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

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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
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

- Basket Fund
- Block Grant
- Council Fund
- Other

Yearly funding distribution from 2005/06 to 2010/11.
Outcome of the integration

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

coverage %

2001  2002  2003  2004  2005  2006  2007  2008  2009  2010

VAS
Deworming
What we consider integration

- VAS planning, budgeting and implementation is owned by the district teams.
- Criteria for good integration performance:
  - 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
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.