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NATIONAL PRIORITIES OR GOALS: ELIMINATION OF VITAMIN A DEFICIENCY AND ITS CONSEQUENCES							
Programme (Coverage) Indicators							
Outcome 1.1: *Semester-level Coverage*: All children aged 6-59 months receive an age-appropriate dose of vitamin A in the semester *(usually January to June or July to December)*.	*Proportion of children 6-11 months of age that received a 100 000 IU dose of vitamin A in the semester* a. % of children *6-11 months of age* who received a 100 000 IU vitamin A supplement in the semester through a routine health system contact b. % of children *6-11 months of age* who received a 100 000 IU vitamin A supplement in the semester through event-based delivery *Proportion of children 12-59 months of age that received a 200 000 IU dose of vitamin A in the semester* c. % of children *12-59 months of age* who received a 200 000 IU vitamin A supplement in the semester through a routine health system contact d. % of children *12-59 months of age* who received a 200 000 IU vitamin A supplement in the semester through event-based delivery *OVERALL: The proportion of children 6-59 months of age that received an age-appropriate dose of vitamin A in the semester* e. % of children *6-59 months of age* who received an age-appropriate dose of vitamin A in the semester	a. $\frac{\text{∑ (across all districts): number of children 6-11 months of age reached with 100 000 IU vitamin A supplement through routine health system contacts during the semester}}{\text{Agreed-upon national-level denominator for children 6-11 months of age for delivery of vitamin A through routine health system services}} \times 100$ b. $\frac{\text{∑ (across all districts): number of children 6-11 months of age reached with 100 000 IU vitamin A supplement through event-based during the semester}}{\text{Agreed-upon national-level denominator for children 6-11 months of age for delivery of vitamin A through event-based delivery}} \times 100$ c. $\frac{\text{∑ (across all districts): number of children 12-59 months of age reached with 200 000 IU vitamin A supplement through routine health system contacts during the semester}}{\text{Agreed-upon national-level denominator for children 12-59 months of age for delivery of vitamin A through routine health system services}} \times 100$ d. ∑ (across all districts): number of children 12-59 months of age reached with 200 000 X 100	Set by national VAS management and co-ordination team for each of a,b,c and d according to agreed target delivery strategy. ***Overall target:*** to achieve 100% VAS coverage of all children 6-59 months of age in the semester	**Sources:** District VAS delivery reports **Frequency:** Every semester, within the time period for reporting specified in the national programme guidelines	Both age groups are eligible for VAS in all districts. Reliable denominator estimates are agreed upon and documented at the national level. There is no overlap in numerator or denominator counts between different districts. District reports are complete and timely according to a timeline specified in the national programme guidelines and reflect at least 80% of the number of children targeted per indicator.	**National manager:** Compile district data to calculate national coverage estimates, for each semester as described. Investigate unexpected findings. Provide district programme managers with regular feedback. Identify and promote effective VAS practice with all districts, with a focus on low performing districts. Support district managers to submit complete and timely VAS reports, in accordance with national guidelines. **Data Use:** Identify shortfalls in coverage and problems with implementation	*This is the key indicator of programme implementation and should be reviewed in close collaboration with district teams and in comparison with data from previous semesters to assess change.* Coverage and key process indicators (below) should be used to determine which aspects of the programme are working well and which need strengthening to improve coverage during the subsequent semesters. Review forms from districts as they are received (monthly for routine health system contact reports), to ensure timely follow up where unexpected data are observed.

