

AWARDS SCHEME FOR EXEMPLARY IMPLEMENTATION OF

e-GOVERNANCE INITIATIVES

III. NAME OF CATEGORY- 'INNOVATIVE USE OF TECHNOLOGY IN e-GOVERNANCE'

1. Coverage –Geographical & demographic

- i. The project launched first time in Gwalior covering 93 registered sonography centers, 70 registered MTP centers and catering to 25 lac population of the district indirectly.
- ii. The project further copied in the district of Bhind, Morena, Datia, Hoshangabad, Sheopur, Shivpuri, Khargaon, Tikamgad, Guna and Indore of Madhya Pradesh.

2. Situation Before the Initiative (Bottlenecks, Challenges, constraints etc with specific details as to what triggered the Organization to conceptualize this project #):

Demand for a boy over a girl is a historical phenomenon. The boy is looked as an asset over a girl in many communities of India. Gwalior is not different from this. This mentality also forms gender disparity or inequality in society where male gender gets more opportunities. Introduction of Sonography machine has aggravated this demand from common people as it is one of the most trusted facilities to check for the sex of the foetus. Hence, there is a sudden decline in the sex ratio in recent decades. Since the demand is from the common man and illegally supplied by few culprit doctors, and the crime is done in consent of each other, there is no complainer and the challenge is far bigger for the Government.

The Government of India has enacted by forming a PCPNDT Act to control the disclosure of the sex of the fetus and illegal female feticide. But effective implementation of the act was not possible due to some inherent problems. In most of the cases evident of violation of act is difficult to prove, under reporting or false reporting in form of data by ultrasound centers, no complainant etc.

2.Scope of Services/ Activities Covered (Relevance of choice of application for client/ agency, Extent of e-enablement in terms of number of services, Extent to which step in each service have been ICT- enabled #)

Aims of the project are

1. Effective implementation of PCPNDT act
2. Obtaining digitized and online information from registered sonography centres.

3. Generation of MIS and analytical reports for district administration and district PCPNDT cell .
4. Producing evidence before court of Law in the event of violation of PCPNDT act .
5. Creating awareness and mass movements about PCPNDT act and social initiative “HAMARI LADLI” of District Administration Gwalior .

After successful launch of the project all the Licensed Sonographic Centers of District Gwalior are registered in Hamari Ladli portal . 93 Registered songography centres are now submitting online Forms . And Active Tracker device is installed and working perfectly in all the sonography centres .

Beside this district administration is also promoting this initiative through different platform (Mass awareness programme , Nukkad Natak etc) and social media i.e. facebook , twitter etc .

3. Strategy adopted

i .Base Line study

Gwalior district is of the prime district of the Chambal ghati and central hub for the nearby districts. The cultural and demographic situation is against the female issues and past two decade has shown drastic decline in the sex ratio.

During intial study of the PCPNDT Act and its implementation, it was found that there is large scale of under reporting and false reporting. The onus of creating a sonography record lies on the sonologist and cases of suspected sex selection are not recorded. Hence there was no system in place to authorities to cross check the sonographies conducted in the district.

Another issue was false reporting. Similar to under reporting, the concern was doctors used to fake the report, such as actual pregnancy was 16 weeks, but doctor writes 8 weeks. There was no mechanism to cross check the actual status of the pregnancy during sonography.

Since these two issues the authorities were not able to get the basic evidence required for any action and was only depending upon sting operations which was a tough task and minimum convictions.

Apart from these two, there were other issues as well such as minimum staff with authorities and manual processing of the forms resulting lots of time and man power requirements.

ii.Problem Identified

The main problem in effective implementation of PCPNDT act is

1. Prior to this system there was problem of non-reporting and under reporting .
Beside this since entire system was manual so analysis of data was again a big hurdle in effective implementation and monitoring of PCPNDT act . In most of the cases defaulters could not be testified in court of law because lack of evidences .
2. There is no complainer.
3. There is no proof that the Center has performed sonography of the pregnant lady unless the F form is generated and signed by the doctor and the pregnant lady
4. Hence such sonography are not recorded and submitted to the authorities
5. The F forms submitted on 5th of every month and it is practically difficult to analyse and identify suspect from the thousands of physical F forms submitted every month
6. No control over under reporting and false reporting
7. No evidences can be generated with manual system
8. No ways to find out the status (number of weeks) of their pregnancy?
9. What is the outcome of the pregnancy? Abortion? Delivery? Missing?

