



TO: CHIEF DIRECTORS: Metro & Rural Health Districts, Health Programmes, General Specialist and
Emergency Services
EXECUTIVE DIRECTOR OF HEALTH: City of Cape Town
DIRECTOR: Metro & Rural District Health Services, Health Impact assessment
FACILITY HEADS: PHC facilities, all Hospitals
Provincial Child Health, Neonatal Medicine and Paediatrics Clinical Governance Committee
WESTERN CAPE COLLEGE OF NURSING
CAPE PENINSULA UNIVERSITY OF TECHNOLOGY: Nursing Department
UNIVERSITY HEAD OF DEPARTMENTS: Dietetics/Human Nutrition and Nursing: UCT, US and UWC

ATTENTION: PROGRAMME MANAGERS, COMMUNITY HEALTH WORKERS, DIETITIANS AND NUTRITIONISTS

CIRCULAR: H 29 of 2016

MEASUREMENT OF MID UPPER ARM CIRCUMFERENCE (MUAC) AND THE ADMINISTRATION OF VITAMIN A AND DEWORMING MEDICATION BY COMMUNITY HEALTH WORKERS, DIETITIANS AND NUTRITIONISTS

The purpose of this circular is to standardise the standard operating procedures for the measurement of MUAC, administration of Vitamin A and Deworming medication by Community Health Workers, Dietitians and Nutritionists during outreach.

The National Department of Health applied to the Medicines Control Council (MCC) for permission to allow educators and community health workers who are part of outreach teams to administer Mebendazole to school going children and young children (1-5years) respectively (Annexure 1: Circular Minute No 3 of 2014: Administration of Deworming medication by community care givers/Health care workers). Attached also find Resolution 12.09 (Annexure 2) which details the Exclusion of the Deworming medication as scheduled medication as received from the National Office.

The following circulars listed below should be read in conjunction with this circular and have reference:

1. Circular H165/2012: Standard Operating Procedures for Growth Monitoring and Promotion.
2. Letter received from the National Department of Health dates 18/07/2012 regarding the Approval for administration of vitamin A by community health workers, Dietitians and nutritionists, signed by Dr Y Pillay.
3. Circular H117/2012: Administration of Vitamin A by community Health Workers, Dietitians and Nutritionists.
4. Circular H222/2014: Recording of services rendered in the Road to Health Booklet.
5. Circular H115/2003: Intestinal Parasite Control.

MID UPPER ARM CIRCUMFERENCE

MUAC is known as an anthropometric parameter of nutritional status that can be effectively used to identify children at risk of malnutrition or those who are in need of immediate treatment and care. This method is of particular value during outreach programmes as it is a quick assessment using a tape measure or a colour coded MUAC tape.

Managers should note:

1. All staff doing outreach (facility and community based staff) should be trained to measure and interpret MUAC.
2. Health care workers must be issued with a MUAC tape as part of equipping them to make use of all opportunities to assess risk of malnutrition in children 1 – 5 years.
3. Referral pathways must be clearly defined for children identified and referred during outreach.

VITAMIN A SUPPLEMENTATION

Vitamin A supplementation is implemented as a child survival strategy based on the positive contribution adequate storage levels have on the immune system, sight and overall health of the child. Permission was granted in 2012 for community health workers, Dietitians and nutritionists to administer vitamin A during outreach. This was instituted as a strategy to increase coverage of vitamin A supplementation particularly in the age group 12-59 months. Training was subsequently rolled out by the province with the agreement that the Districts/Substructures would roll out the training further.

Managers should note:

1. Point 4 of circular H117/2012 indicates that staff must receive appropriate training: A standardised training package is available for this purpose and attached is a sample certificate that can be issued to those who attended the training (Annexure 3).
2. Point 4 of circular H117/2012 further reads that staff must be authorised to administer Vitamin A: a certificate of attendance must be issued after the trainer has declared the participant competent to administer Vitamin A. It is advised that participants are observed a minimum of 5 times before they are declared competent to administer vitamin A without supervision.
3. Point 5 of circular H117/2012 relates to the data: All outreach data must be incorporated into the data of the facility from which the stock was drawn.

DEWORMING

Worm infestation has been proven to affect malnourished children's academic performance and is associated with stunting, iron deficiency anaemia; undernutrition and can also increase the risk of infection. Permission was granted by the Medicines Control Council, in terms of section 36; to allow for community care workers and health care worker to administer deworming medication (Mebendazole 100mg for children <2yrs & 500mg for children >2yrs) to children 1 – 5 years of age during outreach.

