Anemia can be prevented across the lifespan.

**In pregnancy,** infections are a key cause of anemia and can be prevented by sleeping under a bednet and taking intermittent preventive treatment (IPTp) for malaria and deworming pills.

**In pregnancy,** anemia can be prevented by taking iron folic acid (IFA) supplements.

In 2013-14, 59% of pregnant women in the Democratic Republic of Congo consumed any IFA tablets.

14% of women took IPTp to prevent malaria during pregnancy.

In 2013-14, 48% of infants in DRC are exclusively breastfed during the first six months after birth (2013-14).

61% of children 12-59 months were given deworming medication in the past six months.

Less than one-third of married adolescent girls (30%) expressed an unmet need for family planning (2013-14).

**For infants, young children, and mothers,** delayed cord clamping, sleeping under a bednet, exclusive breastfeeding, and birth spacing reduce the risk of becoming anemic.

For infants, young children, and mothers, delayed cord clamping, sleeping under a bednet, exclusive breastfeeding, and birth spacing reduce the risk of becoming anemic.

For young children, continued breastfeeding and adequate complementary feeding (including micronutrients), preventing and treating malaria, and taking deworming pills can prevent anemia and promote healthy growth.

**In adolescence,** IFA supplements and deworming pills help prevent anemia. Family planning delays the age at first birth.

A multisectoral approach to prevent anemia will save lives and improve the wellbeing of mothers, infants, and children.
Anemia has substantial negative effects on the health and economic wellbeing of nations and communities. Children with anemia experience irrevocable cognitive and developmental delays and exhibit decreased worker productivity as adults. Globally, maternal anemia increases the risk of pre-term delivery and low birth weight, and iron-deficiency anemia underlies 115,000 maternal deaths and 591,000 perinatal deaths each year.

Prevalence of anemia among children 6-59 months and women 15-49 years, by province
Source: DRC DHS, 2013-14

Trends in the prevalence of anemia in DRC

Children 6-59 months of age

<table>
<thead>
<tr>
<th>Year</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>23.4</td>
<td>43.7</td>
<td>71.4%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>25.1</td>
<td>31.7</td>
<td>59.8%</td>
</tr>
</tbody>
</table>

Women 15-49 years of age

<table>
<thead>
<tr>
<th>Year</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>35.4</td>
<td>16.4</td>
<td>52.9%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>29.6</td>
<td>8.4</td>
<td>38.4%</td>
</tr>
</tbody>
</table>

Status of Policies or Strategies to Support Reductions in Anemia*

- IFA for pregnant women
- IFA for women of reproductive age
- IFA for adolescent girls
- Iron and/or folic acid fortification legislation
- Delayed cord clamping
- Dietary diversity for complementary feeding
- Micronutrient powders for children
- Long-lasting insecticidal nets (LLINs) for household use
- Indoor residual spraying
- National policy on sanitation
- IPTp for pregnant women
- Malaria diagnosis and treatment
- Deworming for children
- Deworming for pregnant women
- Breastfeeding

*Information from the Global database on the Implementation of Nutrition Action (GINA) (https://extranet.who.int/nutrition/gina/en) or country documentation. The status of policies and strategies have been identified to the best of our knowledge. Revisions and updates are welcome.

Evidence-informed WHO guidance can be found here: http://www.who.int/elena/en/
Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

Increase iron uptake and stores

IFA supplementation among pregnant women increased from 2007 to 2013-2014

Contraception use plateaued among married women from 2007 to 2013-2014

Few children 6-23 months old were fed according to 3 key Infant and Young Child Feeding (IYCF) practices 2013-2014

- Breast milk, milk, or milk products
- 4+ food groups
- Minimum meal frequency
- All 3 IYCF practices

- Continued breastfeeding, or feeding of milk/milk products to non-breastfed children
- Feeding children solid foods from the minimum number of food groups
- Feeding children solid foods the minimum number of times

Reduce iron losses and infection

Insecticide-treated mosquito net use has increased dramatically since 2007*

Contraception use plateaued among married women from 2007 to 2013-2014

The use of deworming medication among children has increased dramatically since 2007*

Exclusive breastfeeding of children <6 months has increased slightly since 2007

The low percentage of households with an improved latrine has increased only slightly since 2007*

*Definition of ‘improved latrine’ has changed slightly across years. See Demographic and Health Surveys.

All data is from Democratic Republic of Congo Demographic and Health Surveys unless otherwise noted.
Multiple Sectors Play a Role in Anemia Prevention and Treatment

Stunting and anemia share similar risk factors and are responsive to many of the same interventions

**Agriculture**
- Increase income and reduce poverty
- Production of biofortified and iron-rich crops
- Small livestock/poultry
- Dietary diversity

**Health**
- Iron supplementation
- Deworming
- Breastfeeding and complementary feeding
- Family planning
- Malaria prevention and treatment
- Delayed cord clamping

**Water and Sanitation**
- Improved latrines
- Handwashing
- Access to clean water
- Livestock management
- Infectious disease prevention

**Education**
- Female literacy
- Health education
- Hygiene education
- Family planning education
- Nutrition education

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**Data Sources:**


Profile prepared December 2016.

This profile is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-11-00031 (SPRING), managed by JSI Research & Training Institute, Inc. (JSI) with partners Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute. The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the United States Government.

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