

PD-ABD-356
74193

The Nutrition Foundation, Inc.



ANNUAL REPORT OF COOPERATIVE AGREEMENT

DAN-5115-A-00-7114-00

1 October 1990 to 30 September 1991

Table of Contents

	Page
Executive Summary	1
Individual Program Reports	
International Vitamin A Consultative Group (IVACG)	3
International Nutritional Anemia Consultative Group (INACG)	10
International Nutrition Planners Forum (INPF)	14
International Nutrition Network Exchange (INNE)	17
General Cooperative Agreement Activities	
Monitoring and Tracking Requests for Information	19
Reporting Requirements	22
Financial Report	24
Cooperative Agreement Financial Standing	25
List of Appendices	26

- 1 -

Cooperative Agreement No. DAN-5115-A-00-7114-00

**Annual Report, Fiscal Year 1991
1 October 1990 to 30 September 1991**

Executive Summary

Fiscal year 1991 marked the fourth year of a five-year cooperative agreement between The Nutrition Foundation, Inc. and the Office of Nutrition, Bureau for Research and Development, U.S. Agency for International Development (AID). This cooperative agreement provides funding for four international nutrition programs: International Vitamin A Consultative Group (IVACG), International Nutritional Anemia Consultative Group (INACG), International Nutrition Planners Forum (INPF), and International Nutrition Network Exchange (INNE).

The activities of these programs are in three primary areas: providing a forum for new ideas through sponsoring international meetings, preparing and distributing state-of-the-art technical references, and fostering international liaison. Activities of these programs bring together those with an interest in improving nutritional status and strengthening food and nutrition institutions and personnel, particularly in developing countries.

The secretariat at the Nutrition Foundation provides managerial, administrative, and logistic support for each program. Because IVACG, INACG, INPF, and INNE are not formal membership organizations, the secretariat also provides essential continuity from year to year. International experts donate their time to determine priorities for the groups and to provide technical expertise through steering committees and task forces. These committees and task forces include individuals from donor organizations, those involved with intervention programs, and scientific authorities.

Responsibilities related to organizing international meetings, workshops, convocations, and task forces occupied a significant portion of the secretariat's attention during FY91. The secretariat organized the following events:

- October First Annual INNE Convocation
- December XII INACG Meeting
- January INPF Steering Committee meeting
- January IVACG Steering Committee meeting
- May Second Annual INNE Convocation
- June XIV IVACG Meeting
- June IVACG Steering Committee meeting
- June IVACG regional representatives for Africa meeting with the IVACG Steering Committee
- September INPF Steering Committee meeting
- September Sixth INPF Conference

The secretariat used a variety of formats for these meetings and in every instance tried to increase their quality and make their outcomes relevant to those working in the developing world.

With the assistance of task force members, there was progress this year toward development of new technical references on the following subjects:

- nutrition education and communication to reduce vitamin A deficiency,
- integration of vitamin A distribution with immunization programs,
- new techniques for assessing marginal vitamin A deficiency in children,
- applications of sodium iron EDTA in fortification systems, and
- the relationship of anemia to mental and behavioral development.

The secretariat also considered ways to make existing publications and reports more useful to developing country readers, for example, translation of two previously published references continued this year.

Communication with individuals and organizations throughout the year expanded the visibility of secretariat programs. Most information requests received by the secretariat originate in developing countries. This is a result of involving policy-makers, specialists in several disciplines, and news organizations from those countries in meetings and sending them information. Efforts during FY91 to strengthen liaisons with other groups working to eliminate micronutrient deficiencies will be important for future collaboration.

The secretariat staff worked closely with the AID project officers from the Office of Nutrition throughout FY91. Their collaboration was essential to the success of the secretariat's activities. Managing this year's volume of secretariat activities required flexibility and streamlined procedures. New staff members also brought new skills to add to those of continuing core staff.

During the year appropriate financial reports were filed. Total direct expenditures for FY91 were \$660,494.59.

International Vitamin A Consultative Group (IVACG)

Introduction

The Nutrition Foundation, Inc. first received financial support as secretariat for IVACG in 1975. Funding continued through the following years. The IVACG Secretariat receives its current support through a cooperative agreement between the Nutrition Foundation and the AID Office of Nutrition. The cooperative agreement began 1 October 1987. This annual report covers the fourth year of the five-year term of this agreement.

The mission of IVACG is to guide international activities for reducing vitamin A deficiency in the world. In order to carry out this mission, IVACG sponsors international meetings and scientific reviews. It convenes task forces to analyze and make recommendations related to the causes, treatment, and prevention of vitamin A deficiency in developing countries. Task force reports provide guidelines and strategies to assess the prevalence of vitamin A deficiency; refine assessment techniques; and develop, monitor, and evaluate intervention programs. The examination of these issues is important to the establishment of public policy and action programs.

IVACG guidelines and strategies are generally disseminated through IVACG's state-of-the-art monograph series. These monographs, along with IVACG meeting reports, achieve worldwide circulation through channels of the United Nations agencies, AID and other international aid agencies, nongovernmental organizations, educational institutions, and private industry, and through direct correspondence with professionals working in developing countries.

IVACG also provides information regarding country and donor program activities to interested individuals. Through its international meetings, IVACG provides a forum to foster the interchange of ideas, the presentation of new research findings and survey data, and discussion of action programs.

The IVACG Steering Committee determines priorities for the organization's programs and publications. (A list of steering committee members is Appendix 1 of this report.) The IVACG Secretariat provides managerial, administrative, and logistic support to the IVACG Steering Committee and to IVACG task forces. In carrying out these functions, the secretariat collaborates closely with the AID Office of Nutrition. Dr. Frances R. Davidson, Senior Nutrition Advisor at the Office of Nutrition, serves as secretary of IVACG.

XIV IVACG Meeting

During FY91, the IVACG Secretariat staff completed all final arrangements for the XIV IVACG Meeting through correspondence and discussion with speakers, chairpersons, rapporteurs, participants, local committee members, personnel of the three meeting hotels, travel agents, banking staff, and sponsors for special events. The IVACG project manager and the Nutrition Foundation conference coordinator visited Guayaquil and Quito, Ecuador, in January 1991 to confirm and finalize all logistical arrangements.

In response to the call for abstracts sent out during the summer of 1990, 83 abstracts were received for consideration for presentation at the XIV IVACG Meeting. The IVACG Steering Committee reviewed these abstracts during the January 1991 steering committee meeting. Based on this review and later correspondence, the secretariat prepared the meeting program. The secretariat issued invitations and a meeting brochure to more than 570 individuals.

Representatives from 39 countries were among the 193 policy makers, programmers, and scientists in health, nutrition, biochemistry, agriculture, horticulture, and development who participated in the XIV IVACG meeting, held 18-21 June in Guayaquil, Ecuador. The four-day program included 85 oral and poster presentations on the primary meeting theme, "Community-Based Interventions," and research related to the assessment of vitamin A status and the effect of vitamin A status on morbidity and mortality. Evening discussion sessions on the meeting themes and a video viewing room were included in this IVACG meeting for the first time. Participants also had the opportunity to review and order print materials from the IVACG Secretariat and other organizations at a literature display. The project manager presented the IVACG Secretariat report during the final session of the XIV IVACG Meeting. The meeting program and participant lists are included as Appendix 2.

Special events organized by the secretariat in conjunction with the XIV IVACG Meeting included two meetings of the IVACG Steering Committee; a joint meeting of the IVACG Steering Committee and the IVACG regional representatives for Africa; two post-meeting trips of professional interest to community-based programs in Ecuador; an opening reception sponsored by Ecuaroche; and closing celebrations sponsored by Atlantic Industries, Ltd. (the Coca-Cola Company in Ecuador). Additionally, the secretariat facilitated arrangements for pre-meeting events held by International Science and Technology Institute, Inc. Vitamin A Field Support Project (VITAL) and Helen Keller International (HKI) for their associates.

Funds from Cooperative Agreement No. DAN-5115-A-00-7114-00 were used to support the travel and per diem of 18 meeting participants and Nutrition

Foundation staff members. Other meeting participants were supported through the funds of other AID implementors, United Nations agencies, nongovernmental organizations, private industry, and other private and educational institutions and foundations.

The secretariat coordinated the completion of the meeting summary during the fourth quarter of FY91, and it will be published and distributed in Q1FY92. The summary cover and table of contents are included as Appendix 3. Other reports and acknowledgements related to the meeting have been completed.

In addition to print and electronic media coverage in Ecuador during the XIV IVACG Meeting, news releases concerning the meeting were provided to the editors of *VITAL News*, *Xerophthalmia Club Bulletin*, *ILSI News*, *Vitamin A Newsnotes*, *The American Journal of Clinical Nutrition*, and the journal of the Sociedad Latino Americana De Nutricion. These news releases are Appendix 4 of this report.

IVACG Steering Committee

The IVACG Steering Committee met on 17-18 January in Washington, D.C. at the International Life Sciences Institute. The committee reviewed abstracts received for the XIV IVACG Meeting, made suggestions regarding the meeting program, and approved the initial invitation list. The group also discussed current IVACG task forces, steering committee membership, *Xerophthalmia Club Bulletin*, regional representation, and other business.

The IVACG Steering Committee met twice during the XIV IVACG Meeting in Guayaquil: on the morning of 17 June and during the evening of 19 June. Those present discussed details of the XIV IVACG Meeting, terms of reference for the IVACG Steering Committee, membership of the IVACG Steering Committee, news of IVACG task forces, a new IVACG regional representative for Africa, future articles and other business related to the *Xerophthalmia Club Bulletin*, and potential themes and sites for the XV IVACG Meeting.

Minutes of each meeting were prepared and distributed by the secretariat; they are included in this report as Appendix 5. In the fourth quarter, Dr. Moses C. Chirambo was invited to serve on the IVACG Steering Committee and he accepted the invitation. The secretariat thanked Dr. Demissie Habte for his service on the IVACG Steering Committee. Other issues related to membership of the IVACG Steering Committee remain to be resolved in the early part of FY92.

At the end of the fourth quarter, the IVACG Steering Committee reviewed the draft of the XIV IVACG Meeting summary. The members also agreed to hold their next meeting on 4-5 December 1991.

Task Force Activities

Communication/Education Task Force

During Q1FY89, the task force produced the first draft of the task force report. Subsequent drafts have been produced, edited, and reviewed by task force members, IVACG Steering Committee members, AID Office of Nutrition staff, and communication and education experts in the field. When published, this document will be a resource book to promote creative nutrition education and communication to reduce vitamin A deficiency. The audience will be nutritionists who are responsible for working with nutrition education and communication programs as well as those who are producers of nutrition messages. The emphasis will be on the resource aspect and examples rather than on methodology.

At their January meeting, the IVACG Steering Committee designated Dr. Franz Simmersbach as the resource person and decision-maker for editorial questions during completion of the manuscript. During the fiscal year, the secretariat experienced some difficulty in securing the services of an appropriate individual to rewrite the document. In the final quarter, Ms. Carol Soble edited the draft manuscript again and the secretariat forwarded the latest version to Dr. Simmersbach and Dr. Davidson for their review. The secretariat's target date for publication of the manuscript is Q3FY92.

Integration of Vitamin A Distribution with Immunization Programs

This task force began writing "Guidelines for the Use of Vitamin A in Immunization Programs" in Q2FY89. This is a short document that provides both a brief rationale and practical guidance for implementation. Progress on the manuscript stopped after the 4 September 1990 draft drew criticism from three WHO units: Nutrition, Programme for the Prevention of Blindness, and Expanded Programme on Immunization (EPI). This criticism was in spite of apparent agreement among participants at a July 1990 IVACG-sponsored meeting attended by several WHO representatives. In October 1990, Dr. Barbara Underwood responded to WHO concerns about dosing schedules, and the secretariat forwarded the manuscript to the EPI Global Advisory Group for discussion. Subsequently selected experts discussed this topic during a meeting in Geneva in December 1990.

Studies are underway to determine the safety of implementing the schedule of vitamin A supplementation outlined in the draft IVACG document. Upon the IVACG

Steering Committee's recommendation, the project manager prepared a letter to WHO staff concerned with the draft manuscript. The letter will be mailed during the second week of FY92. It includes a reiteration of the IVACG Steering Committee's continuing interest in publishing the manuscript developed collaboratively by IVACG, WHO, and UNICEF. It also includes the IVACG Steering Committee's suggestion that remaining issues be resolved at a meeting early in 1992.

Endorsement by WHO and UNICEF units will accelerate global implementation of these guidelines. The possibility of joint publication of the manuscript by IVACG, WHO, and UNICEF remains. The secretariat's target date for publication is Q3FY92.

Assessment Methodology Task Force

During the first quarter, task force members were invited to participate in preparation of a short monograph which will describe new techniques for assessing marginal vitamin A deficiency in children (Appendix 6). The monograph is also designed to help researchers and program managers determine which assessment method is appropriate to their particular situation. During the second and third quarters, each task force member submitted a section of the monograph which addresses a particular assessment method, including its advantages and limitations, and guidelines for its interpretation and application.

During the third and fourth quarters, task force members Dr. Barbara Underwood and Dr. James Olson edited the sections of the manuscript contributed by other task force members. Dr. Olson also gave a brief overview of this task force effort during the XIV IVACG Meeting. The secretariat's target date for publication of the manuscript is Q3FY92.

Task Force on the Effect of Food Preparation on Vitamin A Content of Meals

The IVACG Steering Committee agreed at their meeting held on 17-18 January 1991 to postpone the inauguration of this task force. Terms of reference and potential task force membership have not been reviewed recently by the steering committee.

Task Force on Community Level Programs

The formation of a Task Force on Community Level Programs was deferred by the IVACG Steering Committee at their meeting held on 17-18 January 1991, pending further review of terms of reference and potential membership.

Other IVACG Activities

IVACG Regional Representatives for Africa

On 19 June, the regional representatives met with the IVACG Steering Committee during the XIV IVACG Meeting in Guayaquil. Dr. Mohamed Mansour, VITAL's representative in Africa, was a guest at this meeting. The representatives advised the steering committee and the secretariat regarding appropriate sites in Africa for the XV IVACG Meeting. Each representative provided a brief report concerning his region and suggested ways to strengthen IVACG's outreach in Africa. Minutes of the meeting were prepared and distributed by the secretariat (Appendix 7).

During the IVACG Steering Committee meeting on 17 June, Dr. Festo Kavishe was nominated to serve as an IVACG regional representative for Africa. Following the meeting, he was invited to take responsibility for the region served by Dr. Moses C. Chirambo (i.e., Angola, Botswana, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Tanzania, Zaire, Zambia, and Zimbabwe). The secretariat anticipates his response at the beginning of Q1FY92.

Financial information received from Prof. Diallo and Dr. Chirambo has been reviewed and the secretariat will complete reimbursement as necessary at the beginning of Q1FY92.

Collaboration with Other Groups Active in Vitamin A Programs

IVACG publications and other printed matter were distributed at the International Agency for the Prevention of Blindness General Assembly which drew approximately 400 participants to Nairobi, Kenya in November 1990.

The IVACG Secretariat cooperated with VITAL to assess the use of *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A*. The secretariat collaborated with the Dana Center for Preventive Ophthalmology by providing course materials for the Public Health Ophthalmology course.

The secretariat collaborated with many other organizations for the XIV IVACG Meeting. This collaboration included arrangements for HKI's pre-meeting event, VITAL's pre-meeting event, post-meeting trips, and participant support.

A news release concerning the XIV IVACG Meeting was provided for publication in *VITAL News*.

The project manager prepared IVACG materials for distribution and display at the international policy conference on micronutrient malnutrition, "Ending Hidden Hunger," to be held in October 1991 in Montreal. Information concerning liaison between the secretariat and the Program Against Micronutrient Malnutrition is contained in the INACG liaison section of this report on page 13.

IVACG Publications

Xerophthalmia Club Bulletin

Two issues of the *Xerophthalmia Club Bulletin* were completed (November 1990 and March 1991) during FY91 (Appendix 8). Distribution for the publication grew to about 2,800. An additional 54 individuals requested subscriptions during the XIV IVACG Meeting in Guayaquil. The steering committee agreed to the completion of Dr. Lester J. Teply's service on the editorial board and to the appointment of Dr. Frances R. Davidson during the third quarter.

Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A

During FY91, VITAL continued the development of a Spanish translation of the IVACG document *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A*. Once completed, the secretariat will arrange for duplication and distribution.

Secretariat staff contributed to VITAL's efforts to assess use of the English edition of the document in the field by meeting with VITAL staff and consultants, providing detailed information about distribution of the document, and reviewing proposed survey materials. Once VITAL's assessment is complete, the secretariat, in consultation with Dr. Frances Davidson and Dr. Barbara Underwood, will devise a plan for revision of the document during FY92.

International Nutritional Anemia Consultative Group (INACG)

Introduction

The Nutrition Foundation, Inc. first received financial support as secretariat for INACG in 1977. Funding continued through a series of grants and extensions until the present cooperative agreement began 1 October 1987. This annual report covers the fourth year of the five-year term of this agreement.

The mission of INACG is to guide international activities for reducing iron deficiency and other nutritional anemias in the world. INACG sponsors international meetings and scientific reviews and convenes task forces to analyze and make recommendations related to the etiology, treatment, and prevention of nutritional anemias. Task force reports provide guidelines and strategies to assess the prevalence of nutritional anemia; refine assessment techniques; and develop, monitor, and evaluate intervention programs. The examination of these issues is important to the establishment of public policy and action programs.

INACG guidelines and strategies are generally disseminated through INACG's state-of-the-art monograph series. These monographs, along with INACG meeting reports, achieve worldwide circulation through channels of the United Nations agencies, AID and other international aid agencies, nongovernmental organizations, educational institutions, and private industry, and through direct correspondence with professionals working in developing countries.

INACG also provides information regarding country and donor program activities to interested individuals. Through its international meetings, INACG provides a forum to foster the interchange of ideas, the presentation of new research findings and survey data, and discussion of action programs.

The INACG Secretariat provides managerial, administrative, and logistic support for all INACG activities. In carrying out these responsibilities, the secretariat collaborates closely with the AID Office of Nutrition. Dr. Samuel G. Kahn, Senior Nutrition Advisor at the Office of Nutrition, serves as secretary of INACG.

XII INACG Meeting

The XII INACG Meeting, "Combatting Iron Deficiency Anemia Through Food Fortification Technology," was held from 5-7 December 1990 at the Pan American Health Organization in Washington, D.C. Sixty-nine individuals from 15 countries attended the event. A copy of the final program and participant list is Appendix 9 of this annual report.

The secretariat developed the meeting theme and invited presenters, session chairpersons, rapporteurs, and participants. The secretariat also arranged travel and per diem for 12 guests supported by funds from Cooperative Agreement No. DAN-5115-A-00-7114-00, facilitated lodging for meeting participants, managed on-site details for the general sessions and working groups, and organized an evening reception on 5 December.

The purpose of the meeting was to produce an action plan for developing national iron fortification systems through establishing partnerships among industry, government, and donor groups. Two rapporteurs produced a draft meeting summary. This report followed the general format recommended by a smaller group that met after the meeting to discuss the most useful and relevant manner in which to convey the information.

The secretariat staff revised the XII INACG Meeting Summary and submitted it to the project officer, Dr. Samuel G. Kahn, for review. Both the secretariat and the project officer agreed that the meeting summary's Action Plan should be published for broad distribution as a document distinct from the remainder of the meeting summary.

Based on this decision a major revision of the XII INACG Meeting Summary was undertaken by the secretariat. Two separate documents were submitted to the project officer for review, and the Action Plan was reviewed by Dr. Tina Sanghvi and Dr. Robert Nesheim. This revised draft will be distributed at the international conference, "Ending Hidden Hunger," to be held 10-12 October 1991 in Montreal. The meeting summary and the Action Plan will be subsequently published, distributed to the meeting participants, and added to the INACG publications order form. The table of contents from the meeting summary and the table of contents from the Action Plan are included in this report as Appendix 10.

INACG Steering Committee

Modification 04 to Cooperative Agreement DAN-5115-A-00-7114-00 required the formation of an INACG Steering Committee consisting of five members representing each AID region (Appendix 11). Following a series of discussions

between the secretariat staff and appropriate officials of the AID Office of Nutrition, letters of invitation to serve on the INACG Steering Committee were sent to Dr. Richard Theuer, USA; Dr. Tomas Walter, Chile; Dr. Rodolfo Florentino, Philippines; and Dr. T. N. Maletnema, Tanzania. All accepted the invitation and 6 November 1991 was established as the date of the initial meeting. Dr. Theuer was also invited to chair the INACG Steering Committee, a position which he accepted.

In addition to these changes, Dr. Alberto Pradilla, Chief, Nutrition Unit, WHO, informed the secretariat that he was resigning as the senior advisor to INACG, as he has retired from WHO.

Task Force Activities

Task Force on NaFeEDTA

During the second quarter, Dr. Sean Lynch, Chief of Hematology/Oncology at the V.A. Medical Center, Hampton, Virginia, met with Dr. Samuel Kahn and the INACG Secretariat staff in order to discuss an outline for a monograph on the applications of EDTA in fortification systems. A time schedule was established for the writing of this document.

Dr. Lynch was unable to meet the June 1991 target date for completion of a first draft of the task force manuscript. He submitted a detailed outline for the monograph and requested that the INACG Secretariat organize a meeting between Drs. Bothwell, Hurrell and himself to finalize the document. The secretariat's target date for publishing the manuscript is Q2FY92.

Task Force on the Relationship of Anemia to Mental and Behavioral Development

An agreement was signed with Mr. Kevin Wayne to prepare a short document on this topic based on the chapters written and modified by task force members in FY89 and FY90. After an outline for the document was prepared and a timetable established, the secretariat and project officer agreed that the document compiled by the task force would be more useful in the form of a six-panel brochure. Mr. Wayne prepared a draft brochure and the secretariat submitted it to Dr. Samuel G. Kahn. After review by the task force members, the secretariat asked a nutrition writer, Dr. Sandy Shepherd, to revise the document further in order to make more use of graphics and to make it easier to read. Dr. Shepherd submitted a draft which is still being reviewed by the secretariat and Dr. Kahn. The secretariat anticipates publication of this document in Q2FY92.

Other INACG Activities

Research Project to Determine the Effectiveness of Iron Fortified Infant Cereal in the Prevention of Iron Deficiency Anemia

This study is administered by the INACG Secretariat with funds from the U.S. food industry. The research project, which began in 1988, is determining whether infant cereal as it is currently fortified in North America--with electrolytic iron powder--is effective in preventing iron deficiency anemia in young children. The principal investigators are Dr. Tomas Walter of Instituto De Nutricion Y Tecnologia De Los Alimentos (INTA), University of Chile and Dr. Peter Dallman of the University of California, San Francisco.

During the first quarter, a team from Gerber Products Company visited the project site. During the second quarter, an installment of \$48,000 was issued by Gerber Products Company to cover additional costs incurred in performing the study. Throughout the fiscal year, the secretariat has facilitated the procurement of laboratory equipment and research supplies, and provided general administrative support.

Collaboration with Other Groups Active in Nutritional Anemia Programs

The secretariat sponsored a seminar presentation by Dr. John L. Beard, of The Pennsylvania State University, to the AID Nutrition Sector Council on 24 May 1991. His topic was "Unexplored Consequences of Iron Deficiency."

The secretariat was invited to participate in the international conference, "Ending Hidden Hunger," to be held in October 1991. In consultation with Dr. Samuel G. Kahn, the secretariat developed materials for distribution at the conference.

