

1. VASD Set of Job Aids for District Health Management Teams

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Introduction to the set of VASD job aids

This set of job aids is part of the VASD Toolkit that was developed for district level officials. It not only serves as an introduction to VASD, but it will help you to better plan VASD events as well as provides you with clear tools to facilitate your communication with colleagues, leaders, and other influential people.

This document does not replace the more detailed VASD Implementation Guide, which serves as the main reference and full guide to implementing VASD.

The document makes assumptions to best-case scenarios and is based on feedback from district officials and facilitators integrally involved in previous VASD events.

Introduction to the VASD Toolkit

The set of job aids also gives you a summary of other available materials included in the Toolkit. All materials of the Toolkit exist in both hardcopy (paper version in ring-bound file as well as digitally.

The hardcopy can remain on the desk as a quick reference guide. Pages can be taken out, photocopied, or presented in meetings, and placed back into the file.

The digital version can be searched for words and points of interest directly online or as Word document download.

Who should read this document

This part of the Toolkit is aimed at regional and district level.

It serves as an introduction to the VASD if you are new to it and need to learn about the event quickly.

The document makes assumptions to best case scenarios and is based on feedback from district officials and facilitators integrally involved in previous VASD events.

This document can serve as an overview to all district officials who wish to have a quick guide to various aspects of VASD contained within. It does not replace the more detailed VASD Implementation Guide, which serves as the main reference and full guide to implementing VASD.

How to use the Toolkit

The Toolkit exists in both hardcopy (paper version in ring-bound file) as well as digitally. The hardcopy can remain on the desk as a quick reference guide. Pages can be taken out, photocopied, or presented in meetings, and placed back into the Toolkit file. The digital version can be searched for words and points of interest directly online or as Word document download.

Overview of Vitamin A and Vitamin A deficiency

What is Vitamin A?

Vitamin A is a fat-soluble substance found in small quantities in natural foods. Vitamin A is needed for good vision, healthy eyes, protection against infections, immunity, red blood cell production – to prevent anemia, growth and development.

Vitamin A cannot be made by the body. Vitamin A can only be obtained from the diet – either through natural foods, specially fortified foods, or supplementation. Vitamin A is found in two forms:

- Vitamin A or retinol is found in its natural state in foods such as animal meat (beef, lamb, chicken), liver, fish (especially fish liver), egg yolk, milk and foods made from milk (e.g. yoghurt, cheese).
- Carotenoids, are yellow or red pigments in plants and are naturally occurring precursors of vitamin A found in certain vegetables and fruits. Beta-carotene is the most potent of the carotenoids. Carotene can be converted into retinol or vitamin A in the body. Carotene is found in green leafy vegetables, red palm oil, as well as in tubers and fruits with orange colored flesh (papaya, mango, carrot, sweet potato).

Although most of vitamin A (80%) or retinol found in animal sources is absorbed, absorption of carotenes is lower. Many factors affect the bioavailability of carotene and their conversion to retinol. These factors include: kind of carotenoids eaten, amount of carotene eaten during a meal, how easy/difficult the food is to digest, nutrient status of the person, genetic factors, person-specific (host) factors and interactions/relationships between these factors.

Carotenoids found in some orange/yellow colored fruits can be readily absorbed by the body, whereas carotenoids in dark-green leafy vegetable and carrots are not easy to break down by the body.

When a child or pregnant mother does not get enough vitamin A from the diet or supplementation, he/she can become vitamin A deficient. Vitamin A deficiency (VAD) can result in poor functioning of the cells and organs in the body – which can have serious consequences for women and children. Children with VAD may suffer from an increased chance of death due to severe infection – especially measles and diarrhea. VAD may affect a child’s ability to resist infection and to grow normally.

What are the causes and factors related to VAD?

There are many causes of VAD. However, children are vitamin A deficient mainly for three reasons: poor diet, vitamin A deficient breast milk, and infection.

Children are born with limited vitamin A stores and often, children are not breastfed exclusively for at least 6 months. Children are also not given sufficient vitamin A rich foods (for example, animal meat, milk products, green leafy vegetables, orange-fleshy fruits) in addition to breast milk, after 6 months of age.

Also, most countries do not produce or eat enough plant sources of vitamin A to build and maintain good vitamin A stores in the body and to prevent VAD. Infection can further reduce the amount of vitamin A that is absorbed by the body, increase loss of vitamin A in the urine, and negatively affect a child’s appetite. Therefore VAD is prevalent, particularly among mothers and children.

Who is affected by Vitamin A Deficiency?

Young children and women are vulnerable to VAD for several reasons.

