

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

**LOK SABHA  
UNSTARRED QUESTION NO. 3031  
TO BE ANSWERED ON 9<sup>TH</sup> AUGUST 2024**

**‘PREVALENCE OF ANAEMIA’**

**3031 SHRI B K PARTHASARATHI:  
SHRI LAVU SRI KRISHNA DEVARAYALU:  
SHRI KESINENI SIVANATH:  
SHRI RAJIV PRATAP RUDY:**

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

- (a) the data on prevalence of anaemia among women, especially pregnant women, children and adolescents during the last five years in the country including Andhra Pradesh and Bihar, State/UT, district, year, gender and age-wise;
- (b) whether the Government has ascertained the health condition of pregnant women and if so, the details thereof;
- (c) whether poverty is the main cause of anaemia in the country and if so, the details thereof;
- (d) the current status and rank of Andhra Pradesh in the Anaemia Mukht Bharat Index and State’s performance as compared to other States along with the key indicators used to measure progress under this index;
- (e) the details of fund allocated and utilized along with the specific measures and initiatives/schemes undertaken by the Government to address and reduce the prevalence of anaemia in Andhra Pradesh and the impact thereof; and
- (f) the details of surveys or studies conducted to evaluate the effectiveness of anaemia prevention and treatment programmes in Andhra Pradesh along with key findings and subsequent action taken based on these evaluations?

**ANSWER**

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

(a) to (f) The National Family Health Survey 5 (2019-21) provides the data on prevalence of anaemia among children, adolescents and women. The State/UT-wise prevalence of anaemia among Children 6-59 months, adolscent 15-19 years and pregnant women across the country including the State of Andhra Pradesh and the State of Bihar, is placed at **Annexure I**. The district wise prevalence of anemia can be assessed through District factsheets available at [https://rchiips.org/nfhs/districtfactsheet\\_NFHS-5.shtml](https://rchiips.org/nfhs/districtfactsheet_NFHS-5.shtml).

The Government has ascertained the health condition of pregnant women in the country and under National Health Mission (NHM), the Government of India has undertaken the several measures and initiative/schemes to provide maternal health services including the reduction of prevalence of anaemia among the pregnant and post-natal mothers throughout the country including the State of Andhra Pradesh, which are placed at **Annexure II**.

As per the WHO report on Global Prevalence of Anaemia 2011, 50% cases of anaemia are attributed to the iron deficiency. Other causes of anaemia include other micronutrient deficiencies (e.g. folate, riboflavin, Vit-A and B-12), acute and chronic infections (e.g. malaria, cancer, tuberculosis, parasitic infections and HIV), and inherited or acquired disorders that affect haemoglobin synthesis (e.g. haemoglobinopathies).

The Anaemia Mukht Bharat Index is based on the selected five key performance indicators (Iron Folic Acid supplementation provided to Children 6 months to 59 months, Children 5-9 years, Adolescent 10-19 years, Pregnant women and Lactating women). The status and rank of the States including Andhra Pradesh in the Anaemia Mukht Bharat Index for the FY 2023-24 is placed at **Annexure III**.

The State of Andhra Pradesh had been accorded the amount of Rs 8570.74 Lakhs under Anaemia Mukht Bharat programme for the FY 2023-24 and utilization of Rs 6896.00 Lakhs has been reported for FY 2023-24 (Source: NHM-Finance).

The details of the Initiatives/schemes undertaken by the Government to address the problem of anaemia across the country including Andhra Pradesh are:

1. Anaemia Mukht Bharat (AMB) program is implemented to reduce the prevalence of anaemia in children, adolescents and women in life cycle approach. The interventions are as follows:
  - Prophylactic IFA Supplementation in all six target age groups.
  - Periodic deworming
  - Testing of anaemia using Digital invasive Hemoglobinometers and Point of Care Treatment
  - Addressing non nutritional causes of anaemia
  - Provision of Iron fortified food in public health programmes

- Intensified year-round Behaviour Change Communication (BCC) Campaign for improving compliance to IFA supplementation , deworming, enhancing appropriate infant and young child feeding practices, encouraging increase in intake of iron-rich food through diet diversity/quantity/frequency and/or fortified foods with focus on harnessing locally available resources
2. Further, to combat anaemia, the Government is supplying fortified rice (enriched with iron, folic acid and vitamin B12) through Targeted Public Distribution System (TPDS), Pradhan Mantri Poshan Shakti Nirman (PM-POSHAN) Scheme, Integrated Child Development Services (ICDS) Scheme and in Other Welfare Schemes (OWS) in all States and Union Territories.

The Government of Andhra Pradesh is complying with AMB strategy implementation along with State initiatives such as Consistent Rhythm approach, Sampoorna Poshan Plus+ scheme to reduce the prevalence of anaemia. The details of steps undertaken by the State of Andhra Pradesh are placed at **Annexure IV**. As per the State App- ANM Health App – Anaemia monitoring tool, the analysis of the screening data showed that the anaemia in Pregnant Women is 37.86 percent and among adolescent girls is 50.47 percent in the State of Andhra Pradesh.

