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

RAJYA SABHA
UNSTARRED QUESTION NO. 1086
TO BE ANSWERED ON 28TH JULY 2026

ANAEMIA PREVALENCE AMONGST WOMEN FROM MINORITY COMMUNITIES

1086. SMT. RAJATHI:

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

(a) whether Government is aware that the National Family Health Survey (NFHS-5) prevalence of anaemia is higher among women from minority communities with anaemia among Muslim women rising from 48.77% (1999) to 55.56% (2021);
(b) whether Government has taken any specific studies to resolve the problem of anaemia prevalence amongst women from minority communities;
(c) the reasons for not publishing the anaemia prevalence in the NFHS-6 report; and
(d) the manner in which Government plans to address the problem of anaemia without having updated public data?

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

(a) As per National Family Health Survey-5 (NFHS-5, 2019-21), the prevalence of anaemia is 57.0 percent among all women aged 15-49 years across the country. The prevalence of anaemia among Muslim women aged 15-49 years is 55.6 percent as per NFHS-5 (2019-21) and 49.6 percent as per NFHS-2 (1998-99).

(b) The Development Monitoring and Evaluation Office (DMEO), NITI Aayog in their 'Evaluation Study of CSS Schemes of Health Sector' conducted in September 2025, emphasized the need for targeted strategies to improve adherence to Iron and Folic Acid (IFA) consumption, among all women especially those with high prevalence of anaemia, supported by IT enabled tracking of anaemia.

(c) As per the Indian Council for Medical Research (ICMR), haemoglobin estimation was not included in NFHS-6 due to concerns regarding the reliability and comparability of anaemia estimates generated using capillary blood samples. However, updated information

on anaemia prevalence is expected to be available from the ICMR Survey of Diet and Biomarkers in India (SAMPADA- Survey for Assessment of Markers of Population Health Activity, Diet and Anthropometry), which uses venous blood collection and gold standard autoanalyzer for estimation of hemoglobin.

(d) The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes specific evidence based interventions to address the problem of anemia women and children across the country, as placed below:

- **Anemia Mukt Bharat Abhiyaan:** The Government of India has recently released the Anemia Mukt Bharat Abhiyaan –Operational guidelines during the 16th Central Council of Health and Family Welfare (CCHFW) meeting on 29th June 2026 to address the high prevalence of anemia through a 7X7X7 strategy, moving ahead from the older 6X6X6 strategy of Anemia Mukt Bharat programme.

  The seven beneficiary groups are low birth weight babies (0-6 months), children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (20-49 years) in a life cycle approach .The seven interventions include Prophylactic Iron and Folic Acid Supplementation; Testing of anemia; Therapeutic management of anemia as per anemia management protocols; Deworming and Delayed Cord Clamping; Jan Bhagidari- communication approach to counteract normalised perception of anemia and improve compliance to IFA supplementation; Addressing non-nutritional causes of anemia and Eating Right strategy to promote consumption of locally available iron rich food and diet diversification. These interventions are implemented via seven robust institutional mechanisms- Intra-Ministerial coordination; National Centre of Excellence and Advanced Research on Anemia; National AMB Abhiyaan Unit; Strengthening supply chain and logistics; Convergence with other Ministries; Anemia Mukt Bharat Abhiyaan Portal and Digital Framework for monitoring through T4 approach.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Moderate and Severe Acute Malnutrition with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices.
- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **Lactation Management Centres:** Comprehensive Lactation Management Centres (CLMC) are facilities established to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility

for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.

- Under **National Deworming Day (NDD)** albendazole tablets are administered to children in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation.
- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care including nutrition.

*****