



The Global
Alliance
for Vitamin A

ADMINISTRATION OF VITAMIN A SUPPLEMENTATION FOR PRESCHOOL-AGED CHILDREN IN THE CONTEXT OF COVID-19





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1. INTRODUCTION

Vitamin A supplementation (VAS) is an essential child survival intervention to protect children from preventable morbidity and mortality in populations with high levels of vitamin A deficiency (VAD). In countries with high levels of VAD that are affected by COVID-19 outbreaks, VAS remains an essential health and nutrition intervention, and all children aged 6 to 59 months—including those who are suspected or confirmed cases of COVID-19—should continue to receive twice-yearly VAS. However, because of the risk of transmission of the COVID-19 virus within communities and between health workers and other community members, VAS strategies and administration protocols must be adjusted to allow for appropriate infection protection and control (IPC) measures.

The recent [consensus statement from the Global Alliance for Vitamin A \(GAVA\)](#) on universal VAS in the context of COVID-19 recommends that countries that deliver VAS through campaigns should conduct a risk-benefit analysis that reviews the epidemiological evidence and weighs the short- and medium-term public health consequences of implementing or postponing VAS delivery, weighed against a potential increase in COVID-19 transmission [1]. In settings where mass campaign delivery is not considered beneficial in the context of COVID-19, countries will need to consider shifting to VAS delivery through routine child health and nutrition services. In all settings where VAS is being delivered through routine services, GAVA recommends that countries decide on which VAS delivery mechanism to employ during the pandemic based on the local health system context and transmission of the COVID-19 virus [2]. Countries are encouraged to consider other opportunities for integration of VAS with the delivery of other child health services (e.g. integrated management of childhood illnesses services, screening for acute malnutrition, routine immunization or other modalities established in-country for delivering essential health and nutrition services in the context of COVID-19).

Acknowledging that there is variation between the specific strategies adopted in each country, there are typically two types of contact points between health workers and caregivers of children 6 to 59 months of age: contact points at fixed sites and those at the household level. This document offers operational guidance on program adaptations recommended to safely administer VAS to preschool-aged children and maintain the continuity of VAS services during the COVID-19 pandemic. These recommendations are aligned with global guidance on essential health services [2], community-based health care [3], decision-making on implementing mass campaigns [4], and infection prevention and control [5].

** Preschool-aged children include children aged 6 to 59 months.*



FIGURE 1: RECOMMENDATIONS FROM THE GAVA CONSENSUS STATEMENT ON UNIVERSAL VAS FOR PRESCHOOL-AGED CHILDREN IN THE CONTEXT OF COVID-19

1. The delivery of VAS through routine health and nutrition services should be guided by local factors and implemented with appropriate infection prevention and control precautions for COVID-19.
2. Delivery of VAS through mass campaigns should be considered based on a risk-benefit analysis that reviews the epidemiological evidence and weighs the short- and medium-term public health consequences of implementing or postponing VAS delivery, weighed against a potential increase in COVID-19 transmission.
3. Countries should begin to plan now for the reinstatement and intensification of VAS distribution at the earliest opportunity, once conditions warrant and national authorities have deemed that campaigns and/or routine distribution of VAS can proceed.

[Click here to read the full statement.](#)

2. PREPARING FOR THE DELIVERY OF VAS

2.1. Enabling environment

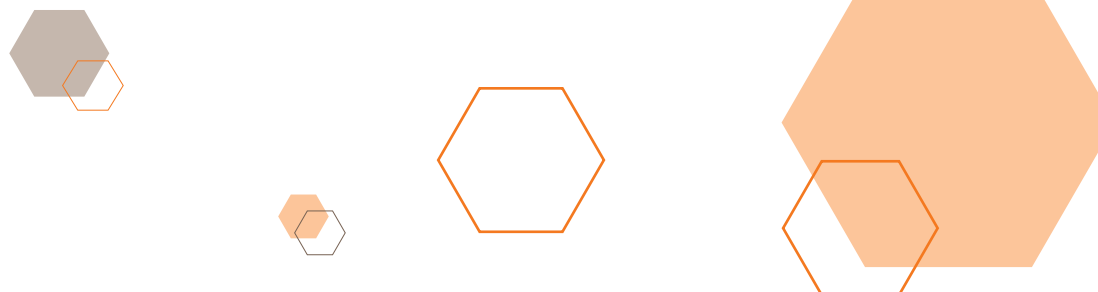
2.1.1. National program managers

- Ensure that VAS is included as part of the package of what is considered essential child health interventions and services in the context of COVID-19.
- Where VAS delivery mechanisms have been adjusted for the pandemic context, update guidelines (temporarily, or otherwise) to permit and guide VAS delivery by other cadres of frontline health workers, if task shifting is involved.
- Allocate budget for additional communications, training, distribution, supplies (e.g. supplies needed for IPC) and/or additional days for service delivery, as required for the pandemic context.

