

Appendix B. DISTRICT LEVEL Logframe for Monitoring Vitamin A Supplementation

The logframe refers to vitamin A supplementation with the assumption that these are provided as capsules. Where vitamin A is provided as syrup from a bottle, the national and/or district team should change the logframe indicators so they apply to this situation.

Indicator Title	Indicators	Operational Definition of the Indicator and Sub-Group Analysis	Indicator Target	Monitoring Information Sources & Frequency	Assumptions	Responsibilities and Use of Data	Recommendations
PROGRAMME OUTCOME – Semester Review							
<i>Type of indicator: Coverage</i>							
<p>Coverage All infants and children 6-59 months old received an age-appropriate vitamin A supplement in the past semester</p>	<p>a. % of eligible infants 6-11 months of age receiving an age-appropriate vitamin A supplement through either routine health system or event-based vitamin A distribution in the past semester.</p> <p>b. % of eligible children 12-59 months of age receiving an age-appropriate vitamin A supplement through either routine health system or event-based vitamin A distribution in the past semester.</p>	<p>For each delivery method (routine health system or event-based) separately:</p> <p>a. (# eligible infants 6-11 months of age who received a 100,000 IU supplement during the past semester ÷ total # eligible infants 6-11 months of age in the district) x 100</p> <p>b. (# eligible children 12-59 months of age who received a 200,000 IU supplement during the past semester ÷ total # eligible children 12-59 months of age in the district) x 100</p> <p>For each age group calculate and report VAS coverage for the district based on data from each delivery method (routine health system or event-based) separately.</p>	<p>a. Target = 100%</p> <p>b. Target = 100%</p>	<p><i>Sources:</i> Tally sheet and/or health facility report forms/HMIS.</p> <p><i>Frequency:</i> Every semester at minimum.</p> <p><i>Ideally:</i> Health facility reports reviewed quarterly.</p> <p>Upon receipt of reports from an event.</p>	<p>- Infants and children of both age groups in the district are eligible for VAS.</p> <p>- VAS is implemented through routine health systems and, in some semesters, through event-based delivery systems targeting one or both age groups.</p> <p>- Reliable denominator estimates for each delivery method are available.</p> <p>- There is no overlap in numerator or denominator counts between health facilities.</p>	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Compile sub-district data & calculate semester coverage for the district. - Promote good practices for reaching all infants and children with VAS, among all involved personnel, to optimise coverage. - Request health facilities and event managers to submit VAS reports in accordance with national guidelines. <p><i>Use of Data:</i></p> <ul style="list-style-type: none"> - Use coverage data to identify gaps in VAS implementation. - Take follow-up action to promote and strengthen VAS. - Send numerator and denominator figures to the national level, for each delivery type and each age group. 	<p>This is the key indicator of programme implementation and should be reviewed along with some of the key process indicators below to determine which aspects of the programme are working well and which need strengthening during the following semesters.</p> <p>Close follow-up of VAS coverage estimation is needed every semester</p>

Indicator Title	Indicators	Operational Definition of the Indicator	Indicator Target	Monitoring Information Sources & Frequency	Assumptions	Responsibilities and Use of Data	Recommendations
PROGRAMME ACTIVITIES AND OUTPUTS – Annual Review							
Type of indicator: Programme Environment							
<p>1.1. A recognised VAS-related management and coordination group uses data for planning at the district level, according to national guidelines.</p> <p><i>Degree of district level management responsibility may depend on the level of decentralisation.</i></p>	<p>a. VAS-related management and coordination group with defined responsibilities exists</p> <p>b. Administrative data and supervision reports were used to plan for VAS for the following semester</p>	<p>a. VAS management and coordination group with defined responsibilities exists and functions according to national guidelines.</p> <p><i>Yes/No</i></p> <p>b. VAS data are used to determine needs, identify challenges and to plan for VAS in the following semester.