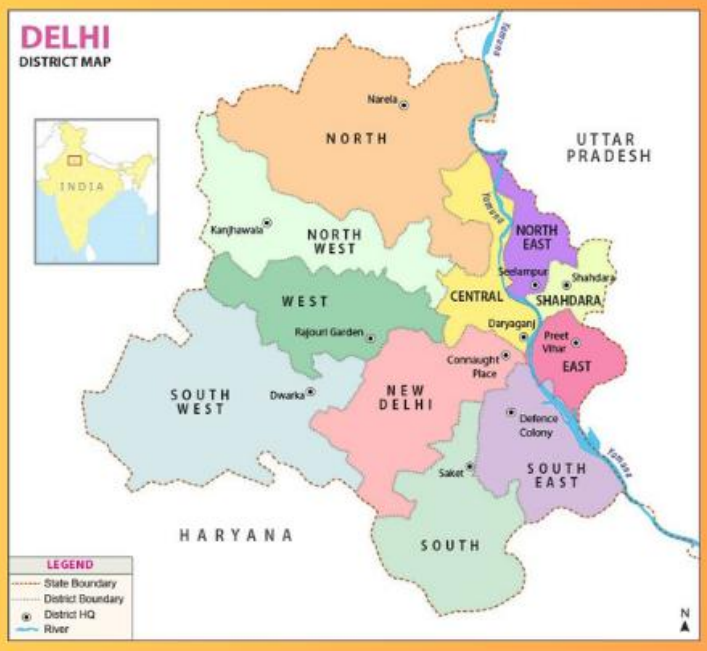
CHILD RIGHTS AND YOU

MATRI SUDHA
(A Charitable Trust)

RAPID SURVEY ON ANEMIA

IN NCT OF DELHI



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1. Introduction

Anemia is a significant public health concern in India, particularly among vulnerable populations such as women and children. The findings from the **National Family Health Survey (NFHS-5)** provide alarming insights into the prevalence of anemia in Delhi. According to NFHS-5, nearly **66% of children (6-59 months)** and **54% of women (15-49 years)** in Delhi are anemic.

The root causes of anemia are multifaceted, including nutritional deficiencies, particularly of iron, folate, and vitamin B12, alongside socio-economic factors like poverty, lack of access to healthcare, and poor dietary practices. In urban areas like Delhi, despite better access to healthcare, anemia persists due to gaps in nutrition education, healthcare services, and consistent monitoring. Furthermore, underlying conditions such as malaria, infections, and chronic diseases can exacerbate anemia among both women and children.

2. Rationale for Rapid Survey on Anemia

Given these insights, Matri Sudha carried out a Rapid Survey on Anemia in Delhi to collect the granular data on the socio-economic and behavioral factors contributing to anemia. The survey targeted high-risk groups, including pregnant women, adolescents, lactating mothers, and children under five years, with a focus on understanding the patterns of anemia at the local level.

3. Research Design

This survey adopted a descriptive cross-sectional design to assess the prevalence of anemia among children, adolescents, and women in Delhi, with a specific focus on slums. The design allowed for a snapshot analysis of anemia prevalence at a specific point in time, identifying major causes, challenges, and determining the effectiveness of existing interventions like the Anemia Mukt Bharat (AMB).

The survey aims to:

- Assess the prevalence of anemia among children (6-59 months), 5-10 years children, adolescents (10- 19years), and women (19-49 years).
- Explore the major causes of anemia, including nutritional deficiencies, and menstrual and reproductive health.
- Identify challenges faced in addressing anemia, such as healthcare infrastructure gaps, dietary habits, and compliance with supplementation programs.
- Evaluate the effectiveness of government interventions and initiatives aimed at reducing anemia prevalence.

The survey was **quantitative** in nature, utilizing a quantitative approach to ensure comprehensive data collection.

Research Methodology

1. Study Population: The target population for this research includes:

- **Children** aged 0-5 years and 5-10 years children
- **Adolescents** aged 10-19 years (with a focus on adolescent girls).
- **Women** of reproductive age (19-49 years), including pregnant and lactating mothers.

Target Population Age wise Sample Size	
Age Group	**(N)=825**
0-5 years	**168**
Male	63
Female	105
11-19 years	**176**
Female	176
5-10 years	**104**
Female	176
19-49 years	**377**
Female	377

Table 1: Age wise sample size from target population

Geographical Scope: The study conducted across 4 districts of Delhi's urban slums in Delhi to capture diverse socio-economic and dietary practices influencing anemia.

Organizations assisted in the Rapid Survey: Saksham (Northwest), Matri Sudha (Southeast), Navsrishti (South & North). These all are CRY partners in Delhi.

2. Sampling Design

A **convenience sampling** technique had been employed:

- **Stage 1**: Selection of districts/municipal wards based on our network partners' presence in different districts of Delhi.
- **Stage 2**: Random selection of households within these wards.
- **Stage 3**: Selection of individuals (children, adolescents, and women) within households.

Sample Size and Characteristics: We have selected 200 sample populations from each district. Sample of 200 includes all 4 target groups(0-5 years children, 5-10 years children, 10-19 years children and 19-49 years women. Total sample size was collected from all 4 districts. Total number of respondents covered in this study are 825.

Survey timeline: 11th November 2024 - 14th January 2025.

3. Data Collection Methods

Quantitative Data Collection:

- **Survey Questionnaires**: Structured questionnaires will be administered to households to collect socio-demographic data, dietary practices and inclusion with govt. programmes.

