



INSTITUTIONALIZATION OF VAS IN NIGERIA

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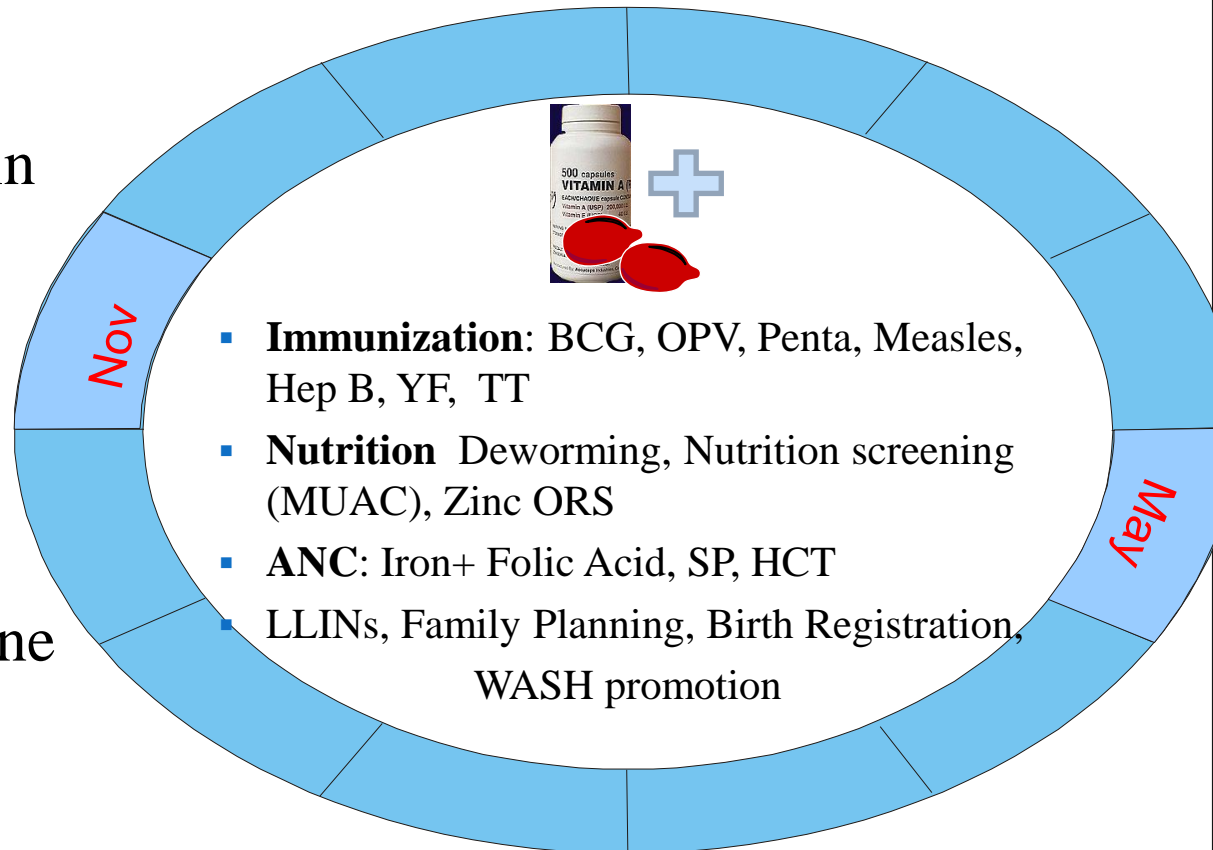


Presentation outline

- Historical overview of VAS in Nigeria
- Background of MNCH Week
- Achievements and results
- Financing
- Challenges
- Strategic shifts and way forward