</p> <p><i>Yes/No</i></p>	<p>a. Target = Yes</p> <p>b. Target = Yes</p>	<p><i>Sources:</i></p> <p>District VAS management plan and meeting minutes for meeting schedule, roles planned deliverables and use of monitoring data.</p> <p><i>Frequency:</i></p> <p>a. Annually (unless problems observed)</p> <p>b. Each semester</p>	<p>- Infants and children in the district are eligible for VAS.</p> <p>- A national guideline exists that details the expected composition, role and responsibilities of a district VAS management and coordination team.</p> <p>- There is the risk of bias if a district team monitors itself.</p>	<p><i>District Manager responsible to ensure that:</i></p> <p>- The VAS management and coordination system is in line with national VAS guidelines.</p> <p>-The management group has access to data and the outcome of any data verification exercises from previous semesters.</p> <p><i>Use of data:</i></p> <p>- Follow up to establish or improve the VAS management and coordination group, as needed.</p>	<p>Develop a management and coordination team with defined responsibilities, in accordance with national VAS guidelines.</p> <p>Where possible, it should be integrated with other district health and nutrition coordinating groups.</p>
<p>1.2 District VAS work-plan exists for the forthcoming year with estimated semester-level needs for both routine health system and event-based distribution of vitamin A.</p> <p>a. Supplies (vitamin A supplements)</p> <p>b. Supplies (non-supplement supplies)</p> <p>c. Human resources</p> <p>d. Budget</p> <p><i>Degree of district level management responsibility may depend on the level of decentralisation.</i></p>	<p>Work-plan exists with estimated needs for both routine health system and event-based distribution of vitamin A for:</p> <p>a. Supplies (vitamin A supplements)</p> <p>b. Supplies (non-supplement)</p> <p>c. Human resources</p> <p>d. Budget</p>	<p>VAS work-plan exists</p> <p><i>Yes/No</i></p> <p>a. District work-plan includes supplement supply estimates for routine health system and event-based distribution</p> <p><i>Yes/No for routine health system. Yes/No for event</i></p> <p>b. District work-plan includes non-supplement supply estimates for routine health system and event-based distribution</p> <p><i>Yes/No for routine health system. Yes/No for event</i></p> <p>c. District work-plan includes an estimate of human resource needs for routine health system and event-based distribution</p> <p><i>Yes/No for routine health</i></p>	<p>Target = Yes for work-plan exists</p> <p>a. Target = Yes for routine health system and Yes for event-based distribution</p> <p>b. Target = Yes for routine health system and Yes for event-based distribution</p> <p>c. Target = Yes for routine health system and Yes for event-based distribution</p>	<p><i>Sources:</i></p> <p>Review district work-plan for the forthcoming year.</p> <p><i>Frequency:</i></p> <p>Annually, or more frequently if problems arise.</p>	<p>- Infants and children in the district are eligible for VAS.</p> <p>- The district has a management team (indicator 1.1), the authority to develop a work-plan and the resources to determine its own supply, human resource and budget estimates.</p>	<p><i>District Manager responsible to:</i></p> <p>- Develop and review the VAS work-plan to ensure it is in line with national guidelines.</p> <p>- Estimate supply and other resource needs based on district level forecasting to distribution level (both routine health system and event-based delivery).</p> <p><i>Use of data:</i></p> <p>- Fill any gaps in the work-plan.</p> <p>- Allocate planned resources to health facilities and event teams.</p> <p>- Re-allocate resources in case of any shortfall where possible.</p> <p>- Investigate reasons for large differences between district and national resource estimates, look at recent actual requirements and use these to develop estimates for the forthcoming year.</p>	<p>Develop the annual work-plan and estimate of needs with relevant partners, based on requirements from previous years and any known changes in the local population.</p> <p>The plan may be incorporated under the umbrella of the District Operational Health Plan or similar, however it should be assessed as described here.</p>

Indicator Title	Indicators	Operational Definition of the Indicator	Indicator Target	Monitoring Information Sources & Frequency	Assumptions	Responsibilities and Use of Data	Recommendations