4. Data Analysis

Quantitative Data:

- Data from the surveys had been analysed in MS office excel 2019 version.
- Hemoglobin levels will be categorized according to WHO guidelines (normal, mild, moderate, and severe anemia) to assess the prevalence and severity across the target populations based upon the responses from the respondents.

5. Ethical Considerations

The study has obtained ethical approval from an Internal Review Board (IRB). Consent forms had been provided to all participants, ensuring confidentiality and anonymity. For children and adolescents, parental/guardian consent had been taken, and participants had the right to withdraw at any time.

6. Limitations

- **Self-reported data** from surveys may be prone to recall bias, particularly in dietary intake and healthcare utilization.
- **Sample size constraints** may limit the generalizability of the findings to other regions or populations beyond Delhi.
- The rapid survey focused on **Iron-deficiency Anemia** only.

Demographic Profile of Select District

Based on the NITI Aayog's Health and Nutrition Dashboard (2018-19), the following table outlines the district profiles of selected regions in Delhi, focusing on key indicators relevant to anemia and health:

District	Sex Ratio (Female per 1,000 males)	Literacy Rate (%)	Percentage of Urban Population	Anemia Prevalence (Women aged 15-49)
South Delhi	859	88.94	98.5	51.70%
South East Delhi	889	85.2	97.8	54.50%

North West Delhi	866	84.57	92.4	58.10%
West Delhi	873	86.81	96.7	52.30%

Table 2: *NITI Aayog (2018-19). Health and Nutrition Dashboard*

4. Literature Review

Anemia is a global public health problem, especially prevalent in developing nations like India. It is primarily caused by nutritional deficiencies, chronic diseases, and infections, affecting a large proportion of children, adolescents, and women of reproductive age. Delhi, being an urban area, reflects the complex interplay of socio-economic, nutritional, and healthcare challenges, resulting in high rates of anemia across various districts.

A study by Kotecha (2018) found that anemia continues to be highly prevalent among children and women of reproductive age across India, with Delhi showing concerning trends. The National Family Health Survey (NFHS-5) highlights that 54% of women in Delhi are anemic, with severe consequences for maternal and child health. Anemia is linked with increased maternal mortality, poor fetal development, and lower cognitive development in children (NFHS-5, 2020-21).

Further, Mishra et al. (2020) conducted a cross-sectional study to assess the prevalence of anemia among school-going adolescents in Delhi and found that nearly 65% of the surveyed students were anemic. The study also established a significant association between anemia and socio-economic factors such as parental education and income.

A study focusing on urban slum areas by Verma et al. (2019) identified that the prevalence of anemia among pregnant and lactating women in Delhi's South East district was around 55%. The study emphasized the role of poor nutritional intake and inadequate antenatal care in exacerbating anemia levels. These results suggest a need for enhanced nutritional programs and healthcare services targeting vulnerable populations.

In North West Delhi, another survey conducted by Gupta et al. (2021) in community health centers highlighted the importance of iron supplementation programs. Their findings suggested that regular screening and early intervention were crucial in mitigating the long-term effects of anemia among children and adolescents.

NFHS-4 and NFHS-5 : A Comparison

The National Family Health Survey (NFHS) data reveals a concerning trend in iron-deficiency anemia prevalence across various population groups in India.

State/UT	NFHS	Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	All women age 15-49 years who are anaemic (%)	Adolescent girls age 15-19 years who are anaemic (%)	Adolescent boys age 15-19 years who are anaemic (<13.0 g/dl) (%)
India	**NFHS-5**	67.1	57.2	52.2	57	59.1	31.1
	NFHS- 4	58.6	53.2	50.4	53.1	54.1	29.2
Himachal Pradesh	**NFHS- 5**	55.4	53.4	42.2	53	53.2	22.1
	NFHS- 4	53.7	53.6	50.4	53.5	52.7	25
NCT Of Delhi	**NFHS-5**	69.2	50.2	42.2	49.9	51.6	18.9
	NFHS- 4	59.7	54.7	46.1	54.3	55.1	25.9
U. P	**NFHS-5**	66.4	50.6	45.9	50.4	52.9	28.2
	NFHS- 4	63.2	52.5	51	52.4	53.7	31.5
Uttara Khand	**NFHS-5**	58.8	42.4	46.4	42.6	40.9	27.6
	NFHS- 4	59.8	45.1	46.5	45.2	46.4	22.2
Punjab	**NFHS-5**	71.1	58.8	51.7	58.7	60.3	32.7
	NFHS- 4	56.6	54	42	53.5	58	30.8

Table 3: NFHS-4 and NFHS-5

Analysis on Iron-deficiency Anemia Severity Classification

Age Group	Mild (g/dl)	Moderate (g/dl)	Severe (g/dl)
Children 6–59 months of age	10–10.9	7–9.9	<7
Children 5–11 years of age	11–11.4	8–10.9	<8
Children 12–14 years of age	11–11.9	8–10.9	<8
Non-pregnant women (15 years of age and above)	11–11.9	8–10.9	<8
Pregnant women	10–10.9	7–9.9	<7
Men (15 years of age and above)	11–12.9	8–10.9	<8

Table 4: NFHS standard used for Anemia Determination

Anemia Mukt Bharat (AMB)

Anemia Mukt Bharat, launched under the POSHAN Abhiyaan initiative, is a comprehensive program to reduce anemia prevalence among various population

groups, particularly children, adolescents, and pregnant women. Its financing is structured through a multi-tiered approach involving central and state governments, along with contributions from international agencies.

