015-16, 90% of pregnant women received free drugs, 80% free diagnostics, 63% free diet, 59% free home to facility transport while 54% received free drop back home after delivery.

- Utilization of public health infrastructure by pregnant women has increased significantly as a result of JSY & JSSK. As many as 1.30 crore women delivered in Government health facilities last year (2015-16).



23.3.1 Emphasis is being laid on facility based newborn care at different levels to reduce neonatal Mortality

Special New Born Care Units (SNCUs) are being setup at district hospitals and medical colleges

- SNCU is 12-20 bedded unit and requires 4 trained doctors and 10-12 nurses for round the clock services.
- The cost of setting up SNCU is Rs. 41 lakhs and operational cost is Rs. 10 lakhs per annum
- 661 SNCUs are functional till date.

Newborn Stabilization Units (NBSUs) are being established at community health centres /FRUs.

- These are 4 bedded units with trained doctors and nurses for stabilization of sick newborns.
- The cost of setting up of NBSU is Rs. 5.75 lakhs and Operational cost is 1.75 lakhs per annum.
- There are at present 2321 NBSUs in the country.

Newborn Baby Care Corners (NBCCs) are being setup in all facilities where deliveries are taking place

- These consist of an earmarked area (radiant warmer) within the labour room and Operation Theatre (OT) for provision of essential newborn care including resuscitation.
- The unit cost for establishing NBCC is Rs. 85,000 and operational cost is Rs. 20,000.
- There are 18323 functional NBCCs.

23.4 NATIONAL AMBULANCE SERVICES (NAS)

National Ambulance Services (NAS): At the time of launch of NRHM, such ambulances networks were non-existent. As on date, 31 States/UTs have the facility where people can dial 108 or 102 telephone number for calling an ambulance. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefit and are not excluded. JSSK entitlements e.g. free transport from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service. This service can be accessed through a toll free call to a Call Centre.

Presently, 7661 Dial-108, 600 Dial-104 and 7704 Dial-102 Emergency Response Service Vehicles are operational under NRHM, besides 6199 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

23.5 MOTHER AND CHILD TRACKING SYSTEM (MCTS)

MCTS is a name based web based service that captures the details of pregnant women and children up to 5 years and aims to ensure that every pregnant woman gets complete and quality ANC and PNC and every child receives a full range of immunization services.

Web Enabled Mother and Child Tracking System (MCTS) is being implemented to register and track every pregnant woman, neonate, infant and child by name for quality ANC, INC, PNC, FP, Immunization services. More than 11.79 crore pregnant women and 10.11 crore children have been registered under MCTS till 4th Dec, 2016.

23.6 RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

The National Health Mission of Ministry of Health and Family Welfare is implementing, Rashtriya Bal Swasthya Karyakram (RBSK), an initiative of Child health screening and early intervention services to provide comprehensive care to all the children in the community. The purpose of these services is to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays.

The burden of birth defects, development delays in children deficiencies and diseases is significant in children and this is one of the important factor for child mortality and out of pocket expenditure for poor families. Birth defects account for 9.6% of all new born deaths and 4% of under-five mortality. According to March of Dimes, 2006, out of every 100 babies born in this country annually, 6 to 7 have a birth defect. In Indian context, this would translate to 17 lakhs birth defects annually. Development delays affect at least 10% children and these delays if not intercepted timely may lead to permanent disabilities including cognitive, hearing or vision.

Child Health Screening and Early Intervention Services cover 30 common health conditions for early detection and free treatment and management. These thirty conditions are listed in the table below :

Based on the high prevalence of diseases like hypothyroidism, sickle cell anaemia and beta thalassemia and availability of testing and specialized support facilities, the States and UTs may incorporate them as part of this initiative.

