



Giving Vitamin A and Deworming to Children Under Age Five: Course for Service Providers

Facilitator's Guide



July 2016

Preface

Vitamin Angels is a leading partner for the alleviation of essential micronutrient deficiency among underserved and at-risk infants and young children. We mobilize and deploy private sector resources to help at-risk populations—specifically pregnant women and their unborn child or children, and children under five—gain access to lifesaving and life changing vitamins and minerals, especially vitamin A.

Vitamin Angels works to support “universal distribution” and “targeted distribution” of vitamin A in countries defined by the World Health Organization (WHO) as experiencing moderate to severe vitamin A deficiency. We also support prevention of soil-transmitted helminths through mass drug administration (MDA) for deworming, which is often given together with vitamin A to children under five years.

This Course for Service Providers on how to give Vitamin A Supplementation and Deworming (VAS+D) uses both a Learner’s Guide and a Facilitator’s Guide. The Learner’s Guide is designed for participants in the course who are healthcare workers or trainers learning to deliver vitamin A and Albendazole (for deworming) as part of regular activities associated with community or facility-based health care services, while the Facilitator’s Guide is designed for course facilitators who are planning and conducting courses .

Acknowledgements

Vitamin Angels would like to acknowledge our use and adaptation of materials from Jhpiego, the Pan American Health Organization (PAHO), the Micronutrient Initiative (MI), Children Without Worms, and the WHO for inclusion in these training materials. Non-commercial use of these materials, in part or in whole, is encouraged.

1. Jhpiego (2003). Effective teaching: A guide for educating healthcare providers. Field-test version. December 2003.
2. Jhpiego (2006). Preventing the transmission of avian influenza: Learning resource package handbook for participants, Field-test version. February 2006.
3. Jhpiego (2006). Preventing the transmission of avian influenza: Learning resource package notebook for trainers, Field-test version. February 2006.
4. Micronutrient Initiative (2007). Vitamin A in child health weeks: a toolkit for planning, implementing, and monitoring.
5. WHO (1998). Distribution of Vitamin A during national immunization days: WHO/EPI/GEN/98.06.
6. WHO (2001). Guideline: Vitamin A supplementation in infants and children 6–59 months of age. Geneva, World Health Organization, 2011
7. Children Without Worms (2013). Practices for deworming pre-school age children: Frequently asked questions.
8. WHO (2004). How to add deworming to vitamin A distribution.
9. WHO (2006). Preventive chemotherapy in human helminthiasis: Coordinated use of anthelmintic drugs in control interventions: a manual for health professionals and programme managers.
10. WHO (2007). Action Against Worms: Issue 8.
11. WHO (2011). Helminth control in school age children: A guide for managers of control programmes - 2nd ed

Table of Contents

Learner's Guide Materials

Section	Contents	Page
1	Overview: Learning Approach	1
	• Before the Course	1
2	Components of the Vitamin A Supplementation and Deworming (VAS+D) Resource Package	1
	• VAS+D Reference Materials	1
	• VAS+D Course Materials	2
3	Course Syllabus and Schedule	3
	• VAS+D Service Provider Course Syllabus	3
	• VAS+D Service Provider Course Schedule	7
4	Evaluating Knowledge and Skills	8
	• Knowledge Assessment	8
	• Competency Evaluation	8
	• Course Evaluation	9
5	VAS+D Course PowerPoint Files	9
	• VAS+D Course PowerPoint Files	9
6	VAS+D Checklists and Small-Group Practice	10
	• Using the VAS+D Performance and VAS+D Visual Checklists	10
	• Skill Practice in Pairs	10
	• VAS+D Performance Checklist	12
7	Course Evaluation	16

8	Developing VAS+D Service Delivery Plans	17
	• Develop a Working Plan Using the VAS+D Performance Checklist	17
	• Developing a VAS+D Service Delivery Action Plan	17
	• VAS+D Service Delivery Work Plan	18
	• Drawing a VAS+D Distribution Site Plan	20
9	Frequently Asked Questions (FAQs)	21
	• FAQs on VAS	21
	• FAQs on Deworming	24

Facilitator's Supplemental Materials

10	Mastery Learning	26
	• Learning Assessment in Mastery Learning	26
	• Key Features of an Effective VAS+D Course	26
	• Behavior Modeling and Observational Learning	27
	• Standardization and Coaching in Competency-Based Learning	29
	• Service Provider Coaching	29
	• Using Sandwich Feedback	30
	• Humanistic Learning Techniques	30
11	VAS+D Knowledge Assessment	30
	• Administering the Knowledge Assessment	30
	• Knowledge Assessment	32
	• Answer Key	34
12	Facilitator's Materials and Course Outline	35
	• Being an Effective Facilitator	35
	• VAS+D Facilitator's Materials	36
	• VAS+D Service Provider Course Outline	39
13	Flipcharts for the VAS+D Classroom	42
	• Using Flipcharts	42
	• VAS+D Course Flipcharts	43

1. Overview: Learning Approach

Before the Course

The service provider's course for giving Vitamin A Supplementation and Deworming to Children under 5 years (i.e., the VAS+D Course) is designed with the understanding that learners attend the course because they:

- Are interested in the use of universal vitamin A supplementation (VAS) for the prevention of vitamin A deficiency in children ages 6 to 59 months;
- Are interested in the use of deworming for the prevention and control of soil-transmitted helminth (STH) infections (i.e., worms) in preschool children age 12-59 months;
- Wish to improve their knowledge and skills in the area of vitamin A and deworming administration;
- May have the responsibility to coach others from within their organizations to administer vitamin A supplementation and deworming according to international best practices; and
- Are motivated to be actively involved in their learning.

The following sections will help learners understand the course design, along with Vitamin Angels' approach to learning. The course will also give learners insights into how the knowledge and skills they gain will be evaluated and will translate into practical field use.

2. Components of the Vitamin A Supplementation and Deworming (VAS+D) Resource Package

Particular attention has been given to making the VAS+D resource package understandable and practical to use. The reference materials and the course materials contain the essential information needed to effectively deliver VAS+D services to children under the age of five.

VAS+D Reference Materials

The VAS and deworming reference materials provide a background for learners about the importance and implementation of best practices. The materials also orient readers to key recordkeeping methods and appropriate storage practices for vitamin A capsules and deworming tablets. VAS+D Reference Materials include the:

- Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e., VAS Reference Manual), and
- Reference Manual for Administration of Deworming to Preschool-Age Children in Vitamin A Distribution Projects (i.e., Deworming Reference Manual)

The VAS Reference Manual is designed for personnel responsible for managing and delivering health care services who seek to incorporate the distribution of vitamin A into regular activities associated with community or facility-based health care.

The Deworming Reference Manual is designed for service providers and aims to promote the deworming of preschool-age children where vitamin A distribution campaigns are conducted. The Deworming reference manual is divided into two main sections that describe the benefits of deworming preschool children ages 12 to 59 months, and provides practical information about deworming.

VAS+D Course Materials

Vitamin Angels has developed the VAS+D course to simplify learning and to build each learner's capacity to competently deliver VAS+D services to children under 5 years of age. The materials include the following:

- Learner's Guide: Giving Vitamin A and Deworming to Children Under Age Five: Course for Service Providers (i.e., VAS+D Learner's Guide)
- VAS+D Performance Checklist and VAS+D Visual Checklist (i.e., the VAS+D checklists)
- VAS+D course PowerPoint files
- Demonstration videos of VAS+D service delivery

The VAS+D Learner's Guide contains important information for learners about the VAS+D course. It gives learners an idea of what can be expected from the VAS+D course, including what is expected from facilitators, and how learners will be evaluated.

The VAS+D checklists break VAS+D service delivery into small, easy to follow steps. By following the checklists, service providers can deliver VAS+D according to internationally accepted standards and best practices. When used correctly, the VAS+D performance and visual checklists:

- Introduce learners to a sensible, step-by-step approach to VAS+D service delivery;
- Help learners develop their VAS+D service delivery skills;
- Measure learning over time from seeing service delivery for the first time to performing it competently;
- Serve as common reference for feedback and coaching discussions;
- Objectively measure competency using a simple performance rating system; and
- Function as tools for learning and giving VAS+D services, developing distribution work plans, and for monitoring VAS+D service provision.

The VAS+D Visual Checklist is an illustrated, minimal-text version of the VAS+D Performance Checklist. Each learner will receive their own copy of the VAS+D Visual Checklist and must use it during their competency evaluations. Learners should personalize their copies with notes that support VAS+D service delivery. Learners are encouraged to use their personalized copies during final competency evaluations. After leaving the course, learners can use their copies of the VAS+D visual checklist together with the demonstration videos for transfer-of-learning purposes (i.e., to coach others within their organization to become competent VAS+D service providers).

Service providers will use the VAS+D Visual Checklist when giving VAS+D services. The VAS+D Visual Checklist should be used as a performance support tool to assist in giving VAS+D services according to best practices, and as a tool to educate children and their parents or other caregivers.

The VAS+D PowerPoint presentations are printed copies of the slides used to deliver the course. The VAS+D learner's guide does not contain the PowerPoint slides. For the course, the facilitator will give each learner a printed copy of the PowerPoint slides (when applicable) so that learners can participate freely in discussions without needing to take notes.

Demonstration videos feature the use of VAS+D checklists and show proficient course facilitators or service providers. The videos simulate VAS+D service provision, but also include elements meant solely for a learner audience (e.g., action narration).

The VAS+D Fact Sheet is an information sheet with vitamin A on one side and deworming on the other. This resource provides background information as well as how to deliver vitamin A and deworming to children under 5 and can be used as a condensed version of the PowerPoint if needed.

The materials in this course are being used to prepare field partners' representatives to:

1. Provide VAS+D services to children (in the role of a **service provider**)
2. Demonstrate to other service providers how to provide VAS+D services and coach them as they learn the required skills (in the role of a **service provider coach** as approved and supported by their organization)

3. Course Syllabus and Schedule

VAS+D Service Provider Course Syllabus

Course Description

This course is designed to prepare learners to provide universal vitamin A supplementation (VAS) and deworming. The course focuses on both VAS service delivery for prevention of vitamin A deficiency (VAD) among children ages 6 to 59 months and on mass drug administration (MDA) of deworming to prevent STH in preschool children ages 12 to 59 months. This course uses a humanistic and participative approach to learning.

Course Goals

There are three course goals:

1. To prepare learners to competently deliver vitamin A supplementation services to children ages 6 to 59 months.
2. To prepare learners to competently deliver deworming services to preschool children ages 12 to 59 months.
3. To prepare learners to coach others to become vitamin A supplementation and deworming service providers.

Target Audience

The primary audience is VAS and deworming service providers; specifically, those directly involved in or responsible for:

- Direct VAS and deworming service delivery to children under age five, and/or
- Training VAS and deworming service providers and/or frontline health workers who may be tasked with giving vitamin A and deworming to children under age five.