iii. Roll out/implementation model

Hamari Ladli online software and Active Tracker device is the system and method based solution for all above issues and effective implementation of the PCPNDT Act. The system works in two phases:

Hamari Ladli Online Software: This connects all the registered genetics centers through www.hamariladli.org with center module providing all details of the center registration, sonography machines and the radiologist, gynaecologist etc. They are given secured user name and password and the facility to register online F form on daily basis. The application does not allow incomplete submission and the district authorities get immediate access to the F form information with various auto-processed reports to identify the suspected centers and the pregnant ladies. The software provides number of analytical reports those can be used for various purposes.

Active Tracker: Active Tracker is a device that is connected to sonography machine and it contentiously records each and every image of the sonography monitor and stores in the form of video in the hard drive of Active Tracker securely. All the cables are sealed and both devices are connected through single power supply. The Active Tracker does not have any on or off button.

The initiative was taken by the District Magistrate & Collector of the Gwalior district and supported by bellow mentioned department and officers of the Government. The DM has mobilised, motivated and with conviction addressed the issue to the rest of the stake holders. The Doctors community voluntarily added value by their domain expertise and joined hands with the administration initiative for the noble cause. Magnum Opus, a technology invention company provided all their technical and domain expertise in guidance of the DM and upgraded the system from time to time. The print & electronic media has supported this initiative with positive approach. None the less, Hon. Chief Minister, Mr. Shivraj Chavhan has inaugurated this project.

1. District Administration Gwalior
 - a. District Magistrate & Collector
 - b. District PCPNDT Committee
 - c. Chief Medical & Health Officer
 - d. District Health Officers
 - e. Asha, ANM & Anganwadi workers
2. Genetic centres
 - a. Radiologist
 - b. Gynaecologist
 - c. Registered Medical Practitioners
3. Citizen of the Gwalior and neighbouring districts
 - a. Pregnant female
 - b. Family of the pregnant lady
 - c. Unborn baby girl
4. Magnum Opus IT Consulting Pvt. Ltd.
5. NIC, Gwalior
6. Print & Electronic Media

iv. Communication and Dissemination strategy and approach used

Initially the concept was presented to DM and then a meeting and demonstration was arranged between all stake holders. Various issues were discussed openly and workshops were conducted to take an opinion and suggestions. Once the initial scope is finalised, the first phase of the project, online submission of F form was implemented. An online portal was developed and hosted at www.hamariladli.org. All the doctors & their operators were trained and a help support was made available on phone, email and online support. A user manual was distributed to all the centers. A trial run was done for one month and all queries were addressed by support team. The system was made live after one month trial.

The online software has center registration module, covering center registration details, sonography machine details and the radiologist, gynaecologist and RMP details, Online F form module, delivery module and MTP module. Every center was given a secured user name and password with was authenticated by PIN numbers.

A separate module for the district administration was developed with the specifically designed dash board, and number of reports required for various reasons.

The second phase was installation of the Active Tracker device. Every sonography machine was sealed with the Active Tracker to control on the manual tampering. The Active Tracker has a 1 TB storage capacity and contentious recording application. A common power supply was made to sonography machine and Active Tracker by sealed

extension board to make sure that Active Tracker cannot be bypassed and all cables are sealed.

A GPRS facility was added to every Active Tracker with post-paid connections to remotely monitor and control the functioning of the Active Tracker. The online GPRS application provides the information such as log report of each Active Tracker, available free space of the hard drive, and number of files recorded etc.

Online software and Active Tracker works in coordination. The online software helps tracking suspected pregnant ladies, and suspected center. A suspected case actual sonography video can be checked by the panel and confirm the accuracy of the reporting done in the F form. The system auto-generates reports such as ANC with previous girl child, ANC with first and second trimester pregnancy, ANC with previous abnormal delivery, ANC recommend the MTP, centers not logged in since last 15 days, age wise reporting of the ANCs, analysis of monthly submission of F forms, ANCs doing USG at more than one location and many more. Weekly reports are generated automatically by the system and auto-emailed to the authorities on their email.

A control room was established at district level for the daily monitoring of the information received from online application. The suspected information was shared with the Asha workers and corss verified by senior authorities before taking any further actions. The focus of the authorities was shifted from physical inspection to identify problem to address the problems those are automatically identified by the application.

