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## Iron Folic Acid for pregnant and Lactating Women and adolescent girls in Rohingya Response, Nutrition Sector, Cox's Bazar

In Bangladesh, an IFA supplementation programme for women has been implemented for several decades. The current national IFA supplementation programme has several potentials, which include a government-approved national anaemia strategy and IFA supplementation guidelines, functionally integrated in health and family planning wings under the National Nutrition Service operational plan, The IPHN, under the MOHFW, developed national guidelines for the prevention and treatment of Iron Deficiency Anemia in 2001 (IPHN 2001), where IFA supplementation, dietary improvement, food fortification and parasite control in preschool children, school-aged children, adolescent girls, and women of reproductive age were recommended. In 2007, the MOHFW developed and approved the National Strategy for Prevention and Control of Anaemia (WHO et al. 2001), in which the IFA supplementation programme was identified as a critical intervention needed to address anaemia in pregnant women. Under the current policy, pregnant women are provided IFA supplements, with a daily dose of 60 mg of elemental iron and 400 µg folic acid throughout pregnancy and onwards until 90 days after delivery.<sup>1</sup> In alignment with the Bangladesh National Strategy for the Prevention and Control of Anaemia, efforts are being made to strengthen the effective coverage of Iron and Folic Acid (IFA) supplementation for pregnant and lactating mothers in the Rohingya Refugee camps. Pregnant women are provided IFA supplements with a daily dose of 60 mg of elemental iron and 400 µg of folic acid throughout pregnancy, continuing until 90 days after delivery for lactating mothers. Coverage is maintained through the distribution of 28 IFA tablets per month from the Integrated Nutrition Facility (INF), which is aligned with the supplementary ration distribution for Pregnant and Lactating Women (PLW). This process includes proper nutritional assessments and documentation of ANC check-ups at health facilities.

In addition, to ensure coverage of adolescent girls in the camps, IFA supplements are provided once a week. The IFA supplementation program is integrated with the broader Nutrition Intervention for the Rohingya community, implemented in both Ukhiya and Teknaf by Nutrition Sector partners and supported by UNICEF. This initiative aims to prevent the risk of anemia among the pregnant and lactating women, and adolescent.

### As per WHO recommendations for IFA supplementation for Pregnant and Lactating Women (PLW),

Recommendation 1 states:

"Provide daily oral iron and folic acid supplementation with 30 to 60 mg of elemental iron and 400 µg (0.4 mg) of folic acid to prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth."

In addition, Recommendation 2 is also states:

"Intermittent oral iron and folic acid supplementation with 120 mg of elemental iron and 2800 µg (2.8 mg) of folic acid once weekly is recommended to improve maternal and newborn outcomes if daily iron supplementation is not acceptable due to side effects and in populations where the prevalence of anaemia among pregnant women is less than 20%."

Nutrition Sector implementing the IFA supplementation by following the WHO recommendation 1 and also align with National Strategy for anaemia prevention and control for all PLW who visited Integrated Nutrition Facilities in camps. PLW is also received IFA from health facilities during ANC and PNC visit. The provision of IFA through different modalities in the Rohingya camps has led to some challenges in meeting the Nutrition Sector (NS) target for IFA distribution.

### These modalities include:

- (i) IFA distribution by Integrated Nutrition Facilities (INF) to all Pregnant and Lactating Women (PLW) and adolescents, and
- (ii) IFA distribution to adolescents and all PLW referred to health facilities.

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<sup>1</sup> NATIONAL STRATEGY ON PREVENTION AND CONTROL OF MICRONUTRIENT DEFICIENCIES, BANGLADESH (2015-2024)



These approaches have created challenges in achieving full coverage of the NS target for IFA distribution, as well as additional difficulties in data sharing between the Health and Nutrition sectors.

In addition, weak monitoring and supervision, lack of awareness among service providers about the need of IFA, and inadequate training of the service providers are also evident. Among the pregnant and lactating women, the level of education, lack of awareness about the benefits of IFA supplements and absence of adequate counselling are some of the key contributing factors not to maintain the consumption practices and high coverage rate.

To address the challenges and harmonize the IFA supplementation intervention, a long-term discussion took place between the Health and Nutrition sectors, initiated by the nutrition expert opinions shared at IYCF-E TWG meetings. Based on discussions among several health and nutrition experts and references from the WHO, the contextualization of IFA acceptance and intake at the household level for pregnant and lactating women (PLW) was explored. Health and Nutrition sectors jointly contributed to evidence generation regarding the adequate dosage for PLW. The IYCF-E Technical Working Group endorsed this information after consulting experts from all NS partners. It is recommended, from both health and nutrition perspectives, that blanket IFA supplementation will help improve pregnancy outcomes and prevent anaemia among PLW.<sup>2,3,4,5</sup>

**New Modality of IFA Supplementation Intervention:** To cover ante and post-natal period, Nutrition Sector agreed to implement the new modality for IFA distribution among PLW. The protocol will cover all pregnant and lactating women enrolled in 45 INF and the PLW will receive IFA for total 6 months (start as soon as the pregnancy is confirmed) of pregnancy and 3 months of lactation period of a woman in Rohingya community.