Managers should note:

1. Staff must receive appropriate training: A standardised training package will be made available for this purpose. Province will liaise with Districts to roll out training and discuss District plans for roll out. A Metro and Rural Provincial training session will be planned and communicated timeously for inclusion in district planning.
2. It is advised that participants are observed under direct supervision a minimum of 5 times before they are declared competent to administer Mebendazole tablet under indirect supervision.
3. All deworming data must be incorporated into the data of the facility from which the stock was drawn.

ANNEXURES:

- Training

Annexure 3: Training certificate that can be used for attendees of both the Vitamin A Supplementation and Deworming training to indicate acceptable practices has been adopted by the participant. Details must be inserted accordingly by the trainer.

WCG: Health Deworming, Vitamin A and MUAC administration by Community Health Workers, Dietitians and Nutritionists.

- STANDARD OPERATING PROCEDURES:

Annexure 4: How to measure and interpret Mid Upper Arm Circumference;

Annexure 5: Administration of Vitamin A Supplementation and / or Deworming Medication.

- TALLY SHEET FOR DATA CAPTURING:

Annexure 6: Vitamin A

Annexure 7: Deworming

Should you require more information or support please contact:

MUAC and Vitamin A supplementation: Ms HD Goeiman (tel: 021 483 5663 or email: Hilary.Goeiman@westerncape.gov.za) or Ms NM Henney (tel: 021 483 8664 or email: Nicolette.Henney@westerncape.gov.za)

Deworming: Ms S Botha (tel: 021 483 4266 or email: Sonia.Botha@westerncape.gov.za) or Mr L Kutase (Tel: 021 483 9880 or email: Lutho.Kutase@westerncape.gov.za)

Thanking you in this regard



Keith Cloete (Dr)

Western Cape Government: Chief of Operations

Date: 08/03/16

CC. INP co-ordinators, PCGC, Child Health Programme Coordinators

ANNEXURES:

1. Circular Minute No 3 of 2014: Administration of Deworming medication by community care givers/Health care workers
2. Resolution 12.09 Exclusion of a medicine, in terms of section 36 of the medicines and related substances ACT, 1965 (Act 101 of 1965), from certain provisions of the ACT: Section 14
3. Sample of a training certificate.
4. How to measure and interpret Mid Upper Arm Circumference;
5. Administration of Vitamin A Supplementation and / or Deworming Medication.
6. Vitamin A tally sheet
7. Deworming tally sheet



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Private Bag X828, PRETORIA, 0001, Civitas Building, 242 Struben Street, Pretoria, 0002
Enquiries: Ms N Mazibuko, Tel: 012 395-8735, Fax: 012 395 8486, Email: mazibn@health.gov.za

**PROVINCIAL & DISTRICT MCWH & PHC MANAGERS
PROVINCIAL & DISTRICT PHARMACEUTICAL SERVICES & DEPOTS
DISTRICT CLINICAL SPECIALIST TEAMS
WARD BASED OUTREACH TEAMS**

CIRCULAR MINUTE NO 3 OF 2014

**ADMINISTRATION OF DEWORMING MEDICATION BY COMMUNITY CARE
GIVERS/HEALTH CARE WORKERS**

The Medicines Control Council (MCC) has recently granted permission for educators and community health workers who are members of Ward-based PHC Outreach Teams to administer Mebendazole to school children and young children (1 – 5 years) respectively. The MCC stipulated that educators and community health workers must be adequately trained, must act under the supervision of a professional nurse and must record the doses administered in the prescribed manner.

In light of this approval, please ensure that systems are put in place to allow Ward-based Outreach Teams to routinely administer mebendazole to young children in their catchment populations. In addition to the measures required by the MCC, adequate stock control mechanisms should be in place. Furthermore, all doses administered should be recorded in the child's Road to Health booklet and the mother/caregiver should be reminded that the child should receive the next dose after six months.

Your assistance in ensuring that the contents of this circular are communicated to all relevant officials will be highly appreciated.

