

ARTICLE 12
EQUALITY IN ACCESS TO HEALTH FACILITIES

“1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to healthcare services, including those related to family planning.

2. Notwithstanding the provisions of paragraph 1 of the article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”

Women Health Status in Hong Kong

215. Health is a prerequisite for an individual to work productively and participate fully in social life. As reflected by the major health indices, women in Hong Kong are enjoying good health. This section describes the health status and highlights important health problems for women.

Mortality and major causes of deaths

216. Mortality rate for female for the year 2001 was 4.2 as compared to the crude death rate of 5.0 per 1,000 population. The age-specific death rates of females were lower than males in all age groups. On average, females live longer than males with life expectancy¹⁹ at birth of 84.7 years and 78.7 years for females and males respectively in 2002. Maternal mortality ratio¹⁹ had remained low at 4.2 per 100,000 live birth for the year 2002.

217. Among females, the three leading causes of death were malignant neoplasm, heart diseases and cerebrovascular diseases accounting for 57% of total deaths in women in 2001. Cancer deaths in women are dominated by cancers of the lung, colon and breast cancer which accounted for 24%, 9% and 9% of the total cancer deaths in women respectively.

¹⁹ The life expectancy at birth of women and men, and the maternal mortality rate in 2002 stated are provisional figures.

Disease incidence and prevalence

218. The top killing disease, malignant neoplasm, is also main causes of morbidity in women. According to the Hong Kong Cancer Registry, a total of 21,349 new cases of cancers were diagnosed in 2000, of which 45% occurred in women. Cancer of the breast (20%) was the commonest among women followed by cancer of the lung (13%), colon (10%), rectum, rectosigmoid junction and anus (5%), and cervix (5%). It has been observed that 32% of the cancers among females occurred in the sex-specific sites i.e. breast and reproductive organs in contrast to only about 7% among men.

219. Heart diseases are prevalent among women in Hong Kong. According to a local study conducted in 2000, the prevalence of coronary heart diseases among women is estimated to be 2.7% as compared to 2.2% in men. For hypertension, the prevalence in women was estimated to be 11% while the corresponding figures for men was 10% by a territory-wide survey conducted in 1996.

220. Because of its long-term effects including a greater risk of heart diseases, cerebrovascular disease and blindness, diabetes mellitus is a significant concern for women's health. A report of Department of Health in 2002 shows that the prevalence of diabetes mellitus in women is 9.8% which was comparable to that for men (9.5%).

221. Mental health problems have become increasingly important in Hong Kong. Hong Kong had a high suicide rate, although males are about 50% more likely to commit suicide and die than females. However, the reverse was observed for parasuicide. According to a study on youth parasuicide in 1998, the rate were 60 per 100,000 for females as compared to 20 per 100,000 for males. Women are also vulnerable to psychiatric disorders in the first three postpartum months. It was estimated in a study in 2001 that 13.5% of recently delivered women suffered from at least one form of psychiatric disorders during the postnatal period.

222. The sexually transmitted diseases (STD) recorded in public STD clinics are quite steady in recent four years. STD affect more male than female at a male-to-female ratio of 1.35:1 in recent four years. By the end of 2002, a minority (18.7%) of the 2,015 HIV-infected individuals are females. The male-to-female ratio has, however, been narrowing from 8:1 ten years ago

to about 3:1 in 2001 and 2002. Almost all infected women are the result of heterosexual infections.

Health-related behaviour

223. In 2000, 12.4% of population aged 15 or above were daily smokers. Of these daily smokers, 14.8% were females. Despite the decrease in number of smokers over the years, there is an increasing trend of young women smoking in the past few years. The female smoking prevalence increased from 2.9% in 1998 to 3.5% in 2000. The increase concentrated among teenage girls, where the observed prevalence doubled during the period.

224. Overweight or obesity increases the risk of a range of health problems such as coronary heart disease, diabetes and joint disease. In the survey in 1996 mentioned in paragraph 219, Women are less likely than men to be overweight (26.7% versus 32.6%), however, they are more likely to be considered as obese (7.0% versus 5.4%).

225. Lack of physical activity is recognized as an important contributory factor not only for obesity but also hypertension and injury. In the above survey in 1996, in female population, 61% reported not doing exercise as compared to 58% for male.

