Focused Advocacy with Legislators/Panchayati Raj Institutions (PRIs) and Opinion Leader for Community Involvement of Polio Eradication in Polio Endemic and High Risk States
Mewat District of Haryana on 9 February, 2012; and Howrah District of West Bengal on 15 February, 2012

To engage PRIs in fostering enhanced level of commitment to polio and associated concerns, it is essential that they understand the programme - its significance, associated issues and their role therein. Upon identifying the need for field-based and community owned advocacy on polio and associated issues, IAPPD and UNICEF have evolved a strategy involving PRI members for focused polio communication advocacy. A day-long modular approach is devised to foster enhanced participation of PRI members in the community through knowledge sharing, engagement through participatory approach and jointly identifying the risk factors surrounding polio. Based on the successful completion of the Pilot advocacy workshop in Saharsa, Bihar, the phase-1 of this continued initiative was implemented in 24 South Parganas, a high-risk district in West Bengal.

In the series, two district level workshops on 'Focused Advocacy with Legislators/Panchayati Raj Institutions (PRIs) and Opinion Leader for Community Involvement of Polio Eradication in Polio Endemic and High Risk States', were organized by the IAPPD with the support by UNICEF in polio high-risk areas/ districts of Mewat in Haryana on 9 February, 2012 and Howrah in West Bengal on 15 February, 2012. (more details on page 4 & 6)

PM Inaugurates the Polio Summit 2012

India No Longer in Polio Endemic Countries' List:
Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare, Govt. of India.

WHO has taken India's name off the list of polio endemic countries in view of the remarkable progress that India has achieved by being polio free for the past one full year. The Union Minister for Health and Family Welfare Shri Ghulam Nabi Azad shared this important development in the presence of Prime Minister of India Dr. Manmohan Singh at the inaugural of the two-day Polio Summit 2012 in New Delhi. The Polio Summit organized jointly by the Union Ministry of Health and Family Welfare and Rotary International also saw participation of Federal Minister for Interprovincial Coordination, Government of Pakistan, Mir Hazar Khan Bijrani; Minister of Health and Population, Government of Nepal Rajendra Mahato; Deputy Minister of Health, Government of Sri Lanka, Lalith Dissanayaka; Ministers of State for Health and Family Welfare, Shri Sudip Bandyopadhyay and Shri S. Ghahiselvan, Minister of State, MoHFW. Secretary Health and Family Welfare Shri P.K. Pradhan, Rotary International President Mr. Kalyan Banerjee and the Rotary Foundation Chairman Mr. William Boyd as also subject experts from developing partners who have gathered at the Summit to renew and reinforce their commitment to eradicate polio in India. (more details on page 3)

Inaugural session of Mewat (above) and Howrah (below) workshops.

January-March, 2012
As we inch closer to the ‘last mile’ in polio eradication, in addition to the focus on the two endemic states of Uttar Pradesh and Bihar, States such as West Bengal, Maharashtra, Delhi and Jharkhand continue to beckon attention of the government and partners. Strategies for greater acceptance of polio dose have been the issue of discussion among planners. To achieve and sustain zero case for polio, government efforts need to be actively supported by the community. In the recent past, various international, national and local monitors from the Government, NPSP, UNICEF, CDC and other partners have emphasized on PRI involvement to strengthen the communication processes. Additionally, the Honorable Prime Minister of India and the Union Health Minister have emphasized more pro-active role of the PRIs and MLAs in addressing core health issues in the communities, including polio eradication. PRIs involvement would give the much needed impetus to the programme, ensure greater acceptance, foster improved coordination amongst the stakeholders and address operational bottlenecks at the village, block and district level. There have been several instances of PRI members actively contributing to the polio programme as mobilizers, members of Block Level Task Force and inaugurating polio rounds etc. In some cases, PRIs also support vaccination teams in addressing refusal issues at the community/household level.

There is an urgent need of involving legislators/Panchayati Raj Institutions (PRIs), elected representatives at the district and lower levels in social engineering among the masses, particularly in endemic districts of Uttar Pradesh, West Bengal and Bihar. The government has decentralized several administrative functions to the village level, empowering elected panchayats. This requires conducting advocacy workshops with the PRIs to provide them knowledge about the impact of failure to administer OPV to all children under the age of 5 Years.

