

Anemia Mukh Bharat (AMB) Abhiyaan, Revised Operational Guidelines (2026)

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Why in the News? : The Union Ministry of Health and Family Welfare has released the Revised Operational Guidelines for the Anaemia Mukh Bharat (AMB) Abhiyaan.

About Anaemia Mukh Bharat (AMB)

Anaemia Mukh Bharat (AMB) Abhiyaan is the Government of India's flagship programme **to reduce the burden of anaemia through a life-cycle approach**. Launched in 2018 by the **Ministry of Health and Family Welfare** under the **National Health Mission (NHM)** as part of **POSHAN Abhiyaan**, the programme aims to prevent, detect, treat, and monitor anaemia among vulnerable population groups.

Anaemia Mukh Bharat (AMB) Abhiyaan Objectives

Objectives of Anaemia Mukh Bharat (AMB) Abhiyaan are as follows:

- **Reduce anaemia prevalence:** Lower the burden of anaemia among children, adolescents, women of reproductive age, pregnant women, and lactating mothers.
- **Ensure early diagnosis and treatment:** Promote timely screening, testing, and appropriate management of anaemia.
- **Improve nutritional status:** Encourage iron supplementation, healthy dietary practices, and consumption of iron-rich foods.
- **Break the intergenerational cycle:** Prevent anaemia from being passed from anaemic mothers to their children through early interventions.
- **Improve health outcomes:** Enhance maternal health, child growth, cognitive development, and overall productivity.

Anaemia Mukht Bharat (AMB) Abhiyaan Original 6×6×6 Strategy

The Anaemia Mukht Bharat (AMB) Abhiyaan was based on a 6×6×6 framework, comprising:

- **Six beneficiary groups:** Children (6-59 months), children (5-9 years), adolescents (10-19 years), women of reproductive age (15-49 years), pregnant women, and lactating mothers.
- **Six interventions:** Iron-Folic Acid (IFA) supplementation, deworming, behaviour change communication, testing and treatment of anaemia, iron-fortified foods, and management of non-nutritional causes of anaemia.
- **Six institutional mechanisms:** Coordination and monitoring from the national to the grassroots level for effective implementation.

Why was the Programme Revised?

Despite several years of implementation, anaemia continues to remain one of India's most serious public health challenges.

- According to NFHS-5, **67.1% of children (6-59 months), 59.1% of adolescent girls, 57% of women (15-49 years), and 52.2% of pregnant women are anaemic.**
- The Government has recognised that **anaemia is caused not only by iron deficiency, but also by deficiencies of folate and Vitamin B12, poor dietary diversity, infections, worm infestations, and inherited blood disorders.**

The revised guidelines therefore shift the programme from mainly distributing iron tablets to ensuring prevention, early diagnosis, effective treatment, nutrition improvement, and continuous follow-up.

Key Changes in the Revised AMB Abhiyaan (2026)

The revised guidelines strengthen the programme by making it more comprehensive, technology-driven, and outcome-oriented.

- **Expanded 7×7×7 Strategy:** The earlier 6×6×6 framework has been expanded into a 7×7×7 strategy by adding one new beneficiary group, one new intervention, and one new institutional mechanism.

- **New Beneficiary Group:** Low birth weight babies (0-6 months) have been included because they are born with lower iron stores and are more vulnerable to developing anaemia during infancy.
- **Greater Focus on Nutrition:** A new **“Eat Right” intervention** promotes the regular consumption of iron-rich and diversified diets, recognising that anaemia cannot be controlled through iron supplementation alone.
- **T4 Strategy:** The earlier **Test, Treat and Talk (T3) approach** has been upgraded to **Test, Treat, Talk and Track (T4)**. Along with testing, treatment, and counselling, beneficiaries will now be digitally tracked to ensure treatment adherence, timely referral, follow-up, and complete recovery.
- **Improved Treatment Protocols:** Pregnant and lactating women with severe anaemia or those who do not respond to oral iron therapy will receive intravenous iron therapy using **Ferric Carboxymaltose and Iron Sucrose**, as per national treatment guidelines.
- **Digital Monitoring:** Haemoglobin records of pregnant women will be captured through the **JANANI Portal**, while data on children will be recorded through the RBSK and U-WIN portals. These platforms will eventually be integrated into a single **AMB Abhiyaan Portal** for real-time monitoring, analysis, and programme planning.
- **Greater Community Participation:** The revised guidelines promote **Jan Chetna (public awareness) campaigns** to encourage healthy diets, early screening, timely treatment, and better awareness about anaemia prevention.

Significance of the Revised Guidelines

The revised Anaemia Mukta Bharat Abhiyaan marks a shift from an input-based approach to an outcome-based approach.

- It focuses on ensuring that beneficiaries are screened, treated, tracked, and fully recovered, rather than only distributing iron supplements.
- It adopts a life-cycle approach, helping prevent anaemia before pregnancy and breaking its intergenerational cycle.
- It addresses the multiple causes of anaemia by combining nutrition, medical treatment, and behaviour change.
- It strengthens programme implementation through digital monitoring and evidence-based decision-making.
- It contributes to improving maternal health, child development, learning outcomes, workforce productivity, and the achievement of SDG 2 (Zero Hunger) and SDG 3 (Good Health and Well-being).

Way Forward

The success of the revised AMB Abhiyaan will depend on uninterrupted supply of iron supplements, promotion of diversified diets, wider access to haemoglobin testing, timely referral of severe cases, effective digital monitoring, and strong coordination among the Centre, States, and communities to ensure comprehensive anaemia prevention and management across all stages of life.

Source: <https://vajiramandravi.com/current-affairs/anemia-mukt-bharat-abhiyaan/>

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