

Sustaining a decade of high vitamin A supplementation coverage in Tanzania



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BLINDNESS PROJECT TANZANIA/**

HELEN KELLER INTERNATIONAL



Evidence for Vitamin A Supplementation



As twice yearly prophylaxis:

- Reduces mortality by 23%-34%
- Has reduced xerophthalmia by up to 75%
- Reduces the severity of infectious illness, including diarrhea
 - Reduces measles-related death by at least 33%

As treatment:

- Reduces risk of death in measles cases by 70%



“Of available interventions; counseling about breastfeeding and fortification or supplementation with vitamin A has the greatest potential to reduce the burden of child morbidity and mortality” – The Lancet 2008

	SOLUTION
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2	The Doha deve
3	Micronutrient
4	Expanded imm
5	Biofortificatio
6	Deworming an
7	Lowering the p
8	Increase and i
9	Community-ba
10	Provide suppo

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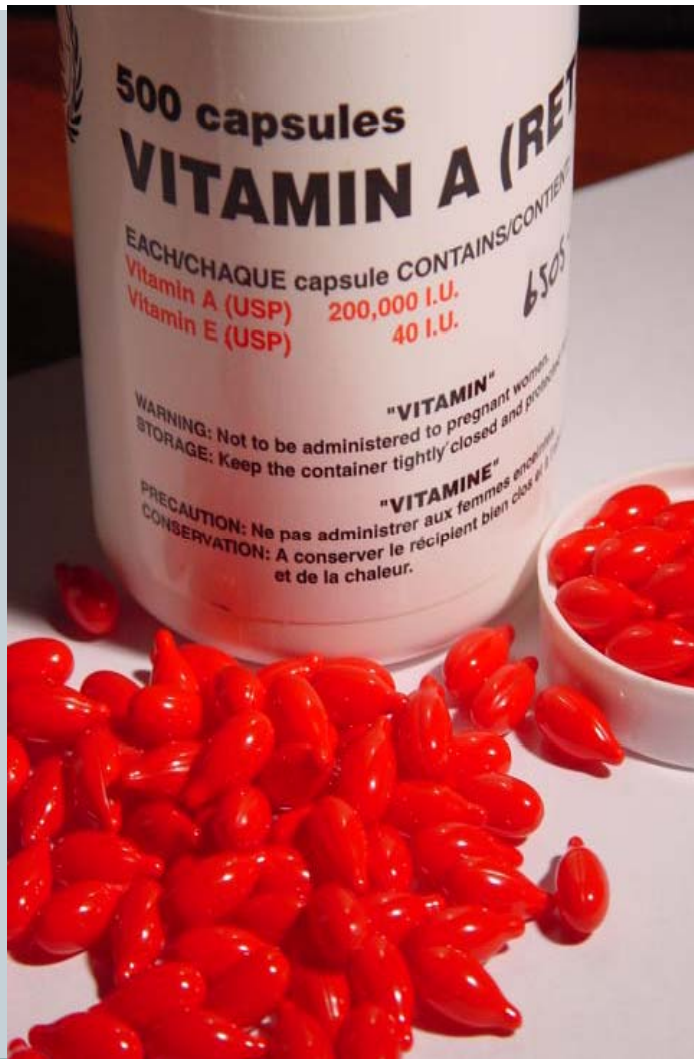