The secretariat also participated in planning "Coordinated Strategies for Controlling Micronutrient Malnutrition: A Technical Workshop" cosponsored by the International Life Sciences Institute-Research Foundation and the Program Against Micronutrient Malnutrition (PAMM), a cooperative program of Emory University, U.S. Centers for Disease Control, and the Carter Center. This workshop will be held in Georgia, 7-9 November 1991. The expected participants are technical experts in issues related to deficiencies of vitamin A, iron, and iodine.

INACG Publications

Guidelines for the Control of Maternal Nutritional Anemia

The French and Spanish translations of *Guidelines for the Control of Maternal Nutritional Anemia* were published, and their distribution continues as the secretariat responds to requests for INACG information.

International Nutrition Planners Forum (INPF)

Introduction

The International Nutrition Planners Forum (INPF) is an informal organization of professionals from developing countries with expertise and responsibility for food and nutrition-related policies and programs. INPF provides opportunities and channels of communication for participants to exchange ideas and experiences; learn from one another; discuss common nutrition problems and possible solutions; formulate policy and technical recommendations; make points of view of developing countries known internationally; and influence important decisions made by international organizations and donors.

The Nutrition Foundation, Inc., serving as the INPF secretariat, provides managerial, administrative, and logistical support to INPF and the INPF Steering Committee. The INPF Steering Committee consists of seven members, two representatives from each of the three geographic regions (Latin America & Caribbean, Asia-Near East, and Africa), and the AID project officer for INPF. A list of INPF Steering Committee members is included as Appendix 12 of this report.

INPF Steering Committee

Two new members joined the steering committee during FY91. Dr. Mathurin C. Nago, Cotonou, Benin, and Ms. Julia Tagwireyi, Harare, Zimbabwe were invited to represent West Africa and East, Central, and Southern Africa respectively.

The INPF Steering Committee meeting scheduled for Cairo, Egypt during the first quarter of FY91 was changed to Paris, France due to the uncertainties in the Persian Gulf. This meeting of the steering committee was held in Chaumontel, France (outside Paris) on 14-15 January 1991. The primary purpose of the meeting was to finalize the program for the Sixth INPF Conference scheduled for 10-13 September 1991 in Bangkok, Thailand. Approval of the concept, content, and agenda for the conference was achieved during this meeting.

A second steering committee meeting was held 3 September 1991, prior to the Sixth INPF Conference. Those present discussed plans for the conference and the related report. The steering committee also reviewed the INPF mission and goals, and its relationships with other nutritional organizations. Possible vehicles for spreading nutrition communication information were discussed, as were preliminary topics for the Seventh INPF Conference. Minutes of both steering committee meetings are included as Appendix 13 of this report.

INPF International Meetings

Sixth INPF Conference

The Sixth INPF Conference, "Effective Nutrition Communication for Behavioral Change," was held 4-6 September 1991 at the UNESCO headquarters in Paris, France. UNESCO cosponsored the meeting. This change in venue and time was necessitated by U.S. State Department policy.

The secretariat planned the meeting with program development assistance from the Academy for Educational Development (AED) and the AID Office of Nutrition. The secretariat invited country teams and international organizations, and made all necessary logistical arrangements.

Twelve developing countries sent three-member teams to the Sixth INPF Conference. Each team comprised a senior-level technical nutrition specialist, a nutrition practitioner, and a media specialist. Ten experts from the fields of health, communication, and mass media provided practical guidance to the country teams, who were charged with developing a nutrition communication project appropriate for their country. Five international donor organizations participated in the meeting: UNESCO, FAO, UNICEF, African Development Bank, and the Canadian International Development Agency. Additional participants included the INPF Steering Committee, AED staff, the rapporteur, and an observer from Mali. Total attendance was 68 individuals.

The three-day program included nine oral presentations, two panel discussions, and twelve country team presentations. Presentations were made in English, French, and Spanish with simultaneous translation provided. The speakers were brought in a day early to rehearse their presentations with Mr. Mark Lediard of AED. One evening was devoted to preparing the country team presentations with technical assistance provided by the AED staff and selected expert speakers. Participants were given an opportunity to view videos of successful communication projects during lunch breaks. Meeting packets with important reference materials and a news release were distributed to all participants. Copies of the program, the list of meeting participants, and the news release are Appendix 14.

The conference received high marks from the participants on their conference evaluation forms. Many requested more time for interaction between country representatives at future meetings.

Funds from Cooperative Agreement No. DAN-5115-A-00-7114-00 were used to support the travel and per diem of 41 meeting participants and the Nutrition Foundation staff. Cooperative agreement funds were also used to fund the per diem of six additional meeting participants. Other meeting participants were supported by international donor organizations and by USAID missions.

INPF Task Force Activities

Task Force on Communications

At the January meeting, the steering committee decided that a survey to ascertain the need for an INPF newsletter for sharing nutrition information, particularly of an applied, programming nature, was unnecessary.

Instead they decided to produce a semi-annual newsletter which would provide useful information as well as a forum for successful community-based nutrition interventions. A mailing list of recipients for the newsletter and other INPF correspondence was established on the basis of recommendations from steering committee members.

Based on steering committee discussions and consultation with AID, the secretariat will pursue a pilot phase for the INPF newsletter. Several established publications, such as *Mothers and Children*, published by the American Public Health Association (APHA), and the journal of the Sociedad Latino Americana De Nutricion (SLAN), will be investigated as possible vehicles for INPF to share information. An agricultural newsletter will also be selected. An evaluation questionnaire will be developed in order to determine the value of the INPF material to the readers of these publications.

Task Force on Developing Guidelines for Using *Crucial Elements of Successful Community Nutrition Programs in Community-Based Nutrition Intervention Programs*

Although the work of this task force was considered highly important by the INPF Steering Committee during its January meeting, further discussion on developing a new document was delayed until September.

During the September meeting, the INPF Steering Committee agreed that the document *Crucial Elements of Successful Community-Based Nutrition Programs* was useful in providing a structural framework for successful community-based

nutrition interventions. However, the document was considered cumbersome. It was decided that a smaller document which would provide guidelines for using *Crucial Elements* was needed. The steering committee further recommended that this document should be developed specifically as a "how to" manual for program managers and policy makers.

International Nutrition Network Exchange (INNE)

Introduction

The International Nutrition Network Exchange (INNE) is a two-day convocation of individuals from all organizations participating in AID Office of Nutrition funded activities under grants, cooperative agreements, and contracts. The purpose of this meeting is to foster the development of a strategy for enhancing information exchange and networking, strengthening nutrition programs, and identifying areas for policy development. The Nutrition Foundation, Inc., serving as the secretariat for INNE, provides managerial, administrative, and logistical support to INNE in implementing the decisions of the planning committee, organizing the annual INNE meeting, maintaining correspondence and liaison with various international organizations, and arranging for the writing, editing, and publication of manuscripts.

First Annual INNE Convocation

The First Annual INNE Convocation was held in Washington, DC on 2-3 October 1990 at the Holiday Inn Capital. Personalized invitations were sent to 59 implementors and 85 AID staff members. As indicated in the FY90 Annual Report, the protracted agreement on final plans created some delay in issuing invitations. Nonetheless a total of 45 representatives of implementing groups working with the AID Office of Nutrition, and 34 AID staff participated in the convocation. The INNE Secretariat compiled project descriptions and implementor success stories, which were included in the meeting packets for all participants. Three individuals were sponsored by the INNE Secretariat with Cooperative Agreement funds. A convocation program and participant list is included as Appendix 15.

According to the meeting evaluation forms, a majority of participants believed that the convocation was a useful opportunity to improve communication among themselves and with the Office of Nutrition. Minutes of the meeting were distributed to all those invited to the meeting (Appendix 16).

Second Annual INNE Convocation

The formation of an INNE Planning Committee for the purpose of planning the annual INNE convocations as part of the FY91 Workplan was dropped in deference to utilizing the contributions of key implementors as panelists or discussion leaders.

The topic selected for the Second Annual INNE Convocation by the Office of Nutrition was "Empowering Families." The convocation was held at the Rosslyn Westpark Hotel on 6 and 7 May 1991. Key addresses were given by Dr. Richard Bissell, AID; Dr. Jane Jaquette, Professor of Political Science at Occidental College; and Mr. G. David Miller, New Hampshire College. To facilitate interaction and collaboration, each implementor was able to display and distribute their materials during an informal reception on the evening of 6 May. Seventy-five representatives of implementing groups and agencies participated in the convocation. The evaluations from the convocation were generally quite positive, especially regarding the keynote speakers. A convocation program and participant list is Appendix 17.

The draft of the Second Annual INNE Convocation summary was prepared and sent to the AID Office of Nutrition for review. This draft is included as Appendix 18 of this report. During Q1FY92, the secretariat will distribute the summary to those invited to the convocation.

The secretariat reserved the same facility, The Rosslyn Westpark Hotel, for the Third Annual INNE Convocation, to be held 5 and 6 May 1992.

General Cooperative Agreement Activities

Monitoring and Tracking Requests for Information

Responding to information requests is one of the secretariat's most important functions. During fiscal year 1991, the secretariat tracked such requests through an interactive database, thus facilitating the secretariat's responses to requests and the secretariat's ability to summarize information about these requests. Table 1 indicates the number of requests by quarter; this information is found in graph form for FY90 and FY91 on page 21.

Table 1

Number of Individual Requests for
 Publications and Information by Quarter

Program	Number of Requests by Quarter				Total Number of Requests
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	
IVACG	59	292	151	185	687
INACG	49	231	109	111	500
INPF	0	0	1	9	10
TOTAL	108	523	261	305	1197

Sources of Requests

Requests for publications and other information were received from many countries. Table 2 identifies the frequency of requests by country.

(Note: The total number of requests in Table 1 represents the total number of requests for each type of publication. The total listed in Table 2 represents the total number of individual requests from each country. Some of these requests were for both IVACG and INACG documents).

Table 2

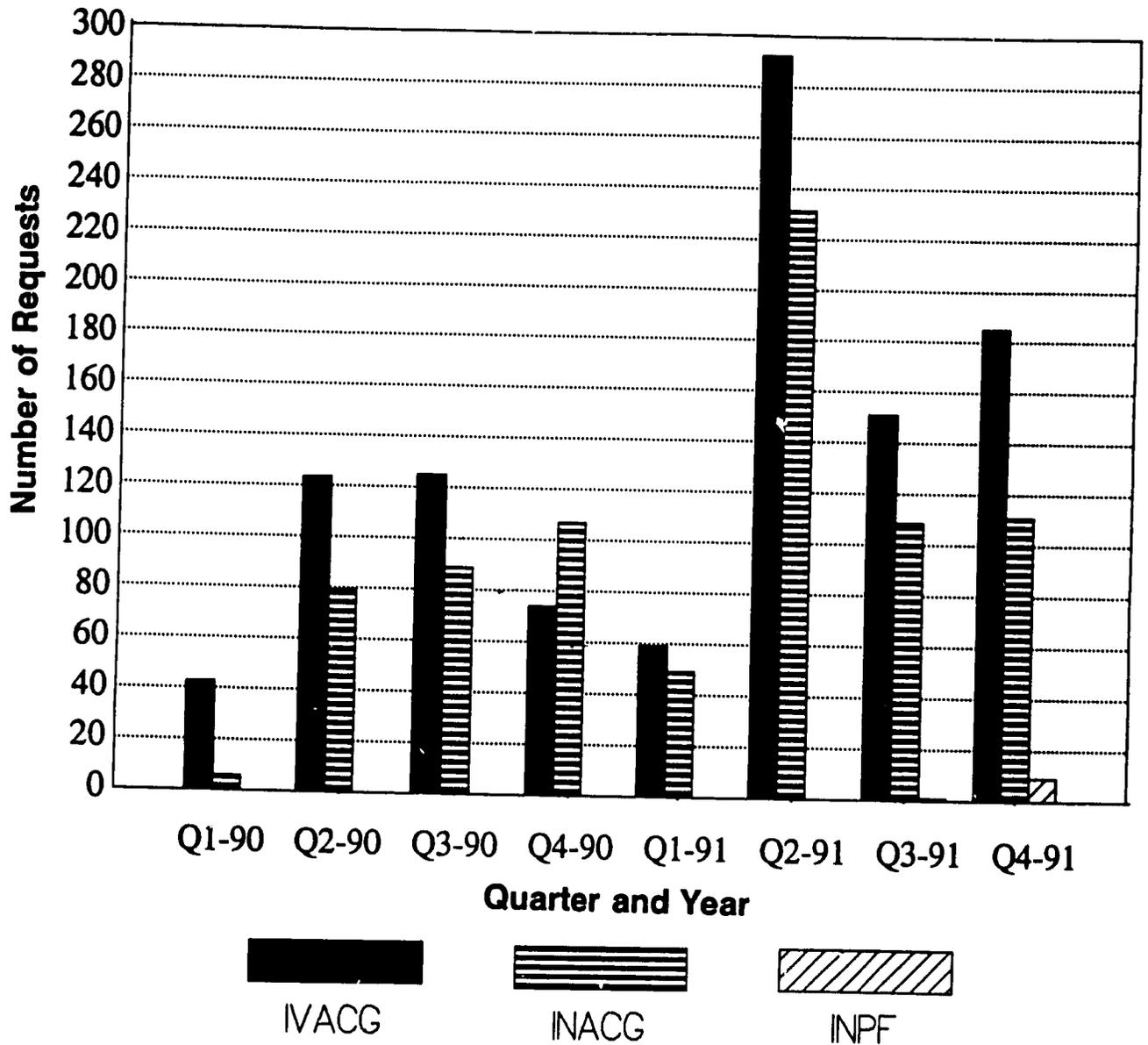
Source and Frequency of Requests for Information

Afghanistan	2	Haiti	2	Poland	2
Argentina	1	India	104	Rwanda	1
Australia	4	Indonesia	13	S.R. Vietnam	1
Bangladesh	15	Iran	10	Saudi Arabia	2
Belgium	1	Italy	4	Senegal	4
Benin	2	Ivory Coast	1	Sierra Leone	1
Bhutan	1	Jamaica	2	South Africa	6
Bolivia	3	Japan	2	Sri Lanka	13
Bophuthatswana	2	Jordan	1	Sudan	8
Brazil	8	Kenya	11	Sweden	2
Brunei	1	Kiribati	1	Switzerland	5
Burkina Faso	2	Libya	1	Syria	9
Cameroon	5	Malawi	10	Taiwan	1
Canada	14	Malaysia	3	Tanzania	16
Chad	1	Mali	1	Thailand	6
Chile	2	Mauritius	2	The Gambia	1
China	7	Mexico	1	Togo	2
Colombia	1	Micronesia	2	Tunisia	1
Costa Rica	2	Mozambique	4	Turkey	7
Cuba	5	Namibia	2	U. Arab Emirates	1
Djibouti	1	Nepal	10	USSR	1
Dominican Rep.	1	Netherlands	4	Uganda	7
Ecuador	28	New Caledonia	1	United Kingdom	7
Egypt	8	Niger	1	United States	144
El Salvador	1	Nigeria	280	Uruguay	3
England	2	Oman	1	Venezuela	2
Ethiopia	5	Pakistan	10	West Indies	1
France	2	Palau	1	Zaire	2
Germany	3	Panama	1	Zambia	5
Ghana	6	Papua New Guinea	1	Zimbabwe	5
Guatemala	4	Peru	12		
Guyana	1	Philippines	11		

Total Number of Countries: 94

Total Number of Requests: 927

The Nutrition Foundation FY90 and FY91 Information Requests



Reporting Requirements

Documents required by Cooperative Agreement No. DAN-5115-A-00-7114-00 were submitted to the project officer, Ms. Carolyn Coleman, as outlined below:

	<u>Type of Document</u>	<u>Date Submitted</u>
1.	FY91 Annual Workplans	23 November 1990
2.	Summary of the First Annual INNE Convocation held 2-3 October 1990	30 November 1990
3.	Summary of completed and planned activities for all programs, including an 18-month budget	2 January 1991
4.	Q4FY90 Report	2 January 1991
5.	FY90 Annual Report	11 January 1991
6.	Draft meeting report of the 5-7 December 1990 XII INACG Meeting	11 January 1991
7.	Trip report of the 6-13 January 1991 site visit to Guayaquil, Ecuador in preparation for the XIV IVACG Meeting	22 January 1991
8.	Trip report of the 14-15 January 1991 INPF Steering Committee meeting	22 January 1991
9.	Q1FY91 Report	5 February 1991
10.	Minutes of the 17-18 January 1991 IVACG Steering Committee meeting	13 February 1991
11.	Minutes of the 14-15 January 1991 INPF Steering Committee meeting	18 February 1991
12.	Meeting summary and action plan for the 5-7 December 1990 XII INACG Meeting	1 April 1991
13.	Q2FY91 Report	30 April 1991

	<u>Type of Document</u>	<u>Date Submitted</u>
14.	Draft summary of the Second Annual INNE Convocation held 6-7 May 1991	7 June 1991
15.	Minutes of the 17 and 19 June 1991 IVACG Steering Committee meetings	16 July 1991
16.	Minutes of the 19 June 1991 IVACG regional representatives for Africa meeting	16 July 1991
17.	Draft of the XIV IVACG Meeting summary	19 July 1991
18.	Q3FY91 Report	30 July 1991
19.	FY92 proposed Annual Workplans (Appendix 19)	31 July 1991
20.	Draft of the XIV IVACG Meeting summary	9 September 1991
21.	Minutes of the 3 September 1991 INPF Steering Committee meeting	17 September 1991

Financial Report

Summary of Direct Expenses for Fiscal Year 1991 Cooperative Agreement No. DAN-5115-A-00-7114-00

FY91 Yearly Totals	Vitamin A	Anemia	Sustain	INPF	INNE	Total
Direct Labor	80,039.07	39,535.58	0	33,237.73	18,000.55	170,812.93
Fringe Benefits	16,927.20	7,226.96	0	4,041.79	3,718.11	31,914.06
Temporary Help	11,047.70	5,425.12	0	2,844.49	1,242.28	20,559.59
Consultants	3,473.86	4,256.14	0	29,328.14	2,163.42	39,221.56
Publications & Support	8,620.88	6,537.25	0	501.89	827.61	16,487.63
Travel	65,375.48	20,463.63	0	107,784.59	3,939.77	197,563.47
Per Diem	11,966.48	5,932.56	0	35,934.81	1,536.32	55,370.17
Supplies	2,256.94	1,809.22	0	2,593.32	761.66	7,421.14
Equip Purchase	0	0	0	0	0	0
Office Rent	10,034.53	3,159.41	0	5,002.73	1,605.30	19,801.97
General Expenses	2,468.24	891.07	0	11,497.78	85.22	14,942.31
Fiscal Administration	6,569.95	1,695.01	0	5,330.28	494.12	14,089.36
Communications	30,730.41	10,722.98	0	13,714.00	1,724.09	51,725.43
Meeting Room Rental	4,398.63	1,482.50	0	5,755.80	3,801.99	15,418.92
Total Direct	253,909.37	109,117.43	0	257,567.35	39,900.44	660,494.59
Indirect (12%)	30,469.12	13,094.09	0	30,908.08	4,788.05	79,259.34
Total Amount	284,378.49	122,211.52	0	288,475.43	44,688.49	739,753.93

Cooperative Agreement Financial Standing

	Increase	Total
Initial Obligated Amount 11/23/87		\$1,181,938.00
Modification #1 11/09/88	\$ 229,000.00	\$1,410,938.00
Modification #2 09/19/89	\$ 60,000.00	\$1,470,938.00
Modification #3 02/27/90	\$ 60,000.00	\$1,530,938.00
Modification #4 08/21/90	\$ 565,000.00	\$2,095,938.00
Modification #5 05/08/91	\$ 300,000.00	\$2,395,938.00
Modification #6 07/11/91	\$ 303,000.00	\$2,698,938.00
TOTAL OBLIGATED AMOUNT		\$2,698,938.00

Project Allocation of Funds by Program

	IVACG	INACG	INPF	INNE	SUSTAIN	TOTAL
Initial 11/23/87	772,991	50,000	-----	-----	358,947	1,181,938
Mod. #1 11/09/87	-----	229,000	-----	-----	-----	229,000
Mod. #2 09/19/89	-----	-----	-----	-----	60,000	60,000
Mod. #3 02/27/90	-----	-----	-----	-----	60,000	60,000
Mod. #4 08/21/90	300,000	150,000	85,535	15,000	14,465	565,000
Mod. #5 05/08/91	300,000	-----	-----	-----	-----	300,000
Mod. #6 07/11/91	50,000	-----	228,000	25,000	-----	303,000
TOTALS	1,422,991	429,000	313,535	40,000	493,412	2,698,938

List of Appendices

1. IVACG Steering Committee
2. XIV IVACG Meeting program and participant lists
3. Cover and table of contents from XIV IVACG Meeting Summary
4. News releases for XIV IVACG Meeting
5. Minutes of IVACG Steering Committee meetings
6. Task force on Assessment Methodology
7. Minutes of IVACG regional representatives for Africa meeting with IVACG Steering Committee
8. FY91 issues of *Xerophthalmia Club Bulletin*
9. XII INACG Meeting program and participant list
10. INACG Action Plan table of contents and table of contents from XII INACG Meeting Summary
11. INACG Steering Committee
12. INPF Steering Committee
13. Minutes of INPF Steering Committee meetings
14. Sixth INPF Conference program, participant list, and news release
15. First Annual INNE Convocation program and participant lists
16. First Annual INNE Convocation Minutes
17. Second Annual INNE Convocation program and participant list
18. Draft of Second Annual INNE Convocation Summary
19. FY92 Workplans

Appendix 1



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

International Vitamin A Consultative Group
Steering Committee

Dr. Moses C. Chirambo (Q4FY91)
Sight Savers
PO Box 30858
Lilongwe 3
Malawi

Dr. Vinodini Reddy
National Institute of Nutrition
Jamai Osmania
Hyderabad 500 007
India

Dr. Frances R. Davidson
Office of Nutrition
Bureau for Research and Development
Agency for International Development
SA-18, Room 411
Washington, DC 20523
USA

Dr. Franz Simmersbach
Food and Agriculture Organization
of the United Nations
Via delle Terme di Caracalla
Rome 00100
Italy

Dr. Demissie Habte (Q1FY91 - Q3FY91)
International Center for Diarrhoeal
Disease Research
GPO Box 128
Dhaka 1000
Bangladesh

Dr. Alfred Sommer
School of Hygiene and Public Health
Johns Hopkins University
615 N. Wolfe Street, Suite 1041
Baltimore, MD 21205
USA

Dr. Abraham Horwitz
Pan American Health Organization
525 Twenty-third St., NW
Room 1012
Washington, DC 20037
USA

Dr. Barbara A. Underwood
National Eye Institute
National Institutes of Health
9000 Rockville Pike
Building 31, Room 6A-17
Bethesda, MD 20892-6130
USA

Appendix 2

Program Overview XIV IVACG Meeting

Monday, 17 June 1991

1900 Early Registration

Tuesday, 18 June 1991

0800 Registration

0900 Inauguration

1045 Invited Keynote Presentations

1400 Community-Based Interventions: Participation Issues

1555 Community-Based Interventions: Management Issues

1830 Reception

Wednesday, 19 June 1991

0900 Community-Based Interventions: Availability and Consumption Issues

1110 Community-Based Interventions: Information, Education, and Communication Issues

1400 Community-Based Interventions: Information, Education, and Communication Issues (continued)

1535 Perspectives on Vitamin A Fortification

1640 Ecuador Poster Session/Video-viewing room open

Thursday, 20 June 1991

0900 Vitamin A and Childhood Morbidity and Mortality: Reports from Clinical Trials

1120 Vitamin A and Childhood Morbidity and Mortality: Related Reports

1400 Update on Assessment Techniques

1555 Update on Assessment Techniques (continued)

1700 Meeting Themes Poster Session

1930 Concurrent Special Sessions on XIV IVACG Meeting Themes

XIV WACG Meeting, Program Overview

Friday, 21 June 1991

- 0900 Nongovernmental Organization Presentations**
- 1050 Agency Presentations**
- 1400 Country Updates and Programs Poster Session**
- 1500 Agency Presentations (continued)**
- 1630 Closing Remarks**
- 1830 Chevere en Chiva**