The National Rural Health Mission (NRHM) has envisaged a big role of PRIs in health programmes. In essence, health programmes need to be community-based and controlled by panchayats and other stakeholders. These opinion leaders and elected representatives have to become advocates of the programme. In the light of gravity of the situation, the Polio Eradication Programme needs these leaders to fully orient themselves about the nitty-gritty of the programme so as to act as their advocates.

The IAPPD has been actively engaged in sensitization (advocacy) of the PRIs on population and development issues since 1980. At present the strategy is to reach PRIs through national, state and district level workshops.

IAPPD with support by UNICEF, organized two, one-day district level workshops on ‘Focused Advocacy with Legislators/Panchayati Raj Institutions (PRIs) and Opinion Leaders for Community Involvement of Polio Eradication in Polio Endemic and High Risk States’, in polio high-risk areas/districts of Mewat in Haryana on 9 February, 2012 and Howrah in West Bengal on 15 February, 2012.

It is hoped that these advocacy efforts would not only enhance the knowledge of participating PRIs on polio and associated issues but also mobilize the community and ensure that all children under five are administered polio drops every time it is offered.

Manmohan Sharma  
Executive Secretary, IAPPD
PM Inaugurates the Polio Summit 2012

“We must ensure that every Indian child, rich or poor, whether living in Ladakh or in Delhi has equal access to the best immunization. To this ambitious task I commit our government” - Dr. Manmohan Singh, Hon’ble Prime Minister

Reaffirming the commitment of India to achieve full immunization, Dr. Manmohan Singh said “We must ensure that every Indian child, rich or poor, whether living in Ladakh or in Delhi has equal access to the best immunization. To this ambitious task I commit our government”. He noted that the coordinated efforts of the Government of India with close partnership of States Governments, international organizations and groups including the Rotary International, the World Health Organization and UNICEF and the 23 lakh volunteers as also supervisors, has helped to rid our country of the terrible scourge of Polio. The Prime Minister said “it is a matter of satisfaction that we have completed one year without any single new case of polio being reported from anywhere in the country. This gives us hope that we can finally eradicate polio not only from India but from the face of the entire mother earth. The success of our efforts shows that teamwork pays”.

Dr. Manmohan Singh also emphasized the need for nutritious food, safe drinking water, proper sanitation and education in addition to Universal access to safe vaccines. He said that we need to accelerate our efforts to achieve goal of providing universal access to health care at affordable cost for all our citizens. “The rising cost of health care is another key challenge. We are, therefore focusing our attention towards social security of the poor with regard to their health care. Public expenditure on health has increased from less than 1% of our GDP in 2006-07 to an estimated 1.4% of GDP by the end of the Eleventh Five Year Plan. But we will need to work harder and do more if we have to reach our goal of increasing public expenditure on health to at least 2.5% of the GDP. Education and health will be the key priorities of the Twelfth Five Year Plan” he emphasized.

Recalling India’s journey of combating Polio, the Union Minister for Health and Family Welfare Shri Ghulam Nabi Azad noted that the achievement of one full year without even a single polio case, which is being acclaimed worldwide, is the result of a strong political will at the highest levels making sure that there was never any shortage of resources or funds for the polio eradication initiative. He informed that 27 per cent of the global expenditure on polio eradication has come from India’s domestic resources. More than 99 percent coverage of children in the two remaining endemic states of Bihar and Uttar Pradesh is unprecedented, not witnessed anywhere else in the world on such a large scale, Shri Azad said. The aggressive mop up response against the polio virus has enabled us to stop further transmission of polio virus. He however added that we are highly mindful of the risks that persist not only on account of indigenous transmission but also importations from other endemic countries. “There is going to be zero tolerance for any new polio case and such a case will be declared as a public health emergency” he reiterated. All the states bordering the neighbouring countries have been alerted to strengthen surveillance for early detection of any imported polio virus. Special booths have been established in the bordering areas like Wagah border and Attari train station in Punjab and Munabo train station in Rajasthan, to ensure that all children under 5 years of age coming from across the border are given polio drops, the Minister added. The Polio Programme in India is the most shining example of strong and effective partnerships, Shri Azad noted. Shri Azad urged that we should re-dedicate ourselves and resolve that we will continue our efforts with the same vigour, so that India can be declared Polio Free by the year 2014.

