Iron-folic Acid Distribution and Consumption through Antenatal Care: Identifying Barriers across Countries

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ABSTRACT

Objectives: Despite renewed efforts, the prevalence of maternal anemia is unacceptably high in developing countries. Iron-folic acid (IFA) supplementation and coverage through antenatal care (ANC) is persistently low and remains under-resourced and underutilized. In recognition of these barriers, USAID's SPRING Project developed a rapid, initial assessment tool to help identify constraints within ANC programs that inhibit pregnant women from getting and consuming an ideal minimum number of 180 IFA tablets.

Methods: The tool identifies four sequential points at which the ANC system might falter: ANC attendance, IFA receipt or purchase, IFA consumption, and compliance with WHO-recommendations for the ideal minimum number of tablets. Twenty-two high-burden countries were analyzed based on secondary analysis of Demographic and Health Survey (DHS) data.

Results: Across all countries, 83% of all pregnant women had at least one ANC visit, and 81% of those women received IFA tablets of which 95% consumed at least one tablet. Overall adherence to daily iron supplementation, however, is low. Only 9% of pregnant women consumed 180 or more IFA tablets. Just two countries had more than 30% of women consume 180 or more tablets during pregnancy.

Conclusions: Although the tool cannot isolate the direct causes of a system’s faltering performance, it provides an instrument by which policymakers may investigate its shortcomings.
Given the significance of the fourth falter point across all countries, potential areas for investigation include the adequacy of IFA tablet supplies and the technical knowledge, practices, and availability of ANC providers.

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