Women require a high amount of vitamin A for the growth and development of the fetus, for replacement of vitamin A lost during breastfeeding, and for maintenance of the concentration of vitamin A in the breast milk for healthy infant growth during the first 6 months of life.

Children need vitamin A to support their rapid growth and to protect them to infections they do not yet have immunity against.

What are possible consequences of VAD in children and mothers?

Vitamin A is needed for normal growth and development of the organs, bones and eyes. Deficiency of vitamin A has been linked to maternal and child mortality, night blindness (inability to see at dusk or night), premature birth, growth retardation of infants and increased risk of infections, such as diarrhea in children.

What are ways to prevent VAD?

Three ways to prevent VAD are; (i) modification of the diet to include (more) Vitamin A-rich foods (ii) Vitamin A Supplementation (VAS) (iii) vitamin A fortification of foods. VAS has been shown to be the most cost-effective and efficient way for countries to prevent and treat VAD.

Supplementation is beneficial because large amounts of vitamin A can be stored in the liver for future use and therefore, VAS every 6 months can protect children from the effects of severe VAD. **Dosing a child every 6 months is necessary otherwise the body's stores of vitamin A in the liver decreases and supplementation will not meet the vitamin A needs of children.**

Important Facts

Improving the vitamin A status of deficient children increases their chances of survival:

- Risk of death from measles can be reduced by 50 %
- Risk of death from diarrhea can be reduced by 33 %
- Risk of all cause mortality can be reduced by 23 %

Improving vitamin A status in children also:

- Prevents night blindness, xerophthalmia, corneal destruction and blindness
- May reduce birth defects
- Reduces severity of malaria episodes
- Reduces anemia
- May prevent epithelial and perhaps other types of cancer

Benefits of improving vitamin A status is cost-effective:

- Less strain on clinic and outpatient services
- Fewer hospital admissions
- Contributes to the well-being of children and families
- Reduces health costs of families by lessening drugs needed, hospital and clinic visits

Social and Behaviour Change Communication for VASD events

Social and Behaviour Change Communication: general

Definition

Social and behaviour change communication (SBCC) looks at the role communication can have in bringing about social change, including individual behaviours and social norms.

In the case of VASD, the objective of SBCC is that the whole society supports VASD, and that ALL children 6-59 months are taken to a VASD post twice yearly.

Characteristics

1. **SBCC** is an interactive, researched, and planned process aimed at changing social conditions and individual behaviours.
2. SBCC applies a comprehensive model to find an effective tipping point for change by examining:
 - **individual** knowledge and motivation
 - **social**/gender norms, skills, and an enabling environment
3. The SBCC process includes **five** steps
 - a. Understanding the Situation: use **research** (not assumptions) to drive your program
 - b. Focusing & Designing Your **Strategy**
 - c. Creating **Intervention** & Materials
 - d. **Implementing & Monitoring**
 - e. **Evaluating** & Replanning

4. SBCC operates through three Key strategies, namely:
- **Advocacy:** to raise resources as well as political and social leadership commitment to development actions and goals
 - **Social mobilization:** for wider participation, coalition building, and ownership, including community mobilization
 - **Behaviour change communication:** for changes in knowledge, attitudes, and practices among specific “audiences”

GRAPHIC: Key Strategies of SBCC



SOURCE: Adapted from McKee (1992)

Social Mobilisation and Behaviour change communication: VASD specific

Research

The VASD district Toolkit has been conceptualised to support districts with advocacy (e.g. set of job aids), social mobilisation (e.g. posters) and behaviour change (e.g. radio spots). TFNC in collaboration with HKI have designed the SBCC strategy with the aim of increasing VASD coverage in Tanzanian children 6 to 59 months, based on the findings from three sources:

1. Post Event Coverage Survey, nationwide, July 2011; to determine VASD coverage and determinants of VASD.
2. Situational Assessment, in all 21 regions of Tanzania, November 2011; to determine the SBCC needs in Tanzania.
3. Barrier Analysis, in Tanga Municipal, May 2012; to determine major determinants of the Muslim population to VASD behaviour as well as additional information needed to conceive a communication strategy.

Behaviour:

Take your children to a VASD post twice yearly during the national VASD events

Primary Audience:

Mothers or caretakers of children aged 6-59 months

Secondary Audiences:

Fathers of children aged 6-59 months

Neighbours, friends and other family members of those who have children aged 6-59 months

Planning

Planning is needed for any successful outcomes of the program. It helps in deciding on what to do, why to do it and how best it can be done. A comprehensive plan prior to carrying out VASD events will ensure you tackle all necessary steps for success. Consider the following steps for a successful VASD event.