		<p><i>system. Yes/No for event</i></p> <p>d. District work-plan includes an estimate of budget required for routine health system and event-based distribution</p> <p><i>Yes/No for routine health system. Yes/No for event</i></p>	d. Target = Yes for routine health system and Yes for event-based distribution				
<p>1.3 The district Public Health Care (PHC) system budget includes sufficient allocation for VAS programme costs.</p> <p><i>Only relevant where budget is decentralised to district level.</i></p>	Sufficient VAS programme costs allocated in the district PHC system budget.	Sufficient VAS programme costs allocated in the district PHS	Target = Yes	<p><i>Sources:</i></p> <p>District PHC plan and budget.</p> <p><i>Frequency:</i></p> <p>Annual or by semester depending on PHC planning cycle.</p>	<ul style="list-style-type: none"> - Infants and children in the district are eligible for VAS. - The district either manages or has influence over PHC system budget. - The budget is complete and accurately reflects district costs for VAS implementation. 	<p><i>District Manager responsible to:</i></p> <ul style="list-style-type: none"> - Review PHC system documentation to ensure VAS budget is allocated. <p><i>Use of data:</i></p> <p>If budget is not allocated in the PHC system, review and advocate for allocation.</p>	<p>Develop PHC system with reference to national guidelines for VAS delivery.</p> <p>Ensure VAS programme budget is allocated in the district PHC plan. Where centrally planned and managed, verify that VAS programme costs are allocated.</p>
PROGRAMME ACTIVITIES AND OUTPUTS - Semester Review							
<p>1.4 All VAS events and routine health system distribution in the last semester were conducted according to the VAS micro-plan.</p> <ul style="list-style-type: none"> a. VAS events started on the planned date. b. VAS outreach from health facilities was conducted as planned. c. Health facilities implemented routine health system VAS continuously, as planned. 	<ul style="list-style-type: none"> a. % VAS events not initiated as planned (in the micro-plan) during the previous semester. b. % VAS outreach (from health facilities) not conducted as planned (in the micro-plan) during the previous semester c. % health facilities where VAS not continuously implemented during 	<ul style="list-style-type: none"> a. (# VAS events not initiated on the planned date ÷ # of planned VAS events in the district during the semester as per micro-plan) x 100 b. (# VAS routine health system outreach not conducted as planned ÷ # of VAS outreach in the district during the semester planned as per micro-plan) x 100 c. (# health facilities with zero distribution of vitamin A for a defined period in the past semester ÷ # health facilities in the district) x 100 	<ul style="list-style-type: none"> a. Target = 0% b. Target = 0% c. Target = 0% 	<p><i>Sources:</i></p> <p>District and sub-district health reports, event tally sheets and supervision reports.</p> <p><i>Frequency:</i></p> <p>Summarise every semester at minimum.</p> <p>Review: every quarter (health facility reports) and upon receipt (event reports).</p>	<ul style="list-style-type: none"> - District micro-plans with dates and duration for VAS events and outreach exist and are available. - Health facilities are expected to continuously distribute vitamin A to eligible children attending the facility. 	<p><i>District Manager responsible to:</i></p> <ul style="list-style-type: none"> - Investigate the reason for any delayed or incomplete VAS events or routine health system outreach. - Support VAS distribution teams to keep to the timing and duration stated in the micro-plan. - Investigate the reason why a health facility has a gap in VAS records. <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Take follow-up action to provide alternative sources of VAS if an event or routine health system outreach visit is missed completely. - Assess whether certain populations have consistently low access to VAS due to these problems. 	<ul style="list-style-type: none"> - Ensure semester micro-plans for VAS distribution events are available to all personnel in advance and that they understand why it is important to keep to the plan. - Support preparation to predict and overcome any obstacles to complete implementation. - Ensure that supervision reports allow for reporting of start and end dates to enable detection of any problems.