2.2. Community engagement and communication

2.2.1. National and subnational health management teams

- Plan and budget for a communication strategy (including crisis communication) to ensure that community members are at ease seeking health and nutrition services, and have up-to-date, accurate information on where and when VAS will be available for children 6 to 59 months of age.
 - Identify information sources trusted by the public – such as community leaders, local media, health workers and peer networks – and ensure these sources are kept up to date on local plans for VAS delivery [2].
 - Use multiple communication approaches to disseminate information to communities, especially those that reach large audiences and allow for physical distancing measures to be followed (e.g. local media, mass media, social media channels and town criers).

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- Key messages to emphasize during communication:
 - The benefits of twice-yearly VAS for children aged 6 to 59 months, and the need for continued care-seeking for VAS.
 - How VAS is being delivered safely to children during the context of COVID-19.
 - Where VAS delivery mechanisms have changed due to the pandemic context, prioritize communication and demand creation to ensure that caregivers are aware of where, when, and how to access VAS for their children.
 - Engage with community stakeholders to identify and address barriers to access caused by stay-at-home policies, the suspension of public transport, concerns about infection, and other factors.

2.2.2. Frontline health workers

- Promote and disseminate key messages (see above) to caregivers and community members using all opportunities available.
- Facilitate two-way communication with community members and act as a conduit for community feedback on the delivery of community-based health services including VAS.

2.3. Preparing the health workforce

2.3.1. National program managers

- Decide if task-shifting among health workers is necessary according to any changes to VAS delivery protocols and modify national policies and guidelines accordingly.
- Determine the level of risk of COVID-19 transmission for health workers involved in VAS distribution and consider assigning older health workers and those with high-risk conditions (e.g. diabetes) to duties that do not put them at additional risk.
- Quantify training needs and invest in rapid, remote training on new roles and tasks for health workers roles and adaptations to existing activities.
 - Where available, leverage digital solutions to modify training modalities, including e-health learning platforms [3].

2.3.2. Subnational health management teams

- Determine which model of VAS administration—health worker administration or caregiver administration—is most appropriate for the local context. See Annex 1 for a table comparing the features and requirements for the administration of VAS by health workers and caregivers.
- Provide adequate training to all health workers involved in VAS distribution on how to safely administer VAS in the context of the COVID-19 pandemic, including IPC measures and appropriate use of personal protective equipment (PPE).
 - Provide simple instructions to community health workers and volunteers, using digital and remote e-learning platforms where available, to ensure that VAS is delivered in a safe and efficacious manner.
 - Use social network platforms (e.g. WhatsApp) to encourage health workers to share information and seek guidance and allow program managers to disseminate policies and important updates.

- Section 3 provides detailed instructions on the safe delivery of VAS, including step-by-step images to support training.
- Ensure the safety and health of all health workers by providing appropriate PPE:
 - See Figure 2 for the list of necessary PPE and hand hygiene resources required for VAS administration.

FIGURE 2: IPC RESOURCES REQUIRED FOR THE SAFE ADMINISTRATION OF VAS IN THE CONTEXT OF COVID-19

The following IPC resources are recommended to protect health workers and community members during VAS administration:

Resources for hand hygiene:

- For fixed-site distribution, provide soap and water or alcohol-based hand rub for handwashing.
- For household-level distribution, provide health workers with sufficient quantities of alcohol-based hand rub. If alcohol-based hand rub is not available, GAVA recommends that VAS be administered at a fixed site where soap and water or alcohol-based hand rub are available for handwashing.

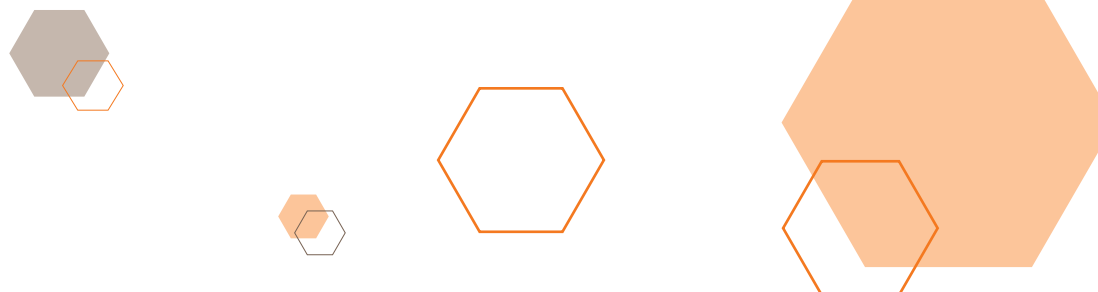
Medical masks for health workers:

- Provide medical masks [12] to health workers to wear during VAS administration.
- The use of cotton cloth masks as an alternative to medical masks is not considered appropriate for protection of health care workers [12].
- In the absence of medical masks, GAVA recommends that VAS be administered by the caregiver, under direct supervision by the health worker (see 3.2.4 VAS administration by caregivers).