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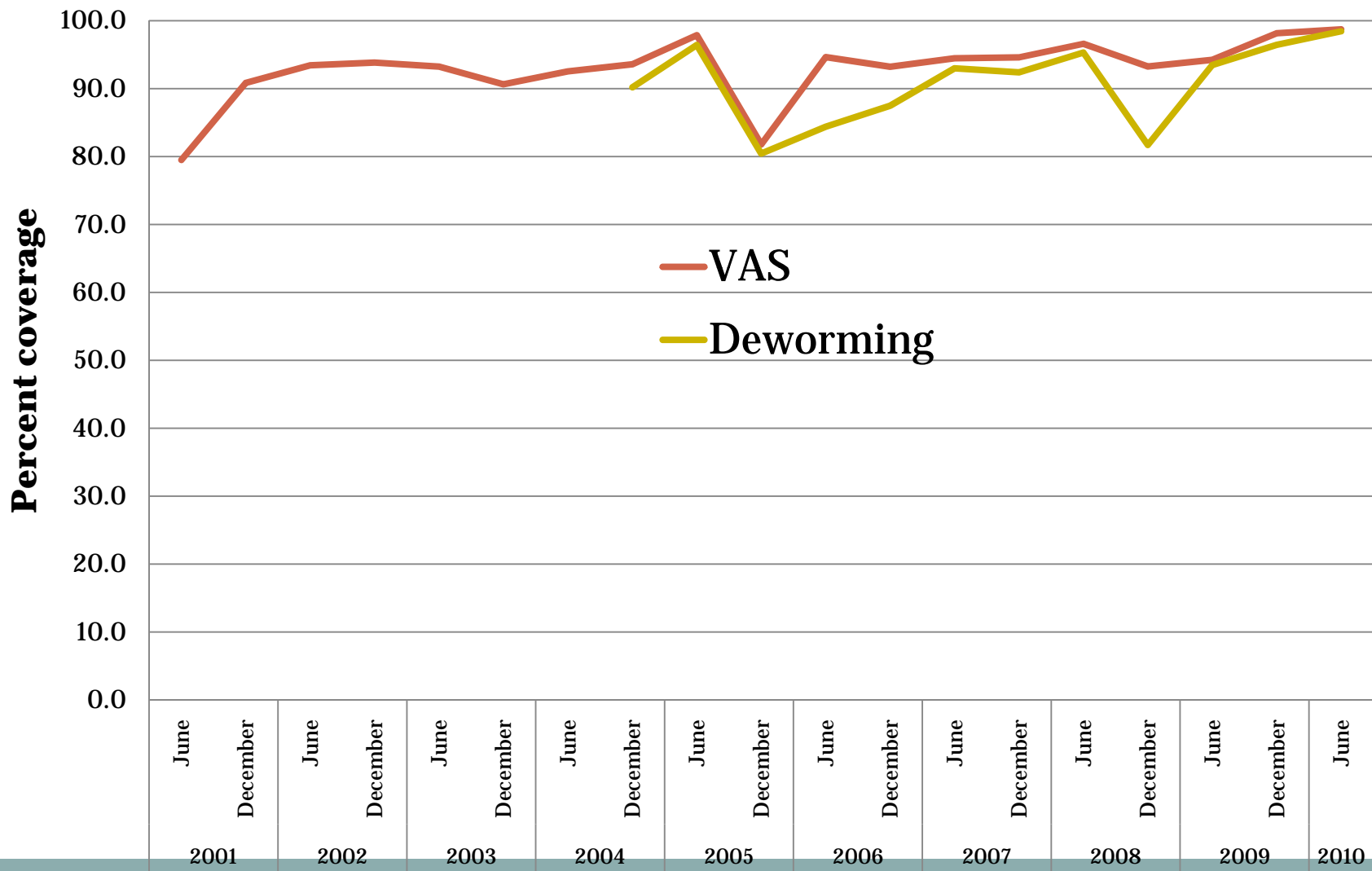
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WHO VA Supplementation Protocol



- Preventive dose every 4-6 months
 - Children 6-59 months of age
- Treatment dose among children presenting with measles, malnutrition, persistent diarrhea
- Post partum dose for mothers within 8 weeks of delivery