Program XIV IVACG Meeting

Monday, 17 June 1991

0900-1200 **IVACG Steering Committee meeting**

1900-2200 **Early Registration**

Tuesday, 18 June 1991

0800 **Registration**

0900 **Inauguration**

Mistress of Ceremonies:

Dr. Wilma B. Freire, Chairperson, Local Committee for the XIV IVACG Meeting
and Director of Nutrition, CONADE, Ecuador

Dr. Omar Dary, Pan American Health Organization

Mr. E. Gonzales-Regueira, Food and Agriculture Organization of the United Nations

Mr. Robert Kramer, Deputy Director, US Agency for International Development,
Mission to Ecuador

Dr. Norge W. Jerome, Director, Office of Nutrition, Bureau for Science and
Technology, US Agency for International Development

Econ. Jose-Carlos Cuentas-Zavala, UNICEF Representative, Ecuador

Dr. Plutarco Naranjo, Minister of Health, Ecuador

Dr. Abraham Horwitz, IVACG Chairman

1030 **Break**

1045 **Invited Keynote Presentations**

Chairperson: Dr. Abraham Horwitz

1045 **Essential Components of Successful Community-Based Development Programs**
Dr. Urban Jonsson

1115 **Community-Based Interventions for Vitamin A Deficiency**
Dr. Barbara A. Underwood

1145 **Evaluation of the Vitamin A Status of Ecuador and Programmatic Implications**
Dr. Wilma B. Freire

1215 **Lunch**

- 1400 **Community-Based Interventions for Control of Vitamin A Deficiency:
Participation Issues**
Chairperson: Mrs. Alawia El Amin
- 1400 **Community Participation in Addressing Health Problems: A Case Study**
Dr. Marcelo Moreano B.
- 1415 **Control of Nutritional Blindness in Children Through Community Participation**
Dr. Gopa Kothari
- 1430 **The Caruaru Vitamin A Program: Has It Been Sustainable?**
Dr. Hernando Flores
- 1445 **Child Characteristics That Influence Voluntary Participation in a Vitamin A
Distribution Program**
Dr. J.R. Cruz
- 1500 **Intrahousehold Food Distribution - An Anthropological Approach**
Dr. E. Saenz de Tejada
- 1515 Discussion
- 1535 Break
- 1555 **Community-Based Interventions: Management Issues**
Chairperson: Dr. Jose Mora
- 1555 **Management Concepts and Issues for the Prevention of Nutritional Blindness
Through Efficient/Effective Planning and Evaluation of Community-Based Vitamin A
Programs in Developing Nations**
Mr. John Barrows
- 1610 **Distribution of Vitamin A Capsules in Disaster Prone Areas of Bangladesh**
Dr. Martin W. Bloem
- 1625 **Use of a Daily Illness Diary in Improving Morbidity Surveillance Data Within a Field
Trial of Vitamin A Supplementation in Northern Ghana**
Dr. Paul Arthur
- 1640 **Training, The Key to Success in Home Gardening Program**
Dr. Y.H. Yang
- 1655 Discussion, summary, and announcements
- 1730 (end of day's formal sessions)
- 1830 **Poolside reception finishing at 2000**
Host: Ecuaroche

Wednesday, 19 June 1991

- 0900 **Community-Based Interventions: Availability and Consumption Issues**
 Chairperson: Dr. Franz Simmersbach
- 0900 **The Saga of Including Carotene-Rich Foods in Children's Diets**
 Dr. Saranya Reddy
- 0915 **Horticultural Intervention for Improving Vitamin A Status**
 Dr. Vinodini Reddy
- 0930 **Patterns of Availability, Acceptance, and Use of Carotene-Containing,
Domesticated Vegetables, and Wild Plants in Three Rural Regions of Guatemala
(Alta Verapaz, Santa Rosa, Zacapa)**
 Mr. William Scott
- 0945 **Home Gardening and Consumption Promotion Aimed at Combatting Vitamin A
Deficiency in Bangladesh**
 Mr. Aminuzzaman Talukder
- 1000 **Effects of Carotenoid-Rich Local Diets, Dietary Fat Intake, and Deworming on
Vitamin A Status of Preschool Children**
 Dr. Michael Latham presenting for Dr. Fasil Jalal
- 1015 Discussion
- 1050 Break
- 1110 **Community-Based Interventions: Information, Education, and Communication
Issues**
 Chairperson: Dr. Chet Pant
- 1110 **Assessment of Alternative Communication Interventions for Vitamin A**
 Ms. Judi Aubel
- 1125 **Integration of Vitamin A Supplementation and Nutrition Education into Community
Health Services: A Case Study**
 Mr. Rolf Klemm
- 1140 **A Pictorial Questionnaire on Vitamin A for Tarahumara Indian Children in Rural
Mexico**
 Ms. Sandra Van Den Berg
- 1155 **Determinants of Household and Preschooler Vitamin A Consumption in
Southwestern Kenya**
 Dr. Eileen Kennedy
- 1210 Discussion and announcements
- 1230 Lunch and set up time for Ecuador poster session

- 1400 **Community-Based Interventions: Information, Education, and Communication Issues (continued)**
 Chairperson: Dr. Sakorn Dhanamitta
- 1400 **The Impact of Social Marketing Efforts on Megadose Vitamin A Capsule Coverage Rates: Results of a Pilot Project in Central Java**
 Dr. Benny A. Kodyat
- 1415 **Social Marketing of Vitamin A-Rich Foods**
 Ms. Suttalak Smitasiri
- 1430 **Social Marketing to Promote Vitamin A Awareness, Consumption, and Capsule Distribution in Bangladesh**
 Mr. Mir Mahboob Ali
- 1445 **Control of Vitamin A Deficiency in Primary School Children Through Motivation Communications and Integrated Farming in Nongkhai Province**
 Mr. Richard W. Renas
- 1500 **Break**
- 1515 **Summary of Community-Based Interventions**
 Dr. Alfred Sommer
- 1535 **Perspectives on Vitamin A Fortification**
 Chairperson: Prof. Michael Latham
- 1535 **Fortification: The Most-Promising, Most-Ignored Intervention to Control Vitamin A Deficiency**
 Prof. Michael Latham
- 1550 **Update on Control of Vitamin A Deficiency in Latin America Through Sugar Fortification**
 Dr. Omar Dary
- 1605 **Fortification of Monosodium Glutamate in Indonesia**
 Mr. Steve E. Wilbur
- 1620 **Discussion**
- 1640 **Ecuador Poster Session**
- 1640 **Video-viewing room open**
- 1800 (end of day's formal sessions)
- 1830 **IVACG Steering Committee meeting**
- 1930 **IVACG Steering Committee meeting with IVACG Regional Representatives for Africa**

Thursday, 20 June 1991

- 0900 **Vitamin A and Childhood Morbidity and Mortality: Reports from Clinical Trials**
Chairperson: Dr. Abraham Horwitz
- 0900 Vitamin A Supplementation of Asymptomatic Children, Effects on Morbidity and Mortality: The Sudan Experience
Dr. M.G. Herrera
- 0915 Reduction of Preschool Child Mortality by Vitamin A in Nepal: A Randomized, Double-masked Community Trial
Dr. Keith P. West, Jr.
- 0930 Effect of a Single High Dose of Vitamin A on Mortality in a Nepalese Population with High Childhood Mortality and Xerophthalmia Rates
Dr. Nils M.P. Daulaire
- 0945 Vitamin A Status in Young Children in the Upper East Region of Ghana: Baseline Characteristics, Ghana VAST
Dr. Fred Binka
- 1000 Morbidity Consequences of Measles Treated with Vitamin A or Placebo in Young African Children
Mrs. Anna Coutsoudis
- 1015 Break
- 1035 Discussion
- 1120 **Vitamin A and Childhood Morbidity and Mortality: Related Reports**
Chairperson: Dr. Vinodini Reddy
- 1120 Immune Status in Children with Mild Vitamin A Deficiency in Indonesia
Dr. Richard Semba
- 1135 Effect of Supplementation on Vitamin A and Zinc Nutriture of Children in Northeast Thailand
Dr. Emorn Udomkesmalee
- 1150 Discussion and announcements
- 1225 Lunch and set up time for meeting themes poster session
- 1400 **Update on Assessment Techniques**
Chairperson: Dr. Jesus Bulux
- 1400 Introduction and Overview of Assessment Techniques
Dr. James A. Olson
- 1415 Assessment of Marginal Vitamin A Status by Use of the Modified Relative Dose Response (MRDR) Assay
Ms. Sherry Tanumihardjo

26

- 1430 **Prevalence of Inadequate Vitamin A Nutriture in Preschool Children of the North and Northeast Thailand**
 Dr. Sangsom Sinawat
- 1445 **The Validity of a Pictorial Checklist Used by Community-Level Health Workers to Estimate 7-Day Vitamin A Intake of Weaned Preschool-Age Children in Guatemala**
 Ms. V.M. Krause
- 1500 **Combined 24-Hour Recall and Food Frequency Survey in Assuring Vitamin A Intake Among Preschool Children: The Case of Haiti**
 Dr. Mohamed Mansour
- 1515 **Discussion**
- 1535 **Break**
- 1555 **Update on Assessment Techniques**

 Chairperson: Dr. Mohamed Mansour
- 1555 **Back to Basics: A Low Budget Approach to Vitamin A Problem Assessment and Program Planning**
 Mr. David S. Rosen
- 1610 **Beneficial Effects of Vitamin A Supplements In Undernourished Pregnant Women**
 Dr. B. Sivakumar
- 1625 **Discussion and announcements**
- 1645 **IVACG Assessment Methodology Task Force Report**
 Dr. James A. Olson
- 1700 **Meeting Themes Poster Session**
- 1830 **(end of formal sessions for the day)**
- 1930-2100 **Concurrent Special Sessions on XIV IVACG Meeting Themes**

 Community-Based Interventions
 Chairperson: Dr. Festo Kavishe

 Vitamin A Status and Childhood Morbidity and Mortality
 Chairperson: Dr. Jose Martines

 Assessment Techniques
 Chairperson: Dr. Clive West

Friday, 21 June 1991

- 0900 **Nongovernmental Organization Presentations**
 Chairperson: Ms. Susan Eastman
- 0900 Vitamin A in the Community: A PVO Perspective
 Ms. Anne L. Ralte, VITAP, Helen Keller International
- 0915 Critical Elements in Successful Community-Based Vitamin A Programming
 Dr. Fe Garcia, World Vision Relief and Development, Inc.
- 0930 Sight Savers
 Dr. Gopa Kothari
- 0945 International Eye Foundation
 Mr. John Barrows
- 1000 Christoffel Blindenmission
 Dr. Clare Gilbert
- 1015 Discussion
- 1025 Official photo
- 1035 Break
- 1050 **Agency Presentations**
 Chairperson: Dr. J. Peter Greaves
- 1050 PAHO: Programs to Control Vitamin A Deficiency in the Americas
 Dr. Manuel Pena
- 1105 FAO: Communications Projects for Control of Vitamin A Deficiency
 Dr. Franz Simmersbach
- 1120 AID: Vitamin A Programs of the AID Office of Nutrition
 Dr. Frances R. Davidson
- 1135 WHO: Integration of Vitamin A Distribution with Immunization Programs
 Dr. Nicholas Cohen
- 1150 Discussion
- 1210 Lunch and set up time for country updates and programs poster session
- 1400 **Country Updates and Programs Poster Session**

- 1500 **Agency Presentations (continued)**
 Chairperson: Dr. C.O. Chichester
- 1500 WHO: Vitamin A Regional Network for Asia
 Dr. J. Michael Gurney
- 1515 UNICEF: World Summit for Children Initiatives for Control of Vitamin A Deficiency
 Dr. J. Peter Greaves
- 1530 Report on a Joint Consultation on Intervention Trials
 Dr. Frances R. Davidson
- 1545 Squamous Metaplasia in the Respiratory Epithelium of Children Who Died of
 Pneumonia
 Dr. Normando C. Gonzaga
- 1600 Discussion
- 1620 IVACG Secretariat Report
 Ms. Laurie Lindsay Aomari
- 1630 **Closing Remarks**
 Dr. Abraham Horwitz
- 1645 (end of formal sessions)
- 1830 **Dinner and Closing Celebrations: Chevère en Chiva**
 Host: Atlantic Industries, Ltd.

Poster Sessions and Video Presentations

Wednesday, 19 June 1991

1640 Ecuador Poster Session

PROANDES, Chapter Esmeraldas: Urban and Rural Services Project
Ms. Anna Delgado, UNICEF, Ecuador

Self Community Management for Urban Projects: Community "La
Ecuadoriana," Quito
Dr. Fabian Recalde

1640 Video Presentations

The Caruaru Vitamin A Program
Dr. Hernando Flores

*The Impact of Social Marketing to Promote Vitamin A Awareness,
Consumption and Capsule Distribution in Bangladesh*
Mr. Mir Mahboob Ali

The Battle Against Nutritional Blindness (In Spanish or English.)
Dr. John Gmunder

*Vitamin A Research Group (Institute of Nutrition, Federal University of Rio de
Janeiro)*
Dr. Hernando Flores

*Comuniquemonos Ya (Spanish language training video on counseling in
growth promotion programs.)*
Ms. Valerie Uccellani

Citologia de Impresion Conjunctival
Ms. Liliana Clement

Thursday, 20 June 1991

1700 Meeting Themes Poster Session

Community-Based Interventions Posters

An Approach to Community Based Research
Dr. Laxmi Rahmathullah

How "Long Term" Intervention is Nutrition Education: Characteristics and
Determinants of Program Coverage in Rural Nepal
Dr. Chet Raj Pant

Assessment Posters

**Intake of Dietary Vitamin A by Rural Urban Guatemalan Preschool Children:
Patterns of Consumption of Retinol and Provitamin A Sources**
Ms. J. Quan de Serrano

**Conjunctival Impression Cytology: Field Experience and Preliminary Results
in a Large-scale Vitamin A Supplementation Trial in Ghana**
Dr. David A. Ross

Morbidity and Mortality Posters

**Effect of a Single Oral Dose of Vitamin A (200,000 IU) on Diarrheal and
Respiratory Morbidity Among Preschoolers of Rural Guatemala**
Dr. J.R. Cruz

**Impact of Vitamin A Supplementation on Diarrhoea and Acute Respiratory
Infection in Children**
Dr. Mauricio Lima Barreto

**Effect of Vitamin A Depletion and Repletion on Secondary Immune Response
to Protein Antigen: Tetanus Toxoid**
Dr. Makiko Kinoshita

Vitamin A and Immune Function
Dr. C.E. West

**Enhanced T-Lymphocyte Blastogenic Response to Tuberculin in Children of
Northeast Thailand Supplemented with Vitamin A and Zinc**
Dr. Emorn Udomkesmalee presenting for Dr. T.R. Kramer

Friday, 21 June 1991

1400

Country Updates and Programs Poster Session

Vitamin A Status of Children in Belize, C.A.
Dr. Dhiren Makdani

The Vitamin A Status of Young Children in the Upper East Region of Ghana
Dr. Fred N. Binka

Vitamin A Deficiency in Ethiopia
Mr. Zewdie Wolde Gebriel

**Study on Vitamin A Deficiency in Ethiopia, A Country Affected by Recurrent
Drought and Famine**
Dr. Marina Repola

41

Vitamin A Deficiency in Kiribati
Mr. Robert Gern

Vitamin A Status in Urban Slums of Karachi
Dr. Ayesha Molla

Vitamin A Deficiency in the Sudan
Mrs. Alawia El Amin

Prevention and Control of Vitamin A Deficiency: The Tanzania Experience
Mr. C.R. Temallwa

**LOCAL PARTICIPANTS XIV IVACG MEETING
GUAYAQUIL, ECUADOR
18-21 JUNE 1991**

Dr. Freddy Andrade
Ministry of Social Affairs
Robles 850 y Av. Amazonas
Quito, Ecuador
Tel: 593-2-528726

Mat. Fernando Carrasco
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Guillermo Barragan
Ministry of Health
Juan Lerrea 445
Quito, Ecuador
Tel: 593-2-521733

Dr. Abigail Carriel
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Leticia Benavides
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-281540

Dr. Jaime Rodriguez Castillo
Dir. Decano Academia
Universidad Eloy Alfaro - Manta
Ciudela Universitario via San Mateo
Manabi, Ecuador
Tel: 593-2-614715

Bs. Susana Callay
National Institute of Children
& the Family
Garcia Moreno 1150
Quito, Ecuador
Tel: 593-2-510334

Ing. Vicente Chauvin
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-629804

Dr. Andres Calle
Biochemical Institute
Medical School
Iquique y Sodiro
Quito, Ecuador
Tel: 593-2-528810

Dr. Jose Carlos Cuenta Zavalas
UNICEF
Av. 10 de Agosto 5470 y Villalengua
5to. piso
Quito, Ecuador
Tel: 593-2-435494

Dr. Ricardo Campos
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-282281

Dr. Santiago Davila
Center for Society and Health
La Tierra 391 y Shiris
Quito, Ecuador
Tel: 593-2-457837

Dr. Juan Carlos Carazas Salazar
Consultor en Programas de Salud-
Materno Infantil
P.O. Box 1314
Guayaquil, Ecuador
Tel: 593-4-382071
Fax: 593-4-441667

Dr. Enrique Diez
Dir. del Hospital del Nino
L. Garcia 532
Guayaquil, Ecuador
Tel: 593-4-363148

Econ. Ana Delgado
UNICEF
Av. 10 de Agosto 5470 y
Villalengua 5to. piso
Quito, Ecuador
Tel: 593-2-435642

Dr. Jose Desiderio
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-282281

Dr. Edmundo Esteves
Biochemical Institute
Medical School
Iquique y Sodiro
Quito, Ecuador
Tel: 593-2-528810

Dr. Estrella de Falcones
Instituto de Higiene
Juan Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-281540

Dr. Wilma Freire
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Guillermo Fuenmayor
Biochemical Institute
Medical School
Iquique y Sodiro
Quito, Ecuador
Tel: 593-2-528810

Dr. Miguel Angel Hinojosa
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Patricio Inca
ASMECX
Santo Domingo Km 4 via Chone
Box 148
Santo Domingo, Ecuador
Tel: 593-2-758457

Dr. Jose Castro Luna
Ministry of Health
Buenos Aires 347
Quito, Ecuador
Tel: 593-2-540060

Dr. Denice Maldonado
UNICEF
Av. 10 de Agosto 5470 y
Villalengua 5to. piso
Quito, Ecuador
Tel: 593-2-435494

Dr. Eduardo Mayorga
Chemical Science School
Universidad Central
Ciudadela Universitaria
Quito, Ecuador
Tel: 593-2-521594

Dr. Libia Mendoza de Vaca
Ministry of Health
Padred Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Carlos Menendez
UNICEF
Av. 10 de Agosto y
Villalengua 5to. piso
Quito, Ecuador
Tel: 593-2-435494

Dr. Greta Mino
Hospital del Nino
Ministerio de Salud Publica
P.O. Box 09-01-6273
Guayaquil, Ecuador
Tel: 593-4-330266

Dr. Marcelo Moncayo
Ministry of Social Affairs
Robles 850 y Av. Amazonas
Quito, Ecuador
Tel: 593-2-528726

Dr. Marcelo Moreano
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Nutr. Denning Narvaez
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Marcelo Nicolalde
Ministry of Health
Casilla 4739
Riobamba, Ecuador
Tel: 593-2-962867

Bs. Mariana Oleas
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Fernando Ortega
USAID
Av. Gran Colombia 1573 y
Queseras del Medio. Edif
Computec 3er. piso
Quito, Ecuador
Tel: 593-2-521100

Mrs. Susana de Ortiz
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Miguel Ortiz
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Jorge Parra
Research Institute of Science and Health
Faculty of Medicine
Casilla 1852
Cuenca, Ecuador
Tel: 593-7-811038

Dr. Guadalupe Perez de Sierra
Izquierda Perez laboratory
Quito, Ecuador
Tel: 593-2-565858

Dr. Holger Pico
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Alberto Quezada
Research Institute of Science and Health
Faculty of Medicine
Casilla 1852
Cuenca, Ecuador
Tel: 593-4-811038

Dr. Susana Recalde
Ministry of Social Affairs
Robles 850 y Av. Amazonas
Quito, Ecuador
Tel: 593-2-528726

Dr. Fabian Recalde
ICD Foundation
Garcia Moreno 1335
entre Olmedo y Guayaquil
Quito, Ecuador
Tel: 593-2-210974

Dr. Rosa Rivadeneira de Leon
Izquierda Perez Laboratory
Quito, Ecuador
Tel: 593-2-565858

Dr. Amparo Rivera
UNICEF/Guayaquil
Vacas Galuido 714 y Noguchi
Guayaquil, Ecuador
Tel: 593-4-342727

Dr. Alicia Rodriguez
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-544597

Mr. Chris Roesel
CARE
Berlin 180 entre Eloy Alfaro y
9 de Octubre
Quito, Ecuador
Tel: 593-2-231579

Bs. Belen Rojas
CARE
Berlin 180 entre Eloy Alfaro y
9 de Octubre
Quito, Ecuador
Tel: 593-2-231579

Dr. Marco Reuloso
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-281540

Dr. Rodrigo Salas
OPS/OMS
Av. Naciones Unidas 1204
Ed. Club de Leones 4to. piso
Quito, Ecuador
Tel: 593-2-432551

Dr. Galo Sanchez
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador

Dr. Galo Sanchez
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-303161

Dr. Moises Tacle
National Council for Development
Arenas y Manuel Larrea
Edif. Consejo Provincial
Quito, Ecuador
Tel: 593-2-520017

Dr. Ivan de la Torre
ICD Foundation
Garcia Moreno 1335
Quito, Ecuador
Tel: 593-2-210974

Sr. Julio Urgiles
Ministry of Health
Irfeyal
Guayaquil, Ecuador
Tel: 593-4-391513
Fax: 593-4-285424

Dr. Magdalena Vanoni
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-522774

Sr. Carlos Alberto Tapia Vargas
Malecon 208 y Juan Montal
4to piso.
Casilla 10849
Guayaquil, Ecuador

Dr. Edison Yopez
Ministry of Health
Av. 6 de Diciembre y Colon
Edif. Antares 7mo. piso
Quito, Ecuador
Tel: 593-2-521733

**LOCAL PARTICIPANTS XIV IVACG MEETING
GUAYAQUIL, ECUADOR
18-21 JUNE 1991**

Dr. Freddy Andrade
Ministry of Social Affairs
Robles 850 y Av. Amazonas
Quito, Ecuador
Tel: 593-2-528726

Mat. Fernando Carrasco
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Guillermo Barragan
Ministry of Health
Juan Lerrea 445
Quito, Ecuador
Tel: 593-2-521733

Dr. Abigail Carriel
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Leticia Benavides
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-281540

Dr. Jaime Rodriguez Castillo
Dir. Decano Academia
Universidad Eloy Alfaro - Manta
Ciudela Universitario via San Mateo
Manabi, Ecuador
Tel: 593-2-614715

Bs. Susana Callay
National Institute of Children
& the Family
Garcia Moreno 1150
Quito, Ecuador
Tel: 593-2-510334