Overview of VAS in Nigeria

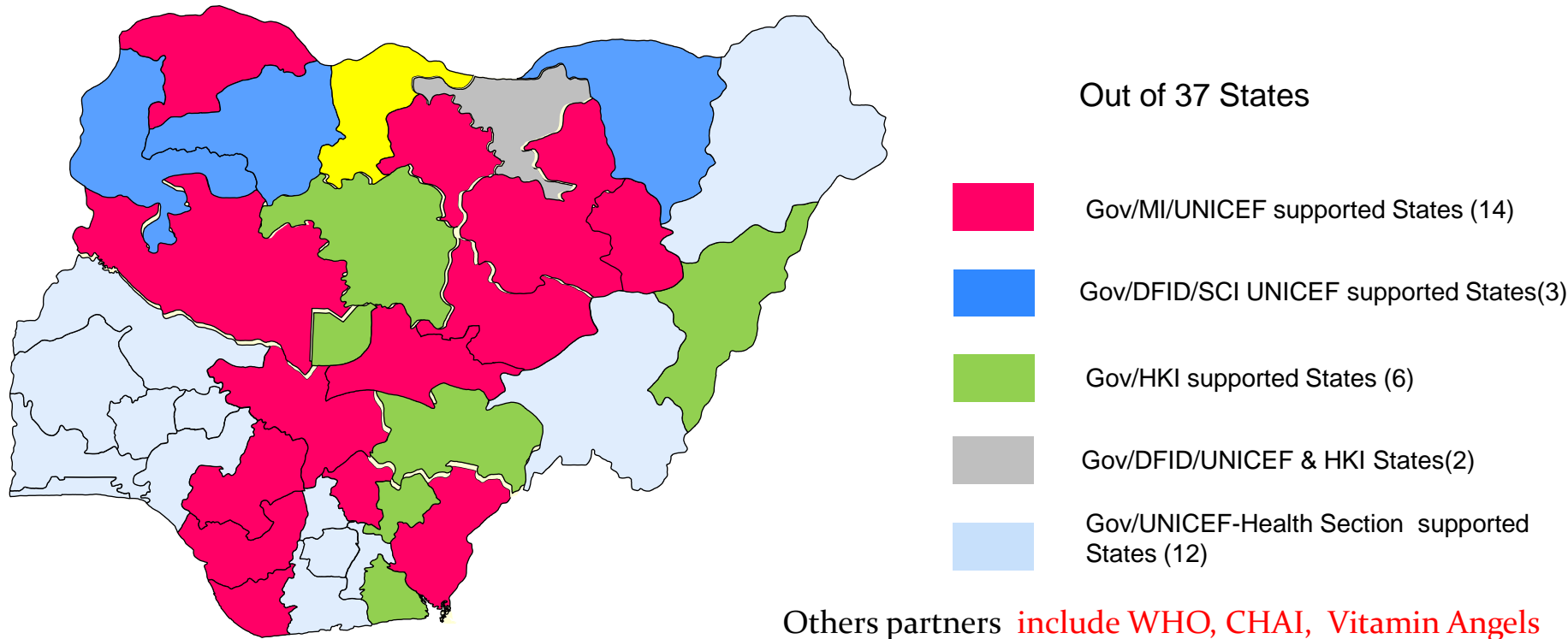
- Integration of VAS delivery into IPDS early 2000.
- Following piloting of *Vitamin A Child Health Weeks* with the support from various partners (MI, USAID & UNICEF), *national Maternal Newborn Child Health Weeks (MNCHW)* was approved at the 53rd session of the National Council on Health in 2010.
- This weekly biannual event provides Vitamin A capsules and set of critical nutrition and health interventions
- Aims is to also contribute to strengthening of routine system.



Overview of VAS in Nigeria

- Delivery of VAS through MNCHW takes place in all 37 States, in all 700 Local Government areas and its Wards through Government PHCs
- The national MN guideline has also endorsed the VAS as key priority-that can be delivered through MNCHW or as routine through PHCs or community based avenues. MNCHW guideline and training manual also developed
- VAS is also one of 10 nutrition interventions in the national nutrition plan of action
- VAS is also one of the indicators for Saving One Million Life initiative and World Bank supported \$500 million PFR project
- Vitamin A included in essential commodities list
- VAS also part of PHC under one roof initiative