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	through a routine health system contact f. % of children *6-59 months of age* who received an age-appropriate dose of vitamin A in the semester through event-based delivery	*IU vitamin A supplement through event-based during the semester* / *Agreed-upon national-level denominator for children 12-59 months of age for delivery of vitamin A through event-based delivery* e. *Numerator for a. + numerator for c.* / *Denominator for a. + denominator for c.* *X 100* f. *Numerator for b. + numerator for d.* / *Denominator for b. + denominator for d.* *X 100* *Where districts implement similar delivery strategies for both age groups, it is possible to calculate an overall national level coverage estimate for the semester for children 6-59 months of age by selecting the highest of the coverage figures from e and f*			The process is applied **every** semester.	and/or denominator definitions Use data to support timely corrective actions to the identified problems.	
Outcome 1.2: *Two-dose Coverage*: All children aged 6-59 months of age received an age-appropriate dose of vitamin A in each semester (about 6 months apart) annually	The proportion of children 6-59 months of age that received an age-appropriate dose of vitamin A in each semester of a given calendar year (with each dose being delivered about 6 months apart).	*The lower of the two semester-specific VAS coverage values from the previous 12 months* *(Provided that VAS delivery in the second semester was conducted about 6 months later than delivery in the first semester).* i. **Determine the estimate of VAS coverage to represent each semester**. Review the calculated VAS coverage estimate for each distribution mechanism in semester 1 as defined above in outcome 1.1 (e.g. e= VAS coverage through routine and f=VAS coverage through event). Determine which coverage estimate, e (routine) or f (event), is higher and select the higher one to represent semester 1. Repeat for semester 2.	100%	**Sources:** District VAS reports. National reports of coverage by age group and delivery method for each semester (Outcome 1.1)	All assumptions for the semester-level coverage indicator are met Delivery methods for each age group allow for calculation of single coverage estimates for children 6-59 months of age per semester	**National manager:** Conduct all calculations required to determine semester-level VAS coverage estimates (Outcome 1.1) Investigate unexpected findings, either substantially higher or lower than	It is not always feasible to calculate a two-dose VAS coverage estimate including both age groups and delivery methods. This indicator has limited operational programme application.

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		ii. Please note that (i) in some cases there may have only been one distribution making it by default the higher of the two; and (ii) in cases where the timing between semester 1 and semester 2 is not about 6 months apart, it might not be possible to use the distribution mechanism with the higher coverage to represent the semester (see step 2). iii. **Determine the timing of delivered doses and decide if the estimate selected in step 1 should be included in the two-dose estimate or not:** If the selected distribution mechanisms in step 1 were implemented about[1] 6 months apart, continue to step 3 below. If the selected distribution mechanisms were NOT implemented about 6 months apart, the coverage for at least one of the selected distribution mechanisms in step 1 cannot be considered in the two dose estimation (see Tables 4b – 4d, and the accompanying text in this Guide for examples of different scenarios that would need to be applied). iv. **Take the lower of the two semesters:** Once the value to use for each semester is determined using step 1 and step 2 above, annual two-dose national VAS coverage is estimated as the lower of the two semester-specific VAS coverage values.		**Frequency:** Annually	Children reached with VAS in one semester are likely to be the same children reached in the subsequent semester. Data on the timing between delivery of VAS doses is available.	previous annual estimates.	

[1] At the global level, the calculation of two dose coverage allows for a window of 4-8 months recognizing that an event may end up being slightly more than 6 months. However, this does not mean that routinely going 8 months between doses would allow full protection.

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Enabling Policy and Programme Environment Indicators							
Output Indicator 1.1: National VAS policy exists which defines the national programme goals and is aligned with the latest global recommendations	a. A national VAS policy exists b. The national VAS policy includes well-defined programme goals c. The programme goals align with latest global recommendations	a. A national VAS policy exists *Yes/No* b. The national VAS policy includes well-defined programme goals *Yes/No* c. The programme goals align with latest global recommendations *Yes/No*	a. Yes b. Yes c. Yes	**Sources:** National VAS policy document **Frequency:** Annual. Additional review as required, e.g. if global recommendations change or there are problems achieving the coverage targets set	Continued national government commitment to VAS programme goals that are aligned with the latest global recommendations.	**National manager:** Communicate national policy and programme goals to district-level managers Advocate for implementation of national policy goals at all levels Review and revise national policy and programme goals as necessary **Data Use:** Strengthen policy and programme environment if targets for this indicator are not achieved Develop and disseminate new policy as required	**Recommendations:** The national policy should clearly define VAS programme goals, incorporating the latest global recommendations. The policy should also include reference to distribution mechanisms likely to achieve and sustain these goals and designate an implementing authority. Ideally the VAS policy should be integrated within the national health and nutrition policy.
Output Indicator 1.2: A recognised VAS-related management and coordination group exists, with a well-defined	a. VAS-related management and coordination group with defined roles and responsibilities exists b. Administrative data and supervision reports from districts were used to plan for VAS for the following semester.	a. A national VAS management and coordination group with defined roles and responsibilities exists *Yes/No* b. Administrative data and supervision reports from districts were used to plan for VAS for the following semester *Yes/No*	a. Yes b. Yes	**Sources:** National VAS guideline National VAS management plan	Terms of reference exists that details the expected composition, role and responsibilities of a VAS	**National manager:** Ensure resources are available to support a strong VAS management and coordination system National guidelines are updated and	Ideally the coordination team should be integrated with, or strongly connected to, a larger national health and nutrition coordination group.