5. Technology platform used

a. Description

Active Tracker: Active Tracker is a device that is connected to sonography machine and it contentiously records each and every image of the sonography monitor and stores in the form of video in the hard drive of Active Tracker securely. All the cables are sealed and both devices are connected through single power supply. The Active Tracker does not have any on or off button.

The video data is securely stored in encrypted format and can be accessible only to the appropriate authorities through external software for data coping and server based software for data decryption .

The Active Tracker device is developed on Linux platform and system programming. Additional GPRS facilities was added and incorporated into the Active Tracker. Every Active Tracker is configured with every center and individual sonography machine with unique identification such as center PNDT number, Data card number, device serial number etc.

Active Tracker has a systematic storage mechanism with unique file naming patterns to identify the date & time of the file linked with the center PNDT number to avoid the

duplication and any tampering. The Active tracker is sealed at the common power supply and at Video cable. A sms alert facilities are added other than the GPRS facility for making it more tamperproof. The GPRS sends online log report of each device on 2 minutes interval and also send the information about the free space on the hard drive, and the daily file count.

Every file are encrypted and compressed in secured manner. There is a separate data copy software and decryption software. The system records the video even when the video cable is removed and it can be tracked down.

Hamari Ladli Online Software: This connects all the registered genetics centers through www.hamariladli.org with center module providing all details of the center registration, sonography machines and the radiologist, gynaecologist etc. They are given secured user name and password and the facility to register online F form on daily basis. The application does not allow incomplete submission and the district authorities get immediate access to the F form information with various auto-processed reports to identify the suspected centers and the pregnant ladies. The software provides number of analytical reports those can be used for various purposes.

The online application was developed using .NET technology & SQL server as a database. This is a hosted application and genetic centers are registered online using standard registration practices. Additional PIN number verification system was adopted to avoid the junk registration. A PIN number were generated and issued to every center owner and registration were confirmed only after entering correct PIN number.

The center owners were given a user manual other than the training, support on phone and email. An online complaint monitoring system was developed and integrated into the existing application.

ii. Interoperability

The system is completely designed as per to match the rules and regulation of the PCPNDT Act and the working of the stakeholders. Hence the system is completely integrated with the day to day operations and analysis.

Iii . Security Concern

The system is completely online and access is only with the user name and password prevailed by security PIN numbers.

The Active Tracker device which records the videos are automatically encrypted in MD5 formats and has two software for coping of the data and for decryption of the data.

The decryption of the data software is installed in the district offline server and linked to its IP. Hence even if the data is copied, it can not be seen.

Further to it, the Active Tracker is connected through GPRS SIM cards and integrated with the online software to monitor the functioning and tampering of the machine. It sends log report of each tracker device with hard disk free space and files count on every log.

iii. Any issue with the technology used

There is third party dependency for the GPRS connectivity. The SIM cards issued by the telecom service provider and its range is the only issue which is resolving as the infrastructure is upgrading. The issue arises only in 5% remote places.

iii. SLA arrangement

The project was awarded to Magnum Opus IT Consulting Pvt Ltd through a tender process and the agreement is signed with them for 3 years.

6. Demonstrate innovative use of ICT for development (Give details about use of new and emerging technology, innovative usage of ICT for process change to improve quality of the life/ organizational effectiveness, relevance of technology to provide the service #)

The project is aimed at controlling the illegal sex determination followed by female feticide. There were three identified core issues in successful implementation of PCPNDT act.

1. The most important issue of not having any complainer resulting lack of evidences to take any action to the conviction. Second huge amount of manual data (Form F) submitted by the stake holder , analysis of bulk amount of manual data and action taken on defaulter was a tough task before administration . Third It is one of the complex situation as the stake holders are intellectuals, financially strong and also well organised, so collecting evidences of violation of PCPNDT some became very difficult task .

The project is first aimed to achieve the standardisation of the rules of the PCPNDT act, and hence the PCPNDT rules are made into online software with standardised and controlled application. The software did not allow the center owners to submit incomplete data, hence the information is collected in complete and standard format and since it is online, it is immediately reached to the District Administration, saving time on physical document verification and subsequent actions.

The data submitted online is automatically processed by the application and resulted into identifying the problems so that authority can directly analyse and take appropriate action in time.

The project has shown a result as a deterrent to the stake holders and as Hon. Bombay High Court has called this like a Black Box of the airplane. This fear factor is created amongst the centre owners and the patient and has resulted positively.

