

- Capacity building of implementing agencies at all levels at State/district and sub district level.
- Setting up dedicated PNDT cells at State/district level with adequate infrastructure and human resource capacity.
- Surveillance against increasing sale of cheaper foreign brands and refurbished/second hand ultrasound machines by dealers.

Dismal child sex ratio in cities

3053. SHRI O.T. LEPCHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to a report the child sex ratio in the country is worst in the cities as compared to other parts of the country; and

(b) if so, the reasons therefor and the reaction of Government thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY): (a) The child Sex Ratio in the country has declined from 927 to 914 in Census 2011.

As per the Provisional Population Totals, Urban Agglomerations and Cities, Census 2011, the child Sex Ratio in Urban Agglomerations/Cities with 100,000 persons and above is 899.

(b) Some of the reasons for neglect of girl child and low levels of sex ratio are son preference, low status of women, social and financial security associated with sons, socio-cultural practices including dowry and violence against women.

Further, small family norm coupled with access to sex determination tests and abortion services are a catalyst in the declining child sex ratio.

With a view to improving the child sex ratio, the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, was enacted by the Government of India, and further amended in 2003, with the objective of prohibiting sex selection before or after conception, regulation of Pre-natal Diagnostic Techniques and prevention of their misuse for sex determination leading to female foeticide.

The recent initiatives undertaken by Government of India to strengthen effective implementation of the Act include the following:

- Rule 11 (2) of the PC & PNDT Rules, 1996 has been amended to provide for confiscation of unregistered machines and further punishment of organizations which fail to register themselves under the Act.
- The National Inspection and monitoring Committee has been reconstituted and apart from inspections, further empowered to oversee follow-up action by Appropriate

Authorities against organizations found guilty of violations under the Act during inspections.

- Operational guidelines for PNDT-NGO Grant in Aid Scheme have been revised to ensure targeted use of resources for awareness generation..
- States have been asked to take advantage of funding available under NRHM for strengthening infrastructure and augmentation of human resources required for effective implementation of the PC & PNDT Act.

Condition of children hospital in Delhi

†3054. DR. PRABHA THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Kalawati Saran Children's Hospital, Delhi is the only Government hospital for catering to the medical needs of children;

(b) whether Government is aware of the poor condition, poor management and acute shortage of doctors, nurses and medical equipments in the said hospital;

(c) if so, whether Government has taken any measures to do away with the poor conditions and all shortcomings of this hospital for treatment of children;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Kalawati Saran Children's Hospital is one of the tertiary level Government Paediatric Hospitals affiliated to Lady Hardinge Medical College in Delhi, providing curative and preventive services to the children of Delhi and neighbouring States.

(b) As per norms, the doctors, nurses and other staffs of the hospital are adequate for existing beds. However, at present, the hospital is facing huge rush of patients exceeding the existing capabilities.

(c) to (e) Up-gradation of hospital infrastructure and improvement in hospital/patient care services are continuous process and are undertaken by the hospital as per the requirement, priority and available resources.

Timely supply of Ayurvedic medicines

3055. SHRI KISHORE KUMAR MOHANTY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether problems like nonmentioning of expiry date, sub-standard medicine, no meaningful use of computers exist in CGHS Ayurvedic medicines and hospitals in Delhi;

†Original notice of the question was received in Hindi.