

NABI AZAD): (a) to (c) The Zonal Additional Directors are expected to conduct surprise inspections of the dispensaries in Delhi/NCR and report the outcome of the inspections indicating the areas such as punctuality, availability and behavior of officers/staff, special care for pensioners/senior citizens, deficit areas/complaints and also the good work done in each of the dispensaries inspected, etc. to higher officers. Surprise inspections are conducted by the Additional Directors of respective zones on regular basis.

(d) Ministry has already issued instructions to the Zonal Additional Directors to conduct at least five surprise inspections of the dispensaries in Delhi in a month and report the outcome.

National plan of action on declining sex ratio

1155. SHRI JAI PRAKASH NARAYAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the country has registered 50 per cent decline in the child sex ratio;

(b) if so, the details thereof;

(c) whether Government has constituted a committee to form a national plan of action on declining sex ratio in the country;

(d) if so, by when the report of the committee will be finalised; and

(e) the mechanism being devised to tackle the issue of sex selection amongst upper middle-class people?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) No. The child sex ratio (0-6 years) has declined from 927 females per thousand males in 2001 to 914 females per 1000 males in 2011 as per the Census, 2011. State-wise details are given in Statement (*See* below).

(c) Yes. A Sectoral Innovation Council on Child Sex Ratio (CSR) has been constituted by the Ministry of Women and Child Development to look at the entire gamut of issues connected with the declining Child Sex Ratio with a purpose of identifying interventions which have worked and those which did not, and also to suggest innovative strategies, approaches and methods of interventions to address the decline in CSR in a time bound and effective manner.

(d) The Chairperson of the Sectoral Innovation Council has submitted report to the Ministry of Women and Child Development.

(e) Government does not have any class specific policy interventions. The Government has adopted a multi-pronged strategy to check female foeticide, which includes awareness generation and legislative measures as well as programmes for socio-economic empowerment of women. Some of the measures are:—

- For prohibition of sex selection, before and after conception, and for regulation of prenatal diagnostic techniques, the Government has enacted a comprehensive legislation, the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act in 1994. It was further amended in 2003.
- The Government has intensified effective implementation of the said Act and amended various rules covering provision for sealing and seizure and confiscation of unregistered machines and punishment against unregistered clinics. Regulation of use of portable ultrasound equipment has been notified only within the registered premises. Restriction on medical practitioners to conduct ultrasonography at maximum of two ultrasound facilities within a district has been placed. Registration fees have been enhanced. Rules have been amended to provide for advance intimation in change in employees, place, address or equipment.
- Hon'ble Minister of Health and Family Welfare has requested all the State Governments to strengthen implementation of the Act and timely steps to stop use of illegal sex determination.
- Hon'ble Prime Minister has urged the Chief Ministers of all States to provide personal leadership to reverse the declining trend in child sex ratio and address the neglect of the girl child through focus on education and empowerment.
- Ministry of Health and Family Welfare has intensified efforts to exhort the States and UTs to pay utmost attention to serious implementation of the Act.
- The Central Supervisory Board (CSB) under the PNDT Act has been reconstituted and regular meetings are being held.
- Matter has been taken up with Ministry of Communications and Information Technology to block sex selection advertisements on websites.

- The National Inspection and Monitoring Committee (NIMC) has been reconstituted and inspections of ultrasound diagnostic facilities have been intensified. Inspections have been carried out in many States including Bihar, Chhattisgarh, Delhi, Haryana, Madhya Pradesh, Maharashtra, Odisha, Punjab, Uttarakhand, Rajasthan, Gujarat and Uttar Pradesh.
- The Government is rendering financial support to the States and UTs for Information, Education and Communication campaigns and for strengthening structures for the implementation of the Act under the National Rural Health Mission.
- States have been advised to focus on Districts/Blocks/Villages with low Child Sex Ratio to ascertain the causes, plan appropriate Behaviour Change Communication campaigns and effectively implement provisions of the PC and PNDT Act.
- Religious leaders, women achievers etc. are being involved in the campaign against skewed child sex ratio and discrimination of the girl child.

Statement

Child Sex Ratio (0-6 years)

Sl. No.	India/State/UT	Child Sex Ratio 2001			Child Sex Ratio 2011		
		Total	Rural	Urban	Total	Rural	Urban
1	2	3	4	5	6	7	8
	India	927	934	906	914	919	902
1.	Andaman and Nicobar Islands	957	966	936	966	975	947
2.	Andhra Pradesh	961	963	955	943	942	946
3.	Arunachal Pradesh	964	960	980	960	964	944
4.	Assam	965	967	943	957	957	955
5.	Bihar	942	944	924	933	935	906
6.	Chandigarh	845	847	845	867	862	867

1	2	3	4	5	6	7	8
7.	Chhattisgarh	975	982	938	964	972	932
8.	Dadra and Nagar Haveli	979	1003	888	924	961	878
9.	Daman and Diu	926	916	943	909	925	903
10.	Delhi	868	850	870	866	809	868
11.	Goa	938	952	924	920	924	917
12.	Gujarat	883	906	837	886	906	852
13.	Haryana	819	823	808	830	831	829
14.	Himachal Pradesh	896	900	844	906	909	878
15.	Jammu and Kashmir	941	957	873	859	860	854
16.	Jharkhand	965	973	930	943	952	904
17.	Karnataka	946	949	940	943	945	941
18.	Kerala	960	961	958	959	960	958
19.	Lakshadweep	959	999	900	908	888	915
20.	Madhya Pradesh	932	939	907	912	917	895
21.	Maharashtra	913	916	908	883	880	888
22.	Manipur	957	956	961	934	929	945
23.	Meghalaya	973	973	969	970	972	957
24.	Mizoram	964	965	963	971	966	978
25.	Nagaland	964	969	939	944	932	979
26.	Odisha	953	955	933	934	939	909
27.	Puducherry	967	967	967	965	957	969
28.	Punjab	798	799	796	846	843	851
29.	Rajasthan	909	914	887	883	886	869
30.	Sikkim	963	966	922	944	952	917

1	2	3	4	5	6	7	8
31. Tamil Nadu		942	933	955	946	937	957
32. Tripura		966	968	948	953	955	945
33. Uttar Pradesh		916	921	890	899	904	879
34. Uttarakhand		908	918	872	886	894	864
35. West Bengal		960	963	948	950	952	943

Source: Census of India 2011.

Improving health infrastructure of the country

1156. SHRIMATI GUNDU SUDHARANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the extent to which the increase in GDP from 1 per cent to 1.5 per cent in the Twelfth Plan helps to improve the health infrastructure in the country;

(b) whether it is a fact that a high level expert group of the Planning Commission recommended for 2.5 per cent of GDP for health in Twelfth Plan; and

(c) if so, the reasons for not accepting the same and how the Ministry is planning to achieve the targets with 0.5 per cent increase in GDP?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per Economic Survey 2011-12, the expenditure by Government (Central and State Government combined) on health as percentage of GDP, during 2011-12 was 1.30%. Any increase in GDP during the Twelfth Five Year Plan, would enhance the resource base for incurring expenditure, *inter-alia*, for improving health infrastructure in the country.

(b) The High Level Expert Group (HLEG) on Universal Health Coverage for India has recommended increasing public spending on health (Central Government and States combined) to at least 2.5% of GDP by the end of the Twelfth Five Year Plan and to at least 3% of GDP by 2022.

(c) The recommendations of the High Level Expert Group are considered by the Planning Commission for formulating the Twelfth Five Year Plan. The Plan as approved by National Development Council is implementable by the Government.