After confirmation of pregnancy from health facility, the PW will enrol for monthly 30 tablets of IFA and continues till 3 months of lactation period. The IFA consumption dose is 1 tablet per day with proper guidance and counselling. Additionally, Nutrition Sector will continue the IFA supplementation intervention for adolescent girls which is once in a week. R

**Doses, duration and point of distribution of IFA tablet:**

Beneficiary group	Dosages (60mg-el+Folic acid 400mcg) per tablet	Duration	Distribution quantity/ month	Point of distribution
Pregnant Women	Daily 1 tablet	As soon as the pregnancy is confirmed till delivery	30	INF/ Community Outreach
Lactating women	Daily 1 tablet	First 3 months of lactation	30	INF/ Community Outreach

<sup>2</sup> [2022 WHO recommendations on maternal and newborn care for a positive postnatal experience: executive summary](#)

<sup>3</sup> [2018 WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience: Summary](#)

<sup>4</sup> [2016 WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience](#)

<sup>5</sup> [2014 WHO recommendations on postnatal care of the mother and newborn](#)

Adolescent girls	Weekly 1 tablet	Starting from 10 years till 19 years	4	Community Outreach
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**Messages to disseminate during distribution:** Messages will focus on importance of IFA supplementation, possible side effects and their management, mode of administration and dosage, eating a variety of foods prepared under hygienic conditions etc. Some key messages to disseminate are mentioned below-

- Intaking IFA results in several benefits, such as-
  - ✓ reducing tiredness,
  - ✓ improving energy levels and working capacity,
  - ✓ improving learning ability and school performance,
  - ✓ regularizing menstruation, improving iron store,
  - ✓ Improve birth outcome, and
  - ✓ building pre-pregnancy iron stores.
- The recipient of IFA tablet should consume the tablet after meals to avoid gastric discomfort and nausea.
- She may pass black stools after consuming IFA tablets or may experience loose stools or constipation for sometimes, but this will settle after some days.
- Avoid taking the tablets with tea, coffee or milk as these may interfere with absorption of iron.
- Calcium tablets should not be taken at the same time as calcium inhibits absorption of iron.
- In case of pregnant or lactating woman: She must consume the tablets daily. The adolescent girl will take the tablet once in a week.
- The recipient should consume diversified food including iron rich food (such as Present in egg, meat, poultry, fish, dry fish, dark green leafy vegetables and legumes etc) along with the supplementation.
- Following is some food that enhance and inhibit iron absorption-

Foods that enhance iron absorption	Foods that inhibit iron absorption
Ascorbic acid or vitamin C present in- Sour fruits, juices, potatoes and some other tubers and vegetables such as green leaves, cauliflower and cabbage.	<ul style="list-style-type: none"> <li>✓ Cereal bran, cereal grains, high-extraction flour, legumes, nuts and seeds</li> <li>✓ Tea, coffee, cocoa</li> <li>✓ Calcium, particularly from milk and milk products.</li> </ul>

- Maintaining hygiene is crucial to avoid any kind of infections through-
  - ✓ Safe disposal of human & animal feces
  - ✓ Washing hands with soap at critical times (e.g. after visiting the toilet, after cleaning baby, before preparing food, and before eating)

**Reporting and documentation:** Reporting and documentation will adhere to established practices. Additionally, a minimum of 5% of beneficiaries will be followed up on a monthly basis to verify and ensure consistent consumption of IFA tablets.

**Reference regarding the dose and toxicity of IFA blanket distribution:**

**2022 WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience:**

- **Context-specific recommendation (Page XI):** According to the [2023 SENS Survey](#), 24.1% of women in camp contexts were found to have anaemia. WHO considers a 20% or higher prevalence of gestational anaemia in a population to be a moderate public health problem.
- **IFA Supplementation to prevent anaemia (Page 93):** In cases where a woman is diagnosed with anaemia in a clinical setting, the WHO recommends the use of daily iron supplements (120 mg of elemental iron plus 400 µg folic acid) until her haemoglobin concentration reaches normal levels. This



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is in accordance with country-specific policies or WHO guidelines on treating anaemia during pregnancy.

**WHO Guidelines for the Use of Iron Supplements to Prevent and Treat Iron Deficiency Anaemia (Page 19):**

For pregnant women diagnosed with iron deficiency anaemia, the guidelines suggest using the prescribed iron supplements to improve iron status without toxicity concerns, as long as the supplementation is appropriately dosed.

**Notes:**

**“If 6 months’ duration cannot be achieved in pregnancy, continue to supplement during the postpartum period for 6 months or increase the dose to 120 mg iron in pregnancy.”**

This citation reflects the current WHO guidelines and recommendations for preventing and treating iron deficiency anaemia during pregnancy and post-pregnancy, emphasizing the safety and absence of toxicity when iron supplements are administered correctly.

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