ABSTRACT

National coverage of VAS is high in Pakistan (>95%) although large pockets of low coverage have been identified. The Micronutrient Initiative (MI) conducted a VAS coverage survey in 2010 to identify reasons for low coverage and revealed that inadequate attention to VAS during training, stock-outs of Vitamin A Capsules (VACs) with frontline workers, and insufficient VAS monitoring were the major causes.

A programme was initiated in low-coverage areas to overcome these gaps. It comprised increased attention to VAS during National Immunisation Days training of health workers and managers, and enhanced measures to ensure adequate supply of VACs throughout the supply chain. In addition, an intensified monitoring strategy was piloted in a subset of project districts to facilitate tracking those children who missed on VAS dosing, through door markings and addition of VAS-specific columns on tally sheets. The VAS coverage increased from 59% to 89% in the project area and from 60% to 96% in the intensified monitoring districts between November 2011 to November 2012.

BACKGROUND

- The VAS programme in Pakistan is linked to the Expanded Programme on Immunisation (EPI) and children aged 6-59 months are administered vitamin A twice a year during National Immunisation Days (NIDs).
- Although VAS coverage has been consistently high in Pakistan (>95%), there exists pockets of low coverage. These include urban slums.
- The reasons for low coverage include inadequate focus on VAS (as compared to polio), stock-outs of VACs at dosing booths and no mechanisms to follow up children who were not given VACs.
- In 2012, MI Pakistan provided technical and operational support to the provincial Departments of Health (DoH) to increase coverage of VAS programme in 22 low performing districts of Khyber Pakhtoonkhwa (KP) and Balochistan as well as in urban slum areas of Karachi and Lahore to strengthen their supply, monitoring and supervision component.

OBJECTIVE

To improve the coverage of VAS in hard-to-reach districts and to pilot an intensified monitoring strategy to track children missed out on VAS in a subset of project districts.

METHOD

INTENSIFIED MONITORING AND OVERALL PROGRAMME APPROACHES

INTENSIFIED MONITORING OF VITAMIN A SUPPLEMENTATION (VAS) PROGRAMMES IN HARD-TO-REACH DISTRICTS AND URBAN SLUMS OF PAKISTAN RESULTS IN IMPROVED COVERAGE

Tausif Akhtar Janjua*, Khalid Nawaz*, Zia Haider*, S Kaushik**
*The Micronutrient Initiative, Pakistan **The Micronutrient Initiative, Asia

RESULT

COMPARISON OF VAS COVERAGE AT BASELINE & ENDLINE

P< 0.01 for differences between baseline and endline coverage

COST OF THE INTERVENTION (EXCLUDING CAPSULES)

<table>
<thead>
<tr>
<th>Cost of Intervention (Canadian dollars)</th>
<th>Target Population (children &lt;5 y)</th>
<th>Cost per child covered (Canadian dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Monitoring Districts</td>
<td>62,660</td>
<td>666,312</td>
</tr>
<tr>
<td>Other project Districts/UCs</td>
<td>66,502</td>
<td>2,912,835</td>
</tr>
<tr>
<td>Total</td>
<td>129,162</td>
<td>3,579,146</td>
</tr>
</tbody>
</table>

CONCLUSION

- Increased attention to VAS in addition to polio vaccination in terms of planning, training and improved supply chain management improved the coverage.
- Focus on improved monitoring of missed children also VAS coverage.
- Based on the positive results of this strategy, the Government of Pakistan is replicating intensified monitoring strategy across the country.

ACKNOWLEDGEMENT

The authors would like to acknowledge the financial/technical support of:
- Micronutrient Initiative
- Department of Health, Balochistan and Khyber Pakhtoonkhwa provinces.