

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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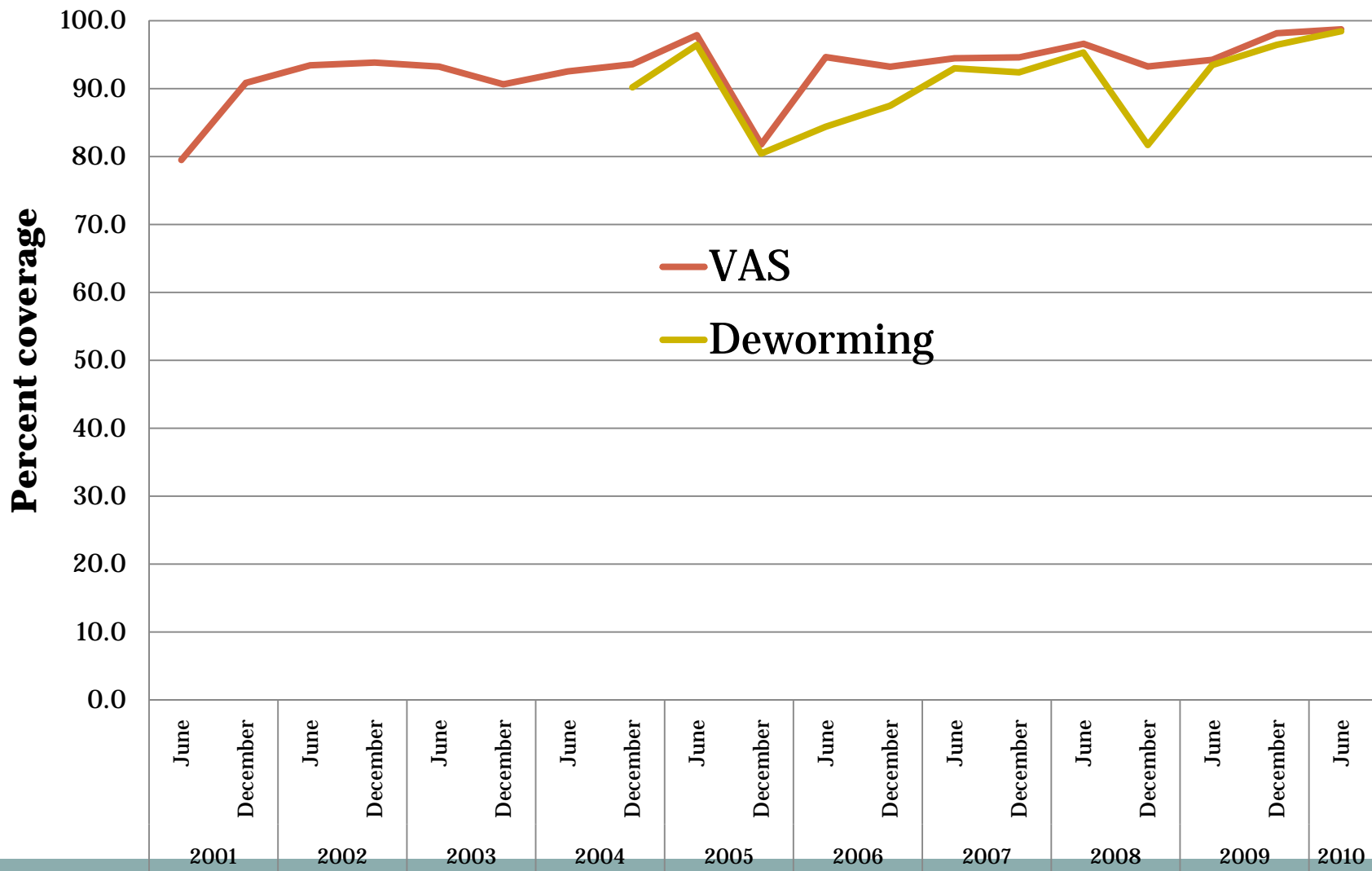
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WHO VA Supplementation Protocol