2.4. Ensuring adequate supplies

2.4.1. National program managers

- Conduct a quick mapping of the vitamin A capsule supply chain. In countries where the delivery mechanism for VAS has changed due to the pandemic context, modify the supply chain to reflect the revised VAS delivery strategy. Where possible, align the vitamin A capsule supply chain with existing health system delivery of essential medicines and supplies to decentralized levels. Supply chains may also need to be modified to ensure that vitamin A capsules can be distributed despite local restrictions to transportation and movement.
- Where stock is available and where safe, secure storage is possible, consider dispensing vitamin A capsules early to health centres and communities to help reduce the risk of supply disruptions in the pandemic context. If possible, pre-position vitamin A capsules together with other essential medicines and supplies that will be distributed to various health service delivery points during the COVID-19 response.

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- Where VAS delivery mechanisms have changed and modifications are made to the supply chain for vitamin A capsules, develop appropriate standard operating procedures on how supplies will flow from the central level to the community, and include details on the storage and handling of vitamin A capsules before, during, and after VAS delivery.
 - Coordinate the ordering and distribution of PPE and other necessary supplies for IPC (see Figure 2) along with vitamin A capsules to ensure that IPC measures are followed during VAS administration.
 - Consider providing community health workers with hygiene kits that include alcohol-based hand rub, thermometers for self-screening for fever and other IPC tools appropriate for the tasks they will perform.
 - Provide health workers with electronic or paper-based instructions on IPC and how to safely deliver VAS in the context of COVID-19 (see Annex 2 and Annex 3).

2.5. Supervision and monitoring

2.5.1. National program managers

- In settings where both supervisors and VAS distributors depend on paper forms to collect data, respect physical distancing measures as needed and explore the use of innovative methods for reporting and information sharing that do not require the workforce to appear in person to submit data to a health facility or upper administrative level [6, 7]. Operational budgets may need to be increased to include items such as additional phone credit for frontline health workers to use text (SMS) for data transmission.
- Extra efforts will be necessary to ensure that the timeliness and quality of VAS coverage data does not decline during the pandemic.
- Where VAS services have usually been provided via mass campaigns but will be delivered through routine health services:
 - Integrate the provision of VAS into the existing data collection and reporting tools for routine child health services.
 - Ensure that data capture and reporting tools are available to record VAS coverage.
 - Ensure that child health cards* are widely distributed to all caregivers.

2.5.2. Subnational health management teams

- Employ alternative methods of providing supportive supervision to health facilities and health workers to limit movement between communities. Consider conducting supervision over the phone and only organizing field visits when necessary.
- As above, additional budget may need to be made available to supplement phone credit and other digital mechanisms for both supervision and data sharing.

** In this document the term "child health card" refers to the paper-based health record for the child that is kept in the household, where VAS administration is recorded. Often the card records the child's birth data, growth, immunization record, and history of VAS and/or deworming. The child health card may be known locally by different terms, such as the home-based record, mother and child handbook, child immunization card, child health passport or child health record, or it may be incorporated into a maternal and child health record.*



3. ADMINISTRATION OF VAS

3.1. Key recommendations for infection prevention and control

- **Screen health workers regularly for COVID-19.**
 - Health workers should be screened for COVID-19 each day prior to VAS distribution, according to local guidance and protocols, using the most up-to-date guidance and case definitions [2, 8]. Self-screening can also be considered.
 - If screening is positive, or if health workers experience any symptoms of respiratory illness, they should not conduct VAS distribution and should seek care, as recommended nationally [4].
- **Perform hand hygiene regularly and clean tools between uses.**
 - Health workers must perform hand hygiene frequently using soap and clean water, alcohol-based hand rub (minimum 60-80% alcohol) [9, 10].
 - Health workers must practice hand hygiene before handling vitamin A capsules, after touching any other objects such as scissors, pens, pencils or medical equipment, after touching any child or caregiver, and after dosing any child.
 - Disinfect any tools (e.g. scissors, forceps) with an alcohol-based wipe or by using ethyl alcohol 70% [10] before beginning administration of VAS, and after any tools come into contact with any caregivers or children.
 - To prevent cross-contamination, consider having one health worker administer the vitamin A capsules while another health worker handles and completes the tally sheet/register and the child's health card.
 - Health workers should refrain from touching their mouth, nose and eyes while providing care.
- **Maintain physical distancing.**
 - Health workers should follow physical distancing measures by standing or sitting 1-2m away from caregivers, children, or other family members, except when administering vitamin A capsules [11].
 - VAS should be administered using a “no-touch” process; the health worker should not touch the caregiver or child during the visit.
 - When possible, conduct VAS administration (whether through household-level distribution or fixed-site distribution) outside or in a well-ventilated space.
- **Practice respiratory hygiene.**
 - Advise all caregivers and children to practice respiratory hygiene measures. Instruct caregivers, children and health workers to lift their arm and cover their nose or mouth with the inner surface of the arm when they cough or sneeze and to not spit on the floor.