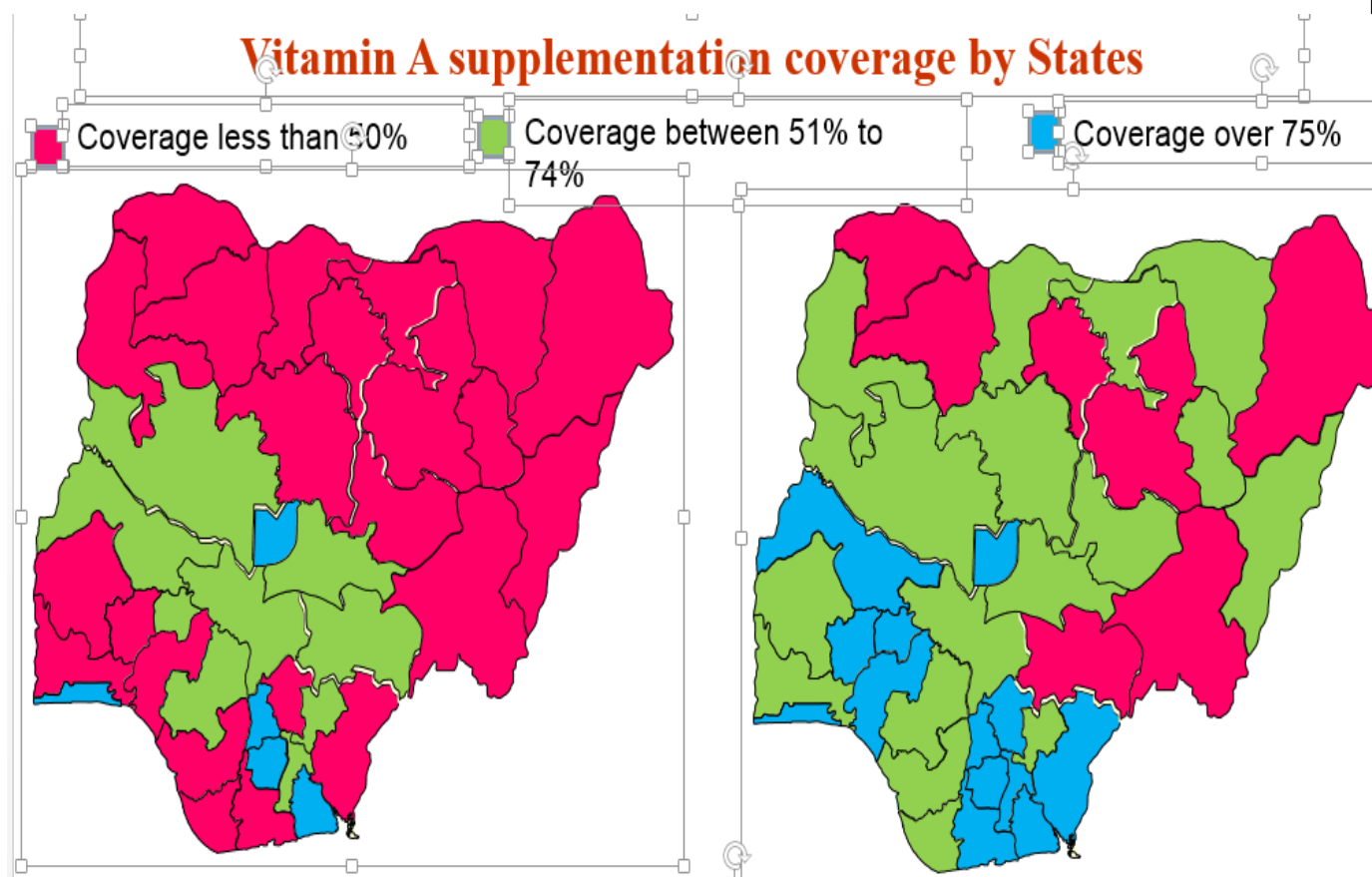
Planning and coordination



- Implementation phases-Pre implementation planning, campaign and post event
- Planning and coordination takes place at all 3 levels-Fed, State and LGA
- Development partners support the MNCH weeks phases and at all levels