- 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

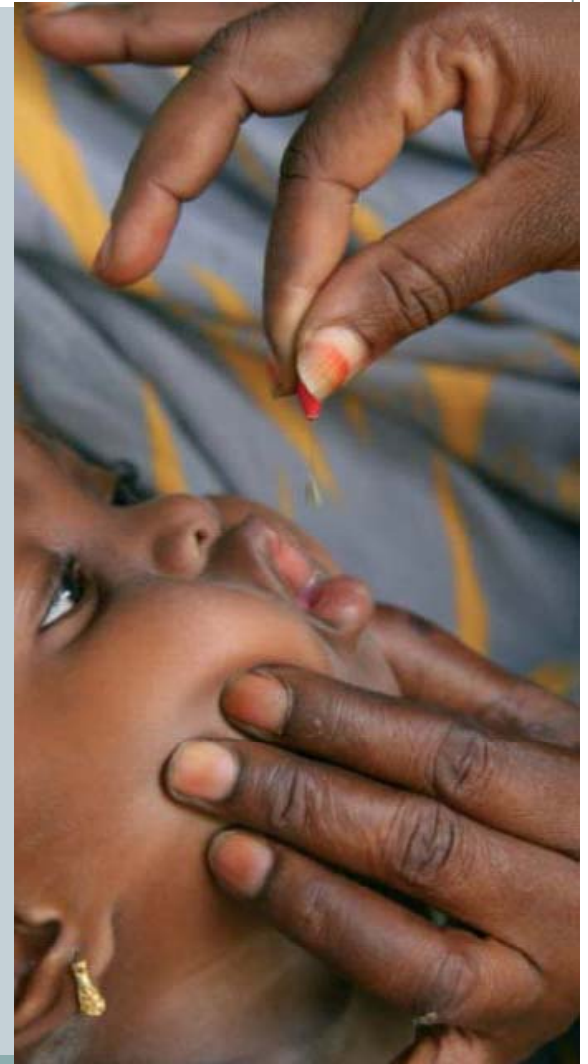
Trends in coverage of Vitamin A supplementation and De-worming among children under 5 during twice yearly events in Tanzania (2001-2010)



A2Z/HKI Approach to VAS in Tanzania



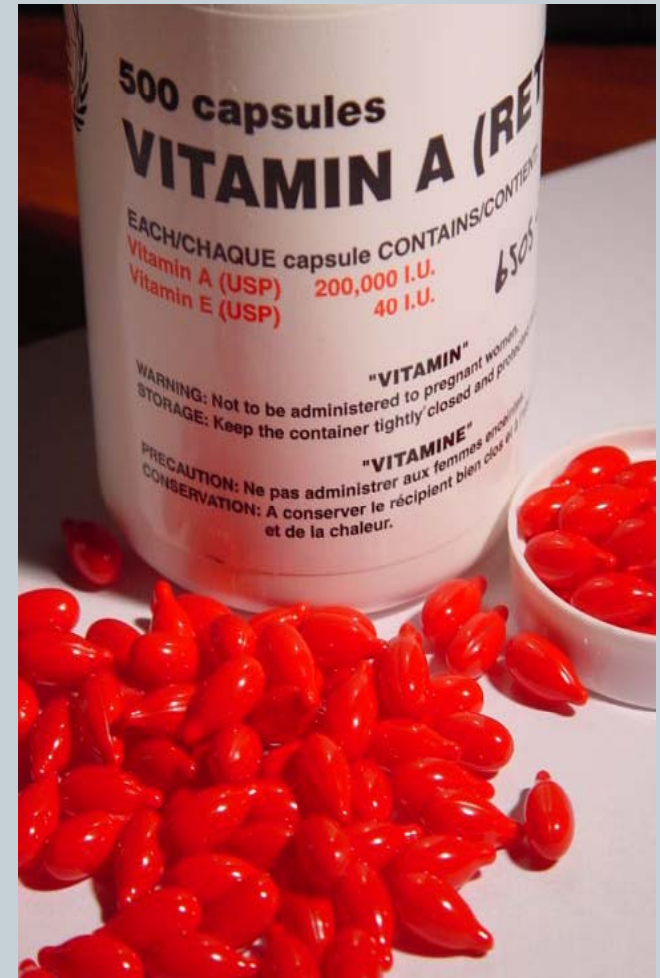
- Focused advocacy for district and regional sustainability
- National scale
- Work through and strengthen the current health system
- Program Monitoring & Technical Assistance



