

- (b) whether these medicines and medical aids are in use in India; and
- (c) if so, the steps being taken to save patients from use of counterfeit medicines and medical aids?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) The Central Drugs Standard Control Organisation (CDSCO) has informed that it has no information of any recent warning issued by the United States Food and Drugs Administration (USFDA) regarding availability of fake Tamiflu, Alli, surgical mesh and Glucose test strips in that country.

(b) and (c) Such drugs and medical aids are in use in India. There are no reports of availability of fake substitutes of these products in the country.

Difference in selling prices of natural gas

*458 SHRI JAI PRAKASH NARAYAN SINGH : Will the Minister of PETROLEUM AND NATURAL GAS be pleased to state :

- (a) whether it is a fact that under the New Exploration Licensing Policy (NELP) and Coal-Bed-Methane (CBM) contracts, contractors have to sell all natural gas at arm's length prices to the benefit of the parties to the contracts;
- (b) whether natural gas is being sold from nominated blocks of ONGC at a price of \$ 5.25 per mmbtu;
- (c) whether NELP gas is being sold in the same region at only \$ 4.2 per mmbtu; and
- (d) who is liable for the losses being caused to parties because of NELP gas being sold at lower prices?

THE MINISTER OF PETROLEUM AND NATURAL GAS (SHRI S. JAIPAL REDDY) : (a) Under the provisions of the Production Sharing Contracts (PSCs) under New Exploration Licensing Policy (NELP) regime and Coal Bed Methane (CBM) Contracts, the Contractor shall endeavour to sell all Natural Gas and CBM produced and saved from the Contract Area at arms-length prices to the benefit of Parties to the Contract. The Government as per the provisions of NELP and CBM Contracts shall approve the formula or basis on which Natural Gas and CBM Gas prices shall be determined.

(b) Ministry of Petroleum and Natural Gas (MOP & NG)'s vide letter dated 31.05.2010 revised the producer price of APM gas produced by Oil and Natural Gas Corporation Limited (ONGC) and OIL India Limited (OIL) at US \$ 4.2 / Million British Thermal Units (MMBTU) less royalty effective from 01.06.2010. The consumer price for other than North East consumers is as US \$ 4.2 / MMBTU whereas the consumer price for North East consumer is fixed at US \$ 2.52 / MMBTU. The difference between US \$ 4.2 / MMBTU and US \$ 2.52 / MMBTU in respect of North East consumers is given to ONGC and OIL from Government budget. Government has also fixed the price of APM gas for non-APM consumers/non-APM gas in the range of US \$ 4.2 to 5.25 / MMBTU.

(c) Under the NELP regime, currently natural gas is being sold from 2 NELP blocks, namely, KG-DWN-98/3 in East Coast and CB-ONN-2000/2 in Gujarat. The current sale price of gas produced from KG-DWN-98/3 block is US \$ 4.205 / MMBTU and for CB-ONN-2000/2 block it is US \$ 7.03 / MMBTU including royalty.

(d) All the natural gas being produced under PSC regime in NELP is being sold at price discovered by Contractor under the provisions of PSC.

Problem of anaemia among women

*459 SHRI RAJIV PRATAP RUDY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government has been unsuccessful in reducing anaemia among women over the last few years;

(b) if so, the reasons therefor and the number of anaemia-related issues registered, State-wise;

(c) whether Government is taking measures to ensure reduction of anaemia among women; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) The prevalence of anemia among women aged 15-49 years has increased from 51.8% National Family Health Survey-II (1998-99) to 55.3% NFHS-III (2005-06). Anemia is a multifaceted problem. Besides nutritional factors namely deficiency of iron, folic acid, B₁₂, vitamin C, protein, the other leading issues for anemia are parasitic infections, malaria, physiological conditions namely menstrual cycle in adolescent girls and women up to post menopause, pregnancy and lactation. The other reasons are (i) frequent pregnancies with shorter intervals, (ii) faulty feeding practices and lack of dietary diversification, (iii) illiteracy, (iv) poverty, (v) socio-economic conditions, (vi) poor hygienic conditions, (vii) genetic factor like sickle cell anemia etc. The reasons of anemia are essentially common to all the States.

(c) and (d) In order to make a dent in prevention and control of anemia, the Government has adopted life cycle approach by providing iron and folic acid tablets having 100 mg of elemental iron and 0.5 mg of Folic Acid for at least 100 days to Pregnant women and Lactating women, iron and folic acid syrup having 20 mg of elemental iron and 100 mcg of Folic Acid per ml of liquid formulation to 6 months to 5 years children, small tablet having 30 mg elemental iron and 250 mcg of folic acid to children 6-10 years. In a newly launched initiative, adolescent girls in Government and Government aided schools and out of school girls of 11-18 years are provided Weekly Iron and Folic Acid Supplementation of adult dose. Further, States/ UTs have been asked to identify and track severely anemic pregnant women at all sub-centres and PHCs for their timely management.