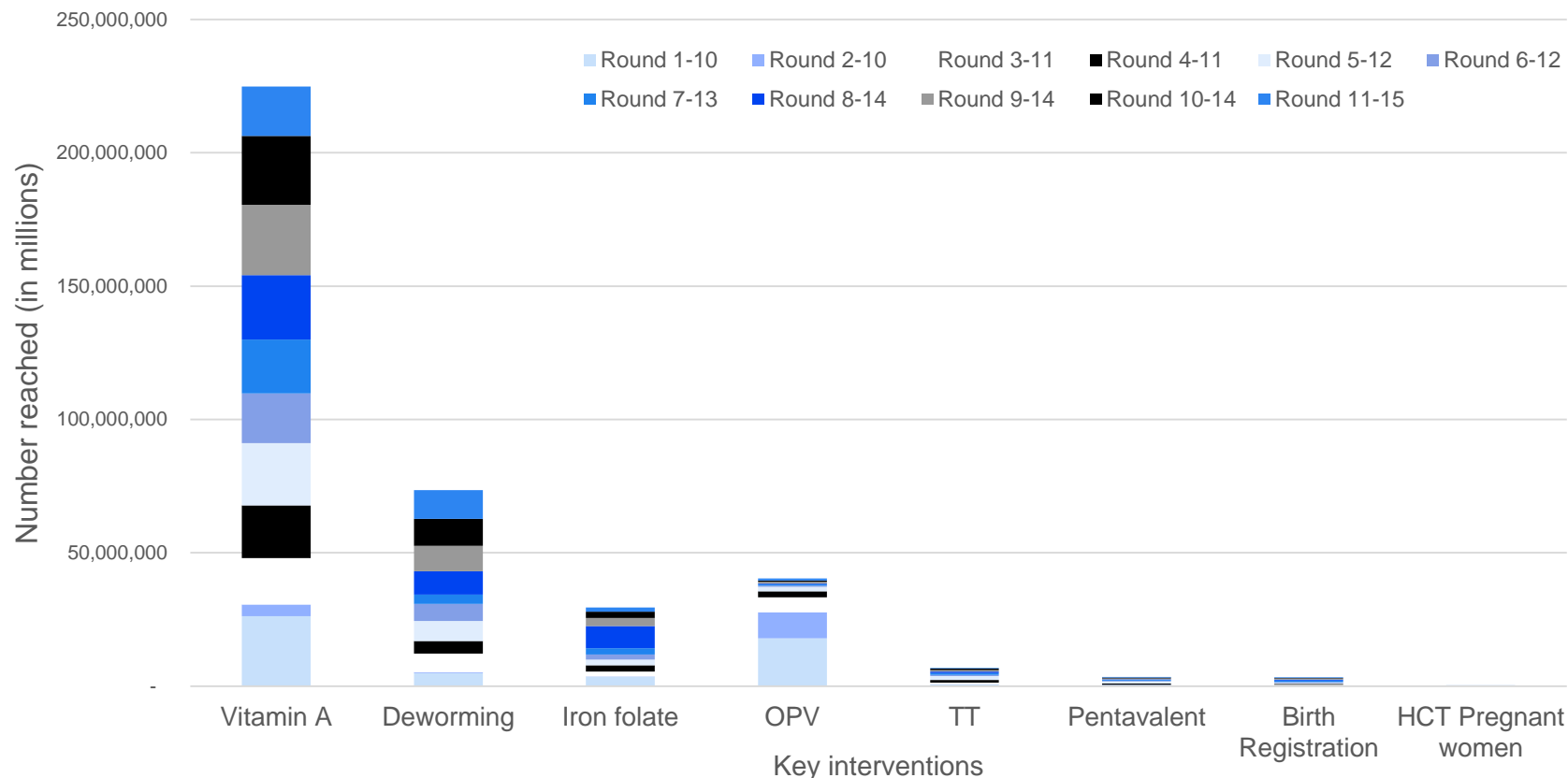
Achievements/key results

- Targets 34 million children & million pregnant women nationally
- 12 rounds of national MNCHW has been completed (2010 to date)
- So far 252 million children have been dosed through by this platform !!!



