

Integrating Vitamin A Supplementation into District Budgeting and planning systems in Tanzania



Margaret Benjamin

Integration example

- Vitamin A Supplementation program into district plans and budgets – institutionalization of a nutrition program

Background

- Tanzania adopted decentralization since 2005
- Within the health sector each district carry out individual planning and budgeting.
- Various tools provided to the districts to facilitate the process including;
 - ❑ Essential Health Package (EHP) comprised of 16 interventions
 - ❑ District Health Accounting Tool (DHAT) – management tool intended to be used in planning and resource allocation
 - ❑ With time DHAT integrated into PLANREP 2 – A multi-sectoral MOF nation wide district budgeting tool

Integration discussion

- VAS implementation started 2001
- Was stand alone program
- Prior 2005 was supported by UNICEF
- With decentralization (basket funding) it was essential for A2Z to ensure allocations for VAS were still secure
- In this case integration into wider national programming
- And also integration with deworming

Why did we integrate

- Heavily donor dependent
- National level program, all districts affected
- Cost-effective
- Needed to be more sustainable

□ Process of integration

1. Cost Analysis for the Tanzania VAS program

- average cost of 253 Tsh or \$ 0.22 per dosed child twice yearly

2. Advocacy workshops

- Zonal meetings, Regional meetings, Low performing districts
- Number of lives saved segregated by district

3. Capacity Building

- Planning and Budgeting Tool
- Sustainability assessment
- Data base for VAS

Integration process

4. Monitoring and Evaluation

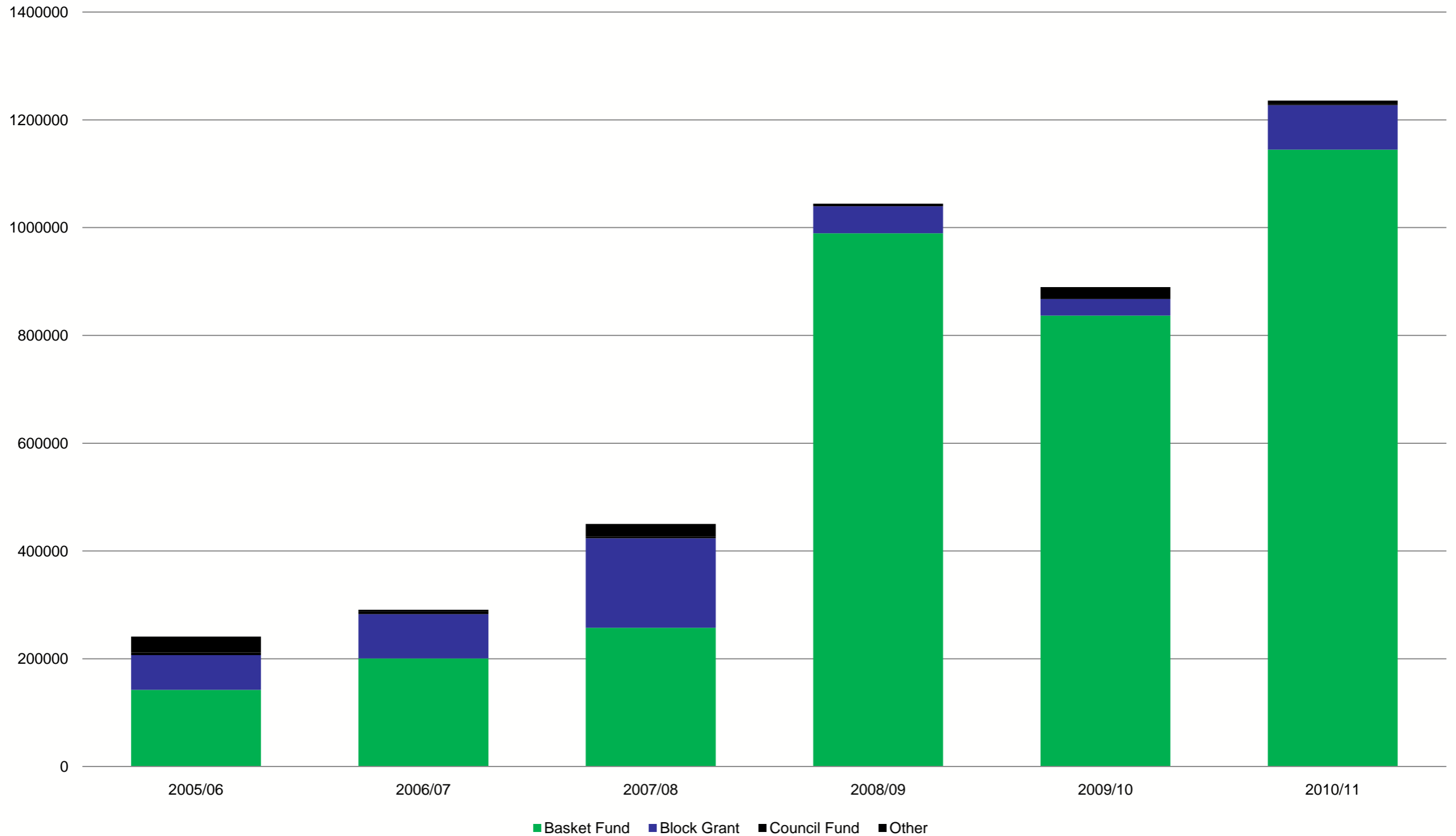
- Budget (CCHP) tracking
- Coverage data tracking
- Post event coverage surveys