226. Practice of unsafe sex is responsible for unwanted pregnancies and various sexually transmitted diseases. According to the survey of Family Planning conducted by Family Planning Association of Hong Kong (HKFPA) in 1997, the overall proportion of women currently practising contraception had shown an increasing trend from 72% in 1977 to 86% in 1997 for those aged 15 to 49. Condom was the principal method of contraception.

The Sex Discrimination Ordinance

227. Women's right in accessing health care services is protected by the SDO. Please refer to paragraph 119 of the Initial Report for details.

Government Strategy and Targets

228. The HKSAR Government accords high priority to the health of its population, women and men alike. Under the long held health policy of ensuring no one is denied adequate medical treatment because of lack of means, the Government targets to provide accessible, equitable and quality public health care services to members of the community on the basis of their health care needs.

Access to Care

Health Services for Women

229. The Government offers comprehensive preventive, promotive, curative and rehabilitative health care services for women of all ages through the Department of Health, Hospital Authority and other government-funded health organisations. These services are described below.

230. The public services are complemented by the private health care sector. The private sector has a valuable role to play in the provision of care that it is more flexible in responding to patients' request and offers a wider range of choice of services that are charged at a higher fee.

Preventive and promotional service

(a) Cervical cancer screening

In the year 2003/04, a population-based cervical cancer screening programme will be established in collaboration with other health care providers. To plan for the implementation of the screening programme, a Cervical Screening Task Force chaired by the Director of Health was established to oversee the planning and implementation of the programme. The programme is expected to improve coverage of screening, thus reducing the incidence and mortality from cervical cancer.

(b) *Services in connection to child birth*

In Hong Kong, free antenatal and postnatal services are provided to safeguard the pregnancy course and ensure physical and psychological well-being of pregnant women. The obstetrics unit of public hospitals provides specialist antenatal care and inpatient care for delivery. Women at risk of postpartum depression will be given special attention and support. Those who are suspected to have postpartum depression will receive appropriate referral service. A new health education leaflet and an educational video have been produced to raise public awareness about postpartum depression and its prevention.

(c) *Child care*

Recognising the women's important role in caring for the family especially children, mothers are equipped with the necessary knowledge and skills of childcare. Besides, a territory-wide parenting programme has been launched in 2002 to increase parents' knowledge and skill, and hence their competence and confidence in raising healthy and well-adjusted children. Parents of all children attending the Maternal and Child Health Centres (MCHCs) receive anticipatory guidance in parenting, which is appropriate to the age and stages of the child's development, through comprehensive information leaflets, workshops and / or individual counselling. For parents of children with early signs of behaviour problems or those who encounter difficulties in parenting, more intensive training is provided.

Since August 2000, a Breastfeeding Policy has been implemented in the MCHCs to ensure uniform practice among staff in the promotion of breastfeeding and to facilitate creation of a supportive environment. All pregnant women and their families are given information on the benefits of breastfeeding through leaflets, videos and / or individual counselling. Mothers who wish to breastfeed are given practical guidance and support, through individual counselling and support groups.

(d) *Sexual and reproductive health*

Women in Hong Kong are enjoying counselling service and prescription of contraceptives at a low nominal charge at MCHCs.

The Government-subsidised Family Planning Association of Hong Kong (HKFPA) also plays an important role on providing family planning services in Hong Kong. It runs eight birth control clinics, three youth health care centres, a mobile clinic and seven women's clubs which provide sexual and reproductive health services, education and information. The services encompass fertility regulation, gynaecological check-up, pre-marital and pre-pregnancy preparation, menopause service and youth counselling.

In improving women's sexual and reproductive health, the HKFPA introduced in 1999 the first Menopause Service in the territory to offer integrated clinical and educational service to women in the older age group, aiming at promoting their health through screening and disease prevention. The HKFPA also runs Women's Clubs in several districts to promote family planning, women's health and family life education at the grassroots level. A Well Men Clinic was also introduced in mid-2001.

The association also offers training in family life education and sex education, and organises outreaching activities and publicity campaigns to promote family planning and responsible parenthood. Furthermore, the continuous influx of women from Mainland China within the reproductive age range calls for appropriate education and services. The Educational and Informational Programme for New Arrivals from the Mainland was a three-year pilot project carried out from 1998 to 2001. The project aimed at providing support to newly arrived women to foster a responsible attitude towards family planning and promote understanding of sexual and reproductive health.