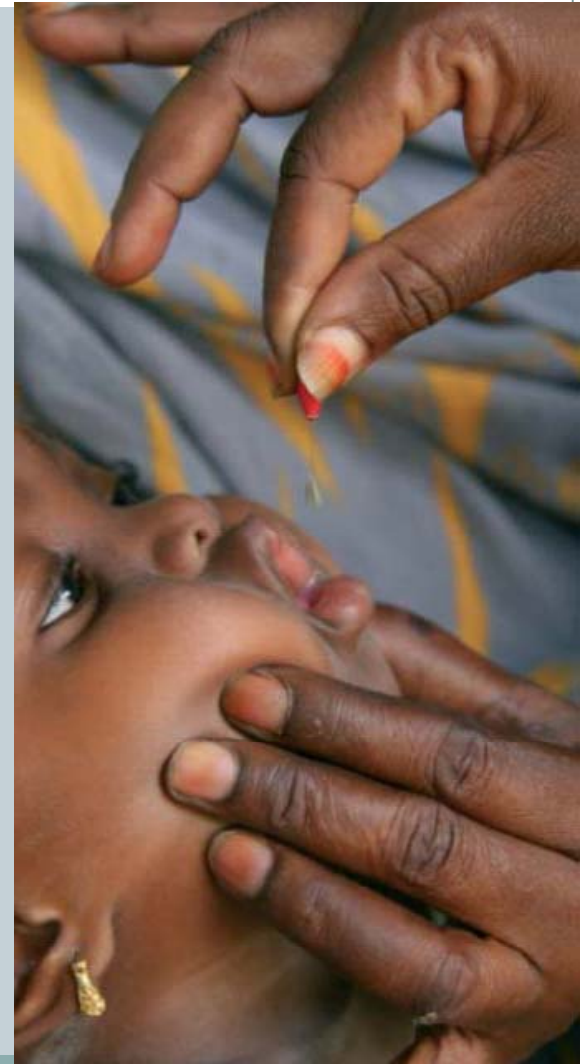
Trends in coverage of Vitamin A supplementation and De-worming among children under 5 during twice yearly events in Tanzania (2001-2010)



A2Z/HKI Approach to VAS in Tanzania



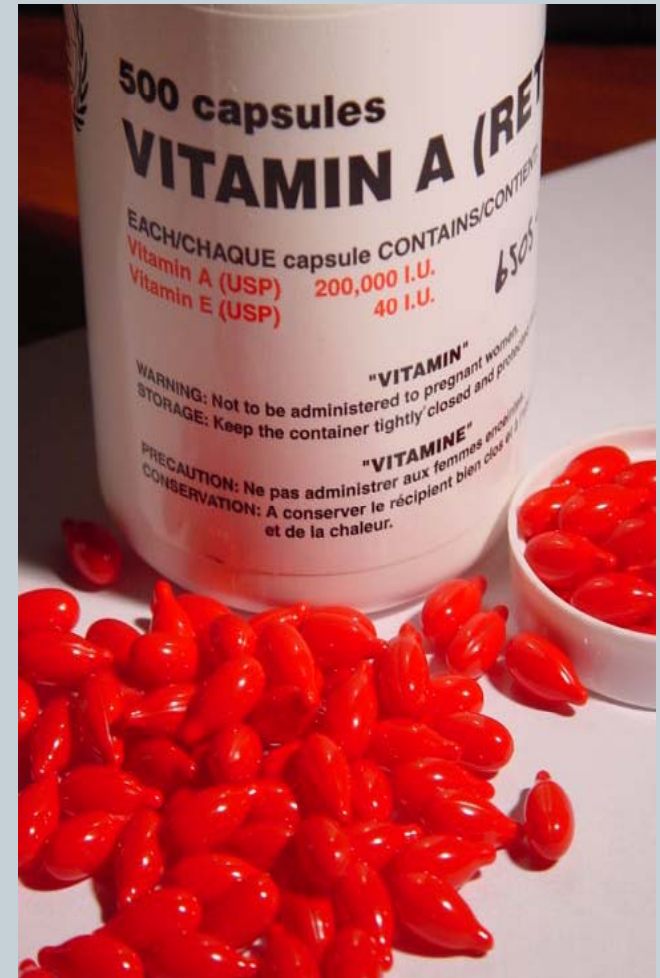
- Focused advocacy for district and regional sustainability
- National scale
- Work through and strengthen the current health system
- Program Monitoring & Technical Assistance



