

GOVERNMENT OF INDIA  
MINISTRY OF WOMEN & CHILD DEVELOPMENT

**LOK SABHA**  
**UNSTARRED QUESTION NO. 442**  
TO BE ANSWERED ON 03.02.2023

**ANAEMIA IN PREGNANT WOMEN**

442. SHRIMATI KESHARI DEVI PATEL:  
SHRI OMPRAKASH BHUPALSINH ALIAS PAWAN RAJENIMBALKAR:  
SHRI SANJAY JADHAV:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

- (a) the steps taken by the Government to improve the health of mother and child including improvement in nutrition index of NITI Aayog;
- (b) whether a large number of women including pregnant women of Osmanabad and Parbhani districts of Maharashtra and Phulpur of Uttar Pradesh are suffering from anaemia, if so, the immediate steps taken by the Government to eradicate the same; and
- (c) the other steps being taken by the Government to control the rate of mortality of women and children?

**ANSWER**

MINISTER OF WOMEN AND CHILD DEVELOPMENT  
(SHRIMATI SMRITI ZUBIN IRANI)

(a) As per inputs received from Niti Aayog, it does not have a Nutrition Index. However, Government has accorded high priority to improve the nutritional status of maternal and child health in the country. POSHAN Abhiyaan was launched on 8<sup>th</sup> March 2018 with an aim to achieve improvement in nutritional status of Children under 6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner by adopting a synergised and result oriented approach. POSHAN Abhiyaan addresses malnutrition issues across the nation through components like ICT Application, Convergence, Community Mobilization, Behavioural Change & Jan Andolan, Capacity Building, Incentives and Awards, and Innovations. The Abhiyaan has been rolled out in all the 36 States/UTs covering all the districts across the country.

Further, Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0), an integrated nutrition support programme includes key schemes such as Poshan Abhiyan, Anganwadi Services, Supplementary Nutrition Programme and Scheme for Adolescent Girls. It seeks to strengthen nutritional content, delivery, outreach and outcomes with focus on developing practices that nurture health, wellness and immunity to disease and malnutrition. Steps have been taken to improve nutritional quality and testing in accredited labs, strengthen delivery and leverage technology under Poshan Tracker to improve governance. States/UTs have been advised to promote use of AYUSH systems for prevention of malnutrition and related diseases. Guidelines of Mission Poshan 2.0 support development of Poshan Vatikas at

Anganwadi Centres to meet dietary diversity gap leveraging traditional knowledge in nutritional practices. Streamlined Guidelines were issued for transparency and accountability in delivery of supplementary nutrition and to track nutritional outcomes on 13.01.2021.

(b) As per NFHS-5 (2019-21), the number of women including pregnant women of Osmanabad and Parbhani districts of Maharashtra and Prayagraj district including Phulpur of Uttar Pradesh suffering from anemia is as follows:

S.No.	State	District	% of all women (age 15-49 yrs) who are anaemic (<11.0 g/dl)	% of pregnant women (age 15-49 yrs) who are anaemic (<11.0 g/dl)
1.	Maharashtra	Osmanabad	49.1	44.4
		Parbhani	58.8	48.0
2.	Uttar Pradesh	Prayagraj district including Phulpur	46.4	43.0

POSHAN Abhiyaan is a programmatic approach in addressing the life cycle issues of malnutrition. Reduction of anemia is one of the important objectives of the POSHAN Abhiyaan in convergence with key Ministries/ Departments, mainly Ministry of Health & Family Welfare (MoH&FW). A range of efforts are underway to improve the integration of nutrition interventions into the existing health platforms through various strategic measures. As part of its comprehensive strategy to tackle anemia, Government of India has included staple food fortification from central ministries for schemes/programs in multiple States. To reduce the malnutrition and anemia in women and children arising due to deficiency of micro nutrients like Iron, Folic Acid and Vitamin B-12, under Supplementary Nutrition Programme of Anganwadi Services, Fortified Rice was allocated to 21 States/UTs during the 2nd quarter of FY 2021-22. From the 3rd quarter of FY 2021-22 onwards, only Fortified Rice is being allocated to all the State/UTs. So far, this Ministry has allocated 731962 MTs of Fortified Rice in FY 2021-22 and 938207 MTs of Fortified rice up to third quarter of FY 2022-23 to all States/UTs.

Further, greater emphasis is being given on the use of millets for preparation of Hot Cooked Meal and Take Home rations (not raw ration) at Anganwadi Centres for Pregnant Women, Lactating Mothers and Children below 6 years of age, as millets have high nutrient content which includes protein, essential fatty acid, dietary fibre, B-Vitamins, minerals such as calcium, iron, zinc, folic acid and other micro-nutrients thus helping to tackle anemia and other micro-nutrient deficiencies common among women and children.

Under POSHAN Abhiyaan, efforts are also being made to strengthen processes for community engagement, empowerment of beneficiaries and behavioural change towards better nutrition for which the Abhiyaan provides a platform for organizing Community Based Events (CBEs) in Anganwadi Centres. Under Community Based Events, messages related to public health for improvement of nutrition and to reduce illness, prevention of anemia, importance of nutritious food, diet diversity etc. are being conducted. Many States/UTs have developed indigenous best practices like use of iron utensils for cooking to reduce iron deficiency, integrating Ayurveda products and formulations with supplementary nutrition etc.

Further, the Government of India has launched Anemia Mukht Bharat (AMB) under Ministry of Health and Family Welfare, with the target to reduce anemia in women, children and adolescents in life cycle approach. The 6x6x6 strategy under AMB implies six age groups, six interventions and six institutional mechanisms. The six interventions under Anemia Mukht Bharat strategy include, Prophylactic Iron Folic Acid Supplementation, Periodic de-worming, Testing and treatment of anemia, using digital methods and point of care treatment, etc.

(c) This Ministry is implementing the Pradhan Mantri Matru Vandana Yojana (PMMVY) with effect from 1st January 2017. As part of Mission Shakti, under PMMVY cash incentive is provided to improve health seeking behaviour amongst Pregnant Women. Under the scheme, maternity benefits of Rs.5,000/- is provided in two installments to expectant mothers and for the second child, (if girl), Rs 6000 in a single installment is provided.

As informed by Ministry of Health and Family Welfare, the steps taken by the Government of India to improve maternal health and to control the rate of mortality of pregnant women are:

- **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.
- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- 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
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.
- **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.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Reproductive and child health (RCH) portal** is a name-based web-enabled tracking system for pregnant women and new born so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and post-natal care.
- **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.
- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women.

Further, Ministry of Health and Family Welfare has also informed that Government of India has taken following steps to improve child health, check child mortality rate and provide easily accessible treatment:

- **Facility Based New-born Care:** Sick New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- **Mothers' Absolute Affection (MAA):** Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented for reduction of childhood morbidity and mortality due to Pneumonia.
- **Universal Immunization Programme (UIP)** is implemented to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination is rolled out in the country for prevention of Rota-viral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) is introduced in all the States and UTs.
- **Rashtriya Bal Swasthya Karyakaram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakaram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to treat and manage the children with Severe Acute Malnutrition (SAM) admitted with medical complications.
- **Intensified Diarrhoea Control Fortnight initiative** is implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.

As a result of Government interventions, there has been significant reduction in Maternal Mortality Ratio from 130 in 2014-16 to 97 per lakh live births in 2018-20. The Infant Mortality Rate (IMR) has also registered significant decline from 39 per 1000 live births in 2014 to 28 per 1000 live births in 2020.

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