**DR NR DLAMINI
CHIEF DIRECTOR: CHILD, YOUTH AND SCHOOL HEALTH**

DATE: 25 September 2014



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

MEDICINES CONTROL COUNCIL

The Registrar of Medicines, Private Bag X828, PRETORIA, 0001

Tel: +27 395 8032

Fax: +27 12 395 9201

Inquiries:

Dr J Gouws

Reference:

B12, MCC 67, 12.09

The Chief Director: Child, Youth and School Health
Private Bag X828
PRETORIA
0001

Attention: Dr NR Dlamini

Email: DlaminiR@health.gov.za

Dear Dr Dlamini

12.09 EXCLUSION OF A MEDICINE, IN TERMS OF SECTION 36 OF THE MEDICINES AND RELATED SUBSTANCES ACT, 1965 (ACT 101 OF 1965), FROM CERTAIN PROVISIONS OF THE ACT:

**SECTION 22A (4) and (5) ANY SCHEDULE 1, SCHEDULE 2, SCHEDULE 3, SCHEDULE 4
“...SHALL NOT BE SOLD BY ANY PERSON OTHER THAN- A PHARMACIST, MEDICAL PRACTITIONER, VETERINARIAN”**

Albendazole and Mebendazole containing medicines

Your letter dated 21 July 2014 requesting authorization for Community Healthcare Workers and School Teachers (the latter as per an email from Dr Y Pillay), under the supervision of a Professional Nurse to supply and administer deworming medication, containing *Albendazole* or *Mebendazole* to children between the ages of 1-5 years refers.

Kindly note that the Medicines Control Council, at its MCC67 meeting held on 1 August 2014 considered your request in terms of the provisions of Section 36 of the Medicines and Related Substances Act, 1965.

Council noted that:

- The Community Healthcare Worker and School Teacher will act under the supervision of a Professional Nurse.
- Prescriptions will not be issued by an authorized prescriber but children will be routinely dewormed every 6 months

- Deworming medicines will contain substances that are listed in the Schedules to the Medicines and Related Substances Act, 1965 under:
 - Mebendazole: Schedule 1
 - Albendazole: Schedule 4

RESOLUTION 12.09

In terms of section 36 of the Medicines and Related Substances Act, 1965 (Act 101 of 1965) Council resolved to recommend to the Minister of Health that **only** registered medicine(s) containing Mebendazole, and scheduled as a Schedule 1 product be exempted from the requirements of: Section 22A (4) and (5) of the Medicines and Related Substances Act, 1965 in so far as prescribing and administering of medicines provided that:

- the Community Healthcare Worker and School Teacher will act under the supervision of a Professional Nurse.
- the Community Health Worker or School Teacher enters and records the prescribed particulars of such sale/administering in the prescribed manner
- the exemption is only for the deployment of the Department of Health *Ward based PHC outreach teams* to allow Community Health Workers to treat and administer deworming medication to children aged 1-5 years and School teachers for older children.

In addition Council resolved that a meeting be arranged between the Medicines Control Council representatives, the Cluster: Food Control, Pharmaceutical Trade and Product Regulation and the Cluster: Child, Youth and School Health to discuss the implementation of the programme with specific reference to

- Storage of the registered medicine
- Access to the registered medicine
- Training of Ward based PHC outreach teams and School Teachers
- Entering of the prescribed particulars of each sale/administration
- Management of side effects
- Consent

Yours faithfully



**DR J GOUWS for the
REGISTRAR OF MEDICINES
05 AUGUST 2014**



Certificate Of Attendance

Awarded to • Toegeken aan • Sinikelwa ku

Name Surname

Name • Naam • Igama

For the successful completion of the?????

This Certificate was presented by

DD – DD / Month / Year



Western Cape
Government

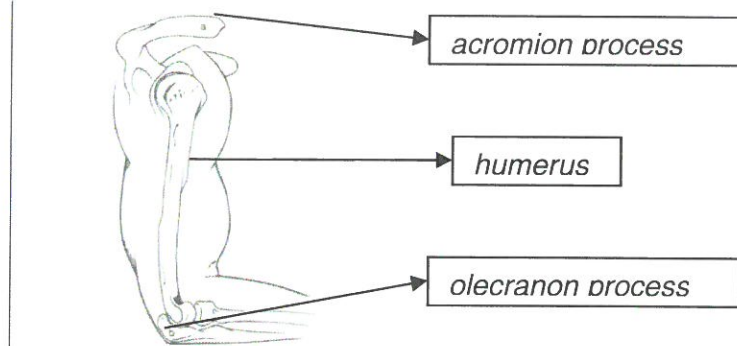
Health

Dr WAI Gock/ Meritas
MBCoB; DOM; FCFM(SA)
Occ. Med; MMed (Occ. Med)
HEAD: Unit for Infection
Prevention and Control
Western Cape Government