Regarding medical termination of pregnancy, as reported in the paragraph 133 of the Initial Report, the Offences Against the Person Ordinance provides for medical termination of pregnancy by a registered medical practitioner in an approved hospital or clinic if two registered medical practitioners are of the opinion, formed in

good faith, that the continuance of pregnancy would involve risk to the physical or mental health of either the pregnant woman or the child.

(e) *Health education*

Health education are provided at the point of health care service delivery to promote healthy lifestyles and combat important health risk factors such as obesity and lack of exercise. Apart from these, large scale health education campaigns catered for the specific needs of women are organised. In August 2002, publicity programmes were carried out around the World Breastfeeding Week. Women Health Ambassador Training Courses were conducted to empower women to make healthy life choices and become health advocates themselves. A total of over 1,700 Women Health Ambassadors have been trained so far.

The Health Care and Promotion Fund aims to step up efforts on health promotion and disease prevention, and providing assistance to certain patients in need. Since 1999, the Fund had granted \$14.79 million (US\$1.9 million) to 38 health promotion projects, HK\$17.49 million (US\$2.24 million) to 36 research projects.

(f) *Controlling smoking*

The Hong Kong Government enacted the Smoking (Public Health) Ordinance in 1982 to restrict the use, sale and promotion of tobacco products. Tobacco advertising encourages smoking and increases tobacco consumption. With a view to reducing tobacco use, particularly among women and youth whose smoking prevalence is on a rising trend, the Hong Kong Government has proposed to amend the Ordinance to further tighten control over tobacco advertisement and promotion.

Apart from legislation, publicity and education are also in place to combat tobacco use. The Government has also levied a heavy taxation on tobacco.

To help existing smokers to quit, the smoking cessation service provided at public clinics and hospitals was strengthened by introducing nicotine replacement therapy in 2001. As at end 2002,

a total of 4,815 clients have enrolled in the counselling and cessation sessions, among which 16% were female.

The Hong Kong Council on Smoking and Health (COSH) is a non-governmental organisation subvented by the Government to protect and improve the health of the community by informing and educating the public on the harm of smoking; engaging in research into the cause, prevention and cure of tobacco dependence; and advising the Government and any community organisations on matters relating to smoking and health. The Council conducted publicity and community involvement campaigns with particular emphasis on discouraging smoking in public places and in workplaces. Innovative programmes, such as the No-smoking Day in the Workplace, were devised. Other than publicity and education programmes, the Council also operates a telephone hotline to receive enquiries, suggestions and complaints from members of the public on matters related to smoking and health.

In response to the call of the World Health Organisation for concerted efforts to counteract the rising trend of women smoking in Asia, the Council convened in 2000 a Women's Action Group on Tobacco Control aimed at preventing women and girls from taking up smoking and protecting them from the harms of secondhand smoking. In May 2001, the Group organised a "Great Search for Smoke-free Office Lady Competition" targeting at the female working population to promote the message of secondhand smoking prevention in workplace.

(g) *Psychological health*

Since July 1997, the HKSAR Government has spent about HK\$23.5 million (US\$3.01 million) on public education activities and publicity campaigns to promote the integration of people with disabilities and their acceptance by the community. Nearly half of the amount has been spent on fostering public acceptance of people who have recovered or suffering from mental illness and the mentally handicapped.

In October each year, the Health, Welfare and Food Bureau organises, in collaboration with government bureaux / departments, statutory bodies and non-governmental organisations, a territory-wide “Mental Health Month” to promote public awareness of mental health and integration of ex-mental patients. This annual public education programme includes television / radio campaigns, complemented by poster campaigns, television dramas, radio talks, seminars, awards to good employers of disabled persons, and so forth.

The Department of Health has produced a variety of health education materials to promote mental health and one specifically addresses women’s mental health. These health education materials not only provide information directly to the public, but also facilitate other organisations to promote mental health. Information on mental health is available at all clinics / health centres and health education centres of the Department as well as on the webpage and the 24-hour health education hotline of the Department’s Central Health Education Unit (CHEU).

Frontline staff of the Department of Health have been provided with training programmes on mental health regarding basic principles in identification of patients with suicidal risk, management of depression and counselling skills. Professional education materials are also uploaded on the website of CHEU for reference by health professionals.