The child health screening services are built on the existing school health services and are provided through dedicated mobile health teams placed in every block. The block level dedicated mobile medical health teams comprise of four health personnel viz. two AYUSH doctors (One Male, One Female), ANM/ SN, and a Pharmacist. The teams carry out screening of all the children in the age group 0 – 6 years enrolled at Anganwadi centres twice a year besides screening children enrolled in Government and Government aided schools. The newborns are screened for birth defects in health facilities where

Health Conditions screened under RBSK	
Defects at Birth 1. Neural tube defect 2. Down's Syndrome 3. Cleft Lip & Palate / Cleft palate alone# 4. Talipes (club foot) 5. Developmental dysplasia of the hip 6. Congenital cataract 7. Congenital deafness 8. Congenital heart diseases 9. Retinopathy of Prematurity	*Deficiencies* 10. Anaemia especially Severe anaemia 11. Vitamin A deficiency (Bitot's spot) 12. Vitamin D Deficiency, (Rickets) 13. Severe Acute Malnutrition 14. Goiter
Child hood Diseases 15. Skin conditions (Scabies, fungal infection and Eczema) 16. Otitis Media 17. Rheumatic heart disease 18. Reactive airway disease 19. Dental caries 20. Convulsive disorders	*Developmental delays and Disabilities* 21. Vision Impairment 22. Hearing Impairment 23. Neuro-motor Impairment 24. Motor delay 25. Cognitive delay 26. Language delay 27. Behaviour disorder (Autism) 28. Learning disorder 29. Attention deficit hyperactivity disorder
30. Congenital Hypothyroidism, Sickle cell anaemia, Beta thalassemia (Optional)	

deliveries take place and during the home visit by ASHA. An estimated 27 crore children in the age group of zero to eighteen years are expected to be covered in a phased manner.

It is envisaged that District Early Intervention Centres will be made operational in all districts of the country for providing management of cases referred from the blocks and will also link these children with tertiary level health services in case surgical management is required. The existing services from Ministry of Women and Child Development, Social Justice and Empowerment and Education will also be optimally utilized. Necessary treatment costs at pre-determined rates are provided under National Health Mission to tertiary level institutions whether in Government or Private sector. The implementation of these services will also generate country wide epidemiological data on selected health conditions for improved future planning of health services.

- As on June, 2016, 10,410 teams in 36 States/UTs are in place.
- Early Intervention Centres are being operationalized at District Hospitals for management of cases referred from block upwards. Linkages with secondary and tertiary level health services are provided in case higher level of management is required, including surgical interventions, free of cost.
- 309 District Early Intervention Centres (DEICs) are being established. Of these 92 DEICs have been made functional.
- For the period April 2014- March 2015- 10.66 Crores children were screened (3.71 Crores children from birth to 6 years and 6.82 Crores were 6-18 years age group), 51.78 lakhs children were referred to secondary tertiary facilities, 22.18 lakhs children availed services in secondary tertiary facilities.
- F.Y. 2015-16 - 18.7 Crore children were screened out of which 8.36 Crores were 0-6 years age whereas 10.3 Crore were 6-18 years age group. More than 87 lakh children were referred to secondary tertiary facilities by team, out of this around 45.6 lakhs children availed services in referred facilities.
- In FY 2016-17 (Up to June, 2016), 4.3 Crores children were screened (2.0 Crores children from birth to 6 years and 2.3 Crores were 6-18 years age group), 17.1 lakhs children were referred to secondary tertiary facilities, 8.3 lakhs children availed services in secondary tertiary facilities.

23.7 SEX-RATIO

Adverse Child Sex-Ratio in India

The Child Sex Ratio (CSR) for the age group of 0-6 years as per the 2011 Census has dipped further to 918 girls as against 927 per thousand boys as recorded in the 2001 Census. This negative trend reaffirms the fact that the girl child is at higher risk than ever before. Except for the States/UTs viz. Puducherry (967), Tamil Nadu (943), Karnataka (948), Delhi (871), Goa (942), Kerala (964), Mizoram (970), Gujarat (890), Arunachal Pradesh (972), Andaman & Nicobar Islands (968), Himachal Pradesh (909), Haryana (834), Chandigarh (880) and Punjab (846), the Child Sex Ratio has shown a declining trend in 18 States and 3 UTs. The steepest fall of 79 points is in J&K and the largest improvement of Child Sex Ratio of 48 points is in Punjab.(Annexure-I)

Jammu and Kashmir, Maharashtra and Haryana have had the worst decline in the past 30 years in Child Sex Ratio. Among the larger States, Chhattisgarh has the highest Child Sex Ratio (CSR) of 969 followed by Kerala with 964. Haryana (834) is at the bottom followed by Punjab (846). The Census 2011 saw a declining trend even in North Eastern States except in Arunachal Pradesh and Mizoram.

