VITAMIN A SUPPLEMENTATION ANNUAL REPORT

COUNTRY:

YEAR: 2019

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ACTIVITIES CARRIED OUT

Briefly, de scribe the main activités carried out in the form of a table as below

Activités	1 st round/semestre	2 nd round / semestre
Dates	Dates : 2019	Dates : 2019
Mode de distribution de la	Campaign :	Campaign:
SUV	Routine: VAS through health facilities and	Routine: VAS through health facilities and
300	Malezi bora	Malezi Bora
	Training of the health workers and CHVs,	Training of the health workers and CHVs,
	micro-planning meetings at national and	micro-planning meetings at national and
	counties, supplementation of children 6-59	counties, supplementation of children 6-59
Services provider	months with Vitamin A, vitamin a data review	months with Vitamin A, vitamin a data
	meetings at the counties, coordination	review meeting at the counties,
	meetings, Data quality audits	coordination meetings, data quality audits
Campaign Time	May 2019	October 2019
	Number of regions: 8 counties	Number of regions: 8 counties
Number of regions	Campaign:	Campaign:
supported by HKI	Routine: 8	Routine: 8
	Population 6 59 months : 1,544,848	Population 6 -59 months : 1,544,848
Number of regions	Partner's Name: Unicef, Nutrition	Partner's name: UNICEF, Nutrition
supported by other	International, NHP+, MOH, AMPATH	Internationalis, AMPATH, MOH, HNP+
partners	Names of region: (39 counties)	Names of region (Counties): 39 Counties
	Population 6 59 months : 5,411,368	Population6 59 months : 5,411,368
Coordination	Number of meetings:	Number of meetings:
	8 meetings at the national level	8 meetings at the national level
	3 meetings in each county	3 meetings in each county
	Partners involve:	Partners involve:
	National level: Unicef, Nutrition International,	National level: Unicef, Nutrition
	Helen Keller, MOH	International, Helen Keller, MOH
	At the county level; ECD officers, MOH and all	At the county level; ECD officers, MOH and
	nutrition partners in the county	all nutrition partners in the county

	Key decisions:	Key decisions:
	VAS target setting, decisions on data quality	VAS target setting, decisions on
	audits and data review	documentation and data improvement
	Tool development: None	Tool development: None
Training	Number of people trained: 1624	Number of people trained: 1520
	Description (which forms, which Is form):	Description (which forms, which Is form):
	Tool development: None	Tool development: None
	Number of people trained:	Number of people trained:
Social Mobilisation	Strategy: Community strategy, radio, Print	Strategy: Community strategy, radio, Print
	media	media
Independent monitoring	Number of monitors engaged:	Number of monitors engaged:
	Result: NA	Result: NA
Coverage Survey	Number of investigations : NA	Number of investigations: 1
		>80% preliminary results
	HKI region administrative coverage:	HKI region administrative coverage:
	Kwale 111%	Kwale 133%
	Siaya 107%	Siaya 122%
	Kilifi 79%	Kilifi 118%
	Kakamega 60%	Kakamega 50%
Administrative results	Trans-nzoia 61%	Trans-nzoia 69%
	Bungoma 62%	Bungoma 60%
	Busia 113%	Busia; 75%
	West pokot 76%	West Pokot 76%
Financial aspects	Government budget:	Government budget:
	HKI budget Good Venture:	Combined with 1st semester
	Budget UNICEF:	

Other budget;	
Others;	
HKI: Small donation; 15,000 USD	
Effect Hope; 330, 065 USD	

PROBLEMS ENCOUNTERED AND SOLUTIONS PUT IN PLACE

Problems encountered

- Capacity gaps in VAS Commodity management for frontline healthcare workers.
- Unpredictable weather especially the rains during distribution of VACs which caused logistics difficulties
- Malezi bora events were scheduled during the school national exams month. Actual distribution
 could not be done within exam days as this could interrupt the process. There was therefore
 some slight delay and alteration of the plans to allow exams to be completed in some schools.
- Inadequate funding and dependency of the government on partner funding
- Inadequate planning and coordination during malezi bora, this contributed to having all key players not involved in malezi bora

Solutions put in place

- Trainings were conducted in some counties by use of the harmonized training pack. Vitamin A commodities management training was conducted.
- Early planning was encouraged both in counties and at the national level to enable involvement of all
- Lobbying for the government to allocate resources for VAS although this is not yet achieved

OUTLOOK FOR THE FOLLOWING YEAR

Less funding for HKI, less counties will be covered. i.e 3 from 5 covered less year. HKI will be involved more in advocacy and health systems strengthening

RECOMMENDATIONS

- Continuous training for frontline health care workers on VAS
- Need for more outreaches to captures the defaulters, malnourished and children with delayed milestones.
- Need to improve mobilization and VAS awareness especially in the community so that all the children are reached.
- The County should continue to strengthen integration of other services during malezi bora weeks.
- More community units required to improve reach through use of community strategy
- VAS to be covered under UHC
- Government funding for VAS for sustainability
- Review of VAS strategy for Kenya