The Prime Minister, Dr. Manmohan Singh at the inauguration of the Polio Summit 2012, in New Delhi on February 25, 2012. The Union Minister for Health and Family Welfare, Shri Ghulam Nabi Azad and the Ministers of State for Health and Family Welfare, Shri Sudip Bandopadhyay and Shri S. Gandhiselvan are also seen in the picture.
A one-day district level workshop on ‘Focused Advocacy with Legislators/Panchayati Raj Institutions (PRIIs) and Opinion Leaders for Community Involvement of Polio Eradication in Polio Endemic and High Risk States’ was organized by IAPPD with the support of UNICEF, at Mewat, Haryana on 9 February, 2012.

The workshop was inaugurated jointly by Shri Balraj Singh, Deputy Commissioner, Mewat, and Smt. Hajara Begum, Chairperson, Zilla Parishad. The keynote address was given by Shri Lieven Desomer, UNICEF. Shri Deepak Gupta, International Consultant, Advocacy; Dr. Sachin Revariya, WHO; and Dr. K.S. Rao, (Civil Surgeon) gave technical presentations as guest speakers and Mr. Noorudeen Nur shared his experience in involving the Polio programme at the grass-root level.

While welcoming the dignitaries and participants, Shri Manmohan Sharma, Executive Secretary, IAPPD, briefed about the objectives of the workshop and advocacy efforts made by IAPPD for the last 31 years to sensitize elected representatives in the area of health, population and development.

The workshop was attended by 220 participants, out of which 195 were PRIIs (members of Zilla Parishad, Nagar Nigam, Sarpanchs/Panchs).

Technical presentations on various aspects of Polio virus were made by the experts, followed by screening of a film by the UNICEF entitled “Final Inch”, which was very well received and appreciated by the participants with great interest. Afterwards, Shri Deepak Gupta circulated a designed format on advocacy – “PRIIs Polio Eradication and Public Health in the Field” – and conducted a group work. Based on views/suggestions given by participants, a brief Action Plan will be prepared by the expert for future course of action.

Seen above in the pictures (from top): Shri Balraj Singh, Deputy Commissioner, Mewat, and Smt. Hajara Begum, Chairperson, Zilla Parishad, Shri Lieven Desomer, UNICEF, Shri Deepak Gupta, Shri Noorudeen Nur, Shri Manmohan Sharma, IAPPD, and Dr. K.S. Rao, Civil Surgeon, Mewat, (below right) Participants listening to the deliberations during the workshop.
Views of the participants

- The contents of Workshop are very good. If the religious and cultural feelings of people are respected, polio eradication will be achieved. Polio campaign may be organized through cultural programmes in different villages. - Shri Khalid Hussain
- The programme is very good for the Society. We want to organize such programmes in our area. It is very important to organize such Workshop in small towns and area wise. - Shri Jai Naraian
- I want to organize such programmes in our area so that people will understand about the Polio virus disease and will make efforts to prevent contacting Polio virus. - Ms. Farida
- I have learnt a lot about the Polio disease and how to eradicate it through this Workshop. We want to organize such orientation programmes in our area keeping in view regional religious and cultural environment. - Shri Jamshed Khan
- I suggest covering each village and involving its elected members for taking this programme to the people. - Shri Subat Khan
- Through this programme people will be awaken about polio disease and will become alert about their health care. - Shri Aas Mohamed
- We want to organize such programmes in our area for the betterment of people. This type of programme is very effective for us and our children. We will go to Polio booth on every polio day and help them. - Shri Mamaudeen
- There is need of partnership among the Sarpanch; Panchs and Teachers for campaign about Polio programme in our area. Every effort should be made for the progress of our areas. For the improvement of our area, administration should provide drinking water, disposal of water logging, cleaning the drains and filling Pits around the village. - Shri Sahjmal
- This programme is very interesting and knowledgeable. This type of Programme should be organized at village level. - Smt. Phoolwati
- This a national programme for the welfare of the people. This type of programmes must be organized time to time in different small town/villages, so that people become aware about the effects of Polio and other diseases. We will call meeting from time to time in the villages and apprise the people about effects of Polio and other health care programme. - Shri Jamaludeen

In the pictures: PRs sharing their views and experiences on poliò during the workshop.
Focused Advocacy with Legislators/Panchayati Raj Institutions (PRI) and Opinion Leader for Community Involvement of Polio Eradication in Polio Endemic and High Risk States

Howrah District, West Bengal,
15 February, 2012

To sensitize the elected representatives on eradication of Polio and awareness on health issues, the second district level one-day workshop on ‘Focused Advocacy with Legislators/Panchayati Raj Institutions (PRI) and Opinion Leader for Community Involvement of Polio Eradication in Polio Endemic and High Risk States’ was organized by IAPPD with support by UNICEF at Howrah district of West Bengal on 15 February, 2012. The local political leadership and administration also supported in organization of this workshop.