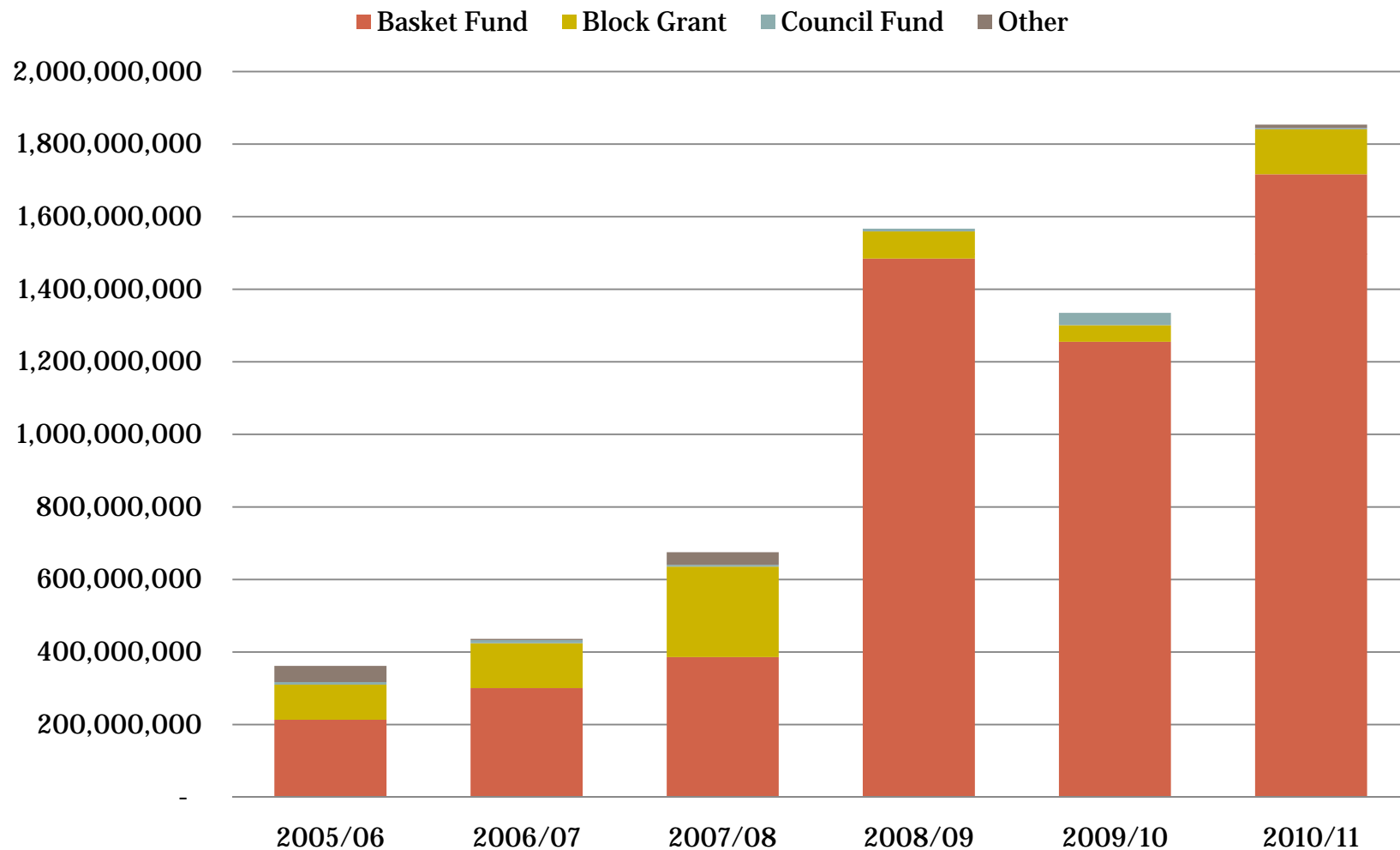
Program Monitoring



- District budget allocations
- VAS Coverage
'Program Performance'



