

United Republic of Tanzania



INSTITUTIONALIZATION OF VAS IN TANZANIA

Dakar, 6 April 2016

Background

INSTITUTIONALIZATION OF VAS IN TANZANIA

- In Tanzania Twice-yearly VAS started since 2001 in June and December through Child Health Days
- VAS was integrated with Deworming in June 2004
- Delivery mechanism include CHDs and routine
- The two interventions achieved coverage over 85% (Annual CHDs coverage reports, 2004-2015)



Background cont...

INSTITUTIONALIZATION OF VAS IN TANZANIA

- The program received financial and technical support from partners including UNICEF, DFATD, USAID, HKI, MI and WHO
- Government provides human resource, logistical support, coordination, social mobilization, monitoring and reporting



Integration of VAS into health service delivery systems

- In 2008, the ownership of VAS was gradually shifted to Local Government Authorities (LGAs)
- Donor's fund for VAS was channeled through Health Basket Fund
- Advocated to regional and district decision makers and technical teams on mainstreaming VAS into their annual health plans and budgets
- LGAs started planning and budgeting for VAS through Comprehensive Council Health Plans (CCHP) operated under principles of Health Sector

Decision towards SWAp

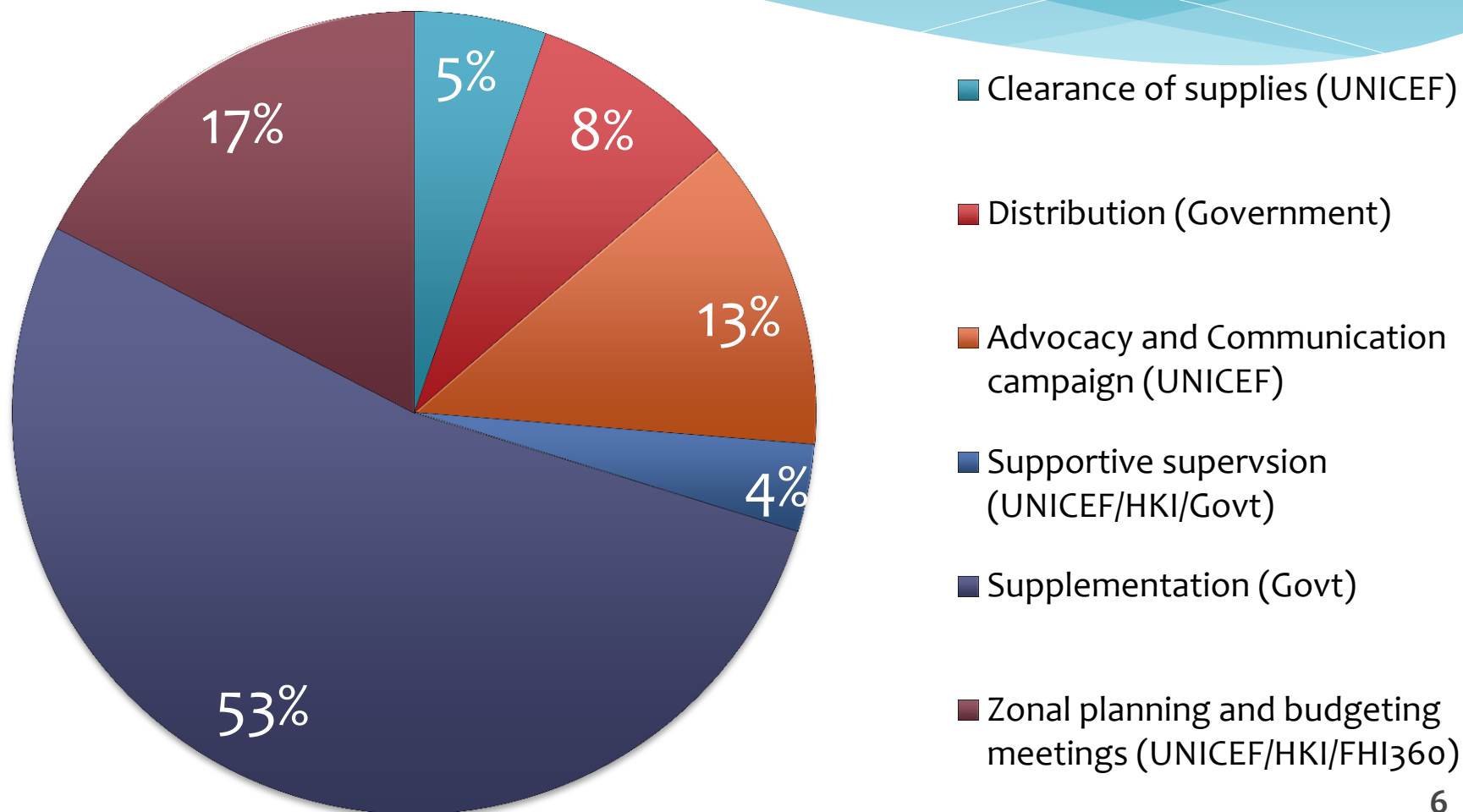
- In Tanzania, VAS and Deworming was coordinated by a 'National Taskforce on VAS' as an advisory body to the Government
- For the purpose of sustainability and community ownership, the VAS Task Force decided to decentralize VAS events to LGAs in planning and resource allocation
- Policies, guidelines and supplies availability are handled at national level