Central Government:

- **Budget Allocation:** The Government of India funds AMB through the Ministry of Health and Family Welfare (MoHFW) and the National Health Mission (NHM).
- **Annual Budget:** Specific budgetary allocations are made under the NHM's Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCH+A) program.
- **Utilization:** Funds cover procurement of iron-folic acid (IFA) supplements, deworming tablets, hemoglobin testing kits, and training programs for healthcare workers.

State Government:

Implementation Support:
States receive central funds but are also responsible for contributing their own budgets. This co-financing ensures that local governments tailor interventions based on regional needs.

  - **State Health Societies:** Disburse funds to district and block levels to support health facilities and outreach programs.
  - **Convergence Approach:** Collaboration with state departments of education, women and child development, and social welfare to streamline fund utilization.

Delhi Government Schemes for Anemia Prevention

The Delhi Government has also implemented various initiatives to address anemia within the state:

- **Delhi State Nutrition Mission:**
  - A comprehensive program to improve nutritional status, including anemia prevention.
  - Focuses on early childhood care, adolescent health, and maternal health.
- **Regular Health Check-ups in Schools:**
  - Provides regular health check-ups for school children to identify and address anemia.

- **Iron and Folic Acid Supplementation Programs:**
  - Implements programs to provide iron and folic acid supplements to pregnant women, children, and adolescents.
- **Awareness Campaigns:**
  - Conducts awareness campaigns to educate the public about the causes, symptoms, and prevention of anemia.
- **Collaboration with NGOs and Community-Based Organizations:**
  - Partners with NGOs and community-based organizations to strengthen anemia prevention efforts.

States/UT	Percentage of Pregnant women provided 180 IFA Red tablets	Percentage of Lactating women provided 180 IFA Red tablets
India	95.0	65.9
Delhi	95.0	62.6
Punjab	72.8	49.4
U.P	95.0	46.8
Uttara khand	5.0	64.6
Himachal Pradesh	89.7	72.1

Table 5: Ministry of Health and Family Welfare's NFHS-5

Scheme/ Programme/Project Expenditure under Health and Family Welfare By Delhi Govt.

Key Observations:

1. Overall Trends in Total Expenditure:

- There is a general upward trend in total expenditure over the five years, increasing from ₹15,672 crore in 2018-19 to ₹32,647.6 crore in 2022-23. This represents more than a two-fold increase, indicating a significant overall investment growth in schemes and projects.

2. Health Sector Allocation:

- Expenditure on health schemes also increased, but not consistently. It rose from ₹2,325.08 crore in 2018-19 to a peak of ₹4,938.01 crore in 2021-22 before dropping to ₹4,158.11 crore in 2022-23.

3. Percentage Share of Health

Expenditure:

- The percentage of total expenditure allocated to health has fluctuated over the years. It ranged from a low of **11.61% in 2019-20** to a high of **16.17% in 2021-22**.
- The reduction to **12.74% in 2022-23** is notable, suggesting either increased spending in other sectors or a relative deprioritization of health.

S. No.	Year	Total Expenditure on all Schemes / Programmes/ Projects (₹ in Crore)	Expenditure on Health Schemes / Programmes/ Projects (₹ in Crore)	% Expenditure
1.	2018-19	15672	2325.08	14.84
2.	2019-20	20307	2357.68	11.61
3.	2020-21	19258.7	3000.12	15.58
4.	2021-22	30530.8	4938.01	16.17
5.	2022-23	32647.6	4158.11	12.74

Table 6: Economic Survey of Delhi, 2023-24

Budget Allocation and Expenditure on Anemia Testing in Delhi

Items	2021-22	2022-23	2023-24	2024-25 (Till January 2025)
Percentage-wise Anemia testing	46.3%	18.69%	2.01%	-4.92%
Budget Sanctioned by State Government on Anemia Prevention and Treatment	0	0	0	0
Budget Sanctioned by Central Government on Anemia Prevention and Treatment	N.A.	365.00 lakhs	472.9 lakhs	816.99 lakhs
Budget Utilized by Central Government on Anemia Prevention and Treatment	N.A.	297401.00	827870.90	50.76 lakhs (Till February 2025)

Table 7: Directorate of Family Welfare, GNCTD

Utilization Analysis of Approved Funds (2019-20 and 2020-21)

The data highlights significant disparities in fund utilization across states during the two fiscal years. Delhi stands out with extremely low utilization, recording 0% in 2019-20 and a mere 0.89% in 2020-21, indicating severe challenges in fund absorption or project implementation.

S.No	States	2019-2020			2020-2021		
		Approvals (Rs. In lakhs)	**Utilization** (Rs. In lakhs)	**Utilization (%)**	**Approvals** (Rs. In lakhs)	**Utilization** (Rs. In lakhs)	**Utilization (%)**
1.	Delhi	753.7	0	0.00	435.01	3.85	0.89
2.	Himachal Pradesh	218.84	57.37	26.22	470.42	0.3	0.06
3.	Punjab	1712.28	820.42	47.91	1701.08	1244.11	73.14
4.	Uttar Pradesh	7169.72	2060.35	28.74	5320.09	136.57	2.57
5.	Uttara Khand	303.9	222.66	73.27	651.6	77.75	11.93

Table 8: State/UT-wise Statement of Approvals and Utilisation towards Anaemia under NHM from FY 2019-20 to FY 2022-23 (as on 30.09.2022) LOK SABHA STARRED QUESTION NO. 122 TO BE ANSWERED ON THE 10TH FEBRUARY, 2023

5. Summary of findings

1. Age Group Dynamics:

- **Largest Segment:** The 19-49 age group constitutes the largest segment, making it critical for targeted anemia interventions.
- **Gender Vulnerability:** Higher proportions of females in younger age brackets (0-19 years) suggest a focus on early interventions for girls, who are more vulnerable to iron-deficiency anemia and nutritional deficiencies.

