ABSTRACT

**Objectives:** To identify and bridge the gaps in recording and reporting system of Vitamin A Supplementation (VAS) programme in Indonesia.

**Methods:**
1. Review of existing forms and information flow
2. Interview of health workers and managers
3. Development and field testing of revised tools to overcome the gaps.

**Results:**
- The absence of indicators to track stocks and tracking of children who received VAS in both semesters found as key gap, forms were revised to overcome it.
- Errors in numbers roll up from health facility to national level. An easy-to-use tool was developed to address this gap.
- Revised monitoring tools and data quality and accuracy assessments were field tested and found to be easy-to-use by health personnel.

**Conclusions:** Streamlining information flow and empowering managers with simple tools can be very useful for them to initiate corrective action.

BACKGROUND

- In Indonesia, vitamin A supplementation (VAS) programme has been implemented for decades.
- The programme delivers vitamin A twice a year, in February and August, to infants aged 6-11 months and children aged 12-59 months.
- The VAS programme has good coverage (84.1% in 2013) and vitamin A deficiency disorders have been reduced significantly.
- However, the VAS programme recording and reporting system in Indonesia lacked accuracy and completeness.
- There is a felt need within the MoH to understand these shortfalls.

OBJECTIVE

To identify and bridge the gaps in recording and reporting systems of Vitamin A Supplementation (VAS) programme in Indonesia.

METHOD

- Assessed current monitoring system (Reviewed the existing forms and registers)
- Interviewed health workers and managers to identify gaps
- Consulted the stakeholders to develop a new system to overcome gaps
- The revisions included: 1) modified reporting and recording formats, 2) guideline on their use, 3) training of workers and managers
- Tools were also developed to check errors in roll up of numbers and in assessing data quality
- Pre-tested improved system in selected district (Lebak district)
- Finalized the system and share with all related stakeholders

Gaps:
- The assessment identified key gaps in vitamin A reporting and recording, which are: absence of indicators to track stocks and tracking of children who received VAS in both semesters.
- Discrepancies between the figures reported at different levels of the HIMS (e.g from health facility to the national level).
- Monitoring data reports were not generated and used in a timely manner for programme correction.
- Completeness and accuracy of data was an area of concern.

**Corrective actions to improve VAS reporting and recording system**

- Vitamin A recording and reporting forms were revised and new columns were added to capture indicators of stock tracking and to monitor the number of children who received VAS in both semesters (Figure 1).
- In order to empower managers to identify and correct discrepancies in rolling up figures from health facility upwards to national level, an easy to use tool was developed.
- A tool to assess data quality across different dimensions of completeness, accuracy, timeliness and data use in a set of assessment questionnaires was developed.

CONCLUSION

- Streamlining information flow and empowering managers with simple tools is useful for them to initiate corrective action.
- Continuous engagement with government stakeholders at all levels results a monitoring system tailored made to cater to their needs.
- This strengthened monitoring system has a potential to be adapted for other nutrition interventions, to improve data quality assurance.

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**FIGURE 1. REVISED VITAMIN A RECORDING AND REPORTING FORM**

New columns (highlighted) have been added to capture indicators of stock tracking and to monitor the number of children who received VAS in both semesters.

**BRIDGING GAPS**

- These improvements reportedly reduced the errors and facilitated the feedback loop towards implementing data and programme improvements.
- Field testing of tools showed that revised monitoring tools were easily to use by health personnel.