- **Provide health workers with adequate PPE.**

- To ensure the occupational safety and health of health workers distributing VAS, all health workers should be provided with medical masks and trained on how to put on, use, remove and safely dispose of the masks (see Figure 2) [12].
- Health workers should wear a medical mask when administering VAS to all children, due to the brief moment where physical distancing cannot be maintained during the administration of the vitamin A capsule [3].
- Where medical masks are not available to health workers, an alternate VAS delivery protocol is outlined below (see 3.2.4 VAS administration by caregivers).

3.2. Steps for safe administration of VAS

3.2.1. Screening caregivers and children for COVID-19

- Screening for COVID-19 should be done in all settings where it is indicated by the transmission scenario or local policy, or both, as part of every health care encounter [3].
- Before initiating VAS administration, health workers should screen children and caregivers for COVID-19 to ensure that appropriate IPC measures are followed to protect health workers from exposure to the virus.
- There are no sicknesses or illnesses that prevent a child from being given vitamin A; all children aged 6 to 59 months, whether screened positive or negative for COVID-19, should be given twice-yearly VAS.
- However, if a child is experiencing respiratory distress or is unable to breathe properly, do not administer VAS.
- See 4.1.1 Screening for COVID-19 for guidance on screening during household-level VAS distribution, and see 4.2.2 Screening for COVID-19 for guidance on screening during fixed-site VAS distribution.

3.2.2. VAS administration by health workers

GAVA recommends that VAS be administered by trained health workers wearing medical masks, incorporating additional steps into the usual VAS administration protocol to reduce the risk of transmission of COVID-19.

BEFORE YOU START

- Ensure that your mask is properly fastened to your face, covering your nose and mouth [12].
- Provide the caregiver with information on VAS, good nutrition and the measures taken to reduce the chance of transmission of COVID-19 during VAS administration. Key messages should include:
 - This is vitamin A.
 - Vitamin A helps to keep your child strong and healthy.
 - Bring your child again for another dose of vitamin A in (name of month).
 - Advise the caregivers and children to practice respiratory hygiene measures:
 - Instruct caregivers and children to lift their arm and cover their nose or mouth with the inner surface of the arm when they cough or sneeze and to not spit on the floor or ground.

- Ask the caregivers and children to maintain physical distancing from others, including health workers, of at least 1-2m. Inform the caregiver that you will approach them briefly to administer the capsule to the child, then will return to a safe distance once the capsule has been administered.

- STEP 1** Ask the caregiver to place the child's health card on a dry surface nearby, and to sit 1-2m away from the health workers.
- Pick up the child's health card and maintain a distance of 1-2m from the caregiver and child.
 - Confirm the child's age and the date of the child's last VAS according to the child's health card.
 - If a child health card is not available:
 - Ask the age of the child.
 - To ensure that the child has not already received their dose of VAS, ask the caregiver if the child has received VAS in the past 3 months. Show the caregiver examples of the red and blue capsules when asking about the most recent dosing. If the child has received VAS in the past 3 months, do not give additional VAS but provide the caregiver with information on the next opportunity for VAS for their child. If the child has not received a vitamin A capsule in the past 3 months, continue.
 - Provide the caregiver with a child health card and record the child's identifying information on the child health card.
 - Following usual VAS administration protocols, confirm that the child can breathe properly. If the child is not able to breathe freely, do not proceed.
- STEP 2** Clean your hands with soap and water or alcohol-based hand rub.
- Ask the caregiver to hold the child and make sure the child is calm.
 - For infants (6 to 11 months of age), ask the caregiver to support the infant's head and press the cheeks together to open the infant's mouth. For young children (12 to 59 months of age), ask the caregiver to support the child's head and instruct the child to open his or her mouth.
- STEP 3** Remove the appropriate dose of capsule from the container and use a clean pair of scissors to cut open the narrow end of the vitamin A capsule.
- STEP 4** Approach the child and without touching the child, squeeze the drops into the child's mouth.
- Squeeze the sides of the capsule firmly to ensure that all of the liquid vitamin A drops into the child's open mouth.
 - Do not place the capsule in the infant or child's mouth.
 - Ensure that the child swallowed the entire dose, and check if the child is comfortable after swallowing the drops.
- STEP 5** Return to a 1-2m distance from the caregiver and child.
- STEP 6** Put all used capsules into a plastic bag and wipe your hands and scissors with a clean cloth to clean off the oil.
- STEP 7** Record the administration on the tally sheet and the child's health card.
- STEP 8** Return the child's health card to the caregiver by placing the health card on a dry surface nearby.
- STEP 9** Clean your hands with soap and water or alcohol-based hand rub.