Half of the districts in the country showed decline in the Child Sex Ratio greater than the national average. The number of districts with Child Sex Ratio of 950 and above has reduced from 259 to 182.

Reasons for adverse Sex Ratio

Some of the reasons commonly put forward to explain the consistently low levels of Sex Ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female

foeticide, higher Maternal Mortality and male bias. Easy availability of the sex determination tests and abortion services may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

Sex determination techniques have been in use in India since 1975, primarily for the determination of genetic abnormalities. However, these techniques were widely misused to determine the sex of the foetus and subsequent elimination, if the foetus was found to be a female.

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

In order to check female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Act has since been amended to make it more comprehensive. The amended Act came into force with effect from 14.2.2003 and it has been renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" (PC&PNDT Act).

The technique of pre-conception sex selection has been brought within the ambit of this Act so as to pre-empt the use of such technologies, which significantly contribute to the declining Sex Ratio. Use of ultrasound machines has also been brought within the purview of this Act more explicitly so as to curb their misuse for detection and disclosure of sex of the foetus, lest it should lead to female foeticide. The Central Supervisory Board (CSB) constituted under the Chairmanship of Minister for Health and Family Welfare has been further empowered for monitoring the implementation of the Act. State level Supervisory Boards in the line with the CSB constituted at the Centre, have been introduced for monitoring and reviewing the implementation of the Act in States/UTs. The State/UT level Appropriate Authority has been made a multi-member body for better implementation and monitoring of the Act in the States. More stringent punishments are prescribed under the Act, so as to serve as a deterrent against violations of the Act. The Appropriate Authorities are empowered with the powers of Civil Court for search, seizure and sealing the machines, equipments and records of the violators of law including sealing of premises and commissioning of witnesses. It has been made mandatory to maintain proper records in respect of the use of ultrasound machines and other equipments capable of detection of sex of foetus and also in respect of tests and procedures that may lead to pre-conception selection of sex. The sale of ultrasound machines has been regulated through laying down the condition of sale only to the bodies registered under the Act.

Punishment under the Act: The PC& PNDT Act, 1994 protects the pregnant woman but provides for the following penalties:

For doctors/owner of clinics:

- Up to 3 years of imprisonment with fine up to Rs. 10,000 for the first offence.
- Up to 5 years of imprisonment with fine up to Rs. 50, 000 for subsequent offence.
- Suspension of registration with the Medical Council if charges are framed by the court and till the case is disposed of, removal of the name for 5 years from the medical register in the case of first offence and permanent removal in case of subsequent offence.

For husband/family member or any other person abetting sex selection:

- Up to 3 years of imprisonment with a fine up to Rs. 50,000 for the first offence.
- Up to 5 years of imprisonment with fine up to Rs. 1 lakh for subsequent offence.

For any advertisement regarding sex selection:

- Up to 3 years of imprisonment and up to Rs. 10,000 fine.

Implementation of PC&PNDT Act in States/UTs

As per Quarterly Progress Reports (QPRs) September, 2016 submitted by States/UTs, 54647 diagnostic facilities including Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre have been registered under PC& PNDT Act. So far, a total of 1621 machines have been sealed and seized for violations of the law. A total of 2352 court cases have

been filed by the District Appropriate Authorities under the Act and 386 convictions have so far been secured. Following conviction, the medical licenses of 108 doctors have been suspended/ cancelled. 27.1% of total on-going court cases have been filed in Rajasthan alone, followed by 24.2% in Maharashtra. State wise details are Annexure II. As a result of intensification of the drive against illegal sex determination, 474 cases have been filed in 2013-2014, 288 in 2012-13, 279 in 2011-12 as compared to 157 in 2010-11.