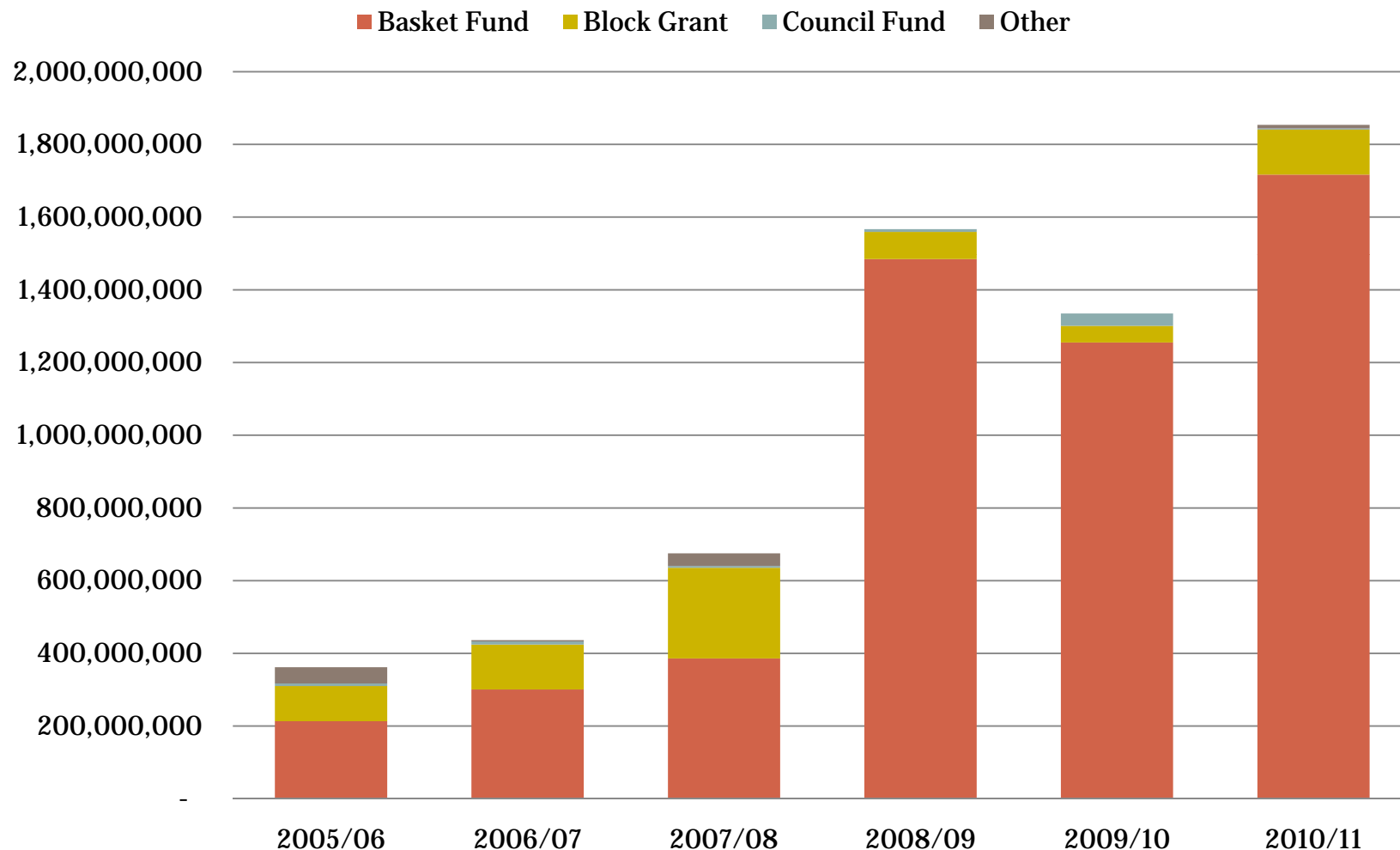
Program Monitoring



- 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

