

BEREKUM EAST MUNICIPAL ASSEMBLY
ENVIRONMENTAL HEALTH UNIT

LIST OF NUTRITION-ORIENTED INTERVENTIONS

1.0 BEHAVIOURAL

Breastfeeding: education for increased breastfeeding duration.

- Breastfeeding: Continued breastfeeding for healthy growth and development of children.
- Breastfeeding: Creating an environment in care facilities that support breastfeeding.
- Breastfeeding: Early initiation to promote exclusive breastfeeding.
- Breastfeeding: Exclusive breastfeeding for optimal growth, development and health of infant.
- Breastfeeding: Feeding of infants unable to breastfeed directly in care facilities.
- Breastfeeding: Support for mothers to initiate and establish breastfeeding after child birth.
- Caffeine: Restricting intake during pregnancy.
- Complementary feeding: Appropriate complementary feeding.
- HIV/AIDS: Infant feeding for the prevention of mother-to-child transmission of HIV.
- Obesity: Exclusive breastfeeding to reduce the risk of childhood overweight and obesity.
- Obesity: Limiting portion sizes to reduce the risk of childhood overweight and obesity.
- Obesity: Reducing consumption of sugar-sweetened beverages to reduce the risk of childhood weight and obesity.
- Obesity: Reducing consumption of sugar-sweetened beverages to reduces the risk of unhealthy weight gain in adults.
- Potassium: Increasing intake to control blood pressure in children.

- Potassium: Increasing intake to reduce blood pressure and risk of cardiovascular diseases in adults.
- Sodium: Reducing sodium intake to control blood pressure in children.
- Sodium: Reducing sodium intake to reduce blood pressure and risk of cardiovascular diseases in adults.
- Sugars: Reducing free sugars intake in adults to reduce the risk of non-communicable diseases.
- Sugars: Reducing free sugars intake in children to reduce the risk of non-communicable diseases.

TUBERCULOSIS:

Nutrition assessment and counseling in individuals with active tuberculosis.

HIV/AIDS:

- Nutrition counseling for adolescents and adults with HIV/AIDS.
- Nutritional care of HIV infected children

2.0 INSECTICIDE TREATED NET

- Insecticide treated net to reduce the risk of malaria in pregnant women
- Low birth weight: Breastfeeding of low-birth infants unable to fully breastfeed
- Low birth weight: Demand feeding for low-birth-weight infants
- Low birth weight: Donor human milk for low-birth weight infants
- Low birth weight: Feeding of very low-birth-weight infants
- Low birth weight: Kangaroo mother care to reduce morbidity and mortality in low-birth weight infant
- Low birth weight: Mother's milk for low-birth weight infants
- Low birth weight: Standard formula for low-birth-weight infants following hospital discharge.

NON-COMMUNICABLE DISEASES:

Increasing fruit and vegetable consumption to reduce the risk of non-communicable diseases.

3.0 NUTRITION COUNSELING DURING PREGNANCY

Fortification

- Bio-fortification of staple crops
- Fortification of maize flour and corn meals
- Fortification of rice
- Fortification of wheat flour
- Iodization of salt for the prevention and control of iodine deficiency disorders
- Multiple micronutrient powders for point-of-use fortification of food consumed by children 2-12 years of age.
- Multiple micronutrient powders for point-of-use fortification of foods consumed by children 6-23 months of age.
- Multiple micronutrient powders for point-of-use fortification of food consumed by pregnant women
- Vitamin 'A' fortification of staple foods

4.0 HEALTH RELATED ACTION

- Deworming of Children
- Deworming in non-pregnant adolescent girls and women of reproductive age
- Deworming of pregnant women
- Insecticide-treated nets to reduce the risk of malaria in pregnant women
- Optimal timing of cord clamping for the prevention of iron deficiency anaemia in infants
- Water, Sanitation and hygiene intervention to prevent diarrhea
- Intermittent preventive treatment to reduce the risk of malaria during pregnancy

