

## FAQ #6

# Can volunteers and other persons not medically trained distribute vitamin A capsules?

Many countries rely upon volunteers and other persons not medically trained to expand the reach of vitamin A capsule distribution. The use of volunteers allows these countries to reach a wider audience and especially those hard to reach, thus making it possible to achieve the high coverage needed to provide the public health impact on health and mortality that is the objective of vitamin A supplementation.

Some countries have raised questions about who can safely and best administer vitamin A capsules. None of the countries relying on volunteers has reported serious or disturbing incidents related to the use of volunteers. In Nepal, for example, trained volunteers have had sole responsibility for administering the capsules since 1994 without incident.

For the volunteers, the role provides an opportunity to contribute in visible ways to their community and has increased their standing in the community. And in some countries, volunteers have gone on to assume other more complex roles (such as diagnosing and referring for ARI) based on their acceptance and credibility for delivery of vitamin A.

### **Country experience: Nepal example**

Nepal has long been considered a model program for vitamin A capsule distribution and consistently high coverage. Here, the supplementation and nutrition education components are carried out by unpaid, often illiterate female community- health volunteers who deliver high-dose capsules twice a year and are supervised and supported by the Ministry of Health. Adding vitamin A to their existing activities (family planning and health promotion, oral rehydration therapy, and immunization support) gives them more prestige and status in their communities and serves as a cost-effective mechanism for delivering vitamin A capsules and community education.

Several aspects of the program have contributed to its success:

- Establishment of research sites to explore both epidemiological and programmatic issues has helped define the strategy, and guide the program over time;
- Use of a technical assistance group has helped an overburdened government infrastructure initiate the program in each district and strengthens implementation;
- Use of FCHVs has allowed distribution to reach all areas of the district, and increased the community respect for these unpaid workers; and
- Use of mini-surveys to estimate coverage for districts in different phases of program implementation has provided immediate feedback to both program managers as well as district staff as they take over responsibility for distribution.

## Experience in other countries

- *Indonesia*: a nationwide UNICEF-initiated program based upon community volunteers (the volunteer *posyandu* village health post system) has been active in vitamin A capsule distribution for almost two decades.
- *Philippines*: During the mid-1990s, almost one million volunteers were mobilized twice each year as part of the National Vitamin A Supplementation Program. Village distribution centers were established, staffed by volunteers and supervised by midwives, each midwife being responsible for about four centers.
- *Zambia and Ghana*: local teachers, community volunteers, NGOs, and members of religious groups work alone or alongside health workers to increase coverage and reach remote areas.
- *Niger*: volunteers work in teams with health workers to organize lines, identify appropriate age groups, give messages, keep ledgers, and administer the capsules and the polio vaccine. They also list those absent who should be followed up.
- *Nicaragua*: the respected and hard-working volunteer *brigadistas* are the heart of vitamin A capsule distribution, which occurs during twice yearly Jornadas de Salud (Health Days). Because the country is small and the Health Days have been institutionalized over decades, reaching the population solely with health workers is not a problem and volunteers are not needed to administer the capsules.

## Training

Training of volunteers should include practice of cutting and giving the doses, problem-solving sessions to ensure that volunteers (and health workers) can determine the correct dose for different ages, and practice in delivering the key messages agreed upon by the program staff. Field staff who can determine competence and provide supportive feedback should observe practice.

### Involving volunteers in vitamin A capsule distribution

- Increases the number of persons available to support the distribution, with only a small increase in budget.
- Provides local knowledge, outreach, and knowledge of the distribution.
- Increases community participation/ownership.