

account of lower growth in agriculture, industry and the services sector. The slowdown is attributable to both domestic factors as well as the uncertain global economic environment. Among domestic factors, the tightening of monetary policy between March, 2010 and October, 2011 to control inflation, *inter-alia*, resulted in the slowing down of investment and growth, particularly in the industrial sector. Global factors include, in particular, the crisis in the Euro-zone and sluggish growth in several industrialized economies in 2012. Reducing impediments such as delays in obtaining project clearances, clarifying processes for land-acquisition and increasing access to infrastructure are crucial to boost investment and growth. Several steps including the setting up of the Cabinet Committee on Investment (CCI) to fast track large investment projects; strengthening of financial and banking sector; disinvestment in certain Public Sector Undertakings; permitting FDI in areas including multi-brand retail, power exchanges and aviation; fiscal consolidation, etc. have been undertaken to boost investment. The Union Budget 2013-14 has outlined several initiatives to boost investment in infrastructure and industry, that *inter alia* include encouraging Infrastructure Debt Funds, credit enhancement to infrastructure companies, raising the corpus of Rural Infrastructure Development Fund, introduction of investment allowance for new high value investments, etc. These measures would revive market confidence, and restore growth momentum over the medium term.

Challenges posed by anaemia

841. SHRI AVINASH PANDE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware of the challenges posed by anaemia in the country;
- (b) the data with regard to the people suffering from anaemia in the country and average deaths per year;
- (c) whether Government has taken any steps to deal with this challenge;
- (d) if so, the details thereof; and
- (e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) Anaemia is a multifaceted

problem, the commonest causes being nutritional disorders and infections. Nutritional Anaemia is a major contributory factor for maternal mortality and morbidity, foetal loss/ abortions, intra-uterine growth retardation, premature births, still births, low birth weight, and neonatal and infant mortality.

As per National Family Health Survey - III (2005-06), the prevalence of anemia among children (6-59 months), women and men of 15-49 years is 69.5%, 55.3% and 24.2% respectively. State-wise prevalence of anaemia is given in the Statement (See below). Survey data on average number of deaths per year specifically due to anaemia is not available for the country.

(c) to (e) To address the challenges posed by anaemia, under the National Rural Health Mission, the Government of India has taken the following key measures:

- Iron and Folic Acid Supplementation along with management of mild, moderate and severe anaemia in pregnant and lactating women, children from 6 months to 10 years, all adolescent girls in and out of school and adolescent boys in school.
- Steps have been taken by the States for identification and tracking of cases of severe anaemia and their timely management.
- Name based web enabled tracking of mothers and children to provide quality care to them during pregnancy, lactation and childhood.
- Nutrition Counseling of pregnant and lactating women, adolescents etc. by frontline workers e.g. ASHAs, Anganwadi Workers and ANMs to ensure regular intake of Iron Folic Acid, to promote dietary diversification and consumption of iron rich food, to promote exclusive breast feeding in infants for the first six months of life etc.
- Prophylaxis for diagnosis, and treatment of parasitic infestation particularly in children.
- To tackle the problem of anaemia due to malaria in pregnancy, Long Lasting Insecticide Nets (LLINs)/Insecticide Treated Bed Nets (ITBNs) are provided to pregnant women in endemic areas.

Statement*State-wise prevalence of Anemia as per NFHS-III (2005-06)*

Sl. No.	State	Anemia	Anemia	
		Children (6-59 months) %	Women (15-49 yrs) %	Men (15-49 yrs.) %
1	2	3	4	5
1	Andhra Pradesh	70.8	62.9	23.3
2	Assam	69.6	69.5	39.6
3	Arunachal Pradesh	56.9	50.6	28.0
4	Bihar	78.0	67.4	34.3
5	Chhattisgarh	71.2	57.5	27.0
6	Delhi	57.0	44.3	17.8
7	Goa	38.2	38.0	10.4
8	Gujarat	69.7	55.3	22.2
9	Haryana	72.3	56.1	19.2
10	Himachal Pradesh	54.7	42.3	18.9
11	Jammu and Kashmir	58.6	52.1	19.5
12	Jharkhand	70.3	69.5	36.5
13	Karnataka	70.4	51.5	19.1
14	Kerala	44.5	32.8	8.0
15	Madhya Pradesh	74.1	56.0	25.6
16	Maharashtra	63.4	48.4	16.8
17	Manipur	41.1	35.7	11.4
18	Meghalaya	64.4	47.2	36.7
19	Mizoram	44.2	38.6	19.4

1	2	3	4	5
20	Nagaland	N.A.	N.A.	N.A.
21	Odisha	65.0	61.2	33.9
22	Punjab	66.4	38.0	13.6
23	Rajasthan	69.7	53.1	23.6
24	Sikkim	59.2	60.0	25.0
25	Tamil Nadu	64.2	53.2	16.5
26	Tripura	62.9	65.1	35.5
27	Uttar Pradesh	73.9	49.9	24.3
28	Uttaranchal	61.4	55.2	29.2
29	West Bengal	61.0	63.2	32.3
	INDIA	69.5	55.3	24.2

Removing of obstacles in formation of new AIIMS-like institute

842. SHRI RASHEED MASOOD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has taken into consideration the measures to remove difficulties being faced in plan for buildings and equipments of new AIIMS like institutes to be opened;

(b) if so, the details thereof;

(c) if not, whether Government will issue guidelines to take precautions with regard to difficulties being faced by AIIMS, New Delhi so that proposed AIIMS like institutes do not have to face such problems;

(d) if so, by when; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes. Various measures have been taken by Government in this regard Directors, Deputy Directors (Administration), Financial Advisors,