2. Gender Dynamics:

- **High Female Proportion:** With 92% of respondents being female, anemia-focused programs must prioritize women's health, especially reproductive health and nutrition.

3. Access to Clean Drinking Water:

- **Significant Inaccessibility:** 29% lack access, and 28% have inconsistent access to clean water, increasing the risk of waterborne diseases that contribute to anemia.
- **Socioeconomic Impact:** Poor access is linked to socioeconomic disparities, affecting vulnerable groups like children and pregnant women.

4. Healthcare Facility Access (within 3 km):

- **Dominance of Government Facilities:** 77% of facilities are government-run, indicating strong public healthcare infrastructure.
- **Private Sector Limitations:** Only 11% of private facilities suggest limited healthcare choices and potential strain on public services.

- **Equitable but Variable Quality:** While government facilities ensure subsidized care, variability in service quality needs assessment.

5. Educational Status:

- **High Illiteracy (29%):** Represents a major barrier to health awareness, affecting adherence to nutritional and health programs.
- **Low School Enrollment (31%):** Indicates potential long-term socioeconomic challenges.
- **Anganwadi Impact:** 16% involvement shows potential for early childhood interventions.
- **Dropout Concerns (4%):** Highlight the need for dropout prevention strategies.

6. Symptom Prevalence:

- **Asymptomatic Population (80%):** Many may be unaware of their health status, underscoring the need for proactive anemia screening.
- **Minor Symptoms (11% Weakness):** May indicate early-stage anemia not yet diagnosed or treated.

7. Anemia Testing and Diagnosis:

- **Low Testing Rates (62% not tested):** Indicates gaps in screening services and awareness.
- **Undiagnosed Cases (85%):** Suggests a significant burden of undiagnosed anemia, risking long-term health issues.

8. IFA Supplementation:

- **Low Overall Coverage:** Especially concerning for women of reproductive age, with 85.68% not receiving supplements, indicating a critical need for targeted intervention.
- **Higher Female Compliance (0-5 years):** Slightly better supplementation among girls suggests targeted success but requires scaling.

9. Nutritional Supplement Consumption:

- **Calcium Awareness:** 36% consumption shows moderate awareness.
- **Low Vitamin D Use (3%):** Points to gaps in knowledge or access, despite its critical role in health.
- **No Supplements (61%):** Reflects potential economic or educational barriers to supplement use.

10. Information Mediums and Awareness:

- **Media Dominance (77%):** Effective channel for health campaigns; leverage for anemia awareness.
- **Community Programs (19%):** Valuable but need expansion and support for localized education.
- **Low Awareness of Anemia Mukt Bharat (3%):** Indicates an urgent need for more robust and targeted outreach strategies.

6. Detailed Findings of Rapid Survey

Age Group Dynamics

The provided chart, titled "Age Group Dynamics," presents a breakdown of the population based on age groups and gender. This information can be valuable when determining the target groups for an anemia survey.

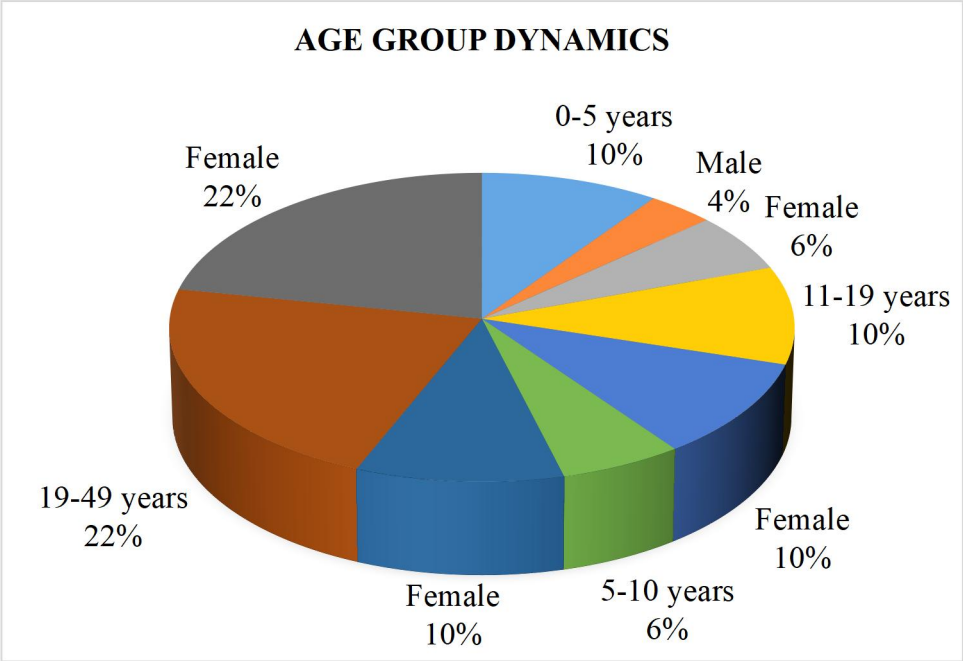

Chart 1: Age group dynamics of sample population

Gender Dynamics

The provided pie chart, titled "Gender Dynamics," presents a breakdown of the population based on gender.