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role to develop and amend national VAS guidelines and to use district level data for planning and management at the national level according to global guidelines.				Management meeting minutes **Frequency:** Every semester for event-based VAS delivery Quarterly for delivery through routine health system contacts	management and coordination team District managers compile data as requested and attend national review meetings Assessment of this indicator is not conducted by the members of the national VAS management team, to avoid bias.	disseminated as needed The management group has access to data from previous semesters. **Data Use:** Use to establish or improve the VAS management and coordination group and improve programme guidance.	
Output Indicator 1.3: National VAS work-plan exists for the forthcoming year indicating timing for events and routine health system outreach and with estimated semester-level needs for both	National VAS work-plan exists and includes estimated semester-level: a. Timeline *And needs for* b. Supplies (VAS supplements) c. Supplies (non-supplement) d. Human resources e. Budget For each of routine health system outreach and event-based *Additional indicator where districts are responsible for their own work-plan:*	A national annual work-plan exists *Yes/No* a. National VAS work-plan includes timelines for routine health system outreach and event-based distribution. *Yes/No - for each of routine health system outreach and event-based* b. National VAS work-plan includes VAS *supplement supply* estimates for routine health system outreach and event-based distribution. *Yes/No - for each of routine health system outreach and event-based*	Yes for national plan exists and a, b, c, d & e. For each of routine health system outreach and event-based Additional indicator100%	**Sources:** National work-plan for the forthcoming year. (District work-plans where applicable) **Frequency:** Annual More frequently as needed,	Planning is conducted in collaboration with district management teams and based on experience from previous semesters. Previous work-plans are reviewed to identify gaps	**National manager:** Develop and review the VAS work-plan with the district and national management teams to ensure it is in line with national guidelines and reflects expected district level requirements. Provide support to district teams in	The annual work-plan and estimates of timing and needs should be developed with relevant partners and based on the long term multi-year VAS strategy, district plans and requirements from the previous years. The national annual work-plan should fit within a strategy for other child health and nutrition interventions as appropriate. It will provide a useful reference against which semester-level district micro-plans are developed and decisions can be made.

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routine health system contacts and event-based distribution of VAS	# of districts that submitted VAS work-plans addressing each of the following: a. Timeline b. Supplies (VAS supplements, for routine and events) c. Supplies (non-supplement, for events) d. Human resources e. Budget (e.g. social mobilisation, outreach sites, transportation, fuel)	c. National VAS work-plan includes *non-supplement supply* estimates for routine health system outreach and event-based distribution *Yes/No - for each of routine health system outreach and event-based* d. National VAS work-plan includes an estimate of *human resource needs* for routine and event-based distribution *Yes/No - for each of routine health system outreach and event-based* e. National VAS work-plan includes an estimate of *budget* required for routine health system outreach and event-based distribution *Yes/No - for each of routine health system outreach and event-based* *Additional indicator where districts are responsible for their own work-plan:* $\frac{\textit{Number of districts submitting complete annual work-plans}}{\textit{Total number of districts implementing preventive VAS}}$ *X 100*		e.g. if there are problems with any of the components	and modify estimates as indicated. Each district has a management team responsible for developing a work-plan. The national team will support amendments as justified based on monitoring indicators from the previous semester(s).	developing resource estimates as needed. **Data Use:** Use to fill any identified gaps in the work-plan. Allocate supplies, budget and human resources to districts, for transfer to health facilities and event teams. Respond to resource shortfalls and rapidly re-allocate resources where appropriate. Investigate with district managers, reasons for any differences between national and district resource estimates & resolve as necessary.	
Output Indicator 1.4: The national Public Health Care (PHC) system budget includes sufficient allocation for VAS programme costs	The national Public Health Care (PHC) system budget includes sufficient allocation for VAS programme costs. *The majority of costs may be covered at the district level, depending on the degree of decentralisation*	Sufficient VAS programme costs allocated in the national PHC budget to reach the national annual two-dose coverage targets. *Yes/No*	Yes	**Sources:** National PHC system budget and VAS work-plan for the forthcoming year	**Assumptions:** A costing exercise has been conducted for the VAS programme. The national PHC budget is complete and accurately reflects national	**National manager:** Review PHC system documentation at the national and district levels to ensure sufficient VAS budget is allocated	VAS planning should be integrated into the broader PHC system to ensure sufficient VAS programme budget is allocated in the PHC plan, with reference to national guidelines for VAS delivery Where budget allocation is decentralised, ensure that VAS budget allocations are sufficient to meet programme costs in all district plans.