Advocacy for VAS

- VAS Task Force comprise members from multiple sectors, Government ministries, institutions, UN Agencies and national and international NGOs advised the Government to mainstream VAS into health sector annual plans and budget
- Zonal VAS annual reviews provided feedback, identified challenges and developed strategies for improvement
- In 2011 VAS zonal review meetings broadened to “Zonal Planning and Budgeting for Nutrition” where VAS was among nutrition specific interventions
- In 2012 created and rolled out Social mobilization Toolkit to improve knowledge of VAS and timing of events



Main Funded Budget line Items and source (FY2015)



Logic on allocations of resources

- Amount and value of supplies
- Target population
- Delivery mechanism
- Number of staff engaged during service delivery
- Number of days planned for VAS distribution event
- Geographical distribution and infrastructure
- Hard to reach population
- Channels/means of communication

Factors impact sustainability

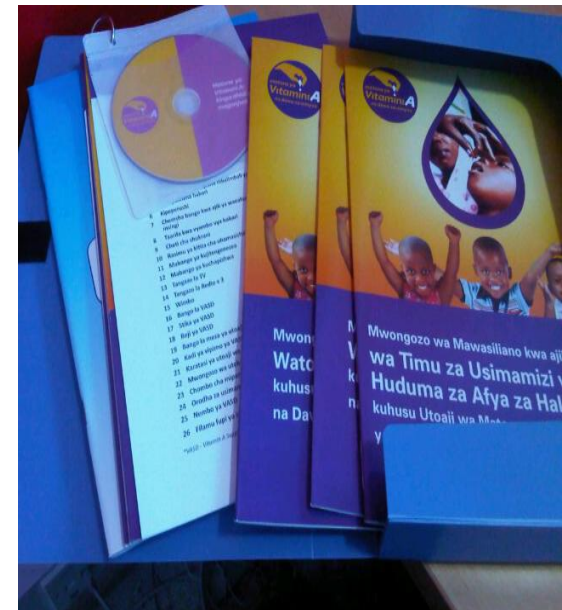
- Enabling environment:
 - ✓ Policy and guidelines
 - ✓ Availability and accessibility of adequate and quality supplies
 - ✓ Level of Government support
 - ✓ Leadership support
 - ✓ Well defined coordination roles at all levels
 - ✓ Ownership from national and local Government
 - ✓ Planning & management
- Skilled and motivated service providers
- Supply chain management
- Community demand for VAS
- Monitoring, evaluation and feedback

