

**GOVERNMENT OF INDIA
WOMEN AND CHILD DEVELOPMENT
LOK SABHA**

UNSTARRED QUESTION NO:751

ANSWERED ON:25.11.2011

WELFARE SCHEMES FOR WOMEN AND CHILDREN IN ASSAM

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Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the children in remote villages of Assam are suffering from malnutrition, illiteracy and various diseases despite various measures taken by her Ministry;

(b) if so, the reasons therefor; and

(c) the remedial steps taken by her Ministry in this regard?

Answer

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI KRISHNA TIRATH)

(a) to (c): As per National Family Health Survey-3, 2005-06, percentage of underweight and anemia in children below the age of 5 years in Assam is 36.4 and 69.9 respectively while it is 37.7 and 70.8 in rural areas of the State. Prevalence of underweight in children in Assam is lower than the national average of 42.5%.

According to 2011 Census, the literacy rate of Assam is 73.18% and that at the national level is 74%. As per District Level Household Survey-3, 2007-08, in Assam, 91.3% of children aged 6 – 17 years are currently attending school, and it is similar for rural areas (91.1%). As for the childhood illness, 12 % of children in Assam suffered from Acute Respiratory Infection (ARI). 41.1% of children suffered from diarrhoea and of these 57.9% of children, have sought treatment. Further, 76.5% of children under the age of 2 months, have received exclusive breastfeeding. 49.8 % of children aged 12-35 months have received at least one dose of Vitamin-A supplementation. 50.7% of children aged 12 – 23 months received full vaccination.

Malnutrition and infections form a vicious cycle as each aggravates the other. The problem of malnutrition is complex, multi-dimensional and inter-generational in nature. The causes are varied and include inadequate consumption of food, frequent infections, lack of availability of safe drinking water and proper sanitation, illiteracy specially in women, poor access to health services, low purchasing power, socio-cultural factors such as early marriages of girls, lack of care during pregnancy and infancy, ignorance about nutritional needs of infants and young children etc.

The Government has accorded priority to the issue of malnutrition and is implementing several schemes /programmes of different Ministries/Departments through State Governments/UT Administrations which directly or indirectly have an impact on the nutritional status of the children. Several of the schemes namely, Integrated Child Development Services (ICDS) Scheme, National Rural Health Mission (NRHM), Mid Day Meal Scheme (MDM), Total Sanitation Campaign (TSC), National Rural Drinking Water Programme (NRDWP) have been expanded in recent years to provide for increased coverage and improved services to the people and the impact of these schemes are likely to be visible after some time.

In Assam, the Integrated Child Development Services (ICDS) Scheme has 56,681 operational AWCs. The beneficiaries of supplementary nutrition have been 27.69 lakh children below 6 years and 5.82 lakh pregnant women and lactating mothers.

Two new schemes have been introduced. Under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)- SABLA which provides a package of services including health and nutrition to adolescent girls in the age group of 11-18 years, 8 districts are covered in the 200 districts for which the scheme is being implemented. Similarly, under the recently approved implementation of 'Indira Gandhi Matritva Sahyog Yojana (IGMSY)' – a Conditional Maternity Benefit (CMB) scheme being implemented in 52 selected districts in the country, two districts of Assam namely, Kamrup and Goalpara are covered.