



A Rapid, Initial Assessment of the Distribution and Consumption of Iron-Folic Acid Tablets through Antenatal Care in 20 Countries

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Background and Objectives:

Globally, more than 600 million women from 15 to 59 years of age are anemic.² Although supplementation of iron-folic acid (IFA) during antenatal care (ANC) visits has existed for decades, and ANC coverage has grown dramatically in recent years, with few exceptions, IFA coverage generally remains low, and an astonishingly small percentage of pregnant women consume the "ideal" dosage of IFA (one tablet daily for at least the last two trimesters of pregnancy, at minimum 180 tablets). As a first step in improving the effectiveness of this intervention in the fight against anemia, the objective was to develop an IFA rapid assessment tool that uses data from Demographic & Health Surveys (DHS) to identify where IFA distribution through ANC programs falters.

Methods:

Using DHS data, SPRING assessed the performance of IFA distribution through ANC in 23 countries, analyzing the importance of four potential falter points: 1) ANC attendance, 2) IFA received, 3) IFA reported consumed by pregnant women, and 4) compliance with the 180 IFA tablet ideal.

Results:

ANC is an effective platform for IFA distribution: 87% of women attended ANC.

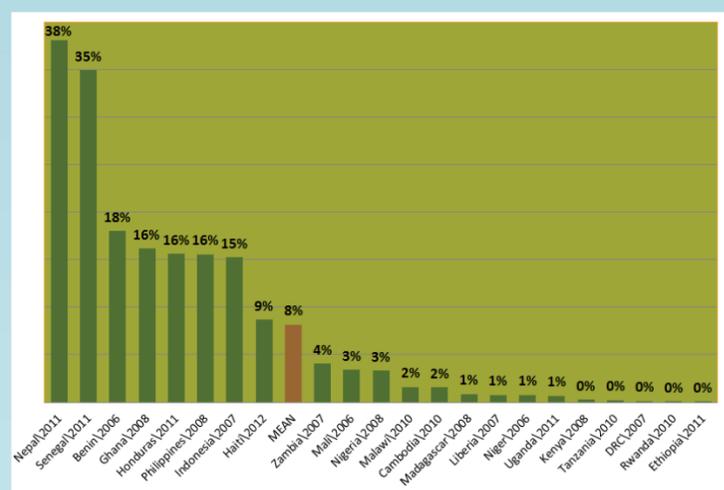
Women who attend ANC have higher IFA coverage and consume more IFA:

- 1) Whereas overall 70% of women received or purchased IFA during their last pregnancy, a higher percentage (79%) of those of women who attended at least one ANC visit received or purchased IFA. This pattern of higher receipt/purchase by ANC attendees holds across all 23 countries.
- 2) While 34% of all pregnant women do not take any IFA tablets, this percentage falls to 25% among women with any ANC visits.



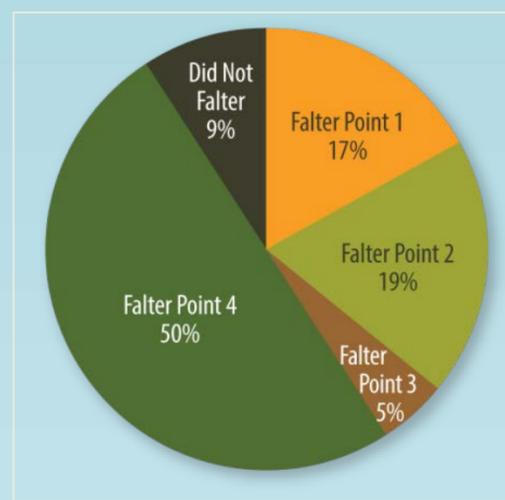
Falter Point 4 is the main barrier for countries. Its complexity points to issues such as resupply, ANC messaging, and provider training, among others.

IFA Distribution through Antenatal Care: Percentage of Women who Received and Took 180 or more IFA Tablets



Early & frequent ANC visits increase IFA consumption. Countries where 10% or more of women did not falter had above average rates (44% or higher) of women attending ANC in their first trimester and at least 45% of women attending four or more ANC visits.

IFA Distribution through Antenatal Care: Relative Importance of the Four Falter Points



Different countries falter in different ways.

Strong performance at all falter points; 30%+ of pregnant women do not falter	Good performance at all falter points; 9-18% of pregnant women do not falter	Strong performance at falter points 1-3 Poor performance at falter point 4	Poor performance at falter points 2 and 4	Poor performance at falter points 1 and 4	Poor performance at falter points 1, 2, and 4
Nepal Senegal	Benin Ghana Indonesia Philippines Haiti	Cambodia Liberia Malawi Zambia	DRC Honduras Kenya Madagascar Rwanda Tanzania Uganda	Mali Niger Nigeria	Ethiopia

Conclusions:

Only 9% of pregnant women in the 23 study countries consumed the ideal of 180 tablets in their last pregnancy. Although the tool cannot identify the specific cause(s) of a system's faltering performance, it identifies the point(s) at which the system is weak, which constitutes an essential, evidence-based, first step in improving the functioning of the system. The tool prioritizes follow-up activities to better understand the causes of the identified shortcomings.