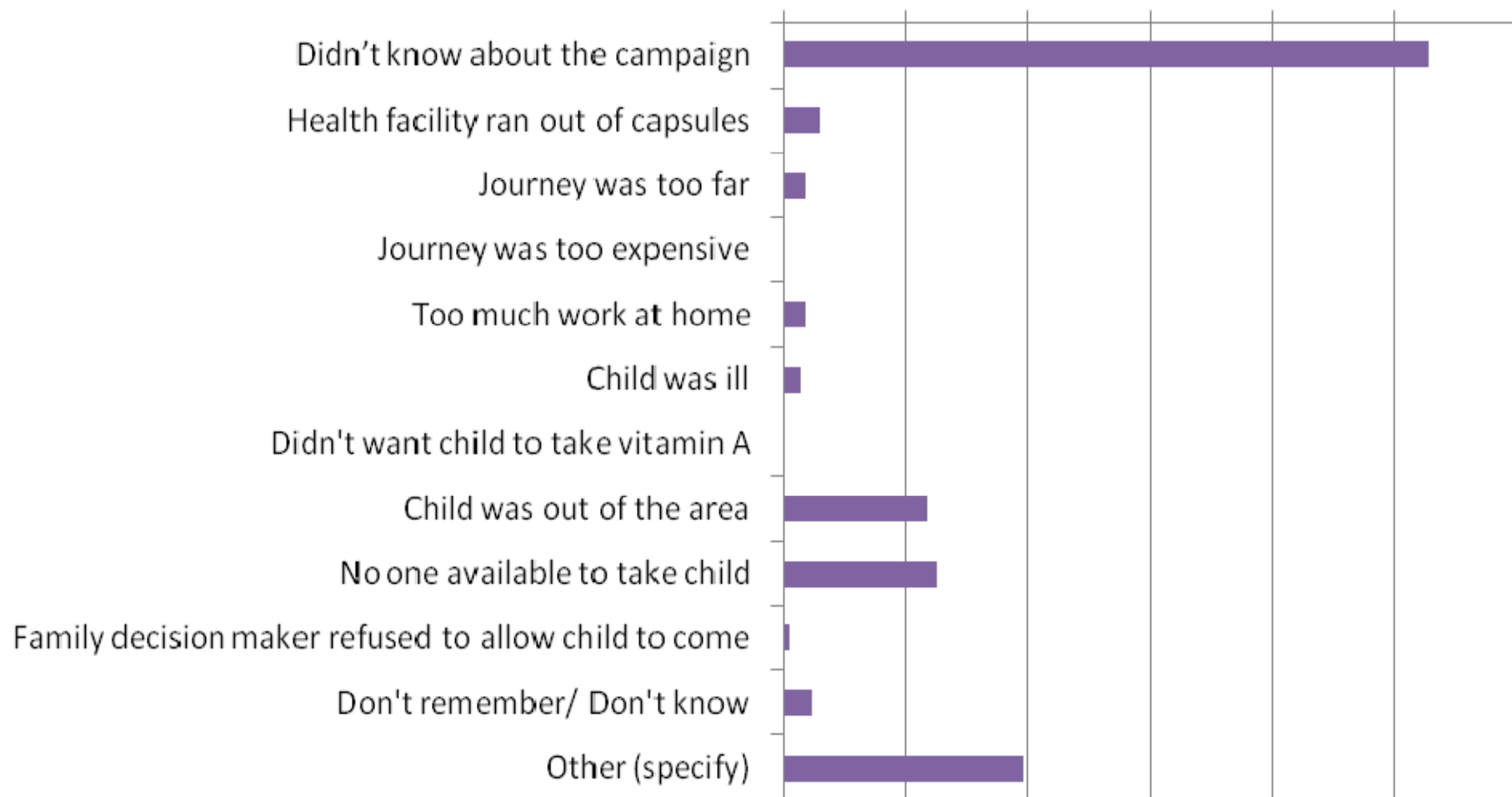
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[-10.2]

