

Vitamin Angels' Service Delivery Monitoring Tool																															
Date of visit:	Name of monitor:																														
Name of field partner:	Sub-grantee name (if applicable):																														
Country:	2 <sup>nd</sup> Administrative Level of Site (i.e. district, LGA, municipality)																														
<b>1</b> What products are being delivered today? (check all that apply ✓): <input type="checkbox"/> Vitamin A 100,000 IU <input type="checkbox"/> Vitamin A 200,000 IU <input type="checkbox"/> Deworming (albendazole)	<b>2</b> Which products are provided by Vitamin Angels? (check all that apply ✓): <input type="checkbox"/> Vitamin A 100,000 IU <i>(check the label)</i> <input type="checkbox"/> Vitamin A 200,000 IU <i>(check the label)</i> <input type="checkbox"/> Deworming (albendazole) <i>(ask the field partner)</i>																														
<b>3</b> Type of Service Delivery Model (check all that apply ✓): <input type="checkbox"/> Distributed by local representatives of your organization <input type="checkbox"/> Distributed by other local agencies/partners (not government agencies) <input type="checkbox"/> Distributed by Government agencies (pass-through)	<b>4</b> What is the type of distribution today? <input type="checkbox"/> Routine (ongoing) / Opportunistic <input type="checkbox"/> Twice a year (biannual) <input type="checkbox"/> Other, specify: _____																														
Service Provider Training/Learning Solutions																															
<i>Ask questions for 5-10 service providers. If there are less than 5 service providers, ask questions for all.</i> <b>What type of training did the service provider receive?</b>																															
<b>5</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Service Provider #</th> <th style="width: 50%;">Training type <i>(write code from table below)</i></th> <th style="width: 25%;">Date of training <i>(dd/mm/yyyy)</i></th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%; text-align: center;">0=Not trained</td> <td style="width: 25%; text-align: center;">1= VA eLearning VAS+D course</td> <td style="width: 25%; text-align: center;">2= VA instructor-led VAS+D course</td> <td style="width: 25%; text-align: center;">3= VAS+D demonstration video</td> </tr> <tr> <td style="text-align: center;">4= VA training orientation <i>(India only)</i></td> <td style="text-align: center;">5= Coached by a VA trained service provider in VAS+D</td> <td style="text-align: center;">6=Trained by government in VAS+D</td> <td style="text-align: center;">7=Visual checklist</td> </tr> <tr> <td style="text-align: center;">8= PowerPoint Slides</td> <td style="text-align: center;">9 = Educational materials (e.g. Fact Sheets, Instruction sheets, etc.)</td> <td colspan="2" style="text-align: center;">10=Other, describe</td> </tr> </table>	Service Provider #	Training type <i>(write code from table below)</i>	Date of training <i>(dd/mm/yyyy)</i>	1			2			3			4			5			0=Not trained	1= VA eLearning VAS+D course	2= VA instructor-led VAS+D course	3= VAS+D demonstration video	4= VA training orientation <i>(India only)</i>	5= Coached by a VA trained service provider in VAS+D	6=Trained by government in VAS+D	7=Visual checklist	8= PowerPoint Slides	9 = Educational materials (e.g. Fact Sheets, Instruction sheets, etc.)	10=Other, describe	
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<b>6</b>	<b>Did you complete a competency evaluation with Vitamin Angels?</b>																														

Service Provider #	Yes/No
1	
2	
3	
4	
5	

**Did you ever practice/role play how to give VAS+D before giving it to actual children?**

Service Provider #	Yes/No
1	
2	
3	
4	
5	

7

**8 Checklist for Critical VAS+D Service Delivery Steps**

*Instructions:* Please follow each service provider for the critical steps in VAS+D service delivery. **Follow the service by child and not service provider. Be sure to observe all service providers once, up to 10 providers.** To score, a “+” means the service provider did the step correctly. A “0” means they did the step incorrectly or did not perform the step. **Caution:** If you see that the provider is about to make a mistake related to Steps 14, 17, and 24 you must intervene and guide performance through targeted questions. \*Note: Write your response as if you would never have intervened.

