Anemia can be prevented across the lifespan.

**In pregnancy**, anemia can be prevented by taking iron folic acid (IFA) supplements, increased dietary diversity, sleeping under a bednet, taking intermittent preventative treatment (IPTp) for malaria, handwashing, and taking deworming pills.

**In 2013, 30%** pregnant women in Sierra Leone consumed 90 or more IFA tablets.

**Less than half of women (45%)** took IPTp to prevent malaria during pregnancy (2013).

**In 2013, 32% of children 6-23 months of age consumed foods rich in iron**.*

**61% of children 12-59 months** were given deworming medication in the past six months (2013).

**17% of married adolescent girls expressed an unmet need for family planning** (2013).

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

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

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

**A multisectoral approach to prevent anemia will save lives and improve the well-being of mothers, infants, and children.**

*Includes meat, fish, and eggs
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 in Sierra Leone**

Source: SLMS 2013

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 legislations
- ✔️ Delayed cord clamping
- ✔️ Dietary diversity for complementary feeding
- ✔️ Micronutrient powders for children
- ✔️ Long-lasting insecticidal nets 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

- ❌ no policy
- ❌ policy pending
- ✔️ policy in place
- ❌ missing documentation

* 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.

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Prevalence of micronutrient deficiencies among children 6-59 months and women 15-49 years

<table>
<thead>
<tr>
<th>Inflammation</th>
<th>Vitamin A</th>
<th>Iron</th>
<th>Folate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women 15-49 years</td>
<td>Children 6-59 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
</tbody>
</table>

1. Inflammation defined as elevated CRP and/or AGP
2. Values adjusted for inflammation by mathematical correction
Source: SLMS 2013

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

Source: SLMS 2013
Anemia is a Preventable Condition—Simple Interventions Can Have a Huge Impact

Increase iron uptake and stores

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

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

IFA supplementation among pregnant women improved from 2008 to 2013

Reduce iron losses and infection

Insecticide-treated mosquito net (ITN) use improved between 2008 and 2013*

Deworming coverage increased between 2008 and 2013*

Not enough households have access to improved sources of drinking water, and even fewer have an improved latrine/toilet

All data is from Sierra Leone 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
- Genetic counseling and management

**Data Sources:**
Statistics Sierra Leone (SSL) and ICF International. 2014. Sierra Leone Demographic and Health Survey 2013. Freetown, Sierra Leone and Rockville, Maryland: USA: SSL and ICF International.
Statistics Sierra Leone (SSL) and ICF Macro. 2009. Sierra Leone Demographic and Health Survey 2008. Calverton, Maryland: USA: Statistics Sierra Leone (SSL) and ICF Macro.
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