

Improving vitamin A coverage through co-implementation with seasonal malaria chemoprevention

Applying an effective, integrated health campaign in Nigeria

Background

Vitamin A deficiency (VAD) is a major risk factor for child survival, increasing fatality of common diseases such as acute gastroenteritis, pneumonia and measles. It contributes to high levels of anaemia in children in Africa and is a leading cause of visual disorders. Globally, about 190 million children under five are affected by VAD; in Nigeria it is a severe public health concern among under-fives, with a prevalence of 30 percent.^[1]

The World Health Organization (WHO) has recommended a twice yearly dose of vitamin A supplementation (VAS) to be given to children 6–59 months who are at risk of VAD. VAS protects children's eye health and reduces mortality during episodes of measles and diarrhoea by as much as 33–78 percent and 24–50 percent, respectively.^[2]

In Nigeria, VAS is mainly delivered through the maternal, new-born and child health weeks, which take place twice a year at fixed health posts. So far, these distribution points have been ineffective in improving VAS coverage, which was 45 percent in Nigeria in 2018 (the recommended threshold is 70 percent), ranging from six to 86 percent sub-nationally. Most northern states fell below the national average.^[3]

Country

Nigeria

Donor

Task Force for Global Health (Bill & Melinda Gates Foundation)

Length of project

May 2021 – June 2022

Partners

Bauchi State Agency for Control of HIV/AIDS, Tuberculosis and Malaria (BACATMA)

Bauchi State Malaria Ministry of Health

Bauchi State Primary Health Care Development Agency (BSPHCDA)

National Malaria Elimination Programme (NMEP)

National Primary Health Care Development Agency (NPHCDA)

Vitamin Angels

Seasonal malaria chemoprevention (SMC) is a highly effective intervention^[4] to prevent malaria infections in areas where the burden is high and transmission is seasonal. SMC is the door-to-door delivery of antimalarials to children 3–59 months over four to five monthly cycles during the peak malaria season by trained community distributors. It offers an existing, viable platform within which VAS can be fully integrated to achieve higher coverage of at least one dose of vitamin A. In a previous study conducted in Sokoto state, vitamin A coverage increased from two percent at baseline to 59 percent at endline.^[5]

Project outline and objectives

This study is a scaled-up follow-up to the 2019 implementation study in Sokoto state. Taking place in rural (Giade) and urban (Katagum) settings in Bauchi state, northeast Nigeria, it will deliver SMC to children 3–59 months and VAS to children 6–59 months during the last SMC cycle in October 2021.

The study aims to generate evidence to support decision-making on integrating VAS into SMC at scale and in diverse settings. Its objectives are to:

- design and implement an integrated campaign at scale in rural and urban settings within the existing SMC programme in collaboration with key stakeholders
- assess the feasibility and acceptability of integration among caregivers, community distributors, health workers and policy makers
- provide policy makers and stakeholders with evidence to inform policy decisions on integrating SMC and VAS in Nigeria through a research uptake plan.

Activities

We will implement the following activities together with partners involved in nutrition and malaria programmes at the national, state and local government area (LGA) levels:

- To promote buy-in and project ownership at all levels, engage and mobilise key stakeholders (including community, religious and traditional leaders) on research uptake and expectations regarding integration following the earlier implementation study.
- Develop campaign implementation strategies and ensure consensus in collaboration with key stakeholders on the integrated campaign strategy. Stakeholders will co-develop research protocols and tools for data collection, revision and validation of integrated field implementation.
- Identify and train health workers, community volunteers and social mobilisers on the integrated delivery.
- Conduct baseline/endline household surveys in project LGAs to assess intervention coverage and the feasibility and acceptability of integration among caregivers, community distributors, health workers and policy makers.
- Collect costing data to analyse the cost of integrating SMC and VAS per eligible child.
- Establish and support a research uptake coordination committee of stakeholders to facilitate the presentation of research findings to relevant government policy makers and technical working groups for policy uptake. Within the research uptake plan, we will produce and disseminate learning, research and policy outputs at state and national levels.



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Contact: info@malariaconsortium.org

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