- Ensure funding for all steps of the exercise is available and disbursement of funds is done in time.
- Identify VAS& de-worming service delivery posts and target population for each post.
- Identify staffing needs
- Identify hard to reach VAS & de-worming service delivery posts and put in place a proper mechanism for reaching these areas.
- Identify the district supervision team and specify the supervision routes
- Distribute supplies, IEC materials, monitoring forms and other materials needed.
- Send out letters to relevant departments to inform them about the coming event. Use this opportunity to request/book for vehicles in case of shortage.
- Conduct meetings with key stakeholders (religious leaders, councillors etc)
- Conduct training/orientation for facilitators.
- Conduct social mobilization events
- Conduct VASD events
- Conduct supervision visits
- Collect tally sheets/summary forms from supplementation posts
- Compile tally sheet data
- Send feedback to health facilities
- Send letters of appreciation/feedback to facilitators who took part in the event
- At the District level-hold a meeting with the implementation team to reflect on and evaluate the exercise.
- Record the way forward to assist in your planning for the next event.

SEE YOU IN THE NEXT PLANNING!

VASD Event Plan Count-Down Checklist

April–May: Intensive preparations for the June round of VAS and deworming events, The preparations could include organizing mass media announcements particularly using appropriate means available in the district; community level promotions, training or orientation of health service providing teams; ensuring the vitamin A capsules, deworming and other key supplies like scissors,

monitoring forms and plastic bags to facilitate safe disposal of used vitamin A capsules and are distributed to service posts.

June: Implementation of VAS and deworming services, supervision and observational visits completion of tally and summary forms to record children and enable calculation of service coverage.

July–August: District completes summarizing report on the events including coverage of the services and a narration of important lessons to facilitate future improvements or sustain the good practices. Regional level in turns compiles report from all district and share with the national level.

September–October: National level compilations and feedback to regions and districts with suggestions for improvement.

October–November: Intensive preparations for the December round of VAS and deworming events, The preparations could include organizing mass media announcements particularly using appropriate means available in the district; community level promotions, training or orientation of health service providing teams; ensuring the vitamin A capsules, deworming and other key supplies like scissors, monitoring forms and plastic bags to facilitate safe disposal of used vitamin A capsules and are distributed to service posts.

December: Implementation of VAS and deworming services, supervision and observational visits completion of tally and summary forms to record children and enable calculation of service coverage.

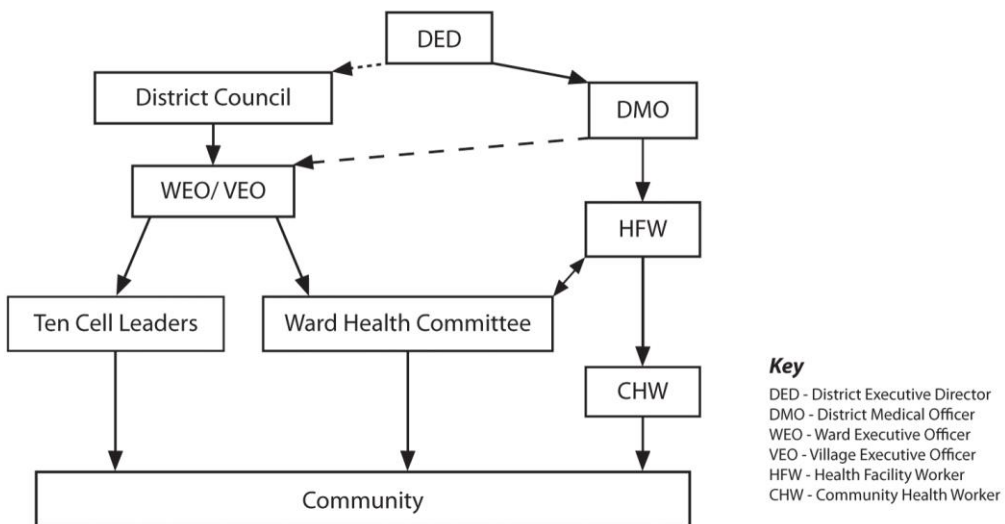
January–February: District completes summarizing report on the events including coverage of the services and a narration of important lessons to facilitate future improvements or sustain the good practices. Regional level in turns compiles report from all district and share with the national level.

March–April: National level compilations and feedback to regions and districts with suggestions for improvement.