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	the past semester.					- Provide feedback to the national VAS manager indicating the occurrence (and cause) of any delays, incomplete or irregular implementation.	
1.5 Coverage reports have been submitted to district level from all admin areas for all VAS activities, as per national guidelines. a. For routine health system VAS b. For event-based VAS	a. % of admin areas submitting routine health system VAS coverage reports according to national VAS guidelines (timeliness and completeness). b. % of admin areas submitting event-based VAS coverage reports according to national VAS guidelines (timeliness and completeness).	a. (# admin areas submitting routine health system VAS reports late or incomplete ÷ # of admin areas) x 100 b. (# admin areas submitting event-based VAS reports late or incomplete ÷ # of admin areas) x 100	a. Target =0% b. Target = 0%	<i>Sources:</i> Submission date on tally sheets, health facility reports. Record of date report received at district level. <i>Frequency:</i> Routine health system VAS, reports are usually monthly, review quarterly. VAS events, reports typically one month after the event.	- National guidelines for VAS activities include expected reporting schedule and data entry standards. - Report forms include a date for report submission to district level.	<i>District Manager responsible to:</i> - Follow up and support timely submission of completed reports after all VAS activities. - Investigate the reason for any delayed or incomplete reporting. <i>Use of data:</i> - Take follow-up action to prevent delayed or incomplete reporting. - Provide feedback to the national manager.	- Ensure reporting format and schedule are clearly defined in planning documents and are available to all key personnel. - Share best practices for reporting and other aspects of VAS between health facilities.
Type of indicator: Supplies							
1.6 All routine health system VAS activities had sufficient stocks of appropriate vitamin A supplements (including for handling losses, etc.) to supplement 6-59 month old children at all times in the previous month. a. Health facilities with sufficient stocks of 100,000 IU capsules in the past month, for routine health system facility-based and outreach VAS b. Health facilities with	a. % of facilities delivering routine health system VAS reporting stock-outs of 100,000 IU capsules in the past month. b. % of facilities delivering routine health system VAS reporting stock-outs of 200,000 IU capsules in the past month.	a. (# health facilities reporting stock-outs of 100,000 IU capsules in the past semester ÷ total # health facilities in the district) x 100 b. (#health facilities reporting stock-outs of 200,000 IU capsules in the past semester ÷ total # health facilities in the district) x 100	a. Target =0% b. Target = 0%	<i>Sources:</i> Monthly health facility reports, HMIS data, supplement supply and receipt records. <i>Frequency:</i> End of each month with summary each semester.	- Infants and children 6-59 months of age in the district are eligible for VAS. - Health facility reports (or HMIS data) are available and include a VAS category. - Records of supply orders and receipts exist. - Health facility reports highlight supplement stock-outs. - Both 100,000 IU and 200,000 IU supplement doses are distributed where capsules are used (<i>where only one or the other dose type is used, only one of the</i>	<i>District manager responsible to:</i> - Review supply records and health (or HIMIS) reports to check sufficiency of each type of capsule supply. - Investigate the cause and approximate timing of any stock-out and take corrective follow-up action. <i>Use of data:</i> - Combine data with other available information to determine the likely cause of the stock-out and make relevant programme amendments. - Provide feedback to the national manager indicating the likely cause of any stock-outs, for their information and action as needed.	- Provide regular training and supervision to improve efficiency of supply use, reduce waste and improve coverage. - Ensure vitamin A capsule requirements are well-defined in semester and annual planning and micro-planning documents. Ensure that health facility reports have a field to note factors that may help determine the cause (e.g. attendance at the facility) to enable corrective follow-up

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sufficient stocks of 200,000 IU capsules in the past month for routine health system facility-based and outreach VAS					<i>indicators a. or b. would be applicable).</i>	<ul style="list-style-type: none"> - Determine the appropriate stock of vitamin A supplements for routine health system distribution for the next month and on a semester basis, make alterations to the district work-plans and micro-plans as needed, inform the national manager. - Provide guidance to health facility personnel involved with VAS according to the likely cause of the stock-out, e.g. on appropriate handling of supplements to reduce wastage. 	as needed.