- The coverage has increased from 23% in 2008 to 47% in 2015 (SMART)

Vitamin A driven MNCHW becomes platform to deliver critical health & nutrition interventions



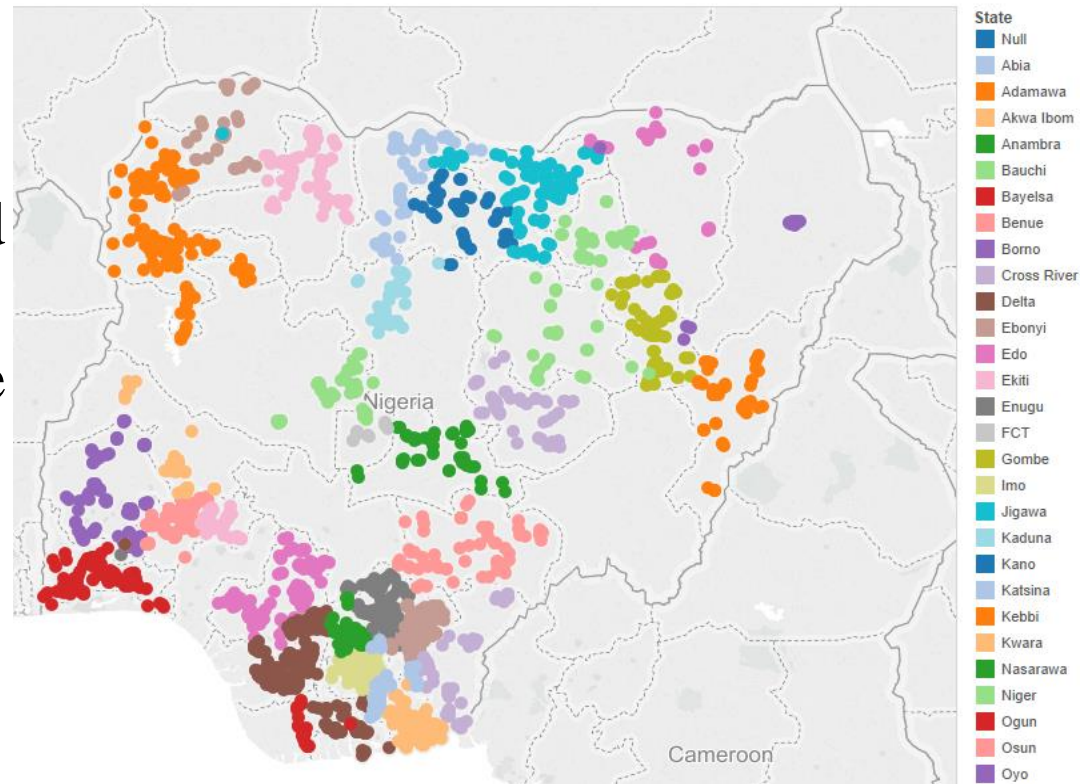
- Apart from reaching almost 250 million children with Vitamin A, 73 million will be reached with deworming 30 million pregnant women with iron, 40 million with OPV etc
- The MNCHW has helped revitalized health system in Northern Nigeria; where polio campaigns were the focus
- The biannual platform has increased community acceptance and trust towards health facilities

Use of innovations

Real-time external monitoring of MNCHW using SMART tablets and SMS reporting/follow up

- 35 States monitored
- 437 LGAs out of 647 LGAs covered
- 2,400 health facilities visited (10% of total)
- Based on triple Rs- real-time monitoring, real time reporting-for realtime response
- use of SMS platform for feedback and follow up with facilities

Health facilities visited during external monitoring in June 2015



State specific SMART survey are conducted to capture VAS converge and other health and nutrition interventions annually

