

Supply of substitute Medicines to the patients in C.G.H.S. dispensaries

2661. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the CGHS dispensaries mostly provide substitute medicines for the ones prescribed by the medical specialists even to the serious and chronic patients;

(b) whether Government propose to make it compulsory to provide such medicines as are prescribed by the medical specialists at least in the case of patients suffering from serious ailments like heart disease, high blood pressure, diabetes etc.; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) According to the policy of the Government, if the medicines are prescribed by the specialist by brand name, it is not considered necessary to supply the same when medicines with the same generic composition are available in the dispensary. If the medicines with same generic composition are not available in the dispensary, the medicines are procured by brand name on the individual prescription from the authorised local chemists and supplied to the patients.

(b) There is no such proposal under consideration of the Govt. at present.

(c) In view of the position given at (a) above, the question does not arise.

Iron-deficiency anaemia among children and women

2662. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study has been made to find out the level of iron deficiency anaemia in children and women of child bearing age in India;

(b) if so, the reasons thereof and the reasons therefor; and

(c) what steps are being adopted to supplement this iron deficiency to avoid death of such vulnerable children and other foetal complication amongst women of child bearing age?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) As Study was conducted titled "Evaluation of the National Nutritional Anaemia Prophylaxis Programme" in 11 States during 1985-86 by Indian Council of Medical Research (ICMR), which indicated iron deficiency anaemia in 87.6% pregnant women.

Another study by ICMR, titled "Field supplementation trial in pregnant women with 60 mg., 120 mg. of iron with 500 microgram of folic acid" was conducted in 5 States during 1987-89. The study indicated a prevalence of anaemia among pregnant women as 62.1%.

The preliminary findings of another multi centric ICMR study on micro-nutrients deficiency disorders and protein energy malnutrition conducted in 6 States indicate the prevalence Anaemia in pregnant women within the range of 60-97%.

The possible reasons for iron deficiency anaemia are:

1. only 5% of iron from dietary source of plant food is available to the body.
2. prevalence of malaria
3. worm infestation
4. multi-parity, short birth interval
5. lack of awareness.

Under the Family Welfare Prophylaxis programme, 100 tablets of IFA are provided for pregnant women lactating mothers and family planning acceptors, as well as, children below 5 years of age.

Awareness is being promoted about the causes of Iron deficiency anaemia advocating the food based approach for its prevalence through the field unit of the Department of Women and Child Development. The Deptt. of Family Welfare

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