VITAMIN A SUPPLEMENTATION COVERAGE

Indicator Phrasing

English: % of children aged 6–59 months who received an age-appropriate dose of vitamin A in the past 6 months

French: % d'enfants âgés de 6 à 59 mois qui ont reçu une dose de vitamine A adaptée à leur âge au cours des 6 derniers mois

Portuguese: % de crianças de 6 a 59 meses que receberam uma dose apropriada de vitamina A para a idade nos últimos 6 meses

What is its purpose?

The indicator measures the proportion of children who have received vitamin A supplementation, in settings where vitamin A deficiency is a public health problem. As a central component of the child survival agenda, this indicator demonstrates the ability of a health system to prevent Vitamin A deficiencies through widespread supplementation programmes.

How to Collect and Analyse the Required Data

Collect the following data by conducting individual interviews with the caretakers of a representative sample of children 6-59 months.

RECOMMENDED SURVEY QUESTION (Q) AND POSSIBLE ANSWERS (A)

Q1: *In the last 6 months, was* (NAME OF CHILD) *given a vitamin A dose?* (use examples of Vitamin A to demonstrate)

A1: Yes / No / Doesn’t know

To **calculate the indicator's value**, divide the number of children who were given a Vitamin A dose by the total number of surveyed children (excluding those who didn't know). Multiply the result by 100 to convert it to percentages.

Disaggregate by

Disaggregate the data by age, place of residence, gender, socioeconomic status and disability.

Important Comments

1) The suggested vitamin A supplementation scheme for children aged 6–59 months of age in settings where the population of night blindness is 1% or higher in children 24-59 months of age is as follows:

- infants 6–11 months of age (including HIV+) - 100 000 IU (30 mg RE) vitamin A once

- children 12–59 months of age (including HIV+) - 200 000 IU (60 mg RE) vitamin A every 4-6 months

2) The methodology proposed above is prone to respondents not remembering correctly if their child received vitamin A supplementation. As a result, the data generally underestimate coverage (UNICEF; 2018). To mitigate this risk, it is possible to: 1) check the records in children's health cards; and/or 2) use instead of (or in addition to) the proposed methodology routine health data provided by the health authorities (only if data on vitamin A coverage supplementation is available and reliable).

3) This indicator relies on accurate age assessment. Since people often do not remember the exact dates of their children's birth, the data collectors should **always verify the child's age**. This can be done by reviewing the child's birth certificate, vaccination card or another document; however, since many caregivers do not have such documents (and since they can include mistakes), it is essential that your data collectors are able to **verify the child's age by using local events calendars**. Read FAO's Guidelines (see below) to learn how to prepare local events calendars and how to train data collectors in their correct use.

4) As this indicator is used to assess coverage of Vitamin A, it does not provide information on the prevalence of Vitamin A deficiency (usually measured through xerophthalmia and/or serum or plasma retinol concentration). Despite oral supplementation being recommended for both the treatment and prevention of vitamin A deficiency, as a long-term approach, regular consumption of Vitamin A-rich foods is encouraged.

Access Additional Guidance

- UNICEF (2007) Vitamin A Supplementation

- WHO (2011) Guideline: Vitamin A supplementation in infants and children 6-59 months of age

- FAO (2008) Guidelines for Estimating the Month and Year of Birth of Young Children