(h) *Sexually transmissible diseases*

Free services are offered to all women (including sex workers) and men who suspect they themselves may have acquired sexually transmitted diseases (STDs). The Department of Health operates eight female STD clinics which provide free screening, treatment, counselling and education services for the prevention of STDs.

(i) *HIV prevention*

The Government-appointed Advisory Council on AIDS (ACA) provides policy advice on all aspects of HIV / AIDS prevention, care and control. The Department of Health AIDS Unit provides secretariat support to ACA and also operates the Government’s HIV surveillance system, prevention programmes and care services.

ACA advises on strategy development in women and plays a co-ordinating role through its AIDS Prevention and Care Committee. The HIV prevention and health promotion activities for women are conducted by the Government, non-governmental organisations and women organisations which incorporate HIV / AIDS in their programmes for women.

The AIDS Trust Fund also supports community efforts on HIV prevention and care by funding a significant proportion of the projects on women initiated by community organisations.

By the end of 2002, a minority (18.7%) of the infected individuals (2,015) are female. The male-to-female ratio has however been narrowing from 8:1 ten years ago to about 3:1 in 2001 and 2002. Almost all infected women are the result of heterosexual infections. Mother-to-child transmission constitutes a unique route for HIV spread. As at the end of 2002, 15 children contracted the virus from their HIV-infected mothers.

Women are provided counselling by the Department of Health on the practice of safer sex and voluntary HIV testing. In the year 2001, 20% of the HIV testing service users were women. A universal voluntary HIV testing for pregnant women was introduced in September 2001 to prevent the transmission of the virus to the unborn child. In the first year after implementation, over 40,000 HIV tests had been performed in the public service, of which 12 were positive. The opt-out rate was low at about 4%.

In mid-1997, the Red Ribbon Centre which functions as a clearinghouse of AIDS education resources was opened. The Centre was designated as UNAIDS (Joint United Nations Programme on HIV / AIDS) Collaborating Centre in December 1998. The Centre produces education materials and periodicals, and organises training programmes and publicity activities to the general public, specific target groups and professionals. Some community organisations such as St. John's Cathedral HIV Education Centre, Action for Reachout and Hong Kong Federation of Women's Centres also play an active role in the prevention of HIV infection and health promotion in women.

With the rising rate of heterosexual HIV transmission, the number of HIV infected women would likely increase. ACA has included under the set of guiding principles for the framework for strategies in 2002 to 2006, that gender issue be adopted as a perspective that should be incorporated in the development of programmes on HIV prevention, treatment and care.

In the coming years, programme on HIV prevention and care for women would be further enhanced through (a) the efforts of women organisations and other mainstream non-governmental organisations, with the support of the government, and (b) the introduction of support services and activities for HIV positive women.

Ambulatory curative service

231. A comprehensive range of public ambulatory services including accident and emergency services, general and specialist outpatient services, and outreach services are provided by the public sector. Obstetrics and gynaecology specialist services are specially designed to cater for the needs of women.

Inpatient service

232. Inpatient services are provided by the 41 public hospitals, which accounted for 86% of inpatients treated in 2001. Services are equally available for women and men. Similar to ambulatory services, inpatient obstetrics and gynaecology specialist services are provided to cater for the needs of women.

Enabling Resources for Care

233. As mentioned earlier, it is the Government policy that no one should be denied adequate medical treatment through lack of means. To meet this commitment, the government heavily subsidises various health care services using its tax revenue. Most of the preventive and promotional services are provided at very low rates, or free of charge. The user fees for public medical services, including both inpatient and outpatient services, are heavily

subsidised by the Government (as user fees only account for 4% of the full cost of service) and a fee waiver mechanism is in place for those who could not even pay for this heavily subsidised rate. The public expenditure on health has increased steadily during the past 5 years from HK\$28 billion (US\$3.59 billion) or 2.1% of GDP in 1997/98 to HK\$34 billion (US\$4.36 billion) or 2.7% of GDP in 2001/02.

234. Private health expenditure is financed by out-of-pocket household expenditure. A proportion of the population have further financial protection through privately purchased health insurance and the medical benefits provided by their employers or household members' employers. According to a survey conducted in 2001, the rates of insurance / medical benefits coverage for male and female are similar as shown in Table 1.