District allocations for VAS in Tanzania



District Budgets FY 2010/2011 Analysis



Activity	Basket fund	Block Grant	Council fund	Other	TOTAL in Tshillings	Total in USD \$
Vitamin A Supplementation and Deworming	1,717,127,988	123,601,704	3,000,000	10,000,000	1,853,729,692	1,265,344
Other nutrition activities	111,150,500	--	62,502,000	91,055,000	264,707,500	180,687
Total	1,828,278,488	123,601,704	65,502,000	101,055,000	2,118,437,192	1,446,032

VAS represents approx 1% of the total health basket funding

Coverage Survey Findings- 2010



Coverage of VAS among children 6-59 months of age

As percentage [95% confidence interval]

VAS coverage in last round of supplementation
(June 2010)

VAS coverage in lifetime

		Tally-sheet	PEC Survey	DHS 2010
Overall	National VAS Coverage among 6-59 month old children	98.6%	65.4%	59.8%
	(from which round)	June 2010	June 2010	Dec 2009

received

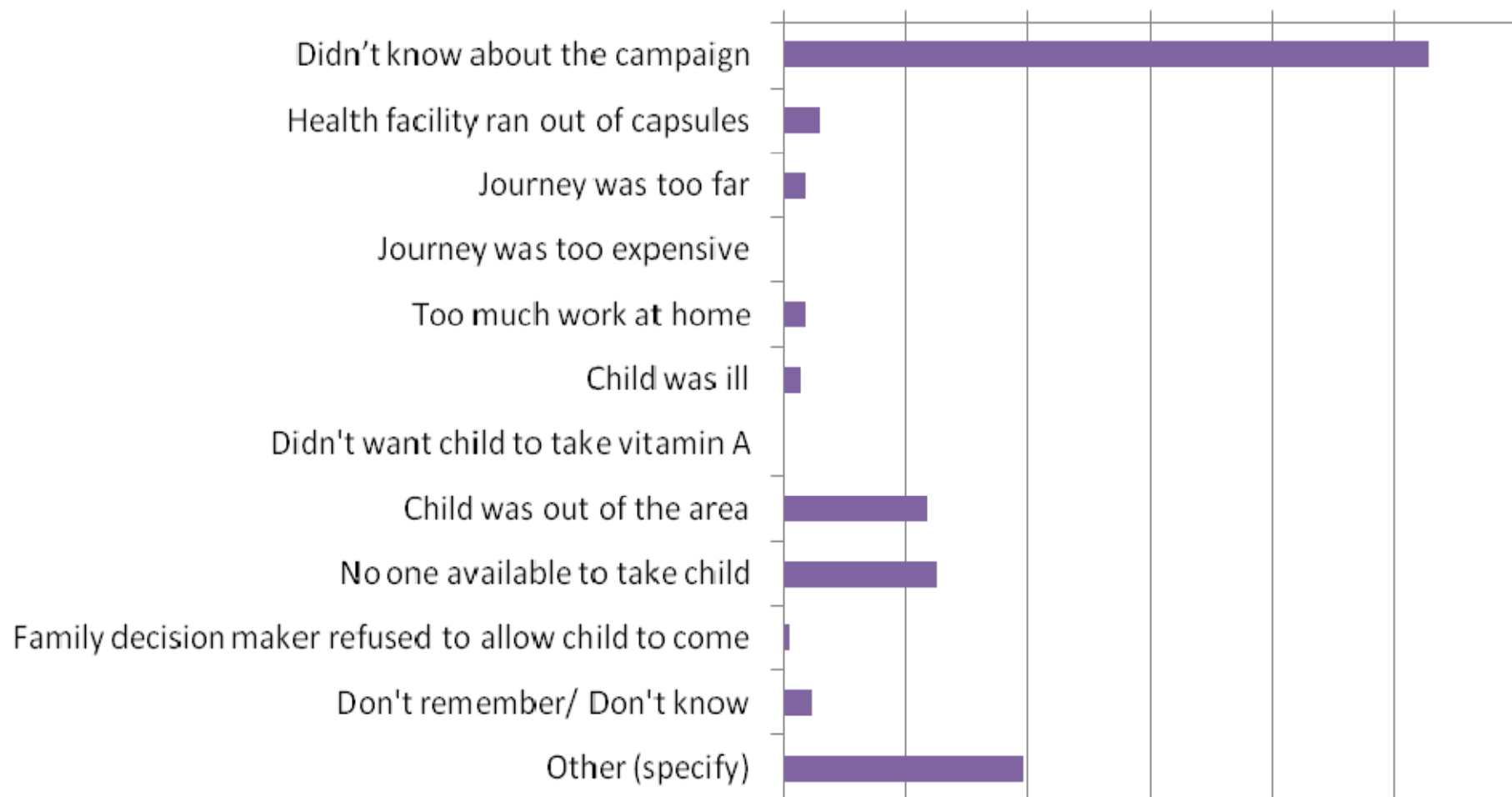
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[-10.2]