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				Frequency: Annual Or by semester according to the PHC planning cycle	costs for VAS implementation. It is clear where district level budgets are being used to support district work-plans, leaving only national costs in the national PHC budget.	Advocate for a VAS costing exercise as needed **Data Use:** Reprioritize programme spending and advocate for budget increase if allocation is insufficient	
Output Indicator 1.5: All VAS events and routine health system contact distribution in the last semester were conducted according to the timing and planned reach specified in district micro-plans	% of all districts reporting all VAS event or scheduled routine health system outreach activity were conducted as planned in the micro-plan, and no interruptions in preventive VAS delivery as part of routine health system contact at health facilities in the previous semester	$\frac{\textit{Number of districts reporting all VAS delivery conducted as planned (event and routine health system contact)}}{\textit{Total number of districts implementing preventive VAS during the semester}}$ *X 100*	100%	**Sources:** District VAS monitoring, coverage and supportive supervision reports Health management information systems for scheduled routine health system outreach visits and for routine health system contacts at health facilities.	**Assumptions:** District micro-plans with dates and duration of VAS events and routine health system outreach exist and are available. Health facilities are continuously distributing VAS to children attending the facility as part of routine health system contacts. Supportive supervision forms include a data entry field to record relevant details of VAS events	**National manager:** Investigate reasons for delayed or incomplete implementation of VAS activities Support districts where problems have been identified during the preparation period for both event- and routine health system outreach-distribution of VAS. **Data Use:** Provide support to district managers in: Determining whether and a more in-depth investigation of delayed or incomplete VAS activities should be conducted	

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				Frequency: Every semester	(planned start date, actual start date, details of any interruption to delivery, etc.)	Identifying solutions that ensure timely, complete implementation in subsequent semesters	
Output Indicator: 1.6 Coverage reports submitted to national level from all districts are complete and timely according to national guidelines	% of all districts where coverage reports were complete and submitted to the national level in in a timely manner the previous semester according to national VAS guidelines	$\frac{\textit{Number of districts submitting VAS coverage reports in line with national guidelines}}{\textit{Total number of districts implementing preventive VAS during the semester}} \times 100$	100%	**Sources:** District reports, including planned reporting date and record of receipt for complete reports at the national level **Frequency:** Every semester at a minimum. Typically due one month after the end of a semester, may vary by delivery method and specific national guidelines	**Assumptions:** National guidelines for VAS activities: – Specify "timely" and "complete" reporting. – Include expected reporting schedule and data entry standards – Are available to district VAS managers. Report forms include entry fields for date of report submission and date of report receipt at national level.	**National manager:** Follow up and support timely submission of complete reports each semester Investigate reasons for delayed or incomplete reporting **Data Use:** Provide feedback and support to district teams to prevent delayed or incomplete reporting in subsequent semesters, as needed	Ensure reporting format and schedule are clearly defined and included in annual and semester planning documents and available to district VAS managers. Facilitate sharing of expertise and experiences between districts to support best practices with reporting and other aspects of VAS delivery.