Ing. Vicente Chauvin
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-629804

Dr. Andres Calle
Biochemical Institute
Medical School
Iquique y Sodiro
Quito, Ecuador
Tel: 593-2-528810

Dr. Jose Carlos Cuenta Zavalas
UNICEF
Av. 10 de Agosto 5470 y Villalengua
5to. piso
Quito, Ecuador
Tel: 593-2-435494

Dr. Ricardo Campos
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-282281

Dr. Santiago Davila
Center for Society and Health
La Tierra 391 y Shiris
Quito, Ecuador
Tel: 593-2-457837

Dr. Juan Carlos Carazas Salazar
Consultor en Programas de Salud-
Materno Infantil
P.O. Box 1314
Guayaquil, Ecuador
Tel: 593-4-382071
Fax: 593-4-441667

Dr. Enrique Diez
Dir. del Hospital del Nino
L. Garcia 532
Guayaquil, Ecuador
Tel: 593-4-363148

Econ. Ana Delgado
UNICEF
Av. 10 de Agosto 5470 y
Villalengua 5to. piso
Quito, Ecuador
Tel: 593-2-435642

Dr. Jose Desiderio
Instituto de Higiene
Jullan Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-282281

Dr. Edmundo Esteves
Biochemical Institute
Medical School
Iquique y Sodiro
Quito, Ecuador
Tel: 593-2-528810

Dr. Estrella de Falcones
Instituto de Higiene
Juan Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-281540

Dr. Wilma Freire
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Guillermo Fuenmayor
Biochemical Institute
Medical School
Iquique y Sodiro
Quito, Ecuador
Tel: 593-2-528810

Dr. Miguel Angel Hinojosa
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Patricio Inca
ASMECX
Santo Domingo Km 4 via Chone
Box 148
Santo Domingo, Ecuador
Tel: 593-2-758457

Dr. Jose Castro Luna
Ministry of Health
Buenos Aires 347
Quito, Ecuador
Tel: 593-2-540060

Dr. Denice Maldonado
UNICEF
Av. 10 de Agosto 5470 y
Villalengua 5to. piso
Quito, Ecuador
Tel: 593-2-435494

Dr. Eduardo Mayorga
Chemical Science School
Universidad Central
Ciudadela Universitaria
Quito, Ecuador
Tel: 593-2-521594

Dr. Libia Mendoza de Vaca
Ministry of Health
Padred Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Carlos Menendez
UNICEF
Av. 10 de Agosto y
Villalengua 5to. piso
Quito, Ecuador
Tel: 593-2-435494

Dr. Greta Mino
Hospital del Nino
Ministerio de Salud Publica
P.O. Box 09-01-6273
Guayaquil, Ecuador
Tel: 593-4-330266

Dr. Marcelo Moncayo
Ministry of Social Affairs
Robles 850 y Av. Amazonas
Quito, Ecuador
Tel: 593-2-528726

Dr. Marcelo Moreano
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Nutr. Denning Narvaez
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Marcelo Nicolalde
Ministry of Health
Casilla 4739
Riobamba, Ecuador
Tel: 593-2-962867

Bs. Mariana Oleas
National Council for Development
Manabi y Vargas
Quito, Ecuador
Tel: 593-2-517000

Dr. Fernando Ortega
USAID
Av. Gran Colombia 1573 y
Queseras del Medio. Edif
Computec 3er. piso
Quito, Ecuador
Tel: 593-2-521100

Mrs. Susana de Ortiz
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Miguel Ortiz
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Jorge Parra
Research Institute of Science and Health
Faculty of Medicine
Casilla 1852
Cuenca, Ecuador
Tel: 593-7-811038

Dr. Guadalupe Perez de Sierra
Izquieta Perez laboratory
Quito, Ecuador
Tel: 593-2-565858

Dr. Holger Pico
Ministry of Health
Padre Aguirre 205 y Panama
Guayaquil, Ecuador
Tel: 593-4-303161

Dr. Alberto Quezada
Research Institute of Science and Health
Faculty of Medicine
Casilla 1852
Cuenca, Ecuador
Tel: 593-4-811038

Dr. Susana Recalde
Ministry of Social Affairs
Robles 850 y Av. Amazonas
Quito, Ecuador
Tel: 593-2-528726

Dr. Fabian Recalde
ICD Foundation
Garcla Moreno 1335
entre Olmedo y Guayaquil
Quito, Ecuador
Tel: 593-2-210974

Dr. Rosa Rivadeneira de Leon
Izquieta Perez Laboratory
Quito, Ecuador
Tel: 593-2-565858

Dr. Amparo Rivera
UNICEF/Guayaquil
Vacas Galuido 714 y Noguchi
Guayaquil, Ecuador
Tel: 593-4-342727

Dr. Alicia Rodriguez
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-544597

Mr. Chris Roesel
CARE
Berlin 180 entre Eloy Alfaro y
9 de Octubre
Quito, Ecuador
Tel: 593-2-231579

49

Bs. Belen Rojas
CARE
Berlin 180 entre Eloy Alfaro y
9 de Octubre
Quito, Ecuador
Tel: 593-2-231579

Dr. Marco Reuioso
Instituto de Higiene
Julian Coronel y Esmeraldas
Guayaquil, Ecuador
Tel: 593-4-281540

Dr. Rodrigo Salas
OPS/OMS
Av. Naciones Unidas 1204
Ed. Club de Leones 4to. piso
Quito, Ecuador
Tel: 593-2-432551

Dr. Galo Sanchez
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador

Dr. Galo Sanchez
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-303161

Dr. Moises Tacle
National Council for Development
Arenas y Manuel Larrea
Edif. Consejo Provincial
Quito, Ecuador
Tel: 593-2-520017

Dr. Ivan de la Torre
ICD Foundation
Garcia Moreno 1335
Quito, Ecuador
Tel: 593-2-210974

Sr. Julio Urgiles
Ministry of Health
Irfeyal
Guayaquil, Ecuador
Tel: 593-4-391513
Fax: 593-4-285424

Dr. Magdalena Vanoni
Ministry of Health
Buenos Aires 340 y Manuel Larrea
Quito, Ecuador
Tel: 593-2-522774

Sr. Carlos Alberto Tapia Vargas
Malecon 208 y Juan Montal
4to piso.
Casilla 10849
Guayaquil, Ecuador

Dr. Edison Yopez
Ministry of Health
Av. 6 de Diciembre y Colon
Edif. Antares 7mo. piso
Quito, Ecuador
Tel: 593-2-521733

**INTERNATIONAL PARTICIPANTS XIV IVACG MEETING
GUAYAQUIL, ECUADOR
18-21 JUNE 1991**

Dr. Eric J. van Agtmaal
Netherlands Ophthalmic Res. Inst.
c/o Maassluisstraat 510
1062 GX Amsterdam
Netherlands
Tel: 31-20-6173274

Mr. Mir Mahboob Ali
Helen Keller International
P.O. Box 6066
Gulshan
Dhaka - 1212
Bangladesh
Fax: 880-2-813310

Mrs. Victoria Alvarado
International Eye Foundation
c/o Colonia 15 de Septiembre
T-34
Comayaguera
Honduras
Tel: 504-331531
Fax: 504-376261

Mrs. Alawla El Amin
Deputy Director
Nutrition Department
Ministry of Public Health
P.O. Box 303
Khartoum
Sudan

Ms. Laurie Lindsay Aomari
IVACG Secretariat
The Nutrition Foundation, Inc.
1126 16th Street N.W.
Suite 700
Washington, D.C. 20036
USA
Tel: 202-659-9024
Telex: 6814107 NUFOUND
Fax: 202-659-3617

Dr. Dyna C. Arhin
London School of Hygiene & Tropical Medicine
Keppel Street
London WC1E 7HT
United Kingdom
Tel: 44-071-636-8636
Telex: 8953474

Dr. Marylena Arita
CeSSIAM
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Ms. Ofelia Arriaza
World SHARE, Guatemala
5 Av. 8-07, zona 10
Guatemala City 01010
Guatemala
Tel: 502-2-347118
Fax: 502-2-347119

Dr. Paul Arthur
Ghana VAST
P.O. Box 114
Navrongo
Upper East Region
Ghana
Tel: 223-072-3425
Telex: 3044 BTH 21 GH

Ms. Judi Aibel
VITAL
Independent Consultant
B.P. 3746
Dakar
Senegal
Tel: 221-251739
Fax: 221-242478

Mr. Thomas F. Balke
Operation Eyesight Universal
759 Warden Avenue
Toronto, Ontario
Canada M1L 4B5
Tel: 416-759-8011
Fax: 416-759-6907

Dr. Mauricio L. Barreto
Dept. de Medicina Preventiva
Universidade Federal da Bahia
Rua Padre Feljo
29-4-and-Canela
40 140 Salvador - BA
Brazil
Tel: 55-71-245-9003
Fax: 55-71-245-8562

Mr. John Barrows
International Eye Foundation
7801 Norfolk Ave.
Bethesda, MD 20814
USA
Tel: 301-986-1830
Fax: 301-986-1876

Dr. George Bates
Department of Biochemistry
Texas A&M University
College Station, TX 77843-2128
USA
Tel: 409-845-1012
Fax: 409-845-9274

Dr. Luis Benavente Ercilla
PRISMA
Av. Las Artes No. 260 - San Borja
Apartado Postal 410098
Lima
Peru

Ms. Edna Berhane
Project ORBIS
330 West 42nd Street, Suite 1900
New York, NY 10036
Tel: 212-244-2525
Telex: 669109 ORBS UW
Fax: 212-244-2744

Dr. Fred Binka
Ghana VAST
P.O. Box 114
Navrongo, UER
Ghana
Tel: 233-072-3425
Telex: 3044 BTH 21 GH

Dr. Martin W. Bloem
Helen Keller International
P.O. Box 6066
Dhaka
Bangladesh
Fax: 880-2-813310

Ms. Linda Bruce
PATH
1990 M St., N.W.
Suite 700
Washington, D.C. 20036
USA
Tel: 202-364-8177
Fax: 202-457-1466

Dr. Jesus Bulux
CeSIAM
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Mr. Kenneth Byrd
Peace Corps
1990 K Street, NW
Room 8652
Washington, D.C. 20526
USA
Tel: 202-606-3402
Fax: 202-606-3024

Dr. Clinton Chichester
University of Rhode Island
P.O. Box 271
Wakefield, RI 02880
USA
Tel: 401-783-9593
Fax: 401-783-9775

Dr. Moses C. Chirambo
Sight Savers/IVACG
P.O. Box 30858
Lilongwe 3
Malawi
Tel: 265-721322
Telex: 44892 CAPHOT
Fax: 265-734365

Dr. Larry Clark
University of Arizona
Epidemiology and Biometry Program
College of Medicine
2504 East Elm Street
Tucson, AZ 85716
Tel: 602-626-4891
Fax: 602-321-7774

Ms. Liliana Clement
Johns Hopkins University
Dana Center, Wilmer Room 120
600 N. Wolfe Street
Baltimore, MD 21205
USA
Tel: 301-955-1188
Telex: 5106003055 ICEPO
Fax: 301-955-2542

Dr. Nicholas Cohen
Expanded Programme on Immunization
World Health Organization
1211 Geneva 27
Switzerland
Tel: 41-22-791-4411
Telex: 415416 OMS
Fax: 41-22-791-0476

Dr. Zinnia Cordero
Universidad Nacional
Ap. Postal 245
Heredia
Costa Rica
Tel: 506-380773

Mrs. Anna Coutsooudis
Dept. of Paediatrics & Child Health
University of Natal
P.O. Box 17039
Congella 4013
South Africa
Tel: 27-031-2504405
Fax: 27-031-252989

Dr. Jose Ramiro Cruz Lopez
INCAP
P.O. Box 1188
Guatemala City
Guatemala
Tel: 502-2-719913
Fax: 502-2-736529

Dr. Omar Dary
Instituto de Nutricion de Centro
America y Panama
Apdo. Postal 1188
Guatemala City
Guatemala
Tel: 502-2-723762
Telex: 5696 INCAP
Fax: 502-2-736529

Dr. Nils M.P. Daulaire
INTERCEPT
P.O. Box 1330
Norwich, VT 05055
USA
Tel: 802-649-3901
Telex: 650-390-8563
Fax: 802-649-5325

Dr. Frances R. Davidson
Office of Nutrition
Bureau for Science and Technology
USAID
Room 411, SA-18
Washington, D.C. 20523-1808
USA
Tel: 703-875-4118
Fax: 703-875-4394

Dr. Sakorn Dhanamitta
Mahidol University
Phuttamornthon 4
Nakhon Chaisri
Nakhon Pathom 73170
Thailand
Tel: 66-2-441-9035-9
Telex: 84770 UNIMAH TH
Fax: 66-2-441-9344

52

Prof. Joseph Diallo
IVACG Regional Representative
51 Corniche fleurie-La Roseraie
06200 Nice
France
Tel: 33-93-714455
Fax: 33-92-059266

Dr. Henri M. Dirren
Nestle Research Center
P.O. Box 44
1000 Lausanne 26
Switzerland
Tel: 44-21-785-8624
Fax: 41-21-785-8925

Ms. Diana Dubois
Helen Keller International
15 West 16th Street
New York, NY 10011
USA
Tel: 212-807-5848
Telex: 668152
Fax: 212-463-9341

Dr. Greetje Dykman
State University Leiden
Department of Ophthalmology
Rynsburgerweg 10
Leiden
Netherlands
Tel: 31-71-262370

Ms. Susan J. Eastman
Helen Keller International
15 West 16th St.
New York, NY 10011
USA
Tel: 212-807-5842
Fax: 212-463-9341

Mr. Javier Enriquez
University of Arizona
Hybridoma Technology Lab, Room A327
Arizona Health Sciences Center
1501 N. Campbell Ave.
Tucson, AZ 85724
USA
Tel: 602-626-2370
Fax: 602-626-4884

Prof. Magdalena Espin
International Voluntary Services
Box 6087 CCI
Quito
Ecuador
Tel: 593-2-237123
Fax: 593-2-568664

Mrs. Maribel Fabian de Tobar
Ministerio de Salud Publica
y Asistencia Social
Pje. Galaxia No. 16
Ciudad Satelite San Salvador
El Salvador
Tel: 503-210966
Fax: 503-981168

Dr. Alix Y. Fleury
Eye Care Provax
92, Chemin des Dalles
Port-au-Prince
Haiti
Tel: 509-458686
Fax: 509-458686

Dr. Hernando Flores
Department of Nutrition
Center of Health Sciences
Universidade Federal de Pernambuco
50739 Recife, PE
Brazil
Tel: 55-81-271-8470
Telex: 811267UFPBBR
Fax: 55-81-271-8473

Dr. Wilma B. Freire
CONADE
Manabi y Vargas
Casa Vivanco 2do Piso
Quito
Ecuador
Tel: 593-2-517000
Telex: 2114
Fax: 593-2-563002

514

Dr. Fe D. Garcia
World Vision Relief & Development
919 W. Huntington Drive
Monrovia, CA 91016
USA
Tel: 818-357-7979 ex.2719
Telex: 675341
Fax: 818-358-2896

Mr. Robert Gern
Helen Keller International
15 West 16th St.
New York, NY 10011
USA
Tel: 212-807-5824
Telex: 668152
Fax: 212-463-9341

Dr. Clare Gilbert
Institute of Ophthalmology
27-29 Cayton Street
London EC1V 9EJ
England
Tel: 44-1-071-387-9621
Telex: 926606 ICEH
Fax: 44-1-012-503207

Dr. John Gmunder
Task Force SIGHT AND LIFE
P.O. Box 2116
4002 Basel
Switzerland
Tel: 41-061-691-2253
Telex: 962292 HLR CH
Fax: 41-061-691-9391

Dr. Normando C. Gonzaga
Tropical Disease Foundation
Makati Medical Center
No. 2 Amoroso St.
Logaopi Village, Makati
Metro Manila
Philippines 1200
Tel: 63-2-810-2874
Fax: 63-2-810-2874

Ms. Xandra Gravestain
UNICEF
P.O. Box 1187
Kathmandu
Nepal
Tel: 977-1-523200
Telex: 2206 UNDP NP
Fax: 977-1-523991

Dr. J. Peter Greaves
Senior Advisor, Micronutrients
UNICEF
Program Division, H8F
3 United Nations Plaza
New York, NY 10017
USA
Tel: 212-326-7389
Telex: 391 611181 UNCF BR
Fax: 212-326-7336

Dr. J.M. Gurney
Regional Nutrition Advisor
WHO, Reg. Office, SE Asia
Indraprastha Estate
New Delhi
India
Tel: 91-11-331-7804
Telex: 81-31-65031
Fax: 91-11-331-8607

Ms. Nancy Haselow
Helen Keller International
15 W. 16th Street
New York, NY 10011
USA
Tel: 212-807-5847
Telex: 668152
Fax: 212-463-9341

Dr. Gustavo Hernandez-Polanco
Comite Pro Ciegos y Sordos
Hospital de Ojos y Oidos
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Dr. M. Guillermo Herrera
Department of Nutrition
Harvard School of Public Health
665 Huntington Avenue
Boston, MA 02115
USA
Tel: 617-432-1341
Fax: 617-432-2435

Dr. Mary Ruth Horner
VITAL
1601 N. Kent Street, Suite 1016
Arlington, VA 22209
USA
Tel: 703-841-0652
Telex: 272285 ISTI UR
Fax: 703-243-4669

Dr. Abraham Horwitz
Director Emeritus
Pan American Health Organization
525 Twenty-third St., N.W.
Room 1012
Washington, DC 20037
USA
Tel: 202-861-3181
Telex: 440057
Fax: 202-223-5971

Ms. Jean Humphrey
Johns Hopkins University
Dana Center
600 N. Wolfe Street
Wilmer Room 120
Baltimore, MD 21205
USA
Tel: 301-955-1188
Telex: 5106003055 ICEPO
Fax: 301-955-2542

Ms. Trudy van Itersson
NOVIB
Amaliastraat 7
2514 JC The Hague
Netherlands
Tel: 31-70-342-1662
Fax: 31-70-361-4461

Ms. Suzanne Janzen
PATH
4 Nickerson Street
Seattle, WA 98109
USA
Tel: 206-285-3500
Telex: 4740049 PATH UI
Fax: 206-285-6619

Dr. Norge W. Jerome
Director, Office of Nutrition
Bureau for Science and Technology
Agency for International Development
Room 411, SA-18
Washington, DC 20523-1808
USA
Tel: 703-875-4003
Fax: 703-875-4394

Mr. Manuel L. Romano Julien
Nutrition Section, Ministry of Health
P.O. Box 264
Maputo
Mozambique
Tel: 258-1-421738
Telex: 6 364 MISAU MO

Dr. Urban Jonsson
Senior Advisor (Nutrition)
UNICEF
3 United Nations Plaza, H8F
New York, NY 10017
USA
Tel: 212-326-7000
Telex: 175989
Fax: 212-326-7336

Dr. Kamal Ahmed Mohamed
Director, Nutrition Department
Ministry of Public Health
P.O. Box 303
Khartoum
Sudan

Ms. Joanne Katz
Johns Hopkins University
Room 120 Wilmer
600 N. Wolfe Street
Baltimore, MD 21205
USA
Tel: 301-955-2029
Fax: 301-955-2452

Dr. Festo Patrick Kavishe
Tanzania Food and Nutrition Centre
P.O. Box 977
Dar-Es-Salaam
Tanzania
Tel: 255-51-28951
Fax: 255-51-28951

Dr. Eileen Kennedy
International Food Policy Research Inst.
1776 Massachusetts Ave., N.W.
Washington, DC 20036-1998
USA
Tel: 202-862-8180
Telex: 440054
Fax: 202-467-4439

Dr. Takeieta B. Kienene
Medical Officer
Ministry of Health & Family Planning
P.O. Box 268
Nawerewere, Tarawa
Kiribati

Ms. Maria Antonieta Dominguez King
Fundacion Internacional del Ojo
Colonia 15 de Septiembre, T-34
Comayaguela
Honduras
Tel: 504-331531
Fax: 504-331823

Dr. Makiko Kinoshita
Dept. of International Cooperation
National Medical Center
21-1 Toyama I-chome
Shinjuku-ku
Tokyo, 162
Japan
Tel: 81-3-3202-7181
Fax: 81-3-3205-7860

Ms. Betty Kirkwood
Maternal and Child Epidemiology Unit
London School of Hygiene and Tropic
Keppel Street
London WC1E 7HT
UK
Tel: 44-071-636-8636
Telex: 8953474 LSHTML G
Fax: 44-071-436-5389

Dr. Chris Kjolhede
Department of International Health
School of Hygiene and Public Health
Johns Hopkins University
615 N. Wolfe Street
Baltimore, MD 21205
USA
Tel: 301-955-2786
Telex: 7102340022 PUB HYG B
Fax: 301-955-0196

Mr. Rolf Klemm
Helen Keller International
2139 Fidel A. Reyes St.
Malate, Manila
Philippines
Tel: 632-592421
Fax: 632-521-23-78

Dr. Benny A. Kodyat
Directorate of Nutrition
Ministry of Health
Jalan Pondok Hijau V No. 13
Jakarta Selatan, 12310
Indonesia
Tel: 62-21-769-3859
Fax: 62-21-380-3919

Dr. Gopa Kothari
Sight Savers - R.C.S.B.
B1-B3 Matru Ashish
L. Jagmohandas Road
Bombay - 400036
India
Tel: 91-22-811-1364
Telex: 011 76520 EYES IN
Fax: 91-22-822-7543

Ms. Vivian Krause
CeSSIAM
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Dr. Michael C. Latham
Professor and Director
Program in International Nutrition
Savage Hall
Cornell University
Ithaca, NY 14853
USA
Tel: 607-255-3041
Telex: WUI 6713054
Fax: 607-255-1033

Ms. Kirsten Laursen
Helen Keller International
15 W. 16th St.
New York, NY 10011
USA
Tel: 212-807-5824
Telex: 668152
Fax: 212-463-9341

Ms. Mary Linehan
VITAL
1601 N. Kent St.
Suite 1016
Arlington, VA 22209
USA
Tel: 703-841-0652
Fax: 703-841-1597

Dr. Tetevi Logovi
Country Director
Helen Keller International/Niger
P.O. Box 11728
Niamey
Niger
Tel: 227-735026
Telex: CARE 9825484
Fax: 227-732963

Mr. Chad MacArthur
Project ORBIS
330 West 42nd Street
Suite 1900
New York, NY 10036
USA
Tel: 212-244-2525
Telex: 669109 ORBS UW
Fax: 212-244-2744

Ms. Rachanee Mahathanakhun
Nutrition Division
Ministry of Public Health
Samsean Road
Bangkok 10200
Thailand
Tel: 66-2-281-8906

Dr. Dhiren Makdani
Human Nutrition Research
Lincoln University
Jefferson City, MO 65101
USA
Tel: 314-681-5373
Fax: 314-681-5511

Mrs. Lucie Malaba
Institute for Nutrition Research
University of Oslo
Blindern
P.B. 1046
0316 Oslo 3
Norway
Tel: 47-2-456164
Fax: 47-2-454194

Dr. Kossi Fassinou Mally
CHUV-1011 Lausanne
Av. de la Sallaz 39
CH. 1010 Lausanne
Switzerland
Tel: 41-21-314-1111
Telex: 45 50 12 CHUVCH
Fax: 41-21-314-3181

Dr. Mohamed Mansour
ISTI/VITAL
15, Rue Ibn Jazar, No. 15
Lafayette
Tunis Belvedere
1002 Tunisia
Tel: 216-1-791953
Fax: 216-1-793862