Annexure referred to in reply to parts (a) to (f) of Lok Sabha Unstarred Question No. 3031 for answer on 09.08.2024

Annexure I

State/UT wise prevalence of anemia among beneficiaries across the country (Source: NFHS 5 (2019-21))

States/UTs	Children age 6-59 months who are anaemic (%)	Women age 15-19 years who are anaemic (%)	Pregnant women age 15-49 years who are anaemic (%)
Andhra Pradesh	63.2	60.1	53.7
A&N Islands	40.0	44.9	53.7
Arunachal Pradesh	56.6	48.5	27.9
Assam	68.4	67.0	54.2
Bihar	69.4	65.7	63.1
Chandigarh	54.6	57.7	*
Chhattisgarh	67.2	61.4	51.8
DND & DD	75.8	63.9	60.7
Goa	53.2	44.5	41.0
Gujarat	79.7	69.0	62.6
Haryana	70.4	62.3	56.5
Himachal Pradesh	55.4	53.2	42.2
Jammu & Kashmir	72.7	76.2	44.1
Jharkhand	67.5	65.8	56.8
Karnataka	65.5	49.4	45.7
Kerala	39.4	32.5	31.4
Ladakh	92.5	96.9	78.1
Lakshadweep	43.1	31.4	20.9
Madhya Pradesh	72.7	58.1	52.9
Maharashtra	68.9	57.2	45.7
Manipur	42.8	27.9	32.4
Meghalaya	45.1	52.5	45.0
Mizoram	46.4	34.9	34.0
Nagaland	42.7	33.9	22.2
NCT Delhi	69.2	51.6	42.2
Odisha	64.2	65.5	61.8
Puducherry	64.0	58.4	42.5
Punjab	71.1	60.3	51.7
Rajasthan	71.5	59.4	46.3
Sikkim	56.4	46.7	40.7
Tamil Nadu	57.4	52.9	48.3
Telangana	70.0	64.7	53.2
Tripura	64.3	67.9	61.5
Uttar Pradesh	66.4	52.9	45.9
Uttarakhand	58.8	40.9	46.4
West Bengal	69.0	70.8	62.3

**Annexure referred to in reply to parts (a) to (f) of Lok Sabha Unstarred Question No. 3031 for answer on 09.08.2024**

**Annexure II**

**Measures and Initiatives/Schemes undertaken to reduce the prevalence of anaemia**

Several measures and initiative/schemes to provide maternal health services including the reduction of prevalence of anaemia among the pregnant and post natal mothers throughout the country including the State of Andhra Pradesh, are as follows:

- 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 Shishu Suraksha Karyakram (JSSK) entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables and diet.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost assured and quality antenatal care (ANC) check up by a Specialist/Medical Officer on the 9th day of every month, to detect and treat cases of anaemia and other high risk pregnancies.
- Extended PMSMA strategy ensures quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of financial incentivization for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.
- Optimizing Postnatal Care aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- Monthly Village Health, Sanitation and Nutrition Day (VHSND) an outreach activity at Anganwadi centres ensures provision of maternal and childcare including nutrition in convergence with the ICDS.
- Anaemia Mukht Bharat - Iron and Folic Acid (IFA) supplementation and Deworming – One IFA tablet each day for 6 month period is given to pregnant women after 1<sup>st</sup> trimester

and to post-natal mothers after delivery for prevention of anaemia and single dose of albendazole tablet (400 mg) is distributed to pregnant women during second trimester to reduce the incidence of anemia.

- 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 the Maternal and Child health services, community mobilization as well as to track high risk pregnancies.
- Infrastructure strengthening by functionalization of First Referral Units (FRUs) through ensuring manpower, blood storage units and referral linkages. Operationalization of Maternal and Child Health (MCH) Wings, Obstetrics High Dependency Units (HDU) and Intensive Care Units (ICU) in high case load tertiary care facilities across the country to handle complicated pregnancy.
- Mother and Child Protection (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.
- Regular Information Education and Communication campaigns are conducted 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.

Annexure referred to in reply to parts (a) to (f) of Lok Sabha Unstarred Question No. 3031 for answer on 09.08.2024

Annexure III

Iron and Folic Acid (IFA) coverage (in percentage) across the States

(Source: HMIS, April 2023 to March 2024, data as on 15th April 2024)

