A2Z: The USAID Micronutrient and Child Blindness Project - Vitamin A supplementation - Preschool-age children (Pre-SAC)

Programme Data

Programme Description
A2Z: The USAID Micronutrient and Child Blindness Project consolidates, builds, and expands on USAID's long-term investment in micronutrients, child survival, and nutrition. A2Z takes proven interventions to scale, introduces innovation, expands services, and builds sustainable programs to increase the use of key micronutrient and blindness interventions to improve child and maternal health. With work in vitamin A supplementation of children, newborn vitamin A, food fortification, maternal and child anemia control, monitoring and evaluation, and health systems strengthening, A2Z's focus countries have included Bangladesh, Cambodia, the East, Central and Southern Africa region, India, Nepal, Philippines, Tanzania, Uganda and West Bank.

Program type
Multi-national

References
- [http://www.a2zproject.org/node/20](http://www.a2zproject.org/node/20)
- [http://www.a2zproject.org/pdf/Tanzania_VAS_sustainability_executive_summ...](http://www.a2zproject.org/pdf/Tanzania_VAS_sustainability_executive_summ...)

Implementing organisations
- UN agencies
  - United Nations Children's Fund (UNICEF)
- Research / Academia
  - Details: [more](#)
    - Johns Hopkins University
- Private Sector
  - Details: [more](#)
    - Ifakara Health Research and Development Centre
- Other
  - Details: [more](#)
    - Tanzania Essential Health Interventions Project

Funding sources
- Bilateral and donor agencies and lenders
  - US Agency for International Development (USAID)

Action data

| Start date | January 2006 |
| End date | January 2011 |
| Country(ies): | United Republic of Tanzania |
| Status: | Completed |
Area: Urban
Rural
Peri-urban

Place: All 119 districts in Tanzania

Topic: Vitamin A supplementation

Target group: Preschool-age children (Pre-SAC)

Age group: 6-59 months

Delivery: Community-based

Implementation details: While Tanzania has achieved high vitamin A supplementation coverage over the past few years, there is concern that this achievement is fragile because of decentralization. A2Z is supporting national, zonal, regional, and district health teams to institutionalize twice-yearly distributions through ongoing advocacy and routine planning and budgeting. This activity is conducted in collaboration with the National Program for Extension of Tools and Strategies, the Tanzania Essential Health Interventions Project, Ifakara Health Research and Development Centre, the Tanzania Food and Nutrition Center (TFNC), and UNICEF. To foster sustainable vitamin A supplementation, the A2Z project is supporting behavior change communication through community workers and a popular radio serial. Based on information gathered on sustainability indicators by TFNC with support of A2Z and HKI, those districts that have not yet integrated funding for vitamin A supplementation in their plans are receiving additional technical support. Several resources developed in Tanzania are available to ensure program sustainability.

Target population size: Those districts that have not yet integrated funding for vitamin A supplementation

Outcome indicator(s):
- Vulnerability score
- Vulnerability rating

M&E system: Given the twice-yearly nature of the VAS program as well as its historic evolution from immunization campaigns, it is easy for district staff to see the program as separate from their regular day-to-day work. Considering the program to be part of the routine work for the district is critical for sustainability, and is reflected in both attitudes and the support provided to the program. Ninety-one (76%) of the 119 districts regarded implementation of the twice-yearly VAS and deworming program to be a routine activity. About 84% considered VAS and deworming a very important service, and 99% thought the service should continue. Although the majority of the districts viewed VAS/deworming as a routine activity, more than half (55%) had not yet included VAS/deworming services in their routine supervision checklist. Moreover, payment of allowances to staff for VAS/deworming while at their normal duty stations implies that these services were viewed as special rather than routine. The allowance scheme in particular, with an excessive number of supervisors at some distribution sites and inadequate supervision at other sites, may increase a district’s vulnerability to a decline in coverage. Overall, 11 districts (9%) were judged vulnerable with low sustainability related to supervision and monitoring.

Outcome reported by social determinants: Vulnerable groups

Other lessons learnt:
- **Planning**
  Districts should be encouraged to budget for the program in their own CCHP budget including the basket fund which is considered the most reliable source of funds. Once basket funds are planned, they cannot be reallocated.

- **Advocacy and community ownership**
  The program is more likely to continue effectively if it is understood and valued by community members who are involved with planning and implementation.

- **Management and Leadership**
  Efforts should be made to protect the current best practices in management and leadership reported in most of the districts.

- **Logistics Supply**
  Key actors at the national level need to ensure timely procurement and delivery of supplies to the districts.

- **Supervision and Monitoring**
  Districts should determine the appropriate number of site supervisors to contain costs and include VAS/deworming in the routine supervision checklist to ensure that children missed during the twice-yearly events are reached through “mop up” actions.

- **Advocacy and Community Ownership**
  The successful efforts to date should continue to build community ownership of the program through well-designed, regular sensitization meetings and advocacy to engage the community, mobilize participation, and raise the profile of VAS/deworming events.

- **Availability of Financial Resources**
Ensuring adequate provision for the VAS/deworming program within the basket fund can improve the financial sustainability of the program.

**Availability of Human Resources**
Local councils and the central government need to fill staff positions and find secure mechanisms to ensure mobilization of adequate human resources to sustain service delivery.

**Programme Effectiveness**
Efforts should be made to maintain the high performance of the majority of districts and help the few low performing districts improve their coverage.

### Typical problems | Solutions
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Others, please specify below | For an activity to be sustained, it must be considered part of the district's regular activities, and thus must be included in the annual planning process.
Management | The VAS program requires clear management for effective and efficient implementation, and thoughtful management also reflects the value placed on the program. Poor management may make the program vulnerable, and less likely to be sustained in an effective fashion.
Supplies | The VAS program depends on effective logistics, and capsule and promotional materials must reach distribution sites on time and in adequate quantities for the program to be effective. Poor logistics supply management makes the program vulnerable. Adequate communication between programs and departments within district councils facilitated effective use of available resources in 117 (98%) of the districts assessed.
Financial resources | Ensuring adequate provision for the VAS/deworming program within the basket fund can improve the financial sustainability of the program.
Insufficient staff | Twice yearly VAS distribution involves extended outreach to communities, and thus requires significant mobilization of both health staff and community volunteers. Failure to plan for adequate human resources is likely to place districts at risk of not sustaining their coverage achievements.

### Other actions from same programme

- **A2Z: The USAID Micronutrient and Child Blindness Project - Zinc supplementation - Infants (up to 1 year of age)||Infants and young children|Preschool-age children (Pre-SAC)**

### Links to policies in GINA

- Health Sector Strategic Plan III - “Partnership for Delivering the MDGs”
- National Plan of Action for Nutrition
- National Development Vision 2025
- National Nutrition Strategy 2011/12-2015/16
- National Health Policy
- Child Development Policy
- The Food and Nutrition Policy for Tanzania

### eLENA Link

- Vitamin A supplementation in neonates