1. VASD Event Booklet for District Medical Officers

Activity	Time												Budget	Responsible Person		
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar				
Intensive preparation																
- communication with health system chain at the district	■							■								
- communication with the LGA hierarchy	■							■								
- training/ orientation of HFW	■	■						■	■							
- message preparation	■							■								
- mass media message placement		■						■								
- community level mobilisation (posters, PA, village meetings etc)		■						■								
- ordering of the VA capsules and deworming	■					■	■							■		
- distribution of the capsules, deworming and other supplies		■						■								
Implementation of VASD services			■						■							
Supervision and observation visits			■						■							
Completion of tally sheets and summary forms			■						■							
Calculation of service coverage			■						■							
District report preparation and submission				■						■						
Region report preparation and submission					■						■					
National report compilation						■						■				
Feedback to regions and districts							■						■			

Communication flowchart



VASD information to be shared is authorised by the District executive Director (DED) and disseminated by District Medical Officer (DMO) to the health facilities who in-turn informs community health workers (CHW). In ensuring that the communication reaches timely to all participating authorities, DMO is expected to share a copy of the information to ward and village government authorities who will disseminate the same to the lower levels. Strengthening social mobilisation exercise, DED is expected to share VASD event preparation 'count-down' checklist with the district councillors (through the district chairperson) who would help in mobilising their respective communities.

Advocacy

Definition

All advocacy definitions share common language and concepts. Advocacy is a process, occurring over time, sometimes brief and often lengthy. Advocacy is also strategic and targets advocacy activities to key stakeholders and decision makers. And lastly, advocacy is always directed at influencing policy, laws, regulations, programs, or funding-decisions. Advocacy activities may be conducted at the national, regional or local level.

At district level, advocacy efforts for VASD might address such things as ensuring that VASD is part of the health planning and budgeting, that enough resources are allocated for VASD activities, that leaders include VASD in their speeches, that local and international organisations support the VASD events that religious leaders help the events in any way possible etc.

How can the district get more involved in advocacy?

Educate. Inform your fellow district members as well as decision-makers about the current VASD policies and related problems affecting your communities.

Evaluate. Evaluate all VASD responsibilities, and examine whether current activities involve advocacy as a means to address VASD coverage problems. If not, how could VASD advocacy play a larger role in your district?

Collaborate. Work in coalitions with groups whose VASD philosophy and goals resonate with the district's. Together, pooling staff and resources, all parties involved in the coalition should be better equipped to take on events.

Process of Advocacy

I. **Define Issue.** Advocacy begins with an issue or problem that you want to support in order to promote a policy change.

II. **Set Goal and Objective(s).** A goal is a general statement of what you hope to achieve in the long term (three to five years). The advocacy objective describes short-term, specific, measurable achievements that contribute to the advocacy goal.

III. **Identify and Understand Target Audience.** The primary target audience includes the decision makers who have the authority to bring about the desired policy change. The secondary target

audience includes persons who have access to and are able to influence the primary audience—other policymakers, NGOs, the media, religious leaders, etc.

IV. **Build Support.** Building a constituency to support the advocacy issue is critical for success.

V. **Develop Message(s).** There are three important questions to answer when preparing advocacy messages: Who are you trying to reach with the message? What do you want to achieve? What do you want the recipient of the message to do as a result of the message?

VI. **Select Channels of Communication.** Selection of the most appropriate medium for advocacy messages depends on the target audience.

VII. **Raise Funds.** Advocacy campaigns can always benefit from outside funds and other resources.

VIII. **Implement.** Plan the implementation of your advocacy efforts to make sure the message can persuade the receiver at the right moment.

IX: **Evaluate.** Analyse your successes and failures and use your experience to shape the future.

Tips for efficient advocacy

With district authorities

- Identify two categories: Councillors and District Government Authorities
- Note that some are more influential than others, prioritise the former.
- One-on-one communication might be more effective with this audience, but grasp any opportunity to brief them.
- Come well prepared.

With religious leaders

- Prioritize Muslim leaders. Research has shown that VASD coverage of the Muslim population is lower than that of the Christian population.

- Contact first those religious leaders you or your acquaintance knows.
- If possible, encourage faith-based partners to make a financial contribution to the event, even if it is only symbolic, as it can enhance their sense of ownership and increase the chances the sermons will be sustainable.

With NGOs working in the district

- Understand what they do and how they work. Try to think about possible overlaps in category, sector or audience.
- Inquire about possible piggybacking on their projects/campaigns.