The most important achievement of this initiative is that it started recording the vital evidence of the actual sonography of the each patient, that can be used as evidence.

This also helped genuine doctors, the peace of working normally and reducing the threats coming from the patient.

The project has saved lots of time and efforts of the administration and increased the reporting from the private genetic centers within 24 hours. The administration can now focus on actions rather than document analysis. The most important issue here is the time factor. The saved time has resulted timely action and saving girl child.

The system generates most important data of the pregnant female and this data can be analysed in various ways for number of health improvement schemes and its better implementation.

A control room was established at district level for the daily monitoring of the information received from online application. The suspected information was shared with the Asha workers and corss verified by senior authorities before taking any further actions. The focus of the authorities was shifted from physical inspection to identify problem to address the problems those are automatically identified by the application.

7.Citizen Centricity (Give specific details on the following#)

a. Impact on effort time and cost incurred by the user

Impact on effort time and cost incurred by the user The project reduced precious time and money for all the stake holders. The Government Appropriate Authorities are saving lots of time and money as they do not have to process the documents (F forms) manually and the analysis of the data is on a single click from anywhere.

The doctors are already having a internet and a PC and hence their documentation is more precise and accurate due to compliance of the software that does not allow them to commit mistakes and follow the guidelines of the act.

b. Feedback / Grievances redressal mechanism

There are regular workshops and meetings conducted from time to time and the issues were discussed between all the stake holders.

The online software has online complaint facility which is automatically sent through an email to all authorities and the support team. There is also a telephonic support of three lines.

c. Audit Trails

The data is analysed weekly and automated emails are sent from the software to the authorities for the action to be taken. Plus the software generated number of reports required from time to time to analysis and also as a part of MIS.

d. Iterative platform for service delivery

NA

e. Stake Holder Consultation

The project is developed using the consultation of the legal team, radiologist, gynaecologist, government authorities and collector, ADM, SDM and NGOs working in the district along with the technology solution provider company, Magnum Opus.

7. Adaptability and Scalability

The project is not only sustainable but also successful. It has been more than a year and the project has shown remarkable improvement and increase in data submission is a result of it. As per PCPNDT Act, it is mandatory to submit the record of the F form and it is also mandatory to keep the records for the two years. Hence the Active Tracker suffice the recording of the data for two years and it has been made compulsory. The major stake holders who are generating and reporting the data are the genetic centers, they are also in favour of this system as it is saving their time, efforts and accuracy of the reporting. They don't need to worry about the incomplete reports and subsequent actions taken on them due to it. Hence, there is a positive consent to from the key stakeholder making it feasible and sustainable.

The project can be scalable to the state level by adding the state level reporting module to facilitate the state authorities monitor every activity of the district administration, inspections, and even every genetic center and every pregnant lady.

However since data collection formats, Sonography Machines and Technology are standardised it may be easily replicated in another part of the State. PCPNDT Committees are functional in entire country ; they may take responsibility of running the project. Active Tracker device is the major component of the project. Presently project is operational in entire district Gwalior. The project is further adopted by Guna, Tikamgarh, Shivpuri, Shivpur, Khargadon districts etc.

8. Adaptability Analysis

i. Measures to ensure adaptability and scalability

District PCPNDT Society , District administration and sonography centers are major stack holders in this project . For successful implementation and scalability coordination and acceptance of project in all the stack holders is highly desirable . In Gwalior district initiated the project with enthusiasm and energy , and other stack holders positively responded . Creating awareness through mass awareness campaign , arranging workshops of stack-holders were some other steps for successful implementation of project .

ii. Measures to ensure replicability

Stack holder consultation , suitable technology service provider , good connectivity at sonography centers are few measures which should be ensured for replicability of the project

7.New Models of Service Delivery (Give details about type of partnership model use, Links to/Supported by Public/Private Organization Links provided to relevant websites etc. #)

Not applicable .

11.Efficiency Enhancement (Give specific details about the following #)

i. Volume of Transaction processed

1. Prior the reports are submitted in physical paper (approx. 3000 to 5000 F forms per month), after implementation of this volume of reporting has been improved considerably . Average monthly year wise reporting

| | |
|-----------------|--------|
| 2012-2013 | 91664 |
| 2013 – Aug 2014 | 51908 |
| Total | 143572 |

1,43,572 sonography reports has been submitted through online system in last two years from 93 registered sonography centers in the Gwalior district.