3.2.3. Set-up of space during health worker administration of VAS

See Figure 3 for an example of how to set up the space for VAS administration by health workers during household-level distribution and see Figure 4 for an example of how to set up the space for VAS administration by health workers during fixed-site distribution.

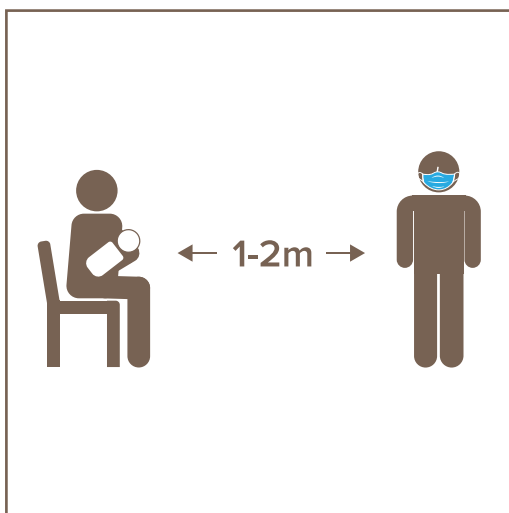


Figure 3: Set-up for VAS administration by the health worker during household-level distribution.

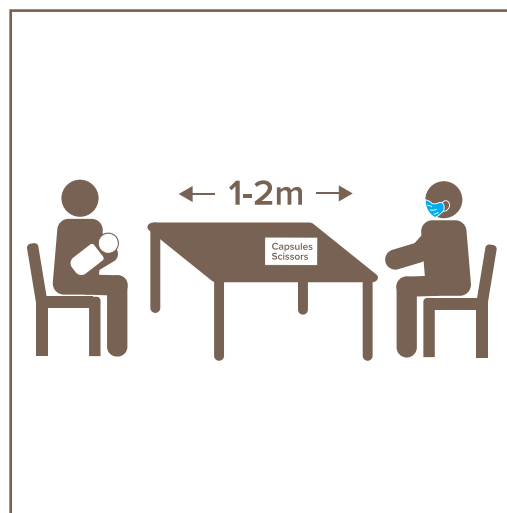


Figure 4: Set-up for VAS administration by the health worker during fixed-site distribution.

3.2.4. VAS administration by caregivers

Where medical masks are not available, health workers should maintain 1-2m distance from caregivers and children [3] and involve caregivers during VAS administration to limit close contact between health workers and beneficiaries. **GAVA strongly recommends** that the capsule is administered under supervision of the health worker – in no case should the capsule be given to the caregiver to administer at a later time.

BEFORE YOU START

- Provide the caregiver with information on VAS, good nutrition and the measures taken to reduce the chance of transmission of COVID-19 during VAS administration. Key messages should include:
 - This is vitamin A.
 - Vitamin A helps to keep your child strong and healthy.
 - Bring your child again for another dose of vitamin A in (name of month).
 - Advise the caregivers and children to practice respiratory hygiene measures:
 - Instruct caregivers and children to lift their arm and cover their nose or mouth with the inner surface of the arm when they cough or sneeze and to not spit on the floor or ground.
 - Advise the caregivers and children to maintain physical distancing from health workers of at least 1-2m.
- Provide the caregiver with instructions on how to administer the vitamin A capsule.

- STEP 1** Ask the caregiver to place the child's health card on a clean tray or container, and to sit 1-2m away from the health workers.
- Pick up the child's health card and maintain a distance of 1-2 m from the caregiver and child.
 - Confirm the child's age and the date of the child's last VAS according to the child's health card.

