

Experience of Anemia Mukh Bharat

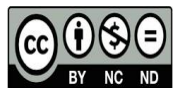
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Abstract: Anemia is a major health problem in India. India was the first country worldwide to start an anemia control program in 1970 National Anemia Prophylaxis Program.

In 1992 it was renamed National Nutritional Anemia Control Program. In 2013 it was changed into National Iron Plus Initiative. In 2018 the Ministry of health and family welfare (MoHW) launched an ambitious program to control the rate of anemia in India they named this program ANEMIA MUKH BHARAT (AMB) Anemia free India.

AMB strategy focused on six primary beneficiary groups. 6 beneficiary groups are

1. Children (6-59 months)
2. Children (5-9 years)
3. Adolescent (10-19y both boys & girls)
4. Women of reproductive age (15-49 years)
5. Pregnant women
6. Lactating women

In 2026 one more group is added that is

7. Low birth weight baby

This data is collected from NFHS's.

Key Word: Anemia :Haemoglobin count , prevalence, Agr , sex

I. INTRODUCTION

Below the normal range of RBCs is called Anemia. Anemia is classified into various categories but IDA (Iron Deficiency Anemia) is most common type of Anemia in India. Anemia is a very common health issue that affects people in both poor and rich countries. It happens when there are not enough red blood cells in the body compared to what is considered normal. Anemia can happen when there's a problem with the body making enough red blood cells, like in certain bone marrow issues. It can also happen if there's a lot of blood loss, such as in G6PD deficiency. Sometimes, the body breaks down red blood cells too fast, which can happen with conditions like haemolysis or infections like malaria. Not having enough iron, or not getting enough vitamins B12 or B9, can also cause anemia. Long-term illnesses like kidney problems can lead to it too, and in some cases, cancer can be the reason. A lack of vitamins and iron can change how the body makes hemoglobin and cause the VMA syndrome; these are types of anemia that are often seen due to poor nutrition. Anemia affects about 1.62 billion people around the world. It is a disease tracked by the World Bank. In 2011, there were 2.5 million cases of malaria, but by 2014, this number had dropped to 874,000. This is a public health issue in India because of the country's social, economic, cultural, and environmental situations. Anemia causes a big impact on the economy because it reduces the ability of workers to work effectively and decreases their productivity. It also means that money spent on education is lost because people may not have the chance to learn as much as they could. Anemia is mainly caused by a lack of iron, which is responsible for about 32% of cases. Infections also contribute significantly, with parasitic diseases making up 38% of all diseases in India. Malaria, a type of parasitic infection, causes the death of around 6.5 lakh people each year. The parasite attacks and destroys red blood cells, leading to severe health issues. About half of pregnant women and 8 out of 10 babies have anemia. Giving iron and folic acid during pregnancy helps prevent low birth weight and leads to better results for the pregnancy.

II. BACKGROUND OF ANEMIA IN INDIA

2. Anemia is a major health issue in India. It affects a large number of people and is a big problem for public health. The National Family Health Survey from 2019 to 2021 found that while 7 states and union territories met the 2020 and 2024 targets for anemia

in children aged 6 to 59 months, 6 states and union territories had anemia rates higher than 40%. In 14 states and union territories, there was only a small decrease in anemia rates. The latest information shows that about 67.1% of children between 6 months and 5 years old in India have anemia, and around 57.2% of women of reproductive age also have anemia. A lot of people have anemia, and this issue affects both society and the economy. The type of food children eat when they are young has a big impact on their health, how well they can think, and how much they can contribute to work and life later on. The MGNREGA program helps ensure people have enough food, but no study has looked into how it might be connected to children having anemia. In May 2018, the Government of India started the Anemia Mukht Bharat (AMB) program with the aim of reducing anemia.

3. Policy framework: Anemia Mukht Bharat The Indian government has started a big national program called the National Nutrition Mission (NNM). This program is meant to deal with malnutrition in all its forms across the country. It also focuses on finding and solving the reasons behind anemia and stunting. The Anemia Mukht Bharat (AMB) initiative is one of six main programs under the National Nutrition Mission. It aims to stop and manage the high rate of Anemia among infants, children, and teenagers by the year 2024. In late 2018, the Ministry of Health and Family Welfare introduced this program as an important plan to stop Anemia by stopping it from happening and created a full set of rules to manage and control this health issue. The big plan wants to lower the number of children under 5 who have Anemia from 58% to 30%, reduce Anemia in teenagers from 49% to 28%, and cut it down for women who can have babies from 53% to 28% by the year 2022. Under this program, six key actions—leadership, awareness, prevention, screening, managing Anemia, and treatment—are carried out as part of a campaign. The main goal is to change people's behavior at the community level. The program is built on key ideas like taking care of sick people, helping people stay healthy, changing unhealthy habits, bringing different sectors together, providing care for Anemia, encouraging people to use health services, making sure communities take charge and get involved, holding service providers responsible, and using information technology. Materials like a teacher's guide for sharing health information, tools for oral health, guidelines for good eating habits, and resources to build Educational resources like a teacher's guide, tools for sharing information and teaching, items for taking care of teeth, advice on healthy eating, and materials to improve skills have been created. These are meant to be used by the Ministry of Human Resource Development in schools and anganwadis. A national guide on school health has been created to help state governments and Union Territory administrators carry out school health programs.