<p>1.7 All VAS events had sufficient stocks of appropriate vitamin A supplements (including for handling losses, etc.) to supplement 6-59 month old children at all times in the previous semester.</p> <p>a. VAS events with sufficient stock of 100,000 IU capsules in the past semester.</p> <p>b. VAS events with sufficient stocks of 200,000 IU capsules in the past semester.</p>	<p>a. % VAS events in the district with insufficient 100,000 IU Vitamin A capsules during the previous semester</p> <p>b. % VAS events in the district with insufficient 200,000 IU Vitamin A capsules during the previous semester</p>	<p>a. (# VAS events reporting stock-outs of 100,000 IU capsules in the past semester ÷ total # VAS events in the district) x 100</p> <p>b. (# VAS events reporting stock-outs of 200,000 IU capsules in the past semester ÷ total # VAS events in the district) x 100</p> <p><i>Stock-outs during an event are defined as an uncorrected stock-out, e.g. if the stock-out is reported and it is corrected during the event it is not defined as a stock-out.</i></p>	<p>a. Target =0%</p> <p>b. Target = 0%</p>	<p><i>Sources:</i></p> <p>Event tally sheets and district supervision and health reports.</p> <p>VAS stock, supply and receipt orders.</p> <p><i>Frequency:</i></p> <p>Each semester.</p>	<ul style="list-style-type: none"> - Infants and children 6- 59 months of age are eligible for VAS. - Tally sheets are available and fully completed. - Records of supply orders and receipt exist. - Supervision reports exist and highlight stock-outs. - Both 100,000 IU and 200,000 IU supplement doses are distributed during events (<i>where only one or the other dose type is used, only one of the indicators a. or b. would be applicable).</i> 	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Review all data sources to check the sufficiency of each type of capsule during the event. - Investigate the cause and approximate timing of any stock-out and take corrective follow-up action. <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Combine data with other available information to determine the likely cause of the stock-out and make relevant programme amendments. - Provide feedback to the national manager indicating the likely cause of any stock-outs during the previous semester, for their information and action as needed. - Determine the appropriate stock of vitamin A supplements for the next semester, make alterations to the district work-plan and micro-plans as needed, inform the national manager. - Provide guidance to district personnel involved with VAS according to the likely cause of the stock-out, e.g. on appropriate handling of supplements to reduce 	<ul style="list-style-type: none"> - Provide regular training and supervision to improve efficiency of supply predictions and use, to reduce waste and improve coverage. - Ensure vitamin A supplement requirements are well-defined in semester and annual planning and micro-planning documents. - Ensure that tally sheets and reports have a field to note factors that may help determine the cause (e.g. damaged supplies) to enable corrective follow-up as needed.