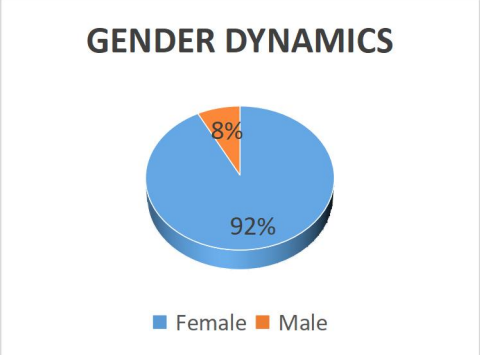

Chart 2: Gender Dynamics

Access to Clean Drinking Water

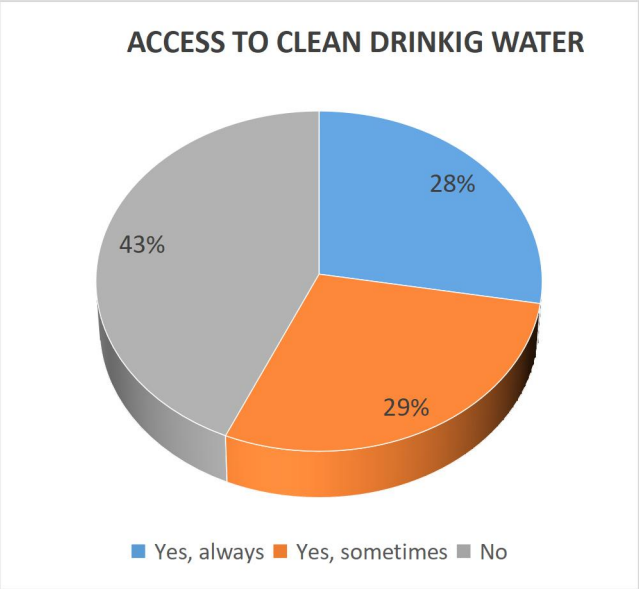

Chart 3: Access to clean drinking water

Key Observations

- **Significant Lack of Access:** A significant portion of the population (29%) has no access to clean drinking water. This is a major concern as contaminated water can lead to various health issues, including anemia.
- **Inconsistent Access:** Another 28% of individuals have access to clean drinking water only sometimes. This indicates that access is not consistent, which can also contribute to health problems.

Anemia testing during 9 months prior to survey

The provided pie chart illustrates the proportion of individuals who have undergone anemia testing within the past 9 months.

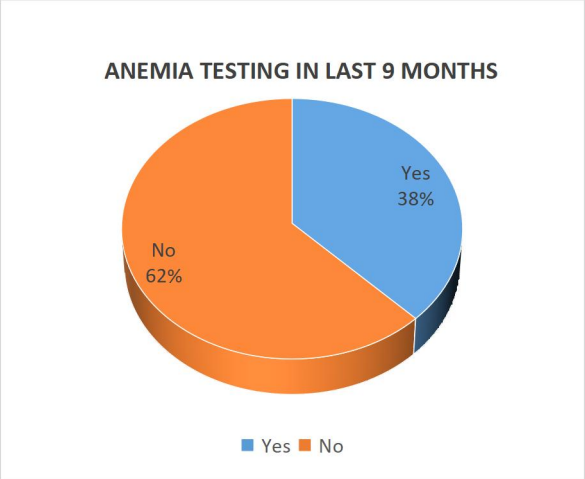

Chart 4: Anemia testing in last 9 months

Key Observations

- **Low Testing Rates:** A significant majority of individuals (62%) have not undergone anemia testing in the last 9 months. This indicates a potential gap in anemia screening and diagnosis.
- **Need for Increased Testing:** The relatively low percentage of individuals who have undergone testing suggests a need to increase awareness about the importance of anemia screening and to improve access to testing services.

Implications for Anemia Prevention and Control

- **Undiagnosed Cases:** The high rate of non-testing suggests that a significant number of individuals may have undiagnosed anemia. This can lead to adverse health consequences, especially in vulnerable populations.

- **Delayed Treatment:** Undiagnosed anemia can delay the initiation of appropriate treatment, potentially worsening health outcomes.
- **Increased Burden of Disease:** A high prevalence of undiagnosed anemia can increase the overall burden of the disease on healthcare systems and communities.

Iron-deficiency related symptoms

The provided pie chart illustrates the prevalence of various symptoms reported by respondents. The primary categories include "No" symptoms, "Weakness and dizziness," "Increased appetite, and Enhanced vision."

