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 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.

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 NHM. It is being implemented 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 Scheme has identified Accredited Social Health Activists (ASHAs) 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. the States of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa, and Jammu and 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 (in Rs)

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

Category	Rural area		Total	Urban area		Total (Amount in Rs.)
	Mother's package	ASHA's package*		Mother's package	ASHA's package*	
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 JSY Scheme 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.

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 Rs.1835 crores in 2017-18. In the financial year 2018-19, the expenditure reported is Rs.1743.46 crores (provisional).

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 Ratio (MMR) which declined from 254 maternal deaths per 1,00,000 live births in 2004-06 to 130 maternal deaths per 1,00,000 live births during 2014-16;
- 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.

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. 34
2009-10	100.78	1473.76
2010-11	106.97	1619.33
2011-12	109.37	1606.18
2012-13	106.57	1672.42
2013-14	106.48	1764.33
2014-15	104.38	1777.04
2015-16	104.16	1708.72
2016-17	104.59	1788.10
2017-18	110.21	1835.06
2018-19*	100.41	1743.46

** Figures are provisional for FY 18-19.*

23.3 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Building on the phenomenal progress of the JSY scheme, Government of India 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 newborns 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.

In 2018-19, 87% of pregnant women received free drugs, 99% free diagnostics, 60% free diet, 49% free home to facility transport while 27% 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 1.34 crore women delivered in Government health facilities last year (2018-19).

23.4 NATIONAL AMBULANCE SERVICES (NAS)

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. Janani Shishu Suraksha Karyakram (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, 9,312 Dial-108, 604 Dial-104 and 9,976 Dial-102 Emergency Response Service Vehicles are supported under NHM, besides 5,857 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 (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 etc. A total of 16.54 crore

pregnant women and 13.95 crore children were registered in MCTS / RCH portal as on 31st March, 2019. (More details in Chapter 2).

23.6 RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

RBSK provides child health screening and early interventions services by expanding the reach of dedicated 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 and 6-18 years at government school and government aided schools once a year. RBSK covers 30 common health conditions including screening, confirmation and management. These conditions were selected based not only on the magnitude of the problem, but also the critical role they play in the development of the child in their formative years especially their cognitive development. Some of these conditions are extremely difficult to treat especially among preverbal children, in terms of overall capacity, logistics and cost, but such challenges under RBSK was accepted consciously in spite of the limitation of health delivery system. Since, if left unaddressed, they could negatively impact the critical period of brain development of the child permanently e.g. treating congenital heart disease, congenital deafness, congenital cataract, developmental delay during infancy. States/UTs may incorporate a few more conditions based on high prevalence/endemicity. Estimated 32.8 Crore children in the age group of zero to eighteen years are expected to be covered in a phased manner. RBSK also provides screening of all newborns at all the delivery points for birth defects. RBSK provides early intervention Centre at all districts to prevent or minimise disability.

The strategic interventions to address birth defects, diseases, 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) at block level, comprising of four health personnel viz. two AYUSH doctors (One Male, One Female), ANM/ Staff Nurse, and a Pharmacist are provided. In 2018-19, total number of 11,576 mobile health teams are in place.
- Under this intervention, in 2017-18, 19.7 crore children were screened, 1.1 crore children identified with any of 4Ds, 91.3 lakh children were referred to secondary/tertiary facilities, 58.8 lakh children had availed services in secondary tertiary facilities.
- 19.3 crore children screened in 2018-19 under RBSK of which 0-3 year is 5.63 crore and 1.35 crore children have some important problems in 4 Ds and 53 lakh received treatment at Tertiary level.
- In 2018-2019, a total of 51,792 children screened and confirmed with Congenital Heart Disease across the country out of which 39,186 children have been managed.
- In 2018-2019, 11,399 children screened across the country and confirmed with Congenital Deafness out of which 6,801 children have been managed.
- In 2018-2019, 15,052 children screened and confirmed with Club foot across the country out of which 11,347 children have been managed.
- In 2018-2019, 13,310 children screened and confirmed with Cleft lip/palate across the country out of which 9,009 children have been managed.
- In 2018-2019, 4,093 children screened and confirmed with Congenital cataract across the country out of which 3,099 children have been managed.
- **Establishment of District Early Intervention Centres (DEICs)-** DEICs are

to be made operational in the districts to manage cases referred from the blocks and also to link these children with tertiary level health services, if surgical management is required., In the year 2018-19, 92 DEICs were functional in the country. Further, in the year 2018-19, 162 new DEICs were made operational.