- If a child health card is not available:
 - Ask the age of the child.
 - To ensure that the child has not already received their dose of VAS, ask the caregiver if the child has received VAS in the past 3 months. Show the caregiver examples of the red and blue capsules when asking about the most recent dosing. If the child has received VAS in the past 3 months, do not give additional VAS but provide the caregiver with information on the next opportunity for VAS for their child. If the child has not received a vitamin A capsule in the past 3 months, continue.
 - Provide the caregiver with a child health card and record the child's identifying information on the child health card.
- Following usual VAS administration protocols, confirm that the child can breathe properly. If the child is not able to breathe freely, do not proceed.

- STEP 2** Disinfect the tray and the handle of the scissors using an alcohol-based wipe or by using ethyl alcohol 70%. Place the scissors on the tray.
- STEP 3** Clean your hands with soap and water or alcohol-based hand rub and ask the caregiver to clean their hands with soap and water or alcohol-based hand rub.
- STEP 4** Remove the appropriate dose of capsule from the container and place it on the tray/container.
- Step 1-2m away from the tray/container, and ask the caregiver to sit in the chair, holding their child.
- STEP 5** Instruct the caregiver on how to cut open the narrow end of the vitamin A capsule using the scissors.
- STEP 6** Ask the caregiver to administer the dose to the child.
- Instruct the caregiver to squeeze the sides of the capsule firmly to ensure that all of the liquid vitamin A drops into the child's open mouth. The caregiver must not place the capsule in the infant or child's mouth.
 - Ask the caregiver to ensure that the child swallowed the entire dose, and check if the child is comfortable after swallowing the drops.
- STEP 7** Ask the caregiver to place the empty capsule on the tray/container along with the scissors.
- STEP 8** Put all used capsules into a plastic bag and wipe the scissors with a clean cloth to clean off the oil.
- STEP 9** Record the administration on the tally sheet and the child's health/immunization card.
- STEP 10** Return the child's health card to the caregiver by placing the health card on a dry surface nearby.
- STEP 11** Clean your hands with soap and water or alcohol-based hand rub, and ask the caregiver to clean their hands with soap and water or alcohol-based hand rub.

3.2.5. Set-up of space during caregiver administration of VAS

See Figure 5 for an example of how to set up the space for VAS administration by caregivers during household-level administration and see Figure 6 for an example of how to set up the space for VAS administration by caregivers during fixed-site administration.

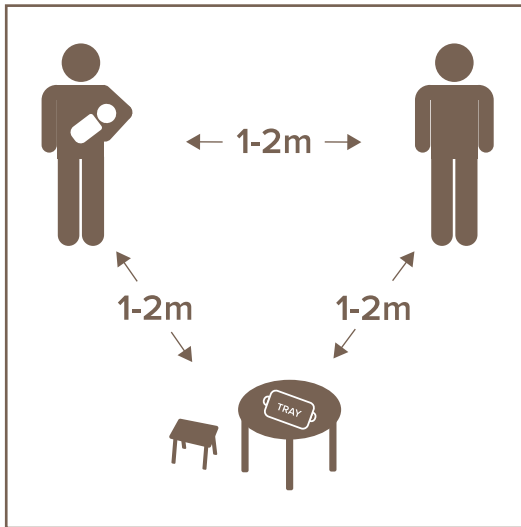


Figure 5: Set-up for VAS administration by the caregiver during household-level distribution.

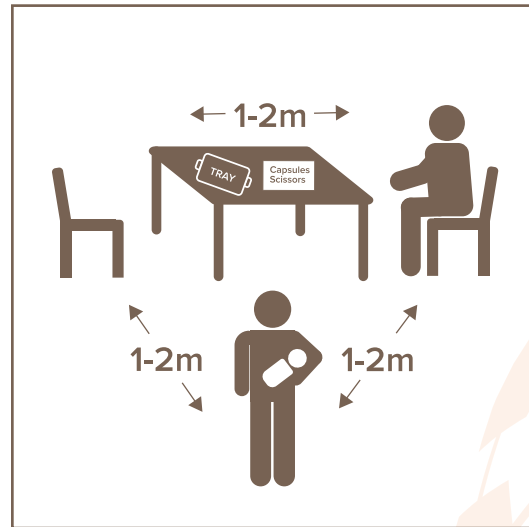


Figure 6: Set-up for VAS administration by the caregiver during fixed-site distribution.



4. ADDITIONAL CONSIDERATIONS FOR THE DELIVERY OF VAS

4.1. Household-level VAS distribution

4.1.1. Screening for COVID-19

- To ensure the safety and health of health workers administering VAS at the household level, health workers must screen household members for COVID-19.
- Where indicated by the COVID-19 transmission scenario and/or local policy, caregivers, children and other household members should be screened for COVID-19 according to WHO guidelines [3] before initiating VAS administration.
 - If screening is negative for all members of the household, continue with VAS administration.
 - If screening is positive for any member of the household, health workers should only continue with VAS administration if medical masks are available **and** if physical distancing of 1-2m can be maintained [3]
 - Where medical masks are available and worn by health workers, involve the caregiver to administer the vitamin A capsule (see 3.2.4 VAS administration by caregivers). Health workers should maintain at least 1-2m distance from caregivers and children throughout the visit to the household.
 - Where medical masks are not available, do not administer VAS. Ask the caregiver to bring the child for VAS administration 14 days after symptom resolution [4].

