

SCN Working Group on Micronutrients: Information Sharing Template for 2006 and Earlier Activities

Table 1: Demographic Information

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| Reporting Individual | Joseph K.L. Mugyabuso |
| Institution/Organization | Helen Keller International - Tanzania |
| Contact address (Email) | Mtitu Street Upanga area Plot No. 382, P.O Box 34424 Dar es Salaam Tanzania |
| Position | Nutrition Program Coordinator |
| Department/Section | Nutrition |
| Major focus of activities | Research, Policy/Advocacy, Programming/Interventions |
| Summary of activities | <ol style="list-style-type: none"> 1) Advocacy to district councilors, district (council) health management teams, non-health heads of departments, leaders of political parties and religious faith groups on supporting twice-yearly VAS and deworming program. With the decentralization process in Tanzania, the districts are tasked with health planning and allocating funding for activities based on needs and priorities in their district. 2) Mini-population based assessment to validate the tally-sheet based coverage of children aged 6-59 months with VAS and deworming 3) Conduct formative research on introducing zinc as an adjunct therapy for diarrhea treatment and the role of community health workers in accelerating the twice-yearly VAS and deworming interventions. 4) A series of National Nutrition Working Group (NNWG) meetings were conducted to develop a concrete set of actions the members propose to undertake jointly and help them start realizing their shared vision for nutrition in Tanzania. |

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| Table 2: Measurement, assessment, monitoring and reporting micronutrient deficiencies | | | | | | | | | | | | | | | |
|---|---|------|--------|------|---------|-------|----------|-------|-------|---------|---------|---------|---------|-------|-------|
| Geographic area(s) covered by this table | Country- Tanzania Mainland (Excluding Zanzibar) | | | | | | | | | | | | | | |
| Project Name | A2Z: The USAID Micronutrient and Child Blindness Project | | | | | | | | | | | | | | |
| Supporting Agencies | USAID, UNICEF, Ministry of Health (through inter –agency coordinating committee on Immunization integrated with other health interventions) | | | | | | | | | | | | | | |
| Approximate # of beneficiaries | 7,028,070 as of mid year 2006 | | | | | | | | | | | | | | |
| | Micronutrients | | | | | | | | | | | | | | |
| | Iodine | Iron | Folate | Zinc | Calcium | Vit A | Vit B-12 | Vit C | Vit D | Vit B-1 | Vit B-2 | Vit B-3 | Vit B-6 | Vit K | Vit E |
| <u>Activities</u> | | | | | | | | | | | | | | | |
| <i>Prevalence Assessment</i> | | X | | | | X | | | | | | | | | |
| <p>There has not been any typical prevalence survey since 1997. However, in year 2006, HKI in collaboration with TFNC undertook a rapid assessment in 4 districts from 4 different health zones of Tanzania. The survey aimed at verifying VAS and deworming coverage for children aged 6-59 months and providing district based that would serve planning at district level. Mass deworming for children aged 12-59 months, which is primarily meant to contribute to reducing iron deficiency anemia, was introduced in all districts of mainland Tanzania in December 2004 through the twice-yearly VAS events. The mini-survey was thus the first ever population based assessment of performance of the mass deworming component. HKI also undertook a situation analysis in the 20 USAID supported districts to facilitate addressing factors hindering sustainable inclusion of twice-yearly VAS and deworming in comprehensive district health development plans.</p> | | | | | | | | | | | | | | | |
| <i>Training/Capacity Building</i> | | X | | | | X | | | | | | | | | |
| <ol style="list-style-type: none"> 1) HKI trained 80 district health managers (from 20 A2Z districts) and 15 regional (provincial) health managers (3 from each of 5 regions containing the 20 project districts) on management of the twice-yearly VAS and deworming activities. There were modules on planning, management, budgeting, supervision and reporting of VAS and deworming activities. In addition—the health management teams were trained on advocacy, and how to advocate to the decision-makers and approvers to fund VAS and deworming activities from their health budgets. The managers covered included those responsible for coordinating general health services, reproductive and child health services, cold chain services and medical officers. 2) In collaboration with health management teams in the 20 districts, we prepared a power point advocacy presentation and fact sheets on vitamin A and deworming and facilitated the management teams to present them to councilors, non-health district heads of departments and leaders of political parties and religious faith denominations through advocacy meetings organized in each of the 20 districts. In total, we covered 848 key district level decision makers in the advocacy meetings. They are the key decision makers of the district health budgets so their participation in and knowledge of VAS activities is crucial. 3) With USAID support we spearheaded selection of 6 Tanzanian officers to participate in trainings on Essential Nutrition Package (ENA) | | | | | | | | | | | | | | | |