- **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, GoI, WHO and CDC. It is envisaged to establish at least one surveillance centre per State, preferably in medical colleges. Currently, 55 medical colleges are part of the birth defects surveillance.

23.7 SEX – RATIO

Adverse Child Sex-Ratio in India

The Child Sex Ratio (CSR)

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. 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-1)**.

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. This negative trend reaffirms the fact that the girl child is at higher risk than ever before.

Sex Ratio at Birth

Sex Ratio at Birth (SRB), as per Sample registration Survey 2015 of the Registrar General of India conducted for 21 States has shown improvement from 892 in 2004-06 to 902 in 2006-08 though still low, it has declined to 898 in 2014-16 from 900 in 2013-2015. (SRS). Haryana and Chhattisgarh recorded the lowest and highest SRB of 832 and 963 respectively. *(State wise details at **Annexure-2**)*.

Sex Ratio at Birth as per National Family Health Survey-4 *(conducted in all States)* has also shown improvement of 5 points from 914 in 2005-06 to 919 in 2015-16. 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) have shown remarkable improvement of more than 100 points. On the other side, 14 States reported decline viz. Sikkim (809), followed by Jharkhand (919), Arunachal Pradesh (920) and Assam (929) reporting steep decline of more than 100 points. *(State wise details at **Annexure-3**)*.

Reasons for adverse Sex Ratio

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. Easy availability of the sex determination tests and abortion services has proved to be strong catalyst in this deteriorating demographic imbalance. It has further added to the social discriminatory practices of son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias.

Pre-Conception and Pre-Natal Diagnostic Techniques – PC&PNDT (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 at birth. 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. 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.

Implementation of PC&PNDT Act in States/ UTs

As per Quarterly Progress Reports (QPRs) Sept., 2018 submitted by States/ UTs, 62,666 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 2,081 machines have been sealed and seized for violations of the law. A total of 2840 court cases have been filed by the District Appropriate Authorities under the Act and 586convictions have so far been secured. Following conviction, the medical licenses of 138 doctors have been suspended/ cancelled. State wise details are **Annexure-4**.

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 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.

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.3,000/ to Rs.25,000/- for Genetic Counselling Centre, Genetic Laboratory,

PROGRESS CARD

Sl.No.	Indicators	Up to Sept., 2017	Up to Sept., 2018	Progress during Sept, 2017 to Sept, 2018
1	Total registered facilities	59214	62666	3452
2	On-going court cases under PC & PNDT Act	2695	2840	145
3	No. of cases disposed off	1250	1377	127
4	No. of machines sealed/seized	1992	2081	89
5	No. of convictions secured	421	586	165
6	No. of medical licenses cancelled	118	138	20

Genetic Clinic, Ultrasound Clinic or Imaging Centre, and from Rs.4,000/- to Rs.35,000/- 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 10th 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 no. GSR 492(E) dated 22.05.2017 under the PC & PNDT Rules, 1996.

10. Rules have been notified vide no. GSR 599(E) dated 19.06.2017 under the PC & PNDT Rules, 1996 for exemption of registration and renewal fee for Government diagnostic facilities.

Monitoring and review of the implementation scaled up

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. 22nd CSB meeting was held on 13th October, 2014. The 23rd meeting of the CSB was held on 24th June, 2015 where important policy decisions were taken for effective implementation of the Act. 24th CSB meeting was held on 05th April, 2016. 25th CSB meeting was held on 05th January, 2017. 26th CSB meeting was held on 24th January, 2018.

2. Supreme Court of India has upheld the legislative provisions including the maintenance of Form F and punishments laid down under Section 23 of PC & PNDT Act in the matter of WP(C) 129/2017. The 93 page historic judgment in favour of Union of India dated 03.05.2018 was communicated to the States/ UTs at the level of Chief Secretaries to ensure immediate compliance.

3. 20 NIMC visits in the State/UT of Punjab, Gujarat, Uttarakhand, Kerala, Andhra Pradesh, Manipur, Maharashtra, Jharkhand, Odisha, Assam, Chhattisgarh, Sikkim, Jammu & Kashmir, Karnataka, Uttar Pradesh, Delhi, West Bengal, Tamil Nadu, Rajasthan and Chandigarh have been conducted in the F.Y. 2017-18. Further, during 2018-19, 9 NIMC inspections have been conducted in the States of Andhra Pradesh, Telangana, Haryana, Gujarat, Uttar Pradesh, Jammu and Kashmir, Odisha, Punjab and Madhya Pradesh. 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. The National Judicial Academy is conducting special PC&PNDT Act session in the orientation programmes for High Court Judges. Sensitisation programmes for Judicial Officers and public prosecutors was also being conducted in the States of Andhra Pradesh, Gujarat, Jharkhand, Karnataka, Maharashtra, Rajasthan, Haryana, Odisha, Punjab, Madhya Pradesh, Uttarakhand, Uttar Pradesh, West Bengal and Chandigarh.