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Supply Indicators							
Output Indicator 1.7: All districts had sufficient stocks of appropriate vitamin A supplements for distribution to children aged 6-59 months through routine health system contacts at all times in the previous semester.	a. % of all districts reporting sufficient stocks of 100 000 IU capsules for routine health system contact delivery during the previous semester b. % of all districts reporting sufficient stocks of 200 000 IU capsules for routine health system contact delivery during the previous semester	a. *Number of districts not reporting stock outs of 100 000 IU capsules (blue) for routine health system contacts* / *Total number of districts implementing preventive VAS during the semester* *X 100* b. *Number of districts not reporting stock outs of 200 000 IU capsules (blue) for routine health system contacts* / *Total number of districts implementing preventive VAS during the semester* *X 100*	a. 100% b. 100%	**Sources:** District VAS summary reports for delivery through routine health system contacts Other reports from districts alerting national level of problems during the semester Records of VAS stock including estimated and delivered supply and order receipts. **Frequency:** Every semester at a minimum More frequently where a stock-out has been reported early in the semester or coverage is low	**Assumptions:** District teams monitor sufficiency of supplement supplies for delivery through routine health system contacts according to the District Guide. Sufficiency of vitamin A supply includes provision for handling and other expected losses as well as estimated treatment dose requirements Records of supply orders and receipts exist. District routine health system and supportive supervision VAS reports include an entry field to	**National manager:** Review all data sources to check the sufficiency of each type of capsule Work with district teams to investigate the cause and approximate timing of stock-outs and take corrective action **Data Use:** Use data and other available information (e.g. field reports) to determine the likely cause of stock-outs and make relevant adjustments Determine the appropriate stock of VAS for delivery through routine health system contacts and adjust national and district work-plans accordingly Provide guidance and support to district VAS management teams to	Ensure regular training and supervision at district level to improve supply predictions and efficiency of supplement use, reduced wastage, etc. Ensure district level supplement requirements are defined in semester and annual work-and micro-plans Develop a contingency plan to supply additional supplements in case of increased demand for treatment doses. Ensure that district routine health system and supportive supervision reports include an entry field to detail stock-outs.

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					detail stock-outs. Vitamin A capsules are integrated in a national supply chain management guide Both supplement dose capsules are distributed (*adapt where only one type or a different form of supplement is used)*	determine likely cause of any stock out and prevent future stock-outs	
Output Indicator 1.8: All districts had sufficient stocks of appropriate vitamin A supplements for distribution to children aged 6-59 months through event-based delivery at all times in the previous semester.	a. % of all districts reporting sufficient stocks of 100 000 IU capsules for event-based delivery during the previous semester b. % of all districts reporting sufficient stocks of 200 000 IU capsules for event-based delivery during the previous semester	a. *Number of districts not reporting stock outs of 100 000 IU capsules (blue) for event-based delivery* / *Total number of districts implementing preventive VAS during the semester* *X 100* b. *Number of districts not reporting stock outs of 200 000 IU capsules (blue) for event-based delivery* / *Total number of districts implementing preventive VAS during the semester* *X 100*	a. 100% b. 1100%	**Sources:** District VAS summary reports for event-based delivery Other reports from districts alerting national level of problems during the semester Records of VAS stock including	**Assumptions:** District teams monitor sufficiency of supplement supplies for event-based delivery according to the District Guide. Sufficiency of vitamin A supply includes provision for	**National manager:** Review all data sources to check the sufficiency of each type of capsule Work with district teams to investigate the cause and approximate timing of stock-outs and take corrective action	Ensure regular training and supervision at district level to improve supply predictions and efficiency of supplement use, reduced wastage, etc. Ensure district level supplement requirements are accurately defined in semester and annual work-and micro-plans Develop contingency plan to supply additional supplements in case of unusual causes, such as migration into an area. Ensure that district event-based VAS, and supportive supervision reports include an

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				estimated and delivered supply and order receipts. **Frequency:** Every semester at a minimum More frequently where a stock-out has been reported early in a series of event-based deliveries or coverage is low	handling and other expected losses Records of supply orders and receipts exist. District event-based and supportive supervision VAS reports include an entry field to detail stock-outs. Vitamin A capsules are integrated in a national supply chain management guide Both supplement dose capsules are distributed (*adapt where only one type or a different form of supplement is used*	**Data Use:** Use data and other available information to determine the likely cause of stock-outs and make relevant programme amendments Determine the appropriate stock of VAS for event-based delivery in subsequent semesters and adjust national and district work-plans accordingly Provide guidance and support to district VAS management teams to determine likely cause of stock outs and prevent future stock-outs	entry field to detail stock-outs and facilitate corrective action.

