CHAPTER 23

Gender Issues

23.1 INTRODUTION

Reproductive and Child Health (RCH) programme is a comprehensive flagship programme, under the umbrella of 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 Government of India's National Population Policy-2000, the National Health Policy-2002 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.

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 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. 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 with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women.

JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the Government and pregnant women.

23.2.1 Important Features of JSY

The scheme focuses on pregnant woman with a special dispensation for States that have low institutional delivery rates viz. Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha and Jammu & Kashmir. While these States have been named Low Performing States (LPS), the remaining States have been categorised as High Performing States (HPS).

23.2.2 Eligibility for Cash Assistance

The eligibility for cash assistance under the JSY is as shown below:

LPS	All pregnant women delivering in Government health centres such as Sub Centers (SCs)/Primary Health Centers (PHCs)/Community Health Centers (CHCs)/First Referral Units (FRUs)/general wards of District or State hospitals.
HPS	All BPL/Scheduled Caste/Scheduled Tribe (SC/ST) women delivering in a Government health centre such as SC/PHC/CHC/FRU/general wards of District or State Hospital.
LPS & HPS	BPL/SC/ST women in accredited private institutions.

23.2.3 Cash Assistance for Institutional Delivery

The cash entitlement for different categories of mothers is as follows:

(In Rupees)

Category	Rural area		Total	Urban area		Total
	Mother's package	ASHA's package*		Mother's package	ASHA's package**	(Amount in Rs.)
LPS	1400	600	2000	1000	400	1400
HPS	700	600	1300	600	400	1000

**ASHA package of Rs. 600 in rural areas include Rs. 300 for ANC component and Rs. 300 for facilitating institutional delivery.*

***ASHA package of Rs. 400 in urban areas include Rs. 200 for ANC component and Rs. 200 for facilitating institutional delivery.*

23.2.4 Subsidizing cost of Caesarean Section

The Yojana has a provision to hire the services of a private specialist to conduct caesarean section or for the management of obstetric complications, in the Government institutions, where Government specialists are not in position.

23.2.5 Cash assistance for home delivery

BPL pregnant women, who prefer to deliver at home, are entitled to a cash assistance of Rs. 500 per delivery regardless of her age and any number of children.

23.2.6 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.

23.2.7 Direct Benefits Transfer under JSY

Payments under the Janani Suraksha Yojana are being made through Direct Benefit Transfer (DBT) mode. Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their Aadhaar linked bank accounts/electronic funds transfer. Details of payments made through DBT mechanism in FY 2017-18 till 31.12.2017 are as under:

Period: 01.04.2017 to 31.12.2017	Amount (in Rs.)
Payment through Aadhaar / PFMS / Electronic Fund Transfer	5,23,58,76,229

23.2.8 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 Rs. 38 crores in 2005-06 to 1788 crores in 2016-17.

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 has gone up from 47% (DLHS III, 2007-08) to 78.9% (NFHS-4 ,2015-16);
- 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 34 per 1000 live births in 2016;
- The Neo-Natal Mortality Rate (NMR) has declined from 37 per 1000 live births in 2006 to 24 per 1000 live births in 2016.

Physical and financial progress of JSY is as under:

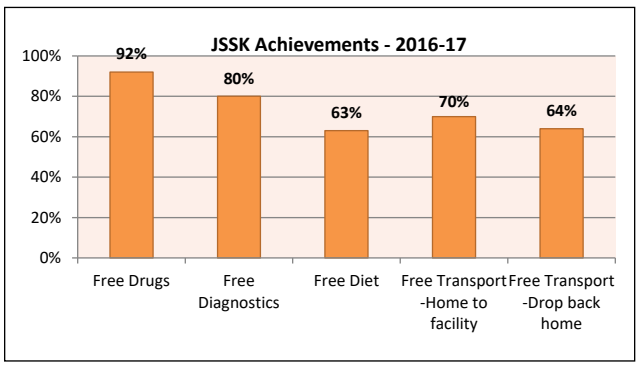
Year	No. of beneficiaries (in lakhs)	Expenditure (in crores)
2016-17	104.59	1788.10
2017-18*	46.01	723.54

** Figures are provisional, till September, 2017 only.*

23.3 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

a. Building on the phenomenal progress of the JSY scheme, Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011. The initiative entitles all pregnant women delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion, if required. This initiative also provides 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 till 30 days after birth. In 2013, the scheme was expanded to cover complications during ante-natal and post-natal period and also sick infants up to 1 year of age.

b. In 2016-17, 92% of pregnant women received free drugs, 80% free diagnostics, 63% free diet, 70% free home to facility transport while 64% 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 1.33 crore women delivered in Government health facilities last year (2016-17).