5. National Scheme "Beti Bachao, Beti Padhao" anchored by the Ministry of WCD in partnership with MOHFW and HRD, has been now extended to PAN India. 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 (June–September, 2018) the State of Maharashtra conducted maximum inspections (8,126) followed by Punjab (1,228).

7. The Government has also set up a Nodal Agency in 2016 to regulate and remove the e-advertisements on internet relating to preconception and prenatal determination of sex or sex selection, prohibited under the PC & PNDT Act, 1994 as per the directions of the Hon'ble Supreme Court vide order dated 16.11.2016 in Writ Petition (Civil) No. 341 of 2008. The Nodal agency has been strengthened by augmenting dedicated human resource of two personnel 2018.

8. 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.

9. During 2018-19, capacity building workshops for district Appropriate Authorities and PNDT nodal officers were conducted in 10 States including Bihar, Rajasthan, Maharashtra, Madhya Pradesh, Odisha, Uttar Pradesh, Gujarat, Chhattisgarh, Uttarakhand and West Bengal with the technical support of UNFPA. Till date, trainings have been completed in the States of Bihar, Rajasthan, Maharashtra, Madhya Pradesh, Odisha, Gujarat, West Bengal and Uttarakhand.

10. Regional review meeting was conducted for 15 States viz. Odisha, Andhra Pradesh, Telangana, West Bengal, Jharkhand, Chhattisgarh, Bihar, Assam, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Meghalaya, Tripura and Sikkim on March 18th & 19th, 2019 in Odisha.

11. 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.

12. There are total 79 cases pending before various Courts: 45 are pending in various High Courts and 34 (1 WP, 5 SLPs + 28 transfer Petitions) before the Supreme Court of India.

23.8 FAMILY PLANNING

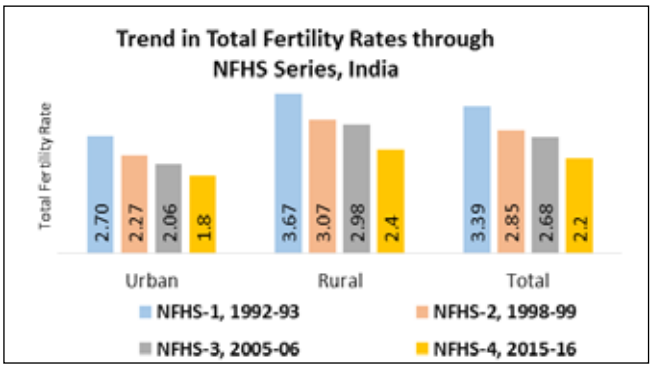
Initiated in the year 1952, the Family Planning program was the first of its kind national level program with a focus on population stabilization. Over the decades the program has evolved to the current holistic and target free approach. The

National Population Policy 2000 redefined the program as a medium of intervention for promoting reproductive and child health. The Family Planning program focuses on assuring complete knowledge and access to reproductive rights and services and enables women and men to make individual reproductive choice.

The objectives, strategies and activities of the Family Planning programme have been meticulously designed in line with goals and objectives of various policies (National Population Policy 2000, National Health Policy 2002 and National Health Mission) and compliments India's commitment at International Forums (viz. International Conference on Population and Development-ICPD, Sustainable Development Goals-SDG, FP2020 and others).

Over the years, the program has been expanded to reach every nook and corner of the country and has penetrated into PHCs and SCs in rural areas, urban family welfare centers and postpartum centers in the urban areas. Technological advances, improved quality and coverage for health care have resulted in a fall in the Total Fertility Rate and growth rate (2011) Census showed the steepest decline in the decadal growth rate.). 24 States and UTs have already achieved the replacement fertility level which accounts to almost 55% of the total India's population.

