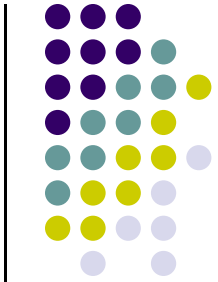
Vitamin A Intervention Program in Four Pilot Communities

By

OACNC

Introduction

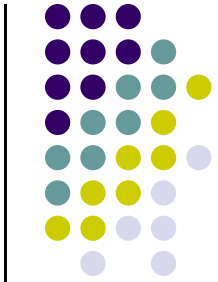


- Micronutrient deficiency, “hidden hunger” is a public health problem all over the world.

- Vitamin A, iron, iodine and zinc deficiencies have dominated national and international discussion over the years.

- Vitamin A, the first vitamin to be discovered, is an essential micronutrient for normal functioning of the visual system, growth and development; maintenance of epithelial cellular integrity; immune function and reproduction

Introduction contd.



- Its deficiency occurs when body stores are depleted to the extent that physiological functions are impaired.

- Mild to moderate deficiency causes impaired immune function, increased severity of infection and an increase risk of mortality from infectious diseases and widely recognized as an important cause of blindness in children

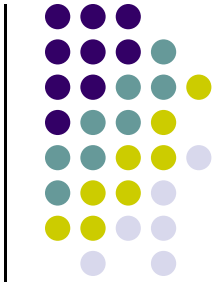
- At the national level, 29.5% of children < 5 years suffer from vitamin A deficiency.

Malnutrition: Hidden and Silent

- Signs not recognized
- Victims not aware

UNICEF- Pirozzi

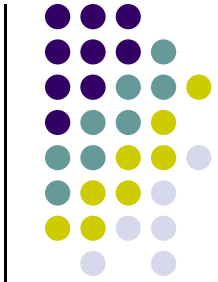
Introduction contd.



- Its critical role for child health and immune function has made control of its deficiency a critical component of child survival strategies.

- Adequate intake of vitamin A is directly related to six of the Millennium Development Goals (MDGs).

Background of the Intervention



- Recognizing the essential role of vitamin A in health and productivity, and in line with her mandate of addressing the problems of micronutrient deficiencies in Nigeria and sub-Saharan regions, the Olu Akinkugbe Child Nutrition Centre, held its annual Nutrition Seminar on 30th October, 2007 with key stakeholders on the topic:

"**Micronutrient Deficiencies Control and Child Survival In Nigeria**"

Vitamin A Deficiency and Child Mortality

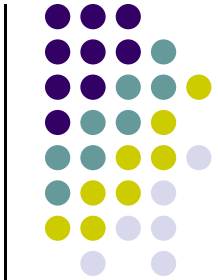
300,000

child

deaths

2001-2010

Background contd.

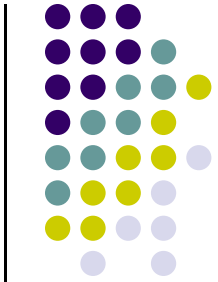


- The key stakeholders include: Health Care Practitioners, Nutritionists, Educators, Government agencies, Academics, Non-governmental organizations and the Media.

- Papers presented at the seminar highlighted the importance of micronutrients in the nutrition, health status and development of the Nigerian Child and mother.

- At the end there was an interactive question and answer session where other key issues were discussed and recommendations made.

Key Recommendations of the Seminar

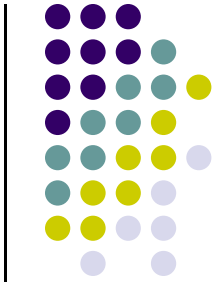


- The Progress so far made by the FGN and other agencies were recognized and appreciated.

- Based on the available facts, a lot more needed to be done.

- Several control strategies were identified. However, it was agreed that the OACNC should focus on Vitamin A

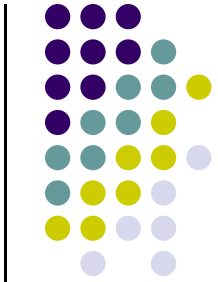
Vitamin A: Challenges



- It was observed that the Nigerian population and particularly mothers do not have adequate knowledge of vitamin A deficiency, its consequences, food sources and control measures.