III. THE STRATEGIC GOALS OF ANEMIA MUKHT BHARAT

3.1. The strategic goals of Anemia Mukht Bharat aim to do more than just provide iron and folic acid supplements to the right people. They also include offering other related services and using better ways to deliver these services. The initiative aims to: create a partnership between different areas to work together in preventing and controlling Anemia in children under five, with support for managing febrile diseases that are caused by parasitic infections and vector-borne diseases, which can stop or slow down how well iron and folic acid supplements work; improve the availability of iron, iodine, and vitamin A in health systems to help with eye problems, and to support better reproduction and worker productivity; hold more workshops aimed at pregnant women, so they can get more supplements and pass them on through breast milk, with reminders before childbirth, and make sure that nursing mothers get the right amount of breast milk through a proper system; give vitamin A and measles vaccine together during immunization programs; provide vitamin A along with food high in pulses and legumes to early childhood education centers and anganwadi centers; make an injectable version of vitamin A for use in emergencies for people at high risk of fatty liver; and improve the treatment for conditions that are not properly treated. The main goal of reducing Anemia is part of a larger plan that covers all steps of care, and preventing Anemia comes first. This complementarily is also shown in the seven supporting areas, which are improved by looking at how different actions work together, then addressing any new gaps and still existing needs that come up. The plan focuses on increasing access to clean drinking water and better sanitation. It also supports efforts to control disease carrying animals and the animals or people that spread certain illnesses like Leptospirosis. New medicines for treating malaria will be introduced. The program also aims to make sure that the time between getting a measles vaccine and the start of the disease is not too long, helping the body fight the disease effectively. There will be work to build and improve the knowledge, skills, and tools needed to help workers better prevent the spread of diseases and keep their immunity strong. The approach will also look into ways to reduce and then restore the body's natural defenses, which can help improve overall health and development in communities. Additionally, the plan includes assessing, creating, and putting into action the right solutions.

3.2 Monitoring and evaluation mechanisms.

For rapid testing govt. should provide Hb meters at every community health centre (CHC) and Iron supplements. According to severity doctor refers to the patient higher centres.

IV. IMPLEMENTATION MODALITIES

- 4.1. Health system integration.
- 4.2. Community and frontline worker engagement.
- 4.3. Supplementation, fortification, and prevention.

V. EVIDENCE OF PROGRESS AND CHALLENGES.

- 5.1. Epidemiological trends
- 5.2. Supply chain and program coverage.
- 5.3. Equity considerations.

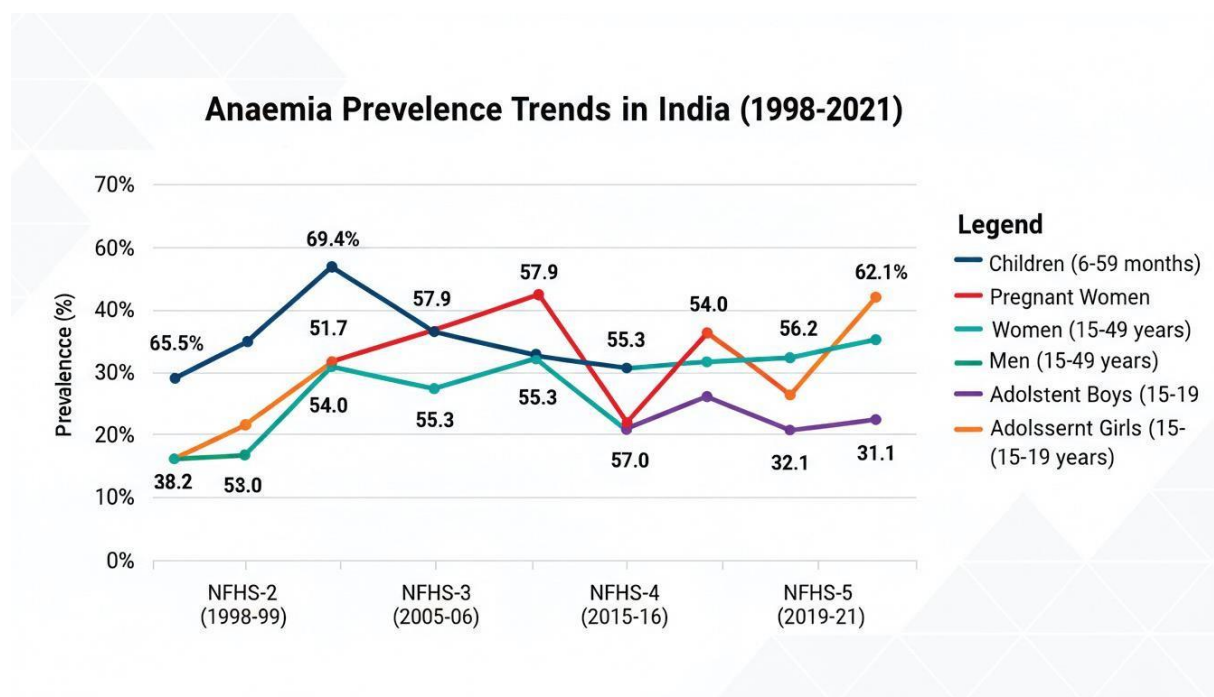
VI. CASE STUDIES AND REGIONAL VARIATIONS.

