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

LOK SABHA
UNSTARRED QUESTION NO. 2226
TO BE ANSWERED ON 31ST JULY 2026

PREVALENCE OF ANAEMIA AND MALNUTRITION IN WOMEN

†2226. SHRI RAJKUMAR ROAT:

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

(a) whether it is a fact that the prevalence of anaemia and malnutrition among pregnant women in tribal-dominated areas of Rajasthan is extremely severe and out of 10,175 pregnant women screened in Dungarpur District during April, 2025 to February, 2026, approximately 7,000 were found to be anaemic;

(b) if so, the details of the cases of anaemic pregnant women in tribal-dominated areas during the last five years, year-wise;

(c) whether it is a fact that out of 4,584 units of blood issued at the Dungarpur District hospital

during the said period, 2,544 units had to be transfused to pregnant women, if so, the details thereof and the reasons therefor along with the factors behind the situation despite the ongoing

POSHAN Abhiyan and Iron-Folic Acid (IFA) programme;

(d) whether the Government proposes to implement a special action plan for the prevention of anaemia and malnutrition among pregnant women in tribal-dominated districts; and

(e) if so, the details thereof and if not, the reasons therefor?

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

(a) to (c) As per National Family Health Survey-5 (NFHS-5, 2019-21), the prevalence of anaemia among pregnant women is 46.3 percent and among Schedule Tribe women aged 15-49 years is 61.6 percent in the State of Rajasthan. The prevalence of anaemia among all women aged 15-49 years is 72.6 percent in the district Dungarpur and 54.4 percent in the State of Rajasthan as per NFHS-5 (2019-21).

As per the information received from the State of Rajasthan, during April 2025 to February 2026, a total of 34,304 pregnant women were screened in Dungarpur district. Out of these, 3,152 women were found to have severe anaemia (Hb below 7 g/dl). During the same period**,** 5,390 units of blood and blood components were supplied by the Government Medical College and Associated Hospital, Dungarpur. Out of these, 1,662 units were used for blood transfusion to manage severe anaemia among pregnant women.

(d) and (e) As per information received from the State of Rajasthan, Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is organized on the 9th, 18th and 27th of every month, and Shakti Diwas every Tuesday, and Mother Child Health and Nutrition (MCHN) Day every Thursday to improve maternal health.

The Government of India provides support to the States for the implementation of various schemes/initiatives to improve maternal health outcomes among pregnant women across the country, including the tribal-dominated districts, key amongst which are as follows:

- **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 anaemia through a 7X7X7 strategy, moving ahead from the older 6X6X6 strategy of Anemia Mukt Bharat programme to reduce anemia with focused attention among seven beneficiaries age groups through implementation of seven interventions supported by seven institutional mechanisms.

The pregnant women are provided Prophylactic Iron and Folic Acid Supplementation; Testing of anaemia at every ANC visit; Therapeutic management of anaemia (oral IFA tablets, Intravenous Iron, Blood transfusion) as per anemia management protocols; Deworming among second trimester, Jan Bhagidari- communication approach to counteract normalised perception of anemia and improve compliance to IFA supplementation; Eating Right strategy to promote consumption of locally available iron rich food and diet diversification.

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs,

consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.

- **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.

Extended PMSMA strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until 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.

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **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 Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **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
- **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 in convergence with the Ministry of Women and Child Development.
- **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 & Child health services, community mobilization as well as to track high-risk pregnancies.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.

- **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.

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