

Implementaiton Guideline on Real-Time Monitoring and Reporting (RTMR) and Daily Reporting for National Vitamin A Plus Campaign (NVAC+)

Content

1.	Background	2
2.	Training modalities for Participants	3
3	Timeline for activities of RTMR training	3
4	Detail Activity Tracking Sheet	4
5	Protocol of rolling out RTMR	5
6	Participants target and coverage target	6
7	Daily Real time reporting of NVAC+ performance	10
8	Strategy to track daily achievement	10
9	Data Collection Method	12
10	Information dissemination process	12
11	Work Plan	13
12	Daily Monitoring Format	14

Background:

National Vitamin A plus Program (NVAC) is conducted twice a year across Bangladesh to feed Vitamin-A capsule to children aged between six months to 59 months to prevent childhood blindness and reduce child mortality. Besides, messages of Infant and Young Child Feeding (IYCF) are also delivered to the caregivers or parents accompanying the children to the Program sites; for scaling up awareness about colostrum, exclusive breastfeeding and complementary feeding. As proper monitoring and supportive supervision are the prerequisites to the success of a nationwide nutrition event like NVAC, Institute of Public Health and Nutrition (IPHN) has launchedareal-time monitoring and reporting (RTMR) system by using ODK Collect App on asmartphone at the first round of NVAC of 2018. Eight districts and two city corporations were piloted the RTMR for the first time in NVAC programme. Later on the next round on 9 February 2019 RTMR was rolled out all over the country in 64 districts and 12 City Corporation successfully. In the last round which was held on 11 January 2020, total 9,605 monitors visited 431 Upazila of 64 districts and use RTMR for the monitoring of the program that generates an incredible example of real-time data capture and quick response to address any challenges.

Due to COVID-19 pandemic, the modalities of this Vitamin-A campaign changed from day-long campaign to 2 weeks (12 working days) program to prevent the spread of COVID-19. The special precaution has been taken such as Vitamin A capsul distribution modalities, outreach centers will not open everyday and mostly follow the EPI schedule, use of personal safety products - masks, hand washing shops, training on protection from COVID-19 and maintaining social distance among the attending caregivers in the campaign sites. Considering the above context, infection prevention related monitoring question are added in the new questionnaire to capture more appropriate data for program monitoring. In the upcoming national Vitamin A Plus Program that is going to be held on 4 or 17 October 2020 RTMR will be rolled out to monitor the program by using the mobile App.

Targets of 6-59 months children for Vitamin-A plus Program in 1st round, 2020 of NVAC+

i) National:

6-11 months: 26,36, 518* 12-59 months: 2,01,64,575

ii) In City Corporations:

6-11 months: 3, 07,462 12-59months: 18,02,666

iii) In District:

6-11 months: 22, 98,657 12-59 months: 182, 24,095

*All the numbers are approximate considering the last round. Precise target is not fixed yet for this round.

Training modalities for National, Districts and City Corporation's participants:

There is a pool of resource person for RTMR training in Nutrition Information and Planning unit. Under the leadership of LD, NNS and the guidance from NVAC cell, this team will coordinate the completion of national, district and city corporation refresher training on RTMR and training of the new participants as required.

Considering the current COVID-19 pandemic situation, this time all the training will be held through ZOOM platform. In total eight divisional meeting will held to train and install the app of all divisional, district level monitor from Govt. health cader and DPs. For the first time, all UH&FPs and UFPOs will participate RTMR of this round NVAC. Training will be started from **19 September 2020.**

Timeline for activities of RTMR training at national and sub-national level for 1st round, 2020 of NVAC:

Sl	Dates	Activities	Facilitator
No			
1	10/09/2020	National level advocacy meeting for NVAC and RTMR	DPM, NNS NIPU
2	13/09/2020	Planning meeting for rolling out RTMR training all over the country	DPM, NNS NIPU
3	19/9/2020 to 24/9/2020	RTMR training at 8 divisional disticts	DPM, NNS NIPU ZNOs & DNCs
4	21/9/2020	RTMR training to all National level monitor from MoHFW	DPM, NNS NIPU
5	22/09/2020	RTMR training to all monitors from different DPs/Partners	DPM, NNS NIPU
6	23/9/2020 to 20/9/2020	FAQ and addressing missing participants	NIPU