5. Technical Inputs

- RHM/CHMT supervision tools
- Data collection tools
- Guideline reviews

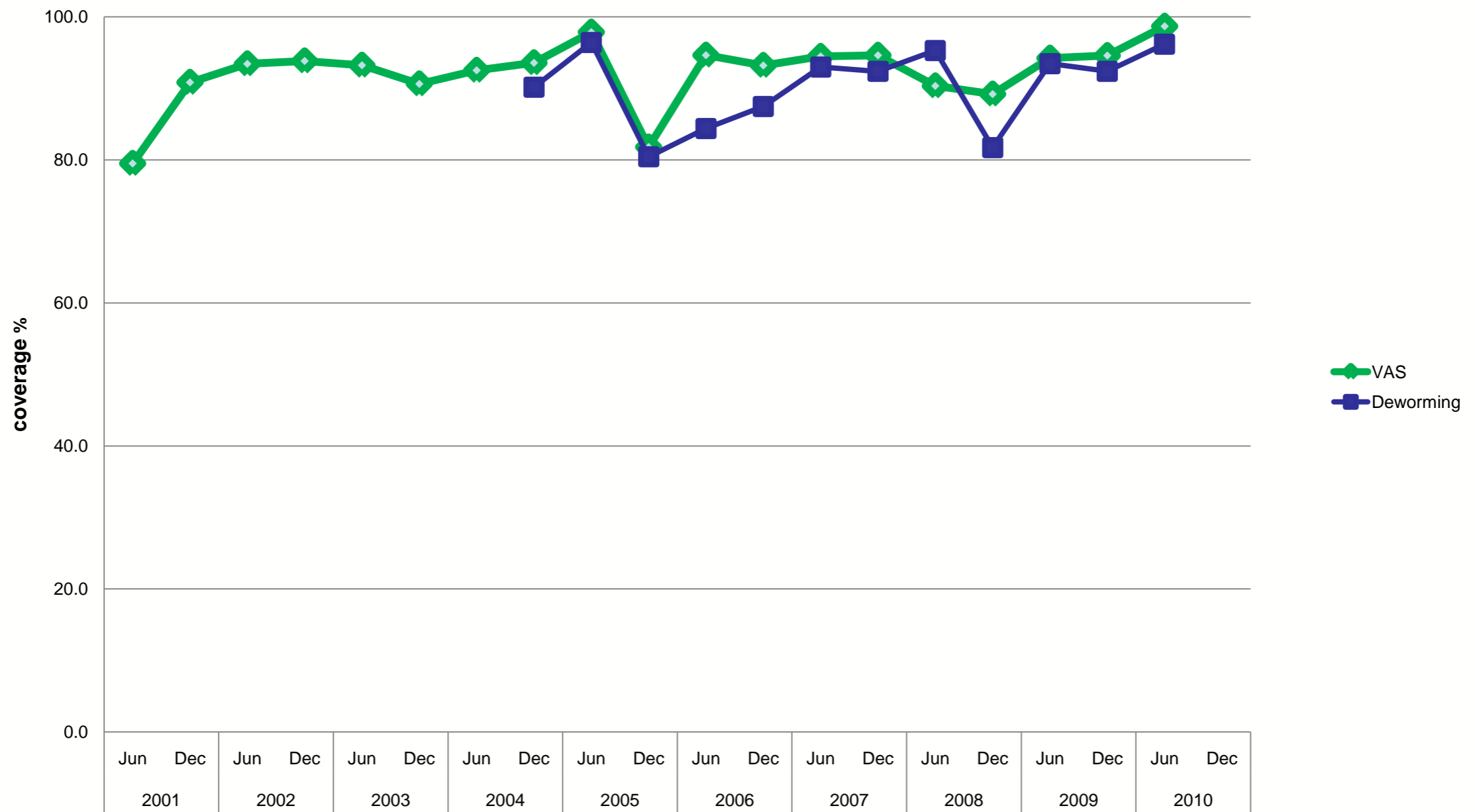
Outcome of the integration

CCHP funding for VAS and De-worming by source



Outcome of the integration

VAS coverage in children aged 6-59 months in Tanzania mainland



What we consider integration

- VAS planning, budgeting and implementation is owned by the district teams.
- Criteria for good integration performance
Is allocation of adequate funding to attain good coverage (>80%) and implementation done on time
- NOTE: Supplies (VAC) not yet integrated

Trade offs

- District owned so difficult to coordinate nationally (set days, etc)
- Timely reporting
- Data quality and discrepancies by source
- Role of the national level/visibility undermined

Integration successful?

- VAS is the only nutrition related intervention allocated with fund in all districts
- Allocation trend for VAS encouraging
- CHMT/RHMT involved with VAS

Words of Wisdom

- Integration in decentralized health environment involves working and meeting different people at different levels on different occasions BUT requires to maintain a constant theme and determination
- On going and need to be persistent