Vitamin A supplementation among under five children in India

Dechenla Tshering Bhutia
Sikkim Manipal Institute of Medical Sciences
INDIA
Vitamin A supplementation program

- Integrated with the Reproductive and Child health (RCH) program
- 6-59 months: One dose of vitamin A syrup at six monthly interval
- Incorporated with the Expanded Program on Immunization- First two doses
- Administration through Primary health center, Sub center and Integrated Child Development Services centre (ICDS)
Effective coverage threshold of 70 per cent with two annual doses of vitamin A among 6–59 months old children at which countries can expect to observe reductions in child mortality

**Scenario in India:**
At least one dose: 58% (12-23 months)
One dose in past 6 months:
- 37% (12-23 months children),
- 20.2% (12-59 months)

(Source: UNICEF, 2006)
### Coverage of V A S program in India

<table>
<thead>
<tr>
<th>Source</th>
<th>One dose in the past six months (12-23 months)</th>
<th>One dose in the past six months (12-59 months)</th>
<th>Two annual doses (12-59 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFHS III (2005-06)</td>
<td>24.9%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>UNICEF Coverage evaluation survey (2006)</td>
<td>37%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Semba (2010) using DHS (2005-06)</td>
<td>-</td>
<td>20.2%</td>
<td>-</td>
</tr>
<tr>
<td>NNMB (2005-06)</td>
<td>-</td>
<td>-</td>
<td>25%</td>
</tr>
</tbody>
</table>

None of the states have reached effective coverage rate of 70% with two annual doses of vitamin A

Interstate variation in coverage of VAS program (5.9 - 42.9%)
Performance of V A S program in India: Findings according to PRSP framework
Poverty Reduction Strategy Paper Framework (PRSP)

Source: Klugman, 2002
Physical accessibility:
- Infrastructure Inadequate
- Timing and distance inconvenient
- Availability of Anganwadi Centre

Availability of human and material resources:
- Distribution of staff not according to population
- Multiple channels of supply
**Timing and continuity:**
Continuity with subsequent doses missing

**Organizational and Technical quality:**
Lack of program guidelines

- Solely relying on fixed health facility approach
- Absence of supplementary activities

- Lack of coordination between different levels
- Absence of training modules
- Passive monitoring and supervision
Social mobilization efforts are missing and lack of accountability measures.
NGO and Community involvement: Few examples...

- Involvement of Sahiyas (Community mobilizers) in Jharkhand – social mobilization, assisting with due list
  - Increase in Routine immunization coverage from 8% (1998-99) to 34.4% (2005-06)

- Biannual VAS in Maharashtra with social mobilization efforts – Increase in VAS to 73% (2008)
Child protection months initiated in Chhattisgarh with help of local NGO’s and international agencies and child tracking – Increase in vitamin A supplementation coverage from 41% to 78% (2006-2008)

Child tracing in hard to reach areas in Bangladesh – 360,000 unreached children were reached with VAS through local NGO’s deployed as Vitamin A extenders – house to house visit, administration of VAS, monitoring and follow up
THANK YOU