Detail Activity Tracking Sheet

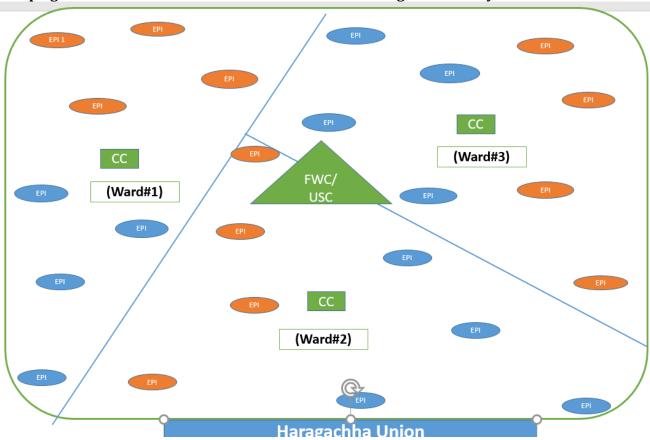
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List of Activities	6-Sep	7-Sep	8-Sep	9-Sep	10-Sep	11-Sep	12-Sep	13-Sep	14-Sep	15-Sep	16-Sep	17-Sep	18-Sep	19-Sep	20-Sep	21-Sep	22-Sep	23-Sep	24-Sep	25-Sep	26-Sep	27-Sep	28-Sep	29-Sep	30-Sep	1-0ct	2-0ct	3-0ct	4-Oct	5-0ct	6-0ct	7-0ct	8-0ct	9-0ct	10-0ct
	9	_	- 8	6	1	1	1	1	1	1		1	1	1	7	2	2	2	2	2	2	2	2	2	3	1	2	3	4	2	9	_		6	
Steering committee Meeting Prepare and finalize NVAC guidelines for																																\dashv	\dashv		
_																																			
Managers and Health workers in the context																																			
of COVID-19																																	\dashv	-	\dashv
Prepare and finalize all presentation for																																			
NVAC and RTMR training																																			
National Advocacy meeting on NVAC																																\dashv	\dashv		
Prepare all the GO for collecting participants data of RTMR																																1			
Microplan of RTMR orientation to orient																																			
1750 monitors																																			
Briefing to NNS/NVAC cell on RTMR and Daily																																			
reporting																																			
Compiling all training participant information																																			
Updating the RTMR questionnaire																																			
Sending RTMR orientation invitation to all																																			
participant																																			
RTMR Orientation for national level																																			
participants																																			
RTMR of all divisional level participants																																			
RTMR of all district and upazila level																																			
participants																																			
RTMR orientation for partners																																			
NVAC inaguration																																			
Supervision through RTMR																																			
Finalize Daily reporting and preparing daily																																			
RTMR dashboard and disseminating the																																			
analysis																																			
Final report on RTMR and NVAC coverage																																			

The protocol of rolling out of RTMR on NVAC 2020 $\,$

Campaign Site Statistics

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Total	Total Number of campaign sites (a)	120,000
Administrative Unit	Total Number of District (b)	64
	Total Number of Upazila (c)	492
	Total Number of Union (d)	4,553
	Total Number of Ward (e) = (d*3)	13,569
Average	Average Number of Upazila per District (f)=(c/b)	8
Administrative Unit	Average Number of Union per Upazila (g)= (d/c)	9
	Average Number of Union per District (h)= (d/b)	72
Aveage Campaign	Average number of campaign sites per districts (i)=(a/b)	1,875
Site per	Average number of campaign sites per Upazila (j)= (a/c)	240
Administrative Area	Average number of campaign sites per Union (k)= (a/d)	26
	Average number of campaign sites per Ward (l)= (a/e)	9

Campaign site distribution in a Union has shown below diagrammatically:



Health Service Facility

These facilities will open in every campaign days (total 12 days)

EPI Outreach Site

Out of 8 EPI sites, only 4 sites will be open in the 1st week of the campaign. One site will open only for one day

EPI Outreach Site

Out of 8 EPI sites, only 4 sites will be open in the 2nd week of the campaign. One site will open only for one day

Therefore.