Learning Outcomes

Learners who complete the VAS+D course will have learned critical concepts affecting large-scale, universal VAS and deworming service delivery. Also, learners will be able to competently:

- Communicate VAS+D health information to caregivers (i.e., parents) and their children;
- Administer high-dose vitamin A to children ages 6 to 59 months;
- Administer deworming (e.g., albendazole) to preschool children ages 12 to 59 months; and
- Coach others along the path towards VAS+D service delivery competency.

Learning Objectives

By the end of the course, learners will be able to:

- Apply the fundamentals of vitamin A deficiency prevention and soil transmitted helminths (STH), i.e. worm prevention.
- Communicate counseling information about VAS and deworming, including safety, benefits, side effects, and appropriate responses to caregivers.
- Communicate VAS and deworming dosing protocols to caregivers during pre- and post-service counseling.
- Use eligibility criteria to accurately screen children for eligibility to receive vitamin A and deworming.
- Competently deliver vitamin A to children ages 6 to 59 months, including demonstrating effective infection prevention practices;
- Competently deliver deworming to preschool children ages 12 to 59 months, including demonstrating effective infection prevention practices;
- Describe the importance of distribution recordkeeping, including the use of distribution records, tally sheets, and child health cards; and
- Coach others in their organization to become competent in VAS+D service delivery using select performance support tools and visual aids.

VAS+D Reference Materials and Course Materials

- VAS Reference Manual (hard copy or soft copy on a thumb drive)
- Deworming Reference Manual (hard copy or soft copy on a thumb drive)
- VAS+D Learner's Guide
- VAS+D Performance Checklist
- VAS+D Visual Checklist
- VAS+D Fact Sheets
- Copy of PowerPoint slides (printed two-sided and stapled)

Learning Methods

- Presentation and group discussion sessions
- Demonstrations and simulated service delivery practice
- VAS+D skill and coaching practice in pairs
- Individual and group activities

Evaluation Methods

- VAS+D knowledge assessment
- VAS+D skill assessment (ie. competency evaluation) using the VAS+D checklists
- Course evaluation for learners

Suggested Course Composition

Two facilitators for every 12-14 learners.

Course Duration

The VAS+D service provider course is approximately 10 hours over a two-day period (see example VAS+D course schedule).

For more information on the VAS+D service provider course, contact Vitamin Angels Technical Services at technicalservices@vitaminangels.org.

VAS+D Service Provider Course Schedule

Vitamin A and Deworming (VAS+D) Service Provider Course Schedule	
Day 1	
11:00 AM	Learner Sign-In
11:30 AM	Lunch
12:30 PM	Introduction to Vitamin Angels by Program Manager
1:00 PM	Welcome and Introductions
1:10 PM	Course Overview
1:15 PM	Demonstration of VAS+D Service Delivery
1:30 PM	Introduction to the VAS+D Checklists
1:50 PM	Introduction to Vitamin A Supplementation and Deworming
3:50 PM	VAS+D Knowledge Assessment
4:00 PM	Break
4:15 PM	Competency Evaluation Expectations
4:30 PM	Introduction to the Coaching Process
4:45 PM	Introduction to Skill Practice in Pairs
5:00 PM	Demonstration of VAS+D Service Delivery
5:15 PM	VAS+D Skill Practice in Pairs
6:15 PM	VAS+D Skill Practice in Pairs Debriefing
6:45 PM	Dinner
7:30 PM	Continued VAS+D Skill Practice in Pairs
Day 2	
7:00 AM	Breakfast and Group Photo
8:00 AM	VAS+D Skill Practice in Pairs (continued)
9:30 AM	Competency Evaluations
11:30 AM	Break
11:40 AM	Course Evaluation
11:45 AM	Certificate Ceremony and Course Closing

4. Evaluating Knowledge and Skills

Evaluation of knowledge and skills are important components of the VAS+D service provider course.

Knowledge Assessment

During the course, the facilitators will administer the VAS+D knowledge assessment which includes questions related to VAS+D service delivery. The objective of the knowledge assessment is to determine any areas of knowledge where learners can use more support.

Competency Evaluation

To prepare learners to competently deliver VAS+D services to children under age five, the facilitators will demonstrate service delivery following the steps in the VAS+D performance checklist. During the demonstration, the desired tasks and attitudes will be modeled using equipment and materials usually found at a distribution event. The facilitators will also show learners how to effectively use the VAS+D visual checklist to ensure complete and quality service delivery every time.

During competency evaluations, each learner must act in the role of service provider and perform parts 1-3 of the VAS+D checklists. Performances are to be done in front of the group, except in rare cases where a learner is evaluated individually. When evaluating learners for competency, the facilitators will record performance ratings on the VAS+D performance checklist (note that there is space for six separate evaluations on each checklist). A learner must receive a plus sign (+) performance rating for every step in order to be recognized as a competent VAS+D service provider. Minus sign (-) or zero (0) performance ratings indicate that the learner has made an error. The performance checklist is the primary tool used for evaluating competency during the VAS+D course.

Due to time constraints, each learner is allowed only two competency evaluations. The facilitators are required to interrupt a learner's performance to correct the first error only during the first competency evaluation. If an error is identified (i.e., a rating of a minus sign or zero performance rating for a step) during the first competency evaluation, the facilitators will stop the skill demonstration and correct the learner. The learner will then be instructed to resume his or her performance beginning with the first step in the part where the error was made, and the first competency evaluation will continue. The facilitators will not stop and correct for the same error or any other errors the learner makes in the first or second competency evaluations, but will wait to provide feedback at the end.

If during the first competency evaluation a learner correctly performs the step for which the facilitators previously gave a – (minus sign) or 0 (zero) performance rating the facilitators will replace the original rating with a + (plus sign). If no other errors are made and the learner has earned + (plus sign) ratings for all of the steps, then the learner is a competent VAS+D service provider. If, however, the learner repeats the same error even after the facilitators have corrected for it, or makes other errors, then a second skill performance evaluation will be required. One or multiple errors in the second competency evaluation show an inability to achieve service delivery competency during the VAS+D course. If this happens, and there is time, the learner may be given the opportunity for an additional evaluation, but in private.

Course Evaluation

The course evaluation completed at the end of the course gives learners an opportunity to reflect on their experience in the VAS+D course. Here they can also provide Vitamin Angels with thoughtful, anonymous feedback about their experience.

5. VAS+D Course PowerPoint Files

VAS+D Course PowerPoint Files

The VAS+D course PowerPoint slides are used in the course presentations to introduce and focus course content. The slides serve as reference points for all course discussions and activities. All course discussion sessions are linked directly to the PowerPoint slides. The PowerPoint slides help learners connect with and integrate course content. In this way, the subject matter gains greater relevance as learners explore questions and ideas that directly relate to their field experience. The course facilitators should provide each learner a printed copy of the PowerPoint slides at the beginning of the course. Doing so enables learners to actively participate in discussions without needing to take notes.

Note: We recommend that whenever possible the facilitators use the PowerPoint presentation to support the delivery of the course. In some situations it may not be possible to use a computer and projector. When this is the case, the facilitators will personalize the Fact Sheets (i.e., highlight key terms and add notes and questions) and then refer to the fact sheets when explaining the content to the learners.

6. Using the VAS+D Checklists for Skill Practice

Using the VAS+D Performance Checklist and VAS+D Visual Checklist

The VAS+D performance checklist and visual checklist include all 39 of the steps performed by health service providers when giving VAS+D services to children under age five. They break VAS+D service delivery into small, easy to follow steps. The VAS+D checklists focus on developing competency in VAS+D service delivery according to internationally accepted standards and best practices. They show learners the correct steps involved in VAS+D service delivery, and the recommended sequence in which steps must be performed. The VAS+D performance checklist is a text only document and includes instruction for giving performance ratings. The VAS+D Visual Checklist is an illustrated, minimal-text version of the VAS+D Performance Checklist, but does not give guidance on performance ratings. Together the VAS+D Performance Checklist and Visual Checklist are the VAS+D checklists. When used correctly, the VAS+D checklists:

Introduce learners to a sensible, step-by-step approach to VAS+D service delivery;

- Help learners develop their VAS+D service delivery skills;
- Measure learning over time from seeing service delivery for the first time to performing it competently;
- Serve as common reference for feedback and coaching discussions;
- Objectively measure competency using a simple performance rating system; and
- Function as tools for learning and giving VAS+D services, developing distribution work plans, and for monitoring VAS+D service provision.

As shown in the course schedule, the facilitators will demonstrate the 39 steps of the VAS+D checklists twice for learners. Both demonstrations will be completed before learners break into pairs for the small-group practice session.

Skill Practice in Pairs

Course goals include preparing learners to become competent vitamin A service providers and deworming service providers. Working in pairs or small groups, learners will use the VAS+D checklists to practice and develop VAS+D service delivery competency. Done in pairs, this practice safely simulates an actual distribution event. Learners are not expected to competently perform all of the steps in their sequence the first time, or even the second time, they practice them. Competency is the ability to accurately and effectively perform the VAS+D checklist steps in order, it is expected that learners will need to practice this many times, while progressing from one step to the next over time. This is why so much of the course is dedicated to skill practice.

During the skill practice, learners are divided into pairs—one member of the pair acts as a coach while the other acts as the service provider. Service providers practice performing VAS+D service delivery using the VAS+D Visual Checklist. The coach must also act as caregiver and always present an eligible child per the eligibility criteria in the VAS+D performance checklist. In addition, the coach should use the VAS+D Performance Checklist to record progress towards competency by giving their partners performance ratings for each step in the VAS+D checklist. After each practice round, the coach gives the service provider objective feedback based on the performance ratings they recorded. They also comment on how effectively the service provider appeared to use the VAS+D Visual Checklist. Learners will then switch roles, and begin another round of practice.

While the coaches are giving feedback to their partners, they should use sandwich feedback: specific positive feedback, then specific corrective feedback, concluded with positive progress towards the goal (i.e., competency). After the service provider and their partner who is acting as coach share their assessments, the facilitator who is observing them should step in with additional sandwich feedback (based on performance ratings) and encouragement. The facilitator may also give input to the service provider on his or her use of the VAS+D visual checklist, and the ability to engage the audience (eye contact, voice projection, ability to speak clearly, etc.).

The facilitators' role during small-group practice is to be roving service provider coaches. Service provider coaches use a learner-centered approach and performance ratings to support each learner with individualized guidance. Performance ratings help learners understand what they did well, what needs more work, and how close they are to meeting the competency goal. During the small-group practice, performance ratings act as an informal skill evaluation. They help learners track their progress from skill acquisition to skill competency. The facilitators also use performance ratings to evaluate for VAS+D service delivery competency, but this comes later in the course during the VAS+D competency evaluations.