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Indicator Title	Indicators	Operational Definition of the Indicator	Indicator Target	Monitoring Information Sources & Frequency	Assumptions	Responsibilities and Use of Data	Recommendations
1.8. All VAS events had sufficient quantities of other (non-supplement) supplies listed in VAS micro-plan (e.g. scissors, reporting forms, etc.) to implement supplementation activities for target infants and children for the previous semester.	% of VAS events conducted which reported insufficient non-supplement supplies in the past semester.	(# VAS events reporting insufficient non-supplement supplies ÷ total # VAS events in the district) x 100	Target = 0%	<p><i>Sources:</i> Supply estimates, supply orders and stock, and event supervision reports.</p> <p><i>Frequency:</i> Each semester as required (e.g. where a problem reported and/or coverage low)</p>	<ul style="list-style-type: none"> - National guidelines, district work-plans and micro-plans include an estimate of the type and quantity of non-supplement supplies required for VAS. - Records of non-supplement supply orders and receipts exist. - Supervision reports are available and highlight any insufficiency of non-supplement supplies. 	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Review supply records and other reports from the event, to check sufficiency of each type of non-supplement supply, where a problem is indicated. - Investigate the cause and approximate timing of any problem of inadequate supplies and take corrective follow-up action. <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Determine the appropriate stock of non-supplement supplies required for VAS events every semester. - Take corrective follow-up action to order additional supplies where needed. - Provide feedback to the national manager. - Provide guidance to VAS personnel according to expected cause, e.g. on appropriate use and handling of non-supplement supplies. - Make programme adjustments. 	<ul style="list-style-type: none"> - Provide regular training and supervision on non-supplement supply management and use. - Ensure non-capsule supply requirements are well-defined in accordance with national guidelines for the number of sites, teams and expected attendance. - Ensure that supervision reports have a field to report any non-supplement supply shortage, to enable diagnosis of the cause of any problems and corrective follow-up as needed.
Type of indicator: Human Resources							
1.9 An established supervisory support team provides support to VAS at the district level, as per national guidelines.	% of VAS events conducted without supportive supervision in the past semester.	(# VAS events conducted without supportive supervision ÷ total # VAS events in the district as per micro plan) x 100	Target = 0%	<p><i>Sources:</i> - District VAS micro-plan for supportive supervision plans, monitoring forms, event reports.</p> <p><i>Frequency:</i> Each semester.</p>	<ul style="list-style-type: none"> - Infants and children 6-59 months of age in the district are eligible for VAS. - A national guideline exists that details the expected composition, role and responsibilities of a supportive supervision team. 	<p><i>District manager responsible to:</i></p> <p>Ensure that supportive supervision is planned and reported on, in line with national VAS guidelines.</p> <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Follow-up action where supervision not as planned, to assess why and make improvements for future events. - Use supervision data to improve reliability of other data where these can be compared, use together to identify gaps and possible solutions. 	<ul style="list-style-type: none"> - Develop district level supportive supervision teams and guidance, then try to ensure that events receive supportive supervision on a regular basis. - Use lessons learned from supportive supervision reports to strengthen the process and improve VAS in future semesters.

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<p>1.10 Personnel involved in distributing VAS (event-based and routine health system) have been routinely trained/given refresher training as per national VAS guidelines.</p> <p><i>Relevant personnel includes anyone involved in VAS, e.g. health workers/other national staff, or volunteers.</i></p>	<p>% of assessed VAS distribution sites (event or routine health system) assessed where at least one personnel involved in distributing vitamin A had not been trained/given refresher training as per national VAS guidelines:</p> <p>a. New personnel (started within the past 6 months)</p> <p>b. Existing personnel</p>	<p>a. (# VAS distribution sites where at least one new personnel had not been trained in the past 6 months ÷ total number VAS distribution sites with new personnel assessed) x 100</p> <p>b. (# VAS distribution sites where at least one existing personnel had not received refresher training in the past 6 months ÷ total number VAS distribution sites with existing personnel assessed) x 100</p>	<p>a. Target =0%</p> <p>b. Target = 0%</p>	<p><i>Sources:</i></p> <p>District and health facility training records, training curriculum and personnel job descriptions.</p> <p>On a more occasional basis, as data are available: health facility surveys, community surveys.</p> <p><i>Frequency:</i></p> <p>Each semester.</p> <p>Possibly more in-depth analysis on an annual basis where problems identified.</p>	<p>- National guidelines for VAS define training expectations.</p> <p>- Resources are available at the national and/or district level to train personnel involved in VAS distribution.</p> <p>- Training curricula and records for VAS personnel are available.</p> <p>- Information on personnel recruitment is available.</p>	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Assess whether training of personnel involved in VAS distribution is being conducted as planned and that sufficient resources are available for this. - Compile and review training curricula and training records for personnel involved in VAS distribution, as feasible. <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Take corrective follow-up action where gaps are identified, adapting the training to address any gaps in knowledge or timeliness of training as needed. - Provide feedback to the national VAS manager for review and additional action or request for resources as needed. 	<ul style="list-style-type: none"> - Ensure that all relevant personnel receive training in national VAS guidelines. - Review training reports and supportive supervision reports for any potential gaps in personnel knowledge as part of the annual review. - Include an entry field on supportive supervision reports to allow for reporting of personnel training and any training/knowledge-related concerns with VAS delivery.