- There is also the problem of reaching the rural population (BOP-Bottom of the pyramid) with nutrition intervention programmes

Strategies



- Based on these challenges and recommendations, the OACNC swung into action;

- formed a Steering committee;

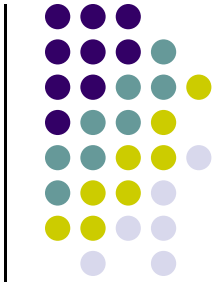
-identified key Partners,

-organised a baseline survey and

-funded the Vitamin A Educational Intervention in four pilot communities, namely:

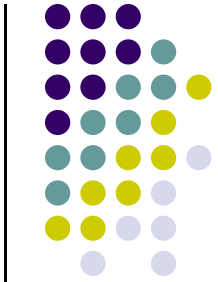
- *Ogba- Lagos State*
- *Ikeja-Lagos State*
- *Esie-Irepodun LGA, Kwara State*
- *Ikereku-Akinyele LGA, Oyo State*

Baseline Studies; Results



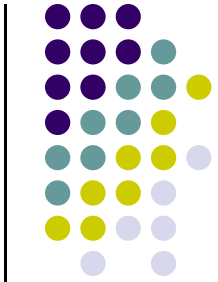
- Survey sites were Ikeja & Ogba (Lagos state), Ikereku (Oyo state),and Esie (Kwara state)
- Total Sample size 625
- Tools were structured Questionaires, FGD Interviews,and anthropometric measurements.

Demographic Data



- Socio Demographic Data of the Respondents in the Four Project Areas N=625.
- Ikeja + Ogba (381), Ikereku & Esie (244)
- **Age Range**: 15-45years
- Ikeja + Ogba < 25(11.8%); 25-34(48.8%); 35-44(27.3%); >44(4.9%)
- **Stay** (years) Range 1-45; Mean 8years.

RESULTS OF BASELINE STUDIES: Acquaintance with Vitamin A and definition



Location	Hear about Vitamin A	Never heard Vitamin A	Vitamin	Chemical	Drug	Food	Other
Ikeja	59.3	40.7	6.3	-	12.7	1.6	79.4
Ogba	74.5	25.5	20.8	-	35.9	2.6	40.6
Ikereku	77.9	22.1	42.6	-	22.1	13.1	22.1
Esie	91.8	8.2	13.9	-	74.6	4.1	7.4
Ikeja + Ogba	66.9	33.1	13.6	-	24.4	2.1	59.8
Ikereku + Esie	84.8	15.2	28.3	-	48.4	8.6	14.7
All combined	73.9	26.1	19.4	-	33.8	4.6	42.2

Consequences of Vitamin A Deficiency (%)

	% Function of Vitamin A					
Location	Sight	Growth	Reproduction	Skin	Fight Diseases	Other
Ikeja	0.5	-	-	-	2.6	96.8
Ogba	24.5	6.8	0.5	5.2	12.5	50.5
Ikereku	1.6	19.7	27.9	8.2	-	27.0
Esie	37.7	12.3	0.8	9.8	30.3	9.0
Ikeja + Ogba	12.6	3.4	0.3	2.6	7.6	73.5
Ikereku + Esie	19.7	16.0	14.3	9.0	23.0	18.0
All combined	15.4	8.3	5.8	5.1	13.6	51.8

Knowledge of Local foods that are good sources of Vitamin A

	% Source		
Location	Plant	Animal	Others (Meals/Mineral/Drinks e.t.c
Ikeja	19.0	4.8	76.2
Ogba	53.6	0.5	45.8
Ikereku	52.5	10.7	36.9
Esie	78.7	18.9	2.4
Ikeja + Ogba	36.5	2.6	60.9
Ikereku + Esie	65.6	14.8	19.7
All combined	47.8	7.4	44.8