Pre-conditions

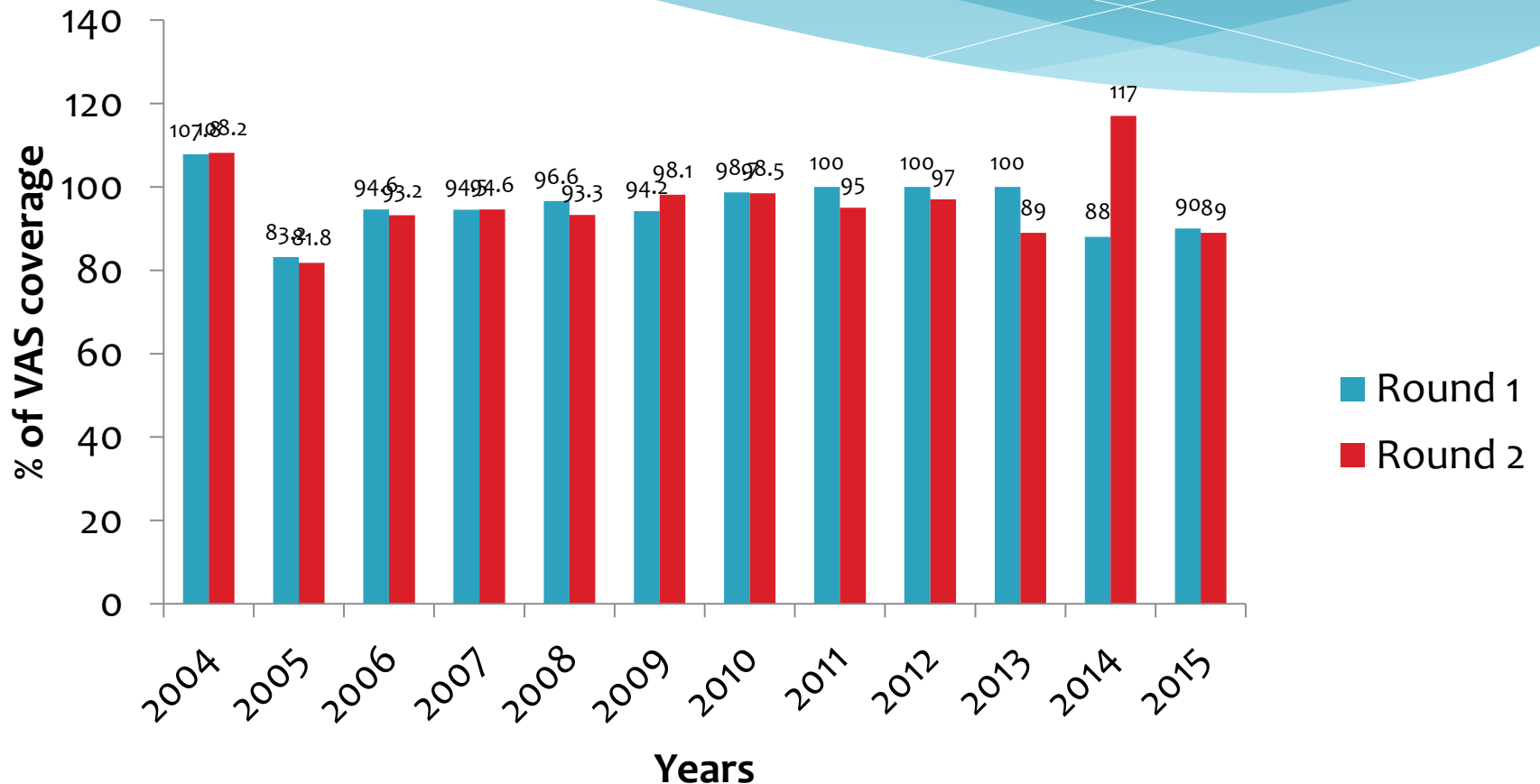
- Availability of sufficient fund
- Effective use of Social and Behavior change communication strategy
 - ✓ Demand creation to the community
- Availability of the trained frontline service providers on VAS
- Presence of well functioning supply chain management system
- Availability of support from the Government, partners and the community

Success

- All district councils include VAS in their annual plans and budgets
- VAS ownership by LGAs and Health Sector
- Reported coverage is consistently above 80% for over ten years
- Moving towards Child Health and Nutrition Month (CHNM) from VAS campaign and CHDs
- Piloted Integration of VAS at 6 month with routine health services
- Standardized planning and budgeting for VAS for Local Government Authorities (LGAs)
- Creation of standardized Social Mobilization Toolkit