With other sponsors

- Find other opportunities to receive funding or sponsorship e.g. companies, organizations, associations (e.g. Rotary) and/or private individuals in your local area.
- Find out if they are interested in contributing more than just funds e.g. drinks or other items for facilitators.
- Show potential sponsors the video to give them a quick overview of the programme.
- Try to impress them with the programme organisation by explaining it in as much detail as possible.
- If they have a CSR (Corporate Social Responsibility) programme inquire if they are open to establishing a long-term sponsorship of the VASD Event, making yearly contributions. If they don't have a CSR programme, try to convince them that VASD is a perfect opportunity to start one.
- Motivate them by explaining the benefits of sponsoring:
 - Raise profile & reputation in the community.
 - With a CSR, a large impact with a relatively small budget can be obtained. Their assistance will help save lives!
 - Make it possible for sponsors to include their name or logo.
 - Press coverage with mentions about their good work.
- Come prepared with amount of funds required for specific parts of the VASD implementation programme (e.g. if you are hiring one roaming vehicle or printing 50 posters, how much do you need to cover the cost).
- If possible, have them commit to the project for multiple years.

- Continue to educate them about VASD, as well as ensure that they receive regular feedback on how the programme is going.

Communication channels and materials

VASD Toolkit & Advised Usage

There is no one, singular solution to raising awareness & subsequent action.

IEC (Information, Educational & Communication) materials get the information to the target audiences.

Exposure to a combination of IEC materials will lead to 'awareness raising' of VASD, serving to reinforce existing knowledge, but may not necessarily lead to action. Even if some materials call for action.

When you mix media and interpersonal communication channels you achieve better results.

Numerous communication research studies have shown that individuals are particularly influenced to adopt new or improved practices through interpersonal communication with their peers or with opinion/community/health leaders. Interpersonal communication becomes primary, while the mass media plays a supporting role.

To summarize:

- IEC materials are a good way to get information out fast
- Awareness of message does not equal action
- The VASD message needs repetition and reinforcement through many communication channels.
- Using communication materials tend to reinforce the effectiveness of interpersonal communication.

The VASD Toolkit includes a range of materials, some targeting different audiences.

Below is a brief description of the available materials and how best to use them.

It is important that the correct materials are used **for the intended audience**.

The VASD Toolkit materials have been provided in a digital format (on DVD) and it is up to the discretion of each district to decide how many to print & which materials are most relevant for you..

IEC materials within the VASD Toolkit: channels & possible communication methods

By channels we refer to individual people, or groups of people who can help spread the message.

Channel	Method	Detail
Health workers	Meetings	One on one meetings as well as providing information in maternal & child days
Mobile loudspeaker	Mobilisation script & jingle, radio spots	The mobile loudspeaker is an excellent channel for disseminating information
Community Leaders	Meetings, A4 factsheet	Community leaders have the responsibility of informing their communities in meetings. Use of the factsheet for reference.
Priests & Imams	A4 factsheet	A4 factsheet is to help guide religious leaders in communicating the benefits of VASD to their communities. They can also add to this with references to texts in the bible/koran related to looking after children, eating correct foods for maintaining healthy bodies and nutrients.
Teachers	School handouts Health & nutrition class	The school handout can be provided to children to take home and complete as homework, and in doing , they share the details with their caretakers.
10 cell leaders	Meetings, A4 factsheet	Door-to-door advice

Kitchen parties	Meeting, flyer	Passing on advice from mother to child in preparation for motherhood
Corporate (Human Resource Manager)	Meetings, A4 factsheet Advocacy job aid	HR departments to receive a factsheet to share with staff and to request informing their staff of forthcoming events
Corporate sponsors	Utilise PR and media outlets Advocacy job aid	Share Toolkit contents and facilitate meetings to share event details, especially event evaluation results to show uptakes in awareness
NGO sponsors	Piggy back on their media, campaign Advocacy job aid	Shared bilateral communication is paramount. Provide someone to manage if the channel is large & useful. Provide details on the events, especially evaluation results to show uptakes in awareness

List of communication methods with possible channels

Method	Channel	Detail
Meetings	Health workers Priests & Imams VEO Community leaders 10 cell leader Corporate HR Manager	One on one meetings Mass meeting Clinic maternal & child days
Mobile loudspeaker	Professional town crier	One of the most direct informing methods to raise awareness

1. VASD Event Booklet for District Medical Officers

Poster	Anywhere	Constant year long reminder of events
Press Release	Newspaper, newsletter	Fill in the areas that are relevant for your message using the Press Release template, but feel free to add, amend where necessary
Radio spot	Local or national station Mobile loudspeaker	Local provides closer and more real relevance to the community. National provides gravitas to the events
Video	National station On the ground activations Advocacy meetings Health Centres	TV is very far reaching media The video is memorable
Factsheet	VEO / 10 cell leader / other community leaders	Use the factsheet as reference in any meetings to community
Flyer	Any	Top level information easy to understand