

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1209
TO BE ANSWERED ON 10th FEBRUARY, 2026**

ANAEMIA IN CHILDREN

1209: MS. SUSHMITA DEV:

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

- (a) whether Government has taken note of findings indicating that over two-thirds of children aged 6–59 months in the country are anaemic, according to the National Indicator Framework Progress Report 2025;
- (b) whether Government has assessed the trend in childhood anaemia levels during the last five years, and the factors contributing to the worsening situation despite implementation of multiple nutrition and health programmes;
- (c) whether the existing nutrition and supplementation schemes have been evaluated for their effectiveness in reducing anaemia among children; and
- (d) the measures currently being implemented to prevent, detect and treat childhood anaemia, particularly among vulnerable groups?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (d) The prevalence of anaemia among children (6-59 months) in the country is 67.1 percent as per the National Family Health Survey 5 (2019-21) and 58.5 percent as per the National Family Health Survey 4 (2015-16).

The Government of India implements Anaemia Mukht Bharat (AMB) strategy across the country to reduce prevalence of anaemia among children and women through implementation of six interventions (Prophylactic Iron and Folic Acid supplementation (IFA Syrup is provided to children 6-59 months), Deworming (in biannual National Deworming Days, children are provided albendazole tablet to prevent Soil transmitted helminths infestation), Intensified Behavioural Change Communication campaign, Testing for anaemia and treatment as per anaemia management protocols, mandatory provision of IFA fortified food in public health programmes and addressing non nutritional causes of anaemia especially malaria, fluorosis and hemoglobinopathies) via robust institutional mechanism.

The proactive measures include digital interventions for testing and tracking, active review and monitoring line listed anaemic beneficiaries, and follow-up by ASHA, ANM at field level, IEC and behaviour change targeted to prevent normalizing anemia and to promote uptake of iron rich foods available locally.

Regular National level reviews, along with supportive supervision visits and Common Review Mission tours of the States/UTs are undertaken to support and strengthen the Nutrition interventions in the States/UTs including anaemia among children.