Progress Card

Sl. No.	Indicators	Up to Sept. 2015	Up to Sept. 2016	Progress made
1	Total registered facilities	51795	54647	2852
2	On-going court cases under PC & PNDT Act	2140	2352	212
3	No. of cases disposed off	759	1021	262
4	No. of convictions secured	304	386	82
5	No. of medical licenses cancelled	100	108	8

Steps taken by the Government of India-

New Amendment to the 'Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996: Government of India has recently notified several important amendments in the rules under the Act, as mentioned below:

- Rule 11(2) has been amended to provide for confiscation of unregistered machines and punishment against unregistered clinics/facilities. Earlier, the guilty could escape by paying penalty equal to five times of the registration fee.

- Rule 3B has been inserted with regard to the regulation of portable ultrasound machines and regulation of services to be offered by Mobile Genetic Clinic.

- Rule 3 (3) (3) has been inserted restricting the registration of medical practitioners qualified under the Act to conduct ultrasonography in a maximum of two ultrasound facilities within a district. Number of hours during which the Registered Medical Practitioner would be present in each clinic would be specified clearly.

- Rule 5(1) has been amended to enhance the Registration fee for bodies under Rule 5 of the PNDT Rules 1996 from the existing Rs.3000/- to Rs.25000/- for Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic or Imaging Centre, and from Rs.4000/- to Rs.35000/- for an institute, hospital, nursing home, or any place providing jointly the service of a Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic, Ultrasound Clinic or Imaging Centre.

- Rule 13 has been amended mandating every Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre, to intimate every change of employee, place, address and equipment installed, to the Appropriate Authority 30 days in advance of the expected date of such change, and seek issuance of a new certificate with the changes duly incorporated.

- Rules for Six Months Training in ultrasound for the MBBS Doctors have been notified vide GSR.14 (E) dated 10 January, 2014. The rules include the training curriculum, criteria for accreditation of institutions and procedure for competency based evaluation test.

- Revised form F has been notified Vide G.S.R. 77 (E)-dated 31st January 2014. The revised format is more simplified as the invasive and non-invasive portions have been separated.

- Rules for Code of conduct for Appropriate Authorities have been notified Vide G.S.R. 119(E) Dated 24th February 2014. Legal, monitoring, administrative and financial procedures have been explicitly laid down to facilitate appropriate authorities in the course of effective implementation of the PC&PNDT Act.

Monitoring and review of the implementation scaled up

- Central Supervisory Board (CSB) under the PNDT Act has been reconstituted. The 18th, 19th, 20th and 21st meetings of CSB have been held at an interval

of six months on 14th January, 2012, 20th July 2012 16th January 2013 and 23rd July 2013. The 23rd meeting of the CSB was held on 24th June 2015 where important policy decisions were taken for effective implementation of the Act.

- Judgement dated 08.11.2016 of the Hon'ble Supreme Court in the matter of WP(C) 349/2006 were communicated to the States/UTs at the level of Health secretaries to ensure immediate compliance.

- In the current year 7 NIMC inspections have been conducted in the States of Arunachal Pradesh, Jammu and Kashmir, Himachal Pradesh, Rajasthan, West Bengal, Karnataka and Delhi. As a result of these NIMC visits, 3 clinics were recommended for sealing in Himachal Pradesh, in Jammu and Kashmir documents of 4 centres were seized, 2 ultrasound machines were recommended for sealing in Arunachal Pradesh, 2 clinics were sealed in West Bengal, registration of 2 clinics were suspended in Delhi were and in Karnataka 7 Clinics were sealed for the non-compliance of the provisions of the PC&PNDT Act.

- The orientation and sensitisation of judiciary has been initiated through National Judicial Academy. A two day orientation and sensitisation of judiciary organised by National Judicial Academy is scheduled on 4th & 5th February 2017 in Bhopal.

- National Scheme "Beti Bachao, Beti Padhao" anchored by the Ministry of WCD in partnership with MOHFW and HRD, has been now extended to 61 more districts in addition to the is identified 100 gender critical districts. Ministry of Health &FW has actively participated for creating awareness and capacity building on PC&PNDT Act in all the orientation programmes/ multi-sectoral District Action Plans for the additional 61 districts.

