

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UN-STARRED QUESTION NO. 1545
TO BE ANSWERED ON 14th MARCH 2023**

CONCERN OVER ANAEMIA IN PREGNANT WOMEN IN THE COUNTRY

1545: DR KANIMOZHI NVN SOMU:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the World Health Organisation (WHO) has expressed concern over anaemia in pregnant women in the country;
- (b) if so, the details thereof;
- (c) whether Government has ascertained the condition of pregnant women in different parts of the country;
- (d) if so, the details thereof along with the steps taken by Government to deal with the situation, State/ UT-wise; and
- (e) the corrective steps taken by Government to deal with the predicament of anaemia in the country, State/ UT-wise including Tamil Nadu?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) to (e)

Anaemia is a global public health problem that particularly affects young children and pregnant women. WHO estimates that 40% of pregnant women worldwide are anaemic. The prevalence of anaemia among pregnant women as per the National Family Health Survey 5 (2019-21) is 52.2 percent.

Government of India implements Anaemia Mukht Bharat (AMB) strategy under POSHAN Abhiyaan, which is targeted at reducing anaemia in women, children and adolescents in life cycle approach across all States and UTs, including Tamil Nadu. The strategy aims to cover

children 6-59 months, children 5-9 years, adolescents 10-19 years, women of reproductive age (15-49 years), pregnant women and lactating women through newer interventions implemented via robust institutional mechanisms.

The Ministry of Health and Family Welfare also implements Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy as a lifecycle approach under National Health Mission (NHM), to address the health & nutrition related issues of pregnant women in different parts of the country, across all States and UTs, including Tamil Nadu. The details of the steps taken by the Government to address the health and Nutrition related issues of pregnant women including Anaemia are placed at Annexure I.

Details of steps taken to bring down the prevalence of anaemia among women:

1. Prophylactic Iron and Folic Acid Supplementation in six target age groups. The interventions under Anaemia Mukht Bharat strategy for Women of Reproductive Age Group are as follows:

i. Prophylactic Iron Folic Acid Supplementation

Age group	Dose and Regime for IFA supplementation
Women of reproductive age (non-pregnant, non-lactating) 20-49 years	<ul style="list-style-type: none"> Weekly, 1 Iron and Folic Acid tablet Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, red colour All women in the reproductive age group in the pre-conception period and upto the first trimester of the pregnancy are advised to have 400 mcg of Folic Acid tablets, daily
Pregnant women and lactating mothers (0-6 months child)	<ul style="list-style-type: none"> Daily, 1 Iron and Folic Acid tablet starting from the fourth month of pregnancy (that is from the second trimester), continued throughout pregnancy (minimum 180 days during pregnancy) and to be continued for 180 days, post-partum Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, red colour

Note: Prophylaxis with Iron should be withheld in case of acute illness (fever, diarrhoea, pneumonia etc) and in known case of thalassemia major/ history of repeated blood transfusion.

ii. Periodic deworming

Pregnant women and women of reproductive age group are provided services under the strategy through antenatal care clinics /visits/ Village Health Sanitation and Nutrition Days (VHSND) for deworming.

Age group	Dose and regime for deworming
Women of reproductive age (non-pregnant, non-lactating) 20–49 years	Biannual dose of 400 mg albendazole (1 tablet)
Pregnant women	One dose of 400 mg albendazole (1 tablet), after the first trimester, preferably during the second trimester

- iii. Testing and treatment of anaemia, using digital methods and point of care treatment, with special focus on pregnant women.
 - iv. Addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis
 - v. Management of severe anaemia in pregnant women is done by administration of IV Iron Sucrose/Blood transfusion.
 - vi. Convergence and coordination with other line departments and ministries for strengthening implementation
 - vii. Intensified year-round Behaviour Change Communication Campaign for:
 - (a) compliance to IFA and deworming; b) Appropriate Infant and Young Child Feeding (IYCF) with emphasis on adequate and age-appropriate complementary foods for children 6 months and above; c) Increase intake of iron-rich, protein-rich and vitamin C-rich foods; dietary diversification; food fortification; d) Promoting practice of delayed cord clamping.
 - viii. National Centre of Excellence and Advanced Research on Anaemia Control (NCEAR-A) at AIIMS, Delhi in capacity building of health care providers
 - ix. Development of AMB Training Toolkit for capacity building of health care providers in anaemia management and AMB e-Training Modules are developed to facilitate training of the health care providers through virtual platform.
2. Village Health and Nutrition Days and Mother and Child Protection Card are the joint initiative of the Ministries of Health & Family welfare and the Ministry of Woman and Child for addressing the nutrition concerns in children, pregnant women and lactating mothers. Nutrition Education Monthly Village Health Sanitation and Nutrition Days (VHSND) are monthly days held at village level in Anganwadi centre to increase the awareness and bring about desired changes in the dietary practices.
 3. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was introduced to ensure quality antenatal care to pregnant women in the country. Under the campaign, a minimum package of antenatal care services is provided to the beneficiaries on the 9th day of every month at the designated public health facilities to ensure that every pregnant woman receives at least one checkup in the 2nd or 3rd trimester of pregnancy by a doctor.
 - a. During this campaign, trained service providers and ASHA identify and reach out to pregnant women who have not registered for ANC (left out/missed ANC) and also those who have registered but not availed ANC services (dropout) as well as High Risk

pregnant women. It also ensures that not only all pregnant women complete their scheduled ANC visits but also undertake all essential investigation.

- b. This includes ensuring provision of services such as diagnostic, screening for clinical conditions, appropriate management of any existing clinical condition like anaemia, pregnancy induced hypertension, gestational diabetes etc. and proper counselling services.
4. Under **Janani Shishu Suraksha Karyakram (JSSK)**, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables & diet.
5. **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase awareness for Maternal & Child health services, community mobilization as well as to track high risk pregnancies.
6. **MCP Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
7. **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
8. **LaQshya** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
9. **Regular IEC/BCC**: is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.