Reasons for Child Missing Supplementation Round

Percent of mothers citing reason

0 10 20 30 40 50 60



Key Successes & Current Challenges






- ✓ Sustained commitment and coverage through VAS funding transitions
- ✓ District and Regional ownership grounded
- ✓ Infant mortality declines in Tanzania
- ✓ Commitment to VAC procurement within 3 years

- ❑ Central government coordination and ownership lacking
- ❑ Questionable coverage data quality
- ❑ Social mobilization falls of budget first
- ❑ Identifying and reaching the chronically missed/hard to reach

Conclusions



-  **Twice yearly VAS is highly cost-effective and should remain a key child survival approach for the foreseeable future in Tanzania**
-  **VAS is well institutionalized in Tanzania and can be sustained with less and less external support**
-  **Lessons learned from VAS successes should be expanded upon to broaden advocacy and sustainability of other nutrition and child survival interventions within districts**

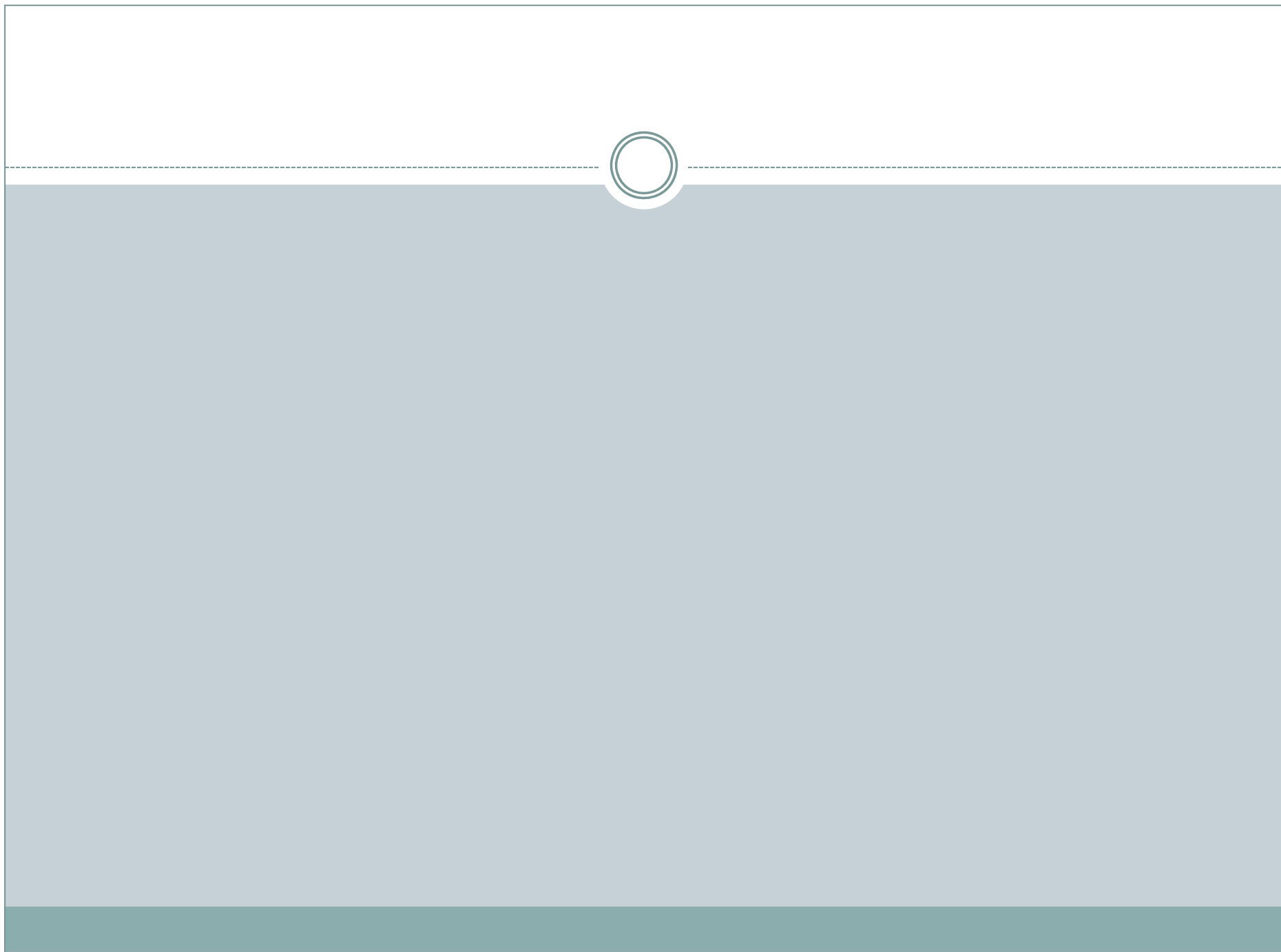
Thank You



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Supply Costs Per Round

District:

0

Population estimates	QUANTITIES OF SUPPLIES			COST OF SUPPLIES			
	Vitamin A 100,000 IU	Vitamin A 200,000 IU	Mebendazole 500 mg	Vitamin A 100,000 IU	Vitamin A 200,000 IU	Mebendazole 500 mg	Total
1	2	3	4	5	6	7	8
Official NBS data	0	0	0	0	0	0	0

	Vitamin A 100,000 IU <small>(Pack of 500)</small>	Vitamin A 200,000 IU <small>(Pack of 500)</small>	Mebendazole 500 mg <small>(Pack of 100)</small>
Unit cost (TSH)	12,000	15,000	2,500

Planning and Budgeting Tool

