

# Vitamin A Supplementation



## Why Vitamin A Supplementation ?

Research has demonstrated that the twice-yearly provision of high dose of vitamin A supplements to at least 80% of the children aged from 6 months to 5 years **reduces their mortality by up to 24%**. It also prevents blindness and reinforces the immune system, thus protecting from measles.

Because of such strong evidence, the WHO recommends that all children aged 6 to 59 months are **supplemented every 4 to 6 months with high dose Vitamin A supplements** everywhere Vitamin A deficiency is a public health concern.

Vitamin A deficiency remains very high in Sub Saharan Africa, with most recent estimates suggesting that up to **48% of children under five are vitamin A deficient** in the region.

Mortality affecting children under five years of age has seen a significant decline over the last decade, but still remains unacceptably high in most countries of Sub Saharan Africa. Vitamin A supplementation (VAS) is therefore **still highly needed in most Sub Saharan African countries**.

## What has been achieved so far?

Helen Keller International (HKI) has been at the forefront of VAS since the 1990's, supporting the research that revealed the major impact of VAS on mortality and then supporting the sharp increase of coverage of VAS in up to 16 countries (13 currently) of Sub-Saharan Africa and helping most of them **reach up to 95% coverage among children under five years in the last years**.

HKI approaches ensuring equity and focus on Hard To Reach populations often contributed to reach the **95% coverage**. To achieve such results, HKI supported national and sub-national governments in designing and implementing the most cost effective delivery models for their contexts. Through these models, HKI has supported the distribution of **close to 300 million vitamin A capsules** in the last five years.



## How does it work?

### Mass distribution campaigns

Mass distribution campaigns are the **main delivery mechanism for VAS**. These campaigns are organized at least **every 6 months** (sometimes much more often) and have been instrumental in reaching more than 95% of the children targeted.

National Immunization Days are the most common strategy, organized as nationwide **door-to-door events**. Health workers leave their facilities and go in communities to administer vitamin A in people's homes. The events require intensive planning and coordination by national and district level authorities.

### Child Health Days

Several countries in Sub Saharan Africa have been implementing **Child Health Days** (or weeks) delivering a **package of health and nutrition services** targeting mothers and children, either through a door-to-door approach or a mix of facility-based and outreach activities.

As a cost effective way to reach mothers and children with essential services when access to routine health system services is limited, Child Health Days constitute an **intermediary model** between NiD's and routine delivery.

### Routine delivery and 6 month contact point

Because mass campaigns take place only every 4 to 6 months, children who reach the age of 6 months between two campaigns, may have to wait several months before they get their first dose of Vitamin A despite being the most vulnerable age group.

To remedy this, HKI is working closely with country-level health sector experts to add a **contact point in national immunization calendars** – at 6 months, when no other vaccination is scheduled.

Additionally, HKI supports **routine facility-based and outreach delivery of vitamin A** for all children under 5 in countries where stronger health systems offer sufficient access to quality services. Few countries are ready for this approach and these still need to develop social mobilization actions to create demand to match the capacity to offer services.

## Post-Event Coverage Surveys

Since 2010, HKI has developed a methodology to assess the true coverage of vitamin A supplementation and identify barriers and determinants of high coverage. Based on a cross sectional survey methodology, the Post-Event Coverage Surveys (PECS) are conducted by health system personnel using mobile phones and allow multiple indicators to be collected. More than 50 surveys have been conducted in 15 countries and provide data to improve performance of VAS programs and ensure that all children have equitable access to essential child survival services.



## What is HKI expertise?

### Reaching the Hard to Reach

Reaching 90% of children under 5 years of age requires careful planning. Ensuring equitable access to all children in resource poor urban areas, remote rural regions or among pastoral populations (to name a few **hard to reach population**) implies first identifying those who do not benefit from the access to VAS services to which they have the right. HKI has been **supporting local governments** by tailoring service-delivery approaches to ensure that these groups receive the services they need and deserve.

### Supporting national health systems

To ensure that VAS is integrated and delivered with high quality, HKI has developed expertise in **Health System Strengthening** approaches, covering a broad set of interventions within the health and nutrition sectors. HKI strengthens:

- **Governance** functions, such as coordination and planning;
- **Qualified health personnel** and managers;
- National **supply chains** at all levels of the health system;
- The management of **quality data to inform monitoring**;
- **Costing and budgeting** of child survival services; and
- The design of **equitable and evidence-based interventions**.

### Promoting cross sector coordination

VAS is one among several **Essential Nutrition Actions (ENA)**. Combining these interventions reduces the cost of delivering each intervention -- and it maximizes their impact.

HKI promotes the **integration of VAS services** in all countries, adapting the most relevant actions to each context, such as family planning counseling, screening for acute malnutrition, birth registration, immunization, provision of micronutrient powders or distribution of insecticide-treated mosquito nets.

### Creating demand by promoting healthy behaviors

HKI promotes social mobilization campaigns that inform caregivers of children aged 6 to 59 months of the importance of VAS and that a supplementation campaign is taking place in their neighborhood. Some of HKI's achievements include:

- Using of **SMS reminders** sent to every caregiver;
- Cooperating with **religious and traditional leaders**;
- Involving community health workers and volunteers to organize regular **population census** that ensure that each child is **reached at home**;
- Developing with health authorities and rolling-out **comprehensive social mobilization toolkits** that include multi-media communication and sensitization tools and messages; and
- Associating social mobilization with **comprehensive social & behavior change strategies**.



What are the main challenges HKI is working to address ?



## Transition

Because of their high cost and the current global push for polio eradication, door-to-door NiD campaigns are mainly **supported by external donors** and are contingent on the prevalence of polio and measles.

With the hope for **eradicating polio** in most Sub-Saharan countries in the near future, this model will soon disappear and VAS will lose an important delivery platform. HKI is working with partner governments and other stakeholders to design and **transition to alternative sustainable models for VAS**.

## Institutionalization

HKI **advocates at all levels** to ensure that VAS delivery is increasingly financed and managed by domestic governments.

Institutionalization also consists of:

- Transition toward the most **cost effective** delivery approaches;
- Efficient **governance** at all decision-making levels of the health systems; and
- **Integration of VAS services within multi-pronged approaches** that aim to fulfill the longer term needs for better diets for children -- by supporting the local production of diverse foods, fortification with micronutrients, livelihood strengthening, and promoting other essential nutrition and hygiene actions.

## Use of Information and Communication Technologies and research for child survival services

Over many years of supporting national health actors and managers, HKI has developed expertise in use of ICT: for real time monitoring and supervision of campaigns, for supporting routine service monitoring, for communication with children caregivers, for detection and reference of positive morbid cases, HKI remains at the forefront of innovations.

HKI has also developed expertise in designing and implementing operational research to build evidence for improved programming. HKI approaches are evidenced based and built with string monitoring and evaluation components to ensure lessons are learnt from every intervention.