23.4 NATIONAL AMBULANCE SERVICES (NAS)

At the time of launch of NRHM, such ambulances networks were non-existent. As on date, 32 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 the Call Centre.

Presently, 8680 Dial-108, 603 Dial-104 and 8718 Dial-102 Emergency Response Service Vehicles are operational under NRHM, besides 5859 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)

Web Enabled Mother and Child Tracking System is being implemented to register and track every pregnant woman, neonate, infant and child by name for quality ANC, INC, PNC, FP and Immunization services. More than 12.81 crore pregnant women and 11.02 crore children have been registered under MCTS till October, 2017. More details in chapter 2.

23.6 RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) provides child health screening and early interventions services by expanding the reach of mobile health teams at block level. These teams also carry out screening of all the children in the age group 0 – 6 years enrolled at Anganwadi Centres twice a year. RBSK covers 30 common health conditions. States/ UTs may incorporate a few more conditions based on high prevalence/endemicity. An estimated 32.8 crore children in the age group of zero to eighteen years are expected to be covered in a phased manner.

The strategic interventions to address the 4 Ds i.e. Birth Defects, Diseases, Developmental Delays and Deficiencies are:

Screening of children under RBSK- Child health

screening and early intervention services with an aim to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays (4 Ds) and reduce out of pocket expenditure for the families. Dedicated mobile medical health teams (for screening purpose) have been set up at block level, comprising of four health personnel viz. two AYUSH doctors (One Male, One Female), ANM/SN and a Pharmacist.

Under this intervention, in 2016-17, 29.8 crore children were screened, 1.35 crore children identified with any of 4Ds, 98.9 lakh children were referred to secondary/tertiary facilities, 59.5 lakh children had availed services in secondary tertiary facilities.

During April-September, 2017; more than 9 Crore children were screened, 26.1 lakhs identified with any of 4D's, 43.6 lakhs children refereed for 4D's and 29.8 lakhs children received secondary or tertiary treatment.

Establishment of District Early Intervention Centres (DEICs)- to be made operational in the districts of the country for providing management of cases referred from the blocks and linking these children with tertiary level health services, in case surgical management is required. 92 DEICs have been established till date.

Birth Defects Surveillance System (BDSS) is being established to serve as a tool for identifying congenital anomalies. It is a collaborative effort between the MoHFW, Government of India, WHO and CDC. It is envisaged to establish at least one surveillance centre per State, preferably in a medical college. Currently, 55 medical colleges are a part of the Birth Defects Surveillance System.

Child Health Programme: At a Glance

Sl. No	State/UTs	U5MR (SRS 2016)	IMR (SRS 2016)	NMR (SRS 2016)	No. of SNCUs	No. of NBSUs	No. of NBCCs	No. of NRCs	No. of RBSK teams
A. Non-NE High Focus States									
1	Bihar	43	38	27	25	40	860	38	815
2	Chhattisgarh	49	39	26	13	16	289	72	302
3	Himachal Pradesh	27	25	16	13	34	124	5	70
4	Jammu & Kashmir	26	24	18	33	76	40	4	230
5	Jharkhand	33	29	21	15	42	594	87	158
6	Madhya Pradesh	55	47	32	54	101	1303	315	602
7	Odisha	50	44	32	30	49	1190	54	687
8	Rajasthan	45	41	28	36	304	1665	147	446
9	Uttar Pradesh	47	43	30	73	160	1820	74	1573
10	Uttarakhand	41	38	30	5	29	140	2	148
B. NE States									
11	Arunachal Pradesh	-	36	-	5	10	106	1	42
12	Assam	52	44	23	26	192	730	19	299
13	Manipur	-	11	-	1	2	47	0	36
14	Meghalaya	-	39	-	3	7	147	5	72
15	Mizoram	-	27	-	4	11	110	0	29
16	Nagaland	-	12	-	1	12	130	0	22

