



SNS COLLEGE OF NURSING
Saravanampatti (po), Coimbatore.

DEPARTMENT OF NURSING
COURSE NAME : BSC (NURSING) I YEAR
SUBJECT : NUTRITION
UNIT: IV: NATIONAL NUTRITIONAL PROGRAMME
TOPIC : VITAMIN A PROPHYLAXIS PROGRAMME



INTRODUCTION



The National Prophylaxis programme against Nutritional Blindness due to vitamin A deficiency was started in 1970 launched by Ministry of health and family welfare.

The programme was started as a 100 percent centrally sponsored programme. To begin with, this programme was initiate in 11 states of the country.



AIM AND OBJECTIVES



AIM

- To decrease the prevalence of vitamin A deficiency.

OBJECTIVE:

- Prevention of Vitamin A deficiency.
- Treatment of Vitamin A deficient children.



BENEFICIARY GROUP



➤ Age group 6months – 5 years

A single dose of Vitamin A 200000 IU of Vitamin orally to all pre school children every six month above 1 year.



ACTIVITIES



✓ Promoting consumption of vitamin A rich food

Regular dietary intake of vitamin A rich foods by all pregnant and lactating women and by children under 5 years of age by increasing local production and consumption of green leafy vegetables and other plant foods those are rich sources of carotenoids



ACTIVITIES



✓ **Creating awareness about the importance of preventing vitamin A deficiency**

Among the women's attending antenatal clinics, immunization session, as well as women and children registered under ICDS programme.



ACTIVITIES



- ✓ **Prophylactic Vitamin A as per the following dosage schedule**
- ❖ 100000 IU at 9 months with measles immunization
- ❖ 200000 IU at 16 – 18 months, with DPT booster
- ❖ 200000 IU every 6 months, upto the age of 5 years,



STRATEGIES



- ✓ Until 1992, the strategy consisted of administration of 2lakh IU of oral A concentration to children between 2 and 6 years, at interval of 6 months.
- ✓ With commencement of CSSM program during 1992, the strategy was changed to administration of 5 mega doses of vitamin.



STRATEGIES



- ❖ A concentrate orally to all children between 9 months and 3 years not only to eliminate nutritional blindness but also other consequences of Vit A deficiency.
- ❖ However it can be expanded upto 5 years.



APPROACH TO COMBAT VITAMIN A DEFICIENCY



MEDIUM TERM MEASURE

Fortification of Food

- Vanaspati fortification with vitamin A and D to the extent of 2500 IU of Vit A and 175 IU of Vit D/ 100gms
- Other food considered for fortification include sugar, salt, tea, margarine dried skimmed milk etc,.



APPROACH TO COMBAT VITAMIN A DEFICIENCY



LONG TERM MEASURES

- Dietary improvement is, undoubtedly the most logical and sustainable strategy to prevent VAD.
- Nutrition education – A change in dietary habits and increased access to vitamin A rich foods through education.



LONG TERM MEASURES

- Immunization against infectious disease.
- Prompt treatment of Diarrheal disease.
- Better feeding practices of infants and children.



MAJOR THRUST OF THE PROGRAMME



1. Promotion of regular consumption of dark green leafy vegetables or yellow fruits and vegetables.
2. Promotion of breast feeding and colostrum to protect against vitamin A deficiency.



MAJOR THRUST OF THE PROGRAMME



3. Oral prophylactic doses of Vitamin A as follows:
One dose of 100000 IU to infants 6- 11 months, 6
monthly doses of 200000 IU of Vitamin A
immediately at diagnosis, and a follow up dose
200000 IU 1-4 weeks.



CONCLUSION



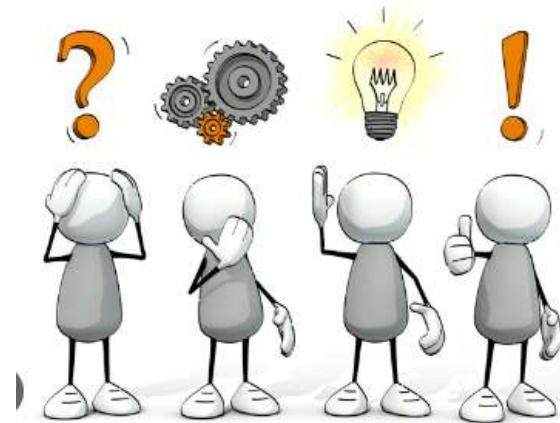
Vitamin A fat soluble vitamin required for Vision, repair, Reproduction, growth and tissue differentiation. The national Prophylaxis programme against nutritional blindness due to Vitamin A deficiency was started in 1970 with an aim of preventing nutritional blindness due to keratomalacia.



ASSESSMENT



- Describe aim and objectives of Vit A Prophylaxis programme.
- Explain the strategies of Vit A Prophylaxis programme.





REFERENCE

- Darshan sohi, “ A comprehensive textbook of applied Nutrition and dietetics” , 3rd edition, published by Jaypee publication.
- Shella John, Jasmine devaselvam, “Essentials of Nutrition and dietetics for nursing”, 2nd edition, published by Wolters Kluwer.



*Thank
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