Uttar Pradesh has shown the largest decline in TFR followed by Nagaland. The TFR status for the States which have shown a decrease is mentioned below:



States	NFHS III	NFHS IV	Points change
UP	3.8	2.7	1.1
NG	3.7	2.7	1.0
AR	3.0	2.1	0.9
MP	3.1	2.3	0.8
RJ	3.2	2.4	0.8
SK	2.0	1.2	0.8
MG	3.8	3.0	0.8
JH	3.3	2.6	0.7
BH	4.0	3.4	0.6
HR	2.7	2.1	0.6
MZ	2.9	2.3	0.6
TR	2.2	1.7	0.5
IN	**2.7**	**2.2**	**0.5**
UK	2.6	2.1	0.5
WB	2.3	1.8	0.5
DL	2.1	1.7	0.4
CG	2.6	2.2	0.4
GJ	2.4	2.0	0.4
JK	2.4	2.0	0.4
PJ	2.0	1.6	0.4
KN	2.1	1.8	0.3
KL	1.9	1.6	0.3
OR	2.4	2.1	0.3
MH	2.1	1.9	0.2
AS	2.4	2.2	0.2
MN	2.8	2.6	0.2
GO	1.8	1.7	0.1
TN	1.8	1.7	0.1

23.9 MISSION INDRADHANUSH (MI)

To increase the rate of increase of full immunization coverage, Government of India launched Mission Indradhanush in December, 2014 with an aim to increase the full immunization coverage to at least 90% by 2020, which was preponed 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 six phases (from April, 2015 to December, 2018) covering 554 districts wherein:

- 3.39 crore children were reached,
- 81.79 lakh children fully immunized,
- 87.18 lakh pregnant females immunized.

The detailed phase-wise coverage of Mission Indradhanush is at **Annexure-5**.

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 Pro-Active Governance and Timely Implementation (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 North Eastern States (total 190 districts/urban areas across 24 States) where Intensified Mission Indradhanush was conducted. The list of districts and urban areas is given at **Annexure-4**. It was launched by Hon'ble Prime Minister of India on 8th October, 2017 at Vadnagar, Gujarat.
- The activity was monitored closely by Prime Minister of India and Cabinet Secretary.
- Intensified Mission Indradhanush involved intensive preparation, implementation and integration of IMI sessions into Routine Immunization micro-plans.
- Focus was 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 AND 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. Kilkari has been rolled out in 13 States: Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, West Bengal and Uttarakhand Approximately 19.87 crore successful calls (average duration of content played in each call approximately 1 minute) were made under Kilkari as on 28th February, 2019.

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. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It is an anytime, anywhere training course that can train thousands of ASHAs simultaneously via mobile phone. Mobile Academy is presently operational in 13 States/ UT: Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand

and West Bengal. A total of 1,58,233 ASHAs registered in MCTS/RCH portal have started the Mobile Academy course, out of which 1,27,443 (i.e. approximately 81%) ASHAs have completed the course as on 28th February, 2019.

Kilkari and Mobile Academy were launched by Union Health Minister on 15th January, 2016. Together, Kilkari and Mobile Academy are improving family health including family planning, reproductive, maternal and child health, nutrition, sanitation and hygiene – by generating demand for healthy practices by empowerment and capacity building at the individual and community level and by creating an enabling environment.

23.11 COMPLAINT COMMITTEE ON SEXUAL HARASSMENT AT WORK PLACES

In so far as, the Complaint Committee on Sexual Harassment of Women at work places, Department of Health & Family Welfare, MoHFW is concerned, two complaints were referred to the Committee during the year 2018-19. The Committee after due process, in both cases, finalized the reports and forwarded them to concerned Administrative Divisions of the MoHFW for further action.

The Committee had recommended for sensitizing the officer and staff of the Ministry about the sexual harassment at work places by conducting regular workshops on gender sensitization. The acts which constitute sexual harassment of women at work places may be depicted through posters at appropriate places. The existence of "SHe BOX' and the constitution of Complaints Committee for Sexual Harassment of Women at Workplaces may also be made known to all through website of the Ministry.

In all, during the year 2018-19, the Committee met 12 times.

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. 66.00 crore was allocated for the year 2018-19 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-1

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-2

Sex Ratio (Female per 1000 Male) at Birth by residence, India and bigger States, SRS 2012-14 to 2014-2016