Child Health Programme: At a Glance									
Sl. No	**State/UTs**	**U5MR (SRS 2016)**	**IMR (SRS 2016)**	**NMR (SRS 2016)**	**No. of SNCUs**	**No. of NBSUs**	**No. of NBCCs**	**No. of NRCs**	**No. of RBSK teams**
17	Sikkim	-	16	-	2	3	17	0	5
18	Tripura	-	24	-	2	0	131	0	22
C. Non High Focus States									
19	Andhra Pradesh	37	34	23	26	95	1232	18	0
20	Goa	-	8	-	3	0	10	0	15
21	Gujarat	33	30	21	40	150	910	139	835
22	Haryana	37	33	22	23	66	318	11	211
23	Karnataka	29	24	18	40	169	1301	57	402
24	Kerala	11	10	6	14	49	88	3	1095
25	Maharashtra	21	19	13	34	130	1845	35	1088
26	Punjab	24	21	13	15	56	208	0	258
27	Tamil Nadu	19	17	12	64	156	1761	2	666
28	Telangana	34	31	21	19	61	510	12	190
29	West Bengal	27	25	17	66	303	561	35	670
D. Union Territories									
30	A & N Islands	-	16	-	1	3	25	0	4
31	Chandigarh	-	14	-	3	2	23	1	13
32	Dadra & Nagar Haveli	-	17	-	1	1	7	1	4
33	Daman & Diu	-	19	-	1	0	6	0	3
34	Delhi	22	18	12	16	0	63	11	NA
35	Lakshadweep	-	19	-	1	0	8	0	NA
36	Puducherry	-	10	-	4	0	4	0	8
	India	**39**	**34**	**24**	**712**	**2329**	**18323**	**1148**	**11020**

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 of 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 Jammu & Kashmir and the largest improvement of Child Sex Ratio of 48 points is in Punjab. **(Annexure-I)**

Jammu & 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.

Sex Ratio at Birth

Sex Ratio at Birth (SRB), though still low, has shown improvement as per Sample Registration Survey, 2015 of the Registrar General of India conducted for 21 States from 892 in 2004-06 to 902 in 2006-08 and further to 900 in 2013-2015. (SRS). Haryana and Kerala recorded the lowest and highest SRB of 831 and 967 respectively. (State wise details at **Annexure-II).**

Sex Ratio at Birth has also shown improvement of 5 points from 914 in 2005-06 to 919 in 2015-16 as per National Family Health Survey IV. As per NFHS-IV, 14 States have reported improvement is Sex Ratio at Birth. States of Punjab (734 in NFHS-3 to 860 in NFHS-4), Kerala (925 in NFHS-3 to 1047 in NFHS-4) and Meghalaya (907 in NFHS-3 to 1009 in NFHS-4) has shown remarkable improvement of more than 100 points. On the other side, 14 States reported decline with Sikkim (809), followed by Jharkhand (919), Arunachal Pradesh (920) and Assam (929) reporting steep decline of more than 100 points. Sex Ratio at Birth was recorded more than 1000 only in three States/UTs: Kerala (1047), Dadra & Nagar Haveli (1013) and Meghalaya (1009). (State wise details at **Annexure-III)**.

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 is found to be a female.

The social issue of saving the girl child with the "Beti Bachao, Beti Padhao" Scheme has gained ground in most of the States with the support of PC&PNDT Act.

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

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 and made more comprehensive. The amended Act came into force with effect from 14.2.2003, renamed as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994" (PC&PNDT Act).

The techniques of pre-conception sex selection have 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 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, equipment 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 equipment 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) June, 2017 submitted by States/UTs, 58,338 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 1975 machines have been sealed and seized for violations of the law. A total of 2636 court cases have been filed by the District Appropriate Authorities under the Act and 421 convictions have so far been secured. Following conviction, the medical licenses of 118 doctors have been suspended/cancelled. 25% of total on-going court cases have been filed in Rajasthan alone, followed by 22% in Maharashtra. State wise details are **Annexure-IV**.

Progress Card

Sl. No.	Indicators	Upto September, 2016	Upto June, 2017	Progress during September, 2016 to June, 2017
1	Total registered facilities	54647	58338	3691
2	On-going court cases under PC & PNDT Act	2352	2636	284
3	No. of cases disposed off	1021	1222	201
4	No. of machines sealed/seized	1633	1975	342
5	No. of convictions secured	386	421	35
6	No. of medical licenses cancelled	108	118	10

Steps taken by the Government of India

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

1. 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.

2. 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.