<p>1.11 Personnel involved in distributing VAS (event and routine health system) meet minimum knowledge criteria for VAS, as per national guidelines.</p> <p><i>Relevant personnel includes anyone involved in VAS, e.g. health workers/other national staff, or volunteers.</i></p>	<p>% of assessed VAS distribution sites (event-based or routine health system) assessed where at least one personnel involved in distributing supplements did not meet the minimum knowledge criteria set out in the national VAS guidelines.</p>	<p>(# VAS distribution sites assessed where at least one involved personnel did not meet minimal knowledge criteria ÷ total number VAS sites assessed) x 100</p>	<p>Target =0%</p>	<p><i>Sources:</i></p> <p>Supportive supervision reports, quality of care supervision reports.</p> <p>On a more occasional basis, as data are available: health facility surveys, and community surveys.</p> <p><i>Frequency:</i></p> <p>Each semester when assessments conducted.</p> <p>Possibly more in-depth analysis on an annual basis where knowledge gaps identified.</p>	<p>- National guidelines for VAS define minimum knowledge criteria.</p> <p>- Reports from supportive supervision or a post distribution investigation activity are available.</p> <p>- Resources are available to train personnel.</p> <p>- Training curricula and records for personnel involved are available.</p> <p>- Information on personnel recruitment is available.</p>	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Assess whether training of personnel involved with distributing VAS is being conducted as planned and that sufficient resources are available for this. - Compile and review training curricula and training records for relevant personnel. - Where data indicate that gaps in knowledge and training could be a problem, conduct a more in-depth analysis of training content and personnel knowledge. <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Take corrective follow-up action where gaps in knowledge are identified. - Provide feedback to the national manager for review and additional action as needed. 	<ul style="list-style-type: none"> - Ensure that all personnel receive training and refresher training that complies with national VAS guidelines. - Review training reports and supervision reports for any gaps in personnel knowledge as part of the annual review.

Indicator Title	Indicators	Operational Definition of the Indicator	Indicator Target	Monitoring Information Sources & Frequency	Assumptions	Responsibilities and Use of Data	Recommendations
<p>1.12 All VAS distribution sites had sufficient human resources (as described in the VAS micro-plan) to implement VAS activities for target infants and children for the previous semester.</p> <p>a. VAS events with sufficient human resources in the past semester.</p> <p>b. Health facilities with sufficient human resources for routine health system VAS in the past semester.</p>	<p>a. % of VAS events reporting insufficient human resources in the past semester.</p> <p>b. % of health facilities reporting insufficient human resources for routine health system VAS in the past semester.</p>	<p>a. (# VAS events reporting insufficient resources ÷ total number VAS events) x 100</p> <p>b. (# health facilities reporting insufficient resources for routine health system VAS ÷ total number health facilities) x 100</p>	<p>a. Target =0%</p> <p>b. Target =0%</p>	<p><i>Sources:</i></p> <p>District micro-plan, personnel allocation listing, job descriptions, health facility reports, and event supervision reports.</p> <p><i>Frequency:</i></p> <p>Each semester if other indicators suggest it is needed.</p> <p>Otherwise annual.</p>	<p>- National guidelines and district micro-plans include type and number of human resources required for routine health system and event-based distribution.</p> <p>- Records of human resource allocation and job descriptions exist.</p> <p>- Supervision reports are available and highlight any insufficiency of human resources.</p>	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Review human resource allocation, VAS attendance numbers and supervision reports to check sufficiency of each type of human resource required against that recommended in the national guidelines and district micro-plans. - Investigate the reason for any shortfall in human resources. <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Take corrective follow up action to plan, budget for and/or recruit additional personnel where needed. - Provide feedback to the national manager on sufficiency of human resources. - Make programme adjustments based on a causal investigation of problems. 	<ul style="list-style-type: none"> - Ensure human resource requirements are well-defined in the district micro-plan, in accordance with national guidelines for the number of health facilities, event sites, teams and expected attendance. - Ensure that supervision reports have an entry field for reporting human resource shortage, to enable diagnosis of the cause of any problems and corrective follow-up as needed.