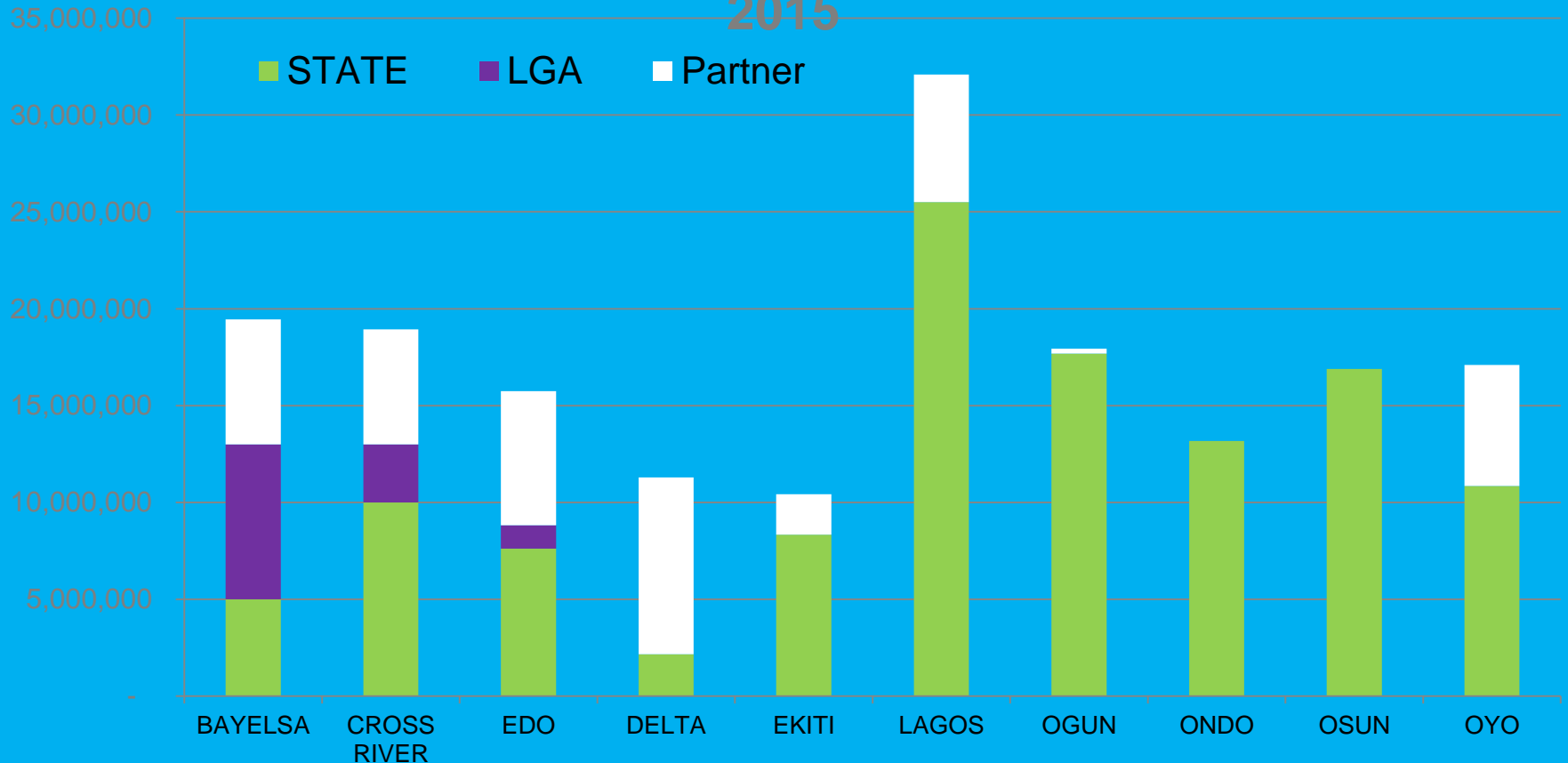
Financing

➤ While there is information gap on the actual cost of implementation of MNCHW in Nigeria, review of budget planning indicates that two third of the total funding is being contributed by the States and LGAs budget

MNCHW component	Budget Item
Planning Meetings	Stakeholders, Micro-planning, work-plan development, advocacy meetings, review and planning meetings at state and National levels
Training	State, LGA, Ward levels and health workers
Supplies and Logistics	Wipes Scissors, Supplies for other interventions e.g. De-worming, Iron folate procurement
Social mobilization	Town announcement, Radio jingle /TV, Community dialogue, Rallies/ banners
Monitoring	LGA, State, Federal
Data coordination	Rapid SMS, Printing of data tool, LGA Operation room, State Operation room, National Operation room

