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Anemia Mukht Bharat Operational Guidelines 2026: Strengthening India's Life-Cycle Strategy Against Anemia

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Recent Developments:

- The Union Ministry of Health and Family Welfare has released the **Anemia Mukht Bharat (AMB) Operational Guidelines 2026**, marking **eight years of the Anemia Mukht Bharat initiative** and introducing a strengthened implementation framework to accelerate anemia reduction across the life cycle.
- The revised guidelines shift the programme from predominantly preventive care to an **integrated therapeutic care model**, emphasizing **early testing, treatment, tracking, digital monitoring and case-based management**.
- The guidelines expand the existing **6×6×6 strategy into a comprehensive 7×7×7 framework**, while introducing the **T4 Strategy (Test, Treat, Talk and Track)** to improve continuity of care and programme accountability.

Anemia Mukht Bharat (AMB):

About the Programme:

- **Anemia Mukht Bharat (AMB)** was launched in **2018** under the **National Health Mission (NHM)** to reduce anemia across all vulnerable age groups through a **life-cycle approach**.
- The programme addresses **both nutritional and non-nutritional causes of anemia**, combining preventive, diagnostic and treatment interventions.
- The initiative contributes directly to **India's commitments under the Sustainable Development Goals (SDGs)** by improving maternal, child and adolescent health.
- **AMB complements other national nutrition programmes**, including **POSHAN Abhiyaan, PM POSHAN Scheme and Rashtriya Bal Swasthya Karyakram (RBSK)**.

Major Highlights of the AMB Operational Guidelines 2026:

Shift from Preventive to Therapeutic Care:

- The revised framework moves beyond **prophylactic supplementation**, focusing on **early diagnosis, individualized treatment, follow-up and active case management**.
- The programme promotes **systematic screening and clinical management** rather than relying only on preventive Iron-Folic Acid supplementation.
- **Case-based management improves treatment outcomes**, especially among high-risk populations.

Expansion to the 7×7×7 Framework:

- The earlier **6×6×6 strategy has been expanded into a 7×7×7 implementation framework**, strengthening programme coverage and institutional accountability.

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- **The seventh beneficiary group includes Low Birth Weight (LBW) infants (0–6 months)** to break the intergenerational cycle of anemia.
- **The seventh intervention introduces the "Eating Right" approach**, encouraging diversified, iron-rich and balanced dietary practices.
- **The seventh institutional mechanism establishes an integrated digital Monitoring and Evaluation system** for end-to-end programme monitoring.

Implementation of the T4 Strategy:

- **The operational strategy has been upgraded from T3 (Test, Treat and Talk) to T4 (Test, Treat, Talk and Track).**
- **The Track component ensures referral, follow-up, treatment adherence and outcome monitoring**, creating a continuous continuum of care.
- **Digital tracking enables timely intervention**, particularly among pregnant women and children.

Strengthened Clinical Management:

- **The guidelines institutionalize Intravenous Iron Therapy** for severe anemia and treatment-resistant cases among pregnant and lactating women.
- **Ferric Carboxymaltose (FCM) and Iron Sucrose** have been incorporated as standard therapeutic options where clinically indicated.
- **The revised protocol promotes evidence-based management**, reducing complications associated with severe maternal anemia.

Unified Digital Architecture:

- **A centralized Anemia Mukht Bharat Portal** will integrate programme data across multiple digital health platforms.
- **The portal will converge real-time information** from:
 - **JANANI Portal** for maternal screening.
 - **Rashtriya Bal Swasthya Karyakram (RBSK) Portal** for child health screening.
 - **U-WIN Portal** for immunization tracking.
- **Integrated digital systems improve programme monitoring, data quality and policy planning.**

Governance and Community Participation:

- **The programme adopts a Whole-of-Government approach**, promoting convergence among multiple ministries and departments.
- **Community participation through Jan Bhagidari and Jan Chetna campaigns** aims to improve awareness and reduce the normalization of anemia.
- **Behaviour Change Communication (BCC)** remains an important pillar for improving dietary practices and health-seeking behaviour.

Expected Health Outcomes:

- **The strengthened interventions aim to reduce Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)** through improved maternal nutrition.
- **The programme seeks to improve maternal, neonatal, infant, adolescent and child health outcomes** across the life cycle.
- **Improved anemia control contributes to better educational outcomes, workforce productivity and economic development.**

Major Interventions under Anemia Mukht Bharat:

Iron-Folic Acid Supplementation:

- **The programme provides age-specific, colour-coded Iron-Folic Acid (IFA) supplements** across different beneficiary groups.
- **Infants receive biweekly Iron-Folic Acid syrup**, while children, adolescents, women and pregnant women receive age-appropriate supplementation schedules.
- **Regular supplementation replenishes iron stores**, preventing nutritional anemia.