4.1.2. VAS administration

- Maintain appropriate physical distancing by asking the caregiver and child to sit or stand 1-2m away from the health worker.
- Where VAS will be administered by the caregiver, ask the caregiver to provide a clean tray or container.
- See Figure 3 for an example of how to set up the space for VAS administration by health workers and see Figure 5 for an example of how to set up the space for VAS administration by caregivers during household-level distribution.

4.2. Fixed-site VAS distribution

4.2.1. Planning and communication

- Consider increasing the number of days and distribution sites for delivery of VAS services to reduce crowding and the risk of cross-contamination.
- To reduce the risk of crowding:
 - Consider organizing the catchment area into small groups and asking households in each group to come to the health centre or health post on specific days. For a large health centre, certain villages/catchment areas could come to the center on certain days, whereas a smaller health post could have certain zones or households come to the post on certain days. Alternatively, give verbal appointments to beneficiaries for specific days and times.

- Consider integrating the delivery of VAS with other child health and nutrition interventions, such as immunization, deworming and growth monitoring to minimize the number of visits to the health centre or post.
- Consider asking that each child be accompanied by only one caregiver, if possible.
- Sensitize the community of any changes in the schedule of VAS services or change in the delivery mechanism used to distribute VAS to the community.

4.2.2. Screening for COVID-19

- Where indicated by the COVID-19 transmission scenario and/or local policy, caregivers and children should be screened for COVID-19 before entering VAS distribution sites, according to WHO guidelines [3].
 - If screening is negative, continue with VAS administration.
 - If screening is positive, health workers should only continue with VAS administration if medical masks are available **and** if physical distancing of 1-2m can be maintained [3].
 - Where medical masks are available and worn by health workers, allow the child and caregiver to bypass the waiting line. Health workers should maintain at least 1-2m distance from caregivers and children and involve caregivers to administer the vitamin A capsule (see 3.2.4 VAS administration by caregivers).
 - Where medical masks are not available, do not administer VAS. Ask the caregiver to bring the child back to the delivery site for VAS administration 14 days after symptom resolution [4].

4.2.3. Organization of waiting areas

- Organize the waiting area to allow physical distancing measures to be followed (i.e., 1-2m between family groups).
- Advise all caregivers and children to maintain physical distancing from others (1-2m) and avoid unnecessary touching.
- Provide soap and water or alcohol-based hand rub for handwashing by staff and visitors entering the distribution site.
 - Require all staff, caregivers and children to wash their hands at the entrance before entering the waiting area.
- Disinfect the table and any tools (e.g. scissors, forceps) with an alcohol-based wipe or by using ethyl alcohol 70% before beginning administration of VAS and after tools come in contact with caregivers, children, or other beneficiaries.

4.2.4. VAS administration

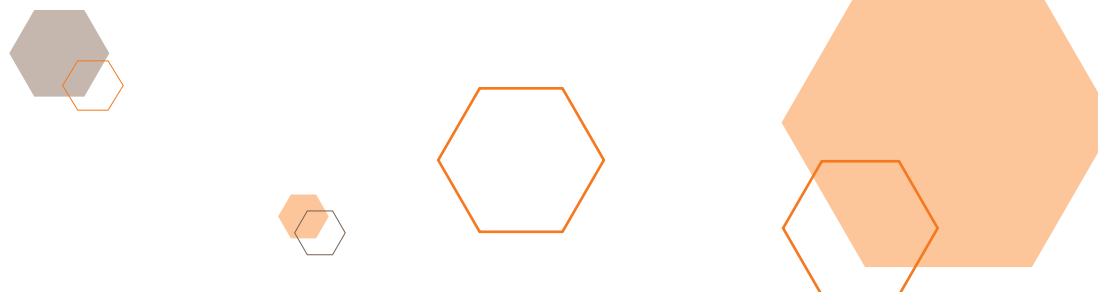
- Where medical masks are not available for use by health workers and caregivers are asked to assist with VAS administration, provide soap and water or alcohol-based hand rub for caregivers to clean their hands immediately before handling vitamin A capsules.
- Maintain appropriate physical distancing by asking the caregiver and child to sit or stand 1-2m away from the health worker and the necessary supplies.
 - See Figure 4 for an example of how to set up the space for VAS administration by health workers and see Figure 6 for an example of how to set up the space for VAS administration by caregivers during fixed-site distribution.