Sample Funding Contribution for MNCHW

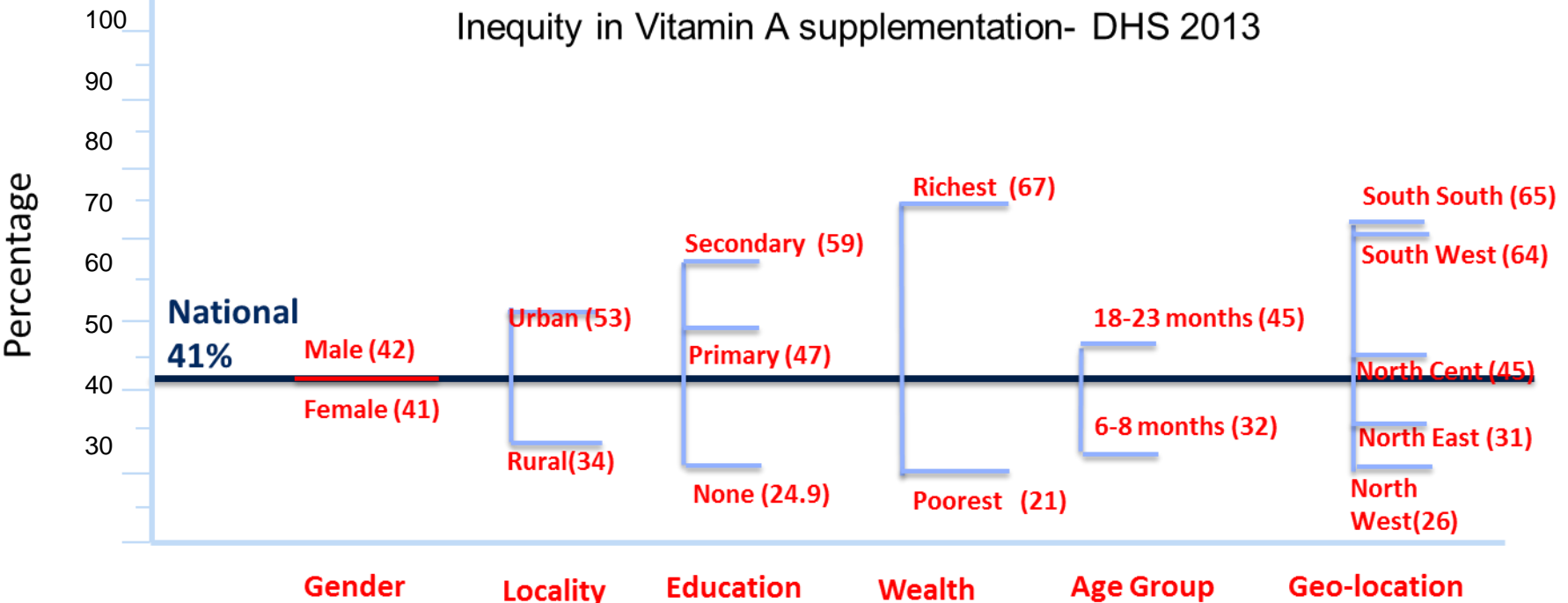
Funding contribution in Southern Nigeria-June 2015



- Overall Gov's contribution is 75%, whereas partners is 25%
- Challenge is Government contribution is not predictable (no budget line) and release of funds often late and inadequate