2. Prior the reports are submitted on 5th of every month, now individual case is reported within 24 hours
3. Prior the reports are submitted in physical paper (approx. 3000 to 5000 F forms per month), which was not possible to check manually and take action, but now the system automatically process the data and generates all vital reports
4. Time is most important in health, the timely important information helps administration take proactive and timely action and life of the baby girl and pregnant lady can be saved!
5. The center owners can save their time by filling online F forma and monthly report is automatically generated
6. Eliminates the human errors that can lead to the life of a girl

ii. Coping with transaction volume growth

In fact the project demands more reporting and under reporting was the major problem. The system has solved this issue of under reporting to great extent and F forms count has increased from 2500 per month to 6000 F forms per month after installation of the Active Tracker.

iv. Time Taken to process transaction

Since this is an online system no time is taken for the processing. The Government and Private centre takes 2 to 3 minutes to submit the online F form.

v. Accuracy of Output

Due to Active Tracker and rules of the Act, the false reporting has completely stopped. Since there is a video available for the every sonography, the doctor make sure to fill the accurate data.

vi.Number of Delays in service delivery

Not applicable

12.User Convenience (Give specific details about the followings #)

1. The genetic centres is also a part of the citizen and it was difficult to find out the genuine and culprits, this system clearly demarks the culprits, giving confidence to the genuine centres to work freely
2. Declining sex ratio is creating a social imbalance and affecting every citizen, a timely action is going to have a better future
3. Saving the life of the girl and pregnant female is the most noble result
4. The analysis of the medical data can help the administration effectively implement the various health schemes
5. The system helps tracking the suspected pregnant female and centres and act before the damage is happened

i. Service delivery channels (Web, email, SMS etc.)

Project is completely automated . Active tracker device is a sealed device , and tempering is not possible in this device . If any centre tries to operate the sonography machine without activating active tracker or tries to temper with active tracker system generate SMS alert to higher authorities .

ii. Completeness of information provided to the users,

Not Applicable

iii.Accessibility (Time Window),

Not applicable

iv.Distance required to travel to Access Points

Not Applicable

v. Facility for online/offline download and online submission of forms,

Facility of submission of online F form is available in the portal . Similarly district administration and can view online status reports , analysis data etc . Using their credentials District Administration Can view status of registered sonography center . Center is running ? Active tracker is on ? Is there any tempering with device etc ?

vi. status tracking

Not applicable in this project

13. Sustainability (Give details about sustainability w.r.t. technology (technology used, user privacy, security of information shared – Digital Encryption etc. #), Organization (hiring trained staff, training etc. #), financial (Scope for revenue generation etc. #))

The project is not only sustainable but also successful. It has been more than a year and the project has shown remarkable improvement and increase in data submission is a result of it.

As per PCPNDT Act, it is mandatory to submit the record of the F form and it is also mandatory to keep the records for the two years. Hence the Active Tracker suffice the recording of the data for two years and it has been made compulsory.

The major stake holders who are generating and reporting the data are the genetic centers, they are also in favour of this system as it is saving their time, efforts and accuracy of the reporting. They don't need to worry about the incomplete reports and subsequent actions taken on them due to it. Hence, there is a positive consent to from the key stakeholder making it feasible and sustainable.

14. Result Achieved/ Value Delivered to the beneficiary of the project- (share the results, matrices, key learning's, feedback and stakeholders statements that show a positive difference is being made etc):

i. To organization

- Change from manual to computerised system provides wide array of MIS reports for effective implementation of PCPNDT act.
- In case of violation of PCPNDT act, evidence and proofs are available in the form video footage of active tracker device .
- Saving lots of time on manual analysis to auto analysis and from monthly analysis to daily analysis
- The system is enhanced by generating auto reporting through email and SMS alerts to the concerned administrative officers

ii.To Citizen

The direct impact of this innovation is on the pregnant female and their families and the genetic centers. The system does not allow them to disclose the sex of the fetus and facilitate the rest of the citizen by having increased sex ratio.

The declining sex ratio has lots of problems like social imbalance, increasing cases like rape, sex related diseases, and violence against women, A better sex ratio will remove all such threats to the society.