The performance rating system used with the performance checklist is as follows:

- Plus Sign (+)—all elements of a step were performed correctly (i.e., competently), without assistance, and in order.
- Minus Sign (-)—step was performed, but not all elements were performed correctly; or assistance was needed to remember the step; or the step was performed out of order (where order is important).
- Zero (0)—the step was not performed.

As touched on earlier, supporting learners to develop their VAS+D service delivery skills in the context of small-group practice should not be confused with competency evaluations. The service provider coaching that the facilitators provide during small-group practice is part of skill development, and is not a formal evaluation for VAS+D competency.

The VAS+D Performance Checklist

Performance Checklist for Giving Vitamin A and Deworming (VAS+D) Together

Instructions: This performance checklist is best used while paired with the VAS+D visual checklist – each checklist has the same 39 steps. While observing VAS+D service delivery, compare the quality of service to international best practices by recording a performance rating (+,-,0) down the column(s) to the right of each step. Use a new column for each observation.

Performance Ratings (+,-,0): Performance ratings provide a step-by-step record of VAS+D service provision. Supervisors and monitors should use the performance ratings to identify steps for which the service provider is competent (+), and those where the service provider needs additional support (-,0).

+	The service provider did the step correctly, and did not need help to complete the step
-	The service provider did the step incorrectly, or needed help to complete the step
0	The service provider did not perform the step

Step	Part 1: Community Education	Rating				
1	Welcome children and caregivers.					
2	Tell caregivers that today vitamin A and deworming will be given to eligible children.					
3	Show vitamin A capsules and deworming tablets and explain the relationships between age and dose: <ul style="list-style-type: none"> - "Vitamin A in blue capsules is for children ages 6-11 months (6 months up to 1 year), and the red capsules are for ages 12-59 months (1 year up to 5 years). Along with each red capsule, eligible children ages 12-23 months (1 year up to 2 years) will receive ½ of a tablet of deworming, and children ages 24-59 months (2 years up to 5 years) will receive 1 whole tablet." 					
4	Explain Dosing Schedule: <ul style="list-style-type: none"> - "Vitamin A and deworming should be given to children every 4-6 months (2-3 times per year)." 					
5	State the Benefits: <ul style="list-style-type: none"> - "Regular vitamin A and deworming means your child will be stronger, have healthy eyes, and be free of worms for better nutrition." 					
6	Explain the Side Effects (for more detail see Table 1 at the end of this checklist): <ul style="list-style-type: none"> - "Children who get vitamin A and deworming together may get one or more of these side effects: nausea, vomiting, headache, loss of appetite, swelling of the fontanel (soft spot on top of the head), mild abdominal pain, diarrhea, or fatigue." 					
7	Mention Possibility of Side Effects: <ul style="list-style-type: none"> - "Side effects are rare, about 5 out of every 100 children may experience them." 					
8	State the Duration of Side Effects: <ul style="list-style-type: none"> - "Side effects last for a maximum of 2 days from when the child receives vitamin A or deworming." 					
9	Explain When to Seek Medical Attention: <ul style="list-style-type: none"> - "If symptoms last longer than 2 days or if other symptoms develop, get medical help." 					
10	State the Other Effects of Deworming: <ul style="list-style-type: none"> - "After deworming, you may see worms in your child's stool. In <u>very rare</u> cases worms may also exit the nose and mouth; these can be pulled out or spit out." 					
11	Clarify Safety and Pairing with Vaccinations: <ul style="list-style-type: none"> - "Vitamin A and deworming are <u>very safe</u> for children and can be given on the same day as vaccinations." 					
12	Ask if there are any questions and respond accurately and respectfully.					

Step	Part 2: Eligibility Screening and Service Provision	Rating														
13	Ask child's name and request child health card to verify.															
14	<p>Check for vitamin A and deworming eligibility using the criteria listed below each service. If after checking for eligibility, you find that a child fails to meet 1 or more of the criteria for a particular service, do not provide that service. Instead, see Tables 2 and 3 found at the end of this checklist.</p> <table border="0" data-bbox="224 373 1344 1056"> <tr> <td data-bbox="224 373 776 447" style="text-align: center;">3 Eligibility Criteria to Qualify for Vitamin A</td> <td data-bbox="776 373 1344 447" style="text-align: center;">6 Eligibility Criteria to Qualify for Deworming</td> </tr> <tr> <td data-bbox="224 447 776 520"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is 6-59 months of age (6 months up to 5 years) </td> <td data-bbox="776 447 1344 520"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is 12-59 months of age (1 year up to 5 years) </td> </tr> <tr> <td data-bbox="224 520 776 762"> <input type="checkbox"/> <input type="checkbox"/> <i>Show the capsules and verify that:</i> <input type="checkbox"/> <input type="checkbox"/> Child has not received vitamin A in the past 1 month <i>Child is <u>not</u> experiencing the following today. Ask the caregiver if the child has the following today. If so, refer child for medical help:</i> </td> <td data-bbox="776 520 1344 762"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Show the tablets and verify that:</i> <input type="checkbox"/> <input type="checkbox"/> Child has not received deworming in the past 1 month <i>Child is <u>not</u> experiencing the following today. Ask the caregiver if the child has the following today. If so, refer child for medical help:</i> </td> </tr> <tr> <td data-bbox="224 762 776 867"> <input type="checkbox"/> <input type="checkbox"/> Severe difficulty breathing today <input type="checkbox"/> <input type="checkbox"/> (observe to make sure the child will not choke on the oil) </td> <td data-bbox="776 762 1344 867"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe difficulty breathing today <input type="checkbox"/> <input type="checkbox"/> (observe to make sure the child will not choke on the tablet) </td> </tr> <tr> <td data-bbox="224 867 776 1056"></td> <td data-bbox="776 867 1344 1056"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting today <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever today <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe diarrhea today </td> </tr> </table>	3 Eligibility Criteria to Qualify for Vitamin A	6 Eligibility Criteria to Qualify for Deworming	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is 6-59 months of age (6 months up to 5 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is 12-59 months of age (1 year up to 5 years)	<input type="checkbox"/> <input type="checkbox"/> <i>Show the capsules and verify that:</i> <input type="checkbox"/> <input type="checkbox"/> Child has not received vitamin A in the past 1 month <i>Child is <u>not</u> experiencing the following today. Ask the caregiver if the child has the following today. If so, refer child for medical help:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Show the tablets and verify that:</i> <input type="checkbox"/> <input type="checkbox"/> Child has not received deworming in the past 1 month <i>Child is <u>not</u> experiencing the following today. Ask the caregiver if the child has the following today. If so, refer child for medical help:</i>	<input type="checkbox"/> <input type="checkbox"/> Severe difficulty breathing today <input type="checkbox"/> <input type="checkbox"/> (observe to make sure the child will not choke on the oil)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe difficulty breathing today <input type="checkbox"/> <input type="checkbox"/> (observe to make sure the child will not choke on the tablet)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting today <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever today <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe diarrhea today					
3 Eligibility Criteria to Qualify for Vitamin A	6 Eligibility Criteria to Qualify for Deworming															
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is 6-59 months of age (6 months up to 5 years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child is 12-59 months of age (1 year up to 5 years)															
<input type="checkbox"/> <input type="checkbox"/> <i>Show the capsules and verify that:</i> <input type="checkbox"/> <input type="checkbox"/> Child has not received vitamin A in the past 1 month <i>Child is <u>not</u> experiencing the following today. Ask the caregiver if the child has the following today. If so, refer child for medical help:</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Show the tablets and verify that:</i> <input type="checkbox"/> <input type="checkbox"/> Child has not received deworming in the past 1 month <i>Child is <u>not</u> experiencing the following today. Ask the caregiver if the child has the following today. If so, refer child for medical help:</i>															
<input type="checkbox"/> <input type="checkbox"/> Severe difficulty breathing today <input type="checkbox"/> <input type="checkbox"/> (observe to make sure the child will not choke on the oil)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe difficulty breathing today <input type="checkbox"/> <input type="checkbox"/> (observe to make sure the child will not choke on the tablet)															
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting today <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever today <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe diarrhea today															
15	Wash your hands using alcohol-based hand sanitizer or soap and clean water.															
16	Make sure the child is calm. To minimize choking risk, never force a child to take either vitamin A or deworming.															
17	For children eligible for vitamin A, select the age-appropriate dose: <ul style="list-style-type: none"> - Ages 6-11 months (6 months up to 1 year) receive blue capsule (100 000 IU) - Ages 12-59 months (1 year up to 5 years) receive red capsule (200 000 IU) 															
18	Ask the caregiver to support the back of the child's head and to ensure the child's mouth is open.															
19	Use clean scissors to cut off the narrow tip of the capsule.															
20	Without touching the child, squeeze all of the vitamin A oil into the child's mouth.															
21	Discard used capsule in waste container.															
22	Ask if the child has swallowed all of the oil and is comfortable.															
23	Wipe off excess oil from hands and scissors using a clean towel.															
24	For children eligible for deworming, select the age-appropriate dose of Albendazole (for alternate tablet preparations and Mebendazole, see the Table 4 at the end of this checklist) <ul style="list-style-type: none"> - Ages 12-23 months (1 year up to 2 years) receive 1/2 crushed tablet (200 mg) - Ages 24-59 months (2 years up to 5 years) receive 1 crushed tablet (400 mg) 															
25	Prepare the Albendazole by putting either 1/2 or 1 tablet inside a small folded piece of clean, unprinted, white paper. Using a glass bottle or a pestle, crush the tablet into a fine powder.															
26	Tell caregiver to support the back of the child's head and ensure the mouth is open.															
27	Without touching the child, use the folded paper to pour the crushed tablet into the child's mouth.															
28	Discard used paper in waste container.															
29	Ask if the child has chewed and swallowed all of the powder and is comfortable.															

Step	Part 3: Recordkeeping and Exit Counseling	Rating
30	Record the vitamin A and deworming doses given to the child on your distribution records and on the child health card.	
31	Write the return date on the child health card or other paper and give to the caregiver. Tell caregiver when and where to return with their child for vitamin A and deworming.	
32	Clarify Safety and Pairing with Vaccinations: – <i>“Vitamin A and deworming are <u>very safe</u> for children and can be given on the same day as vaccinations.”</i>	
33	Explain the Side Effects (for more detail see Table 1 at the end of this checklist): – <i>“Children who get vitamin A and deworming together may get one or more of these side effects: nausea, vomiting, headache, loss of appetite, swelling of the fontanel (soft spot on top of the head), mild abdominal pain, diarrhea, or fatigue.”</i>	
34	Mention Possibility of Side Effects: – <i>“Side effects are rare, about 5 out of every 100 children may experience them.”</i>	
35	Clarify the Duration of Side Effects: – <i>“Side effects last for a maximum of 2 days from when the child receives vitamin A or deworming.”</i>	
36	Explain When to Seek Medical Attention: – <i>“If symptoms last longer than 2 days, or if other symptoms develop, get medical help”</i>	
37	State the Other Effects of Deworming: – <i>“After deworming, you may see worms in your child’s stool. In <u>very rare</u> cases worms may also exit the nose and mouth; these can be pulled out or spit out.”</i>	
38	State the Benefits: – <i>“Regular vitamin A and deworming means your child will be stronger, and have healthy eyes and be free of worms for better nutrition.”</i>	
39	Ask if there are any questions and respond accurately and respectfully.	