Step	Critical Step	Rating (+, 0)				
		1	2	3	4	5
14	Child is the appropriate age for vitamin A (6-59 months) and/or deworming (12-59 months).					
	Child has not received vitamin A or deworming in the past 1 month					
	<b>Child does not have severe difficulty breathing.</b>					
15	Wash your hands using alcohol-based hand sanitizer or soap and clean water.					
16	<b>Make sure the child is calm and not crying. Don't force a child to take vitamin A.</b>					
17	<b>Select the age-appropriate dose of Vitamin A.</b>					
19	Use clean scissors to cut off the narrow tip of the capsule.					
20	<b>Do not touch the child while giving vitamin A.</b>					
23	Wipe off excess oil from hands and scissors using a clean towel.					
24	<b>Select the age-appropriate dose of deworming.</b>					
25	<b>Crush the albendazole tablet.</b>					
26	<b>Make sure the child is calm and not crying. Don't force a child to take albendazole.</b>					
27	<b>Do touch the child while giving deworming.</b>					

**Comments about the service provider's performance**

**Interview with Caregiver (i.e. Parent or Guardian)**

Interview **at least 5** caregivers at the distribution site. Do not read the codes to the caregiver, wait for their responses.

<b>9</b>	<b>Caregiver #</b>	<b>Age of Child (years)</b>	<b>Code</b>	<b>Age</b>
	1		0	Less than 6 months
	2		½	6-11 months
	3		1	1 years (12-23 months)
	4		2	2 years (24-35 months)
	5		3	3 years (36-47 months)
				4
			5	More than 5 years (60 or more months)

  

<b>10</b>	<b>What products did your child receive today? (hold up products for caregiver) (Write Yes or No)</b>		
	<b>Caregiver</b>	<b>Vitamin A (Y/N)</b>	<b>Deworming (Y/N)</b>
	1		
	2		
	3		
	5		

  

<b>11</b>	<b>(If yes to Q10): When was the last time your child received vitamin A supplementation before (not including today)? (Write in code)</b>		<b>Code</b>	<b>Responses</b>
	<b>Caregiver #</b>	<b>Vitamin A</b>	0	Never received VAS before
	1		1	Received VAS 0-3 months ago
	2		2	Received VAS 4-6 months ago
	3		3	Received VAS more than 6 months ago
	4		-1	Don't know
	5			

  

<b>12</b>	<b>(If yes to Q10 and Vitamin Angels' product): In the past year (12 months), has vitamin A been available to you anywhere else in the community? (Write in code)</b>		<b>Code</b>	<b>Responses</b>
	<b>Caregiver #</b>	<b>Vitamin A</b>	0	No
	1		1	Yes
	2		-1	Don't know
	3			
	4			
	5			

  

<b>13</b>	<b>(If yes to Q12): Why did you come to this site (and not other available sites) for vitamin A today? (Write in code)</b>		<b>Code</b>	<b>Responses</b>
	<b>Caregiver #</b>	<b>Vitamin A</b>	1	This is my only health care provider
	1		2	I feel comfortable coming to this health clinic
	2		3	This provider is closer to my home
	3		4	My other provider charges me for services
	4		5	My health center does not have the products
	5		7	No access to services because of my status (citizenship, religion, ethnicity, etc.)
			6	Other, specify:

  

<b>14</b>	<b>(If yes to Q10 and Vitamin Angels' product): When was the last time your child received deworming before (not including today)? (Write in code)</b>		<b>Code</b>	<b>Responses</b>
	<b>Caregiver #</b>	<b>Deworming</b>	0	Never received deworming before
	1		1	Received deworming 0-3 months ago
	2		2	Received deworming 4-6 months ago
	3		3	Received deworming more than 6 months ago
	4		-1	Don't know
	5			

**15** *(If yes to Q10 and Vitamin Angels' product):* In the past year (12 months), has deworming been available to you anywhere else in the community? *(Write in code)*

Caregiver #	Deworming
1	
2	
3	
4	
5	

Code	Responses
0	No
1	Yes
-1	Don't know

**16** *(If yes to Q15):* Why did you come to this site (and not other available sites) for deworming today? *(Write in code)*

Caregiver #	Deworming
1	
2	
3	
4	
5	

Code	Responses
1	This is my only health care provider
2	I feel comfortable coming to this health clinic
3	This provider is closer to my home
4	My other provider charges me for services
5	My health center does not have the products
7	No access to services because of my status (citizenship, religion, ethnicity, etc.)
6	Other, specify:

**17**

Please observe the entire distribution and record the number of **children you observe** dosed with each product. First, try to confirm the age on the child health card. If the health card is not available, ask the caregiver the child's age. Write the code accordingly. Observe as many children as you can – no more than 100 children.

