

**Supervisory Checklist for REGIONAL Health Management Team on VAS and Deworming Program**

The purpose of checklist is to evaluate provision of biannual vitamin A supplementation and deworming (VASD) to children aged 6-59 months at both the district offices as well as the health facility/community catchment area level and take/advise on immediate corrective measures and future improvement actions

Names of Districts visited	Date of Supervision:
District 1 _____	_____
District 2 _____	_____
District 3 _____	_____
District 4 _____	_____
District 5 _____	_____

Name of Supervisor .....

**CHECK OFF FOR EACH DISTRICTS**

COMMENTS:

District 1 District 2 District 3 District 4 District 5

Note: Boxes can be filled with check marks or numbers, as this is a tool only for your use and records

a Example: Facility visited on date of supervision by CHMT member

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Previous performance of District**

- 1 Confirm number of target children (6-11 months and 12-59 months) matches regional records
- 2 Cross-check previous coverage of district for VAS to know if low performing (<80%)
- 3 Cross-check previous coverage of district for deworming to know if low performing (<80%)


**Logistics supply**

- 4 Sufficient **100, 000 I.U.** Vitamin A capsules available in the district according number of targeted children aged **6-11 months** in the service area (see MSD delivery forms)
- 5 Sufficient **200, 000 I.U.** Vitamin A capsules available in the district according to number of targeted children aged **12-59 months** in the service area
- 6 Sufficient deworming tablets (mebendazole or albendazole) available for all targeted children aged 12-59 month in the district
- 7 Capsules and tablets available in the district **within 2 months** of the distribution round (check date on MSD forms)
- 8 Capsules and tablets available at the health facilities **within one week** of distribution round
- 9 Posters and job aids on vitamin A received by district and made available to communities and facilities (ask directly)
- 10 Tally sheets & summary sheets are available and distributed to service areas within one week of distribution round
- 11 Scissors for opening vitamin A capsules available and distributed to service areas within one week of distribution round
- 12 Wipes or towels procured and distributed to services areas within one week of commencement of implementation


**Supervision and Monitoring at the District Level**

- 6 At least **50%** of facilities being visited by district supervisors during round

*Check total number of facilities in district and supervision schedule*

- 7 Sufficient **staff** posted at each distribution site (2-3 staff per site)

- 8 Adequate number of temporary/mobile posts established, as necessary

*Mobile posts established in areas with lower coverage or high population density (ask directly)*

- 9 If district coverage last round was not over 90% new strategies to reach more children have been established

- 10 Social mobilization/sensitization efforts made at the district level

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**Spot Check Supervision at the Facility Level**

**Visit one health facility per district on a day of the event as a spot check- this should be randomly selected from the list of distribution sites**

**Observe a health service provider for VAS and deworming and record the following for each provider**

11 Child age is determined before administration of VAS


12 The service provider informs caretaker about the importance of vitamin A for her child

13 The service provider gives the correct age-specific dose of vitamin A

*6-11 month olds= 100,000 IU capsule (or if not 100,000 capsules available, HALF the drops from a 200,000 IU capsule)*

*12-59 month olds= 200,000 IU capsule (all drops from the capsule; if not available administer all drops from 2 capsules of 100, 000 IU)*

14 The service provider correctly administers the vitamin A capsule

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*Capsule tip is cut open with clean scissors, capsule contents are dropped into open mouth (not whole capsule)*

15 The service provider records the vitamin A dose properly on tally sheet

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*Proper section on the tally sheet for the right age of the child*

16 Vitamin A is kept out of sunlight/freezing conditions

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*Capsule container closed as necessary, capsules not displayed on open sun and capsules not refrigerated*

17 Empty (used) vitamin A capsules safely disposed into a container

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*Preferably plastic bags or container that will not allow spread of oil from the capsules to environment*

18 The service provider informs caretaker about the importance of deworming for her child

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19 The service provider correctly provides a correct deworming dose

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*One tablet for children 12-59 months only (not to children under 1 or older than 5)*

20 The service provider correctly administers the deworming tablet

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21 Social mobilization efforts made by the health facility to ensure families in catchment area are aware of activity

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22 All supplies are within expiry date

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23 Posters on vitamin A available for community members to view at the health facility or service post

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24 Vitamin A job aids (dosing charts) available and being used at health facility

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25 Deworming job aids (dosing charts) available at health facility and being used

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**ADDITIONAL COMMENTS OR NOTES:**