Table 1 Rates of insurance and medical benefits coverage (%)

	<i>Female</i>	<i>Male</i>
<i>Privately purchased Medical insurance</i>	25%	23%
<i>Medical benefits related to employment</i>	30%	30%

Health Services Utilisation

235. In 2001/02, there were about 1.2 million discharge episodes from Hospital Authority hospitals, of which about 53% were female and 47% were male. The average length of stay per discharge episode was around 6.6 days for female and 9.2 days for male.

236. According to a population survey conducted in 2001, the utilisation of ambulatory care were shown as Table 2.

Table 2 *Percentage share of doctor consultation by sex*

	Percentage of consultation	
	Female	Male
Public sector		
Accident & emergency	56%	44%
Specialist clinic	56%	44%
General clinic	58%	42%
Private sector		
Specialist clinic	56%	44%
General clinic	55%	45%

237. As indicated by the data, the utilization of health care service for women is slightly higher than that for men. There is no evidence that women had inequitable access to these services as compared to men.

Highlights on Services for Women with Special Health Needs

Women with Disabilities

238. Disabled women in Hong Kong are provided with equal treatment as regards access to health facilities and services just like any other person in the community. In respect of services in connection with pregnancy and women health, disabled women are treated no differently from other women.

239. In addition, disabled women are provided with care and services specially designed for people with disabilities under the Rehabilitation Programme, including prevention and assessment of disability, and medical rehabilitation in hospitals, clinics and infirmaries. As for residential services, as at December 2002 there were 5,421 hostel and home places, and 223 supported hostel places for people with disabilities who could neither live independently nor be adequately cared for by their families. For aged blind people who were unable to look after themselves adequately, or in need of care and attention, 899 places were provided in homes and care-and-attention homes. For ex-mentally ill patients, there were 980 long stay care home places and 1,349 halfway house places.

240. Professional back-up services from clinical psychologists, occupational therapists and physiotherapists are provided for people with disabilities in rehabilitation day centres and hostels. Support services such as home-based training and support for mentally handicapped persons, community mental health link for ex-mentally ill persons, after-care service for discharges of halfway houses, domiciliary occupational therapy service, and the community rehabilitation network for persons with visceral disability or chronic illness are provided in the community. Furthermore, respite service for disabled persons, occasional child care service for disabled pre-schoolers and six parents resource centres are provided to meet the special needs of families with disabled members.

Girl-Child

241. The Government provides a wide range of health services dedicated to children of both sexes, including:

- (a) Health care services for children up to five years of age: A comprehensive child health promotion and disease prevention programme is provided through Maternal and Child Health Centres (MCHCs) to children from birth to five years of age. In 2002, 207,867 children aged below five attended the child health service. Among them, 52,899 were new clients. The total attendance of the service was 715,969.
- (b) The Student Health Service provides regular physical examinations, health screening, health education and counselling for primary and secondary school students. In the school year 2001-02, the total number of primary and secondary school students was about 950,000. Of this, 749,800 students (79%) enrolled in the Student Health Service.
- (c) Specialist clinics: There are seven Child Assessment Centres under the Department of Health providing specialised assessment for children from birth to 12 years of age with developmental problems through a multi-disciplinary team approach. There are also 18 specialist outpatient clinics providing paediatric services under the Hospital Authority.

- (d) Immunisation and control of communicable disease: In 2002, 94.9% of local newborn babies attended the MCHCs. The immunisation programmes include tuberculosis, hepatitis B, poliomyelitis, diphtheria, pertussis, tetanus, measles, mumps and rubella. The coverage rate of the immunisation programme for school children from primary one to primary six students was over 99% in 2001-02.
- (e) Dental Care: The School Dental Care Service provides dental examination, preventive and restorative dental treatment to enrolled primary school children at a nominal annual fee. In the 2001-02 school year, 88% of primary school population participated in the scheme. The Oral Health Education Unit of the Department of Health provides oral health education through various means.
- (f) Education on AIDS: The prevention and control of AIDS is dealt with through public education and the school curriculum. In schools, a train-the-trainer approach is adopted whereby guidelines, leaflets, booklets, a learning pack and a teaching kit providing guidance on teaching about AIDS are distributed.
- (g) Health Education: Training is provided to Student Health Ambassadors and School Health Ambassadors to organise health education activities in schools, and assistance is offered to schools to form health clubs.
- (h) Hospital Service: As at end of March 2002, there were a total of 1,221 and 159 hospital beds dedicated to paediatric patients (including intensive care) and paediatric surgery respectively.