ANNEXURE 4: STANDARD OPERATING PROCEDURES: MID UPPER ARM CIRCUMFERENCE MEASUREMENTS

TITLE	Procedure measuring mid upper arm circumference		
REFERENCE	Growth Monitoring and Promotion Policy		
INSTITUTION	All WCG: Health Institutions		
ISSUE DATE	October 2015		
ISSUED BY	Facility Based Programmes		
ORIGINAL AUTHOR OF SOP	Facility Based Programmes – Sub Directorate Nutrition		
RECORD OF AMENDMENTS:			
DATE:		AREA AMENDED	
OBJECTIVE: To standardize the measurement and interpretation of mid upper arm circumference measurements for children 1 – 5 years old.			
RESPONSIBILITY: Nursing staff, dietitian, nutrition advisor, community health workers			
POLICY: Growth Monitoring and Promotion			
References & source material	Circular: H165/2012		
Definition of Terms & Concepts	SOP: Standard Operating Procedure, being a clear, stepwise, written procedure for all repetitive processes within a work environment MUAC: Mid Upper Arm Circumference (MUAC)		
Tools, Materials & Equipment	Non-stretchable tape measures or mid upper arm circumference bands Marker Referencing values		
Safety Warnings	Maintain and review according to schedule		
Measurable to assess performance of the operator against the SOP	All health care workers have updated SOP's for all minimum identified functions. Mid upper arm circumference done on appropriate clientele Mid upper arm circumference measurements recorded in appropriate places Tape measures available at all times		

	PROCEDURE:
1	<p>PURPOSE: To provide standard operating procedures for the measurement and interpretation of mid upper arm circumference</p> <p>SCOPE: This procedure applies to all health care workers who are responsible for the identification of children with malnutrition</p>
2	<p>MEASUREMENT:</p> <p><i>Mid upper arm circumference measurements should be made using a flexible, non-stretch tape made of fibreglass, steel or carton.</i></p> <p>READING IN A UPRIGHT POSITION:</p> <p>Step 1: The child should stand erect and sideways, with left arm turned to the measurer, arms relaxed and legs apart.</p> <p>Step 2: Remove all garments if the subject is wearing long sleeves.</p> <p>Step 3: Bend the child's/adult's arm at the elbow (palm facing up) to form a 90° angle.</p> <p>Step 4: Measure the length between the <i>acromion process</i> on the shoulder blade and the tip of the <i>olecranon process</i> of the <i>ulna</i> in the upper arm and mark the midpoint with a pen or marker.</p>



Step 5: Extend the arm so that it is hanging loosely by the side, with the palm facing inwards.

Step 6: Wrap the tape gently but firmly around the arm at the marker midpoint. Do not squeeze the tape around the arm.

Step 7: Read the measurements to the nearest millimetre and record the reading.

Step 8: Interpret the reading according to the table below

3 **INTERPRETATION OF RESULTS**

MUAC Reference Ranges		
	Reading	Interpretation
Children 1yr-5yrs	less than 115 mm	Severe Acute Malnutrition
	≥ 115 mm < 125 mm	Moderate Acute Malnutrition
	>125 mm	Not Acutely Malnourished

ACTION

Interpretation	Action
Severe Acute Malnutrition	Refer immediately as per protocols
Moderate Acute Malnutrition	Manage as in IMCI guidelines (Pg 6 – 2009)
Not Acutely Malnourished	Provide health education on feeding and care.

4 **RECORDING:**

The MUAC must be recorded (to the nearest mm) in:

- Clinical notes/folder of the patient and / or
- Road to Health booklet (in cases of children)

5 **MONITORING:** A designated manager/supervisor will visually observe the measurement of MUAC and rectify the procedure if it is not done or interpreted correctly

CORRECTIVE ACTION: Retrain any employee found not adhering to the procedures in this SOP.

