

1	2	3	4
20.	Manipur	0	0
21.	Meghalaya	0	0
22.	Mizoram	0	0
23.	Nagaland	0	0
24.	Orissa	0	0
25.	Puducherry	0	0
26.	Punjab	1	0
27.	Rajasthan	107	12
28.	Tamil Nadu	54	2
29.	Uttarakhand	0	0
30.	Uttar Pradesh	0	0
31.	West Bengal	0	0
CUMULATIVE TOTAL		920	57

Programme to Combat Adolescent Anaemia

2112. SHRI BAISHNAB PARIDA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether it is a fact that adolescent anaemia is fast overtaking the country;
- (b) if so, the details thereof and the reasons therefor;
- (c) the gravity of this illness in the country-side with the reasons therefor;
- (d) whether Government proposes to launch some programme on a weekly basis to address this issue;
- (e) if so, the details thereof; and
- (f) whether it is proposed to launch this programme free of cost ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Adolescent Anaemia has been a long standing problem in India and the country has a high prevalence. However, there has been a 5% decline in incidence of anaemia amongst adolescents between National Family Health Survey (NFHS)-II (1998-99) and National Family Health Survey (NFHS)-III (2005-06).

(b) and (c) The prevalence of anaemia (Haemoglobin value of <12 g% in girls and Haemoglobin value of < 13g% in boys) is high amongst adolescents as per the report of NFHS-III and the National Nutrition Monitoring Bureau Survey.

It is estimated that more than 5 Crores adolescents are anaemic in India.

According to NFHS-III data, over 55% of adolescent boys and girls in the age group of 15-19 years are anaemic. Adolescent girls in particular are more vulnerable to anaemia due to the rapid growth of the body and loss of blood during menstruation. According to NFHS-III, almost 56% of adolescent girls aged 15-19 years suffer from some form of anaemia. Of these, 39% are mildly anaemic while 15% and 2% suffer from moderate and severe anaemia respectively. In India, the highest prevalence of anaemia is reported between the ages 12-13 years, which also coincides with the average age of menarche. With increase in age, the prevalence of anaemia among girls remains almost stagnant, while among boys, the prevalence rate reduces.

The reasons for anaemia amongst adolescents are :

- Growth spurt leading to increased demand of Iron in the body
- Poor dietary intake of Iron
- Worm infestation and high rate of infection
- Increased loss of Iron due to onset of menstruation (in girls)

(d) The Government has decided to implement the Weekly Iron and Folic Acid Supplementation (WIFS) Programme for adolescents.

(e) WIFS Programme is based on the empirical evidence that weekly supplementation of 100mg Iron and 500mg Folic acid is effective in decreasing prevalence of anaemia in adolescent age group.

The programme will be implemented in both rural and urban areas and will cover school going adolescent girls and boys from 6th to 12th class enrolled in government/ government aided/municipal schools through the platform of schools and out of 56 school adolescent girls through the platform of Anganwadi centers.

This programme will cover approximately 13 Crore beneficiaries and will address the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys (10-19 years).

Modalities of implementation are as below :

- Administration of supervised free Weekly Iron-folic Acid Supplements of 100mg elemental iron and 500mg Folic acid to target population.
- Fixed day strategy under which preferably Monday to be declared as “Anaemia Control day” or “WIFS day”.

- Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- Biannual de-worming (Albendazole 400mg), six months apart, for control of helminthes infestation.
- Information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.
- Convergence with key stakeholder Ministries like Ministry of Women and Child Development and Ministry of Human Resource Development.

(f) The programme is free of cost and Iron and Folic Acid deworming tablet, along with testing and counselling services would be provided completely free.

Assessment of NRHM scam in UP

2113. SHRI V. HANUMANTHA RAO : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) the assessed total volume of NRHM scam in Uttar Pradesh (UP);
- (b) the number of people died connected with the scam so far;
- (c) the action taken by Government against people behind the scam; and

(d) the details of preventive measures taken so that such a scam does not happen in other States ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) As per the information made available by CBI, it has registered 5 Preliminary Enquiries (PEs) pursuant to the orders of Hon'ble High Court of Allahabad, Lucknow Bench dated 15.11.2011 "to enquire into irregularities committed in the implementation of NRHM and utilization of funds at various levels in the entire state of U.P. from 2005 onwards till date and to register Regular Cases (RCs) in respect of persons against whom *prima facie* cognizable offences is made out..". During the course of enquiry into the aforesaid 5 PEs, 13 RCs have been registered by CBI so far and out of the same charge sheets have been filed in 3 cases.

In addition, earlier CBI had also re-registered two RCs which were transferred from the State Government, pursuant to the orders of the High Court dated 27.7.2011, which cases are also under investigation.

In view of the same the total volume of NRHM scam in the state of U.P cannot be commented at this stage.

- (b) CBI has no information about the number of people, who died in connection