Table 1: Detailed Explanation of Side Effects

Side Effect	Nausea	Vomiting	Headache	Loss of Appetite	Swelling of the Fontanel	Mild Abdominal Pain	Diarrhea	Fatigue
Vitamin A	✓	✓	✓	✓	✓			
Albendazole	✓	✓	✓			✓	✓	✓

Table 2: Notes on Vitamin A Supplementation (VAS) Ineligibility (see step 14)

A child is ineligible (i.e., not eligible) and cannot be given vitamin A if any of the following are true. For more information, refer to the *Reference Manual for Administration of Vitamin A Supplementation in Universal Distribution Projects*.

Reason for Ineligibility:	How to Respond to Ineligibility:
The child...	If the child...
– Is younger than 6 months, or is 60 months (5 years) or older.	– Is younger than 6 months, tell caregiver when and where to return with their child for the next vitamin A dose, and counsel on exclusive breastfeeding. – Is 60 months (5 years) or older, counsel on vitamin A-rich foods.
– Has received vitamin A within the past 1 month.	– Has received VAS within the past 1 month, tell caregiver when and where to return with their child for the next vitamin A dose.
– Is experiencing severe difficulty breathing.	– Is experiencing severe difficulty breathing, refer for immediate medical attention. Also, tell caregiver to return with the child for the next VAS dose.

Table 3: Notes on Deworming Ineligibility (see step14)

A child is ineligible (i.e., not eligible) and cannot be given Albendazole deworming if any of the following are true. For more information, refer to the *Reference Manual for Administration of Deworming Tablets to Preschool Children 12-59 Months of Age in Vitamin A Distribution Projects*.

Reason for Ineligibility The child...	How to Respond to Ineligibility If the child...
<ul style="list-style-type: none"> - Is younger than 12 months (1 year), or is 60 months (5 years) or older. 	<ul style="list-style-type: none"> - Is younger than 12 months, determine if the child is eligible for other health services, especially vitamin A. - Child is 60 months (5 years) or older, counsel on symptoms of worms and where to receive treatment, counsel on nutrient-rich foods, especially those containing vitamin A.
<ul style="list-style-type: none"> - Has received a deworming tablet within the past 1 month; 	<ul style="list-style-type: none"> - Has received deworming within the past 1 month, tell caregiver when and where to return with their child for the next deworming dose.
<ul style="list-style-type: none"> - Is experiencing <u>any</u> of the following today: fever; vomiting; severe diarrhea; or severe difficulty breathing. 	<ul style="list-style-type: none"> - Is experiencing severe difficulty breathing, fever today, vomiting today, or severe diarrhea today, then refer child for immediate medical attention. Also, tell caregiver to return with the child for the next deworming dose.

Step	Table 4: Alternate Tablet Preparations (from Part 2)	Rating
24 or	<p>For children eligible for deworming, select the age-appropriate dose and preparation:</p> <ul style="list-style-type: none"> - Age 12-23 months receive 1/2 crushed tablet (200 mg Albendazole) - Age 24-35 months receive 1 crushed tablet (400 mg Albendazole) - Age 36-59 months receive 1 crushed or whole tablet (400 mg Albendazole) <p>**When using Mebendazole for deworming: give 1 tablet crushed (500mg) to children 12-59 months old (1 year up to 5 years).</p>	
25	<p>Prepare the tablet according to the child's age</p> <p>Crushed Tablet: you must crush the tablet for children ages 12-35 months</p> <ul style="list-style-type: none"> - Use <u>clean spoons</u> or <u>mortar and pestle</u> to crush 1/2 or 1 tablet of Albendazole into a fine powder and transfer the powder onto a disposable spoon or a small, folded piece of clean white paper. - If crushing using a spoon, dissolve the powder with a few drops of clean water. <p>Whole Tablet: for children ages 36-59 months only</p> <ul style="list-style-type: none"> - Ask the caregiver if the child is able to chew and swallow the whole tablet. If the answer is yes, do not crush and leave the tablet whole. 	
26	<p>Crushed Tablet: you must crush the tablet for children ages 12-35 months</p> <ul style="list-style-type: none"> - Tell caregiver to support the back of the child's head and ensure the mouth is open. <p>Whole Tablet: for children ages 36-59 months only</p> <ul style="list-style-type: none"> - Ask the caregiver to ensure that the child's mouth is open. 	
27	<p>Administer the Tablet</p> <p>Crushed Tablet: you must crush the tablet for children ages 12-35 months</p> <ul style="list-style-type: none"> - Without touching the caregiver, give him/her the Albendazole-filled spoon to administer to the child; or - Without touching the child, use the folded paper to pour the crushed tablet into the child's mouth. <p>Whole Tablet: for children ages 36-59 months only</p> <ul style="list-style-type: none"> - Drop tablet into caregiver's open hand and instruct them give it to the child to chew thoroughly. 	
28	Ask if the child has chewed and swallowed all of the powder and is comfortable.	
29	Dispose of disposable spoon or paper in an appropriate container, or wash reusable spoons with soap and clean water. ...Continue on to Part 3	

7. Course Evaluation

The course evaluation is designed to capture learners' experience of the VAS+D service provider's course. A copy should be handed to learners at the end of the course to be completed anonymously by each learner. Facilitators will collect the course evaluations from learners and calculate the average rating for each of the items after the course. Facilitators will also make note of common feedback that learners provided and use the averages and common feedback to identify challenge areas that may require improvement. The facilitator will need to print or copy the course evaluations to distribute to learners.

VAS+D Service Provider Course Evaluation

Instructions: Please circle a rating for each course component using a scale of 1-4

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

Course Component	Rating 1-4
1. The materials provided helped me in this course	1 2 3 4
2. The facilitator clearly stated the learning objectives	1 2 3 4
3. There was sufficient time scheduled for practice sessions in order to achieve competency	1 2 3 4
4. The facilitator asked questions and involved me in the sessions	1 2 3 4
5. The learning approach used in this course made it easier for me to learn how to deliver VAS and deworming	1 2 3 4
6. The facilitator was skilled in the subjects she or he taught	1 2 3 4
7. The sessions were well organized	1 2 3 4
8. I feel prepared to <u>coach</u> others in my organization to become competent VAS and deworming service providers	1 2 3 4
9. I understand the role of <u>infection prevention</u> in VAS and deworming service delivery	1 2 3 4
10. I feel prepared to <u>deliver</u> VAS and deworming to children	1 2 3 4
11. The course made me feel more competent or skillful in my work	1 2 3 4

12. What aspects of this course were most beneficial to your work?

13. Suggestions for improving this course:

8. Developing VAS+D Service Delivery Plans

Developing a Work Plan Using the VAS+D Performance Checklist

Note: When time permits, this is an excellent activity to promote the transfer of learning from the course to the service delivery site.

To ensure successful standardization, VAS+D service delivery has been distilled into its essential steps, the sum of which is presented in the VAS+D checklists. In addition to using the VAS+D Performance Checklist and Visual Checklist as learning tools, they can also be used as planning and performance support tools.

When planning for a VAS+D distribution, service providers should develop a service delivery work plan that divides tasks and responsibilities according to the steps and parts in the VAS+D checklists. As service providers develop a work plan, they will want to consider: *who from within the organization will perform each part (1, 2, and 3) or step?* Also, be sure to think about how the distribution environment might influence how tasks and responsibilities are divided.

The two most common VAS+D service delivery environments are a clinic (one-on-one service delivery) and a community-based event (distribution to groups). When delivering VAS+D to children in a clinic environment, one service provider may perform all of the steps for each caregiver and child. At a community-based event, tasks may be divided so that one service provider may deliver the counseling information in Part 1 to a group of caregivers and children, while different service providers will perform Part 2 and Part 3 with each caregiver and child. Developing a service delivery work plan (including making sure that a service provider is assigned to perform each step or part of the VAS+D performance checklist) will help to ensure a smooth and organized service delivery on a scheduled distribution day or days. The VAS+D Service Delivery Work Plan table on the next page has been included in order to help service providers begin to develop a service delivery work plan.

Developing a VAS+D Service Delivery Action Plan

When developing a VAS+D service delivery action plan and considering the distribution site plan, think through the following issues and questions:

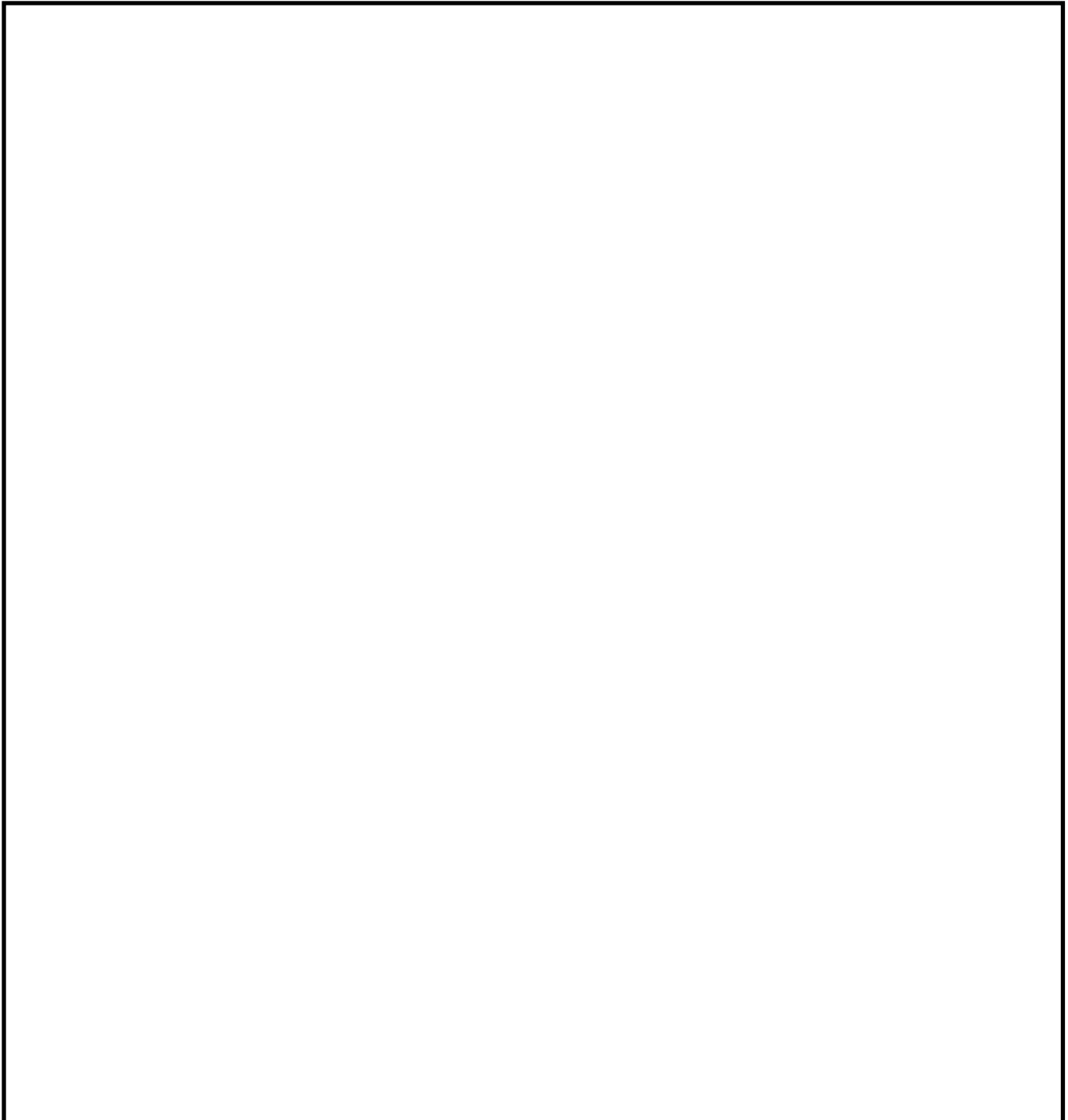
1. Distribution Model: Is the organization using clinic-based distribution, a mobile clinic, a community-level campaign style distribution, etc.?