VERIFICATION AND RECORD KEEPING: The facility manager/supervisor will verify that health workers/employees are following this SOP by visually observing the employees during all hours of operation

11 All relevant staff are informed of the SOP implementation

**ANNEXURE 5: STANDARD OPERATING PROCEDURES:
ADMINISTRATION OF VITAMIN A CAPSULES and DEWORMING TABLETS**

TITLE	Administration of Vitamin A capsules and Mebendazole Medication by Facility and Community Based Health Care workers to children 12-59 months		
REFERENCE	Facility Based Programmes		
INSTITUTION	All WCG: Health Institutions and during outreach programmes		
ISSUE DATE	October 2015		
ISSUED BY	Facility Based Programmes		
ORIGINAL AUTHOR OF SOP	Facility Based Programmes – Sub- Directorate: Nutrition & Sub Programme Child Health		
RECORD OF AMENDMENTS:			
DATE:		AREA AMENDED	
OBJECTIVE: To standardize the administration, handling, storage and recording of Vitamin A capsules and / or Deworming medication (Mebendazole tablets) by Facility and Community Based Health care workers. Please note that the school setting is not covered in this SOP.			
RESPONSIBILITY: Facility and Community Based Health Care workers			
POLICY: Vitamin A Supplementation & Intestinal Parasite Control			
References & source material	Vitamin A Supplementation: Circular H117/2012 Deworming: Circular H115/2003		
Definition of Terms & Concepts	Facility Based Workers: Workers employed by the Department of Health working in a health facility under Provincial or Local Government. Community Health Workers: Workers employed by the Department of Health, a funded Non-Profit Organization, Community Based Organization or Non-Governmental Organization.		
Tools, Materials & Equipment	Vitamin A capsules (100 000 IU or 200 000 IU) Mebendazole tablets (100mg and 500mg tabs) Vitamin A / Deworming tally sheet Pen Road to Health Booklets (RTHB) Scissors Medicine spoon or cup Medical waste container or Red Bag Notification slips Consent forms		
Safety Warnings	Before administration the date of the previous dose must be ascertained to prevent overdosing. Children who are outside of the age range 12-59 months should not receive Vitamin A Supplements or Deworming medication during outreach in the community. All waste must be removed from the premises and discarded using a medical waste container or red bag.		
Measurable to assess performance of the operator against the SOP	Coverage of the target group 12-59 months for Vitamin A supplementation and Deworming medication.		

	PROCEDURE:
1	PURPOSE: To provide standard operating procedures for the administration, handling, storage and recording of Vitamin A capsules and / or Deworming medication by Health care workers. SCOPE: This procedure applies to all Facility based and community based Health Workers during outreach.
2	IMPLEMENTATION PROCESS: OBTAINING STOCK: <ol style="list-style-type: none"> 1. Stock of the Vitamin A capsules and / or Mebendazole tablets must be issued by the health facility in the area of the intervention. 2. Stock sheet for stock issued must be completed by staff member at the issuing facility. 3. The person issuing the stock must ensure that the receiver has a medical waste container or red bag. 4. Staff member must be issued with a Vitamin A Supplementation / Deworming tally sheet on which

WCG: Health Deworming, Vitamin A and MUAC administration by Community Health Workers, Dietitians and Nutritionists.

to record the doses administered.

CONSENT:

In places where the mother or caregiver is not present consent to administer Vitamin A and / or Mebendazole tablets should be prearranged. (Example: in ECD/Creche).

ADMINISTRATION OF VITMAIN A CAPSULES:

1. Identify the child who has not received Vitamin A as per the Road to Health Booklet (RtHB) schedule.
 - a. Ask the mother or caregiver for the child's RtHB or Road to Health Card (RtHC)
 - b. Check the age of the child.
 - c. Check the date of the previous dose administered (page 9).
2. If the child is due to be supplemented:
 - a. Do NOT give the capsule to the mother or caretaker to administer.
 - b. Ensure that you have the correct capsule to be administered according to the child's age.
 - c. Cut the narrow end of each capsule with scissors. (Do not use a pin or open capsule with your teeth.)
 - d. Help the child open his/her mouth by gently squeezing the cheeks.
 - e. Squeeze the drops from the capsule directly into the back of the child's mouth. If a child immediately spits up most of the vitamin A liquid immediately, give one more dose.

ADMINISTRATION OF MEBENDAZOLE TABLETS:

Consent:

- a. In places where the mother or caregiver is not present consent to administer Deworming tablets should be prearranged. (Example: in ECD/Creche)

Identify the child who has not received Deworming medication in the last 6 months as per the Road to Health Booklet (RtHB) schedule.

- b. Ask the mother or caregiver for the child's RtHB or Road to Health Card (RtHC)
- c. Check the age of the child.
- d. Check the date of the previous dose administered (page 9).