3. Rule 3(3) (3) has been inserted restricting the registration of medical practitioners qualified under the Act to conduct ultra-sonography 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. Manner of appeal has been prescribed and notified Vide GSR 492(E) dated 22.05.2017 under the PC & PNDT Rules, 1996

10. Rules have been notified Vide GSR 599(E) dated 19.06.2017 under the PC & PNDT Rules, 1996 for the exempted of registration and renewal fee for Government diagnostic facilities.

Scaled up Monitoring & review

1. 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. 25th CSB meeting was held on 5th January, 2017.

25th Central Supervisory Board meeting held on 5th January, 2017

2. 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 Chief Secretaries to ensure immediate compliance.

3. In the current year, 10 NIMC inspections have been conducted in the States of Punjab, Gujarat, Uttarakhand, Kerala, Andhra Pradesh, Manipur, Maharashtra, Jharkhand, Odisha and Assam. Observations and recommendations of the NIMC teams have been communicated to their concerned authorities for further necessary action.

4. 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 was held on 4th & 5th February, 2017 in Bhopal.

Orientation Programme for the Magistrates for implementation of PC & PNDT Act on 4th & 5th Feb, 2017 in Bhopal

5. The National Scheme "Beti Bachao, Beti Padhao" anchored by the Ministry of Women & Child Development in partnership with Ministry of Health & Family Welfare and Ministry of Human Resource Development, has been now extended to 61 more districts in addition to the is identified 100 gender critical districts. MoHFW 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.

6. State Inspection and Monitoring Committees have been constituted in the States/UTs and are conducting regular inspections on the ground. In the last quarter (April-June 2017) the State of Maharashtra conducted maximum inspections (7714) followed by Punjab (1304).

7. 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.

8. A national Capacity building programme for the State Appropriate Authorities, State Nodal Officers and State Master trainers for hands on training on SOGs was conducted on 9th & 10th

October, 2017. Further, a session for SOGs for district authorities is also planned for all the four regional review meetings that are commencing from November, 2017 onwards.

Regional workshop for North Eastern States in Kolkata on 3rd March, 2017

9. A national level consultation meeting for the standardisation of online Form F and to minimise clerical errors for preventing unwarranted cases against the doctors was conducted on 13th January, 2017. As an outcome of the consultation an advisory has been sent to all the States specifying common minimum standards for developing form 'F' software.

Joint Secretary(RCH) addressing the participants during the workshop consultation meeting for the standardisation of online Form F

10. 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 2017-18, Rs. 1315 lakhs have been approved for PNDT cells, monitoring and capacity building besides giving financial assistance of 1298.74 lakhs for IEC campaigns.

11. There are total 114 cases pending before various Courts: 79 are pending in various High Courts and 35 (2 WP, 5 SLPs +28 transfer Petitions) before the Supreme Court of India.

23.8 FAMILY PLANING

Family planning has undergone a paradigm shift and emerged as a key intervention 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.

Scheme of Home delivery of contraceptives by ASHAs at doorstep of beneficiaries:

- To improve access to contraceptives by the eligible couples, services of ASHA are utilised to deliver contraceptives at the doorstep of beneficiaries, thus creating awareness and demand generation for Family Planning. The scheme has been rolled out in all districts of the country.
- 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)

- National Family Health Survey (NFHS), District Level Household Survey (DLHS), Rapid Survey on Children (RSOC), Integrated Child Health and Immunization Survey (INCHIS) etc. As per the latest available survey, which is NFHS-4 conducted in 2015-16, the full immunization coverage in the country stands at 62%.
- The trends in full immunization coverage (FIC)

over the past years is as follows:

Survey	NFHS-3	DLHS-3	CES	RSOC	NFHS-4
Time	2005-06	2007-08	2009	2013-14	2015-16
FIC (%)	43.5	53.5	61.0	65.3	62.0

- Govt. of India launched Mission Indradhanush in December, 2014 with an aim to increase the full immunization coverage to at least 90% by 2020, which has now been advanced to 2018.
- Mission Indradhanush is a targeted approach focused on pockets of low immunization coverage (like hard to reach areas, vacant sub-centres, areas with recent outbreaks of vaccine preventable diseases, resistance pockets etc.).
- Mission Indradhanush has completed four phases (from April, 2015 To July, 2017) covering 528 districts wherein:
  - o 2.53 crore children reached.
  - o 66.16 lakh children fully immunized.
  - o 68.43 lakh pregnant female immunized.