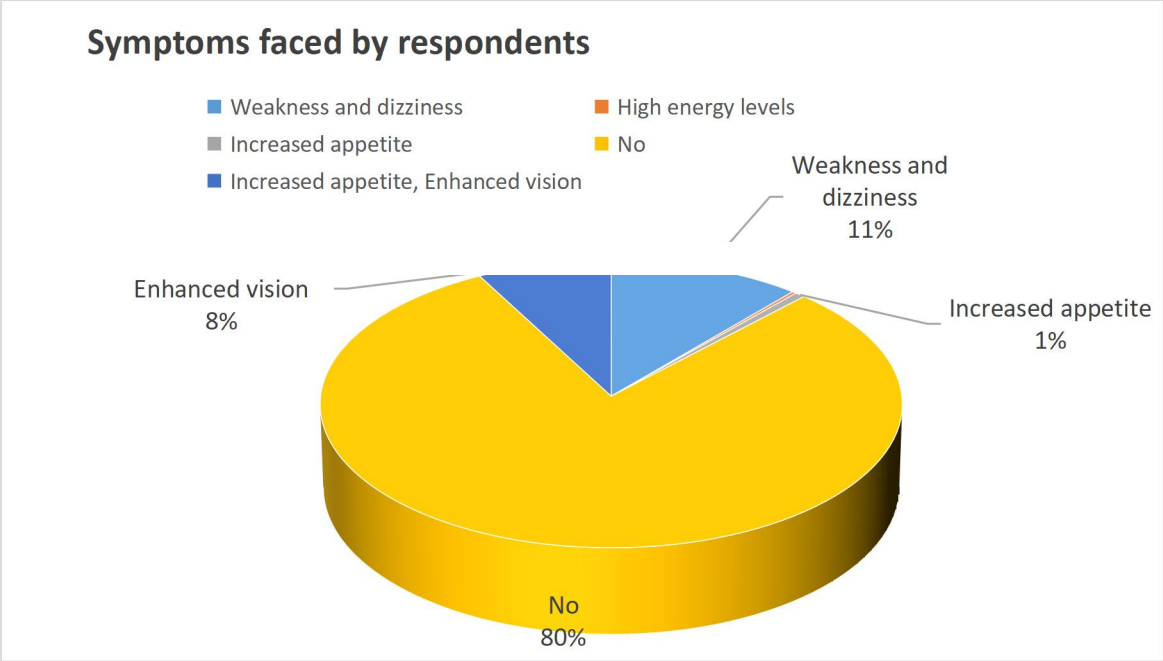

Chart 5: Symptoms faced by respondents

Gender Wise IFA Consumption among 0-5 years Children

The provided table presents data on Iron Folic Acid (IFA) consumption among children aged 0-5 years, categorized by gender. The table includes the total number of individuals (N=168), the percentage of males and females in the sample, and the percentage of individuals who reported consuming IFA

Gender Wise IFA Consumption among 0-5 years Age Group		
0-5 years age group	**N=168**	**Percentage**
Male	**63**	37.50
Yes	48	76.19

Sometimes	0	0.00
No	15	23.81
Female	**105**	48.81
Yes	82	78.10
Sometimes	1	0.95
No	22	20.95

Table 9: Gender-wise consumption of IFA

Higher IFA Consumption among Females: A higher percentage of females (78.10%) reported consuming IFA compared to males (76.19%). This suggests that female children may be more likely to receive IFA supplementation.

- **Low Rates of Non-Consumption:** Only a small percentage of children, both male and female, reported never consuming IFA. This indicates that IFA supplementation is relatively widespread in the target population.
- **Consistent Consumption:** The majority of children who consume IFA report doing so "Yes," suggesting consistent use.

Consumption of IFA among other age groups

The table presents data on iron and folic acid (IFA) supplementation across three demographic groups: children aged 5–10 years, children aged 10–19 years, and women of reproductive age (19–49 years). Below is an analysis of the findings:

IFA supplementation by children age 5-10 years in the last six months	**N=104**	**Percentage**
Yes	44	42.31
No	60	57.69
Sometimes	0	0
IFA supplementation by children age 10-19 years in the last six months	**N=176**	**Percentage**
Yes	69	39.20
No	106	39.20
Sometimes	1	0.57
IFA supplementation by women in the reproductive age 19-49 years in the last six months	**N=377**	**Percentage**
Yes	51	13.53
No	323	85.68
Sometimes	3	0.93

Table 10: Consumption of IFA among different age groups

IFA Supplementation in Women of Reproductive Age (19–49 Years, N = 377)

- **Yes**: 51 women (13.53%) received supplementation.
- **No**: 323 women (85.68%) did not receive supplementation.

- **Sometimes**: 3 women (0.93%) reported occasional use.

Key Observation

The data shows a strikingly low rate of IFA supplementation among women of reproductive age, with over 85% not receiving any supplementation. Only 13.53% of the women consistently took IFA supplements, a concerning statistic given the high demand for iron and folic acid in women of childbearing age to prevent anemia and other health complications.

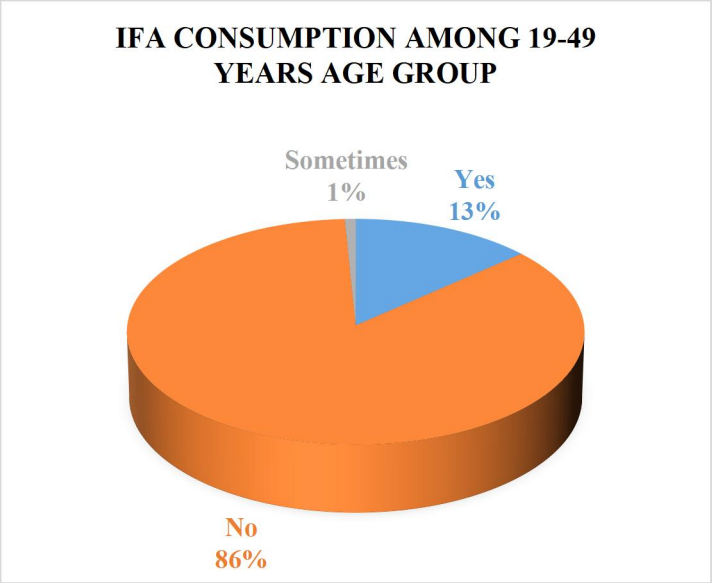

Chart 6: IFA Consumption among 19-49 years age group

Implications:

The data suggests significant gaps in IFA supplementation coverage, especially among women of reproductive age, which could lead to higher rates of iron-deficiency anemia. Public health interventions should focus on increasing awareness and accessibility to IFA supplements, particularly targeting women of reproductive age and children to ensure better health outcomes.

Nutritional Supplement Consumed in Last 9 Months

The chart illustrates the consumption of nutritional supplements, specifically calcium and vitamin D, over the last nine months. The data is broken down into three categories: those who took calcium supplements, those who took vitamin D, and those who did not take any supplements.