Type of indicator: Demand/Social Mobilisation							
<p>1.13 Social mobilisation activities conducted in accordance with national and/or district plans.</p> <p>a. Social mobilisation activities conducted prior to events as per micro-plan.</p> <p>b. Caregivers attending events recall key social mobilisation messages.</p> <p>c. Caregivers not attending events recall key social mobilisation messages.</p>	<p>a. % of social mobilisation activities not implemented in line with plans/micro-plans.</p> <p>b. % of caregivers attending events who could not recall key messages of the social mobilisation activities defined in the plans</p> <p>c. % of caregivers not attending events who could not recall key messages of the social mobilisation activities defined in the plans</p>	<p>a. (# VAS events where social mobilisation activities not conducted according to the micro-plans ÷ total number VAS events) x 100</p> <p>b. (# caregivers at VAS events who could not recall key messages as defined in the micro-plans ÷ total number caregivers interviewed at events) x 100</p> <p>c. (# caregivers not attending VAS event who could not recall key messages as defined in the micro-plans ÷ total number caregivers interviewed) x 100</p>	<p>a. Target =0%</p> <p>b. Target = 0%</p> <p>c. Target = 0%</p>	<p><i>Sources:</i></p> <p>a. Supportive supervision reports, event planning reports, health facility reports.</p> <p>b. Outcome of exit interviews</p> <p>b. and c. Household and community surveys.</p> <p><i>Frequency:</i></p> <p>Each semester if other indicators suggest it's needed.</p> <p>Otherwise part of annual review, only including sub-indicator</p>	<p>- National and/or district plans and micro-plans for social mobilisation prior to VAS events exist.</p> <p>- Materials and other resources needed to conduct social mobilisation activities for VAS are available at the district.</p> <p>- Micro-plans include exit interviews by supportive supervision teams at a target number of events.</p> <p>- Community or household surveys are conducted where indicators suggest this is required, and include</p>	<p><i>District manager responsible to:</i></p> <ul style="list-style-type: none"> - Follow up and support social mobilisation coordinators prior to events - Investigate the reason for any delayed, incomplete or ineffective, social mobilisation activities <p><i>Use of data:</i></p> <ul style="list-style-type: none"> - Take corrective follow-up action in the following semester, as needed. - Determine where exit interviews and/or household/community surveys are required to identify potential problems and support modification and strengthening of social mobilisation. - Provide feedback to the national manager indicating the type, distribution and likely 	<ul style="list-style-type: none"> - Ensure social mobilisation resource requirements and guidance are included in annual planning and micro-planning documents and are available to relevant personnel. - Support preparation to ensure timely implementation of effective social mobilisation activities. - Ensure that supervision reports include an entry field to report any issues related to caregiver awareness. - Ensure that surveys include questions related to

Indicator Title	Indicators	Operational Definition of the Indicator	Indicator Target	Monitoring Information Sources & Frequency	Assumptions	Responsibilities and Use of Data	Recommendations
				c. in cases where a household or community survey has been conducted	questions about key social mobilisation messages.	cause of any problems with social mobilisation activities.	caregiver recall and awareness.