Code	Age	Code	Vitamin A dose	Code	Albendazole dose
0	Less than 6 months	1	Blue (100,000 IU)	1	Half (200 mg)
½	6-11 months	2	Red (200,000 IU)	2	Whole (400 mg)
1	1 years (12-23 months)	0	None	0	None
2	2 years (24-35 months)				
3	3 years (36-47 months)				
4	4 years (48-59 months)				
5	More than 5 years (60 or more months)				

	Child age (Ask caregiver)	Vitamin A dose (Write code)	Albendazole dose (Write code)
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			
Child 8			
Child 9			
Child 10			
Child 11			
Child 12			
Child 13			
Child 14			
Child 15			
Child 16			
Child 17			
Child 18			
Child 19			
Child 20			
Child 21			
Child 22			
Child 23			
Child 24			
Child 25			
Child 26			
Child 27			
Child 28			
Child 29			
Child 30			
Child 31			

**Dosing Observation**

**17**

	Child age (Ask caregiver)	Vitamin A dose (Write code)	Albendazole dose (Write code)
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Child 32			
Child 33			
Child 34			
Child 35			
Child 36			
Child 37			
Child 38			
Child 39			
Child 40			
Child 41			
Child 42			
Child 43			
Child 44			
Child 45			
Child 46			
Child 47			
Child 48			
Child 49			
Child 50			
Child 51			
Child 52			
Child 53			
Child 54			
Child 55			
Child 56			
Child 57			
Child 58			
Child 59			
Child 60			
Child 61			
Child 62			
Child 63			
Child 64			
Child 65			
Child 66			
Child 67			
Child 68			
Child 69			
Child 70			
Child 71			
Child 72			
Child 73			

### Supervisor Interview

Please ask the site supervisor the following questions.

**18** Please **observe** VAS+D supplies available at the site and check (✓) one column for each supply below.

	Supplies	Adequate supply	Some, not enough	No supply
a	VAS+D Visual Checklists/Job Aids			
b	100,000 IU vitamin A capsules			
c	200,000 IU vitamin A capsules			
d	Albendazole tablets			
e	Glass bottle (or another object) for crushing albendazole			
f	Plain paper for crushing albendazole			
g	Hand sanitizer			
h	Soap for hand washing			
i	Clean water			
j	Scissors			
k	Serviettes/Napkins (used to remove excess oil)			
l	Writing Tools/Pens			
m	Waste Bags			
n	Tally Sheet and/or Distribution Register			
o	IEC Materials (i.e. posters, banners, etc.)			

**19** Please add any notes or comments about the materials listed above (i.e. other objects used for crushing, unique IEC materials, problems, etc):

**20** ***(If distributing Vitamin Angels' product):*** Is the government (*health facility or outreach campaign*) distributing **vitamin A** in this community?

No ( <i>skip to Q22</i> )	Yes ( <i>go to Q21</i> )	Don't know ( <i>go to Q21</i> )	This is a government site ( <i>go to Q21</i> )
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**21** Why are you carrying out distributions for vitamin A at this site? (Circle all that apply)

There are insufficient supplies at the local level	Other providers are too far away	Government charges for services
Government asked NGO to supply services	Don't know	Other, specify:

**22** ***(If distributing Vitamin Angels' product):*** Is the government (*health facility or outreach campaign*) distributing **deworming** for the prevention of soil-transmitted helminths (i.e. worms) in this community?

No ( <i>skip to Q24</i> )	Yes ( <i>go to Q23</i> )	Don't know ( <i>go to Q23</i> )	This is a government site ( <i>go to Q23</i> )
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**23** Why are you carrying out distributions for deworming at this site? (Circle all that apply)

There are insufficient supplies at the local level	Other providers are too far away	Government charges for services
Government asked NGO to supply services	Don't know	Other, specify:

24	<b>Do you report your beneficiaries reached to the government?</b> (Circle all that apply)			
	No, don't report at all	No, report to a field partner HQ	Yes, report to the 2 <sup>nd</sup> administrative level (i.e. district, LGA, municipality)	Yes, report to a local health center
	Yes, this is a government site	Don't know	Yes, other specify:	
25	<i>Complete question at the end of the day</i> ] <b>Estimate total number of children who received vitamin A and deworming today</b>			
	<i>Number of children</i>	<i>Select (✓) one</i>		
	0-20			
	21-50			
	51-100			
	100+			
	Don't know			
26	<i>Take a picture of the distribution site (i.e. children receiving doses) and paste here.</i>			
27	Does the field partner have any comments or feedback for Vitamin Angels?			
28	Any other comments?			

\*Please record the GPS coordinates of this site on the mobile app.