At the outset, Shri Mannmohan Sharma, Executive Secretary, IAPPD, Delhi, welcomed the Chief Guest Smt. Chandrima Bhattacharya, Minister of State for Health, guest speakers and the participants and briefed about the purpose of workshop and advocacy efforts made by the IAPPD for the last 31 years to sensitize the elected representatives in the area of health, population and development.

The workshop was inaugurated by Smt. Chandrima Bhattacharya, Minister of State for Health, Govt. of West Bengal and later presided over by the Smt. Sanghamitra Ghosh, District Magistrate, Howrah District. Dr. Dipanker Mukherjee, Regional Team Leader, WHO; Dr. Soumitra Roy, Polio Eradication Emergency Coordinator, UNICEF; Shri Ashok Das, ADC (P); Shri Deepak Gupta, International Consultant, Advocacy, and Dr. Swati Dutta, CMOH, Howrah; gave technical presentations as guest-speakers.

Out of the 225 participants who attended the workshop, 220 were PRI (members of Zilla Parishad, Nagar Nigam, Municipal Corporation, Sarpanchs/Pradhans).

Technical presentations on various aspects of polio virus were made by the experts, which was followed by screening of a film on Polio in Bangla produced by UNICEF. The film was very well received by the participants. Afterwards, Shri Deepak Gupta circulated a designed format on advocacy - “PRIs Polio Eradication and Public Health in the Field” – and conducted a group work. Based on views/suggestions given by participants, a brief Action Plan will be prepared by the experts for future course of action.

The participants came up with substantive suggestions of activities they would undertake in their respective communities/wards to address issues like sanitation and hygiene; promote, routine immunization, etc. to eradicate polio.

**Views of the participants**

- I will try to assist all people of the area and make them aware of the programme through Public Address System and also organize meetings to make them more fully aware of the programme. Panchayat may be utilized as the main monitoring agency. Health Department should cooperate to

*seen above in the pictures (from top): Smt. Chandrima Bhattacharya, Minister of State for Health, Govt. of West Bengal, Smt. Sanghamitra Ghosh, District Magistrate, Howrah District, Shri Mannmohan Sharma, IAPPD, Shri Deepak Gupta, Dr. Soumitra Roy, UNICEF, Dr. Dipanker Mukherjee, WHO, and Dr. Swati Dutta, CMOH, Howrah.*
enable the members of Panchayat to work and assist the people. - Poma Pal
- We will organize meetings for fuller participation of people and make them aware regarding the polio disease among children in age group 0-5 years and persuade them to get Polio drops to their children. More and more, door to door campaigning is required for providing awareness about Polio virus. - Shukla Adak
- Government may make a law to ensure that each child gets polio drops. Those families, who do not want to give polio drop, should be banned from taking any benefits of government assistance. State and Central governments should take initiatives so that every child gets polio drops. Training should be given to members of SHG & SGSY of each village for campaigning in their areas. Media can also play a significant role. - Basanti Haldar
- The child is infected by polio virus, if Polio drops/vaccination is not given in time. There is need of involving Health Centre, Anganwari Centre and Panchayat for taking initiatives. Polio can be eradicated only with the cooperation of people. More financial aid is required in the thickly populated area for more canvassing. - Supriya Ghosh
- Review the Polio Campaign programme should be undertaken from time to time. Where local efforts fail to make people sensitized, the Health department should come forward. Through door to door campaign, identify the target group children who have not been given polio drops, find out the reasons and problems. Health staff engaged in Polio eradication campaign should be more proactive. - A.H. Molla

- A Panchayat Pradhan should work with various clubs, schools and every family to initiate a campaign for eradication for Polio. There is need for organizing regular routine programmes by the administration of State and central governments. Teachers, social workers, doctors, members of Panchayat, Moulaiffs etc. should work together for providing awareness to the people in their respective areas; without corporatation of all people nothing can be achieved. Muslim Community does not understand the issues; the Moulaiffs may also be engaged. - Chhaya Poul