- Maximum 4 sites will be open in a union.
- To cover 8 sites in a day, one monitor needs to visit at least two union.

Frequency of Visits by different levels of monitors at different levels of NVAC+ sites using RTMR tool:

At National level:

- Total of 100 persons will get RMTR training at the national level.
- Each person will visit at least 8 NVAC+ sites for RTMR.
- Since the campaign will run for two weeks, these monitors will visit any of the days during the campaign and monitor at least 8 campaign sites.

At Divisional l level:

- Total 48 persons will get RMTR training at divisional level.
- Each person will visit at least 8 NVAC+ sites for RTM Since the campaign will run for two weeks, these monitors will visit any of the days during the campaign and monitor at least 8 campaign sites.

RTMR training participants target and coverage target

Plan for site visits at different levels	Number of participant's from different levels	The target of site visits by each supervisor	The total target of the	% of toal Campaing Sites targeted for RTMR	Daily monitoring target through App
National level	100	8	800	1%	67
Divisional	48	8	384	0.3%	32
District level	448	8	3,584	3%	299
Upazila level (Only UH&FPOs)	984	8	7,872	7%	656
City corporation level	64	8	512	6.6%	43
Monitor from DPs	106	8	848	1%	71
Total	1,750	8	14,000	12%	1,168

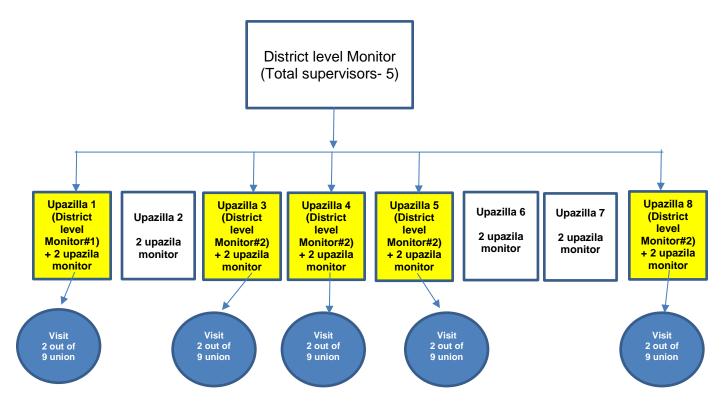
At district and sub-district level:

- Intotal 640 district level 2nd line and 3rd line supervisor and all 492 UH&FPOs and 492 UFPO will participate in the RTMR.
- All 5 of the district level participants will monitor 5 respective Upazilas at **any day during the two weeks long training.**
- Every monitor will monitor at least **8 NVAC sites** in at least **two different unions**.

Since, all UH&FPOs and UFPOs will participant in RTMR using ODK app, we are assuming that 100% upazila will be covered by RTMR

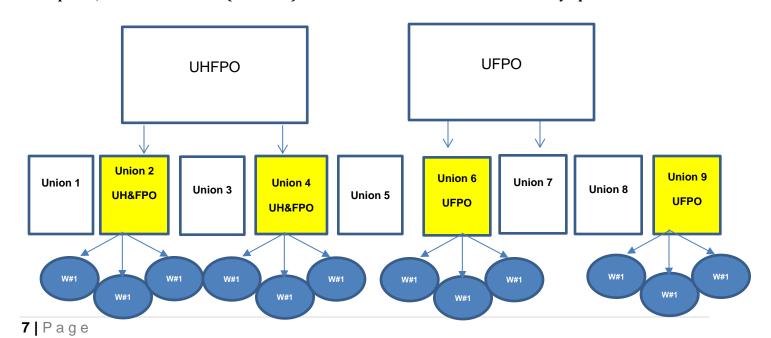
Representative sampling District Level

On an average, In a district, more than 60% upazilas (5 out of 8) and around 15%(10 out of 72) unions will be monitored by district level monitors