Dr. Jose Martines
World Health Organization
Diarrheal Disease Control Program
1211 Geneva 27
Switzerland
Tel: 41-22-791-2634
Telex: UNISANTE GENEVE
Fax: 41-22-788-1813

Dr. Y.N. Mathur
UNICEF
73 Lodi Estate
New Delhi 110 003
India
Tel: 91-11-690401/1253
Telex: 31 61464 UNCF-IN
Fax: 91-11-619722

Prof. J. Gustavo Velasquez Melendez
Public Health School of
Sao Paulo University
Department of Nutrition
Av. Dr. Arnaldo 715 CEP 01355
Sao Paulo SP
Brazil
Tel: 55-852-6748
Fax: 55-852-9630

Dr. Cesar Augusto Mendiola Barba
Helen Keller International
Jr. Miro Quesada No. 940
Lima 1
Peru
Tel: 51-14-737664
Fax: 51-14-737664

Dr. Hugo Mendoza
CENISMI
Avenida Lincoln 2
Santo Domingo
Republica Dominicana
Tel: 809-533-5373

Dr. Ayesha Molla
Aga Khan University Medical Centre
Stadium Rd.
P.O. Box 3500
Karachi - 74800
Pakistan
Tel: 92-21-420051
Telex: 23667 AKHMCPK
Fax: 92-21-414294

Dr. Gregorio Monasta
Chief of the Americas Section
UNICEF
3 United Nations Plaza, H-11-F
New York, NY 10017
USA
Tel: 212-326-7177
Telex: 175 989
Fax: 212-326-7438

Dr. Jose Mora
VITAL
1601 N. Kent St.
Suite 1016
Arlington, VA 22209
USA
Tel: 703-841-0652
Fax: 703-841-1597

Dr. Timothy A. Morck
Nutritional Medical Affairs, R-1
Mead Johnson Research Center
2400 W. Lloyd Expressway
Evansville, IN 47721-0001
USA
Tel: 812-429-7965
Fax: 812-429-7483

Dr. Marcelo Moreano
Consejo Nacional de Desarrollo
Manabi y Vargas
Casa Vivanco 2do Pisa
Quito
Ecuador
Tel: 593-2-517000
Fax: 593-2-563002

Dr. David Nelson
VITAL
1601 N. Kent St.
Suite 1016
Arlington, VA 22209
USA
Tel: 703-841-0652
Fax: 703-841-1597

Dr. Penelope Nestel
c/o M.G. Herrera, M.D.
Dept of Nutrition
Harvard School of Public Health
665 Huntington Avenue
Boston, MA 02115
USA
Tel: 617-432-1341
Fax: 617-432-2435

Prof. James A. Olson
Department of Biochemistry and Biophysics
Iowa State University
Ames, IA 50011
USA
Tel: 515-294-3068
Telex: 23 283359 IASU UR
Fax: 515-294-0453

Dr. Chet Raj Pant
Nepal Netra Jyoti Sangh
Vitamin A Child Survival Project
P.O. Box 335
Kathmandu
Nepal
Tel: 977-1-223999
Telex: 2349 Mitco, NP
Fax: 977-1-227505

Dr. Manuel Pena
Nutrition Advisor
Representacion OPS/OMS
Casilla 2117
Lima 100
Peru
Tel: 51-14-424751
Telex: 20260
Fax: 51-14-424634

Dr. Hilda Polume
Pediatrician
Port Moresby General Hospital
Free Mail Bag
Boroko
Papua New Guinea
Tel: 675-248455
Fax: 675-212886

Mr. Robert Pratt
VITAL
1601 N. Kent St.
Suite 1016
Arlington, VA 22209
Tel: 703-841-0652
Fax: 703-841-1597

Dr. Federico Hernandez Priventel
Ministerio de Salud Publica
Calle Ara 827
San Salvador
El Salvador
Tel: 503-223229

Ms. Julieta Quan de Serrano
CeSSIAM
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Dr. Pawlos Quana'a
International Eye Foundation
Addis Ababa University
P.O. Box 1417
Addis Ababa
Ethiopia
Tel: 251-1-150543
Telex: 21576 FOMAA-ET
Fax: 251-1-550911

Dr. Laxmi Rahn:athullah
Arvind Childrens Hospital
Mundirithoppu Anna Nagar
Madurai 625020
Tamil Nadu
India
Tel: 91-452-43301
Telex: 445-340 AEH IN
Fax: 91-452-44980

Ms. Anne L. Ralte
Vitamin A Programs
Helen Keller International
15 W. 16th Street
New York, NY 10011
USA
Tel: 212-807-5866
Telex: 668152
Fax: 212-463-9341

Dr. Saranya K. Reddy
The Swallows in India
57, E.V.K. Sampath Road
Vepery
Madras 600 007
India
Tel: 91-44-588774
Telex: 416994
Fax: 91-44-825-0945

Dr. Vinodini Reddy
National Institute of Nutrition
Jamai Osmania
Hyderabad - 500 007
India
Tel: 91-842-868083
Telex: 04257022

Mr. Richard Renas
Catholic Relief Services
33/7 Soi Lang Suan
Ploenchit Road
Bangkok 10330
Thailand
Tel: 66-2-252-4829/31
Telex: 84626 CRS THAITH
Fax: 66-2-252-4832

Dr. Marina Repola
Via Cipressi 9B
37033 Montorio
Verona
Italy
Tel: 39-45-557556
Fax: 39-45-8200778

Dr. Antonio de la Reza
Andean Rural Health Care
Casilla 3133
La Paz
Bolivia
Tel: 591-2-342-950
Fax: 591-2-374-104

Dr. Gloria Rivera
S.I.S. de Chiriqui
Apartado 633, David
Chiriqui
Panama
Tel: 507-757341
Fax: 507-742412

Mr. David S. Rosen
Vitamin A Technical Assistance Program
Helen Keller International
15 W. 16th Street
New York, NY 10011
Tel: 212-807-5864
Telex: 668152
Fax: 212-463-9341

Dr. David Ross
Ghana VAST
Box 114
Navrongo
Ghana
Tel: 233-072-3425
Telex: 3044 BTH21 GH

Ms. Eugenia Saenz de Tejada
CeSSIAM
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Dr. Tina Sanghvi
VITAL
1601 N. Kent St.
Suite 1016
Arlington, VA 22209
USA
Tel: 703-841-0652
Fax: 703-841-1597

Mr. William Scott
International Eye Foundation
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Dr. Richard Semba
Dana Center
Wilmer Eye Institute
Johns Hopkins Hospital
Baltimore, MD 21205
USA
Tel: 301-955-3572
Fax: 301-955-2542

Shambhu R. Simkhada
Social Service Nat'l Coord. Council
P.O. Box 308
Kathmandu
Nepal
Tel: 977-1-412933
Telex: 2597 NP
Fax: 977-1-410279

Dr. Franz Simmersbach
Food and Agriculture Organization
of the United Nations
Via Delle Terme Di Caracalla
00100 Rome
Italy
Tel: 39-6-5797-3014
Telex: 61181 FAOI
Fax: 39-6-5797-3152

Dr. Sangsom Sinawat
Nutrition Division, Dept. of Health
Devavesm Palace
Samsen Road
Bangkok 10200
Thailand
Tel: 66-2-281-5425

Ms. Meri Louise Sinnitt
PROCOSI
P.O. Box 9432
La Paz
Bolivia
Tel: 591-2-342509
Fax: 591-2-374104

Ms. Suttalak Smitasiri
Institute of Nutrition
Mahidol University at Salaya
Nakorn Chaisri
Nakorn Pathom 73170
Thailand
Tel: 66-441-9035-9
Telex: 84770 UNIMAH TH
Fax: 66-441-9344

Dr. Noel W. Solomons
CeSSIAM
Hospital de Ojos y Oidos
Dr. Rodolfo Robles V.
Diagonal 21 y 19 Calle, Zona 11
Guatemala City
Guatemala 01011
Tel: 502-2-730375
Fax: 502-2-733906

Prof. Alfred Sommer
Johns Hopkins University
School of Hygiene and Public Health
615 N. Wolfe St., Suite 1041
Baltimore, MD 21205
USA
Tel: 301-955-3540
Telex: 7102340022
Fax: 301-955-0258

Dr. Sally K. Stansfield
Int'l Development Research Center
P.O. Box 8500
Ottawa
Canada K1G 3H9
Tel: 613-236-6163
Telex: 053-3753
Fax: 613-238-7230

Mr. Timothy Stone
Consultant
CIDA
131 Cameron Ave.
Ottawa, Ontario
Canada K1S 0X2
Tel: 613-235-1709
Fax: 613-738-0020

Mr. Aminuzzaman Talukder
Helen Keller International
P.O. Box 6066
Gulshan
Dhaka - 1212
Bangladesh
Fax: 880-2-813310

Mrs. Sherry Tanumihardjo
Iowa State University
Dept. of Biochemistry & Biophysics
397 Gilman Hall
Ames, IA 50011
USA
Tel: 515-294-2646
Fax: 515-294-0453

Mr. C.R. Temalilwa
Tanzania Food and Nutrition Centre
P.O. Box 977
Dar Es Salaam
Tanzania
Tel: 255-51-296223
Fax: 255-51-28951

Dr. James Tielsch
ICEPO
Johns Hopkins University
Wilmer Room 120
600 N. Wolfe Street
Baltimore, MD 21205
USA
Tel: 301-955-2436
Telex: 5106003055 ICEPO
Fax: 301-955-2542

Dr. Frederick Trowbridge
Director, Nutrition Division
Centers for Disease Control
1600 Clifton Road, NE
Atlanta, GA 30333
USA
Tel: 404-488-5090
Fax: 404-488-5968

Ms. Valerie Uccellani
Academy for Educational Development
1255 23rd St., NW, 4th Floor
Washington, DC 20008
USA
Tel: 202-862-1278
Fax: 202-862-1947

Dr. Emorn Udomkesmalee
Institute of Nutrition
Mahidol University at Salaya
Puttamonthon 4
Nakorn Chaisri
Nakorn Pathom 73170
Thailand
Tel: 66-2-441-9035-9
Telex: 8484770 UNIMAHITH
Fax: 66-2-441-9344

Dr. Barbara A. Underwood
National Eye Institute
National Institutes of Health
9000 Rockville Pike
Bldg. 31 - Room 6A-17
Bethesda, MD 20892-6130
USA
Tel: 301-496-4876
Telex: 248232 NIH UR
Fax: 301-480-3246

Ms. Sandra Van Den Berg
University of Texas
School of Public Health
13127 Indian Creek
Houston, TX 77079
Tel: 713-792-4660

Dr. Elba M. Velasco
USAID/Washington
1111 Arlington Blvd., 216W
Arlington, VA 22209
USA
Tel: 202-647-5133
Fax: 202-647-8098

Dr. Susanne Wedner
St. Vincentius Krankenhaus
Weinbrennerstr 52
7500 Karlsruhe 1
Germany
Tel: 49-0721-842442

Dr. Clive E. West
Department of Human Nutrition
Wageningen Agricultural University
P.O. Box 8129
6700 EV Wageningen
Netherlands
Tel: 31-8370-82589
Telex: 45015 BLUWG NL
Fax: 31-8370-83342

Dr. Keith West
Dana Center, Johns Hopkins Univ.
Wilmer Room 120
Johns Hopkins Hospital
Baltimore, MD 21205
USA
Tel: 301-955-2061
Fax: 301-955-2542

Mr. Steven E. Wilbur
Helen Keller International
Bina Mulia Bldg, 10th floor
J1, H.R. Rasuna Said
Kav 10, Kuningan
Jakarta 12950
Indonesia
Tel: 62-21-520-7297
Telex: 46677 BINAMUL IA
Fax: 62-21-520-7297

Dr. Zewdie Wolde Gebriel
Department of Human Nutrition
Wageningen Agricultural University
P.O. Box 8129
6700 EV Wageningen
Netherlands
Tel: 31-8370-82220
Telex: 45015 BLUWG NL
Fax: 31-8370-83342

Dr. Y. H. Yang
Seeds for Peace Project
UNA-USA Hawaii Division
500 University Ave., Apt. 918
Honolulu, HI 96826
USA
Tel: 808-941-9926

Ms. Siriporn Yongpanitchkul
Catholic Relief Services
33/7 Soi Lang Suan
Ploenchit Road
Bangkok 10330
Thailand
Tel: 66-2-252-4829/31
Telex: 84626 CRS THAITH
Fax: 66-2-252-4832

64

Appendix 3



XIV IVACG Meeting

18–21 June 1991
Guayaquil, Ecuador

INTERNATIONAL VITAMIN A CONSULTATIVE GROUP (IVACG)[®]

66

Table of Contents

Introduction	i
Program	iii
Opening Session	3
Invited Keynote Presentations	4
Community-Based Interventions for the Control of Vitamin A Deficiency	7
Special Session on Community-Based Interventions	14
Perspectives on Vitamin A Fortification	15
Vitamin A and Childhood Morbidity and Mortality: Reports from Clinical Trials	17
Vitamin A and Childhood Morbidity and Mortality: Related Reports	20
Special Session on Vitamin A Status and Childhood Morbidity and Mortality	21
Update on Assessment Techniques	21
Special Session on Assessment Techniques	24
Nongovernmental Organization Presentations	25
Agency Presentations	28
Report on a Joint Consultation on Intervention Trials: Consensus Statement	33
IVACG Secretariat Report	34
IVACG Chairperson: Closing Remarks	35
Acknowledgments	37
References	41
Abstracts	51
Participants	113
Local	115
International	119

Appendix 4



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "N.FFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

**COMMUNITY-BASED INTERVENTIONS
THE THEME OF JUNE IVACG
MEETING IN ECUADOR**

For Immediate Release

**Contact: Laurie Lindsay Aomari, RD
(202) 659-9024**

Washington, D.C. -- Community-Based Interventions will be the theme of the XIV International Vitamin A Consultative Group (IVACG) Meeting, 18-21 June 1991, in Guayaquil, Ecuador. The program includes brief presentations of selected research reports on this topic and new research findings related to the assessment of vitamin A status and the effect of vitamin A status on morbidity and mortality.

Keynote speakers for the event will highlight experiences with successful community development programs and implications for interventions to control vitamin A deficiency. In addition to oral presentations, three poster sessions will address the meeting themes and recent survey data worldwide. Evening sessions led by experts from several disciplines will allow meeting participants to gain further practical insights on selected topics. Policy makers, programmers, and scientists in health, nutrition, biochemistry, agriculture, horticulture, and development will be among those gathered in Ecuador to address the problem of vitamin A deficiency.

To receive more information about the meeting, write to Laurie Lindsay Aomari, RD, IVACG Secretariat, The Nutrition Foundation, Inc., 1126 Sixteenth Street, N.W., Washington, D.C. 20036, USA. The fax number for the IVACG Secretariat is (202) 659-3617.

The International Vitamin A Consultative Group was established in 1975 to guide international activities aimed at reducing vitamin A deficiency in the world. Through its international meetings, IVACG provides a forum to foster the interchange of ideas, the presentation of new research findings and survey data, and discussion of action programs.

###

013091



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

**SUMMARY OF THE XIV IVACG
MEETING, ON "COMMUNITY-BASED
INTERVENTIONS," NOW AVAILABLE**

For Immediate Release

**Contact: Laurie Lindsay Aomari, R.D.
(202) 659-9024**

Washington, D.C. -- "We must not have children going blind nor dying prematurely because they lack on time an essential nutrient, vitamin A, that nature generously provides. This is our collective moral responsibility. As long as we keep it constantly in mind, we will succeed," said Dr. Abraham Horwitz, chair of the International Vitamin A Consultative Group (IVACG), as he encouraged participants at the XIV IVACG Meeting in their battle to eliminate vitamin A deficiency within the next decade. A complete summary of the meeting is now available from the IVACG Secretariat.

Representatives from 39 countries were among the 193 policy makers, programmers, and scientists in health, nutrition, biochemistry, agriculture, horticulture, and development who participated in the XIV IVACG Meeting, held 16-18 June 1991 in Guayaquil, Ecuador. Speakers addressed the major theme of the four-day meeting: prevention of vitamin A deficiency and its morbid consequences through community-based interventions.

A consistent theme concerned the need to combat vitamin A deficiency within the context of the social, economic, dietary, and health needs and resources of a population. Speakers emphasized the need to recognize vitamin A deficiency as a nutritional problem rooted in the community. They argued for solutions that are effective, practical, and sustainable and that will be accomplished through full investment in human resources. Institutional links across public and private sectors that would strengthen nutritional priorities and tie them into economic development was offered as a vital step toward long-term control of vitamin A deficiency.

Also included in the program were brief presentations of selected research reports related to the assessment of vitamin A status and the effect of vitamin A

- more -

status on morbidity and mortality. Mortality intervention studies presented at the meeting reaffirmed the IVACG statement made after the XIII IVACG Meeting in Nepal in 1989: "Evidence is accumulating that [vitamin A] also reduces mortality," taking note that one trial presented at the meeting did not show a significant difference in mortality. Reports of presentations and discussion sessions contained in the meeting summary reflect current perspectives and activities of United Nations agencies, bilateral agencies, nongovernmental organizations, private industry, and other private and educational institutions and foundations. These reports, along with abstracts of presentations and lists of participants, make this meeting summary a valuable resource for professionals interested in the problem of vitamin A deficiency and the solutions for its control.

A local committee in Ecuador and IVACG cohosted the meeting. The IVACG Steering Committee and the IVACG Secretariat planned and organized the IVACG meeting through a cooperative agreement between The Nutrition Foundation, Inc. and the Office of Nutrition, Bureau for Science and Technology, U.S. Agency for International Development. The meeting summary and other IVACG publications are available from the IVACG Secretariat, The Nutrition Foundation, 1126 Sixteenth Street, N.W., Washington, D.C. 20036, USA.

The International Vitamin A Consultative Group was established in 1975 to guide international activities aimed at reducing vitamin A deficiency in the world.

#

Appendix 5



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

Minutes of the IVACG Steering Committee Meeting and Planning Session for the XIV IVACG Meeting

17 and 18 January 1991
The Nutrition Foundation, Inc.
Washington, DC

Participants: Dr. Frances R. Davidson, Dr. Abraham Horwitz, Dr. Timothy A. Morck, Dr. Vinodini Reddy, Dr. Franz Simmersbach, Dr. Alfred Sommer, Dr. Barbara A. Underwood, and Ms. Laurie Lindsay Aomari. (Steering Committee member Dr. Demissie Habte was unable to attend this meeting. Dr. Sommer participated in the deliberations only on 17 January and Dr. Morck participated only on 18 January.)

As chairperson of the IVACG Steering Committee, Dr. Underwood opened the meeting at 0920. She stated that the primary purpose for this meeting was to plan for the XIV IVACG Meeting and to review abstracts received for possible presentation.

XIV IVACG Meeting

Dr. Underwood noted that the meeting will last for 3 or 4 days during the week of 17 June 1991 and that already a local committee in Ecuador is assisting with preparations. Dr. Underwood asked for affirmation by the members that "Community-Based Interventions" was still a suitable theme for the event. Supportive comments stressed the importance of applying scientific knowledge in a broad community context. The members confirmed that this theme is acceptable.

To set the tone for this theme, to enlighten the audience about community-based interventions, and to emphasize the importance of this theme in IVACG's future efforts, the members agreed that the secretariat should invite several keynote speakers who could address community development, its relationship to nutrition, and its relationship to interventions for vitamin A deficiency. Several individuals were suggested as keynote speakers and four were selected: Dr. Urban Jonsson, Dr. Barbara A. Underwood, Dr. C. Gopalan, and Dr. Wilma B. Freire. The secretariat will arrange for invitation of these speakers. Dr. Soekirman was recommended as an alternate speaker.

The steering committee agreed that the meeting should also include presentations that have particular importance to the field even if not directly linked to the primary meeting theme. They decided that presentations related to community-based interventions should be given before presentations on other topics, that survey reports and country reports would be assigned to a poster session, and that agency and NGO reports should be on specific vitamin A programs unique to their scope of work.

Abstracts submitted for the XIV IVACG Meeting were considered individually and the steering committee members determined whether each would be accepted for an oral or poster presentation depending on relevance to the meeting themes and general applicability of the information to be presented. They also suggested the session during the meeting when each presentation would be made. The group agreed that as a general rule an individual should not give more than one oral presentation during the meeting and in several cases recommended that developing country nationals who are co-authors should present rather than those from developed countries.

Ms. Aomari will write to those who submitted abstracts and inform them of the decision of the steering committee. The letters will include specific suggestions from discussions during this meeting so that the presentations will focus on information that is particularly useful for field applications. Dr. Underwood and Ms. Aomari agreed to develop a proposed program based on the steering committee's discussion of the abstracts and circulate this to the IVACG Steering Committee members with the minutes. (The proposed program is an appendix to these minutes.) The following abstracts were not accepted for presentation at the XIV IVACG Meeting:

"Eye Health Education for Prevention of Xerophthalmia in Nepal," Keshab P. Adhikari

"A New Proposal for Treatment in Vitamin A Deficiency: The Beta-Carotene," Olivier Amédée-Manesme

"Sources of Intra-Individual Variability in the Two-Sample Retinol Dose Response in Four Populations of Guatemalan Adults," J. Bulux

"Epidemiology and Vitamin A Deficiency Prevention in Desertic Zones of Mexico," Miriam Munoz de Chavez

"Analysis of Risk Factors of the Ocular Eye Signs Pertinent to Program Management in Nepal," Filippo Curtale

"Diagnosis of Vitamin "A" Situation and Intervention at the Community Level Based on Community Participation," Marcelo Moreano/Wilma B. Freire (The authors will be encouraged to incorporate this information into their other presentations.)

"Effect of Mega Vitamin A Dosing on the Hemoglobin Levels of Underprivileged Boys (7-25 years) of Baroda, Gujarat, India," I. Pant and Tara Gopaldas

"Intervention Strategies in Xerophthalmia," A. Saibaba Goud

"Vitamin A Status of Urban Guatemalan Women in the Third Trimester of Pregnancy," Cy Lopez

"Recent Advances in Understanding the Functions of Vitamin A," James A. Olson

"Studies on Fortification of Cooking Vegetable Oil with Vitamin A in Brazil," J.E. Dutra de Oliveira

"The Impact of Four Alternative Community Based Vitamin A Deficiency Control Programs on Eye Signs in Nepalese Children After One Year," G.P. Pokharel

"The Magnitude and Attributes of Vitamin A Resistant Bitot's Spots in Children Aged 6 Months Through 10 Years in Nepal," R.P. Pokhrel

"Pattern of Occurrence of Vitamin A-Containing Foods in the Diet of Diarrheic and Non-Diarrheic Children in Rural Guatemala," M.E. Sanchez

"Corneal Xerosis - Its Response to Local and Systemic Vitamin A Therapy," Kamaljeet Singh

"The Cost of and Potential Impacts of Various Ways of Controlling Vitamin A Deficiency in Nepal," Robert Tilden

"The Impact of Four Alternative Community Based Vitamin A Deficiency Control Programs on Serum Vitamin A and Pre-Albumin in Nepalese Children After One Year," Yogesh Vidaya

In addition to presentations by keynote speakers and presentations from submitted abstracts, the steering committee recommended that several other presentations be invited. (The appendix includes these presentations.) Topics and moderators for evening discussion sessions were considered.

With the steering committee's agreement, Ms. Aomari will invite Dr. Keith West to serve as the primary rapporteur for the XIV IVACG Meeting. Depending on Dr. West's preference, either Dr. J. Peter Greaves or Dr. Graeme Clugston will be invited to assist Dr. West. The steering committee endorsed the need for Spanish simultaneous translation for the meeting in Ecuador but they decided that French translation is not necessary.