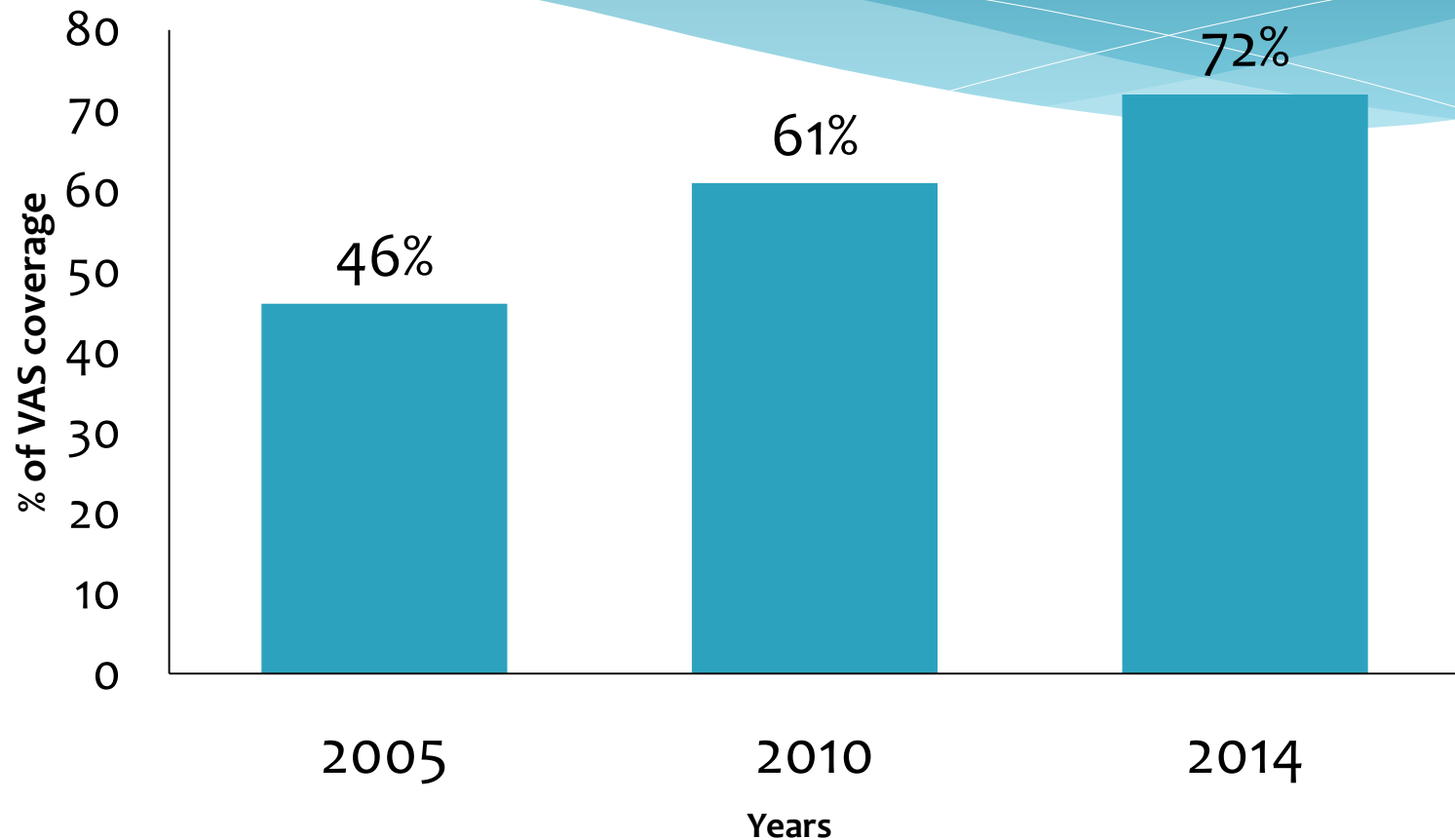


Tanzania VAS coverage trend



Source: Tanzania Food and Nutrition Centre

Tanzania VAS coverage trend



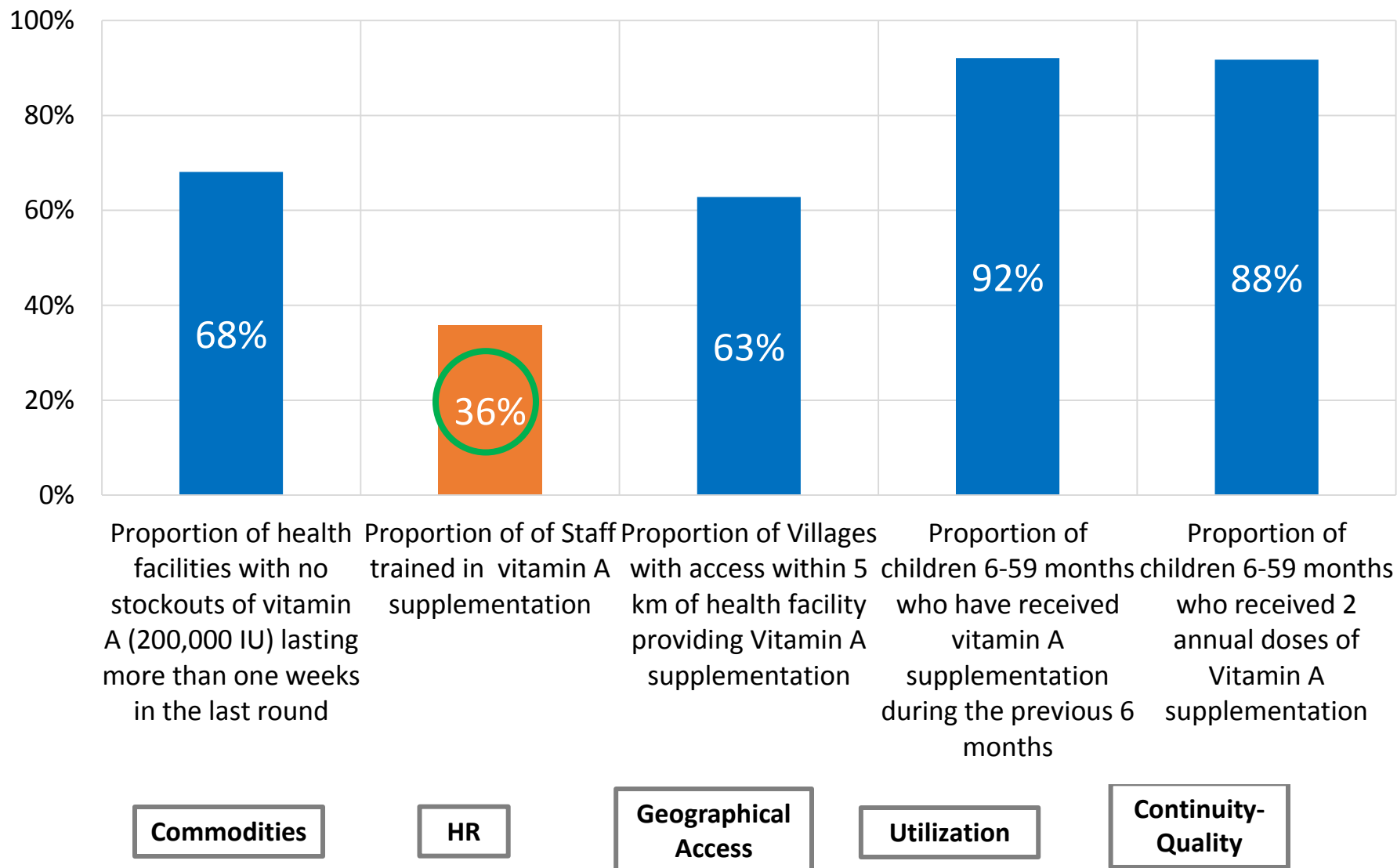
Sources: TDHS 2005, 2010; TNNS 2014

Challenges

- Inadequate opportunities to integrate VAS into all existing contacts
- Inadequate of Micro-planning for VAS by district councils
- Inadequate social mobilization
- Delays in submitting coverage data reports
- Inadequate linkages between health facilities and the community they serve
- Inadequate human resource



National VAS Bottleneck Analysis Graph – March 2016



Threats

- Increase nutrition priorities within LGAs: Implementation of Parallel nutrition interventions/projects
- Change in donor's priorities
- Decreased level of U5MR in Tanzania
- Advancing from poor to middle income country

Opportunities

- Growing priorities of nutrition interventions as per Global SUN movement
- Institutionalization of Community Health Workers cadre in Tanzania
- Gradual shifting from VASD/CHDs to Child Health and Nutrition Month (CHNM) with package of interventions
- Development of National CHNM guideline by the Government

Ways forward

- Strengthen ownership of VAS through training and advocacy of frontline Health workers
- Conduct Micro-planning at district level to address bottlenecks identified from BNA
- Strengthen supply chain management
- Strengthen financing nutrition services including VAS through the Government
- Finalize development of national CHNM guideline



Thank you for listening