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**

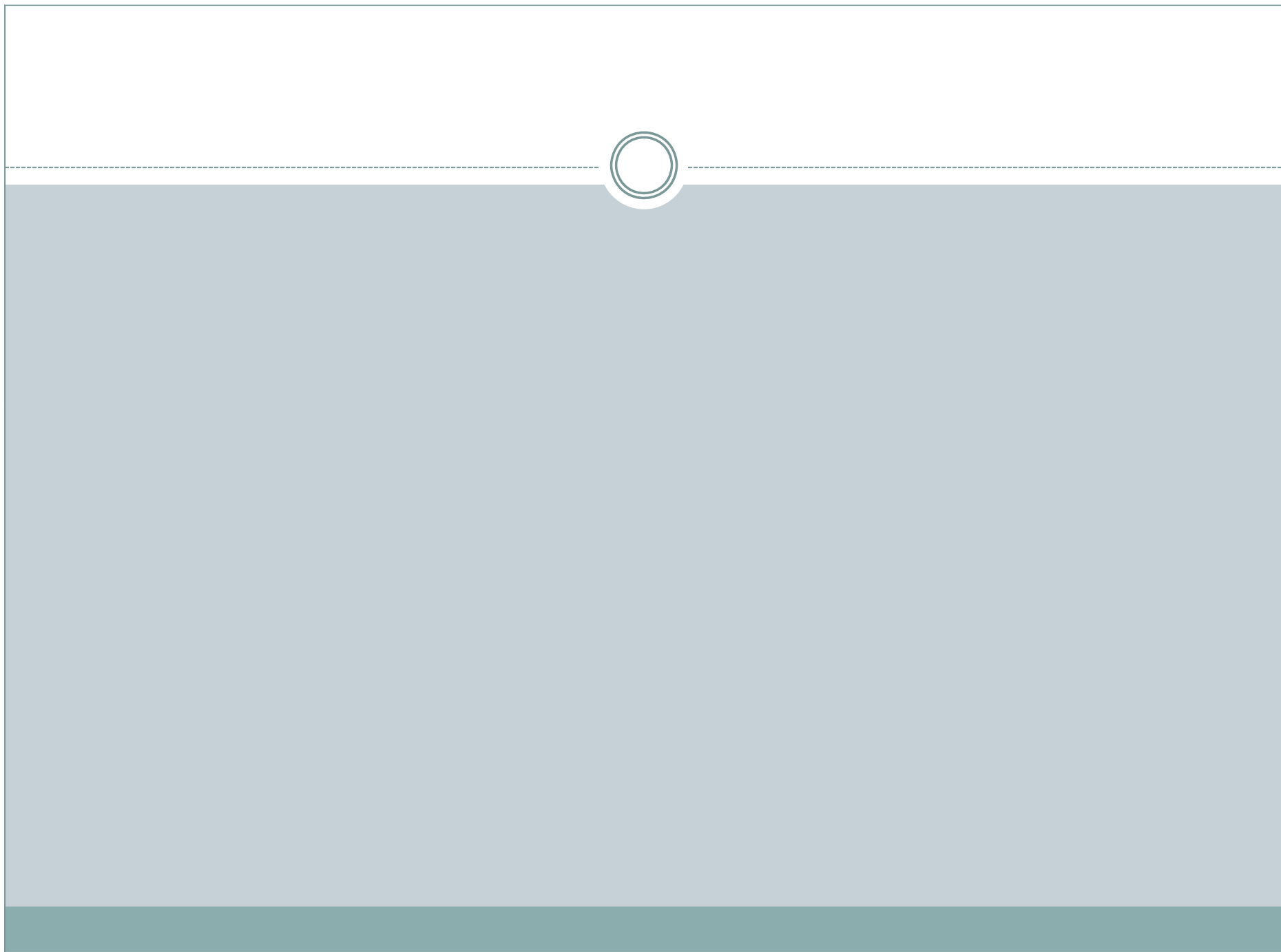
Thank You



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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