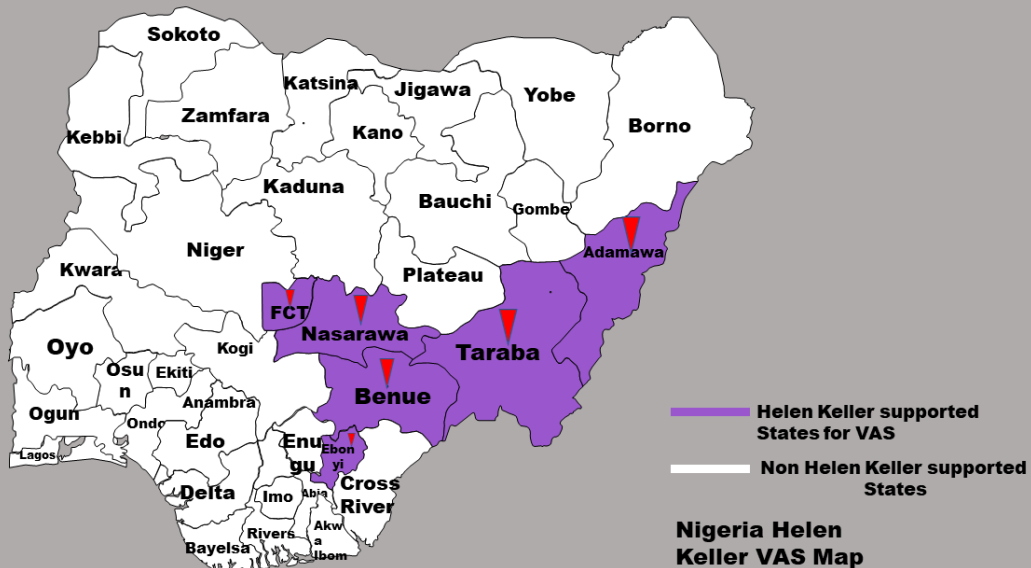


# KEY FAILURE FACTORS IN VITAMIN A SUPPLEMENTATION

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HELEN KELLER INTL

IMPLEMENTING STATES FOR VITAMIN A SUPPLEMENTATION (VAS)



## Background

- Helen Keller International, Nigeria, implements Vitamin A Supplementation (VAS) in 6 states in Nigeria: Adamawa, Akwa Ibom, Benue, Ekiti, Nasarawa and Taraba. In 2021, Helen Keller International, Nigeria, supported the implementation of two rounds of VAS campaigns in all six states.

## Objectives

- The aim of this research was to assess VAS coverage and identify factors affecting coverage and campaign success.

This study is a participatory approach involving the States Primary Health Care Development Agency (Akwa Ibom, Benue and Nasarawa State). A cross-sectional mixed-method survey using both quantitative and qualitative methods was used. The survey targeted households in the study area with at least one child aged 6 to 59 months during either the second round of the 2021 MNCHW campaign.

This survey will be a cross-sectional study with the use of both quantitative and qualitative methods:

