

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3979  
TO BE ANSWERED ON 24<sup>TH</sup> MARCH, 2023**

**ANAEMIC WOMEN AND CHILDREN**

**3979. SHRI HASNAIN MASOODI:**

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

(a) the steps being taken by the Government to tackle the situation of rise in percentage of anaemic children between the age group of 6-59 months from 53 percent in (NFHS-4, 2015-16) to 73 percent in (NFHS-5, 2019-21) in J&K;

(b) whether the Government has identified High Priority Districts (HPDs) in Jammu and Kashmir to prioritize the reproductive health of women and children against anaemia;

(c) if so, the details thereof and if not, the reasons therefor;

(d) whether the Government has taken steps for the reduction in the total number of anaemia cases in India by the end of 2024 and if so, the details thereof; and

(e) the details on the age specific Government interventions for the reduction in anaemia among women and children in the country, State/UT-wise?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE**

**(DR. BHARATI PRAVIN PAWAR)**

(a)

In 2018, the Government of India launched the Anaemia Mukht Bharat (AMB) strategy to reduce prevalence of anaemia in women, children and adolescents through life cycle approach. The 6X6X6 strategy aims to reduce anaemia among six beneficiaries age groups through implementation of six interventions and six institutional mechanisms. The UT of Jammu and Kashmir is implementing Anaemia Mukht Bharat strategy as per GOI guidelines.

(b) and (c)

In the UT of Jammu and Kashmir, all Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) services are provided across all the districts. Further, two aspirational districts (Kupwara district and Baramulla district) are identified under the Aspirational District programme to prioritize the reproductive health of women and children, including anaemia.

(d) and (e)

The steps taken by Government including the age specific interventions for reduction in anaemia among women and children across the country are provided at Annexure I.

**Steps taken by the Ministry of Health and Family Welfare for reduction in anaemia  
among women and children across the country**

i. Prophylactic Iron Folic Acid Supplementation to all six beneficiaries age group

<b>Age group</b>	<b>Dose and Regime for IFA supplementation</b>
6 – 59 months of age	<ul style="list-style-type: none"> <li>• Biweekly, 1 ml Iron and Folic Acid syrup</li> <li>• Each ml of Iron and Folic Acid syrup containing 20 mg elemental Iron + 100 mcg of Folic Acid</li> </ul>
5- 10 years children	<ul style="list-style-type: none"> <li>• Weekly, 1 Iron and Folic Acid tablet</li> <li>• Each tablet containing 45 mg elemental Iron + 400 mcg Folic Acid, sugar-coated, pink colour</li> </ul>
School going adolescent girls and boys, 10-19 years of age and Out of school adolescent girls 10-19 years age	<ul style="list-style-type: none"> <li>• Weekly, 1 Iron and Folic Acid tablet</li> <li>• Each tablet containing 60 mg elemental iron + 500 mcg Folic Acid, sugar-coated, blue colour</li> </ul>
Women of reproductive age (non-pregnant, non-lactating) 20-49 years	<ul style="list-style-type: none"> <li>• Weekly, 1 Iron and Folic Acid tablet</li> <li>• Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, red colour</li> <li>• 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</li> </ul>
Pregnant women and lactating mothers (0-6 months child)	<ul style="list-style-type: none"> <li>• 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</li> <li>• Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, red colour</li> </ul>

ii. Periodic deworming

- MoHFW is implementing National Deworming Day (NDD) programme under which biannual mass deworming for children and adolescents in age group 1-19 years is carried on designated dates – 10<sup>th</sup> February and 10<sup>th</sup> August every year
  - Pregnant women are provided services under the strategy through antenatal care contacts (ANC clinics/ VHND) for deworming (in the second trimester)
- iii. Intensified year-round Behaviour Change Communication (BCC) Campaign for compliance to IFA and deworming; Appropriate Infant and Young Child Feeding (IYCF); Increase intake of iron-rich, protein-rich and vitamin C-rich foods; dietary diversification
  - iv. Testing and Treatment of anemia using digital methods (Digital Invasive Haemoglobinometer) in field settings, Sub Health Centres, Health and Wellness Centres; and Semi-auto analyzer in health facilities PHC and above; and point of care treatment. Anaemia Management protocols to be followed are mentioned in Operational Guidelines for Anaemia Mukht Bharat
  - v. Management of severe anaemia in pregnant women by administration of IV Iron Sucrose/ Blood transfusion
  - vi. Providing incentives to ASHA for identification and follow-up of high risk pregnancies including severe anaemia in pregnant women
  - vii. Provision of IFA fortified food in government funded public health programmes
  - viii. Addressing non-nutritional causes of anaemia in endemic pockets with special focus on malaria, hemoglobinopathies and fluorosis
  - ix. Strengthening supply chain management of Iron and Folic Acid supplements
  - x. Convergence and coordination with other line departments and ministries for strengthening implementation
  - xi. National Centre of Excellence and Advanced Research on Anaemia Control (NCEAR-A) at AIIMS, Delhi engaged in capacity building of health care providers and development of training toolkit.

\*\*\*\*\*