- Iron and Folic acid: daily supplementation during pregnancy in malaria-endemic areas.
- Iron and folic acid: Intermittent supplementation during pregnancy in malaria-endemic areas.
- Iron and folic acid: Intermittent supplementation in adult women and adolescent girls in malaria endemic areas.
- Iron: Intermittent supplementation in children in malaria-endemic areas

REGULATORY

Marketing: Reducing the impact of marketing of food and non-alcoholic beverages on children

Breastfeeding: Regulation of marketing breast-milk substitutes

5.0 SUPPLEMENTATION

Folic acid

Periconceptional folic acid supplementation to prevent neural tube defects

IRON

- Daily iron supplementation in adult women and adolescent girls
- Daily iron supplementation in children 24 – 59 months of age
- Daily iron Supplementation in children 24-59 months of age in malaria-endemic areas
- Daily iron supplementation in children 6 – 23 months of age
- Daily iron supplementation in children 6-23 months of age in malaria-endemic areas
- Daily iron supplementation in children and adolescents 5-12 years of age
- Daily iron supplementation in children and adolescents 5-12 years of age in malaria endemic areas

- Intermittent iron supplementation in preschool and school-age children
- Intermittent iron supplementation in pre-school and school age children in malaria-endemic areas

6.0 IRON AND FOLIC ACID

- Daily iron and folic acid supplementation during pregnancy
- Daily iron and folic acid supplementation during pregnancy in malaria endemic areas
- Intermittent iron and folic acid supplementation during pregnancy
- Intermittent iron and folic acid supplementation during pregnancy in malaria endemic areas
- Intermittent iron and folic acid supplementation in adult women and adolescent girls
- Intermittent iron and folic acid supplementation in adult women and adolescent girls in malaria endemic areas
- Iron supplementation with or without folic acid to reduce the risk of postpartum anaemia
- Iron supplementation with or without folic acid to reduce the risk of postpartum anaemia in malaria endemic areas

IODINE

Iodine supplementation in pregnant and lactating women

7.0 VITAMIN A

- Vitamin A supplementation during pregnancy
- Vitamin A Supplementation in children 6– 59 months of age with severe acute malnutrition
- Vitamin A Supplementation in children with respiratory infections

- Vitamin A Supplementation in HIV infected adults
- Vitamin A Supplementation in HIV infected infants and children 6 – 59 months of age
- Vitamin A Supplementation in HIV infected women during pregnancy
- Vitamin A Supplementation in infants 1-5 months of age
- Vitamin A Supplementation in infants and children 6 – 59 months of age
- Vitamin A Supplementation in neonates
- Vitamin A Supplementation in postpartum women

7.1 VITAMIN B6

- Vitamin B6 Supplementation during pregnancy

7.2 VITAMIN C

- Vitamin E and C Supplementation during pregnancy

7.3 VITAMIN D

- Vitamin D Supplementation and respiratory infection in children
- Vitamin D Supplementation during pregnancy
- Vitamin D Supplementation in infants

7.4 VITAMIN E

- Vitamin E and C Supplementation during pregnancy
- Vitamin E Supplementation for the prevention of morbidity and mortality in preterm infants

8.0 ZINC

- Zinc Supplementation and growth in children

- Zinc Supplementation during pregnancy
- Zinc Supplementation in children with respiratory infection
- Zinc Supplementation in the management of diarrhea

9.0 MULTIPLE MICRONUTRIENTS

- Micronutrients supplementation in HIV infected women during pregnancy
- Micronutrients Supplementation in individuals with active tuberculosis
- Multiple micronutrients supplementation during pregnancy

10.0 MACRONUTRIENTS

- Balanced energy and protein supplementation during pregnancy
- High – Protein Supplementation during pregnancy
- Long Chain Polyunsaturated fatty acid supplementation during pregnancy
- Macronutrients Supplementation in people living with HIV/AIDS
- Supplemental Nutrition with dietary advice for older people affected by under nutrition
- Supplementary feeding in community settings for promoting child growth
- Supplementary foods for the management of moderate acute malnutrition in children aged 6 – 59 months

For further information, contact the Municipal Environmental Health Officer on the hot line
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