The steering committee considered the possibility of a trip of professional interest following the IVACG meeting. The chairperson of the local committee and UNICEF Ecuador proposed a 4-day trip to a UNICEF project in Esmeraldas. The steering committee requested additional details about this possibility and options for shorter trips near Guayaquil or Quito that would involve less travel time. Dr. Simmersbach will request additional ideas through FAO colleagues and Ms. Aomari will explore this with the local committee.

The secretariat provided a list of potential participants for the XIV IVACG Meeting and requested that the steering committee members indicate if there are some that should be deleted from or added to the list. Members encouraged expansion of the general list to include more Latin Americans, Africans, and Asians (particularly from Afghanistan and Pakistan). The steering committee decided that it is not necessary for the secretariat to issue personal invitation letters to all those invited to the XIV IVACG Meeting. However, they agreed that personal letters are still necessary for all presenters and those in key roles with international agencies. They requested that the secretariat provide them with a list of individuals sorted by agency in order to better

determine if all the appropriate people have been invited. Dr. Underwood and Ms. Aomari will review the complete list prior to issuing invitations. There was agreement that Ms. Aomari need not request approval for additions to this general list.

Ms. Aomari related the local committee's plan to invite 20-30 individuals from various cities in Ecuador to the XIV IVACG Meeting. The local committee will seek funds to enable their participation. Dr. Underwood suggested that the Ecuadorian invitation list could be expanded to include other Ecuadorian professionals but without the offer of support for their participation.

Mr. George Nevares, the new conference coordinator for the Nutrition Foundation, was introduced to the group. He and Ms. Aomari reported on a recent visit to Guayaquil and Quito, Ecuador. During the visit they met with members of the local committee for the meeting and with individuals from organizations that may wish to provide additional support to the local committee. They also inspected meeting facilities and hotel rooms, investigated banking possibilities, and assessed customs, transportation, safety, and other details necessary to ensure a successfully organized meeting. Because of its generally more adequate facilities, the secretariat and members of the local committee recommended Hotel Oro Verde as the meeting site. The steering committee endorsed this recommendation. Room blocks will be held at one or more additional hotels to insure that enough affordable rooms are available to XIV IVACG Meeting participants.

Ms. Aomari and Mr. Nevares reported their belief that Guayaquil will serve as a suitable meeting site. Although some speak negatively of the city, they found that it was a comfortable environment with adequate transportation, appropriate meeting facilities, and reasonable weather. The local committee has a very able chairperson and the secretariat feels confident that the committee will be able to provide support despite the fact that all but one member are in Quito. Several business and industry representatives in Guayaquil and Quito are supportive of the meeting and will provide special services to enhance the event.

IVACG Task Forces

Prior to this meeting steering committee members received copies of the terms of reference and a list of invited members for the new IVACG Assessment Methodology Task Force. Ms. Aomari indicated that of the 10 individuals invited, 8 responded affirmatively and one has not responded. Dr. Bieri declined the invitation to serve as editor; however, Drs. Underwood and Olson agreed to serve as co-editors. The secretariat will continue corresponding with the authors and co-editors and, barring any major unexpected difficulties, expects that a draft manuscript will be ready by the XIV IVACG Meeting in June.

Efforts continue toward resolution of issues in the manuscript *Guidelines for the Use of Vitamin A in Immunization Programs*. Dr. Underwood told about a joint WHO/UNICEF consultation held 6-7 December 1990 in Geneva. Several present participated in the meeting which included discussion of topics contained in the IVACG draft manuscript dated 4 September 1990. Dr. Sommer indicated that new toxicity data for infants should be available within 6 months. Dr. Underwood reported that operational studies of integrating vitamin A distribution with immunization programs are anticipated in several countries. She was advised by WHO and UNICEF that IVACG should proceed with modifications of the current draft. Another WHO/UNICEF meeting probably will be held later this year at which time the modified draft could be reviewed with the hopes of joint publication by IVACG, WHO, and UNICEF.

Ms. Aomari stated that during 1990 attempts were made to find a knowledgeable writer to complete the report of the Communication/Education Task Force. Dr. Davidson described a recent effort by VITAL to evaluate several communications efforts in the field. She said that drafts of the IVACG task force report and the VITAL assessment each cover slightly different information and address different audiences. Those present agreed that IVACG should publish the Communication/Education Task Force report as a resource manual separate from the VITAL report but complementary in scope. Dr. Simmersbach reviewed some of the challenges and unanswered questions faced by the IVACG task force. The steering committee designated Dr. Simmersbach as a resource and decision-maker for editorial questions during completion of the manuscript. Dr. Simmersbach agreed to work with Ms. Aomari and the editor toward this end.

Because of delays in current task force work, the steering committee agreed to postpone the inauguration of two proposed task forces: the community level task force and the task force on the effect of food preparation on the vitamin A content of meals. Prior to the next steering committee meeting the terms of reference and suggested members for each task force will be circulated to steering committee members for review.

Steering Committee Membership

Ms. Aomari told the group that a new modification of Cooperative Agreement No. DAN-5115-A-00-7114-00 between The Nutrition Foundation, Inc. and AID implies revision of the membership of the IVACG Steering Committee to include increased representation from developing countries. Dr. Davidson agreed to investigate the changes and obtain additional information. Dr. Sommer requested that the secretariat provide the current members with copies of the terms of reference used most recently for the steering committee and a list of current members with the number of years each has served on the committee.

Xerophthalmia Club Bulletin

Dr. McLaren recently asked the secretariat for guidance regarding the "child survival controversy." The steering committee recommended that the secretariat send Dr. McLaren another copy of the IVACG statement on the role of vitamin A in child health and survival and emphasize that the view of the steering committee on this matter has not changed.

Regional Representation

Dr. Pawlos Quana'a agreed to serve as an IVACG Regional Representative for Africa. Ms. Aomari said that additional communication is needed with each representative to make this program more useful. Dr. Simmersbach reported on FAO's attempts to establish a vitamin A network in Asia and noted the difficulties encountered. Following discussion several commented that IVACG should continue to try to include more agricultural and horticultural discussion during its meetings and perhaps make this one of the themes for the XV IVACG Meeting.

Other Business

Dr. Horwitz urged the committee to continue to develop ideas for training and other long range plans as considered at the 8-9 March 1990 IVACG Steering Committee Meeting. He recommended that the steering committee contemplate what IVACG's role should be for the 1990's. Others present agreed that changing needs in the international community must be considered. Dr. Underwood advised that the steering committee meet sometime after the XIV IVACG Meeting to discuss this in more depth.

Dr. Underwood informed the group of the interest expressed in both Latin America and Africa to apply the *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A*. Possibilities for related workshops in these areas exist if IVACG wants to pursue these opportunities.

The next steering committee meeting will be held in Ecuador just prior to the XIV IVACG Meeting.

Dr. Underwood closed the meeting following lunch on 18 January 1991.



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

Minutes of the IVACG Steering Committee Meetings 17 and 19 June 1991 Guayaquil, Ecuador

Participants: Dr. Frances R. Davidson, Dr. Abraham Horwitz, Dr. Norge W. Jerome, Dr. Timothy A. Morck, Dr. Vinodini Reddy, Dr. Franz Simmersbach, Dr. Alfred Sommer, Dr. Barbara A. Underwood, and Ms. Laurie Lindsay Aomari. (Steering Committee member Dr. Demissie Habte was unable to attend this meeting. Dr. Vinodini Reddy participated in the deliberations only on 19 June. Dr. Wilma Freire participated in the last 30 minutes of the meeting on 17 June.)

As chairperson of the iVACG Steering Committee, Dr. Underwood opened the meeting on 17 June at 0905. Dr. Underwood opened the meeting on 19 June at 1830.

XIV IVACG Meeting

Those present reviewed the tightly scheduled final program for the meeting. Ms. Aomari noted that the inauguration was revised after consultation with several Ecuadorians involved with local arrangements for the meeting. Dr. Horwitz agreed to welcome Dr. Freire, local committee chairperson, to the platform as mistress of ceremonies for the inauguration. Dr. Sommer agreed to summarize the sessions on the primary meeting theme "Community-Based Interventions." Dr. Davidson agreed to give a presentation titled "Report on a Joint Consultation on Intervention Trials" on the final meeting day. Ms. Aomari drew attention to two other additions to the program: a panel on fortification and a video viewing room.

Dr. Freire reported that Ecuadorian nationals have positive expectations about the meeting and that the Minister of Health has assured her of his participation. Those present expressed concern about cholera in Guayaquil and agreed that during the first day of the meeting Dr. Freire should remind the audience of necessary precautions. Dr. Freire stated that the number of cases of cholera in Guayaquil is increasing but that the problem is primarily in the very poor areas of the city.

Ms. Aomari reported that Dr. Keith West and Dr. J. Peter Greaves will serve as meeting rapporteurs and reviewed other meeting logistics including social events sponsored by Ecuaroche and Atlantic Industries, Ltd. (Coca-Cola Ecuador). Those present wanted to receive a copy of the group photograph from the XIII IVACG Meeting in Nepal and expressed their hope that the photo of the XIV IVACG Meeting can be available to all meeting participants.

Terms of Reference of the IVACG Steering Committee

As continuation of discussions during the steering committee meeting in January 1991, the group considered the IVACG Steering Committee terms of reference which were last revised 12 February 1988. This version of the terms of reference is not in accord with 1990 changes in the cooperative agreement between the Nutrition Foundation and the Agency for International Development. Dr. Underwood and Dr. Sommer believe the steering committee began in 1986 and they reviewed some of the circumstances that lead to its formation. Dr.

Sommer noted the value of the steering committee for administration, direction, and continuity of IVACG.

Dr. Morck reviewed the steering committee structure specified in Cooperative Agreement No. DAN-5115-A-00-7114-00 (July 1990):

IVACG is not a formal membership organization, but does have a Chairperson and a Secretary. The Chairperson has usually been a person affiliated with the United Nations (UN) system. The Secretary is the S&T/N Project Officer for the "Vitamin A for Health" project (936-5116). Program decisions for IVACG are made by a Steering Committee consisting of seven members, including the Chairperson and Secretary of IVACG and five other members which include one representative from each of the three geographic regions (i.e., Latin America and the Caribbean [LAC], Asia and the Near East [ANE], and Africa [AFR])....The IVACG Secretariat provides managerial, administrative, and logistic support to IVACG and the IVACG Steering Committee, and implements the decisions of the IVACG Steering Committee...

Dr. Underwood pointed out that this wording makes the chairperson and the secretary voting members of the steering committee and increases the total voting membership from five to seven members. Dr. Davidson remarked on the importance of regional representation on the committee (three members). Dr. Jerome commented that the allowance for an additional two members not bound to regional representation will permit the steering committee to retain the necessary expertise of the current steering committee. Several present observed that the role of the steering committee remains the same under the terms of the cooperative agreement.

Dr. Underwood mentioned that the term of office has been five years with rotation and Dr. Davidson clarified that the term of office is not specified in the cooperative agreement. After discussion, the group determined that it would be more appropriate and feasible to have a two year term with the option for renewal up to a maximum of 3 terms (i.e., the maximum time of service as an official IVACG Steering Committee member would be 6 years). All agreed on the importance of attendance at steering committee meetings and that inability to attend two consecutive meetings would be cause for replacement.

Those present decided that the secretariat staff should remain as ex officio members of the IVACG Steering Committee.

Regarding the guidelines of the steering committee, Dr. Horwitz urged the group to consider IVACG's role in this decade and its role in relation to micronutrient initiatives. Dr. Sommer recommended that the steering committee guidelines should allow IVACG to take on appropriate work as it becomes apparent and not be limited to the listing in the steering committee terms of reference.

As a result of this discussion, Ms. Aomari will revise the steering committee terms of reference so they are consistent with the cooperative agreement and provide them to the steering committee members for review.

Membership of the IVACG Steering Committee

Dr. Sommer noted the need for a member who resides in Africa. Because it is unlikely that Dr. Habte will return to Africa soon and because his other responsibilities limit his participation, the group felt it prudent to consider other individuals for membership. Dr. Moses Chirambo and Dr. Festo Kavishe were both recommended. Dr. Chirambo was selected on the basis of his experience with IVACG as an IVACG Regional Representative for Africa and because of his experience with governments and NGO's working in the African region. His knowledge, expertise, and enthusiasm were emphasized.

Dr. Underwood addressed the need for a steering committee member from Latin America and the Caribbean (LAC). After brief discussion of several individuals, Dr. Simmersbach suggested Dr. Leonor Santos and Dr. Wilma Freire as possibilities. Others commented on Dr. Santos's involvement with a major morbidity study in Brazil, her programmatic orientation, and her influence in government decisions. Dr. Freire's recent involvement with vitamin A issues has been as a result of Ecuador's national nutrition survey and serving as chairperson for the local committee for the XIV IVACG Meeting. The current steering committee will be polled to determine which individual should be invited to serve as the LAC representative on the IVACG Steering Committee.

Dr. Underwood and Dr. Sommer acknowledged their willingness to resign due to their service on the committee since its inception. Both expressed their enjoyment in participating in the activities. Those present agreed that an abrupt rotation of both individuals could result in a loss of necessary expertise on the committee and be detrimental to IVACG. Dr. Horwitz described the existing situation with the AGN of the SCN whereby Dr. George Beaton serves as special advisor to the chairman. During this steering committee meeting there was no decision regarding the possible resignations of Dr. Underwood and Dr. Sommer.

Dr. Jerome recommended that the steering committee be given greater recognition during the IVACG international meetings and that there be an announcement concerning the selection of members. Ms. Aomari confirmed that steering committee members are listed in each IVACG publication. There was a suggestion that steering committee members be listed on the IVACG letterhead.

IVACG Task Forces

Dr. Davidson informed the steering committee of a recent meeting held to discuss three documents related to vitamin A and communications that are funded by the Office of Nutrition. As a result of the meeting, the Academy for Educational Development and IVACG will work together to make their documents complement a document nearly completed by VITAL. Dr. Simmersbach and Ms. Aomari reminded the steering committee that in completing the IVACG document the goal will be to prepare a resource book for what can be done for nutrition education and communication for vitamin A deficiency. The audience will be nutritionists who are responsible for working with nutrition education and communication programs as well as those who are producers of nutrition messages. The emphasis will be on the resource aspect and examples rather than on methodology. Because of difficulties experienced with obtaining the services of an appropriate writer, Dr. Simmersbach and Ms.

Aomari will confer with VITAL staff and determine whether it is possible for IVACG to engage the editor currently working on their document.

Dr. Underwood mentioned studies underway related to the safety of implementing the schedule of vitamin A supplementation outlined in the draft IVACG document *Guidelines for the Use of Vitamin A in Immunization Programs*. She asked the committee members whether they feel it is still advisable to wait for the results of these studies before publishing the document. She remarked that written revisions have not been received from UNICEF. Dr. Sommer stated that safety data for large dose supplementation in early life is now available from Nepal and studies are planned in Indonesia and Bangladesh. After discussion, the group recommended that the secretariat write a letter to the WHO group considering these issues. The letter should remind them of IVACG's initiation of this task force, request invitations to future deliberations on this issue, propose a meeting prior to 1 October 1991 to review the available safety data, reiterate IVACG's continuing interest in publishing this document collaboratively with WHO and UNICEF once adequate safety data is available, and inquire as to their intentions.

Dr. James Olson and Dr. Underwood are preparing a draft document from the contributions provided by individual members of the IVACG Assessment Methodology Task Force. Dr. Olson will give a brief overview of this task force effort during the XIV IVACG Meeting.

IVACG Regional Representatives for Africa

The IVACG Steering Committee met with the IVACG Regional Representatives for Africa on 19 June. At the suggestion of Dr. Davidson, Dr. Mohamed Mansour participated in this meeting. A separate report of this discussion is included as an appendix to these minutes.

Dr. Kavishe was suggested to replace Dr. Chirambo as an IVACG Regional Representative for Africa. Those present felt that his leadership in Tanzania and experience with vitamin A programs will allow him to serve well in this capacity.

Xerophthalmia Club Bulletin

A brief report from the editor, Dr. Donald McLaren, was included in the meeting packets for steering committee members and is included as an appendix to these minutes. At the request of the editor, the steering committee considered the possibility of publishing back issues of *Xerophthalmia Club Bulletin* for purchase and developing an index for the *Bulletin*. There was not agreement that these endeavors are necessary and several agreed that these ideas should not be carried forward if they jeopardize the possibility of publishing new IVACG documents. It was suggested that Dr. McLaren arrange for photocopying back issues as needed until there is evidence of sufficient demand to justify the effort and expense of publishing a set of back issues. Some commented that an index is necessary only for those who already have a complete set of issues.

The steering committee agreed to the completion of Dr. Lester J. Teply's service on the editorial board and to the appointment of Dr. Frances R. Davidson. The other two editorial board members are Dr. Vinodini Reddy and Dr. Gordon Johnson. Steering committee members and secretariat staff noted the short time allowed for editorial board comments on the draft issues of *Xerophthalmia Club Bulletin* and the very rough quality of the draft provided for review.

Dr. Sommer commented on the considerable effort of the editor to develop material for each issue. Dr. Underwood and Dr. Horwitz mentioned that the steering committee could suggest themes for issues and appropriate authors for specific articles. The group agreed to review the XIV IVACG Meeting program and select presentations that could be adapted as articles for *Xerophthalmia Club Bulletin*.

XV IVACG Meeting

The committee briefly discussed topics for the next meeting in early 1993. Members suggested that the theme should be able to encompass the following: a report of progress in controlling vitamin A deficiency, a current review of the magnitude of the problem of vitamin A deficiency, a description of projects that have become programs, encouragement for new projects to become programs, a reevaluation of the criteria for vitamin A deficiency as a public health problem, follow up to the 1991 meeting proposed for Montreal, and follow up to the 1992 International Conference on Nutrition. Dr. Underwood said that additional ideas about the XV IVACG Meeting theme can be circulated by mail to steering committee members.

During the steering committee meeting on 19 June, there was a brief discussion of concerns arising from the XIV IVACG Meeting that could be addressed in plans for the XV IVACG Meeting. Several present commented on the difficulty presenters have in adhering to the meeting schedule. Suggestions to alleviate this problem for the XV IVACG Meeting program included additional correspondence with speakers urging them to practice and time their presentations prior to their arrival at the meeting, having a mixture of plenary presentations and shorter presentations, and review of abstracts with the goal of fewer speakers that will give more significant presentations. Dr. Morck reminded the group that a slot on the program is necessary for many participants to obtain funds for their participation. There was not agreement as to the best time to handle questions for presenters. Some felt that it would be useful to include both the author and country for each presentation on the next program rather than just the author.

The steering committee members agreed that the next meeting should be in Africa. Country sites for the meeting were discussed with the IVACG Regional Representatives for Africa and Dr. Mohamed Mansour present. Zimbabwe and Tanzania were selected as the best options. All agreed that Zimbabwe's facilities are appropriate but that there is a longer history of vitamin A work in Tanzania. Secretariat staff will investigate the possibilities for having the next meeting in one of these countries.

*Minutes of IVACG Steering Committee meetings in Guayaquil
17 and 19 June 1991, page 6*

Dr. Underwood closed the meeting on 17 June at 1225. The steering committee meeting on 19 June closed at 2015 following the meeting with the IVACG Regional Representatives for Africa.

IVACG\scomgye.min

Appendix 6



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

TERMS OF REFERENCE

IVACG ASSESSMENT METHODOLOGY TASK FORCE

This task force will prepare guidelines on methodologies for the assessment of marginal vitamin A deficiency. The guidelines will include the following methodologies:

Histological:

Conjunctival impression cytology
Impression cytology with transfer

Dietary:

Simplified food frequency approach

Physiological:

Vision restoration time
Night blindness by history

Other indicators under development

Biochemical:

Serum distribution curves
30-day serum response (30d-Response)
Relative dose response (RDR)
Modified relative dose response (MRDR)
Retinol binding protein relative
dose response (RBP-RDR)

The guidelines will contain an introduction which provides nomenclature and reference points. Information concerning each methodology will include a brief description of the procedure, nature of data obtained, advantages of the method, constraints in the use of the method, interpretation, an example of an appropriate application, and references.

It is intended that the guidelines will be a concise document, appropriate for researchers and program planners.

The invited authors (task force members) and their suggested topics are:

Dr. Jack Bieri, Editor: Introduction and indicators under development
Dr. James Olson, Co-Editor: Introduction and indicators under development
Dr. Barbara A. Underwood, Co-Editor: Introduction and indicators under development,
dietary methodology
Ms. Deborah Keenum: Conjunctival impression cytology
Dr. Olivier Amédée-Manesme: Impression cytology with transfer
Dr. Emorn Udomkesmalee: Dark adaptation/vision restoration time
Dr. Alfred Sommer or designate: Night blindness by history
Dr. Hernando Flores: Serum distribution curves and 30-day serum response
Ms. Sherry Tanumihardjo: Relative dose response and modified relative dose response
Dr. Jayant Shenai: Retinol binding protein relative dose response

Appendix 7



International
Vitamin A
Consultative
Group

Chairman
Dr. Abraham Horwitz, PAHO/WHO

Secretary
Dr. Frances R. Davidson, USAID

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth St., N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

Minutes of the Meeting of the IVACG Steering Committee with the IVACG Regional Representatives for Africa 19 June 1991 Guayaquil, Ecuador

Participants: Dr. Moses C. Chirambo, Dr. Frances R. Davidson, Dr. Joseph S. Diallo, Dr. Abraham Horwitz, Dr. Norge W. Jerome, Dr. Mohamed Mansour, Dr. Timothy A. Morck, Dr. Pawlos Quana'a, Dr. Vinodini Reddy, Dr. Franz Simmersbach, Dr. Alfred Sommer, Dr. Barbara A. Underwood, and Ms. Laurie Lindsay Aomari. (Steering committee member Dr. Demissie Habte was unable to attend this meeting.)

Dr. Underwood, chairperson of the IVACG Steering Committee, welcomed the IVACG Regional Representatives for Africa and Dr. Mohamed Mansour (VITAL's representative for Africa) at 1930.

Written reports received from Dr. Diallo and Dr. Chirambo were included in the meeting folders.

XV IVACG Meeting

The steering committee members agreed that the XV IVACG Meeting should be in Africa. Country sites for the meeting were discussed with the IVACG Regional Representatives for Africa and Dr. Mohamed Mansour. Zimbabwe and Tanzania were selected as the best options. All agreed that Zimbabwe's facilities are appropriate but that there is a longer history of vitamin A work in Tanzania. Secretariat staff will investigate the possibilities for having the next meeting in one of these countries.

Updates and ideas for the future

At the request of Dr. Underwood, each representative briefly commented on some of his recent activities and ideas for continuing the program.

Dr. Diallo noted the obstacles to obtaining information from the countries in his region without visiting them personally. Communications and limited resources prevent his correspondents from interacting with him more frequently. He suggested that it might be useful to write to the governments directly and request that information be channelled through government offices. Dr. Diallo will provide a list of NGO's working in French-speaking Africa and questions for each to Dr. Mansour and the IVACG Secretariat so there can be more assistance. Dr. Mansour noted VITAL's support to the documentation center at ORANA in Dakar. He visits there every three months and noted that development of this center will facilitate data collection from French-speaking countries.