- State Inspection and Monitoring Committees have been constituted in the States/ UTs and are conducting regular inspections on the ground. In the last quarter (July-September 2016) the State of Maharashtra conducted maximum inspections (7318) followed by Punjab (1138) and West Bengal (826).

- A Handbook on (Standard Operational Guidelines) SOGs has been developed and disseminated to the Appropriate Authorities for effective and standard implementation of the PC & PNDT Act, 1994 and Rules in the country.

- A national Capacity building programme for the Appropriate Authorities for hands on training on SOGs is planned in March 2017. Further, a session for SOGs for district authorities is also planned for all the four regional review meetings that are commencing from January 2017 onwards

- Standardisation of online Form F and developing software for the same to minimise clerical errors for preventing unwarranted cases against the doctors is to be deliberated in January at a national workshop.

- The Central Government is rendering financial support to strengthen implementation structures under NHM for including setting up dedicated PNDT Cells, capacity building, monitoring, advocacy campaigns etc. In 2016-17, Rs. 1168 lakhs have been approved for PNDT cells, monitoring and capacity building besides giving financial assistance for IEC campaigns.

- A meeting under the Chairmanship of Director (PNDT) is being organised with FICCI Medical Electronic Forum to discuss the online portal to registration of ultrasound manufactures and monitor regular reporting on sales records of ultrasound machines sold in India.

- An Expert Committee has been reconstituted under the chairmanship of Joint Secretary on the recommendation of Central Supervisory Board to look into the amendments to the PC&PNDT Act. The first meeting of the expert committee was held on 4th July, 2016

Other initiatives taken by MoHFW

- The annual function of AIIMS (PULSE) with central theme on Girl Child and significance of PC&PNDT Act was supported by Ministry of Health and Family Welfare.

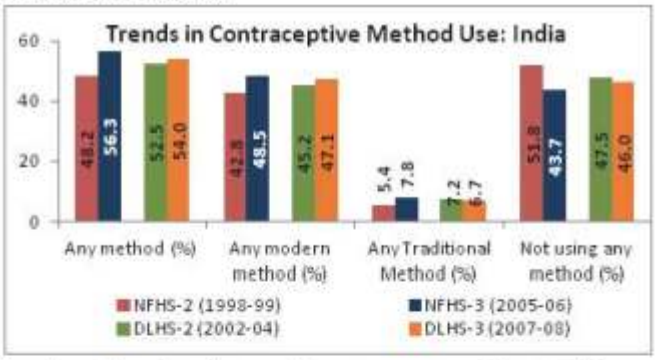
- Medical Council of India has been directed to cancel registration of doctors convicted under the

Act.

- Ministry for Health & Family Welfare has a dedicated website (www.pndt.gov.in) and a Toll Free Telephone (1800 110 500) to facilitate the public to lodge complaint anonymously, if so desired, against any violation of the provisions of the Act by any authority or individual and to seek PNDT related general information.

23.8 FAMILY PLANING

Nationwide, the small family norm is widely accepted (the wanted fertility rate for India as a whole is 1.9 (NFHS-3) and the general awareness of contraception is almost universal (98% among women and 98.6% among men: NFHS-3). Both NFHS and DLHS surveys showed that contraceptive use is generally rising (see adjoining figure). Contraceptive use among married women (aged 15-49 years) was 56.3% in NFHS-3 (an increase of 8.1 percentage points from NFHS-2) while corresponding increase between DLHS-2 & 3 is relatively lesser (from 52.5% to 54.0%). The proximate determinants of fertility like, age at marriage and age at first childbirth (which are societal preferences) are also showing good improvement at the national level.



Family planning has undergone a paradigm shift and emerged as one of the interventions to reduce maternal and infant mortalities and morbidities. It is well-established that the States with high contraceptive prevalence rate have lower maternal and infant mortalities.

Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induced abortion and eliminate most of these deaths. Studies show that if the current unmet need for family planning could be fulfilled over the next 5 years, we can avert 35,000 maternal deaths, 1.2 million infant death, save more than Rs. 4450 crores and save Rs. 6500 crores, if safe abortion services are coupled with increased family planning services. This strategic direction is the guiding principle in implementation of family planning programme in future

Scheme of Home delivery of contraceptives by ASHAs at doorstep of beneficiaries: The scheme was launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. The scheme is operational in the entire country. ASHA is charging a nominal amount from beneficiaries for her effort to deliver contraceptives at doorstep i.e. Re 1 for a pack of 3 condoms, Re 1 for a cycle of OCPs and Rs 2 for a pack of one tablet of ECP. Under HDC schemes ASHAs are distributing condoms, OCPs and ECPs in all States of India except Tamil Nadu, Puducherry and Himachal Pradesh where ASHA structure is non-existent. Contraceptive distribution in these three States is being done by Anganwadi Workers and ANMs.

23.9 LAUNCH OF MISSION INDRADHANUSH (MI)

The Ministry of Health & Family Welfare launched "Mission Indradhanush" in December, 2014, depicting seven colours of rainbow, with the aim to accelerate the full immunization coverage to 90% and sustain the same, by 2020. Mission Indradhanush(MI) targets unvaccinated or partially vaccinated children; those who have not been covered during routine immunization for various reasons. Vaccination is provided against ten life-threatening but vaccine preventable diseases which are covered under UIP. Pregnant women are also immunized against tetanus.

The first phase of MI was held from April 2015 to July 2015, covering 201 districts across 28 States/UTs and the second phase of MI was from October'15 to January'16, covering 352 districts across 34 States/UTs, of which 73 districts were repeated from Phase 1. The third phase was held from April'16 to July'16 covering 216 districts across 27 States/UTs. During the three phases of Mission Indradhanush, a total of 497 districts across 35 States/UTs were covered. During these three phases, about 2.1 crore children were reached of which 55 lakh children were fully immunized. In addition, 55.9 lakh women were also vaccinated with tetanus toxoid. The detailed coverage of Mission Indradhanush is as follows:

Performance of Mission Indradhanush (updated as on 6th October, 2016):

(All Figures in Lakhs)

Sl. No.	Indicator	Phase 1	Phase 2	Phase 3	Total
1	No. of sessions held	9.7	11.6	7.4	28.7
2	No. of antigen administered	191.9	174.9	151.1	517.9
3	No. of pregnant women immunized	21.1	17.0	17.8	55.9
4	No. of pregnant women completely immunized	11.2	9.0	9.5	29.7
5	No. of children immunized	76.8	71.6	61.8	210.3
6	No. of children fully immunized	20.2	18.5	16.3	55.0
7	No. of children vaccinated for the first time	N/A	9.3	12.0	21.3
8	No. of Vit A doses administe red	20.5	21.2	17.9	59.5
9	No. of ORS packets distributed	17.1	13.9	21.3	52.2
10	No. of zinc tablets distributed	57.3	45.2	80.6	183.1

Outreach Session in a community of Ghaziabad, UP during Mission Indradhanush

Street Play at Pakur, Jharkhand to generate awareness about immunization

Immunization Session during Mission Indradhanush in Ghaziabad, UP

23.10 KILKARI & MOBILE ACADEMY

Kilkari weekly audio messages to pregnant women and parents of infants, besides SMS messages, through MCTS are being sent to educate and update them on stage/ age specific recommended practices /requirements from the pregnancy to infancy.

23.11 DEVELOPMENT OF NURSHING SERVICES

Nursing Personnel are the largest workforces in a

Hospital. They play an important role in the health care delivery system. A sum of Rs. 25.00 crore was allocated for the year 2016-17 for implementing the Centrally sponsored Scheme of Upgradation/Strengthening of Nursing Services for establishing ANM and GNM schools across the Country. Nursing personnel are better equipped through this programme to provide quality patient care in the Hospitals and in other settings also. As per the available statistics 95% of the beneficiaries are women only and therefore, the programme will have significant impact on women empowerment.

