

Budget allocation

2553. SHRIMATI NAZNIN FARUQUE:

SHRI RITABRATA BANERJEE:

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

(a) the details of steps being taken by Government for the women and child development in the country;

(b) the amount of budget allocated in current/last budget and amount of money that have been spent so far; and

(c) the number of women and children suffering from malnutrition in the country, and the steps that are being taken by government to address the issue?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) Government is implementing various Schemes/programmes for the development of women and children in the country. Details of some major schemes being implemented by Ministry of Women and Child Development is as follows:

- (i) Ministry of Women and Child Development is administering Integrated Child Development Services (ICDS) Scheme which is a centrally sponsored scheme and is being implemented for holistic development of children below 6 years of age and pregnant women and lactating mothers, by providing a package of six services comprising (i) Supplementary nutrition (ii) Pre-school non-formal education (iii) Nutrition and health Education (iv) Immunization (v) Health check-up and (vi) Referral services through Anganwadi Centres at grassroots level.
- (ii) The 'Rajiv Gandhi Scheme for Empowerment of Adolescent Girls' (RGSEAG)—'Sabla', is a Centrally-sponsored scheme which was introduced in the year 2010-11 on a pilot basis. It is being implemented presently in 205 districts from all the States/UTs. Sabla aims at all-round development of adolescent girls of 11-18 years by making them 'self-reliant'. The scheme has two major components: Nutrition and Non Nutrition Component. While the nutrition component aims at improving the health and nutrition status of the adolescent girls the non-nutrition component addresses the developmental needs.
- (iii) Ministry of Women and Child Development is also implementing Indira Gandhi Matritva Sahyog Yojana (IGMSY), a Conditional Cash Transfer (CCT), 100% centrally sponsored scheme for pregnant and lactating (P & L) women is being implemented in 53 selected districts across the country on pilot basis

to improve their health and nutrition status by providing cash incentives upon fulfilment of certain health and nutrition conditions. The scheme addresses short term income support objective with long term objective of behavioral and attitudinal changes. It also attempts to partly compensate for wage loss to P&L women both prior to and after delivery of the child.

(b) The allocation of budget for current/last budget [Budget Estimates (BE) and Revised Estimates (RE)] and expenditure incurred under these major schemes of the Ministry are as under:

Sl. No.	Name of the scheme	Year	Budget allocation (₹ in crore)		Expenditure (₹ in crore)
			BE	RE	
1.	Integrated Child Development Service (ICDS)	2013-14	17700.00	16312.00	16247.79
		2014-15	18195.00	16553.60	15128.77
		(as on 28.2.2015)			
2.	Rajiv Gandhi scheme for Empowerment of Adolescent Girls-Sabla	2013-14	650.00	585.00	602.09
		2014-15	700.00	630.00	617.63
		(as on 28.2.2015)			
3.	Indira Gandhi Matritva Sahyog Yojana-IGMSY	2013-14	500.00	300.00	231.93
		2014-15	400.00	360.00	336.83
		(as on 28.2.2015)			

(c) As per the last National Family Health Survey-3 (NFHS-3), 2005-06, carried out by Ministry of Health & Family Welfare, Government of India, 42.5% of the children under 5 years of age are underweight, 48% are stunted, 19.8% are wasted, and 35.6% of women in age group of 15-49 years have BMI less than 18.5.

The Government has accorded high priority to the issue of malnutrition and is implementing several schemes/programmes of different Ministries/Departments through State Governments/UT Administrations. The schemes/programmes include the ICDS Scheme, National Health Mission, Mid-Day Meal Scheme, Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) namely SABLA, Indira Gandhi Matritva Sahyog Yojna (IGMSY) as direct targeted interventions. Besides, indirect Multi-sectoral interventions include, National Horticulture Mission, National Food Security Act, Mahatma Gandhi National Rural Employment Guarantee Scheme, Total Sanitation

Campaign, National Rural Drinking Water Programme etc. All these schemes have potential to address one or other aspect related to Nutrition. In addition, a Nationwide Information, Education and Communication campaign to generate awareness against malnutrition has been launched since 2012.

Malnutrition deaths in Jharkhand

2554. DR. PRADEEP KUMAR BALMUCHU: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that Malnutrition deaths are in rise among children in Jharkhand state, if so, the details thereof;

(b) whether Government has made any enquiry through National Commission for Protection of Child Rights (NCPCR) to find out the causes of these deaths; and

(c) the findings thereof, and the recommendations made by NCPCR to tackle the situation, measures being adopted by the Government in this regard?

THE MINISTER OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI MANEKA SANJAY GANDHI): (a) As per information received from the State Government of Jharkhand, 85 Malnutrition Treatment Centers are functional in the State, where children with severe malnutrition are treated. During the last two years and the current year, 24 deaths have been reported due to various medical complications and acute malnutrition.

(b) The NCPCR team visited the State during September 2012, based on a complaint alleging cases of deaths of six children in Chaibasa and took up the matter with the District Administration and the State Government.

(c) Some of the findings of NCPCR are issues concerning community based management of malnutrition due to limited role played by the Malnutrition Treatment Centers (MTC), shortage of space and resources at MTCs, no understanding of policy for admitting exclusively breastfeeding children with SAM, no dedicated bed for children, irregular functioning of Anganwadi Centers, etc.

The recommendations made by the NCPCR team to the State Government were for immediate action on various issues such as universalisation of services, growth monitoring, infrastructure for Anganwadi Centres (AWCs) including rent for the private buildings, facility of safe drinking water, need for proper coordination and initiatives from the district level, notification/reminder to be sent to all MTCs for nutritional assessment of the accompanying siblings and mother and to ensure that all children receive 100 days of iron and folic acid at discharge, etc.