2. Logistics: How will vitamin A capsules and deworming tablets get to the distribution site?
3. Complementary Services: What health or other services are delivered at the same time?
4. Training Others: How will others be trained/coached to become competent VAS+D service providers? How many people in the organization need training? How much time can be dedicated to training others? What materials will be used to train others (e.g., performance checklist, visual checklist, demonstration video, other educational materials, etc.)? How often will others need to be trained? How can training be integrated into the organization's activities?
5. Distribution Communications: How do existing and potential caregivers and children learn about VAS+D service delivery? How does the organization raise awareness among target populations; what materials and messaging are used?
6. Distribution Site Planning: How is each distribution site (i.e., work station) organized to facilitate delivering VAS+D services to children? How are children channeled through health service(s), including VAS+D services, from arrival to departure? What services do they receive first, second, and so on?
7. Distribution Work Plan: Who, including names and positions, is responsible for each part/stage of VAS+D service provision? Will the services be given together by the same person, or separately by multiple people?
8. Data Collection & Reporting Channels: What distribution data are collected, how are data captured, and with whom are data shared?
9. Issues and Opportunities: What are the challenges, successes, and openings for collaboration to improve service delivery or maximize the number of children reached?

VAS+D Service Delivery Work Plan		
Duty	Name of Responsible Service Provider	Community or One-on-One?
Part 1: VAS+D Community Counseling		
Welcome and VAS+D Introduction		
Services and Dosing Schedule		
Benefits		
Side Effects and Other Effects		
Safety and Paired Services		
Part 2: VAS+D Eligibility Screening and Service Provision		
VAS Eligibility Screening		
Deworming Eligibility Screening		
Giving Vitamin A to Eligible Children		
Giving Deworming to Eligible Children		
Part 3: Recordkeeping and Exit Counseling		
Distribution Recordkeeping		
Scheduling the Next Dose		
Benefits and Side Effects Counseling		

Drawing a VAS+D Distribution Site Plan

In the box below, service providers can draw a diagram of their organization's current or preferred VAS+D distribution. Include the actual flow of services, work station setup, and work plan (division of responsibility). From the perspective of the child, the experience should be illustrated from start to finish. For an example, refer to the Vitamin Angels VAS Reference Manual, *Arranging your work station* (pp. 32-33).

A large, empty rectangular box with a black border, intended for drawing a VAS+D Distribution Site Plan. The box is currently blank.

9. Frequently Asked Questions (FAQs)

FAQs on VAS

1. Can you give vitamin A to children 5 years of age and older if they are vitamin A deficient? Why not?

Research does not support universal distribution of Vitamin A Supplementation (VAS) to children 5 years of age and older. Although VAS would not harm children over 5, there is currently no documentation that the average child over 5 would receive any benefit from it. Caregivers (i.e., parents or guardians) who bring children age 5 years and older to distribution events should be educated on vitamin A rich foods and good nutrition practices. Vitamin Angels' VAS is intended to prevent vitamin A deficiency (VAD) in children under 5 years of age. In some very limited instances, if the grantee organization encounters a child over 5 years of age who is clinical signs of VAD (e.g., xerophthalmia), then, as outlined in the Chapter 9 of the Vitamin Angels Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e., the VAS Reference Manual), the decision of whether or not to treat the child with a vitamin A should be made on a case-by-case basis as recommended by a healthcare professional.

2. Can Vitamin A Supplementation be delivered to postpartum mothers?

Universal distribution of Vitamin A Supplementation (VAS) in postpartum women is not recommended as a public health intervention for the prevention of maternal and infant morbidity and mortality (strong recommendation by WHO). Postpartum women should continue to receive adequate nutrition.¹

3. What if my government recommends Vitamin A Supplementation for children over 5 years of age, or for women postpartum?

Vitamin A Supplementation (VAS) granted by Vitamin Angels is not intended for children over 5 years of age or for postpartum mothers, even if a government recommendation states otherwise. Vitamin Angels' VAS should be used for children 6-59 months of age only. In some very limited instances, Vitamin Angels may approve distribution of VAS to children over 5 years of age or postpartum women; however, before considering this, Vitamin Angels must be given a copy of the official government policy for VAS, including the policy to deliver VAS to these specific populations. Additionally, these groups would only be considered by Vitamin Angels if they are a minor part (less than 5%) of a larger project that focuses on universal distribution of VAS to infants/children 6 to 59 months of age.

¹ WHO. Guideline: *Vitamin A supplementation in postpartum women*. World Health Organization, 2011.

4. Should we deliver Vitamin A Supplementation to adults?

Research does not support universal distribution of high-dose Vitamin A Supplementation (VAS) to adults, in general. Explanations and exceptions to this regarding women are next.

- **Women up to 6 weeks after delivery:** It is only safe to deliver large dose VAS (over 10,000 IU) to women of childbearing age within 6 weeks after delivery. At this time, there is almost no chance that the mother is pregnant. However, universal distribution of VAS in postpartum women is **not** recommended as a public health intervention for the prevention of maternal and infant morbidity and mortality (strong recommendation by WHO). Postpartum women should continue to receive adequate nutrition.²
- **Pregnant women and women of child-bearing age:** Pregnant women or women of childbearing age who may be in the early stages of pregnancy with or without knowing it, should **not** be given high dose VAS (over 10,000 IU). A high dose of vitamin A early in pregnancy may damage the unborn child.
- **Treating women with eye conditions:** In initiatives for either universal or targeted distribution of VAS, it is likely that those who distribute vitamin A will, inevitably, encounter pregnant mothers who are in need of treatment with vitamin A for xerophthalmia (or more serious ocular conditions). Information contained herein is **not** intended as a guide to the diagnosis and treatment of these or other conditions. Women of reproductive age with night blindness or Bitot's spots should be treated with a daily dose of 5,000 - 10,000 International Units (IU) of vitamin A for at least 4 weeks. Such a daily dose should never exceed 10,000 IU, although a weekly dose not exceeding 25,000 IU may be substituted.
- **Treating individuals with xerophthalmia:** When severe signs of active xerophthalmia (i.e., acute corneal lesions) occur in women of reproductive age, the WHO recommends, whether the woman is pregnant or not, it is necessary to balance the possible teratogenic effect or other risks of a high dose of vitamin A to the fetus (should she be pregnant) against the serious consequences (for her and the fetus) of vitamin A deficiency (VAD). In these circumstances, treatment with high-dose vitamin A can be delivered for corneal xerophthalmia as described in the *Vitamin Angels Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects* (i.e., the VAS Reference Manual). Although Vitamin Angels' VAS grants are not made expressly for the treatment of xerophthalmia, the decision to treat severe signs of xerophthalmia should be made on a case-by-case basis as recommended by a healthcare professional.

² WHO. Guideline: *Vitamin A supplementation in postpartum women*. World Health Organization, 2011.

5. What happens if I open a vitamin A bottle and do not use the capsules within 1 year, will they go bad or be dangerous?

If capsules remain unused 1 year after opening the bottle, they will deliver less vitamin A, but will not go bad or pose a danger if consumed. It's important to check your vitamin A stock before a distribution, and use those capsules from bottles that have already been opened and bottles with the shortest expiration date first, before using other vitamin A with a longer shelf life expectation.

6. If a child experiences some side effects after receiving Vitamin A Supplementation, will they experience side effects the next time they come for VAS?

There is a possibility that a child will experience side effects more than once, but there is no data showing that this will happen.

7. If a child is an orphan and/or did not breastfeed, do you advise we give them more vitamin A?

No; the WHO recommendations for Vitamin A Supplementation are based on a child's age, and it does not provide a recommendation based on breast feeding status.

8. Can we give vitamin A supplements to caregivers (i.e., parents or guardians) to deliver to children at home?

Vitamin A used in universal distribution projects should be delivered by trained healthcare workers/volunteers, and capsules should **not** be given to caregivers to deliver at home. In some very limited conditions (e.g., children sick with measles, Bitot's spots, or xerophthalmia), children who arrive at a universal distribution event are sick and will need additional medical treatment, including additional Vitamin A Supplementation (VAS). In this case:

- The first dose of vitamin A should be delivered on the day that measles, Bitot's spots, or xerophthalmia is diagnosed, with the exact dosage depending on age.
- A second dose of vitamin A should be delivered the following day. When the caregiver is not able to return with her child for the second dose, s/he should be given the vitamin A supplement to deliver at home. If this is done, the health care worker must instruct the caregiver on how to properly deliver the vitamin A.

The age-appropriate dosing schedule for delivering VAS to children with measles, Bitot's spots, or xerophthalmia can be found in the Vitamin Angels *Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects* (i.e., the VAS Reference Manual).

In all circumstances, sick infants and children should be referred immediately to a health provider for further evaluation and treatment directly after dosing with vitamin A unless dosing is specifically contraindicated (i.e., a child is in respiratory distress).

9. What does the vitamin A in capsule form taste like?

Vitamin A is in oil form, and has a light vanilla flavor.