State	Children (6-59 months)	Children (5-9 years)	Adolescent (10-19 years)	Pregnant women	Lactating mothers	AMB Index	Rank (2023-24)
Andhra Pradesh	84.5	95.0	95.0	95.0	86.1	91.1	1
Chhattisgarh	86.1	95.0	95.0	95.0	79.8	90.2	2
Tamil Nadu	89.8	95.0	94.3	95.0	61.9	87.2	3
Gujarat	63.8	84.1	84.0	95.0	95.0	84.4	4
Odisha	71.2	79.1	95.0	95.0	81.1	84.3	5
Goa	50.2	95.0	94.9	95.0	80.6	83.1	6
Telangana	57.6	95.0	88.5	95.0	78.3	82.9	7
Madhya Pradesh	67.1	91.9	85.5	95.0	65.5	81.0	8
Jharkhand	67.0	61.7	85.6	92.4	76.2	76.6	9
Haryana	76.9	59.4	83.7	95.0	59.7	74.9	10
Assam	31.0	71.5	71.1	95.0	65.4	66.8	11
Sikkim	21.2	49.7	79.7	93.4	89.3	66.7	12
West Bengal	54.3	24.3	41.6	95.0	92.3	61.5	13
Uttarakhand	31.4	62.1	30.4	95.0	64.6	56.7	14
Rajasthan	45.1	25.9	35.9	95.0	79.7	56.3	15
Mizoram	4.7	35.7	95.0	81.5	64.6	56.3	16
Karnataka	84.8	5.0	2.2	95.0	88.3	55.1	17
Punjab	22.7	60.1	57.8	72.8	49.4	52.6	18
Uttar Pradesh	1.5	52.6	60.3	95.0	46.8	51.2	19
Himachal Pradesh	55.8	5.4	29.4	89.7	72.1	50.5	20
Kerala	10.2	30.5	7.1	95.0	61.8	40.9	21
Bihar	10.8	14.4	30.6	90.8	51.4	39.6	22
Tripura	14.1	16.0	12.5	95.0	58.6	39.2	23
Maharashtra	14.9	8.4	3.4	95.0	61.9	36.7	24
Arunachal Pradesh	0.3	4.3	28.6	91.5	57.4	36.4	25
Meghalaya	3.5	0.6	19.6	68.6	64.2	31.3	26
Nagaland	1.2	1.6	15.8	71.7	42.4	26.5	27
Manipur	3.1	17.9	11.3	46.4	33.6	22.5	28

**Annexure referred to in reply to parts (a) to (f) of Lok Sabha Unstarred Question No. 3031 for answer on 09.08.2024**

**Annexure IV**

**Details of steps undertaken by the State of Andhra Pradesh to reduce the prevalence of anaemia (as provided by State of Andhra Pradesh)**

The State of Andhra Pradesh is complying with AMB strategy on six key interventions which are as follows:

- Prophylactic Iron and Folic Acid supplementation
- Deworming
- Intensified year-round behavior change communication campaign and ensuring delayed cord clamping at all Delivery points.
- Testing of anemia using digital methods and point of care treatment.
- Mandatory provision of iron and folic acid fortified foods in public health programs at AWC and Mid-Day Meals at Schools.
- Intensifying awareness, screening, and treatment of non-nutritional causes of anemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis.

The Anaemia Mukta Bharat strategy is being implemented in all villages, Mandals, and districts & States.

Apart from the above interventions, the state is taking the following below actions to reduce the prevalence of anaemia:

- Andhra Pradesh has adopted Consistent Rhythm approach to achieve synergy between Health, Medical & Family Welfare Department, Women and Child Welfare Department, Education Department, and Village and Ward Secretariat Department in elimination of anemia and achieving the SDG of decreasing % of pregnant women and adolescent girls who are anemic and to develop a “Surveillance, Information, Response, Analysis” (SIRA) framework for achieving the same. The “Consistent Rhythms” is implemented through ANM AP Health APP by the AP Health and Family Welfare Department.
- All Pregnant women are being tested every month.
- The line list of anemic pregnant women data is shared to the WCD department, further the Anganwadi centers supply nutritional supplementation.
- Supplementary nutrition for all pregnant women, lactating mothers, children through Anganwadi Centers.



- Sampoorna Poshana Plus+ Scheme is being implemented in Scheduled and Tribal Sub Plan Mandals for Pregnant women and lactating mothers. Also, it is given to all **Moderate and Severe anaemic Pregnant Women** across the state.
- Sampoorna Poshana Scheme is implemented for all the pregnant women in the State.
- In the State, the fortified rice is incorporated in mid-day meal and anganwadi centers, public distribution system.
- The State is implementing “Family Doctor Programme” wherein the Medical Officer visits the Village Health Clinics every 15 days. During these visits the details of pregnant women with anaemia shared with Family Doctor. Based on the severity of anaemia, they provide advice and interventions to address the condition effectively and referral to higher centre for treatment needed i.e., Iron sucrose or blood transfusion.
- Blood Transfusion referrals are being done through Medical Officers to Higher centres where blood transfusion services are available.
- Under Thalli bidda express/Other source of vehicle, separate transport arrangement has been made for blood transfusion and Iron sucrose Injections.
- Details of anaemic adolescent girls are being shared in Family Doctor App.
- All adolescent girls are being tested (Schools, Colleges, Intermediate, ITI, Technical Institutions and Higher Educations (10-19yrs)) for anaemia and adolescent boys are being tested.
- All the students in the schools are provided Weekly Iron folic supplementation under the supervision of their teachers, school health Ambassador and ANM under WIFS program. ANM ensures availability of IFA tablets in the schools.
- For all severe anaemic identified children, the data of these children is shared with Education department through ANM Health app to ensure nutrition food & ensuring consumption of 2 IFA tablets for three months after mid-day meal by school teachers. Ragi Malt was added to the MDM along with ongoing day wise menu.