NOTE: These are estimated costs - to be confirmed

Operations Costs Per Round

District:

0

Number of posts		Personnel requirements							
Health facility	Outreach post	Health workers		Volunteers		Others		Drivers (1 per vehicle)	Super-visors
		Health facility	Outreach post	Health facility	Outreach post	Health facility	Outreach post		
1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0

Per diem						Extra duties						Fuel	Social mobili- zation	Tally sheets, registration forms	Total operations cost
Supervisors	Health workers	Volunteers	Drivers	Others	Total per diem	Supervisors	Health workers	Volunteers	Drivers	Others	Total extra duties				
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of lives of children <5 that can be saved by VAS in that Region

We can serve ---- lives in children less than five years in ----region by providing Vitamin A Supplementation in every 6 months



VITAMINI A SUPPLEMENTATION REDUCES CHILD MORTALITY

Updated 2010



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Number of lives of children <5 saved in each district of that region per year

2007 Results: District self assessment scores on sustainability of VAS and Deworming Programs

Sustainability aspect	Mean % of ideal score	Standard deviation as % mean
Planning	54.4	30.6
Management & Leadership	63.6	15.7
Logistics supply	65.0	20.0
Training, supervision and monitoring	67.8	19.7
Advocacy & community ownership	87.0	18.4
Financial resources available	46.4	58.8
Human Resources available	62.5	32.0
Program effectiveness	93.3	10.7
Overall self assessment score	64.8	10.8