

Improving Vitamin A uptake at Community level, Ethiopia

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Background: The World Health Organization (WHO) recommends that all children aged 6–59 months should receive Vitamin A supplements if they live in a community where VAD is a public health problem. Vit A deficiency in children 6-59 months is the major public health problem in Ethiopia. Vitamin A supplementation reduced death from measles by 50%, from diarrhea by 40% and overall child mortality by 24%. Vitamin A supplementation coverage in Growth through Nutrition activity supported health facilities was 57%, 18% and 68% in Yefereziye HP, Tede HC Gino HC, respectively. The objective of this project was to improve the uptake of Vit A supplementation in these Growth through Nutrition supported facilities, Ethiopia.

Methodology: The health centers applied Model for Improvement (MFI) along with Kaizen 5-s in Under five children unit and HP. Quality improvement teams identified problems, prioritized, developed aim statement, set aim, identified the root-causes of the problems using Fishbone diagram, set indicators, selected change ideas and tested using Plan, Do, Study and Act (PDSA) cycle at both HC and HP level, (see Fig 1-3). HEWs and health workers were interviewed and pictures have been taken before and after applying Kaizen 5-s.

Result: After the intervention (MFI and Kaizen 5-s), Vit A supplement increased from 54%-86% (Yefereziye HP), 18%-100% (Tede) and 68%-100% (Gino). The P-chart exhibit strong special causes and consistent with a rising percent of children 6-59 months who received Vit A. Tested change ideas include community mobilization, HEWs and HDAs linkage, orientation on Vit A and peer supervision.

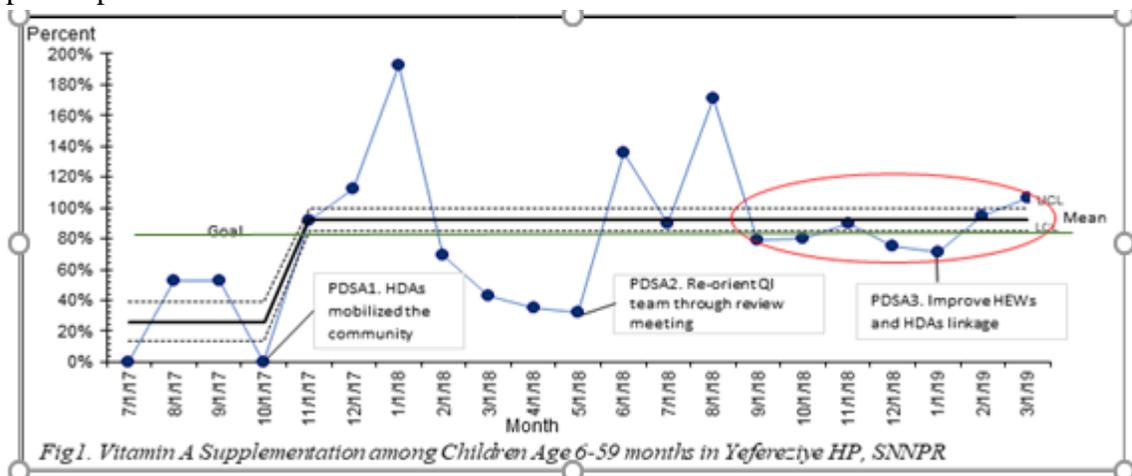
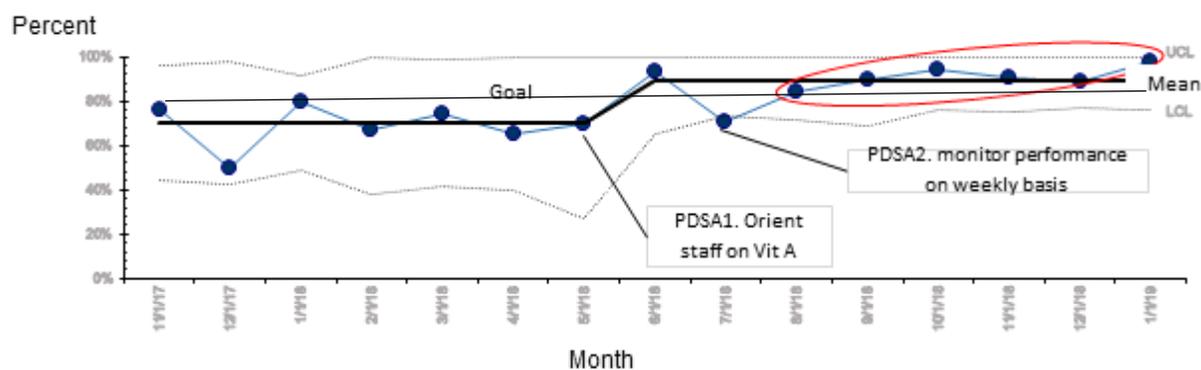
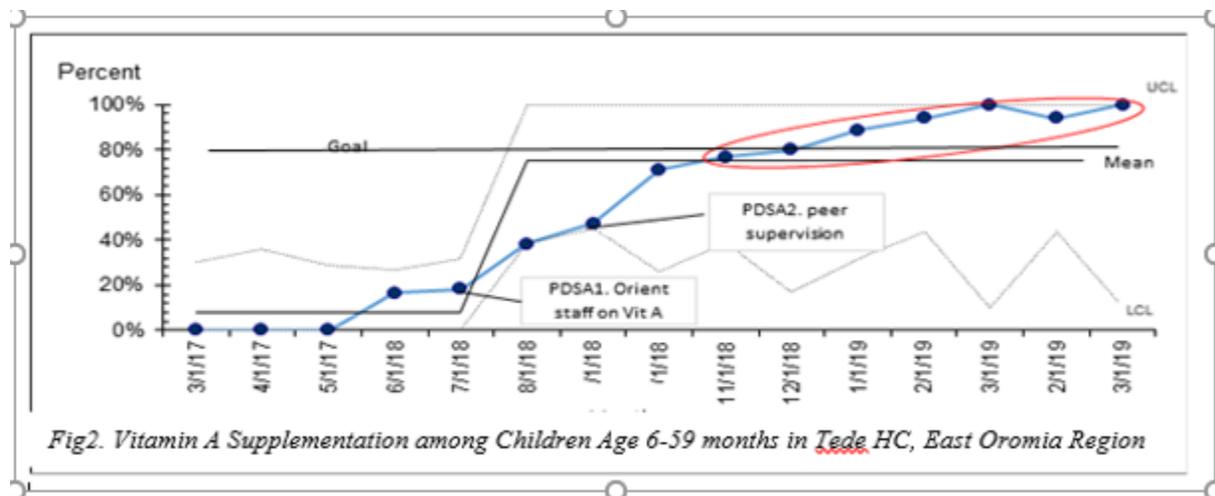


Fig1. Vitamin A Supplementation among Children Age 6-59 months in Yefereziye HP, SNNPR

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Conclusion: Uptake of Vit A supplementation increased significantly in Yefereziye HP, Tede HC and Gino HC by applying MFI that result in reducing child morbidity and mortality through prevention of Vit A deficiency in children aged 6–59 months. Thus, there is a need for involving HDAs in mobilizing community, strengthening linkage between HDAs and HEWs, monitor performances on a regular basis to improve vitamin A uptake and sustain the program. Project showed that HEWs and HWs can apply MFI at community level to improve delivery if quality services.