- Pradhan should make discussion with people of village regarding preventive measures to be taken to stop spread of Polio in the area. Pradhan should work with all people in the area. A Committee should be constituted by Panchayat members, which must include other respectable and popular members of village for the awareness campaign of Polio Programme. People must be made aware about the importance of Polio Vaccination by regular contact with health workers - Anjali Dey

- Evaluation Report of the State to be given to Central Government and suggestions in the report are properly implemented. State Government should instruct the health workers at district level and advise them to work properly for eradicating polio from their respective area. During the health awareness campaign by the health department, their staff must visit door to door and ensure the presence of every child in the camp. - J.A. Mollah

- Health department should organize more and more awareness campaign programmes. More presence of children is required, especially in minority areas. Administration and Health department officials should ensure that the Polio drops and vaccination is given to each and every child. - Anil Kumar

- All people at the level of Panchayat, block, district and State should be included in the Polio Campaign programme. Joint participation of common people, people's representation and health workers will help in providing awareness to the local people about the Polio campaign programmes in their respective areas. The Workshop on Polio organised today will help the PRIs after going to their respective area to motivate the people for participation in Polio Campaign Programme. - Ajay Kumar

Above in the pictures: The participants came up with substantive suggestions of activities they would undertake in their respective communities/wards to address issues like sanitation and hygiene; promote, routine immunization etc., to eradicate polio.
Child mortality rate dips marginally in 2010

First the good news - nearly 1.41 lakh fewer children died in India in 2010 before reaching their fifth birthday than in 2009. This means nearly 388 fewer children aged 0-4 years died per day.

Before you start celebrating, consider this - 15.49 lakh children died in India in 2010 under the age of five. What’s worse, more females died than their male counterparts. While India in 2010 saw over 7.43 lakh male children aged 0-4 years die, the number for female children stood at 8.06 lakh.

India’s latest Sample Registration System data finalized and signed by the Registrar General of India late on Friday evening, saw under five mortality fall by nearly five points in 2010 - from 64 deaths per 1,000 live births in 2009 to 59 deaths in 2010. This means that in total, India in 2010 saw 15.41 lakh under-five deaths compared to 16.83 lakh in 2009.

India, however, still has a higher under-five mortality rate than poorer neighbours like Nepal and Bangladesh and much higher than in Sri Lanka, according to the World Health Organisation’s ‘World Health Statistics 2011’. The WHO puts Nepal’s under-five mortality at 48 per 1,000 live births in 2009, Bangladesh’s at 52 and Sri Lanka’s at 15.

Among Indian states, Assam recorded the highest overall under-five mortality rate - 83 deaths per 1,000 live births followed by Madhya Pradesh (82), Uttar Pradesh (79), Odisha (78), Rajasthan (69), Bihar (64) and Chhattisgarh (61).

At the other end of the spectrum, Kerala recorded the lowest overall under-five mortality rate of 15 followed by Tamil Nadu (27), Maharashtra (33), Delhi (34), Punjab (43) and Karnataka (45).

In absolute numbers, Uttar Pradesh not surprisingly accounted for 28.7% of the total deaths, Bihar 11%, Madhya Pradesh 10.3%, Rajasthan 8% and Andhra Pradesh 4.7%.

States with the lowest absolute number of under-five deaths - Himachal Pradesh, Kerala, Jammu and Kashmir, Delhi and Punjab together accounted for just 3.5% of the country’s overall under-five deaths.

According to the data, while the death rate of male children before they reached five years of age stood at 55 deaths per 1,000 male children born in 2010, it was almost nine points higher when it came to female children - 64 deaths per 1,000 females born.

Also, the child mortality rate was much higher in rural India than in urban. While 61 male children died per 1,000 male births in rural India, the corresponding figure for females stood at 71 deaths.

The corresponding numbers for urban India were 36 for male children died and 40 for female children.

Deaths of female children before their fifth birthday was highest in Assam and UP - 87 female deaths per 1,000 females born followed by Madhya Pradesh (85), Punjab and Odisha (79), Chhattisgarh (70), Bihar (68), Jharkhand (66) and Gujarat (60).

Deaths of female children was lowest in Kerala (16), Tamil Nadu (28), Delhi and Maharashtra (35), Karnataka (47) and Punjab (48).

