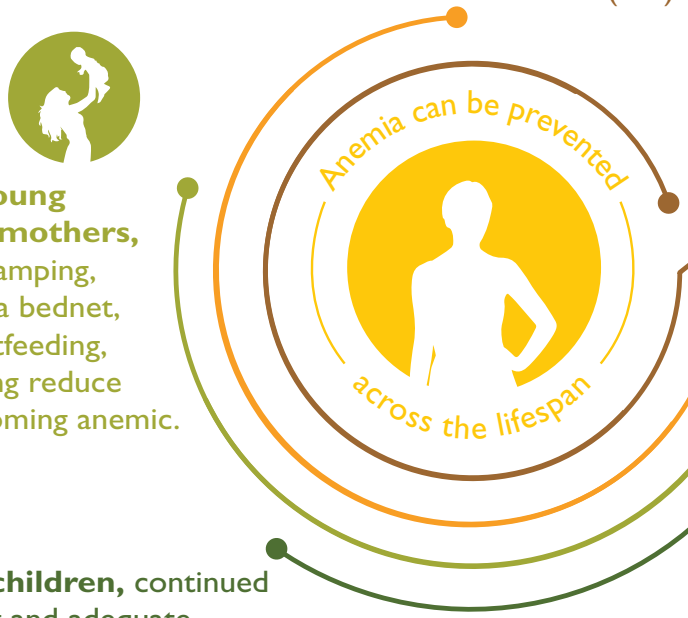
LESOTHO
National Anemia Profile

USAID FROM THE AMERICAN PEOPLE

SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

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.



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.

In 2014, only about half of pregnant women in Lesotho consumed 90 or more IFA tablets (51.4%)

Most households have access to an improved water source (83.6%, 2014)

66.9% of infants 0-5 months are exclusively breastfed during the first 6 months after birth (2014)

In 2014, 40.5% of children 6-23 months of age consumed foods rich in iron*

7.5% of married adolescent girls expressed an unmet need of family planning (2014)

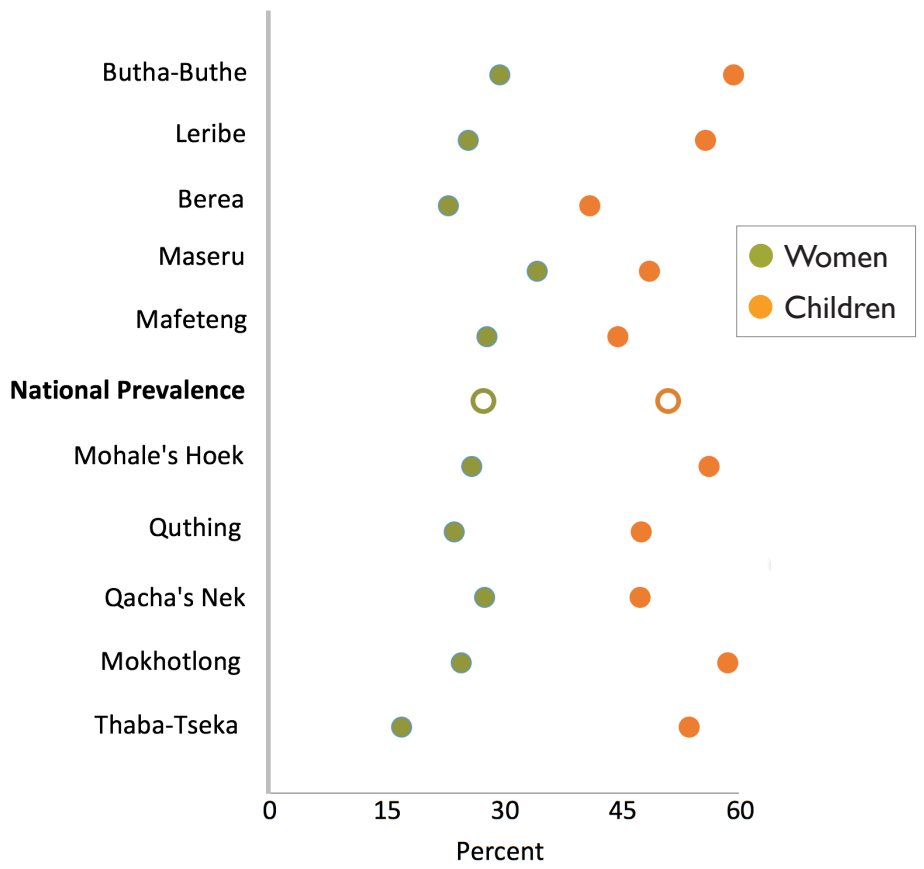
*Includes meat, fish, poultry, and eggs: percentage who consumed foods rich in iron in last 24 hours

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.[1] 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.[2]

Prevalence of anemia among children 6-59 months and women 15-49 years, by province

Source: Lesotho DHS, 2014

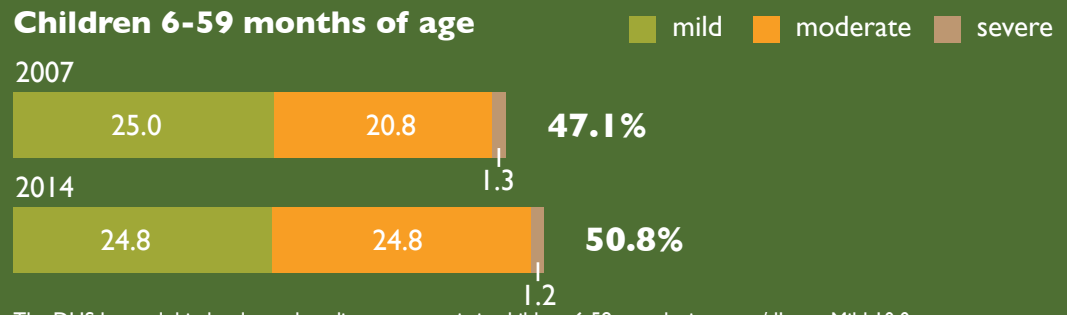


1. Walker, S. P., T. D. Wachs, J. M. Gardner, B. Lozoff, G. A. Wasserman, E. Pollitt, and J. A. Carter. 2007. "Child development: risk factors for adverse outcomes in developing countries." Lancet, 369(9556): 145-157.

2. Stoltzfus, R. J., L. Mullany, and R. E. Black. 2004. "Iron Deficiency Anemia." In Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors. M. Ezzati, A. D. Lopez, A. Rodgers, and C. J. L. Murray, eds. Geneva: World Health Organization.

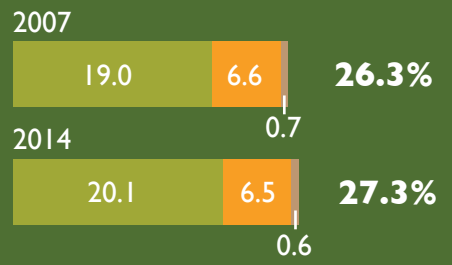
Trends in the prevalence of anemia in Lesotho

Children 6-59 months of age



The DHS hemoglobin levels used to diagnose anemia in children 6-59 months in grams/dL are: Mild 10.0-10.9; Moderate 7.0-9.9; Severe <7.0; Any <11.0.

Women 15-49 years of age



The DHS hemoglobin levels used to diagnose anemia in non-pregnant women 15-49 years of age in grams/dL are: Mild 10.0-11.9; Moderate 7.0-9.9; Severe <7.0; Any <12.0.

Status of Policies or Strategies to Support Reductions in Anemia*

- ☑ IFA for pregnant women
- ☒ IFA for women of reproductive age
- ☒ IFA for adolescent girls
- ☒ Micronutrient powders for children
- N/A Indoor residual spraying
- ☑ National policy on sanitation
- N/A IPTp for pregnant women[1]
- N/A Malaria diagnosis and treatment
- N/A Long-lasting insecticidal nets (LLINs) for household use
- ☑ Deworming for children
- ☒ Deworming for pregnant women
- ☑ Breastfeeding
- ☑ Iron and/or folic acid fortification legislation
- ☑ Dietary diversity for complementary feeding

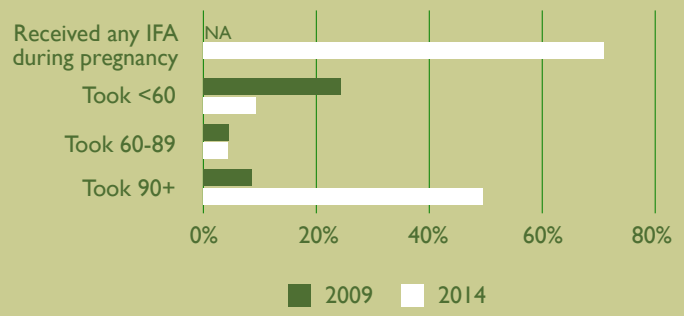
☒ no policy ☐ policy pending
☑ policy in place ⊙ missing documentation

* Information from the Global database on the Implementation of Nutrition Action (GINA) or country documentation. The status of policies and strategies have been identified to the best of our knowledge. Revisions and updates are welcome.
[1] Not part of national malaria strategy due to low prevalence of malaria during pregnancy.
Evidence-informed WHO guidance can be found here: http://www.who.int/elena/en/