5. REFERENCES AND ADDITIONAL RESOURCES

REFERENCES

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ADDITIONAL RESOURCES

For more information on hand hygiene:

- [How to Handrub \(WHO\)](#)
- [How to Handwash \(WHO\)](#)
- [Your 5 Moments for Hand Hygiene \(WHO\)](#)

For more information on the use of medical masks:

- [How to put on, use, take off and dispose of a mask \(WHO\)](#)

Annex 1:

Features and requirements for the administration of VAS by health workers and caregivers

Method of VAS administration	ADMINISTRATION BY HEALTH WORKERS In this method, the capsule is cut and administered by a trained health worker.	ADMINISTRATION BY CAREGIVERS In this method, the capsule is cut and administered by the caregiver, under supervision of the health worker.
Key considerations for decision-making	<ul style="list-style-type: none"> • Preferred method if medical masks are available. • Physical distancing between the health worker and the caregiver and child is maintained, except when administering the capsule to the child. • The health worker must wear a medical mask. 	<ul style="list-style-type: none"> • Preferred method if medical masks are not available as this method allows the health worker to maintain physical distancing (1-2m). • Extra steps must be taken for infection prevention and control (IPC) during caregiver administration, to ensure that the capsule is administered safely: <ul style="list-style-type: none"> ◦ An additional piece of equipment—a tray or container* —is required during fixed-site distribution. During household-level distribution, the tray/container can be provided by the caregiver. ◦ The scissors must be disinfected before each child is administered the capsule. ◦ The tray/container must be disinfected between children during fixed-site distribution; during household-level distribution, the tray/container should be disinfected before use. ◦ An additional hand hygiene station is required during fixed-site distribution for the caregiver to clean their hands immediately before administering the capsule. Resources for hand hygiene should also be available for the caregiver during household-level distribution.
Necessary supplies	<ul style="list-style-type: none"> • Medical masks for health workers[†]. • Resources for hand hygiene for the health worker (soap and water or alcohol-based hand rub). • Other supplies required for VAS distribution (e.g. vitamin A capsules, monitoring tools, small medical forceps). 	<ul style="list-style-type: none"> • Resources for hand hygiene for the health worker (soap and water or alcohol-based hand rub). • Resources for hand hygiene for caregivers (soap and water or alcohol-based hand rub). • Tray/container during fixed-site distribution; the tray/container can be supplied by the caregiver during household-level distribution. • Other supplies required for VAS distribution (e.g. vitamin A capsules, monitoring tools, small medical forceps).

* A tray or container is used to transfer the vitamin A capsule from the health worker to the caregiver while maintaining physical distancing. The tray/container should be clean and dry and must have raised edges to prevent the capsule from falling off. It should be made from a material that can be cleaned easily such as plastic or metal, and although the term “tray/container” is used throughout this document, the instrument can be any shape, such as a plate, saucer, or cup.

† The number of medical masks provided to each health worker should be in accordance with WHO guidance on the use of medical masks [12]. Masks should be changed when wet, soiled, damaged, or touched for any reason, and should be appropriately disposed of whenever removed and not reused [12].

Safe administration of VAS by health workers during COVID-19



Screen health workers regularly for COVID-19



Maintain physical distancing



Health workers must wear a medical mask – cover your nose and mouth

1

Ask caregiver to place health card on table. Confirm child's age and most recent dose of VAS.

2

Clean your hands.

3

Cut open capsule.

4

6-11 mo. 12-59 mo.

Ask caregiver to hold child with mouth open. Approach child and squeeze drops into child's mouth.

5

Step away from child and caregiver.

6

Dispose of empty capsule.

7

Record on tally sheet and child health card.

8

Place health card on table.

9

Clean your hands.

Safe administration of VAS by caregivers during COVID-19



Screen health workers regularly for COVID-19



Maintain physical distancing

1

Ask caregiver to place health card on clean tray. Confirm child's age and most recent dose of VAS.

2

Disinfect scissors and tray. Place scissors on tray.

3

Clean your hands and ask caregiver to clean their hands.

4

Place capsule on clean tray.

5

Ask caregiver to cut open capsule.

6

6-11 mo. 12-59 mo.

Ask caregiver to squeeze drops into child's mouth.

7

Ask caregiver to place empty capsule and scissors on tray.

8

Dispose of empty capsule.

9

Record on tally sheet and child health card.

10

Place health card on table and retrieve scissors.

11

Clean your hands and ask caregiver to clean their hands.