Mission Indradhanush activity in urban slums

- The detailed phase-wise coverage of Mission Indradhanush is given at **Annexure -V.**
- As per the report of Integrated Child Health and Immunization Survey (INCHIS), the first two phases of Mission Indradhanush have led to an increase of 6.7% in full immunization coverage in one year as compared to 1% increase/year in the past. This increase was more in rural areas (7.9%) as compared to urban areas (3.1%) thus shifting the focus of the programme towards urban areas.

Intensified Mission Indradhanush

- During the review of Mission Indradhanush in PRAGATI meeting on 26th April, 2017, directions were received to achieve the goal under the mission by December, 2018.
- Accordingly, MoHFW has identified 121 districts, 17 urban areas and 52 districts of NE States (total 190 districts/urban areas across 24 States) where intensified Mission Indradhanush has begun from 8th October, 2017.
- Intensified Mission Indradhanush was launched by Hon'ble Prime Minister on 8th October, 2017 at Vadnagar, Gujarat.
- The activity is being monitored closely by the Hon'ble PM and Cabinet Secretary.
- Intensified Mission Indradhanush will involve intensive preparation, implementation and integration of IMI sessions into RI microplans.
- Focus is on urban slum areas and districts with slowest progress, completion of due-list of beneficiaries on the basis of head-count surveys & greater convergence with other Ministries/ Departments with defined roles.

23.10 KILKARI & MOBILE ACADEMY

Kilkari, which means "A baby's gurgle", delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one year old.

Mobile Academy is a free audio training course designed to expand and refresh the knowledge base

of Accredited Social Health Activists (ASHAs) and improve their communication skills. Details of this initiative in Chapter 2.

23.11 COMPLAINT COMMITTEE ON SEXUAL HARASSMENT AT WORK PLACES

DoHFW has in place a "Complaint Committee on Sexual Harassment of Women at Work Places" to ensure the safety and dignity of the women officials being headed by a Joint Secretary level senior Lady Officer. Two meetings have been held during the year to look into the complaints. An online complaint management system "Sexual Harassment electronic-Box (SHe-Box)" has been functioning in the department for smooth filing of complaints.

23.12 DEVELOPMENT OF NURSING 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. 60 crore was allocated in 2017-18 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	Uttarakhand	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

Sex Ratio (Female per 1000 Male) at birth by residence, India and bigger States, SRS (2011-13 to 2013-2015)

Sl. No.	India and bigger States/period*	2011-13	2012-14	Change	2012-14	2013-15	Change
	INDIA	909	906	-3	906	900	-6
1	Andhra Pradesh	916	919	3	919	918	-1
2	Assam	920	918	-2	918	900	-18
3	Bihar	911	907	-4	907	916	9
4	Chhattisgarh	970	973	3	973	961	-12
5	Delhi	887	876	-11	876	869	-7
6	Gujarat	911	907	-4	907	854	-53
7	Haryana	864	866	2	866	831	-35
8	Himachal Pradesh	943	938	-5	938	924	-14
9	Jammu & Kashmir	902	899	-3	899	899	0
10	Jharkhand	913	910	-3	910	902	-8
11	Karnataka	958	950	-8	950	939	-11
12	Kerala	966	974	8	974	967	-7
13	Madhya Pradesh	920	927	7	927	919	-8
14	Maharashtra	902	896	-6	896	878	-18
15	Odisha	956	953	-3	953	950	-3
16	Punjab	867	870	3	870	889	19
17	Rajasthan	893	893	0	893	861	-32
18	Tamil Nadu	927	921	-6	921	911	-10
19	Uttar Pradesh	878	869	-9	869	879	10
20	Uttarakhand	871	871	0	871	844	-27
21	West Bengal	943	952	9	952	951	-1

Annexure-III

Sex Ratio at Birth as per National Family Health Survey (NFHS)-3 (2005-06) & NFHS-4(2015-16)