10. Sometimes my catchment area gets very hot, what should I do about storage?

Vitamin A capsules are tested in conditions of high heat and high humidity, and are able to deliver the expected amount of vitamin A for a period of at least 3 years.

Adequate storage area for all vitamin A supplies should be available to ensure that vitamin A can be stored in a secure, dry cool place and away from direct sunlight; these conditions will help to keep the vitamin A at its highest potency. Even in hot catchment areas, vitamin A capsules can be protected by keeping them in their original bottles, with the lids tightly closed, and out of direct sunlight.

FAQs on Deworming

1. Why is it recommended to give deworming only one to two times per year?

The WHO recommends that deworming (albendazole or mebendazole) be given once or twice per year to preschool-age children, depending on the prevalence of STH infections in a country. Most countries have a policy in place that is consistent with the WHO recommendations and fits nicely with the schedule for vitamin A supplementation.

2. Why does a fever prevent a child from getting deworming?

If a child has a fever, severe diarrhea, or is vomiting, it will not harm them to receive deworming; however, it is recommended that children with these health concerns not be given deworming, as it may cause a negative response to future deworming if these symptoms continue in the child and then become associated with the deworming.

3. What is recommended if the child spits out the deworming?

If a child spits out the deworming, they should be told to come back in a month when they will be eligible to receive deworming again. Remember, it's important NEVER to force a child to take the deworming tablet. If a child is uncooperative, let the child pass without treatment; he or she will have another chance to be treated at the next round.

4. How fine does the tablet need to be crushed?

The tablet needs to be crushed sufficiently so that a child who cannot chew can safely swallow the crushed pieces and powder without a risk of choking.

5. Should deworming be given with food and/or water?

Some field partners find that giving deworming with food and/or water may make it more pleasing or easier for children to consume. If you can ensure that food and/or water is clean, and you have a sufficient supply, you can provide these to children along with deworming; however, it is not a requirement that deworming be given with food and/or water.

6. What do I do if a child starts to choke while taking deworming?

If a child begins to choke while taking deworming, please follow the instructions on the back of the VAS+D Visual Checklist and in the Deworming Reference Manual on “What to Do if a Child Chokes”.

7. Can we give deworming tablets to caregivers to deliver to the children at home?

Deworming used in universal or mass drug administration distribution projects should be delivered by trained healthcare workers/volunteers, and tablets should **not** be given to caregivers to deliver at home.

Facilitator's Supplemental Materials

The Facilitator's Guide: Giving Vitamin A and Deworming to Children Under Age Five: Course for Service Providers (i.e., VAS+D Facilitator's Guide) is designed for facilitators who are planning and conducting courses to prepare healthcare volunteers and workers to deliver vitamin A and albendazole (for deworming) as part of regular activities associated with community or facility-based health care services.

10. Mastery Learning

Mastery learning and competency-based learning (CBL) approaches apply learning-by-doing methods. Using these approaches, the VAS+D course design assumes that all learners can master (i.e., become competent) the required knowledge, attitudes, and skills if the appropriate learning methods are used and the necessary time is given. For 100 percent of learners to reach competency, you must be able to assess and attend to the learning needs of each learner. Competency will take longer for some learners than for others. This contributes to why it is important to be thoughtful about how many learners will attend your course and the number of facilitators for each course. We recommended the following learner-to-facilitator (L:F) ratios:

- 8:1
- 10-16:2

Because having an odd number of learners can become a challenge during pair work, we recommend that courses have an even number of learners. The example course schedule (see section 3) assumes a 12:2 learner-to-facilitator ratio based on the average of the recommended ratios.

Learning Assessment in Mastery Learning

Mastery learning emphasizes active and equal involvement among facilitators and learners. Key among your jobs is to facilitate the learning process. Mastery learning also stresses the importance of continual learning assessments along the learners' path from skill acquisition to competency (see section on behavior modeling and observational learning).

Key Features of an Effective VAS+D Course

Mastery learning is based on principles of adult learning. These principles indicate that learning is best achieved when it is participatory, relevant, and practical. Effective VAS+D courses build on what learners already know or have experienced. They provide opportunities

for learners to be actively involved in their learning. They also pair self-paced learning acquisition with skill development. Three key features of mastery learning are that it:

- Uses behavior modeling
- Is competency-based
- Incorporates humanistic learning techniques

Behavior Modeling and Observational Learning

Clearly modeling the ideal skills, behaviors, and attitudes for learners increases the chance that learning will be rapid and effective. The twin mechanisms of effective learning are:

- Behavior modeling (by you, the facilitator), and
- Observational learning (by the learner)

Effective learning develops in three stages. **Stage 1** is skill acquisition. During this stage the learner does the following:

- Observes VAS+D service delivery as you proficiently model it according to international best practices
- Forms a mental image of VAS+D service delivery
- Practices it with a partner as both coach and service provider

Stage 2 is skill competency. Here, learners use the VAS+D Performance Checklist (a step-by-step guide to service provision according to international best practices) and the VAS+D Visual Checklist (illustrated version of the Performance Checklist with limited text) to practice service delivery. The VAS+D Performance Checklist and VAS+D Visual Checklist are known collectively as the VAS+D checklists. The VAS+D checklists segment service delivery in three parts (i.e., Part 1, Part 2, and Part 3). Each part is then broken down into sequential steps. When considered together, Parts 1, 2, and 3 show a complete picture of VAS+D service delivery. The three parts of the checklist are:

- Part 1: Community education (also known as pre-service counseling)
- Part 2: Eligibility screening and service delivery
- Part 3: Recordkeeping and exit counseling (also known as post-service counseling)

3 Stages of Effective Learning

1. Skill Acquisition—

Learner forms a mental picture of VAS+D service delivery, but needs assistance to perform it as it is presented in the VAS+D checklists.

2. Skill Competency—

Learner can perform VAS+D service delivery according to the steps in the VAS+D checklists, but may be slow to progress from one step to the next.

3. Skill Proficiency—

Learner can efficiently and precisely perform VAS+D service delivery according to the steps in the VAS+D checklists.

Learners follow all the steps in the VAS+D checklists until they can competently perform service delivery as a whole, using the VAS+D Visual Checklist as a performance support tool. Competency is when a person can provide effective services that is consistent with international best practices. For the course, effective use of the VAS+D visual checklist to enhance the performance and educate the target audience also plays a role. Learners who actively use the VAS+D visual checklist for skill practice and during competency evaluations are more likely to achieve service delivery competency during the course.

Using the VAS+D Checklists for Service Delivery Practice

- **Before**—The VAS+D checklists prepare learners for small-group practice. The facilitator must introduce and proficiently demonstrate VAS+D service delivery using the VAS+D visual checklist. Each step must be performed in the exact order.
- **During**—During small-group practice, you will observe and coach each learner. You will record performance ratings on the VAS+D performance checklist and informally evaluate learners for service delivery competency. You will also use the sandwich feedback method to give each learner objective feedback meant to improve service delivery. Your feedback will be based on performance ratings and how the learner uses the visual checklist as a support tool.
- **After**—You will use the VAS+D Performance Checklist and ratings to formally evaluate competency. Learners will use the VAS+D Visual Checklist as a job aid during competency evaluations.

Stage 3 is skill proficiency: Proficiency is only achieved with repeated practice. It is usually gained over time and in the context of actual service delivery to children. Learners are proficient when they can provide efficient and precise VAS+D services without prompting.

The aim of this course is for learners to achieve competency in VAS+D service delivery. In the course, learners will practice and perform parts 1- 3 of the VAS+D checklists for competency evaluation. A learner can be recognized as competent if he or she earns a plus sign (+) performance rating for each of the steps in the VAS+D performance checklist parts 1-3 in two or fewer competency evaluations (see sections 4 and 6 in the Learner’s Guide for more detail).

Remember that proficiency for a course facilitator means precisely and efficiently. It also means he or she knows when and how to narrate his or her actions and can demonstrate effective use of the VAS+D Visual Checklist. Again, even though the facilitators will know all of the steps, they must still use the Visual Checklist as that is what is required of the learners. The facilitators provide a model of what learners should do during their skill evaluations.

Standardization and Coaching in Competency-Based Learning

Standardization and coaching are critical components of competency-based learning (CBL), which is a learning-by-doing approach. In this course CBL emphasizes the ability of learners to competently deliver VAS+D services to children under age five.

CBL's learner-centered method allows learners to set the learning pace. It also requires time for evaluating each learner's ability to deliver both VAS and deworming to preschool children under 5 years.

The VAS+D checklists are used to ensure successful CBL. The VAS+D checklists standardize vitamin A and deworming service delivery. They present the best way to deliver VAS+D services to children under the age of five by showing service delivery in small, easy to follow steps, and they also include infection prevention best practices. The checklists are critical because they:

Simplify VAS+D service delivery;

- Aid the process of integrating new knowledge, attitudes, and skills;
- Make skill acquisition and competency attainable; and
- Set a standard against which learners' ability to competently deliver VAS+D services can each be evaluated objectively.

Service Provider Coaching

Of equal importance to standardization is coaching. You will assume the role of coaches after you demonstrate VAS+D service delivery for learners. As a coach, you will observe and provide objective, sandwich feedback to learners in order to help them reach competency as service providers. Coaching provides facilitators with the opportunity to monitor learner progress towards skill competency and to help learners overcome challenges they encounter along the way. Coaching learners individually ensures that each one gets your direct and objective feedback. You will coach learners during skill practice (i.e., during small-group practice), before competency evaluations take place. You will also model sandwich feedback throughout the course, whenever you give feedback.

Being a service provider coach involves observing each service provider, rating their performance, and giving objective, helpful feedback. In this role the course facilitators help service providers develop skill self-awareness by asking them what they felt they did well and where they could improve. The facilitators may also assist coaches to provide objective, skill-building feedback to their service provider partners. To do this, the facilitator will encourage coaches to give the service provider feedback on 1) the steps that they performed well, 2) where they could improve, and 3) where they are along the pathway towards competency.

Using Sandwich Feedback

When a learner performing as a service provider completes all the steps in the checklist, the facilitators will give sandwich feedback. In sequence, sandwich feedback should look like this:

- Specific positive feedback: ask what the service provider felt good about, and then tell them where they got + (plus sign) performance ratings; give specific examples.
- Specific corrective feedback: ask what the service provider felt they could improve. Next, explain where and why minus sign or zero performance ratings were given; be specific, yet kind.
- Progress towards competency: give positive overall suggestions and inform the service provider about progress towards VAS+D service delivery competency.

Humanistic Learning Techniques

The use of humane techniques such as simulations and role plays allow learners to acquire and practice new skills without the risk of child injury or discomfort. This reduced-stress environment also contributes to better learning: a safe space allows the learner to focus exclusively on developing skill competency.