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Output Indicator 1.9: All districts had sufficient supplies of non-vitamin A supplement resources (e.g. scissors, reporting forms) to implement planned VAS activities during the previous semester.	a. % of all districts reporting sufficient non-vitamin A supplies for routine health system contact VAS in the previous semester b. % of all districts reporting sufficient non-vitamin A supplies for event-based VAS in the previous semester	a. *Number of districts reporting sufficient non-vitamin A supplies for routine health system contact VAS* / *Total number of districts implementing preventive VAS during the semester* *X 100* b. *Number of districts reporting sufficient non-vitamin A supplies for event-based VAS* / *Total number of districts implementing preventive VAS during the semester* *X 100*	a. 100% b. 100%	**Sources:** District routine health system contact and event-based VAS summary reports Other reports from districts alerting national level of problems during the semester Records of VAS non-vitamin A supplement stock, including estimated and delivered supply and order receipts. **Frequency:** Every semester at a minimum More frequently where a stock-out has been reported early in	**Assumptions:** National guidelines, district work-plans and micro-plans include an estimate of the type and quantity of non-supplement supplies required for planned VAS through routine health system contact- and event-based distribution for the semester. District teams monitor sufficiency of non-supplement supplies for routine health system contact- and event-based delivery. District routine health system contact- and event-based summary	**National manager:** Review supply records and district reports to check sufficiency of non-supplement supplies Work with district teams to investigate the cause and approximate timing of any occurrence of inadequate supplies and take corrective action **Data Use:** Determine the appropriate stock of non-supplement supplies required for VAS distribution in subsequent semesters and adjust national and district work-plans accordingly Provide guidance and support to district VAS management teams to determine likely cause and prevent stock-outs in the future	Ensure regular training and supervision at district level to improve supply predictions and efficiency of us. Ensure district level non-supplement supply requirements for events and routine health system contacts are accurately defined in semester and annual work-and micro-plans Develop a contingency plan to supply additional non-supplement supplies in case of unexpected increased demand Ensure that district event-based and supportive supervision reports include an entry field to detail shortages and facilitate corrective action.

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				the semester or coverage is low	reports and supportive supervision reports include an entry field to detail stock outs. Records of non-supplement supply orders and receipts exist at district level.		
Human Resources Indicators							
Output Indicator 1.10: In all districts, personnel involved in VAS (event and routine health system contact) have been trained and provided refresher training, according to national VAS guidelines, and staff meet minimum knowledge criteria in all districts.	a. % Districts reporting that all personnel had received training/refresher training according to national guidelines in the past six months b. % Districts reporting that all personnel meet the minimum knowledge criteria for VAS *This indicator may not be feasible to measure in all situations; it requires supportive supervision to be in place and/or some type of qualitative staff assessment.*	a. $\frac{\textit{Number of districts where all VAS delivery sites had personnel trained according to national guidelines}}{\textit{Total number of districts implementing preventive VAS during the semester}} \times 100$ b. $\frac{\textit{Number of districts where all personnel met minimum knowledge criteria}}{\textit{Total number of districts implementing preventive VAS during the semester}} \times 100$	a. 100% b. 100%	**Sources:** District and supportive supervision reports. Training records and training curriculum Personnel job descriptions District health facility or community survey reports *(where conducted)* **Frequency:**	**Assumptions:** National guidelines for VAS are available at the district level and define training expectations (e.g. .frequency, content and minimum knowledge criteria). Resources are available at the national and/or district level to train personnel	**National manager:** Assess whether training of personnel involved in VAS distribution is being conducted as planned and that sufficient resources are available for training Compile and review training and refresher training curricula and training records for personnel involved in VAS distribution, as feasible **Data Use:**	Ensure that all district VAS managers are aware of expected VAS training schedule and content Include an entry field on district summary reports to report on personnel training and any training/knowledge related concerns with VAS delivery Review district reports for any potential gaps in personnel knowledge as part of annual review For districts identified as having personnel who do not meet the criteria, determine the proportion of VAS sites where this is a problem, e.g. > 5% VAS sites not meeting the criteria. To enable prioritisation of support.