Dr. Chirambo said his liaisons with the International Agency for the Prevention of Blindness, Sight Savers, VITAL, Save the Children, Helen Keller International, and other groups allow him to travel frequently in his region. During these trips he is able to provide information about IVACG and these NGO's look to him as a resource person for vitamin A. Dr. Chirambo

affirmed that a set of slides about IVACG would be very helpful and could replace his current overheads. Because Dr. Chirambo has already developed text for his presentations to medical groups, he would prefer to have the secretariat work with him to prepare appropriate slides rather than adapt information from other groups (such as TALC) as suggested at previous meetings of the regional representatives. The steering committee suggested that Dr. Alan Foster might have helpful ideas and could be asked to review what Dr. Chirambo plans to use in his presentations.

Dr. Quana'a reported that the current political situation makes travel outside of Ethiopia very difficult. Dr. Underwood encouraged him to do what can be done within Ethiopia and to inform the steering committee and secretariat of ways to support his efforts on IVACG's behalf.

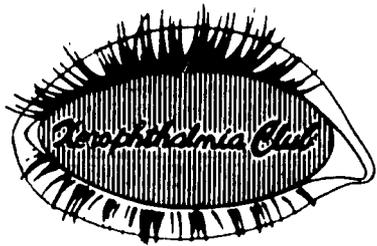
Dr. Horwitz suggested that the Task Force for Food and Nutrition for Africa, coordinated by Dr. B. De Benoist at the WHO office in Brazzaville, could provide helpful information to the representatives and that the representatives may be able to reciprocate with assistance related to vitamin A. Dr. Chirambo expressed appreciation for the help from Dr. Maletnlema. Some commented that it would be useful to coordinate with the African Nutrition Society (AFRONUS) and that Dr. Maletnlema is active with this group.

Ms. Aomari agreed to send all present information about the countries for each representative so that steering committee members and Dr. Mansour can be more helpful. Dr. Underwood reiterated the importance of the representatives informing IVACG of developments in their regions and the usefulness of the representatives helping groups within their regions communicate with each other concerning programs to control vitamin A deficiency. Dr. Chirambo stated that the IVACG Regional Representatives for Africa serve as arms of IVACG and catalysts in their regions as they provide materials and guidance.

Dr. Underwood closed the meeting at 2015.

Dr. B. De Benoist
Regional Advisor on Nutrition
Bureau Regional Pour L'Afrique
Organisation Mondiale de la Santé
Boîte Postale 6
Brazzaville
Republique du Congo
Telephone: 242-833860 or 242-833861
Fax: 242-831879

Appendix 8



XEROPHTHALMIA CLUB

BULLETIN 46

NOVEMBER 1990

**Supported by Sight Savers (Royal Commonwealth Society for the Blind)
and the International Vitamin A Consultative Group**

Bulletins are *sent free* to anyone seriously concerned with xerophthalmia
Please apply for membership to the Club Secretary

Secretary and Editor: Dr. D. S. McLaren, International Centre for Eye Health,
27-29 Cayton Street, London EC1V 9EJ, U.K.

Editorial Board: Dr Vinodini Reddy, Director, National Institute of Nutrition, Hyderabad, India;
Prof Gordon J Johnson, Director, International Centre for Eye Health, London;
Dr Lester J Tepy, Senior Nutritionist, UNICEF, New York (Retired)

Correspondents: Dr O. Amedee-Manesme, France; Mr Anish Barua, Bangladesh;
Dr. H. Flores, Brasil; Dr. S. Franken, Netherlands; Dr Florentino Solon, Philippines;
Dr. A. Sommer, U.S.A.; Dr. G. Venkataswamy, India.

SOLVING NUTRITION PROBLEMS: CONSTRAINTS AND OPPORTUNITIES

There is hope that human rights records of many governments in the world will improve by the Year 2000. But there is danger that the human rights of hundreds of millions of children who still fail to grow and develop optimally will continue to be silently trampled underfoot. If some evil dictators were intentionally starving them, we would no doubt find ways to put an end to it. But how exactly has the world failed these children?

The nutrition strategy adopted this year by UNICEF's Executive Board places the basic failures into three broad categories:

- 1) Their families are unable to obtain adequate food at all times. They lack household food security.
- 2) Their families and societies (particularly the health sector) are unable to keep them reasonably free from serious, chronic, or recurring diseases, largely preventable.
- 3) Their care and feeding is inadequate due to lack of knowledge or time on the part of their care-givers.

Underlying these casual factors are deeper failures of national and international equity and justice in a technological age in which it can no longer be claimed that available resources are inadequate to cope with the scope of this problem.

While the world must continue to be reminded of this human rights abuse, technical solutions must also be sought wherever possible. Among

other reasons for doing so, is the hope that children who can be saved from a life of malnutrition-induced passivity will vigorously join in the struggle.*

FAO and WHO are planning an International Conference on Nutrition in December, 1992, the first time they have jointly sponsored an international conference. Will the world respond to this unique initiative with a commitment to rid itself finally of the scourge of malnutrition or with a yawn?

One deciding factor may be not so much the recommendations that emerge from the conference as the process that leads up to it. In particular, the developing countries themselves must be allowed to take the lead in the planning and implementation of the conference. If nutrition is such an important problem, it may be asked, why have not the developing countries taken more of the lead in the past in attempts to mobilize solutions?

One reason may be the dependence-creating way in which donor agencies have provided assistance to developing countries. By far the major approach has been the indiscriminate dumping of surplus agricultural commodities based on the simplistic argument that "starving people need food – why not send them our surplus?" Fortunately, this practice is waning. But enlightened long-term approaches to assistance are not yet common except among some NGOs, usually on a relatively small scale.

In fact, few large development agencies provide much support to nutrition at all. Those who do, mainly UNICEF and the World Bank, rarely if ever

2 provide funds for advanced training in the subject. Nor is it commonly taught in universities in developing countries, especially in Africa. Even in industrialized countries, good training programmes in international nutrition are rare in English and French, and hardly exist in other languages common in developing countries.

Surely every country needs a cadre, no matter how small, of professionals with advanced training in issues related to its nutrition problems, field experience with practical efforts to solve them, and knowledge about how to conduct operations research. The capabilities of this cadre should somehow be institutionalized and continuously built upon.

Instead, nutrition programmes in many developing countries, especially in Africa, continue to be planned and even run largely by outsiders whose motives are often at best to test the latest "in" theory or approach. Their local counterparts are scattered, poorly trained and/or underpaid.

A developing country nutritionist may realize that cyclic processes already exist at various levels in society in which nutrition-related problems are being defined, their causes analyzed and solutions tested, leading to better problem identification and design of solutions. But rather than being enabled to support these processes, she is confused and even harrassed by "true believers" in milk, soy beans, leaf protein concentrate, locally prepared multimix weaning foods or other "solutions seeking problems." She and her colleagues have little chance to awaken the concern of high-level decision makers, to initiate intersectorial participatory programmes to alleviate nutrition problems, or to ensure that nutritional goals are appropriately included in other relevant development projects. Thus policy-makers continue to shy away from nutrition, assuming either that it is not a serious problem or that there is not much that can be done about it beyond pursuing the usual goals of development.

Where nutrition institutions do exist, at least in Africa, they tend to be marginalized sub-units in weak ministries. A nutritionist usually answers to a boss who has little respect for her as a professional. She finds it hard to assert herself professionally when faced with more prestigious persons, often professors in related fields or physicians, who consider themselves experts in international nutrition even though their knowledge in the field may be out of date or even amateurish.

This is not to say that many of the best ideas in the field do not come from knowledgeable persons who lack a formal degree in nutrition. But somehow the field of international nutrition seems to lack the preconditions for becoming a recognized speciality. Perhaps, as McLaren has suggested, this may be in part due its having no monopoly over any advanced technology. Many, recognizing the intersectorial nature of the problem, do not even believe that international nutrition should be a speciality. But can complex human problems be solved without at least a core of specialists to guide, co-ordinate and balance the efforts of the various sectors who may have important roles to play?

If the International Conference on Nutrition succeeds in raising project funding (rather than funding for institution-building) for weak nutrition institutions in countries with serious nutrition problems, these institutions risk an even greater loss of credibility. One strategy that they might employ to overcome this dilemma is to mount high visibility campaigns to solve important micronutrient deficiency problems. Feasible technical solutions exist to solve iodine and vitamin A deficiencies. Success in these areas may provide nutrition institutions with the self-confidence, political support and the increased access to funds for further staff training that they will need to take on more complex technical problems like nutritional anaemia. Through continuing field experience, particularly at community level, and contact with successful programmes in other fields and countries, an active and institutionalized national nutrition expertise will learn how to work together with development planners and with communities themselves to eliminate malnutrition.

*There is no simple term for the failure of children to grow and develop optimally. One could hardly speak of "growth and development failure - induced passivity" for example. Thus I must beg the readers' indulgence if I substitute the term "malnutrition" for this broader process.

Ted Greiner, International Child Health Unit, Department of Pediatrics, Uppsala University, S-751 85 Uppsala, Sweden.

THE MODIFIED RELATIVE DOSE RESPONSE (MRDR) ASSAY, A NEW INDICATOR FOR ASSESSING MARGINAL VITAMIN A STATUS.

The relative dose response (RDR) test, developed by Underwood and her colleagues (1), has proven to be a useful indicator of marginal vitamin A status. After a small oral dose of vitamin A in oil is given, the concentration of plasma retinol (R) rises within five hours to a greater degree in children who are in a deficient or marginal status than those who are vitamin A-sufficient. This procedure has been validated by relating the RDR percentage value to liver reserves of vitamin A determined by biopsy. The major drawback of using this procedure in the field is the requirement for two blood samples at a five hour interval.

The modified relative dose response (MRDR) assay is based on exactly the same principle as the RDR. Instead of giving retinyl acetate, however, a small oral dose of a naturally occurring analog, 3, 4-didehydroretinyl acetate, is given. After three to eight hours the ratio of didehydroretinol (DR) to R in the plasma is inversely proportional to the liver reserves of vitamin A in the deficient and marginal ranges (less than 0.07 micromol/g liver). The MRDR assay has been validated first in rats and then in humans (2-4) and more recently has been applied to preschool children in the United States and in West Java, Indonesia. These latter studies, now in press (5,6) have indicated that marginal vitamin A status is widespread among young

. 92

Indonesian who show no signs of xerophthalmia. The MRDR has the advantage of requiring a single blood sample but the constraint that a HPLC instrument must be available for analysis. Further information about the method might be obtained from Mrs. Sherry Tanumihardjo or **Dr. James A. Olson**, Department of Biochemistry and Biophysics, Iowa State University, Ames, IA 50011, U.S.A., Fax: 1-515-294-0453.

References:

1. JD Loerch et al., *J Nutr* (1979) 109:778; 2. SA Tanumihardjo et al., *Int J Vitamin Nutr Res* (1987) 57:127; 3. SA Tanumihardjo & JA Olson, *J Nutr* (1988) 118:598; 4. SA Tanumihardjo et al., *Eur J Clin Nutr* (1990) 44:219; 5. SA Tanumihardjo et al., MRDR in American children, *Am J Clin Nutr* (in press); 6. SA Tanumihardjo et al., MRDR in Indonesian children, *Am J Clin Nutr* (in press).

CALL FOR ABSTRACTS XIV IVACG MEETING

Ecuador will be the site of the XIV International Vitamin A Consultative Group (IVACG) Meeting in June 1991. The theme of the meeting is community-based interventions. The programme includes brief presentations of selected research reports on this topic and new research findings related to the effect of vitamin A status on morbidity and mortality and assessment of vitamin A status. If you would like to submit a paper for presentation, please prepare your abstract as described below.

Type double spaced in black ink on a single page with one-inch margins on all sides. Begin with the title in capital letters, followed by a period. Continue with the names(s), address(es), and affiliation(s) of the author(s), followed by a period. Underline the name of the person who would make the presentation. Begin the presentation description on a new line indented three spaces. Proofread your abstract for accuracy. All abstracts must be camera-ready for inclusion in the meeting summary.

On a separate page, provide your address and telephone, telex, cable, and facsimile numbers where you can be reached between January and March 1991. Also, please indicate if you will bring copies of your paper to the meeting for distribution if your paper is selected for presentation.

Mail both pages to: Laurie Lindsay, R.D., IVACG Secretariat, The Nutrition Foundation, Inc., 1126 Sixteenth Street, N.W., Washington, D.C. 20036, USA. Your response must be postmarked by 15 November 1990. The IVACG Steering Committee will evaluate and select abstracts for presentation. If your paper is selected for presentation, a full paper will be requested by 15 April 1991.

The International Vitamin A Consultative Group was established in 1975 to guide international activities aimed at reducing vitamin A deficiency in the world. Through its international meetings, IVACG provides a forum to foster the interchange of ideas, the presentation of new research findings and survey data, and discussion of action programmes.

'GREENS'

"Everything in these nomadic lives was bent towards a preoccupation with food, for man and beast alike. There is a word, ghudda, which in Arabic can be translated variously as "lunch" or "vegetables" or "greens", but which in Hassaniya is an omnibus expression for food of any kind, for feeding, for whatever represents the antidote to hunger. Whenever men talked together in this undernourished land, for however long they talked, you could be sure that the word ghudda would be uttered by one person or another every few sentences. If they were not arguing about the absence of ghudda for their animals, they were deploring the high cost of ghudda for human beings. Food of every kind was their obsession, in a way that no Westerner has known it for a long time".

Geoffrey Moorhouse, 'The Fearful Void' p 103 Hodder and Stoughton London 1974. A journey by camel across the Sahara from west to east.

BLINDING MALNUTRITION IN BRITAIN

The Victorian novelist Charles Dickens, after his rise to fame through his first two books *Pickwick Papers* and *Oliver Twist* turned his attention to exposing the appalling treatment of young boys in the boarding schools in Yorkshire and visited some of them to gain material for 'Nicholas Nickelby' in 1838. He came across an account of the conditions at Bowes Academy by a boy who had been afflicted by blindness while there - 'their supper consisted of warm milk and water and bread, which was called tea ... five boys generally slept in a bed ... On Sunday they had pot skimmings for tea, in which there was vermin ... there were 18 boys there beside himself, of whom two were totally blind. In November he was quite blind and was then sent to a private room where there were nine other boys blind ... Dr Benning used to come to the school when the boys had nearly lost their sight. He merely looked at the boys' eyes and turned them off; he gave them no physic or eye-water, or anything else. There was no difference in his fare during his illness, or his health'.

VITAMIN A DEFICIENCY IN BANGLADESH: PREVENTION AND CONTROL

Ian Darnton-Hill, Editor. Helen Keller International and Voluntary Health Services Society of Bangladesh. 1989. pp 227.

This book is the edited proceedings of a symposium held in Dhaka. It is a unique reference work for almost 20 years experience in Bangladesh, and also includes a few invited contributors from other countries in the region such as India (Reddy) and Indonesia (Muhilal). There are chapters on supplementation including the UNICEF contribution (Sibanda), fortification (Drexler), nutrition education (Mitra), home

4 gardening and a rare anthropological perspective (Rizvi) on food beliefs and food habits. It reads extremely well, and putting the whole package together so tightly is quite a feat.

One is still left wondering why, after so much investment of resources and commitment (the Bangladesh government has always given priority to vitamin A deficiency control and UNICEF alone must have put in over 10 million dollars), so much remains to be done. As Susan Pettiss says in an overview of operational issues: 'It all sounded so simple'. With hindsight, nothing so complex as malnutrition rooted in both rural and urban poverty could be simple to tackle.

One of the lessons that comes out from these contributions, to my mind, is that we have for too long staked too much on high dose supplementation through a vertical programme approach. Again and again we hear that coverage is no more than 30-40%, probably of those less at-risk. Why then has it been so difficult to put together programmes which combine a number of interventions? Why are we being so slow in dealing with the infectious diseases which increase demand for vitamin A during those critical early years? Why has it taken so long to tackle infant feeding patterns seriously, with the same investment as has gone into promoting artificial feeding formulas by commercial concerns? And when is blindness in childhood going to be a notifiable disease in Bangladesh?

I hope the answers, and the resulting programmes, are not another 20 years away.

Nicholas Cohen MD, Expanded Programme on Immunization, World Health Organization, Geneva, Switzerland.

**LE DEFICIT EN VITAMINE A – STRATEGIES
DIAGNOSTIQUES ET THERAPEUTIQUES –
O AMEDEE-MANESME, E. DE MAYER
VITAMIN A DEFICIENCY: STRATEGY DIAGNOSIS
AND TREATMENT**

Ce petit fascicule rédigé en français comporte 70 pages avec illustrations en noir et en couleurs. Il s'agit d'un guide, très pratique simple et accessible à tous et qui renferme tout ce qui est utile à tous ceux qui s'intéressent à la vitamine A. L'ouvrage a pour but de faire le point sur les données actuelles de la vitamine A, sur les méthodes de diagnostic sur les causes et la répartition du déficit dans le monde, sur les stratégies d'intervention préventives et thérapeutiques tant à l'échelon individuel qu'à l'échelon national. Ce fascicule comprend 5 parties.

1. Métabolisme et fonction de la vitamine A. Les auteurs montrent l'aspect biochimique de la vitamine A, citent les aliments – source, développent le métabolisme et les fonctions de la vitamine A. 2. Stratégies de diagnostic du déficit A. Les auteurs rappellent comment conduire l'examen de l'oeil dans l'avitaminose A, font le point sur les examens biologiques les plus modernes et insistent sur le test d'impression oculaire modifié par l'un des auteurs, méthode qui paraît avoir de l'avenir sur le terrain. 3. Le déficit en vitamine A –

Les auteurs développent les différents facteurs nutritionnels et pathologiques qui peuvent influencer sur le déficit en vitamine A. Ils évoquent la relation étroite qui semble exister entre la morbidité et la mortalité infantile (diarrhées, infections pulmonaires) et le déficit en vitamine A. 4. Stratégie thérapeutique du déficit en vitamine A. Ce chapitre évoque les méthodes de prévention et de traitement. 5. Rôle de l'OMS dans la prophylaxie et le traitement de la carence en vitamine A.

Tel qu'il est cet ouvrage condense avec bonheur l'essentiel des connaissances actuelles sur le statut de la vitamine A et sera d'une très grande utilité à tous ceux que cette question intéresse. C'est le seul travail de cette qualité rédigé en français et actuellement publié. Il est édité par INSERM et ORSTOM FRANCE. (Ed. See also Bull. 44 pp3,4)

J.S. Diallo.

**EYE CARE PROGRAMMES IN
DEVELOPING COUNTRIES**

Harjinder S Chana

**Norwegian Association of the Blind and
partially sighted, Oslo 1989.**

The book is written in simple language and good style. It is the outline of the development of eye health care programme in Zimbabwe. It is written as a guide for people involved in planning and delivery of eye health care in developing countries based on the primary health care approach.

The book starts with an introductory chapter which reviewed the prevalence of blindness in the world, particularly in developing countries. The causes of blindness and the ratio of ophthalmic personnel in some developing countries were compared with a representative country in Europe Denmark. The inadequacy of personnel in the face of great need is used to make a case for the application of the primary health care approach to eye health care. This calls for integration of primary eye care within the primary health care approach.

Detailed guidelines for planning such an eye health care programme are given. These range from the co-operation agreement between the donor agency and the receiver government through the establishment of the various levels of eye health care to guides on personnel training. Production of low cost spectacles, local manufacture of essential eye medication and evaluation of the programme are also discussed in detail.

It is a useful source book for use by planners of eye health care services. It will also be a valuable reference book for students attending courses on health planning, organisation and administration. However, due to cultural, legal, and political differences among developing countries, readers may have to modify portions of the book to suit their local circumstances.

The publishers, (NABP, Eye Care Programme, PO Box 1250, Mutare, Zimbabwe) have done well to make the book available free to workers in developing countries. This will go a long way

94

towards making the book achieve the author's aim in writing it.

Dr. Udechukwu F. Ezepue, Department of Ophthalmology, University of Nigeria Teaching Hospital, Enugu, Nigeria.

NOTES AND NEWS

Sight and Life supported by F. Hoffman-La Roche Ltd., PO Box CH 4002 Basle, Switzerland; vol 5 no 1 August 1990. A detailed account is given of a Regional Workshop for East, Central and Southern Africa on Vitamin A Interventions and Child Survival held in Lusaka, Zambia, June 21-24, 1990. A video has been made in Philippines entitled 'The battle against nutritional blindness.'

Dr N.C. Desai, Jodhpur, The Tarabai Rotary Eye Hospital, E-22 Shastri Nagar, behind Sardarpura Head Post Office, Jodhpur 342001 India has written of his experiences from 1984-1988 in xerophthalmia clinics in the desert of western Rajasthan. The worst drought of the century occurred in 1987 and there was a sharp rise in 'xerophthalmia' at this time (1984, 89/703; 1985, 41/352; 1986, 355/2776; 1987 923/2688 and 1988, 309/1543). Unfortunately, correspondence with Dr Desai failed to establish exactly what was being recorded as 'xerophthalmia'. The very high rates suggest that XIA may have been included; contrary to recommendations of WHO. The subjects were children aged 5-15 years and another problem may have been the inclusion of inactive XIB in the older children. For correct interpretation and comparison with other data it is important that these points be addressed. Dr Desai is much to be commended for his enthusiasm and I am sure he would appreciate corresponding on the subject.

Essential Drugs Monitor no 9, 1990 WHO, CH-1211, Geneva 27, Switzerland. Contains major items on Rational use, Bamako initiative, and National Drug policy (Ed. WHO's model list of drugs has undergone a sixth revision, it now includes measles-mumps-rubella vaccine, iodinated oil, and selenium sulfide. The latter two are for goitre and Keshan disease prophylaxis respectively and are potentially toxic – but do we know whether the list includes vitamin A?).

WIPHN (Women's International Public Health Network) vol 7, spring 1990, 7100 Oak Forest Lane, Bethesda MD 20817, USA. Notice is given here of a publication from Johns Hopkins University, School of Hygiene and Public Health by Storms D and Quinley J – A Field Guide for Adding Vitamin A Interventions to PVO Child Survival Projects. Report of a special PVO Child Survival Task Force on Vitamin A, Baltimore, MD 1988.

International Eye Foundation Annual Report 1989, 7801 Norfolk Avenue, Bethesda MD 20814 USA. Activities include vitamin A capsule distribution, measles immunisation, and nutrition education in Lower Shire valley, Malawi, where hundreds of thousands of refugees from Mozambique have put a heavy strain on the health care system (with a serious pre-existing xerophthalmia problem). Similar work among

other refugees is going on in neighbouring Zimbabwe.

In Guatemala more than 10,000 children under 5 recovering from nutritionally depleting diseases like diarrhoea and measles have received NutriAtol. In that country it is traditional to provide a cereal-like mixture called an 'atol' to sick children – in this programme it is fortified with vitamin A and other nutrients, plus sugar and packaged in a colourful envelope. School age children are supposed to bring NutriAtol home to their sick brothers and sisters. (Ed. there is no mention of nationwide sugar fortification with vitamin A – where this method originated in the 70s. Rising cost of retinyl palmitate and civil unrest caused that scheme to founder; so can NutriAtol survive when outside funding ceases?).

Mothers and Children vol 9, nos 2 and 3, 1990 published in English, French and Spanish by Nutrition Clearing house, American Public Health Association, 1015 15th St NW., Washington DC 20005, USA. Highlights include Educational Materials to support Primary Health Care and Breastfeeding: a Global Priority. (Ed. A bewildering welter of 'basic' health educational materials is pouring off the presses and experts abound. Among the illustrative drawings here two in particular caught my eye – one was appealing, showing a young man kneeling among plants as he advises a family. Another forms the cover of a manual of hygiene and first aid. A city slicker stands up in front in a threatening attitude with pointing finger raised while the cowed peasants huddle together in apparent awe or terror but also incomprehension!)