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- 1) Situation analysis on the status of plans and implementation of the twice-yearly VAS and deworming program for children aged 6-59 months in 20 project districts. Reports were shared with the 20 districts, UNICEF and Tanzania Food and Nutrition Centre (TFNC) and the USAID mission in Tanzania.
- 2) Capacity building workshop reports were shared with district health teams, regions,
- 3) Meetings with councilors, district (council) health management teams, non-health heads of departments, leaders of political parties and religious faith groups on supporting twice-yearly VAS and deworming program in all the 20 A2Z project districts. Deliberations and recommendations of the meetings were documented and shared with the project districts and provinces, TFNC and UNICEF.
- 4) Nutrition coordinator participated in meetings of the national interagency coordinating committee on immunization in which, among others, he participated in discussions that facilitated assessment and organize emergency campaigns to curb measles outbreak which occurred in Dar es Salaam in August-September 2006.
- 5) Participated in 3 national task force on VAS and deworming for children aged 6-59 months which involved evaluation of the December 2005 round of mass VAS and deworming, preparations for the June 2006 phase of the national events and training of national facilitators on providing support to provinces and districts to manage activities of the program
- 6) Participated in meetings (main and sub-working group meetings) and workshops pertinent to development of the national nutrition strategic plan. Three workshops were held including one revitalizing Tanzania Nutrition Surveillance systems and another on malnutrition causal analysis and key issues and steps to be addressed in the national nutrition strategic plan. The third workshop concerned strengthening nutrition co-leadership which aimed at, among others, harmonizing partnership among key actors in nutrition and deliberating on steps to speed up completion of the joint national nutrition strategic plan.
- 7) Participated in a meeting for dissemination of the 2004/05 national Demographic and Health Survey (DHS) and advised on improved ways to collect data on VAS coverage as DHS coverage were much significantly lower than those reported by the TFNC through a tally-sheet based system and a national population based survey conducted by HKI during the same period.

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Table 4: Vitamin and Mineral Supplementation

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|---|---|------|--------|------|---------|-------|----------|-------|-------|---------|---------|---------|---------|-------|-------|
| Geographic area(s) covered by this table | Country- Tanzania Mainland (Excluding Zanzibar) | | | | | | | | | | | | | | |
| Project Name | A2Z, The USAID Micronutrient and Childhood Blindness Project | | | | | | | | | | | | | | |
| Supporting Agencies | USAID, UNICEF, Ministry of Health (through inter –agency coordinating committee on Immunization integrated with other health interventions) | | | | | | | | | | | | | | |
| Approximate # of subjects or beneficiaries for each project described | 7,028,070 as of mid year 2006 | | | | | | | | | | | | | | |
| | Micronutrients | | | | | | | | | | | | | | |
| | Iodine | Iron | Folate | Zinc | Calcium | Vit A | Vit B-12 | Vit C | Vit D | Vit B-1 | Vit B-2 | Vit B-3 | Vit B-6 | Vit K | Vit E |
| Activities | | | | | | | | | | | | | | | |
| Prevention Program | | | | X | | X | | | | | | | | | |
| <p>The MOH in Tanzania along with partners like WHO, Pediatric Association of Tanzania, John Hopkins University, HKI, POUZn project and other partners has made a plan to roll out the new treatment for diarrhea which includes low osmolarity ORS and Zinc supplementation. A formative research to study the health seeking behaviors of diarrhea in the community will start in early 2007.</p> <p>We technically support government efforts in planning and evaluating provision of VAS services to children aged 6-59 months through the twice-yearly national events in June and end of November-early December since year 2001, routine services of the Expanded Program on Immunization (EPI) and during treatment of diseases such as measles, persistent diarrhea and lower respiratory tract infections which are likely to precipitate vitamin A deficiency. Similarly, women are provided with VAS within one month postpartum through EPI.</p> | | | | | | | | | | | | | | | |
| Supplementation Monitoring/Evaluation | | | | | | X | | | | | | | | | |
| Supplementation Targeted Groups | | | | | | | | | | | | | | | |
| Women | | | | | | X | | | | | | | | | |
| Women within 4 weeks postpartum by policy, some service delivery points extend this service up to end of postnatal care period (within 6 weeks post-delivery.) | | | | | | | | | | | | | | | |
| Children 6-24 months of age | | | | | | X | | | | | | | | | |
| Covered both through routine EPI services and the twice-yearly events (mass VAS and deworming for children aged 6-59 months). Also for treatment of vitamin A deficiency when the children suffer from diseases/ conditions which precipitate the deficiency. Such diseases/health conditions on the basis of Tanzania Food and Nutrition Policy include measles, lower respiratory tract infections, persistent and acute diarrhea and severe and moderate protein-energy under-nutrition. | | | | | | | | | | | | | | | |
| Children 2 – 5 yrs of age | | | | | | X | | | | | | | | | |
| Covered through the twice-yearly events (mass VAS and deworming for children aged 6-59 months) and the disease targeted approach (i.e. treatment of vitamin A deficiency as explained under the targeted group of age 6-24 months). | | | | | | | | | | | | | | | |

