GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

STARRED QUESTION NO:75 ANSWERED ON:24.07.2015 Anaemia Maadam Smt. Poonamben Hematbhai;Sreeramulu Shri B.

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

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

(a) whether the Government is aware that a large population especially women are inflicted with Anaemia;

(b) if so, the number of people suffering therefrom and attributable deaths reported during each of the last three years and the current year, gender-wise, State/UT-wise and Rural/Urban area-wise;

(c) the remedial steps taken/being taken by the Government to tide over this challenge with special attention to women and adolescent girls suffering from Anaemia in the country; and

(d) the funds earmarked, allocated and spent for the purpose during the said period, State/UT-wise?

Answer

(a) to (d): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 75 FOR 24TH JULY, 2015

(a) Government is aware that the prevalence of anaemia especially among women is high.

(b) Data regarding the number of deaths attributable to anaemia is not being captured by any National level survey. Gender-wise, State-wise and Rural/Urban area-wise data on prevalence of anemia is at Annexure A.

(c) Ministry of Health and Family Welfare, Government of India, is working on a multipronged approach to cover both the adolescent girls as well as the pregnant women.

To reduce the prevalence of anaemia amongst the adolescent age group (10-19 years), Government has launched the Weekly Iron and Folic Acid

Supplementation Programme (WIFS) which covers Adolescent girls and boys enrolled in government/ government aided /municipal schools from 6thto12th classes as well as Adolescent Girls who are not in school.

The key components of this programme include - Weekly Administration of 100mg Iron and 500 µg Folic Acid, Screening for moderate/severe anaemia and appropriate referral, Biannual de-worming with 400mg Albendazole and counseling for improving dietary intake and prevention of worm infestation.

Steps being taken by Government to tackle anaemia in pregnant and lactating women include: - Universal screening of pregnant women for anaemia as a part of antenatal care and provision of iron folic (IFA) tablets during their ante-natal visits through the existing network of health sub-centres and primary health centres and other health facilities as well as through outreach activities at Village Health and Nutrition days (VHNDs). States have been directed for identification and tracking of severely anaemic cases at all the sub centres and PHCs for their timely management

There is provision of 100 tablets of Iron and Folic Acid (IFA) to all pregnant women after first trimester to be taken 1 tablet daily and the same is continued during the post natal period. Pregnant women, found to be clinically anaemic, are given additional 100 tablets for twice daily consumption. Government has further expanded this to 6 months during antenatal period and 6 month after delivery.

To prevent anaemia due to malaria, Long Lasting Insecticide Nets (LLNs) and Insecticide Treated Bed Nets (ITBNs) are being distributed to pregnant women and children inmalaria endemic areas.

To improve follow-up and treatment of anaemic pregnant women, Health Management Information System (HMIS) & Mother Child Tracking System (MCTS) are reporting the cases of anaemic and severely anaemic pregnant women.

There is increased emphasis on Health and Nutrition Education through Information Education & Communication as well as Behaviour Change Communication to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption, Safe Motherhood booklet is being distributed to the pregnant women to educate them on dietary diversification and promotion of consumption of IFA.

(d) The State/UT wise details of funds allocated and utilized under various anaemia control programmes during the last 3 financial

years are at Annexure B.