Elderly Women

242. Elderly women enjoy equal access to health facilities and services just like any other person in the community. Common health problems of elderly women include stroke, chest infection, fracture neck of femur, heart failure, cancer and genital prolapse, for which a comprehensive range of inpatient, outpatient and community outreach services are provided by Hospital Authority. To cater for the special health problems faced by the elderly, the Department of Health also established the Elderly Health Services in 1998 to

enhance primary health care for the elderly with the aim to improve their self-care ability, encourage healthy living, and strengthen carers' support so as to minimise illness and disability. This is achieved through 18 Visiting Health Teams (VHT) and 18 Elderly Health Centres (EHC) to tie in with the 18 administrative districts.

243. VHT collaborate with other elderly service providers. They outreach into the community and residential care settings to disseminate information on healthy ageing, offer professional advice to service providers, provide support and training to carers, and provide vaccinations for elderly people living in residential care homes. EHC address the multiple health needs of the elderly by providing preventive, promotional, and curative services to persons aged 65 or above, using a multi-disciplinary team approach involving doctors, nurses, dietitians, clinical psychologists, physiotherapists, and occupational therapists. In 2001, a total of 42,410 elderly were enrolled in EHC, of which 65% were women. Both VHT and EHC conduct health promotion activities which are tailored to the needs of specific target groups. These may be in the form of talks, support groups or skills training, addressing various health problems including those specific to, or more common among women such as "breast and cervical cancer", "osteoporosis", and "urinary incontinence".

Drug Abusers

244. The Department of Health operates an out-patient methadone maintenance as well as detoxification programmes for female and male drug abusers. There are at present 20 methadone clinics in Hong Kong operating daily including Sundays and public holidays. Counselling services at methadone clinics are provided by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA). Methadone clinics thus provide a point of contact to refer patients to other treatment and rehabilitation agencies when necessary.

245. SARDA provides services to both female and male drug abusers. It runs two residential centres for female drug abusers, providing detoxification and rehabilitation programmes to different age groups. Other than counselling, the centres also provide clients with some general education classes and vocational training classes. Another programme is family-oriented for preparing the in-patients to integrate in their families. Parenting skills and household management training are also provided.

246. Family support and general acceptance by society are two important factors for successful attainment of abstinence by drug abusers. Thus, the centres have always encouraged their ex-clients to stay as members of self-help groups for mutual support in maintaining drug-free. To cater for the need of young clients with babies and children, SARDA has provided a separate room in one of the centres for these young mothers. SARDA also plans to employ clinical psychologists to further enhance their services.

247. The Government has accorded priority to providing services to female young drug abusers. Other than the services mentioned above, the Administration and non-governmental organisations have launched a series of measures and services as below:

- (a) Since March 1998, the SWD started to subvent four non-medical voluntary drug treatment and rehabilitation agencies which provide drug treatment and rehabilitation services through a range of programmes such as religious based programmes, peer support, intensive counselling, etc. Among them, Barnabas Charitable Service Association and Operation Dawn Limited provide drug treatment and rehabilitation services for female drug abusers;
- (b) A number of non-subvented non-governmental organisations also operate a variety of drug treatment and rehabilitation programmes for female drug abusers. They include the Wu Oi Christian Centre, St. Stephen's Society, Christian Zheng Sheng Association and the Mission Ark;
- (c) The Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2000-02) coordinated by Narcotics Division stipulates that it is worth developing gender-specific treatment programmes for women. Government departments and non-governmental organisations concerned would actively examine feasible measures to tackle the problem of female young drug abusers;
- (d) Under the subsidy of Beat Drugs Fund, Barnabas Charitable Service Association started the "Sunflower Café", a two-year project to provide gender specific programme for female drug abusers through provision of counselling, group therapy, computer training and

recreation activities etc, since October 2001; and

- (e) As a follow-up to the Report on Review of Methadone Treatment Programme, the Government has allocated additional resources with effect from 2002-03 to SARDA for enhancement of support services for methadone patients, particularly young and female patients.

248. With the above joint efforts of the Government departments and NGOs concerned, the number of female young drug abusers decreased from 1,211 in 2000 to 946 in 2002.