11. VAS+D Knowledge Assessment

Administering the Knowledge Assessment

The purpose of this assessment is to:

- Evaluate the group's grasp of concepts central to VAS and deworming services; and to
- Measure how effective you were in explaining vitamin A supplementation and deworming services.

During the course you will administer a knowledge assessment to every learner. The 10 knowledge assessment questions are presented in a multiple-choice question format. There is only one correct answer per question. Questions are worth one point each for a total of 10 possible points. Incorrect and unanswered questions are worth zero points.

Instruct learners to write their names on the assessment and to circle only one answer per question. One at a time, read the questions aloud (if required) and allow time for the learners to record their answers. Address any confusion from the participants without answering the knowledge assessment questions. This is an individual activity and each learner should do their own work.

Collect the completed assessments after all learners have finished. Quickly score the assessments and review the correct answers with the learners before moving on so as to clarify the gaps in the knowledge of the participants on the course content.

Be sure to record the scores of the knowledge assessments on the learner roster. By tallying all of the learners' knowledge assessment scores for each question, the facilitators will be able to identify the questions that learners missed. By reflecting on these totals, you will be able to identify areas that may require special attention later on during the course.

The knowledge assessment is not included the VAS+D Learner's Guide. This means that you will have to make copies of the knowledge assessment, not including the answer key, to distribute to learners in the classroom.

Note: As the primary goal of the VAS+D course is service delivery competency, how each learner scores on the knowledge assessment do not affect receiving a course certificate. The objective of the knowledge assessment is to reinforce important information from the course as well as to help the facilitators improve the delivery of future courses.

Name: _____

VAS+D Knowledge Assessment

Vitamin A Supplementation and Deworming (VAS+D) Course for Service Providers

Instructions: Each question has only 1 correct answer. For each of the below questions, circle the 1 correct answer.

1. Which of the following is a true statement about vitamin A supplementation?
 - A. Vitamin A supplementation reduces the rate of mortality in children under age 5
 - B. In rare cases, children have died from being given too much vitamin A supplementation
 - C. Vitamin A supplementation is a vaccine
 - D. Vitamin A is recommended for pregnant women and women postpartum

2. To be eligible to receive vitamin A supplementation, a child must...
 - A. Be at least 6 months old, but not yet 5 years old or older
 - B. Have received their last dose of vitamin A at least 1 month ago
 - C. Show no signs of severe difficulty breathing
 - D. All of the above

3. Which of the following is a true statement about red vitamin A capsules?
 - A. They deliver 100,000 IU and are appropriate for children ages 6-11 months
 - B. They deliver 200,000 IU and are appropriate for children ages 12-59 months
 - C. They deliver 100,000 IU and are appropriate for children ages 12-59 months
 - D. They deliver 200,000 IU and are appropriate for children ages 6-11 months

4. What should a caregiver be advised to do if symptoms associated with side effects of vitamin A last more than 2 days?
 - A. Continue to wait for symptoms to pass
 - B. Return with the child for additional vitamin A
 - C. Seek medical attention for the child
 - D. Give the child foods high in vitamin C

5. Which of the following is the recommend infection prevention best practice when giving vitamin A supplementation to children?
 - A. Wearing gloves when dosing children and using a sterile needle to puncture the capsule
 - B. Hand washing before dosing every child and eliminating direct contact with the child
 - C. Hand washing and removing excess oil from hands after dosing sick children only
 - D. Wash your hands following each step in VAS+D delivery

6. Which of the following is a true statement about deworming?
- A. Deworming is only given to children ages 6-11 months
 - B. Deworming is only recommended for school children ages 5 and older
 - C. Deworming improves nutritional status in children
 - D. Deworming can cause severe and long-lasting side effects in young children
7. Which of the following is not a recommendation for deworming preschool-aged children?
- A. Albendazole ½ tablet (200mg) for children ages 6-11 months
 - B. Albendazole ½ tablet (200mg) for children ages 12-23 months
 - C. Albendazole 1 tablet (400mg) for children ages 24-59 months
8. Which of the following is not a potential side effect of deworming?
- A. Headache
 - B. Nausea
 - C. Vomiting
 - D. Leg cramps
9. Which of the following lists the 4 health concerns that prevent a child from receiving deworming?
- A. Fever, vomiting, severe diarrhea, and severe difficulty breathing
 - B. Appetite loss, abdominal swelling, diarrhea, and headache
 - C. Night blindness, fever, constipation, and vomiting
10. What are the benefits of giving vitamin A and deworming together?
- A. Children will have stronger immune systems
 - B. Children will have better nutritional status
 - C. Children will have healthier eyes
 - D. All of the above

VAS+D Knowledge Assessment Answer Key

1. A
2. D
3. B
4. C
5. B
6. C
7. A
8. D
9. A
10. D

12. Facilitator's Materials

Being an Effective Facilitator

Effective course facilitators emphasize skill demonstration and performance. They also create an engaging and participatory learning environment. As an effective course facilitator, you will:

Enter the classroom familiar with all course materials;

- Be able to deliver interactive presentations using PowerPoint and clearly conduct course activities;
- Communicate the knowledge, skills, attitudes, and behaviors required for delivering both vitamin A and deworming services to children under the age of five;
- Have a genuine interest in facilitating learning outcomes in the classroom; and
- Have real experience or have rehearsed providing objective, helpful feedback and evaluations in a learning environment.

As the course facilitator you are expected to study all course materials (see section 2: Components of the VAS+D Resource Package). You must also practice the skills required to conduct the course before ever entering the classroom with learners. This means rehearsing course presentations (using PowerPoint) and activities aloud until you can deliver them skillfully and confidently. It also means demonstrating proficient VAS+D service delivery (i.e., the steps in the VAS+D Performance Checklist and VAS+D Visual Checklist known collectively as the VAS+D checklists).

Preparing to facilitate the VAS+D Course—studying all of the materials and simulating presentations, activities, and demonstrations— takes about 20 hours. This time estimate does not include attending the Vitamin Angels Facilitation Skills course or managing course logistics.

The reference manuals are essential for planning and carrying out effective vitamin A and deworming distributions. They are also the starting point for VAS+D service delivery and the sole resource materials for the VAS+D course. Topics from the VAS Reference Manual and Deworming Reference Manual are covered throughout the course. Provide copies of Vitamin Angels' Reference Manual for Administration of Vitamin A Supplements in Universal Distribution Projects (i.e., VAS Reference Manual), and Reference Manual for Administration of Deworming to Preschool Children in Vitamin A Distribution Projects (i.e., Deworming Reference Manual) to learners whenever possible.

We strongly recommend that learners prepare for the course ahead of time by studying the VAS+D Visual Checklist and watch the skill demonstration videos. For facilitators, part of pre-course logistics includes sending the VAS+D Visual Checklist and links to the videos to learners electronically, before they arrive for the course when possible.

VAS+D Facilitator's Materials

The VAS+D facilitator's materials are meant to support you to deliver a high-quality VAS+D course. They include the following:

- Facilitator's Supplemental Materials (i.e., VAS+D Facilitator's Guide)
- VAS+D Fact Sheets (one per learner)
- VAS+D Visual Checklist (several per learner)
- VAS+D Performance Checklist (2-3 per learner)
- VAS+D PowerPoint files for course presentations
- VAS and Deworming Reference Manuals
- Demonstration video of VAS+D service delivery

The VAS+D Facilitator's Guide contains the information you will need to deliver an effective VAS+D Course. It contains the same content as the VAS+D Learner's Guide, and also includes resources that assist you to conduct an effective course. These additional resources include a course outline and detailed descriptions of course activities including the knowledge assessment and answer key. Because the knowledge assessment is only included in the VAS+D Facilitator's Guide, you will need to make copies of it (without the key) to distribute to learners during the course, along with sufficient copies of the course evaluation.

The VAS+D PowerPoint slides are based on the content presented in the Fact Sheets and includes many of the images from the Visual Checklist. The videos or their online links should be sent electronically to learners before the course. Videos can also be given to learners during the course on a USB flash drive or thumb drive. You can also show the video on a screen in the classroom.

Note: The VAS+D course for service providers may be conducted with or without the use of the PowerPoint presentation. While it is recommended that the PowerPoint presentation be part of the course, in some settings this may not be possible. When this is the case, the facilitators will personalize the Fact Sheets (i.e., highlight key terms and add notes and questions) and then refer to the Fact Sheets when explaining the content to the learners.

Just as with all of the VAS+D course components, you should be proficient with the information presented in the VAS+D PowerPoint slides, before leading a VAS+D course. The VAS+D Facilitator's Guide, Learner's Guide, Fact Sheets, and the PowerPoint slides are all resources used in learning how to facilitate the VAS+D course. In order to have all of the

information to carry out an activity, introduce new content, facilitate a discussion, or ask and answer standardized questions, you will need to read all of these materials along with the VAS Reference Manual and Deworming Reference Manual.

Your ability to proficiently demonstrate VAS+D service delivery following the steps in the VAS+D checklists is essential to meeting the course goals. Proficient VAS+D service delivery looks different for a VAS+D course facilitator than it does for a learner or service provider. What do we mean? First, you will need to memorize VAS+D service delivery exactly as it appears in the steps in the VAS+D Performance Checklist. This means being able to repeat the steps in the order that they appear, and being able to recite standardized steps, all from memory. The way you use the Visual Checklist in the demonstration needs to be the same way you want the learners to use it

At the same time, you must become skilled at narrating yourself for your learner audience. A trick for doing this is to imagine that you are performing service delivery in front of an audience who are unable to see you. You will find that some service delivery steps are just actions (e.g., cut, squeeze, throw away, etc.) without any description to go with them. Those are the steps for which you will need to narrate your actions. You also have to model how to use the VAS+D Visual Checklist as a performance support tool and as a resource for educating the parents and children who come for VAS+D services. You should also demonstrate writing on the VAS+D Visual Checklist as a way of encouraging learners to do the same. Finally, it is very important that you pace yourself when you demonstrate VAS+D service delivery and that you engage your audience through eye contact and your voice projection and inflection.

Here are a few more tips:

- Go slow.
- Look at the learners in the classroom; look at the child and caregiver; do it often.
- Hold the VAS+D visual checklist at shoulder height, but slightly off to the side, so that your learners can see it and you are not talking to the checklist instead of your learners.
- Prolong certain actions (e.g., when holding up the two different vitamin A capsules explaining their age appropriateness) and exaggerate your gestures (e.g., when recording dosing information).
- Vary your tone, but always speak loudly and clearly.
- Pay attention to the quality of your interactions. Would you want your child to receive services from you?
- Pause at times and show that you are reviewing the VAS+D Visual Checklist to be certain that you have completed all of the steps in a given part before moving to the next one.
- Watch and try to model the official VAS+D demonstration video

Remember, you are not only modeling VAS+D service delivery according to best practices, but you are also showing learners how to interact with the tools to make sure they reach competency in the time given. Fortunately, there are VAS+D demonstration videos to help you learn how to effectively demonstrate the steps in the checklists. Watch them and practice service delivery aloud in front of a mirror or for a supportive audience. Family members can make for a great test audience.

