

(c) and (d) So far as Central Public Sector Enterprises (CPSEs) are concerned, they are commercial organizations and mostly set up under the Companies Act, 1956. The functions, requirements and responsibilities of employees of CPSEs differ from the Central Government employees. CPSEs like any other Company are required to follow the Labour Laws including the Maternity Benefit Act, 1961. The Leave Rules for the CPSEs employees including women are being framed by the respective CPSEs with the approval of their Board of Directors.

Regarding Public Sector Banks it is mentioned that the leave rules in banking industry are formulated in terms of Bipartite Settlement/Joint Notes. These Settlements/Joint Notes, the latest being signed on 27.04.2010 for a period of 5 years starting from 01.11.2007, provide that the female employees can take Maternity Leave for a period not exceeding six months on any one occasion and twelve months during the entire period of service. A childless female employee can avail two months leave for legally adopting one child below one year of age till the child reaches the age of one year.

Failure of Anaemia Control Programme

*396.SHRI M.P. ACHUTHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that in comparison to our neighbouring countries the problem of anaemia is very acute in our country;

(b) if so, the details thereof;

(c) whether it is also a fact that India has had an Anaemia Control Programme since the 1970s;

(d) if so, the details thereof;

(e) the reasons for the failure of the Programme; and

(f) the details of further action proposed to be taken to control anaemia, particularly among women and children?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per National Family Health Survey conducted (2005-06) in the country, the prevalence of anaemia among under five age children, pregnant women & ever married women (15-49 years) is 69.5%, 58.7% & 56.1% respectively.

As per World Health Organization (WHO) world wide prevalence of anaemia 1993-2005, the estimate of anaemia in neighboring countries is as follows:

Country	Estimate of anaemia (%)		
	Preschool Children	Pregnant Women	Non-pregnant Women
Bangladesh	47.0	47.0	33.2
Bhutan	80.6	49.6	54.8
China	20.0	28.9	19.9
Nepal	78.0	74.6	66.7
Pakistan	50.9	39.1	27.9
Srilanka	29.9	29.3	31.6

(c) to (f) Anemia is a multi faceted and complex problem which require several multi sectoral interventions. National Nutritional Anaemia Prophylaxis Programme (NNAPP) was started in 1970. The components of the programme were merged under Child Survival & Safe Motherhood (CSSM) in 1992. In 1997, intervention measures to anemia control become a part of Reproductive & Child Health Programme (RCH) and is now a part of National Rural Health Mission (NRHM).

In order to prevent & control anemia among children & women the following measures are taken under the National Rural Health Mission:

- (i) 6 month to 5 years children are provided Iron Folic Acid syrup having 20 mg of elemental iron and 100 mcg of Folic Acid.
- (ii) Children 6-10 years are provided small Iron Folic Acid tablets having 30 mg elemental iron and 250 mcg of Folic Acid.
- (iii) Adolescent are provided Iron Folic Acid tablets similar to that of adults.
- (iv) Pregnant & lactating women are given Iron folic acid tablets having 100 mg of elemental iron and 0.5 mg of Folic Acid for 100 days. Those who have severe anaemia are provided with double doses.
- (v) Health & Nutrition Education to improve over all dietary intakes and promote consumption of iron-folate rich food is being promoted through Village Health & Nutrition Days.

Cess on polluting energy sources

*397.SHRIMATI VASANTHI STANLEY: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state: