Subject: Iron-containing supplements for pregnant women and young children
Posted by DataDENT on Fri, 15 Mar 2019 20:49:02 GMT
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We propose two new indicators regarding the source of micronutrients for pregnant women and children, and revisions to two existing indicators on micronutrient intake among children.

Iron supplementation remains a critical maternal survival and nutrition intervention in most countries worldwide. The current question does not explicitly include multiple micronutrient (MMN) supplements containing iron, which is important to clarify given that some countries have started MMN supplementation programs. While the World Health Organization (WHO) currently does not recommend MMN supplementation for pregnant women to improve maternal and perinatal outcomes, there is evidence that MMN supplementation with iron and folic acid may reduce the risk of low birth weight (LBW), preterm birth, and small size for gestational age compared to iron and folic acid supplementation alone. The WHO is expected to review whether MMN supplementation should be recommended for pregnant women in 2019. As a result, we propose that a footnote is added to existing Q420 ("During this pregnancy, were you given or did you buy any iron tablets or iron syrup?") to specify that "iron tablets or iron syrup" should encompass all iron-containing supplements including MMN supplements in countries where there are MMN programs. We propose one additional question to calculate the following indicator:

1. Source of iron tablets or syrup for women during pregnancy
Definition: The percent distribution of iron tablets or syrup, by source, among women with a live birth in the five (or three) years* preceding the survey who reported being given or purchasing iron tablets or iron syrup
*We support the newborn community's recommendation to modify all Section 4. Pregnancy and Postnatal Care to include live births occurring in the previous 2 years. This would be advantageous to reduce data collection burden, align with MICS, and improve data quality. If this recommendation is adopted, the recall period for this proposed recommendation can be changed to 2 years.

Countries are currently pursuing different policies with respect to prevention and treatment of iron deficiency and other micronutrient deficiencies in children. Increasingly many are adopting the use of multiple micronutrient powders (MNPs) or supplementary foods. DHS-7 asked about MNP twice: Section 6. Child Health & Nutrition Q606 ("In the last 7 days was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS") and Section 5A. Child Immunization Q525A ("In the last 7 days was (NAME) given: a) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? b) [LOCAL NAME FOR READY TO USE THERAPEUTIC FOOD SUCH AS PLUMPY'NUT]? c) [LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY'DOZ]?"). We propose amending Q606 ("In the last 12 months was (NAME) given: a) IRON PILLS OR SYRUP? (YES/NO/DON'T KNOW) b) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? (YES/NO/DON'T KNOW)") and deleting Q525A. We recommend moving questions about RUTF and RUSF to a module because they are not micronutrient control strategies. RUTF is only provided to children who have been screened and identified with severe acute malnutrition (SAM), which in most populations is relatively rare. RUSF is one of several products used for treatment of moderate acute malnutrition (assumes child was screened) or blanket supplementary feeding (assumes all children in age group were provided). In certain high-risk sub-national areas, SAM

may be relatively prevalent, and therefore gathering information on RUTF would be more relevant in a module. From the DHS-7 reports that we looked at, RUTF and RUSF coverage values were relatively low.

We propose changing to a 12 month reference period because the current 7 day reference period is not aligned with global guidelines and is not meaningful.This would allow calculation of four indicators:

2. Children given iron-containing supplements in the last 12 months
Definition: The percentage of children age 6-59 months who were given iron-containing supplements (tablets, syrup, or powder form) in past 12 months

3. Children given iron tablets or syrup in the last 12 months
Definition: The percentage of children age 6-59 months who were given iron tablets or syrup in past 12 months

4. Children given multiple micronutrient powder (MNP) in the last 12 months
Definition: The percentage of children age 6-59 months who were given [local name for MNP] in the past 12 months

We propose one additional question to calculate the following indicator:

5. Source of iron-containing supplements for children 6-59 months
Definition: The percent distribution of iron containing supplements (tablets, syrup, or MNP), by source, among children age 6-59 months

Attached to this post is a completed submission form with full justification for the recommendations and a comparison of how countries used Q606 and Q525A during the DHS-7 round.

This recommendation originated in the September 2018 Technical Consultation on Measuring Nutrition in Population-Based Household Surveys and Associated Facility Assessments--a 2-day working meeting convened by the Bill & Melinda Gates Foundation and United States Agency for International Development in collaboration with the World Health Organization (WHO) and United Nations Children's Fund (UNICEF), and coordinated by DataDENT. The consultation included more than 60 technical experts, survey program representatives from DHS, MICS, LSMS and SMART, country data stakeholders, and donors from the nutrition measurement community.

This recommendation was authored by a team from Johns Hopkins Bloomberg School of Public Health (Rebecca Heidkamp, Andrew Thorne-Lyman, and Tricia Aung) and reviewed by Maria Elena Jefferds (Centers for Disease Control and Prevention (CDC)), Lisa Rogers (WHO), Lynnette Neufeld (Global Alliance for Improved Nutrition), and Rahul Rawat (Bill & Melinda Gates Foundation).

File Attachments

1) Q606 and Q525A DHS-7 round.docx, downloaded 652 times

2) 11. Iron supplements for pregnant women and children_15 Mar.docx, downloaded 696 times