Challenges

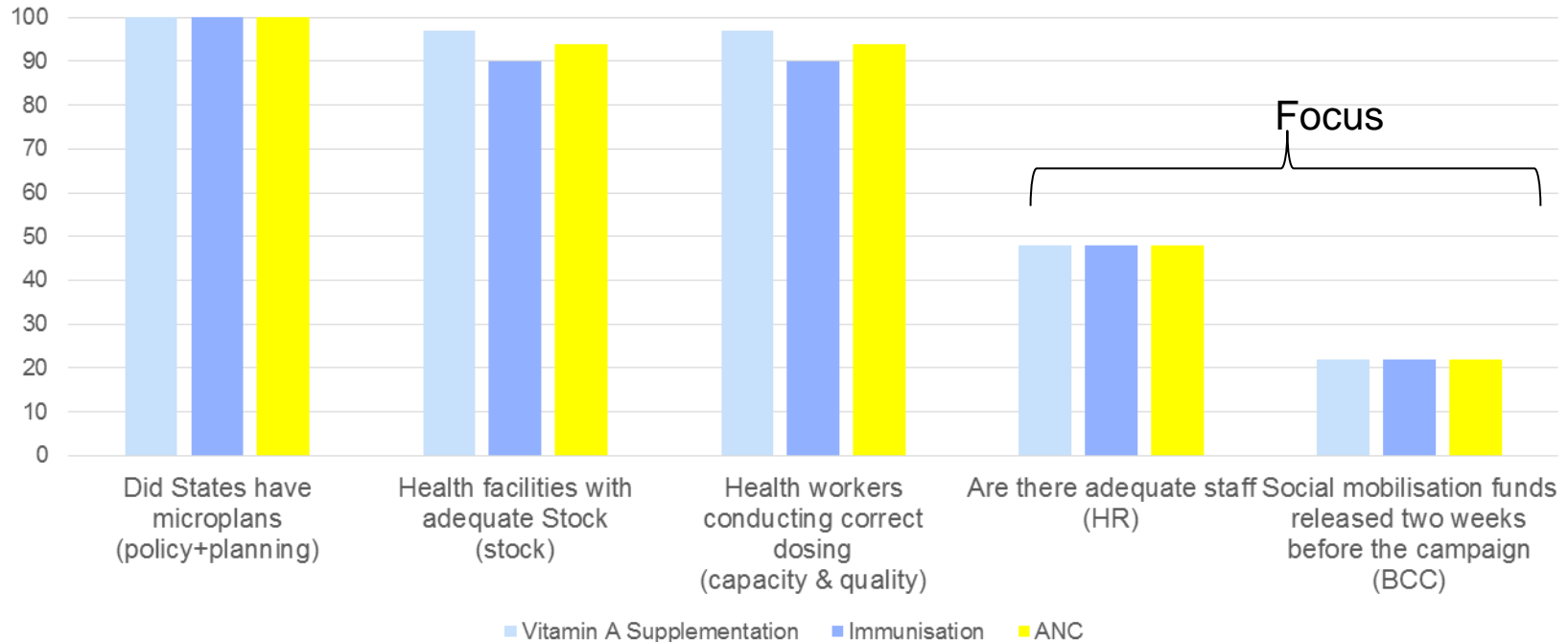
While coverage has increased-severe inequities exists



- Only 20% of children from poorest families receive Vitamin A compared to 67% in the well off households
- Compared to the South, Northern Nigeria has lower coverage where poverty is significantly high are deprived from the supplementation-thus requires specific targeting strategy
- Children aged 6-8 months mostly missed, the group that is in most need

Challenges

Bottleneck Analysis of Vitamin A supplementation during MNCHW June round (MNCHW external monitoring using SMART tablets)



- Planning, supplies and health workers capacity are not the bottlenecks
- Inadequate HR to manage/provide service barrier
- Only 20% LGAs received funds w weeks before the campaign. Many states don't release all the funds budgeted
- Physical access could also be barrier since only 1 or 2 HF out 5 conduct the campaign

Strategic shifts and way forward

Thematic approach for universal coverage to VAS

Based on the Landscape & bottleneck analysis

National Vision: Attainment of universal and sustainable VAS coverage

Equity, efficiency and effectiveness

Increased awareness and acceptance

- Branding
- social mobilisation

Increased access by

- Increasing HF conducting MNCHW
- outreach in HTAs
- Routine distribution

Enhanced Policy, planning and institutional framework

Enhanced funding for predictable financing

- national costing
- Advocacy for adequate and timely release
- need help !!!

THANK YOU