This impact is for all rural, urban, all casts, religion, color, and economic class and all parts of the society. It specially helps the pregnant female and the baby girl. District administration also started SAVE THE BABY GIRL movements through IT Tools, Social Media , Web portal and traditional way (Nukkad Natak, Rallies) etc have shown its effectiveness against gender biasing . Micro level indicator shows changing mind-set of citizens example

Birth Registration Data from District Immunization Programme shows that there is increase in girl child birth after implementation of software. In 2011, 2012, 2013 girls child birth Ratio was 890 per thousand, 889 per thousand, 896 per thousand consecutively

Similarly there is increase in registration of Ladli Laxmi Yozna (LLY) beneficiaries. Other parameters from various woman and child welfare schemes showed positive trends

| Scheme | March 2013 | April 2014 |
|--|-------------------|-------------------|
| Ladli Laxmi Yojna | 7798 | 8627 |
| Girls Child assisted under ICPS scheme | 30 | 9 |
| a. New Born Child | 30 | 20 |
| b. Child more than 7 year | | |
| Girls Child report very low weight | 1977 | 1576 |
| Girls Child reported low weight | 12223 | 11513 |

iii.Other Stake Holders

The Third major stake holders i.e. medical community or owners of Diagnostic Centres who are generating and reporting the data are the genetic centers, they are also in favour of this system as it is saving their time, efforts and accuracy of the reporting. They don't need to worry about the incomplete reports and subsequent actions taken on them due to it. Hence, there is a positive consent to from the key stakeholder making it feasible and sustainable.

15.Extent to which the Objective of the Project is fulfilled-(benefit to the target audience i.e.G2G, G2C, G2B, G2E or any other, size and category of population/stakeholder benefited etc)

The project is currently implemented at Gwalior district and it is impacted to every individual of the district directly or indirectly. This project has also impacted nearly 10 districts of Gwalior, Chambal divisions and also of UP state in the vicinity.

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The declining sex ratio has lots of problems like social imbalance, increasing cases like rape, sex related diseases, and violence against women, A better sex ratio will remove all such threats to the society.

This impact is for all rural, urban, all casts, religion, colour, and economic class and all parts of the society. It specially helps the pregnant female and the baby girl.

16.Comparative Analysis of earlier Vs new system with respect to the BPR, Change Management, Outcome/benefit, change in legal system, rules and regulations

As per PCPNDT Act, it is mandatory to submit the record of the F form and it is also mandatory to keep the records for the two years . In earlier system filing of Form F was manual , similarly finding evidence in case of violation of PCPNDT act was next to impossible . More over manual processing and analysis of filed Form F data is really a tough task for authorities .

In new system online filing of Form F data generates various MIS and analysis reports which are useful for effective implementation of PCPNDT act similarly in case of violation of PCPNDT act active tracker device serve purpose of evidence . The complete system showed effective deterrent in case of violation of PCPNDT act .

Other distinctive features/ accomplishments of the project:

Project is inspired by hon'ble CM Beti Bahaho movement Project is appreciated by Hon'ble CM of Madhya Pradesh , Media .

- No proper monitoring system of effective implementation of PCPNDT act exists before implementation of this project. Often SONOGRAPHY center owners did not report cases (Form F) to district PCPNDT society.
- Administration relied upon manual reports submitted by SONOGRAPHY center owners which often did not reflect the true pictures.
- Effective control on under reporting and false reporting, numbers of reporting of Form-F have been increased considerably approximately 231 % increase in reporting after implementation of the project.
- 2 Cases of violation of PCPNDT act have been identified because of improved monitoring and surveillance system. Challan has been produced before Judicial Magistrate/ along with necessary evidences.
- The project generates the most important evidence which was not available in previous cases.
- Complete tracking of pregnant female from sonography to delivery/Abortion(MTP)/Missing
- The Active Tracker works as a deterrent and 24 by 7 watch is kept on centres

- No error in reporting and report is submitted to authorities within 24 hours as compared to one month before
- District administration is effectively using IT tools (active tracker device, <http://www.hamariladli.org/> portal) social media (<http://facebook.com/pnarhari>) for creating awareness against gender biased vices.
- Project has bagged this year's prestigious award **"MAP IT Award-2012-13" (Madhya Pradesh's E-Governance Awards)** in the category of Innovative project of the year.
- Winner of **"Manthan Award--South West India"** for the project "Hamari Ladli" for preventing Sex Selection and Female Foeticide. The Awards was presented on 7th August 2014 at Pune.