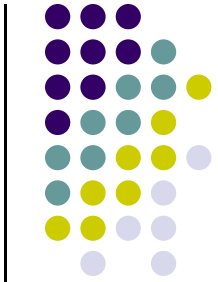
Respondents' Knowledge of foods fortified with Vitamin A

	Know food fortified with Vit. A		Food list				
Location	Yes	No	Salt	Sugar	Flour	Veg. Oil	Peak
Ikeja	0.5	99.5	-	0.5	-	-	-
Ogba	8.9	91.1	1.6	1.0	-	-	0.5
Ikereku	0.8	99.2	-	-	-	1.6	-
Esie	1.6	98.4	-	-	0.6	-	-
Ikeja + Ogba	4.7	95.3	0.0	-		-	-
Ikereku + Esie	1.2	98.8	-0	-	0.4	0.8	-

Sources of Information on Vitamin A (%)

Location	Newspaper & Magazine	Radio	TV	Friends/ Relations	Text books	Health Others	Can't Rm. None
Ikeja	-	3.2	10.1	6.3	9.0	19.0	52.4
Ogba	2.1	3.6	5.7	6.3	10.9	40.6	30.8
Ikereku	4.1	22.1	1.6	5.7	0.8	42.6	23
Esie	-	9.0	1.36	3.3	-	85.2	-
Ikeja + Ogba	1.0	3.4	7.9	6.3	10.0	29.9	41.4
Ikereku + Esie	2.0	15.6	1.6	4.5	0.4	63.9	11.9
All combined	1.4	8.2	5.4	5.6	6.2	43.2	29.9

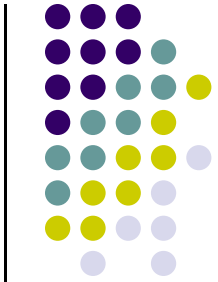
Objectives of Intervention



The Interventions were carried out with the following objectives:

- Organize nutrition education campaign on vitaminA for household heads, women, gatekeepers and policy makers in all the chosen communities
- Conduct eye screening tests for adults and children
- Assess the nutritional status of under-5 children in the communities.
- Distribute Information, Education and Communication (IEC) material on vitamin A in the communities.

Summary Results of Intervention

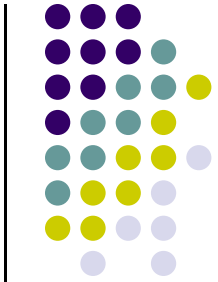


- **Outline:**
  - *Advocacy/Project Launch*
  - *Capacity building*
  - *Anthropometry*
  - *Eye Examination/Referals*
  - *VAS distribution*
  - *Distribution of IEC Materials*

Advocacy/Project Launch

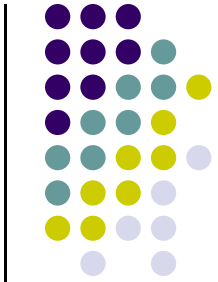
Community	Officially launched	Traditional ruler present?	Approximate attendance	
Ikereku	√	√	590	
Esie	√	√	-	
Ikeja	√	√	1250	
Ogba	√	√		

Capacity Building:Training



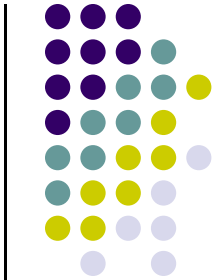
	Ikereku	Esie	Lagos
Trained Community Health Promoters (CHP)	10	10	27

Anthropometry: Undernutrition (<3SD) in the Communities



	Underweight	Stunting	Wasting
Ikereku	11.4	4.5 (<2SD)	28.4
Esie	1.0	3.0	17.0
Ikeja	1.1	3.7	0.8
Ogba	1.5	2.8	1.3

Eye Examination

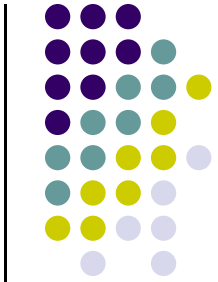


- Many eye conditions, mostly unrelated to Vitamin A deficiency were observed. The numbers referred to tertiary health centres are as bfollows