Representative sampling at Upazila Level:

In a Upazila, around 40% union (4 out of 9) and around 35% union will be covered by upazila level monitor



In a District, In total, 60% union (42 out of 72 union) and 60% ward (126 ward out of 216) will covered through RTMR

At city corporation level:

- Total City Corporations: 12
- Participants for RTMR at Dhaka north and south City Corporations: 10*2=20
- Participants in other nine City Corporations: 10*5= 50 (additional 3 monitor will participat from CCC)
- Every RTMR trained person will monitor at least 8 NVAC sites.

Monitoring from DPs:

- All DNCs, ZNOs, SIMOs will participate in the RTMR of NVAC
- Moreover, field colleagues from World Vision, NI, Gain, Care, UNDP and from other DPs will also take part in the RTMR.

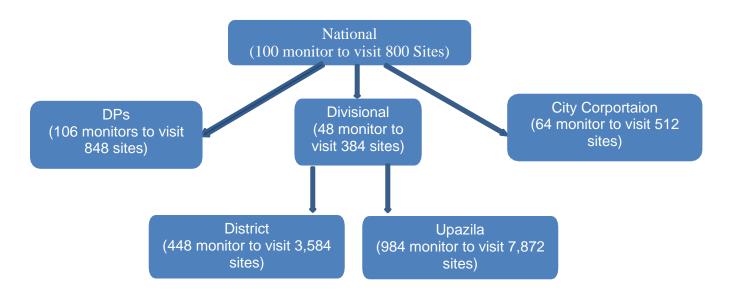


Figure: Percentage of coverage of NVAC+ sites by RTMR trained persons in NVAC+ programme

Expected coverage of monitoring of Program sites by RTMR in NVAC+ programme:

- Overall target of the RTMR training through ZOOM is to training around 1,750 monitor on ODK App.
- > Overall 12% of the toal campaign sites will be covered by RTMR.
- ➤ By National level monitors: around **1% (800 out of 1,20,000)** of total NVAC+ sites will be monitored.
- > By Divisional level monitors: 1% (640 out of 120,000) of total NVAC+ sites will be monitored

- ➤ At district and sub-district level:
- 100% (64 out of 64) of total districts will be under the coverage of RTMR.
- 100% (492 out of 492) of total Upazilas will be under the coverage of RTMR in NVAC programme
- Finally, (64*10*8) = 5,120 sites will be monitored by the district level trained monitors.
- 4% (6400 out of 120,000) of total NVAC+ sites of NVAC programme will be monitored at districts and Upazilas.
- ➤ At City Corporation level:
- 100% (11 out of 11) city corporations will be under the coverage of RTMR.
- Around 6% of all CC level sites will be montored by RTMR

Daily Real time reporting of NVAC+ performance

Every six months around 22 million 6-59 months children have received vitamin A capsules through NVAC plus campaign. This time during COVI-19, we are going to distribute vitamin A capsules in phase manner and it last for 2 weeks. Therefore, to make the campaign successful daily tracking of children reached is important.

Goal: To reach 90% of the national target at all District and Upazila level Objectives:

- 1. To know daily status of national coverage
- 2. To identified low coverage district
- 3. To take necessary action to achieve overall national target

District administrative structure: In every district there are around 5-16 Upazila which are again divided into 9 Unions. All Unions have 3 wards which are again divided into 8 bocks.

Distribution modality: Vitamin A capsules will be distributed through 1,20,000 sites, including health facility, education institute and satellite sites involving 52,000 Health and family planning worker and 2,80,000 volunteers.

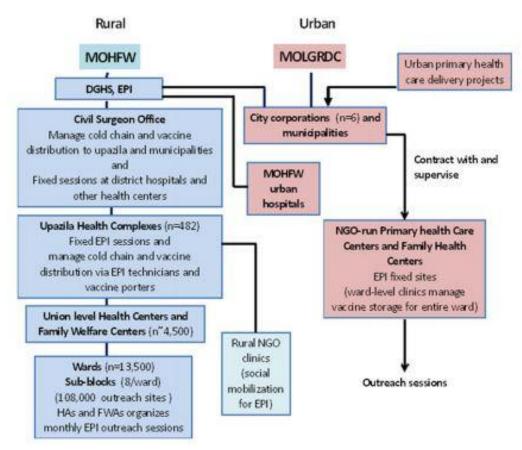


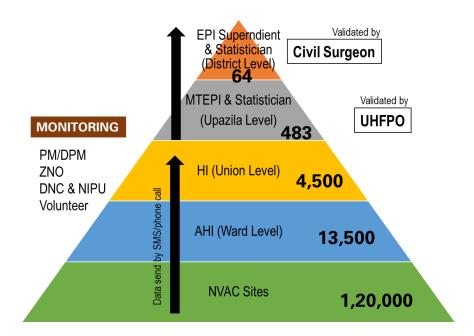
Figure 1. Organogram of EPI program. MOHFW: Ministry of Health and Family Welfare; MOLGRD, Ministry of Local Development, Rural Development and Co-operatives; NGO, nongovernment organization.

Strategy to track daily achievement:

The following steps need to follow to track daily achievement;

 Assistant Health Inspector (AHI) will collect the no of children received Vitamin A from all of the static and mobile NVAC centers in his/her assigned wards in simple prescribed form and share this with Health Inspector (HI) of his/her area.

- Health Inspector (HI) will compile the data in his assigned Unions and share with Medical Technologist EPI & Statistician
- 3. MTEPI & Statistician will compile the data for all Unions of the Upazila, get approval from UHPO and share with District EPI superintend & Statistician
- 4. District EPI superintend & Statistician will compile data from all Upazila, get approval from CS of the district and share with IPHN
- 5. NIPU NVAC monitoring cell compile data from all districts and share with NVAC Coordinator (DPM) and then with LD, updated in Dashboard and send daily report to Divisional, District and Upazila officer.
- 6. Based on the report low coverage District, Upazila and Union, district and upzaila NVAC coordination cell will discuss this during morning meeting and take specific action to improve the coverage of the following days
- 7. PM and DPM will communicate with Civil Surgeon of the districts having low achievement



DATA COLLECTION FLOW

Data Collection Method:

There are different approaches we will use to collect the data;

- 1. Facility level data will record in daily tally sheet and send the daily cumulative distribution number to their responsible AHI through SMS/phone call (by 6:00pm)
- 2. AHI will follow up with facility focal to cross check the number and record the data in prescribe format (hard copy) and shared the cumulative number with HI through SMS/phone call (by 6:15pm)
- 3. HI will compile all Union data and record the data in prescribe format (hard copy) and shared the cumulative number with MTEPI/Statistician SMS/phone call (by 6:30pm)
- 4. MTEPI will compile data of all Unions in prescribed format (hard copy) and will share with statistician. Using RTM form/email to share with district statistician compiled cumulative Upazila level data. (by 6:45pm)

- 5. District NVAC data focal will assist to collect, clean, follow up, compiling and sharing the data with NIPU NVAC cell. (by 7:00 pm)
- 6. NVAC technical manager review the data, cleaned and share with NVAC Coordinator and then with LD. (by 7:30pm)

Monitoring and follow up:

- 1. District level NVAC volunteers will follow up with Upazila officers and use RTM to send report
- 2. ZNO, DNC and NIPU will follow up with CS and District level NVAC focal and update in excel sheet
- 3. PM and DPM will follow up with CS of low performing district

Information dissemination process:

- 1. An automated report (email) will send to all Divisional, District and Upazila level officer.
- 2. An SMS containing cumulative national achievement will share with broader audience
- 3. Data will be updated on Dashboard
- 4. Targeted SMS will send to low performing District
- 5. Assess reporting rate (Lowest level total Upazila)
- 6. 5th day of the working day organize a zoom call to update the situation



Required Human Resources and budget:

SI No	Human Resources	No	Budget (BDT)	Total (BDT)	Remarks
1	Volunteers	64	500x12	384,000	For 64 districts (GOB will pay)
3	ZNO, DNC and NIPU	21			For support and monitoring volunteers
5	Documentation officer	1	2,000x15	30,000	??
6	NVAC Technical Manager	2			Siddique, Abdullah
7	NVAC Coordinator	1			Dr. Tuhin (DPM)
8	Certificate for volunteers	76	50x76	3,800	??
9	Social media	1			??
10	Print daily report	200,000	200,000x2	400,000	??
			Total		

Responsibility:

i toopoii	oibility.		
SI	Human	No	Responsibility

No	Resources			
1	Volunteers	64	1.	Orient on daily reporting during district advocacy meeting
	(District)		2.	Daily monitoring call with upazila MTEPI, statistician for daily report and update it by using RTM
			3.	Assist District EPI superintendent and statistician to compile District daily report
			4.	Follow up and assist to send daily report to IPHN
			5.	Track daily achievement of the upazila and districts and update CS, Statistician and EPI Superintendent on daily basis
			6.	Follow up with the low performing upazila by giving a follow up mooring call to UHFPO
3	ZNO	6	1.	Orient on daily reporting during divisional advocacy meeting
			2.	Monitor the activities of DNC and District Volunteer
			3.	Ensure the reporting of all districts of assigned Divisions
			4.	Update Divisional director on regular basis about the achievement of the Division
			5.	Update Divisional director about the low performing district
	DNC and NIPU		1.	Monitor the activity of District Volunteer
			2.	Daily follow up call with district volunteers
			3.	Ensure the reporting of all assigned districts
			4.	Maintaining coordination between IPHN, ZNO and Civil Surgeon
			5.	Ensure follow up with all low performing districts
5	Documentation officer	1	1.	Manage all documentation
6	NVAC Technical	2	1.	Analysis the data
	Manager		2.	provide overall technical support
7	NVAC Coordinator	1	1.	Overall coordination of the activities
			2.	Request support from PM & DPM to do the follow up with low coverage district

Work Plan

SI No	Activities
1.	Drafting Daily data monitoring (DDM) strategy
2.	Finalizing the strategy
3.	Mentioned DDM in the letter issued by LD
4.	Put DDM in the agenda of National, Divisional and District level advocacy meeting
5.	Draft TOR for districts volunteer
6.	Consent letter for volunteers from IPHN
7.	Recruit 64 District volunteer
8.	Listing all UHFO and CS contact information
9.	Listing all MTEPI, HI and AHI with their contact no.
10.	Orient DDDM Focal on DDM process
11.	Orient ZNO and DNC on DDM process
12.	ZNO will assist to orient DDM process in divisional advocacy meeting
13.	DDDM Focal will assist to orient DDM process in District advocacy meeting
14.	DDDM Focal will demonstrate the process with District EPI superintend, District Statistician, Health
	Education Officer, MTEPI, Upazila Statistician and HI
15.	Development of reporting format, printing and distributing it
16.	Development of Dashboard
17.	Draft SMS template
18.	Development of auto generated daily report format
19.	Draft certificate for volunteer

NVAC+ daily monitoring formats

District: Union: Upazila: Word:

		Day Dat	/ 1 e:	Day Dat		Day Dat		Day Dat		Day 5 Date:		Day Dat			r 7 e:	Day Dat	8 e:	Day Dat	9 e:	Day 10 Date		Day 11 Date:		Day 12 Date	e:
Name of the Upazil a/ Union/ Word	Total no of Cente rs	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules	Children received Blue Capsules	Children received Red Capsules