While Kerala is state with the lowest rates, it is also the only one to have seen an increase in under-five mortality though only by less than 0.5. An official told TOI, “For two consecutive years, India has recorded a five-point decline in under-five mortality rate. However more females are dying even now before they reach their fifth birthday.”

IAPPD organized a Study Tour of 19 Meghalaya Legislators delegation consisting of 15 MLAs and 4 officials to three South-East Asian Countries i.e. Vietnam, Philippines and Thailand from 22 January to 3 February, 2012. The delegation was headed by Shri Charles Pyngrope, Hon’ble Speaker of Meghalaya State.

The main purpose of this visit was to held discussion on issues of population and development, HIV/AIDS and on land parenthood of women. The delegation also witnessed the success stories of family welfare programme, restriction on the use of condoms and advocacy for abortion by the Church for population stabilization in the above countries.

After the completion of the Study Tour, Shri Charles Pyngrope, in a press conference, said that legislators ‘learnt a lot’ from the tour. Legislators got to learn on the policies of these countries on health care, education and population and development issues. Since population and development are directly related, we need to address issue of population in Meghalaya if we want to provide a society with best health facilities and sound health system. He was very much impressed by the fact that with a decadal growth of over 28 per cent in the past one decade, Vietnam managed to control the population boom. Similarly, the fertility rate in Vietnam was about one only despite having no law barring a family of more than one child.

The delegation also met the Speaker of the Philippines Parliament. They were surprised at the number of women representatives in the House despite having no specific reservation for women.

According to the legislators, Meghalaya government should formulate a standing committee on health to improve health services in the state.

Seen above in the (from top) (1, 2 & 3) Meeting with National Assembly of Vietnam Committee for Social Affairs, (4 & 5) Meeting with General office (Vietnam) for Population and Family Planning and on the supply of use of family planning services, especially in Christian Area, and (6) Meeting with Representative of UNFPA & UNICEF, Bangkok
Poor gender ratio sets
alarm bells ringing

Female foeticide seems to be gaining ground in the state as the “five
most populous and most literate districts bordering Punjab, which
also have the highest gender ratio as per the 2011 Census, face an
adverse child gender ratio in the age group of 0-6 years”. This has
sounded alarm bells in the state.

This alarming trend has come to light in the Himachal Pradesh Census
Report, 2011. Seized of the adverse child gender ratio issue, the
Health and Family Welfare Department will be conducting a “soul-
searching” exercise on January 15 in the state capital to chalk out a
future strategy to counter the trend.

The five major districts that present a dismal child gender ratio are
Una (870 females per 1,000 males), the lowest in the state, Kangra
(873), which is also the most populated, followed by Hamirpur (881), Bilaspur (893) and Solan (899).

These districts border Punjab, which has an adverse child gender ratio at 846, and private diagnostic labs flourish in these
districts, said health officials.

Tribal districts of Lahaul-Spiti and Kinnaur, where the diagnostic facilities are controlled by the government, lead the child
gender ratio. Lahaul-Spiti has 1,013 females, while Kinnaur has 953 per 1,000 males.

Kinnaur has, interestingly, the lowest gender ratio in the state in 2011 - 818 females per 1,000 males.

Another highlight in the child gender ratio is that the lower literate districts have done better in the child gender ratio
-Kullu (962), Chamba (950) and Sirmaur (931) followed by Shimla (922) and Mandi (913), which have literacy rates of 84.55
per cent and 82.18 per cent, respectively.

More worrisome is the fact that the top three districts in gender ratio - Hamirpur (1,096) Kangra (1,013) and Mandi
(1,012) - in the 2011 Census faces the adverse child gender ratio. These three districts form over 49 per cent of the state
population.

Though child sex ratio in Mandi district is better than state average of 906, but it stands less than the national average of
914 females per 1,000 males in the 0-6 year age group, said Balbir Tegta, Director, HP Census.

This depressing trend in child gender ratio is a serious concern as the government has launched over 12 schemes, including
the most recent scheme “Beti Hai Anmol”, free education for the girl child and check female foeticide, under the PNDT Act
to change the mindset in favour of the girl child.

But these schemes seemed to have bowed before the predominant mindset that still governs the state literate population,
said health experts.

Director, Health and Family Welfare, Dr DS Chandel, said though both child gender ratio in the 0-6 years age group and the
gender ratio have improved from 896 and 968 in 2001 to 906 and 974, respectively, in 2011. But the declining trend of child
gender ratio in the highly literate districts where the gender ratio was high was a major concern and a meeting was fixed
to chalk out the future action plan, he added.

