Introduction: Ensuring adequate and timely availability of iron folic acid (IFA) supplements at delivery points is a challenge for successful IFA supplementation programs.

Objective: To assess the supply chain of IFA supplementation in Dakar and Fatick regions to identify constraints and bottlenecks in order to recommend programme improvement actions.

Methods: Structured interviews with 84 health workers from 36 health facilities were conducted to determine the supply chain constraints faced during the last six months. Health workers were selected from health huts, health posts, health centers, hospitals, regional drug stores through purposive sampling based on their degree of involvement in antenatal cares delivery. Health workers were interviewed about the frequency of IFA supplements stock-outs in their facilities.

Results: Health workers reported IFA supplements stock-outs in 50% of health facilities. Health workers reported that the needed quantities were available at regional drugs stores, yet stock outs prevailed at lower levels. The main barriers to sufficient supply of IFA supplements were lack of funds for timely orders and weakness in the ordering process. Opportunities to improve IFA supplements supply chain include capacity building of drug stores managers and free provision of IFA supplies at all health delivery points.

Conclusion: Financial support to health districts could improve the timely supply of IFA supplements at delivery points. Reinforcing capacities of drug stores managers through training and development of user-friendly adapted forms could improve the ordering process of IFA supplements.

Background

In Senegal, it is recommended that pregnant women consume tablets containing 60 mg iron and 400 µg folic acid - enteric coated and combined from first prenatal contact until 2 months postpartum.

While the supplementation program in Senegal has been in place for nearly two decades, the overall prevalence of anaemia among pregnant women remain at 62% (DHS 2010-11).

Ensuring adequate and timely availability of IFA supplements at delivery points is critical for the potential impact of IFA supplementation programs to reduce anaemia prevalence among pregnant women.

Objectives

To assess the supply chain of IFA supplementation in Dakar and Fatick regions to identify constraints and bottlenecks in order to recommend programme improvement actions.

Methods

- The study was carried out in 2013 in Dakar and Fatick regions with standardized interviews conducted with 84 health workers from 36 health facilities to identify the supply chain constraints faced during the last six months.
- Health workers were selected from health huts, health posts, health centers, hospitals, regional drug stores through purposive sampling based on their degree of involvement in antenatal cares delivery.
- Stock outs were estimated based upon recall by health workers.
- Key barriers and opportunities to improving supply chain management were identified in the analysis.

Results

- Health workers reported IFA stock-outs in 50% of health facilities (Table 1).
- Health workers reported that the needed quantities were available at regional drugs stores, yet stock outs prevailed at lower levels.

Conclusion

Financial support to health districts could improve the timely supply of IFA supplements at delivery points. Reinforcing capacities of drug stores managers through training and development of user-friendly adapted forms could improve the ordering process of IFA supplements.

Table 1. Frequencies of IFA Supplements Stock-Outs in Health Facilities in Dakar

<table>
<thead>
<tr>
<th>Stock-Out Frequencies</th>
<th>Health Huts</th>
<th>Maternity Centers</th>
<th>Health Posts</th>
<th>Health Centers</th>
<th>Regional Hospitals</th>
<th>Regional Drug Stores</th>
</tr>
</thead>
<tbody>
<tr>
<td>No stock-outs</td>
<td>1 (50%)</td>
<td>0</td>
<td>8 (57%)</td>
<td>7 (50%)</td>
<td>0</td>
<td>1 (100%)</td>
</tr>
<tr>
<td>1 stock-out in last 6 months</td>
<td>0</td>
<td>0</td>
<td>8 (57%)</td>
<td>3 (21%)</td>
<td>1 (100%)</td>
<td>0</td>
</tr>
<tr>
<td>&gt;1 stock-out in last 6 months</td>
<td>1 (50%)</td>
<td>0</td>
<td>1 (7%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 stock-out in last month</td>
<td>0</td>
<td>1 (100%)</td>
<td>4 (29%)</td>
<td>3 (21%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 stock-out in last 15 days</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (7%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>2 (100%)</td>
<td>1 (100%)</td>
<td>17 (100%)</td>
<td>14 (100%)</td>
<td>1 (100%)</td>
<td>1 (100%)</td>
</tr>
</tbody>
</table>

Acknowledgements

The authors wish to acknowledge the financial support of the Government of Canada, through the Department of Foreign Affairs, Trade and Development.