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				Every semester at a minimum With more in-depth analysis annually or where human resource issues are identified	involved in VAS distribution. Training curricula and records for VAS personnel are available. Information on personnel recruitment and the number of personnel trained each semester is available.	Provide additional support to identify the cause of gaps in training and knowledge and to reduce gaps where identified Support districts with particular problems in strengthening training and responding to requests for resources	
Output Indicator 1.11: All districts had sufficient human resources (according to national VAS guidelines) to implement planned VAS activities during the previous semester	% Districts reporting insufficient human resources in the previous semester	$\frac{\textit{Number of districts reporting sufficient human resources}}{\textit{Total number of districts implementing preventive VAS during the semester}}$ *X 100*	100%	**Sources:** Human resource requirement estimates (district and national), personnel allocation per district, job descriptions and district supervision reports **Frequency:** Annual review	**Assumptions:** National guidelines, district work-plans and micro-plans include estimates of the type and number of personnel required for VAS distribution. Sufficient budget has been allocated for per diems and other	**National manager:** Review human resource and related budget allocation in partnership with district teams, to check sufficiency of each type of human resource required (and available budget) against that recommended in the national guidelines. Particular attention to districts with gaps in human resources.	Ensure human resource and related budget requirements well-defined in the national guidelines and in district micro-plans; for the expected VAS-related activities in the semester Assess adequacy of allocated resources against expected requirements, including per diem costs, for events Ensure that district reports include an entry field to note any human resource or related budget shortage and facilitate corrective action.

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				By semester as required, e.g. where a human resource problem reported	human resources costs. Records of human resource allocation and job descriptions exist at the district level. Supportive supervision and health facility reports are available and highlight any insufficiency of human resources.	Work with district teams to investigate the reason for any shortfall in human resources, including allocated budget, e.g for per diems. **Data Use:** Determine the appropriate human resource requirements for VAS, adjust national and district work-plans as needed Support corrective follow up action to plan, budget for and/or recruit additional personnel where needed	
Social Mobilisation Indicators							
Output Indicator 1.12: Social mobilisation activities conducted in accordance with national and/or district plans in all districts.	a. % Districts where social mobilisation activities were implemented in line with national guidelines and district plans. b. % Districts reporting that a significant percentage of caregivers attending events *(pre-defined by the national management team)* could recall key messages of the social mobilisation activities defined in the plans.	a. $\frac{\textit{Number of districts reporting that all social mobilization conducted according to plan}}{\textit{Total number of districts implementing preventive VAS during the semester}} \times 100$ b.	a. 100% b. 100% c. 100%	**Sources:** a. District reports b. Exit interviews (*occasionally, as data are available* b and c. Household or	**Assumptions:** National VAS guidelines include guidance on and targets for mobilisation. The targets are pre-defined by national	**National manager:** Follow up and support district level social mobilisation coordinators prior to events, in particular where problems have been identified in previous semesters	Ensure that social mobilisation guidance (including expected resource requirements) is included in national guidelines and district micro-plans Ensure that social mobilisation is designed and conducted to reach all populations and uses channels of communication appropriate to the communities targeted Ensure district summary and supervision reports include an entry field to record any

Indicator Title	Programme Indicator and Component Indicators	Operational Definition of the Indicator and Component Indicators	Target	Information Source and Frequency of Review	Assumptions	Responsibilities and Use of Data	Operational Notes
	c. % Districts reporting that a significant percentage of caregivers NOT attending events *(pre-defined by the national management team)* could recall key messages of the social mobilisation activities defined in the plan (*only monitored when additional verification activity implemented.)*	$\frac{\textit{Number of districts reporting adequate recall of key messages by caregivers attending events}}{\textit{Total number of districts implementing preventive VAS during the semester}} \times 100$ c. $\frac{\textit{Number of districts reporting adequate recall of key messages by caregivers NOT attending events}}{\textit{Total number of districts implementing preventive VAS during the semester}} \times 100$		community survey outcomes (*occasionally, as data are available*) **Frequency:** Annual review (or more frequently as indicated, e.g. attendance exceptionally low) b and c. Occasionally, as needed (where supervisors report problems or coverage is low than expected) and as data are available.	management team. Plans reflecting for social mobilisation exist for all districts. Materials and other resources required for social mobilisation activities for VAS are available at the district level.	Investigate the reason for any delayed, incomplete or ineffective social mobilisation activities **Data Use:** Identify districts with particular problems to prioritise support in the following semester Determine where exit interviews and/or household/community surveys may be required to further investigate problems and support strengthening of future social mobilisation efforts Modify guidance, messages, activities and resource availability as needed	caregiver awareness related issues, to facilitate corrective action.