Sl. No.	India and bigger States/ period*	2012-14	2013-15	Change	2013-15	2014-16	Change
	India	**906**	**900**	**-6**	**900**	**898**	**-2**
1.	Andhra Pradesh	919	918	-1	918	913	-5
2.	Assam	918	900	-18	900	896	-4
3.	Bihar	907	916	9	916	908	-8
4.	Chhattisgarh	973	961	-12	961	963	2
5.	Delhi	876	869	-7	869	857	-12
6.	Gujarat	907	854	-53	854	848	-6
7.	Haryana	866	831	-35	831	832	1
8.	Himachal Pradesh	938	924	-14	924	917	-7
9.	Jammu & Kashmir	899	899	0	899	906	7
10.	Jharkhand	910	902	-8	902	918	16
11.	Karnataka	950	939	-11	939	935	-4
12.	Kerala	974	967	-7	967	959	-8
13.	Madhya Pradesh	927	919	-8	919	922	3
14.	Maharashtra	896	878	-18	878	876	-2
15.	Orissa	953	950	-3	950	948	-2
16.	Punjab	870	889	19	889	893	4
17.	Rajasthan	893	861	-32	861	857	-4
18.	Tamil Nadu	921	911	-10	911	915	4
19.	Telangana	N.A.	N.A.	N.A.	N.A.	901	N.A.
20.	Uttar Pradesh	869	879	10	879	882	3
21.	Uttarakhand	871	844	-27	844	850	6
22.	West Bengal	952	951	-1	951	937	-14

Annexure-3

SEX RATIO AT BIRTH AS PER NATIONAL FANILY HEALTH SURVEY(NFHS)-3 (2005-06) & NFHS-4(2015-16)

Sl. No.	State	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.	Andaman and Nicobar Islands		859	
30.	Andhra Pradesh		914	
31.	Chandigarh		981	
32.	Dadra and Nagar Haveli		1013	
33.	Daman and Diu		923	
34.	Lakshadweep		922	
35.	Puducherry		843	
36.	Telangana		874	

Annexure-4

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	3119	20	18	0	0
2	Arunachal Pradesh	97	0	-	0	0
3	Assam	930	11	4	1	0
4	Bihar	2761	132	38	6	0
5	Chhattisgarh	700	14	0	0	0
6	Goa	174	1	1	0	0
7	Gujarat	5994	235	2	18	7
8	Haryana	2144	313	562	85	21
9	Himachal Pradesh	464	0	4	1	0
10	Jammu & Kashmir	493	3	13	1	0
11	Jharkhand	761	32	0	2	0
12	Karnataka	4711	49	58	38	0
13	Kerala	1737	0	-	0	0
14	Madhya Pradesh	1730	50	17	4	3
15	Maharashtra	8672	587	462	99	79
16	Manipur	130	0	-	0	0
17	Meghalaya	50	0	-	0	0
18	Mizoram	61	0	-	0	0
19	Nagaland	49	0	0	0	0
20	Odisha	1001	66	-	5	0
21	Punjab	1603	147	38	31	1
22	Rajasthan	3102	716	506	149	21
23	Sikkim	27	0	0	0	0
24	Tamil Nadu	6717	123	-	109	2
25	Telengana	3547	24	108	3	0
26	Tripura	48	1	-	0	0
27	Uttarakhand	647	47	12	4	0
28	Uttar Pradesh	6031	139	39	20	1
29	West Bengal	3238	24	29	0	0
30	A & N. Island	17	0	-	0	0
31	Chandigarh	183	1	-	0	0
32	D. & N. Haveli	16	0	0	0	0
33	Daman & Diu	10	0	0	0	0
34	Delhi	1584	104	170	10	3
35	Lakshadweep	9	0	-	0	0
36	Puducherry	109	1	-	0	0
	TOTAL	**62666**	**2840**	**2081**	**586**	**138**

Annexure-5

Mission Indradhanush (All Phases) Coverage Report
(As on 12th April, 2019)

(Figures in lakhs)

Sl. No.	Indicator	Ph-1	Ph-2	Ph-3	Ph-4	IMI	MI-GSA*	MI-EGSA*	Ph-6	Total
1	No. of sessions held	9.61	11.55	7.44	6.30	6.04			0.97	41.91
2	No. of antigen administered	190.09	172.84	151.56	118.46	158.44			14.56	805.95
3	No. of pregnant women immunized	20.95	16.83	17.83	13.18	11.86	1.13	4.29	1.13	87.18
4	No. of pregnant women completely immunized	11.13	8.94	9.56	7.13	6.66			0.62	44.04
5	No. of children immunized	75.75	70.30	62.08	46.65	59.49	4.97	15.26	4.94	339.44
6	No. of children fully immunized	19.81	18.17	16.34	12.25	14.01			1.21	81.79
7	No. of children vaccinated for the first time	0.00	9.31	12.06	6.84	8.55			0.62	37.39
8	No. of Vit A doses administered	19.85	20.53	17.98	15.13	18.46			1.44	93.39
9	No. of ORS packets distributed	16.93	13.62	21.38	16.64	11.17			1.07	80.81
10	No. of zinc tablets distributed	57.03	44.85	80.70	52.10	39.18			0.84	274.70

**Data taken from GSA/EGSA Portal*