- ✓ *Ikereku =82*
- ✓ *Esie =8*
- ✓ *Lagos =334*

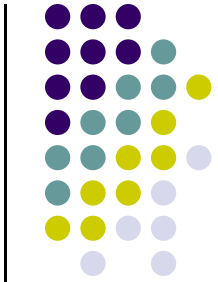
Eye Examination

Distribution of VAS to Target Age Groups (TAG)



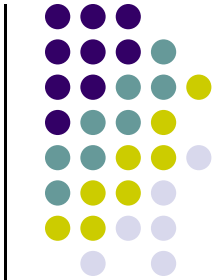
TAG (months)	Ikereku	Esie	Ikeja	Ogba
6-11	5.5%	99.0%	N=237	N=215
12-59	94.5%	100%		

CONCLUSION



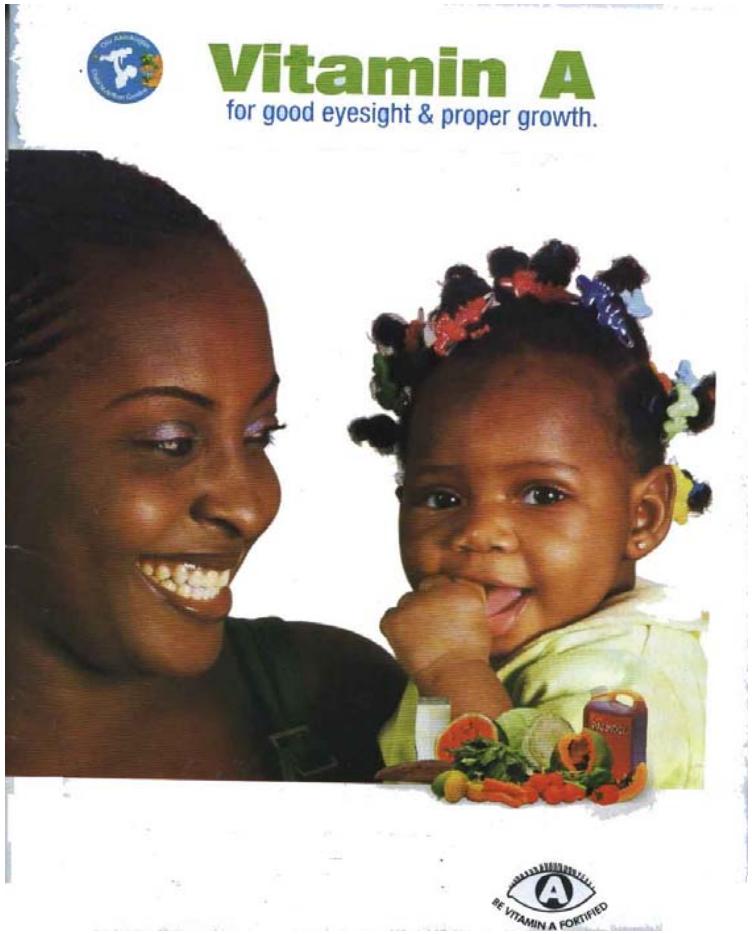
- The objectives of the programme have been met
- Consumers in the communities were reached with accurate information on Vitamin A to improve their awareness of the Vitamin
- Significant number of community members were reached with VAS
- Ten community health promoters were trained .
- Health centers were the main sources of information on nutrition and Vitamin A
- The rural respondents had higher percent of malnourished children and nursing mothers.
- A total of 432 eye problems were referred to tertiary health institution.
- VAS to target Age groups were in all the project sites.er

RECOMMENDATION



- Need for a coalition- building process that will effectively link Vitamin A deficiency control to national, mother and child survival (MOH, Development Partners and Private Sectors.
- Effective Training of Health Personnel on VAD control.
- Flexible Vitamin A delivery mechanism and establishment of mobile posts.
- Effective Social Information, Communication
- Regular country wide mobilization campaign VADC
- Extension of intervention to more states in the country

Thank you


Vitamin A
for good eyesight & proper growth.
BE VITAMIN A FORTIFIED