Goals

The overall goal of the National Strategy is to reduce by one quarter the prevalence of anaemia among high-risk groups in Bangladesh by 2015. The objectives to be achieved by 2015 are:

- Provide a package of interventions to prevent and control anaemia in 60% of high-risk groups, including micronutrient supplementation, parasitic diseases control, and promotion of key dietary behaviours known to improve micronutrient intake.
- Fortify at least one food vehicle with iron and other micronutrients needed for anaemia prevention.
- Increase the availability of affordable micro-nutrient rich foods through household food production, crop diversification, biotechnology and biofortification.

Strategies

As there are many causes of anaemia, multiple strategies are needed for its prevention and control. These strategies fall into two categories: population-based strategies and targeted strategies for high-risk groups:

Targeted strategies for high-risk groups

Strategy 1: Micronutrient supplementation
- Provide iron-folate (IFA) or multiple micronutrient (MMN) supplements to low birth weight infants aged 2-5 months and all children aged 6-23 months, pregnant women, and breastfeeding women for the first three months after delivery, adolescent girls and newly wed women in the recommended dose and frequency.
- If resources are available, provide IFA or MMN supplements to other vulnerable groups, such as children aged 24-59 months, school-aged children and non-pregnant women of reproductive age in the recommended dose and frequency.
- Counsel women and caregivers on how to take the IFA/MMN supplements, the importance of taking the full dose, and help them solve any problems they have in complying, such as managing side effects.
- Screen all children, adolescent girls and women for severe anaemia at every contact with a health service provider using the most
appropriate and feasible screening method at the health care level. Provide appropriate treatment for anaemia or refer children and women for treatment.

- In emergencies, provide MMN supplements or therapeutic spreads to children aged less than 5 years, pregnant women, and breastfeeding women.

Strategy 2: Dietary improvement

- Protect, promote and support breastfeeding and complementary feeding practices, including
- Initiation of breastfeeding immediately after delivery (within half an hour)
- Exclusive breastfeeding for the first six months (180 days) of life
- Timely and appropriate introduction of complementary feeding on completion of six months (180 days) of life
- Continued breastfeeding until the child is at least 2 years
- Advise adolescent girls, mothers and caregivers on how to improve the dietary intake for themselves and their young children:
  - Increase intake of meat and fish, where economically and culturally feasible
  - Increase intake of locally available and affordable plant foods that are rich in micronutrients (e.g. green leafy vegetables, pulses, and legumes) and contain vitamin C to enhance iron absorption from plant foods (e.g. citrus fruits and guava)
  - Consume foods and beverages which contain substances that inhibit iron absorption from plant foods at least one hour after meals (e.g. tea, milk and milk products)
  - Use food processing techniques such as germination and fermentation to improve iron absorption from plant foods
  - Using cooking techniques that minimize the loss of micronutrients and increase the bioavailability of micronutrients (e.g. cut vegetables after washing, add small amounts of oil, and minimize cooking times).
- Educate school children about the importance of nutrition and options for improving nutrient intake.
- Promote the consumption of fortified foods, where available and affordable.

Strategy 3: Parasitic disease control

Soil-transmitted helminths and diarrhoea

- Provide presumptive anti-helmintic treatment to children aged 24-59 months2 and adolescent girls once every six months.
- Provide a single dose of presumptive anti-helmintic treatment to pregnant women at the earliest opportunity in the second trimester3. If the local prevalence of hookworm infections is >50%, provide a second dose of anthelmintic treatment at the earliest opportunity after delivery.
- If resources allow, provide anthelmintic treatment to children aged 5-11 years every six months4.
- Provide information to women and caregivers on home care of diarrhoea (oral rehydration therapy and continued feeding), the danger signs of severe diarrhoea, and when and how to seek medical care.
- Promote good hygiene and sanitary practices to prevent infection, including the use of shoes and latrines, and hand washing after defecation, before food preparation and before eating.

Malaria (areas of malaria transmission only)

- Provide information to women and caregivers on the danger signs of malaria, and when and how to seek treatment.
- Provide rapid malaria treatment to young children and pregnant women with symptoms of fever or malaria in line with national malaria management protocol
- Promote protection measures against malaria (use of insecticide-treated bed-nets, particularly by pregnant women and children aged less than 5 years, and environmental control of mosquitoes)

Strategy 4: Family planning and safe motherhood

- Encourage women to attend ANC services as early as possible in pregnancy, and PNC after delivery.
- Provide micronutrient supplementation (Strategy 1), counseling on dietary improvement (Strategy 2), and interventions to prevent and treat hookworm infection and malaria, where endemic (Strategy 3) to pregnant and breastfeeding women.
- Mitigate and manage blood loss during delivery and in the postpartum period using appropriate methods.
- Intensify efforts with adolescents, families and communities to delay age at marriage and age at first pregnancy.
- Promote family planning methods to delay and space birthsPopulation-based strategies
Strategy 5: Food fortification
- Set legislation and regulations for fortification with iron and other micronutrients.
- Develop, produce and market foods fortified with iron and/or other micronutrients (including folic acid, vitamin B-12 and vitamin A) for the general population.
- Develop, produce, and market low cost foods fortified with iron and/or other micronutrients for specific vulnerable groups, particularly infants and young children.
- Fortify food aid products for development and emergency response programmes with iron and other micronutrients, including school-feeding programmes.
- Promote (through social marketing) foods fortified with iron and other micronutrients.

Strategy 6: Production of micronutrient-rich foods through household food production, crop diversification, biotechnology and biofortification
- Promote year-round production by households of micronutrient-rich foods or crops in home gardens, fruit tree plantation, small animal husbandry and fisheries.
- Promote the development of new varieties of staples that are rich in micronutrients (biotechnology and biofortification)
Biofortification
- Nutrition and infectious disease
- Nutrition sensitive actions
- Health related
- Food fortification regulations

**Partners in policy implementation**

**Government**
- Development
- Food and agriculture
- Health
- Other
- Women, children, families
- Details:

**National NGO(s)**
- Details:
  - National NGOs: Bangladesh Medical Association, Bangladesh Pediatric Association, Bangladesh Perinatal Society