POLICY ON
CONTROL OF NUTRITIONAL ANAEMIA

MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

NATIONAL NUTRITIONAL ANAEMIA CONTROL PROGRAMME

Nutritional anaemia is a serious public health problem. Although anaemia is widespread in the country, it especially affects women in the reproductive age group and young children. It is estimated that over 50 per cent of pregnant women are anaemic. Nutritional anaemia, due to iron and folic acid deficiency, is directly or indirectly responsible for about 20% of maternal deaths Anaemia is also a major contributory cause of high incidence of premature births, low birth weight and perinatal mortality.

The National Nutritional Anaemia Control Programme aims at significantly decreasing the prevalence and incidence of anaemia in women in reproductive age group, especially pregnant and lactating women, and preschool children. The Programme focuses on the following strategies:

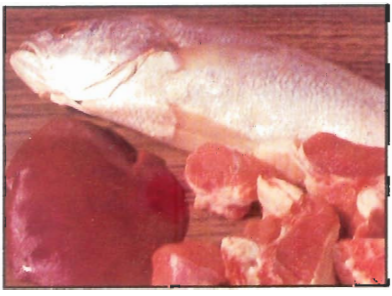
- **Promotion of regular consumption of foods rich in iron.**
- **Provisions of iron and folate supplements in the form of tablets (folifer tablets) to the "high risk" groups.**
- **Identification and treatment of severely anaemic cases.**

The Programme is implemented through the Primary Health Centres and its sub-centres. The Multiple Purpose Worker (F) and other paramedicals working in the Primary Health Centres are responsible for the distribution of iron tablets (adult and paediatric doses) to pregnant and lactating women, IUD users and children aged 1 to 5 years. The functionaries of Integrated Child Development Services (ICDS) Programme, under the Department of Women and Child Development, assist in the distribution of iron tablets to children and mothers in the ICDS Blocks and for imparting education to mothers on prevention of nutritional anaemia. Department of Food (Ministry of Food & Civil Supplies) is responsible for promoting consumption of iron rich food. In addition, services of other community level workers and involvement of formal and non-formal education, media, Horticultural Departments and voluntary organisations is recommended to be utilised for the effective implementation of the Programme.

PREVENTION OF NUTRITIONAL ANAEMIA

(i) PROMOTING CONSUMPTION OF IRON RICH FOOD

- Regular dietary intake of iron and folic acid rich foods by pregnant and lactating mothers, adolescent girls and children under 5 years of age must be promoted.
- The mothers attending antenatal clinics, immunisation sessions as well as women beneficiaries in the ICDS Programme should be made aware of the importance of preventing nutritional anaemia.
- Regular consumption of iron rich foods such as green leafy vegetables*, cereals such as wheat, ragi, jowar and bajra, pulses (especially sprouted pulses) and gur (jaggery) must be promoted widely. In addition, wherever culturally and economically feasible, consumption of animal flesh foods such as meat, liver, etc. must be encouraged.



* Green leafy vegetables rich in iron: mustard leaves (sarson ka sag), Amaranth (Chaulai sag), Colocasia leaves (Arvi ka sag), Knol Khol greens (Ganth gobi ka sag), Bengal gram greens (chana sag), shepu or sowa, Turnip greens (shalgam ka sag).

- Ensure incorporation of iron rich foods such as green leafy vegetables in the weaning foods of infants.

- Vitamin C (ascorbic Acid) promotes absorption of iron. Regular consumption vitamin C rich food such as lemon, orange, guava, amla, green mango along with iron rich food must be promoted.

- For increasing availability of iron rich foods, growing of iron rich foods in home gardens and consumption of these must be promoted.

- Tea inhibits absorption of iron in the stomach. Advise a reduced consumption of tea, specially during pregnancy, for improving the absorption of iron and prevention of anaemia.

(ii) PROMOTING CONSUMPTION OF IRON AND FOLIC ACID SUPPLEMENTS

- **As a priority, all pregnant women, irrespective of haemoglobin levels, must be provided with the recommended dose of iron and folic acid (folifer) supplements.**

- In addition, in case of available remaining supply, iron and folic acid supplements must be provided to lactating women and IUD users.

- **Preschool children, especially those in tribal areas and ICDS blocks,** should be given on priority the recommended dosage of iron and folic acid supplements.

- **The contact during administration of tetanus toxoid should be utilised for distribution of folifer tablets to pregnant women.** Ensure every mother is provided with complete recommended dosage of folifer tablets during pregnancy.

Wherever ICDS Programme is in operation, Anganwadi workers (AWWS), under the supervision of multipurpose workers, should distribute folifer tablets to pregnant and lactating mothers and also to preschool children.

Mothers often accompany their infants to the immunization sessions. Such ensured contact with lactating mothers should be used for handing over iron supplements as well as monitoring consumption of the total dosage of tablets.

- For monitoring distribution as well as consumption of folifer tablets by pregnant and lactating women and children 12-24 months, the Mother Infant Immunization Cards should be used. The Growth Monitoring Cards/ Registers used for monitoring the growth of preschool children under the ICDS Programme, should be used for recording and monitoring the distribution of folifer tablets to children 1-5 years.

- In addition, records of under fives and antenatal care maintained under the MCH services and ICDS Programme, should be used for identifying beneficiaries (pregnant and lactating women, preschool children) as well as for recording and monitoring the distribution of iron and folic acid supplements.

RECOMMENDED DOSES OF FOLIC ACID & IRON SUPPLEMENTS

- **Pregnant Women** - one big (adult) tablet per day 100 days (each tablet containing 60 mg/100 mg of elemental iron and 500 µg folic acid). These tablets should be provided to women after the first trimester of pregnancy.

- **Lactating women and IUD acceptors** - one big (adult) tablet (containing 60 mg/100 mg of elemental iron and 500 µg folic acid) per day for 100 days.

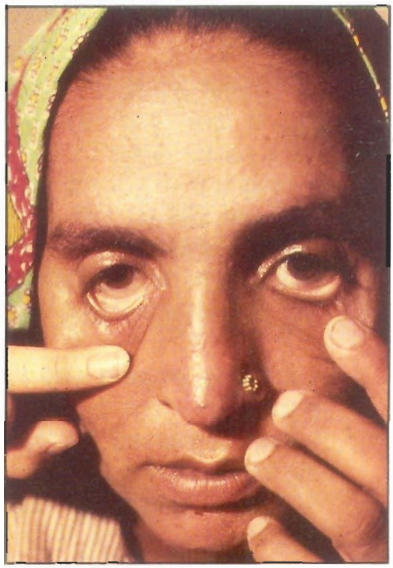
- **Preschool children (1<5 years)** - one paediatric (small) tablet containing 20 mg iron and 100 µg folic acid daily for 100 days every year.

Note: Tea inhibits absorption of iron in stomach. Drinking tea should be avoided within a few hours of taking folifer tablets.

TREATMENT OF SEVERE ANAEMIA

Women with haemoglobin levels below 7g/dl are considered to be severely anaemic. Testing of blood for haemoglobin concentration at field levels is neither considered safe nor practical. Therefore, as far as possible, severely anaemic cases should be identified on the basis of clinical signs. All health workers should be trained to identify such anaemic cases.

Recommended therapeutic dose for women in the reproductive age group **is one tablet (big) of iron thrice daily for a minimum of 100 days. This will provide equivalent to 180 mg elemental iron and 1500 µg folic acid per day. In case of 100 mg elemental folifer tablets, recommended dose is two (big) tablets of iron daily for a minimum of 100 days.** Further, cases of severe anaemia should be referred to the PHC medical officers for diagnosis of the causative factors and treatment.



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