7. Policy implications

Data collection methodology

Data collection methodology

In this we have collect the data from different sources such as WHO and collected structure data from NFHS's.



Groups	NFHS-2 (1998-99)	NFHS-3 (2005-06)	NFHS-4 (2016-16)	NFHS-5 (2019-21)
Children (6 to 59 months)	74.2	69.4	58.6	67.1
Pregnant women	49.7	57.9	50.4	52.2
Women (Reproductive) (15 to 49 years)		55.3	53.1	57.0
Men 15 to 49 years		24.2	22.7	25.0
Adolcent boys (15 to 19 years)				31.1
Adolcent girls (15 to 49 years)				59.1

. Anemic Percentage(%) in diffrent age groups

Inclusion criteria All male and female of different age group below 50 years were included.

Exclusion criteria All Male and female above 50 years were excluded.

VII. CONCLUSION

The path of anemia rates from NFHS-2 (1998–99) to NFHS-5 (2019–21) shows one of the hardest and most confusing problems in India's public health story. Over the past twenty years, there have been big improvements in wealth, cleanliness, and healthcare systems. However, the data on anemia shows a surprising contradiction: the problem has stayed the same, and in some groups of people, it has even gotten much worse. Here is a clear summary that brings together the patterns of anemia seen over these two decades.

Conclusion: The Anemia Paradox from NFHS-2 to NFHS-5. A comparison of anemia-related data from NFHS-2 to NFHS-5 shows that iron deficiency and anemia from multiple nutrients continue to be a serious health problem in India, even after twenty years of economic growth. The data shows that instead of steadily going down, there's either a U-shaped pattern or little change, showing that just having better medical treatments isn't enough to change long-standing habits around food and lifestyle.

1. The Stagnant and Reversing Trajectory

The overall data shows a worrying trend of people going backward rather than forward across generations. Women between the ages of 15 and 49 who are able to have babies had anemia in 51.8% of cases according to NFHS-2. Twenty years later, in NFHS-5, instead of decreasing, this number went up to 57.0%

PMC – NIH

Young children aged 6 to 59 months are the group that is affected the most. In NFHS-2, about 74% of children were anemic, which slightly decreased in the next two surveys, but then quickly rose to 67.1% in NFHS-5. Adolescent girls are similar to adult women, and more than half (59.1%) of them had low hemoglobin levels according to NFHS-5. This shows a continuing pattern where anemic teenage girls grow up to be anemic mothers, and their babies are born with low birth weight and lack enough iron.

2. Undercurrents of the Crisis: Why Progress Stalled The inability to reduce anemia levels from NFHS-2 to NFHS-5 shows there are many deep-rooted and system-wide problems. The Dietary Gap: Even though there have been big improvements in having enough food (quantity), the quality of the nutrition is still not good enough. Almost three out of every four Indian women don't get enough iron in their diet. This is because they eat few different foods that have important nutrients and don't consume enough green leafy vegetables and animal-based foods that are rich in iron. The Absorption Problem: Big efforts during this time to improve sanitation, like the Swachh Bharat Abhiyan, helped lower parasitic hookworm infections. But other problems, such as bad gut health and not getting enough Vitamin C, still make it hard for the body to take in iron properly. Final Policy Takeaway Ultimately, the experience of moving from NFHS-2 to NFHS-5 shows that giving out Iron and Folic Acid (IFA) tablets at clinics alone isn't enough to solve the problem. The ongoing increase in anemia cases caused a major change in India's healthcare approach, moving away from just giving supplements to a more active method that involves daily community efforts. This new strategy is part of programs like Anemia Mukht Bharat, which started in 2018, and includes making fortified rice a requirement across the country. Two decades of data show policymakers that ending anemia needs more than just treating it as a health problem. It also requires looking at it as a bigger social issue connected to women's freedom, what they eat, and the poverty in their homes

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