Source: Kuldeep Chauhan, Tribune News Service, Mandi, January 13, 2012
No country for daughters: only 914 per 1000 boys

Among the many ways that India confounds the world, this is a particularly ignominious one. While growth and development usually lead to more progressive attitudes towards women, rising India is increasingly choosing the barbaric practice of female infanticide and foeticide.

Studies show a sharp drop in the sex ratio after the introduction of ultrasound machines, used for determining the sex of fetuses, resulting in selective abortion of female fetuses. Estimates for the total number of “missing girls” since 1980 range between 10 million to 44 million, depending on assumptions.

The results of the 1991 Census came as the first major shock, with the child sex ratio crashing from 962 girls per 1000 boys to 945 in just 10 years. The Pre-natal Diagnostic Techniques Act came into effect in 1996 and it outlawed the disclosure of the sex of the fetus. The act has not been able to arrest the continuous decline of India’s child sex ratio. In 2001, it fell further to 927 girls per 1000 boys, and in 2011, it crashed to 914. In just thirty years, there are now 48 fewer girls per 1000 boys. Violations of the PNDT Act are rampant, and campaigners accuse the government of not being proactive in clamping down on clinics offering sex determination tests.

<table>
<thead>
<tr>
<th>Child Sex Ratio</th>
<th>1981</th>
<th>962</th>
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<tbody>
<tr>
<td>1991</td>
<td>945</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>927</td>
<td></td>
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<tr>
<td>2011</td>
<td>914</td>
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And here comes in the truly shameful part - it is not the poorest and least literate areas and communities that are killing off their infant girls; in fact the reverse is true. The 2011 numbers show that the states with the worst child sex ratio (CSR) are not the most backward: the prosperous agrarian states of Haryana and Punjab bear that ignominy with the neighbouring industrial hubs of Delhi and Chandigarh just slightly better.

Nor is high literacy a good indicator: Uttar Pradesh and Bihar do far better than Maharashtra and Gujarat. Within states, rural areas tend to have a better CSR than urban areas. At a caste and community level, tribal societies have much better CSRs. These trends lead to the inescapable conclusion that with growth and development comes greater access to pre-natal sex determination, and hence, worse sex ratios.

In addition to intentional killing through foeticide and infanticide, death due to disease is unnaturally common among Indian girls.

The 70th Executive Committee Meeting of AFPPD


The Executive Committee of AFPPD met under the chairmanship of Hon. Mr. Yasuo Fukuda, former Prime Minister of Japan and Chairman of AFPPD, in Bangkok, Thailand on 25 March 2012 to decide upon the programmes of 2012. During this meeting, Hon. Sir Geoffrey Henry, Speaker of the Cook Islands Parliament, was officially confirmed as the new Vice-Chair of AFPPD representing the Pacific Legislature for Population and Governance (PLPG). The re-establishment of the national parliamentary committee in Pakistan was also approved.

The Executive Committee Meeting was attended by members of parliaments from Japan, India, Vietnam, Philippines, Indonesia, Malaysia and Thailand, a representative of Committee of Population and Environment (CPE) of the Korean Parliament, and a representative from UNFPA APRO.

Prof. P.J. Kurien, MP, Vice Chairman, AFPPD, and Chairman, Standing Committee, IAPPD; and Mr. Mannmohan Sharma, Executive Secretary, IAPPD; represented India in the meeting.

Visitors from
International Nursing Foundation of Japan

On behalf of the International Nursing Foundation of Japan, two nurses namely Ms. Yoshiko Tsukada and Ms. Norika visited India from 25 February to 7 March, 2012 for nursing survey. The purpose of the survey was mainly to know nursing education at schools and hospitals in India and their works at hospitals. During this period they visited Japan-India Cultural Association (JICA) office at New Delhi, IAPPD, Ministry of Health and Family Welfare, Trained Nurses Association of India, RAK College of Nursing, Indian Nursing Council, All Indian Institute of Medical Sciences and Agra Medical College and Nursing Hospital.

Ms. Aparna S. Sharma, Director, MOHFW, GoI (second right) briefing visiting Japanese Members on Nursing Policy and Statistics in India. Shri Mannmohan Sharma (extreme right) and other officials are also seen in the picture.

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Indian Association of Parliamentarians on Population and Development
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