It is also important to deliver the course presentations and accompanying discussion sessions and activities in an interactive and participatory way. To achieve this, you will manage the course sessions to meet learners' needs. At different times you will assume the following roles:

- Instructor—when presenting information on vitamin A supplementation and deworming, and when demonstrating VAS+D service delivery.
- Facilitator—when leading group discussion sessions.
- Coach—during the small-group practice and when helping learners progress from skill acquisition to competency.
- Evaluator—when formally evaluating each learner's skill competency using the VAS+D Performance Checklist and its performance ratings.

VAS+D Service Provider Course Outline

Start Time	Time	Sessions and Activities	Facilitation Methods
Day 1			
11:00 am	30 min	Learner sign in	Confirm learners—their name, spelling, and contact information—against the course learner roster.
11:30 am	60 min	Lunch	
12:30 pm	30 min	Introduction to Vitamin Angels by Program Manager	This session allows a program manager, if attending, to introduce themselves and the program to any new field partners and to give a brief overview about the Vitamin Angels vitamin A and deworming program.
1:00 pm	10 min	Welcome and Introductions	Introduce yourself and your role with Vitamin Angels. Ask learners to introduce themselves and their organization to the larger group (30 seconds per learner introduction).
1:10 pm	5 min	Course Overview	Present the three course goals (on a PowerPoint slide and/or on a flipchart). Review the course schedule. Involve learners in reading the expectations and group norms from the flipchart(s).
1:15 pm	15 min	Demonstration of VAS+D Service Delivery	Explain that the course facilitators are going to demonstrate how to provide VAS+D. The learners are to carefully watch both the service provider and how the course facilitator “coaches” following service provision. The demonstration of VAS+D service delivery is to be integrated with the coaching process. The coach (one of the course facilitators) will introduce a service provider (one of the other course facilitators or coaches) who will demonstrate VAS+D. Following the delivery of services the coach will ask the provider what steps he/she did well and those steps they feel they could improve the next time. The coach will then provide feedback on steps performed well and offer any suggestions for improvement. When finished, remind the learners of the three course goals – all of which they just observed.
1:30 pm	120 min	Overview of Vitamin A and Deworming	The overview is based on the VAS+D Fact Sheets. You can use the PowerPoint presentation to cover the key content in the Fact Sheets. When you are unable to use a computer, you can personalize the Fact Sheets (i.e., add notes and questions) and then refer to the Fact Sheets as you present the information for VAS and deworming. During your presentation be sure to move around the room, ask questions, maintain eye contact with the learners and project your voice so that everyone can hear.
3:30 pm	15 min	Break	

Start Time	Time	Sessions and Activities	Facilitation Methods
3:45 pm	45 min	Introduction to the Performance Checklist and Visual Checklist	Briefly explain the format and how to use the VAS+D Checklists. Then have them follow along and point at the first 5 steps as they are explained. Do not go into detail about the rating scale at this time. Have each person read one step aloud from the Performance Checklist with everyone pointing at the same step in the Visual Checklist while another person describes what is in the picture.
4:30 pm	15 min	Introduction to the Coaching Process	Briefly explain that the coaching process involves observing VAS+D service delivery, offering input and suggestions, and then using sandwich feedback to help the provider focus on what they did well and how to improve their performance. Remind the learners that they saw this demonstrated previously and will see it again during the next demonstration.
4:45 pm	15 min	Introduction to Skill Practice in Pairs	Describe your role and the 2 roles learners will adopt during skill practice. Explain the responsibilities of each. Remind coaches to use the Performance Checklist and performance ratings for each step to track their partner's progress, and to give objective feedback on their partner's progress towards competency. Clarify the expectations placed on the service provider. Remind service providers to refer to the Performance Checklist when learning the skill, and to use the Visual Checklist when simulating giving VAS+D services.
5:00 pm	15 min	Competency Evaluation Expectations	Describe how competency is measured, the rating system (briefly), and use of the Visual Checklist during the competency assessment.
5:15 pm	15 min	Demonstration of VAS+D Service Delivery	Explain that the facilitators are going to repeat the demonstration of VAS+D service delivery (including the coaching and feedback after the demonstration). Stress that the learners are to use their Performance Checklists and rate each step as it is demonstrated. If available, one of the course facilitators should move around the room during the demonstration to ensure that each learner is marking their Performance Checklist or following allowing using their Visual Checklist. Following the demonstration briefly discuss any questions on the VAS+D steps or the use of the Visual and Performance Checklists.
5:30 pm	60 min	VAS+D Skill Practice in Pairs	Explain the activity and break learners into pairs. Distribute materials to each pair. Assume the role of service provider coach. Show caregiver/coaches how to use performance ratings to give specific feedback to partners. Encourage performers to self-reflect on their strengths and challenges. Coach performers using sandwich feedback to communicate their performance ratings.

Start Time	Time	Sessions and Activities	Facilitation Methods
6:30 pm	60 min	Dinner	
7:30 pm	Not specified	Informal VAS+D Skill Practice in Pairs	Learners may continue to practice in the classroom or they may practice elsewhere. The facilitators are to be in the classroom to work with any learners who need assistance.

Day 2			
7:00 am	60 min	Breakfast and Group Photo	Following breakfast and before starting the session, take a group photo. This photo should be emailed to all learners (or to their sponsoring organization if an individual does not have an email address).
8:00 am	60 min	VAS+D Skill Practice in Pairs	Pair practice continues.
9:00 am	135 min	Competency Evaluations	Divide the learners into 2 groups across 2 classrooms each with a VAS+D course facilitator. Evaluate each learner for VAS+D competency using the VAS+D Performance Checklist and ratings. Learner must receive a “+” performance rating for all steps in the checklist and perform the skill from memory. Learners have 2 chances at competency. Evaluations are conducted in front of the group, unless circumstances warrant a private evaluation. Facilitator feedback is to be provided using the coaching model with sandwich feedback.
11:15 am	15 min	Break	
11:30 am	10 min	Knowledge Assessment	Distribute the knowledge assessment and explain the instructions to the learners. One at a time, read the questions aloud (if required) and allow time for the learners to answer the questions. Answer any questions from the participants without answering the knowledge assessment. Collect the completed assessments and score the assessments to determine where learners did well and where there were concerns. Then quickly go over the correct answers with the learners. See the detailed instructions for administering and scoring the knowledge assessment in this guide.
11:40 am	5 min	Course Evaluation	Ask learners to complete the course evaluation to provide feedback based on their experience in the course. Course evaluations are anonymous, so they should not write their names on the evaluation. Collect the evaluations and review them after the course.
11:45 am	15 min	Certificate Ceremony and Course Closing	Provide a fun and exciting way of presenting the certificates to the learners, calling them up one at a time. They deserve it! Thank the learners for their attendance and participation.

13. Flipcharts for the VAS+D Classroom

A flipchart (also spelled flip chart) is a chart or pad with sheets of paper attached at the top and mounted on a stand. The sheets can be flipped over to present information sequentially. The following are templates that contain the recommended flipchart content for the VAS+D classroom.

Flipchart pages can be prepared in advance for items such as presentation topics, objectives, questions, activities, and agenda for the day, etc. You can also use the flipchart spontaneously to write a question, brainstorm ideas, etc. The examples shown on the following pages should be prepared ahead of time and posted on the walls of the VAS+D classroom.





Using Flipcharts




Note the following important points when using flip charts:

- Use pens or markers designed for use with flipcharts.
- Print in block letters large enough to be read easily from anywhere in the room.
- Use different colored markers or pens to provide contrast.
- Make borders around the edge of the page. These borders “frame” the page focusing the viewer on the content. The border also makes the flipchart look more professional.
- Use a header box with 1-2 words to give the flipchart a title.
- Use bullets to identify individual points to help the readability of the items presented on the page.
- For some types of thinner paper you may need to use every other page when pages are prepared in advance. This is to prevent seeing the next page through the page being viewed at the time.
- Post flipchart pages around the room when applicable. You will need tape in order to hang the pages on the wall.
- Avoid crowding too much information on one page.
- You can fold up and tape the lower portion of a page to be able to reveal the information when appropriate (e.g., to reveal the answer to a question).

VAS+D Course Flipcharts

Prepare the following flipcharts before your VAS+D course is scheduled to begin and post them around the classroom using tape that will not pull off paint when removed (often called painter's tape).

No.	VAS+D Flipchart Content	
1	<p><u>Course Goals</u> To prepare you to...</p> <ol style="list-style-type: none"> 1. Competently deliver (VAS) services to children ages 6 to 59 months. 2. Competently deliver deworming services to preschool children ages 12 to 59 months. 3. Coach others to give VAS+D services. 	
2	<p><u>Expectations of Participants</u></p> <ul style="list-style-type: none"> • Engaged • Actively participate in presentations, discussions, and activities <p><u>Expectations of Facilitators</u></p> <ul style="list-style-type: none"> • Present all course content • Help you become competent 	
3	<p><u>Group Norms</u></p> <ul style="list-style-type: none"> • Be ON TIME • Participate fully, equally, and respectfully • Give constructive feedback • Ask thoughtful questions • Cell phones are off 	
4,5	<p><u>VAS Capsules</u></p> <p>Blue </p> <ul style="list-style-type: none"> • Ages 6-11 months • 100,000 IU <p>Red </p> <ul style="list-style-type: none"> • Ages 12-59 months • 200,000 IU 	<p><u>Albendazole Tablets</u></p> <p>1/2 Tablet (200 mg) </p> <ul style="list-style-type: none"> • Ages 12-23 months • Crushed <p>1 Tablet (400 mg) </p> <ul style="list-style-type: none"> • Ages 24-59 months <p>Crushed</p>

No.	VAS+D Flipchart Content	
6	3 VAS Eligibility Criteria: ✓ Age: 6-59 months ✓ Last Dose: No vitamin A in past 1 month ✓ Health: No severe difficulty breathing *child must meet all 3 to get VAS	
7	6 Deworming Eligibility Criteria: ✓ Age: 12-59 months ✓ Last Dose: No deworming in past 1 month Health: ✓ No severe difficulty breathing today ✓ No fever today ✓ No vomiting today ✓ No severe diarrhea today *child must meet all 6 to get deworming	
8	<u>VAS+D Side Effects</u>	
	Both VAS & Deworming:	<ul style="list-style-type: none"> • Nausea • Vomiting • Headache 
	VAS Only:	<ul style="list-style-type: none"> • Swelling of the Fontanel • Loss of Appetite 
	Deworming Only:	<ul style="list-style-type: none"> • Mild Abdominal Pain • Diarrhea • Fatigue 
	Rare	~ 5/100 Children
	Temporary	Max 2 days from dose