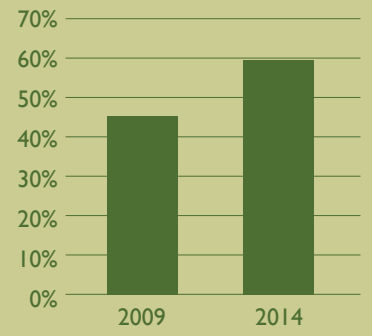
Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

Increase iron uptake and stores

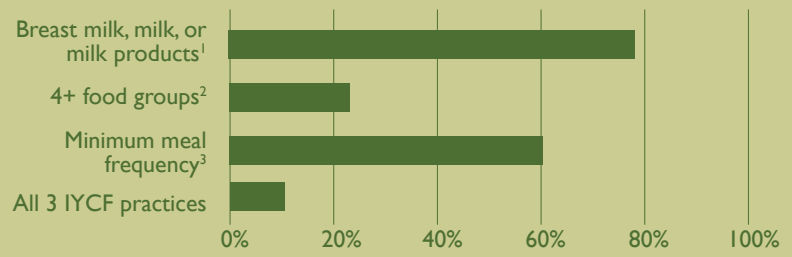
IFA supplementation for 90+ days increased among pregnant women



Contraception use increased among married women from 2009 to 2014



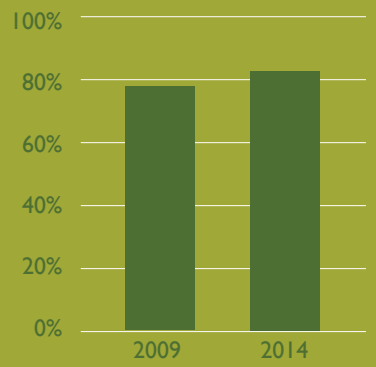
Few children 6-23 months old were fed according to 3 key Infant and Young Child Feeding (IYCF) practices 2014



[1] Continued breastfeeding, or feeding of milk/milk products to non-breastfed children
[2] Feeding children Solid foods, semi-solid foods, and milk products from the minimum number of food groups
[3] Feeding children solid foods, semi-solid foods, and milk products the minimum number of times

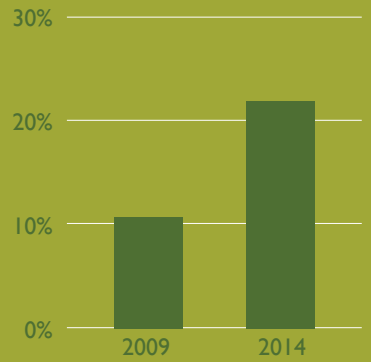
Reduce iron losses and infection

Access to an improved water source during both the dry and rainy season has improved from 2010-2014*



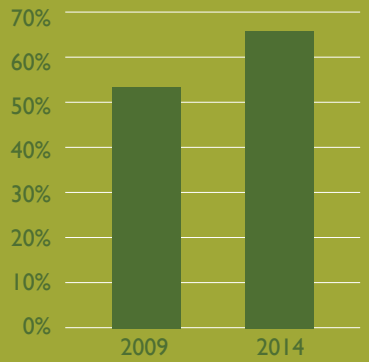
*Definition of 'improved drinking water source' has changed slightly across years. See Demographic and Health Surveys.

The percentage of children 6-59 months receiving deworming medication more than doubled since 2009*

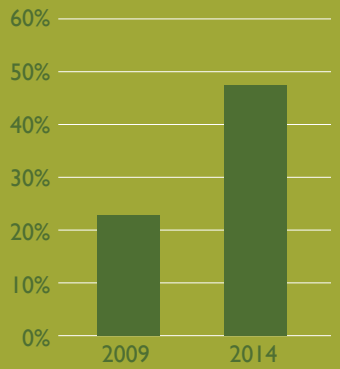


*Deworming medication given in past 6 months for children and during last pregnancy for women

Exclusive breastfeeding of children <6 months has increased from 2007 to 2014



The percentage of households with an improved latrine has doubled since 2009*



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

All data is from Lesotho 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
- Fisheries
- 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

Data Sources:

Ministry of Health [Lesotho] and ICF International. 2016. *Lesotho Demographic and Health Survey 2014*. Maseru, Lesotho: Ministry of Health and ICF International.

Ministry of Health and Social Welfare (MOHSW) [Lesotho] and Macro. 2010. *Lesotho Demographic and Health Survey 2009*. Maseru, Lesotho: MOHSW and ICF Macro.

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.

www.spring-nutrition.org