- **No Supplements**: 61% of respondents did not take any supplements over the last nine months. This represents the majority, indicating a significant portion of the population does not consume these important nutrients in supplement form.
- **Calcium Supplements**: 36% of respondents consumed calcium supplements during this period. This is a notable percentage and suggests a reasonable awareness or need for calcium intake, possibly related to bone health or other calcium-related conditions.

- **Vitamin D Supplements**: Only 3% of respondents took vitamin D supplements, highlighting a much lower rate of consumption compared to calcium. This could suggest a potential gap in awareness of the importance of vitamin D, which is crucial for bone health, immunity, and other physiological functions.

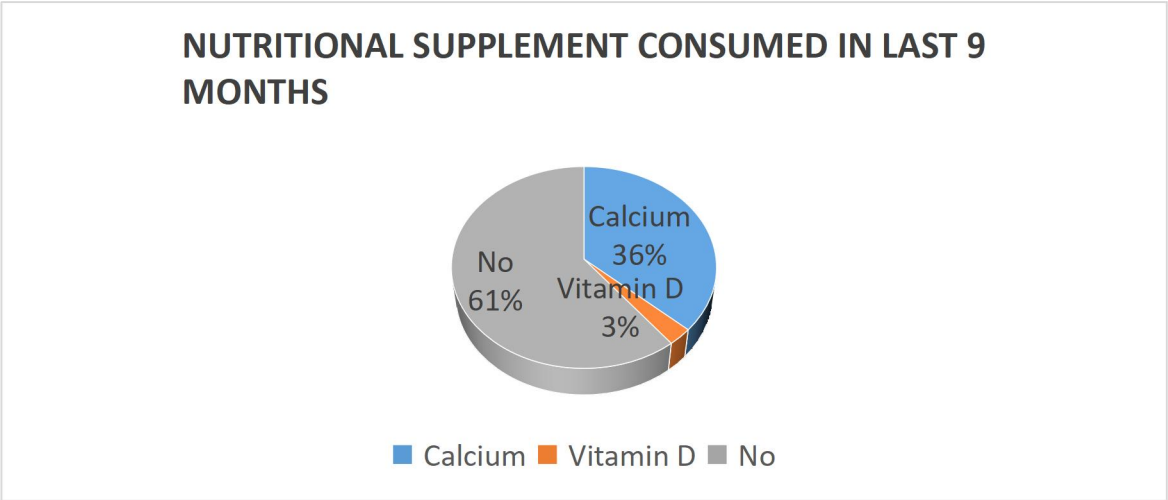

Chart 7: Nutritional supplement consumed in last 9 months

Mediums of Anemia Awareness

Key observation:

- **Media is the Dominant Medium:** The most popular medium of learning, accounting for a significant 77% of the total, is media (TV, radio, newspapers). This suggests that traditional media outlets play a crucial role in disseminating information and education within the target community.
- **Community-Based Learning:** A smaller but still significant percentage (19%) of respondents reported learning through community-based initiatives, such as ASHA/ANM (6%), AWW (3%), and community meetings in AWCs (6%). This indicates that local health workers and community gatherings are valuable platforms for knowledge sharing.
- **Formal Education:** In-school learning constitutes only 7% of the responses. This might suggest that formal education is less accessible or relevant to the target population compared to other mediums.

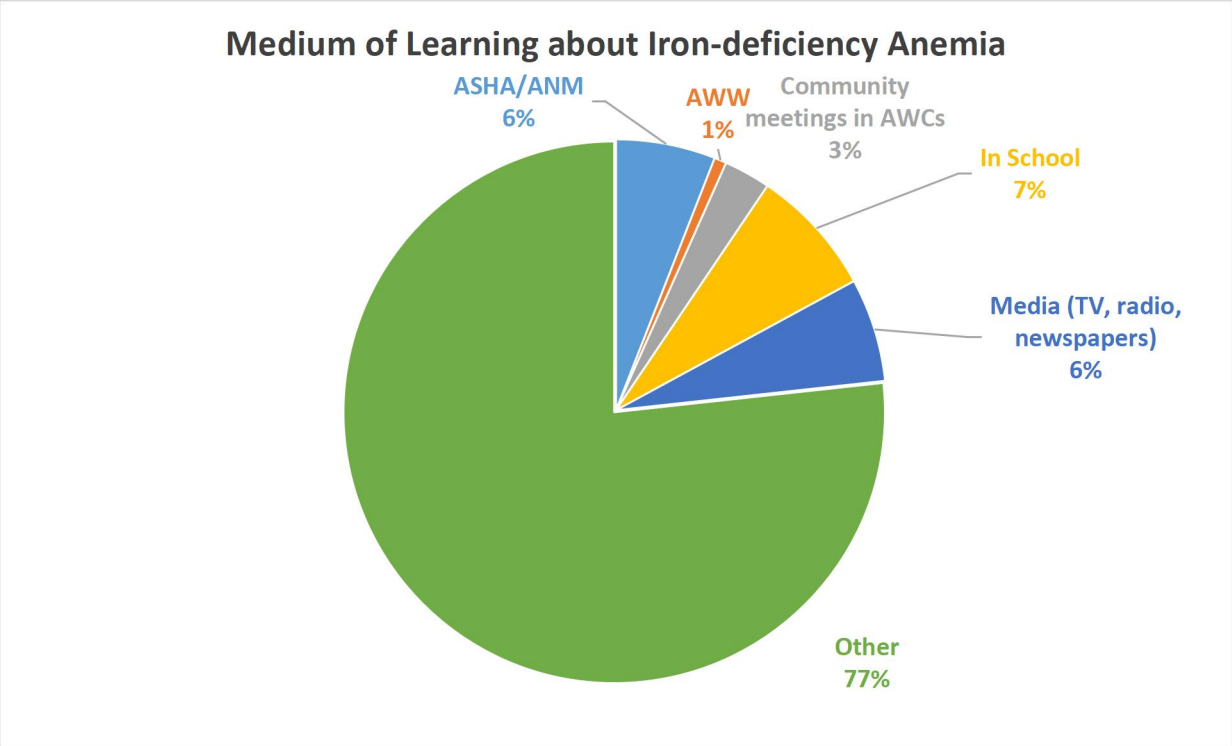

Chart 8: Medium of Learning about Anemia

Implications:

- **Leverage Media:** Given its popularity, media can be a powerful tool for disseminating health information and promoting behavior change. Partnering with media outlets to create engaging and informative content can be effective.
- **Strengthen Community-Based Initiatives:** Community-based programs like ASHA/ANM, AWW, and community meetings provide opportunities for personalized interactions and tailored health education. Supporting and expanding these initiatives can improve health outcomes.
- **Address Barriers to Formal Education:** Understanding why in-school learning is less prevalent can help identify barriers and develop strategies to improve access to formal education. This could involve addressing factors such as cost, distance, or cultural norms.

Awareness About Anaemia Mukt Bharat

The pie chart illustrates the awareness levels regarding the "Anemia Mukt Bharat" initiative. The data is divided into two categories: those who are aware of the initiative (Yes) and those who are not (No).

Key Observation:

- **Not Aware (No)**: 97% of the population is not aware of the Anemia Mukt Bharat initiative. This overwhelming majority indicates that knowledge about the program is extremely low, despite its national importance.
- **Aware (Yes)**: Only 3% of respondents are aware of Anemia Mukt Bharat, which suggests that the program has not yet reached most of the target population or that the outreach and communication efforts may not be as effective as needed.

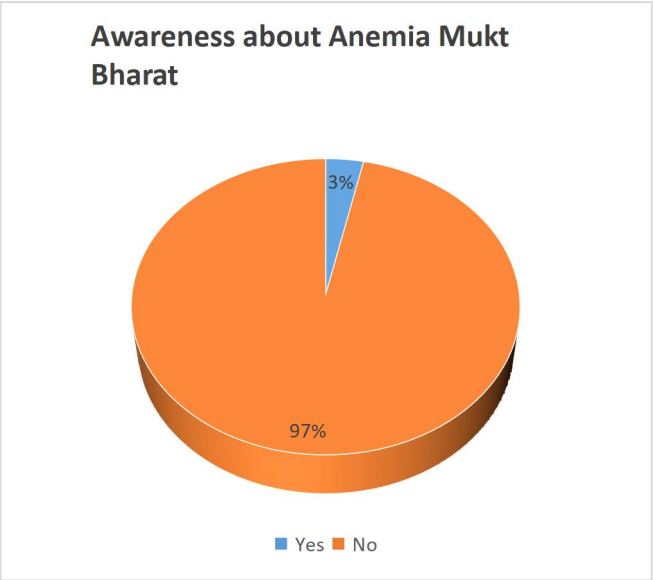

Chart 9: Awareness about Anemia Mukt Bharat

Implications:

- **Need for Enhanced Outreach**: The chart suggests a clear need for improved public health communication strategies to promote awareness of Anemia Mukt Bharat. Efforts such as mass media campaigns, community-based education, and collaboration with healthcare workers might be necessary to increase awareness and engagement.
- **Targeted Interventions**: The fact that only 3% are aware means that the initiative has not made the necessary impact. Authorities may need to reassess their methods of reaching populations and emphasize the importance of anemia prevention and treatment programs.

7. Implications and Recommendations

A. **Enhanced Outreach:** Utilize popular media and community health workers to increase awareness about anemia and related programs.
B. **Strengthen Early Intervention:** Focus on young females and women of reproductive age for IFA supplementation and regular screening.
C. **Improve Water Access:** Address water quality and availability to prevent anemia-related complications.
D. **Educational Interventions:** Implement literacy and dropout prevention programs to improve health literacy.
E. **Healthcare Quality Assessment:** Evaluate the quality of services in government facilities to ensure effective anemia treatment and prevention.

F. **Enhance Awareness Campaigns**: Improve public knowledge about anemia and the Anemia Mukt Bharat initiative by leveraging media channels, particularly TV and radio, which are the most effective mediums for communication in this population.
G. **Increase Anemia Testing**: Implement widespread anemia testing programs in high-risk populations, particularly for children and women of reproductive age, to detect and treat undiagnosed cases.
H. **Strengthen Nutritional Programs**: Expand the reach of nutritional supplementation programs, focusing on IFA supplementation for women of reproductive age and young children.
I. **Improve Healthcare Access**: Strengthen the healthcare infrastructure, particularly in underserved areas, and encourage private sector involvement to ensure that anemia-related services are more widely accessible.

About Red Signal to Red Drop

Red Signal signifies the visible or ignored warning signs of anemia among the target population. It is an alert to take the action urgently. Similarly, the word Red Drop is the clinical manifestations which can be seen through clinically confirmed anemia and the change in haemoglobin level from mild to moderate or severe anemia.

The purpose of this report is to generate timely, reliable, and disaggregated data on the prevalence, severity, and determinants of anemia across different age and gender groups in Delhi, with a focus on identifying high-risk populations, assessing gaps in current interventions, and informing targeted, evidence-based policy and programmatic actions aimed at achieving an Anemia-Free Delhi.

Report Authors

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