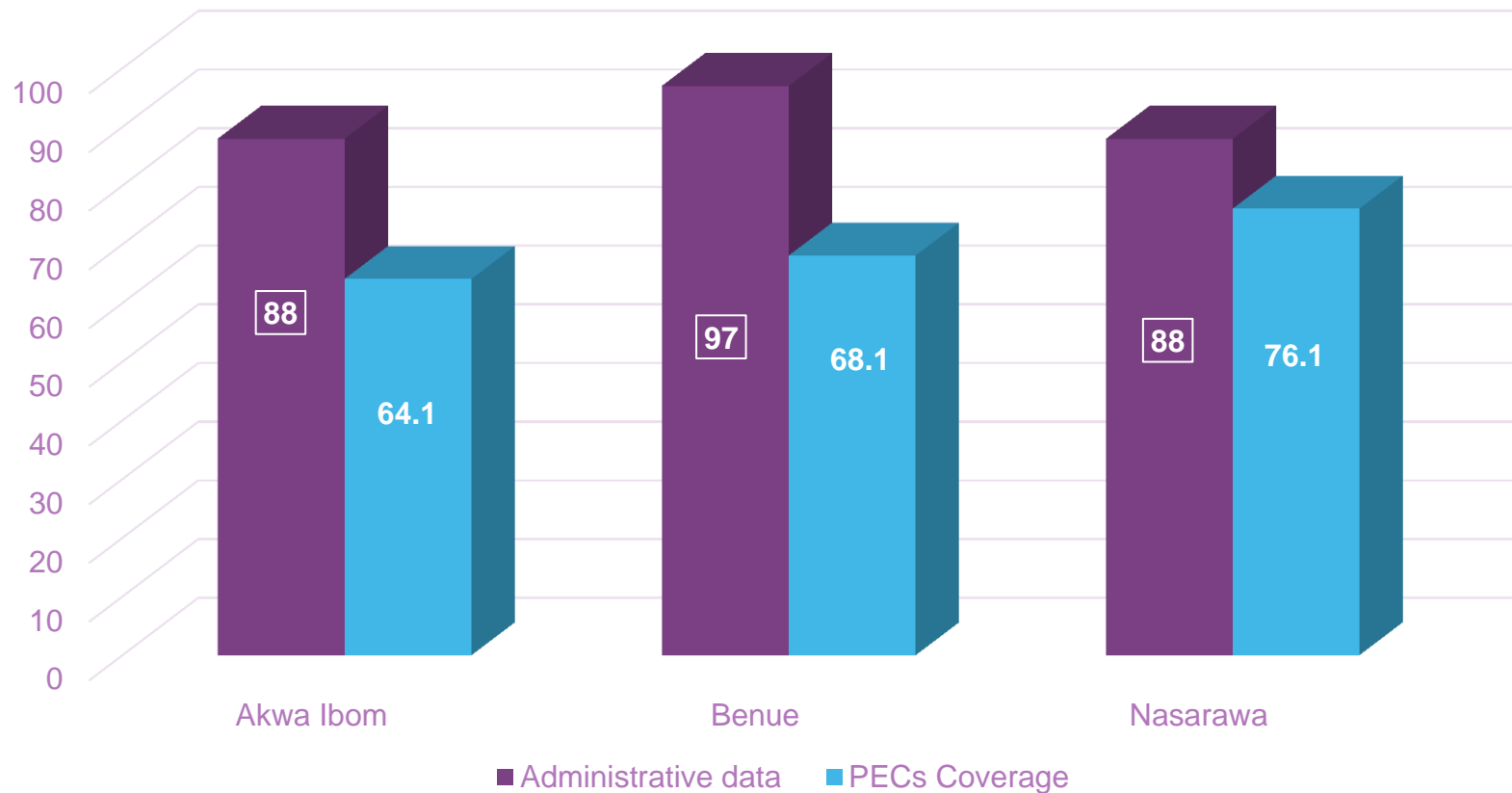
- **A quantitative cross-sectional study** to assess post-intervention coverage of vitamin A supplementation and deworming among mothers/guardians of children 6 -59 months old, with a WHO (2015) two-stage stratified cluster survey. Clusters were drawn randomly within the stratum (Akwa Ibom, Benue and Nasarawa State) according to the estimated probability proportional to size (PPS) method of the population in urban and rural areas. The weight of each area of residence will be based on data from the National Bureau of Statistics on the distribution of the urban and rural population in the country.
- **A qualitative study** consisting of individual interviews with actors implementing vitamin A supplementation activities in the field (health workers and community health volunteers and community leaders).

o This survey was done in two steps:

- Step 1: Census of all eligible households in the cluster
- Step 2: Data collection from sampled eligible households.

At the end of data collection, 1077 households were interviewed in each strata and the results showed that; **Coverage by state:**

Administrative data vs PECS data



With expected VAS coverage lower than the required coverage of >80% of children aged 6-59 months in the states, further analysis was done using the qualitative survey of care givers and key actors, below were some findings of failures leading to the poor coverage.

### **Factors affecting coverage**

- Poor community mobilization for the Maternal Mother and Child Health Week(MNCHW) which was most frequently cited.
- Late arrival of commodities and insufficient commodities(Vitamin A capsules) due to inadequate health worker forecasting capacity.
- Insecurity and communal clashes which made some communities inaccessible.
- Disruption due to other competing interventions i.e., Covid- 19 mass vaccination campaign.
- Shift from door-to-door implementation strategy to facility base strategy in Nasarawa after the Covid -19 pandemic

## Recommendation

- Caregivers need more sensitization and awareness on the services being provided. Improve supply and increase awareness.
- MNCHW interventions like VAS and Deworming should be house to house while ANC others should be facility based. House to house interventions in most communities is better because most women are not allowed out of their homes and most of them, especially those staying far from the facility complained that they are tired of trekking to the health facility just to receive Vitamin A.
- Increased health talk on importance of Vitamin A to caregivers during ANC and immunization visit

Thank  
You!