If the child is due to be supplemented:

1. Do NOT give the tablet to the mother or caretaker to administer.
2. Ensure that you have the correct dosage to be administered.
3. Ensure that you have a clean cup with water to offer the child.
4. Help the child open his/her mouth by gently persuading the child to open his/her mouth or gently squeezing the cheeks.
5. Drop the tablet directly into the child's mouth. Offer the water to the child and check to ensure that the child has swallowed the tablet.
6. If a child immediately spits out the tablet or vomits, give one more dose. Do not administer a third dose if the child vomits or spits out the medication a second time.

RECORD THE ADMINISTERED DOSE:

- RtHB / RtHC.
- Vitamin A / Deworming tally sheet

REINFORCE KEY MESSAGES:

VITAMIN A KEY MESSAGES

- I. It is important that the child gets Vitamin A at the clinic every six months up to the age of five.
- II. Vitamin A helps your child stay healthy.
- III. Make sure to take your child to the clinic in six months for the next dose.
- IV. Offer your child foods rich in Vitamin A (eggs, pumpkin, paw paw, whole milk).

DEWORMING

- I. Worm eggs get onto our hands, under our finger nails and onto the food that we eat. They

	<p>are so small that we cannot see them. Flies also carry the worm eggs and other germs around.</p> <p>II. When we swallow the eggs they start to grow into worms inside our bodies and this can make us sick.</p> <p>III. Children with worms do not have enough energy to grow and learn.</p> <p>IV. This medication will help to free your child from worm infestation.</p> <p>V. A clean toilet reduces the risk of disease and worm infestation.</p> <p>VI. Teach your child (and the rest of the family) to wash their hands properly after using the toilet and before preparing or eating food.</p> <p>VII. Cover all food to keep away flies, wash all fruit and vegetables before eating or using them.</p> <p>VIII. Keep your home clean to stop flies from spreading worms and germs</p> <p>IX. It is important that the child gets Deworming medication at the clinic from 12 months, every six months up to the age of five.</p> <p>X. Remember that the rest of your family should also be dewormed.</p>
3	<p>RECORDING:</p> <ul style="list-style-type: none"> - All Vitamin A /Deworming tally sheets must be handed in at the facility weekly. - The data must be added to the RMR data for Vitamin A and / or Deworming administration respectively.
5	<p>MONITORING:</p> <ul style="list-style-type: none"> - A designated competent person will visually observe the administration and rectify the procedure if it is not done or interpreted correctly. - Facility managers must monitor the respective coverage data to assess the impact of the outreach services. <p>CORRECTIVE ACTION:</p> <ul style="list-style-type: none"> - Retrain any health care worker found not adhering to the procedures in this SOP. <p>VERIFICATION AND RECORD KEEPING:</p> <ul style="list-style-type: none"> - The facility manager/supervisor will verify that health workers/employees are following this SOP by visually observing the employees during all hours of operation
11	All relevant staff are informed of the SOP implementation

ANNEXURE 6: VITAMIN A OUTREACH TALLY SHEET

Month: _____

Name of Health Worker: _____

Organisation: _____

Number of Crèches /Pre-Schools visited:	Number of home visits:														
	12 - 23 MONTHS OLD (Target Group)														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	71	71	73	74	75	
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	

24 - 59 MONTHS OLD (Target Group)															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	71	71	73	74	75	
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	

Doses repeated	1	2	3	4	5	6	7	8	9	10	11	12	13

	Vitamin A		Signature		Data Flow		Names	
	100 000 IU	200 000 IU			Date submitted			
Received								
Used								
Returned								

ANNEXURE 7: DEWORMING OUTREACH TALLY SHEET

Month: _____

Name of Health Worker: _____

Organisation: _____

Number of Crèches /Pre-Schools visited:		Number of home visits:														
		12 - 23 MONTHS OLD (Target Group)														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45		
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60		
61	62	63	64	65	66	67	68	69	70	71	71	73	74	75		
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90		
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105		
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120		

Number of Crèches /Pre-Schools visited:		Number of home visits:														
		24 - 59 MONTHS OLD (Target Group)														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45		
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60		
61	62	63	64	65	66	67	68	69	70	71	71	73	74	75		
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90		
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105		
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120		

Doses repeated	1	2	3	4	5	6	7	8	9	10	11	12	13

	Mebendazole	Signature	Data Flow		Names
			100 mg	500 mg	
Received			Date submitted	Date verified	
Used			Data captured		
Returned			Signed off by		