National Deworming Programme:

- **Biannual deworming is conducted under National Deworming Day (NDD) on 10 February and 10 August.**
- **Children and adolescents aged 1–19 years receive deworming medicines** to reduce intestinal parasitic infections that contribute to anemia.
- **Pregnant women receive deworming during the second trimester** through Antenatal Care (ANC) services.

Food Fortification:

- **Iron-Folic Acid fortified foods are promoted across government nutrition programmes** to improve micronutrient intake.
- **Food fortification provides population-wide nutritional support**, particularly among vulnerable groups.

Addressing Non-Nutritional Causes:

- **The programme includes screening and treatment for malaria, haemoglobinopathies and fluorosis**, which contribute to anemia beyond nutritional deficiencies.
- **Early diagnosis of Sickle Cell Disease and other inherited blood disorders** improves long-term management.
- **Comprehensive care addresses multiple determinants of anemia simultaneously.**

Digital Point-of-Care Services:

- **Digital technologies support point-of-care testing, diagnosis, treatment recording and beneficiary tracking.**
- **Real-time digital monitoring improves programme efficiency**, transparency and evidence-based decision-making.

Understanding Anemia:

Meaning and Causes:

- **Anemia is a condition characterized by reduced haemoglobin concentration**, limiting the oxygen-carrying capacity of blood.
- **Iron deficiency remains the leading cause**, although deficiencies of **folate, Vitamin B12 and Vitamin A** also contribute significantly.
- **Genetic disorders, chronic infections, malaria, parasitic infestations and chronic diseases** may also cause anemia.

WHO Diagnostic Criteria:

- **According to the World Health Organization (WHO):**

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- Women of reproductive age are considered anemic when haemoglobin is below 12 g/dL.
- Children below five years are considered anemic when haemoglobin is below 11 g/dL.
- Pregnant women are generally considered anemic when haemoglobin falls below 11 g/dL.

Health Consequences:

- Anemia causes fatigue, weakness and reduced physical work capacity.
- Children experience impaired cognitive development, poor learning outcomes and delayed motor development.
- Pregnant women face increased risks of maternal mortality, preterm birth, perinatal loss and Low Birth Weight (LBW) babies.
- Persistent anemia reduces productivity and adversely affects national human capital development.

Burden of Anemia:

Global Scenario:

- Globally, anemia affects nearly 40% of children aged 6–59 months, 37% of pregnant women and 30% of non-pregnant women of reproductive age.
- Anemia remains one of the world's leading public health nutrition challenges, particularly in low- and middle-income countries.

Indian Scenario (NFHS-5):

- 67.1% of children below five years are anemic.
- 59.1% of adolescent girls (15–19 years) are affected by anemia.
- 57.0% of women aged 15–49 years are anemic.
- 52.2% of pregnant women suffer from anemia, highlighting the continuing maternal nutrition challenge.
- High anemia prevalence contributes significantly to adverse maternal and child health outcomes in India.

Challenges in Anemia Control:

Key Issues:

- Poor dietary diversity and inadequate intake of iron-rich foods remain widespread.
- Low compliance with Iron-Folic Acid supplementation reduces programme effectiveness.
- Delayed diagnosis and inadequate follow-up hinder timely treatment.
- Parasitic infections, malaria, inherited blood disorders and poor sanitation continue to aggravate anemia prevalence.
- Socio-economic inequalities, adolescent nutrition gaps and gender disparities increase vulnerability among women and children.

Way Forward:

Priority Measures:

- Strengthening early screening and digital tracking will improve continuity of care across all beneficiary groups.
- Nutrition education should promote diversified diets, dietary diversity and healthy eating practices.
- Greater convergence between health, nutrition, education and sanitation programmes will improve long-term outcomes.

- **Expanding digital health infrastructure and real-time monitoring systems** will strengthen programme implementation.
- **Community participation and Behaviour Change Communication (BCC)** should remain central to eliminating anemia.

Value Addition for UPSC:

Important Health Indicators:

- **Infant Mortality Rate (IMR):** Number of infant deaths below one year per **1,000 live births** in a year.
- **Maternal Mortality Ratio (MMR):** Number of maternal deaths per **100,000 live births** during a given period.
- **Low Birth Weight (LBW):** Birth weight of **less than 2.5 kg**, irrespective of gestational age.

Important National Programmes:

- **Anemia Mukh Bharat (AMB):** National programme for anemia reduction through a life-cycle approach.
- **National Health Mission (NHM):** Umbrella programme for strengthening public healthcare delivery.
- **POSHAN Abhiyaan:** National mission to improve nutritional outcomes among women and children.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Programme for early identification and management of diseases among children.
- **National Deworming Day (NDD):** Biannual programme for controlling soil-transmitted helminth infections among children and adolescents.
- **U-WIN:** Digital platform for immunization services and beneficiary tracking.
- **JANANI Portal:** Digital platform supporting maternal health screening and monitoring