Sl. No.	State/UT	Sex ratio at birth for children born in the last five years (females per 1000 males)		
		NFHS-3	NFHS-4	Change
	INDIA	914	919	5
1.	Punjab	734	860	126
2.	Kerala	925	1047	122
3.	Meghalaya	907	1009	102
4.	Haryana	762	836	74
5.	Tamil Nadu	897	954	58
6.	Maharashtra	867	924	57
7.	Goa	921	966	44
8.	Bihar	893	934	41
9.	Rajasthan	847	887	40
10.	Himachal Pradesh	913	936	23
11.	Jammu & Kashmir	902	922	20
12.	Tripura	959	966	7
13.	Chhattisgarh	972	977	4
14.	Gujarat	906	907	1
15.	Karnataka	922	910	-11
16.	West Bengal	976	960	-16
17.	Uttar Pradesh	922	903	-19
18.	Uttarakhand	912	888	-23
19.	Delhi	840	817	-23
20.	Nagaland	984	956	-28
21.	Odisha	963	933	-30
22.	Madhya Pradesh	960	927	-33
23.	Manipur	1014	962	-51
24.	Mizoram	1025	946	-79
25.	Assam	1033	929	-104
26.	Arunachal Pradesh	1071	920	-151
27.	Jharkhand	1091	919	-172
28.	Sikkim	984	809	-175
29.	A & N Islands		859	
30.	Andhra Pradesh		914	
31.	Chandigarh		981	
32.	Dadra & Nagar Haveli		1013	
33.	Daman & Diu		923	
34.	Lakshadweep		922	
35.	Puducherry		843	
36.	Telangana		874	

Annexure-IV

State-wise status of implementation of the PC & PNDT Act as on June, 2017

Sl. No.	States/UTs	No of registered bodies	No of ongoing Court / Police Cases	No of Machines Seized/ Sealed	Convictions	Medical licenses cancelled/ suspended
1.	Andhra Pradesh	2848	12	13	0	0
2.	Arunachal Pradesh	72	0	-	0	0
3.	Assam	813	5	3	0	0
4.	Bihar	2391	130	36	6	0
5.	Chhattisgarh	683	11	1	1	0
6.	Goa	161	1	1	0	0
7.	Gujarat	5558	208	0	18	5
8.	Haryana	1974	215	506	72	16
9.	Himachal Pradesh	272	1	-	1	0
10.	Jammu & Kashmir	480	1	-	1	0
11.	Jharkhand	759	20	0	0	0
12.	Karnataka	4459	79	58	0	0
13.	Kerala	1737	0	-	0	0
14.	Madhya Pradesh	1631	47	14	3	2
15.	Maharashtra	7776	579	462	89	69
16.	Manipur	114	0	-	0	0
17.	Meghalaya	43	0	-	0	0
18.	Mizoram	58	0	-	0	0
19.	Nagaland	49	0	0	0	0
20.	Odisha	932	64	-	3	0
21.	Punjab	1515	136	33	31	1
22.	Rajasthan	2823	656	499	146	21
23.	Sikkim	26	0	0	0	0
24.	Tamil Nadu	6584	122	-	18	1
25.	Telengana	3443	38	108	2	0
26.	Tripura	48	1	-	0	0
27.	Uttarakhand	614	51	11	1	0
28.	Uttar Pradesh	5713	139	39	12	1
29.	West Bengal	2918	22	28	0	0
30.	A & N. Island	15	0	-	0	0
31.	Chandigarh	133	1	-	0	0
32.	D & N Haveli	16	0	-	0	0
33.	Daman & Diu	10	0	0	0	0
34.	Delhi	1566	96	163	17	2
35.	Lakshadweep	9	0	-	0	0
36.	Puducherry	95	1	-	0	0
	TOTAL	**58338**	**2636**	**1975**	**421**	**118**

Annexure-V

Mission Indradhanush Coverage Report (Phase-1 to 4)
(as on 23 August, 2017)

(Figures in lakhs)

Sl. No.	Indicator	Phase 1	Phase 2	Phase 3	Phase 4*	Total
1	No. of sessions held	9.60	11.48	7.43	5.87	34.39
2	No. of antigen administered	190.07	172.52	150.51	115.15	628.24
3	No. of pregnant women immunized	20.94	16.79	17.80	12.89	68.43
4	No. of pregnant women completely immunized	11.13	8.91	9.54	6.97	36.55
5	No. of children immunized	75.74	70.16	62.04	45.15	253.10
6	No. of children fully immunized	19.81	18.14	16.32	11.89	66.16
7	No. of children vaccinated for the first time	N/A	9.30	12.06	6.76	28.12
8	No. of Vit A doses administered	19.86	20.48	17.96	14.69	72.99
9	No. of ORS packets distributed	16.93	13.56	21.36	16.31	68.16
10	No. of zinc tablets distributed	57.03	44.74	80.67	51.97	234.40

**Phase-4 ongoing. Data is provisional*