Annexure-I

Trend of Child Sex Ratio in the Last Three Censuses

Sl. No.	State / UT	1991	2001	Absolute Difference (1991-2001)	2001	2011	Absolute Difference (2011-2001)
		Total	Total	Total	Total	Total	Total
	INDIA	945	927	-18	927	918	-9
1	Jammu & Kashmir	NA	941	NA	941	862	-79
2	Dadra & Nagar Haveli	1013	979	-34	979	926	-53
3	Lakshadweep	941	959	18	959	911	-48
4	Daman & Diu	958	926	-32	926	904	-22
5	Andhra Pradesh	975	961	-14	961	939	-22
6	Rajasthan	916	909	-7	909	888	-21
7	Nagaland	993	964	-29	964	943	-21
8	Manipur	974	957	-17	957	936	-21
9	Maharashtra	946	913	-33	913	894	-19
10	Uttaranchal	948	908	-40	908	890	-18
11	Jharkhand	979	965	-14	965	948	-17
12	Uttar Pradesh	927	916	-11	916	902	-14
13	Madhya Pradesh	941	932	-9	932	918	-14
14	Odisha	967	953	-14	953	941	-12
15	Tripura	967	966	-1	966	957	-9
16	Bihar	953	942	-11	942	935	-7
17	Sikkim	965	963	-2	963	957	-6
18	Chhattisgarh	974	975	1	975	969	-6
19	West Bengal	967	960	-7	960	956	-4
20	Meghalaya	986	973	-13	973	970	-3
21	Assam	975	965	-10	965	962	-3
22	Puducherry	963	967	4	967	967	0
23	Tamil Nadu	948	942	-6	942	943	1
24	Karnataka	960	946	-14	946	948	2
25	Delhi	915	868	-47	868	871	3
26	Goa	964	938	-26	938	942	4
27	Kerala	958	960	2	960	964	4
28	Mizoram	969	964	-5	964	970	6
29	Gujarat	928	883	-45	883	890	7
30	Arunachal Pradesh	982	964	-18	964	972	8
31	Andaman & Nicobar Islands	973	957	-16	957	968	11
32	Himachal Pradesh	951	896	-55	896	909	13
33	Haryana	879	819	-60	819	834	15
34	Chandigarh	899	845	-54	845	880	35
35	Punjab	875	798	-77	798	846	48

Annexure-II

State wise status of implementation of the PC&PNDT Act as on September, 2016						
Sl. No.	**States/ UTs**	**No. of bodies registered**	**No. of ongoing Court**	**No. of Machines Sealed**	**Convictions**	**Medical licenses suspended**
1	Andhra Pradesh	2623	12	12	0	0
2	Arunachal Pradesh	58	0	-	0	0
3	Assam	749	5	3	0	0
4	Bihar	1714	129	0	1	0
5	Chhattisgarh	641	9	1	0	0
6	Goa	160	1	1	0	0
7	Gujarat	5295	0	0	15	1
8	Haryana	1860	182	241	66	14
9	Himachal Pradesh	265	1	0	1	0
10	Jammu & Kashmir	378	6	71	1	0
11	Jharkhand	710	22	0	0	0
12	Karnataka	4203	67	5	0	0
13	Kerala	1737	0	0	0	0
14	Madhya Pradesh	1588	44	20	2	2
15	Maharashtra	7471	567	462	84	68
16	Manipur	107	0	0	0	0
17	Meghalaya	41	0	0	0	0
18	Mizoram	62	0	0	0	0
19	Nagaland	49	0	0	0	0
20	Odisha	887	62	0	3	0
21	Punjab	1477	193	30	31	1
22	Rajasthan	2657	634	457	137	21
23	Sikkim	19	0	1	0	0
24	Tamil Nadu	6201	91	0	18	0
25	Telangana	3180	32	112	1	0
26	Tripura	51	0	0	0	0
27	Uttarakhand	589	48	10	1	0
28	Uttar Pradesh	5463	139	39	8	1
29	West Bengal	2691	13	19	0	0
30	A & N. Island	14	0	0	0	0
31	Chandigarh	130	1	0	0	0
32	D & N Haveli	15	0	0	0	0
33	Daman & Diu	10	0	0	0	0
34	Delhi	1570	93	149	17	0
35	Lakshadweep	9	0	0	0	0
36	Puducherry	100	1	0	0	0
	Total	**54774**	**2352**	**1633**	**386**	**108**