National Strategy for Anemia Prevention & Control

Goals

Goals, objectives or targets related to nutrition:

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

Strategies and activities related to nutrition:

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 months 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 trimester. 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 months.

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)

Policy topics:

- Anaemia
- Anaemia in adolescent girls
- Anaemia in pregnant women
- Anaemia in women 15-49 yrs
- Maternal, infant and young child nutrition
- Breastfeeding promotion/counselling
- Complementary feeding promotion/counselling
- Nutrition in schools
- Nutrition in the school curriculum
- Provision of school meals / School feeding programme
- Promotion of healthy diet and prevention of obesity and diet-related NCDs
- Nutrition counselling on healthy diets
- Vitamin and mineral nutrition
- Micronutrient supplementation
- Micronutrient powder for home fortification
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:
    more

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