SEVA magazine, Spring/Summer 1990, Seva Foundation, 108 Spring Lake Drive, Chelsea MI 48118-9701, USA.

HAMARI AANKHEN quarterly publication of National Society for Prevention of Blindness – India, January 1990, vol 14 no. 1 (Dr RP Centre for Ophthalmological Sciences AIMS, New Delhi-29 India). The NSPB's three-year programme is described.

Institute of Food Research – AFRC Institute of Food Research, Colney Lane, Norwich NR4 7UA, UK. Newsletter Spring 1990 and publications list October-December 1989.

Garden to Kitchen Newsletter no 7 Apr-June 1989. Quarterly publication of the Family Food Production and Nutrition Project, UNICEF Pacific Operations, c/o UNDP, Private Mail Bag, Suva, Fiji. On page 2 the importance of vitamin A in measles is emphasised and good sources of the vitamin in the Pacific area are listed. (Ed. Dr Ann Burgess kindly gave me a copy of this to publicise here and I am very pleased to do this for any other material any of our readers think is appropriate).

Diarrhoeal Diseases Control Programme WHO, report of 11th meeting of Technical Advisory Group 7-8 March 1990 (Ed. this mentions in passing that research on vitamin A supplementation is being undertaken – see next item).

Programme for Control of Diarrhoeal Diseases WHO Geneva CH-1211, Switzerland, 7th

Programme Report 1988-89. On page 69 further details are given on research on vitamin A supplementation. 'Randomized, double-blind, placebo-controlled trials are to start in early 1990 in Brazil and India to measure the impact on diarrhoeal and respiratory morbidity, as well as on nutritional status, of two approaches to vitamin A supplementation - 1) periodic distribution of large doses of vitamin A to young children at community level, and 2) selective administration of vitamin A to children attending a health facility for the treatment of diarrhoea.

A manual for the Treatment of Diarrhoea is also available.

Hearty Congratulations to Dr Al Sommer, Director of ICEPO on his appointment as Dean of the Johns Hopkins University School of Hygiene and Public Health (he can be reached at 615 N. Wolfe St., Room 1041, Baltimore, Md. 21205) and to Dr Hugh Taylor, Associate Director of ICEPO since 1979 to be Professor of Ophthalmology at the University of Melbourne and to occupy the chair founded to honour his grandfather Dr Ringland Anderson.

Amaranth Today vol 5 no 4 Winter 1989-90 published quarterly by Rodale Press Inc. 33E Minor St., Emmaus PA 18098 USA.

Ocular Surgery News, International edition July 1990 vol 1 no 7 (SLACK Incorporated, 6900 Grove Road, Thorofare NJ 08086-9447, USA).

Contact bimonthly publication of Christian Medical Commission, World Council of Churches 150 route de Ferney, 1211 Geneva 2, Switzerland. No 115 July 1990. This issue highlights the plight of the Kanak people of New Caledonia in the Pacific. It describes the subversion of their traditional way of life including healing, by the French colonial system and their struggle for self-realisation and self-determination.

IAPB 4th General Assembly to be held November 11-17, 1990 in Nairobi, Kenya. The theme is 'Sustainable Strategies ... Agenda for the 1990s'. The very comprehensive programme includes consideration of new developments in the control of xerophthalmia (Ed. A brief report for the next Bulletin from any participant with our readers' interests in mind would be very welcome).

Dialogue on Diarrhoea issue no 40, March 1990. (AHRTAG, 1 London Bridge Street, London SE1 9SG). Correspondents from Africa point out that most children coming to the clinic with corneal lesions have, or have had, diarrhoea; have been given ORS but not nutritious food and ORS is saving children's lives but not their sight. They also ask if vitamin A can be added to ORS. Apart from technologic difficulties, free availability could readily lead to misuse and overdosage; nevertheless research is going on (see above).

Diarrhée Dialog no 33, September 1989, appears to be a somewhat separate publication with different contents and available from ORANA, 39 Avenue Pasteur, BP 2089, Dakar, Sénégal. An article by Dr André Briend entitled 'Vitamine A et diarrhée: réduction du risque?' concludes that

there is insufficient evidence at present for the adoption of a general policy of vitamin A supplementation to prevent diarrhoeal diseases.

VITAP (Vitamin A Technical Assistance Programme) of HKI, 15 West 16th Street, New York, NY 10011, USA. An attractive pack of educational and informational materials is available on request.

National Institute of Nutrition, Hyderabad, 500 007, Andhra Pradesh, India Annual Report 1988-89. (Ed. It is here stated in relation to the vitamin A supplementation study reported in preliminary form at the last IVACG meeting that 'these results are contrary to those reported from Indonesia and indicate that vitamin A administration per se will not reduce morbidity or mortality in children'.

Definitive publication of this study has not yet appeared, but one from Tamil Nadu in the October 4 issue of *New Eng J Med* reports a 54% reduction in mortality).

Nestle Foundation Annual Report 1989, 4 Place de la Gare, 1003 Lausanne, Switzerland. Research concentrates on problems relating to human energy and iron metabolism.

United Nations University, Tokyo, Japan - Rapid Assessment Procedures for Nutrition and Primary Health Care: anthropological approaches to improving programme effectiveness; by C.M. Scrimshaw, Elena Hurtado, 1987.

Letter from Uganda from Mr Ntungwerisho Atuhairwe, ophthalmic assistant at Ruharo Eye Centre, Mbarara. Xerophthalmia occurs but is not very common; in about 18 months 8 cases have attended the clinic, mostly with night blindness or dry eyes. Invariably the people are very poor and there is evidence that some go blind in their own villages because they cannot afford treatment. Vitamin A deficiency is most common in Kigezi/Rukungiri districts.

Letter from Dr Bray, Find Your Feet

I am writing regarding the article "High Carotene Indonesian Leaf Vegetables" which was reprinted from an early issue of the Xerophthalmia Club Bulletin in the current one. I have two serious problems with this article.

The first is that the beta carotene contents of most of the leaves are unbelievably high. The retinol equivalents per 100gram portion for *Morinda citrifolia* is 6250, for *Carica papaya* 3125, *Hibiscus manichot* 1250, *Amaranthus* sp 961 for example. Yet from values published in the *Composition of Foods* (US Dept of Agriculture Ag. Handbook No. 8 revised) essentially all RE values for DGLV are in the range from 600 to 900. (*Amaranthus* for example is listed at 610 RE/100g).

My second problem is with the use of 750 mcg of beta carotene as the full daily requirement of a 1 to 6 year old child. This value is very low. The current US RDAs when translated into mcg are 2400 mcg for a 1 to 3 year old child and 3000 mcg for a 4 to 6 year old.

The republication of this paper implies that the Xerophthalmia Club thinks that eating only two or three dark green leaves a day will adequately protect children from vitamin A deficiency. This small quantity will do no such thing.

Critical review of provitamin A determination in plant foods. *J Micronutrient Anal* 1989;5:191-225. Rodriguez-Amaya DB, Departamento de Ciencia de Alimentos, Faculdade de Engenharia de Alimentos, Universidade Estadual de Campinas, 13081 Campinas, SP, Brazil. "The procedures, errors or limitations, as well as advantages of AOAC, COST, open-column and HPLC methods are discussed. Importance of conclusive identification is emphasised and aggravating problems, e.g. degradation during analysis, natural variation between samples, and inadequacy of conversion factors are pointed out. In spite of advances the data obtained continue to be incoherent".

(Ed. Dr Rodriguez-Amaya sent me a reprint of this very useful review of the subject. It would be very helpful if others would do the same with work they consider relevant; especially in the less well-known literature).

Village and household clustering of xerophthalmia and trachoma. *Int J Epidem* 1988;17:865-9. Katz J et al ICEPO, Wilmer 120, 600N Wolfe Street, Baltimore MD 21205 USA. This was examined in Malawi and Indonesia. Trachoma clustered much more than xerophthalmia among villages and households. The impact of xerophthalmia clustering on sample size was similar in the two locations. Village clustering of xerophthalmia would necessitate a twofold increase in sample size. Household clustering in the absence of village clustering would have almost no impact on sample size. Village clustering of trachoma would necessitate a ninefold increase; household clustering a 26% increase.

Conjunctival impression cytology for assessment of vitamin A status. *Amer J Clin Nutr* 1989;50:814-7. Reddy V et al National Institute of Nutrition, Jamai-Osmania, Hyderabad 500007, AP, India. 246 children aged 1-10 years were investigated. Serum retinol correlated well with abnormal cytology. About 25% with clinically normal eyes had abnormal cytology. After treatment most abnormal cytology showed improvement.

Between- and within-subject variation in nutrient intake from infancy to old age: estimating the number of days required to rank dietary intakes with desired precision. *Amer J Clin Nutr* 1989;50:155-67. Nelson M et al Department of Food and Nutritional Sciences, King's College London, London W8 7AH, UK. Seven days of diet record do not rank subjects with the degree of accuracy commonly assumed. For some nutrients, including retinol and carotene, methods based on dietary histories or questionnaires may be the most appropriate.

Regulation of growth hormone gene expression by retinoic acid. *Nutr Revs* 1989;47:374-5. Retinoic acid acting in synergism with thyroid hormone,

stimulates production of growth hormone in cultured pituitary cells. Evidence shows that retinoic acid produces this effect binding to its nuclear receptor, a step followed by association of the retinoic acid-receptor complex with an element of the promoter of the growth hormone gene, in concert with thyroid hormone. Growth retardation in vitamin A deficiency may be caused by insufficient production of growth hormone, possibly exacerbated by decreased availability of thyroid hormone. (Ed. Looks like a good research project for someone!)

Retinol and the neonate: special problems of the human premature infant. *Amer J Clin Nutr* 1989;50:413-24. Zachman Rd, University of Wisconsin-Meriter Perinatal Centre, 202 South Park Street, Madison, WI 53715, USA.

In prematurity liver reserves and RBP in serum are lower than in the term infant. Pulmonary epithelial cell damage is common and vitamin A is especially important for protection.

Prophylaxis against blindness due to vitamin A deficiency among children. U. Kapil. *Swasth Hind* July 1989 p 185 (All India Institute of Medical Sciences, New Delhi). Strategies to combat blindness in India. U Kapil. *Sehat* October 1988 pp 2-6.

Carotenoids: recent progress, problems and prospects. VN Karnaukhor. *Comp Biochem Physiol Part B* 1990;95:1-20. (Academy of Science of the USSR, Institute of Biophysics, Pushchino 142292, USSR).

Carotenoid composition, concentrations, and relationships in various human organs. Kaplan LA et al. *Clin Physiol Biochem* 1990, 8:1-10. (Medical Reserach Labs, 2350 Auburn Avenue, Cincinnati OH 45219, USA).

Carotenoid analyses of selected raw and cooked foods associated with a lower risk of cancer. Micozzi MS et al. *J Nat Cancer Inst* 1990 82, 282-5. (USAF Institute of Pathology, National Museum of Health and Medicine, Washington DC 20306, USA).

Antioxidant functions of carotenoids (review article). Krinsky NI. *Free Radical Biol Med* 1989, 7:617-636 (Tufts Unive:sity Department of Biochemistry, Health Science Campus, Boston MA 02111, USA). (Ed. Authoritative account from a leading expert).

Food consumption of children with and without xerophthalmia in rural Tanzania. Pepping F et al. *Trop Geogr Med* 1989, 41:14-21. (reprint requests to West C, Department of Human Nutrition, Agricultural University, PO Box 8129, 6700 EV, Wageningen, Netherlands). 26 children (4-9 years) of whom 9 had XIB were studied for 4 days. Staples were maize and sweet potatoes; sorghum and cassava were also used. Energy intake was rather low but protein was above recommended intake. Intake of retinol, beta carotene, folic acid

-91

8 and iron was low in all children, especially in those with Bitot's spots. Dried green leafy vegetables contributed about 20% of beta carotene intake.

Vitamin A, immunity and infection. Tomkins A, Hussey G, *Nutr Res Revs* 1989;2:17-28 (Clinical Nutrition Unit, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK). After a review of dietary sources, absorption, excretion and assessment of vitamin A status the literature is discussed under the following headings: animal studies (mucosal surfaces, cell-mediated immunity, humoral immunity); free radical scavenging, malnutrition-infection interactions in man, epidemiological studies, vitamin A supplements and infections, and preventive supplementation with vitamin A.

Separation and determination of individual carotenoids in a Capsicum cultivar by normal-phase high-performance liquid chromatography. Almela L et al, *J Chromatogr* 1990;50:95-106 (University of Murcia, Department of Agricultural Chemistry, Santo Christo 1, E-30001 Murcia, Spain).

Inhibiting effect of phenolics on carotene bleaching in vegetables. Oszmianski J, Lee CY. *J Agr Food Chem* 1990;38:688-9 (Lee CY, Cornell University, Department of Food Science and Technology, Geneva, NY 14456, USA).

Carotenoids and provitamin A activity of carrot (*Daucus carota* L.) cultivars. Heinonen MI, *J Agr Food Chem* 1990;38:609-11 (University of Helsinki, Department of Food Chemistry and Technology, SF-00170, Helsinki, 17 Finland).

The metabolism of (14C) beta-carotene and the presence of other carotenoids in rats and monkeys. Krinsky NI et al, *J Nutr* 1990;120:81-7 (Department of Biochemistry, Tufts University, School of Medicine, Boston MA 02111, USA). Both species are highly efficient converters of beta-carotene to retinol, rats greater than monkeys. Monkeys can absorb intact carotene. Other carotenoids were also deposited in liver and other organs.

Use of free and transthyretin-bound retinol-binding protein in serum as tests of human vitamin A status: effect of high creatinine concentrations in serum. Burri BJ et al, *Clin Chem* 1990;36:674-6 (USDA ARS PWA Western Human Nutrition Research Center, Biochemistry Research Unit, PO B 29997, San Francisco CA 94129, USA).

Isothermal and nonisothermal kinetics in the stability prediction of vitamin A preparations. Yoshioka S et al, *Pharmaceutical Research* 1990;7:388-91 (National Institute of Hygiene Science 1-18-1, Kamiyoga Setagaya KU, Tokyo 158 Japan).

Cost and efficiency considerations in community-based trials of vitamin A in developing countries. Tielsch JM, West KP Jr. *Statis Med* 1990;9:25-44 (Johns Hopkins University School of

Medicine, Wilmer Institute, Baltimore, MD 21205 USA).

Excessive faecal loss of vitamin A (retinol) in cystic fibrosis. Ahmed F et al, *Arch Dis Childh* 1990;65:589-93 (Department of Human Nutrition, University of Southampton, Southampton SO9 3TU, UK). 11 patients and 12 matched controls had similar intake and absorption of vitamin A. However, the percentage of intake found in the stools was 40% in cystic fibrosis compared with only 1.8% on controls.

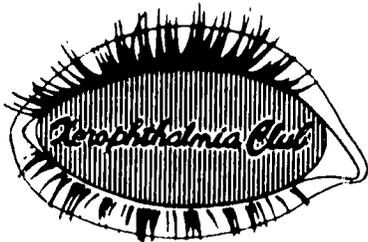
Vitamin A, gene expression, and pulmonary problems in neonates. Chytil F, In 'Nutrition and the Origins of Disease' 1989 pp 15-29 (Department of Biochemistry, Vanderbilt University School of Medicine, Nashville, Tennessee, USA).

Plasma retinol-binding protein response to vitamin A administration in infants susceptible to bronchopulmonary dysplasia. Shenai JP et al, *J Pediat* 1990;116:607-14. (Department of Biochemistry, Vanderbilt School of Medicine, Nashville, Tennessee, USA). Plasma RBP response measured just before and 1, 3 and 6 hours after IM vitamin A 2000 IU/kg on days 1 and 28 was shown to be a useful functional test of vitamin A status.

Early detection of vitamin A deficiency in children with persistent diarrhoea. Usha N et al, *Lancet* 1990;335:422 (Department of Paediatrics, Postgraduate Institute of Medical Education and Research, Chandigarh 160012, India). 26/37 children less than 5 years old with diarrhoea greater than 14 days and no eye signs had abnormal conjunctival impression cytology. All 25 age-matched controls were normal. After 100,000 IU vitamin A all 17 cases returned to normal cytology within 15-20 or 30-50 days.

Evaluation of vitamin A toxicity. Hathcock JN et al, *Amer J Clin Nutr* 1990;52:183-202, Food and Drug Administration, HFF-268, 200 C Street, SW, Washington DC 20204, USA). Adverse effects may occur in children with intakes as low as 1500 IU/kg/d, and pregnant women are also vulnerable with birth defects being associated with maternal intakes as low as about 2500 IU/d (Ed. This low level was one instance of ureteral defect and therefore of doubtful significance). The teratogenicity of vitamin A analogues is well documented. Apart from causing hypercarotenosis beta carotene appears to have no other effect in experimental animals or humans. Canthaxanthin which is non-provitamin and is much used as a food colour additive causes a reversible retinopathy, which should surely lead to its being banned. (Ed. One conclusion appears to be at variance with IVACG recommendations for pregnancy and suggests these should be looked at again - 'an intake of 10,000 IU/d cannot be guaranteed safe for all individuals in a large population, especially for those persons with conditions such as pregnancy, liver disease, or exposure to potentiating substances that may predispose to vitamin A toxicity'.)

98



XEROPHTHALMIA CLUB

BULLETIN 47

MARCH 1991

**Supported by Sight Savers (Royal Commonwealth Society for the Blind)
and the International Vitamin A Consultative Group**

Bulletins are *sent free* to anyone seriously concerned with xerophthalmia
Please apply for membership to the Club Secretary

Secretary and Editor: Dr. D. S. McLaren, International Centre for Eye Health,
27-29 Cayton Street, London EC1V 9EJ, U.K.

Editorial Board: Dr Vinodini Reddy, Director, National Institute of Nutrition, Hyderabad, India;
Prof Gordon J Johnson, Director, International Centre for Eye Health, London;
Dr Lester J Tepy, Senior Nutritionist, UNICEF, New York (Retired)

Correspondents: Dr O. Amedee-Manesme, France; Mr Anish Barua, Bangladesh;
Dr. H. Flores, Brasil; Dr. S. Franken, Netherlands; Dr Florentino Solon, Philippines;
Dr. A. Sommer, U.S.A.; Dr. G. Venkataswamy, India.

A GUIDE TO THE VITAMIN A AND CHILD SURVIVAL CONTROVERSY

Most of you will not be aware that after the IVACG Meeting in November 1989 differences began to emerge 'behind the scenes' and more recently in the literature (scientific and other) over whether or not vitamin A supplementation significantly reduces mortality. This issue is clearly of the greatest importance for child health policy in developing countries.

It would be wrong for me to take advantage of my position with the Bulletin to try to influence you by stating where my own feelings lie. The Editorial Board and I recognise, however, that we have a duty to keep you informed of events in this field as they unfold. Matters had reached a high emotional point just before our November issue was due to go to press but all concerned agreed that it would be better to wait a little but in view of what has now appeared in the literature something needs to be said.

Those of us who are active in this field, and I

include myself as one associated with one of the ongoing field trials, are well aware of what has been published so far. The compilation below is meant primarily for those of you who for various reasons are less closely in touch and yet because of teaching and other responsibilities in this area have a need to know of recent developments. It is not meant to be exhaustive but is intended to be fully representative of the state of the art. It should be read with the fact in mind that the subject is almost as old as vitamin A itself, identified about three quarters of a century ago, and I would remind you that there is an extensive literature showing increased rates of infections and mortality in experimental animals and a number of clinical studies with similar results in which vitamin A deficiency was much more extreme than is the case in the studies below.

It is hoped that this will pave the way before the next IVACG meeting to be held in June when this issue will be discussed. Your views on this or any other relevant topic would be most welcome as always, by May 31st please for our July number.

<u>Title</u>	<u>Author(s)</u>	<u>Reference</u>	<u>Comments</u>
1 Increased mortality in mild vitamin A deficiency	Sommer, A; Tarwotjo, I	Lancet 1983	up to 8-fold increase
2 Increased risk of respiratory disease and diarrhea...	Hussaini G et al	ii 585-88	
3 Impact of vitamin A supplementation on childhood mortality	Sommer; Katz J; Tarwotjo	Amer J Clin Nutr 1984; 40:1090-5	both significantly increased
	Sommer, Tarwotjo et al	Lancet 1986 i, 1169-73	'may decrease mortality by as much as 34%'

(criticisms made and responded to in Lancet; criticism by Gopalan in NFI Bull 1986,7:6 and Cohen N in Xero Club Bull 1986 no 34)

cont... Title	Author(s)	Reference	Comments
4 Influence of participation on mortality in a randomized trial...	Tarwotjo, Sommer et al	Amer J Clin Nutr 1987;45:1466-71	'impact... estimated to exceed 34%'
5 Mild vitamin A deficiency and childhood morbidity...	Milton RC, Reddy V, Naidu AN	Amer J Clin Nutr 1987;46:827-9	respiratory disease increased; diarrhoea not different
6 Vitamin A supplements and mortality related to measles...	AJG Barclay, A Foster, A Sommer	Brit Med J 1987; 294:294-6	under 2 yrs 1 death v 7 in controls
7 Vitamin-A fortified MSG and... survival	Muhilal et al	Amer J Clin Nutr 1988;48:1271-6	control village deaths 1.8 x treated
8 Randomized, controlled trial of vitamin A... in severe measles	Hussey GD, Klein M	New Eng J Med 1990;323:160-4	10 deaths in placebo; 2 in 'treated'
9 Vitamin A and child mortality`	Gopalan	NFI Bull 1990,11,1	'results (of then unpublished NIN study) contrary to those from Indonesia'
10 Vitamin A supplementation and child mortality	J Cravioto	NFI 1990;11,5	'the NIN study is conclusive on lack of effect of supplement on mortality'
11 Reduced mortality... in S. India... (with editorial)	L. Rahmathullah, B. Underwood et al	N Eng J Med 1990;323:929-35	'average reduction of 54% in mortality'
12 'Reduced mortality' with vitamin A supplementation	K. Ramachandran	NFI Bull 1990,12,6	criticism of Rahmatullah et al 'has a number of aspects which could raise doubts about validity'
13 (not seen by DSM)	Abdeljaber M, Monto A, Tilden R	Gizi Indonesia 1990;15:23-31	'subsequent analysis of Sommer et al 1986 showed supplementation had no effect on morbidity'
14 Effect of massive dose vitamin A on morbidity and mortality in children (with editorial, subsequent correspondence Jan 26)	Vijayaraghavan K et al	Lancet 1990;336: 1342-5	'no effect on morbidity; findings suggest vitamin A alone may not reduce mortality'

completed January 31, 1991

Donald S. McLaren

PHILIPPINE VAD PROGRAM

The Department of Health (DOH) launched the 1990-1994 Philippine Vitamin A Deficiency (VAD) Prevention and Control Program to reduce VAD and associated blindness, morbidity and mortality in the country. Major programme strategies include: developing technical and resource capabilities of health service outlets; prevalence surveys to identify high risk areas; supplementation with high dose vitamin A capsule and referral to hospitals of complicated cases; nutrition education; fortification studies; agricultural production; multi-level trainings; and research.

The DOH with assistance from Helen Keller International (HKI) recently developed a vitamin A training module for their trainers at the provincial level. The module was piloted together with the training modules on iron deficiency and iodine deficiency with one provincial team per region. An important tool for training DOH personnel of about 10,000 midwives, 8,000 nurses and 7,000 physicians was the video tape on vitamin A

developed by the Nutrition Center of the Philippines (NCP) for DOH through HKI assistance. The training tape in English shows strategies for detection, control and prevention of VAD.

On the private side, the NCP, a private foundation was commissioned by the HKI Vitamin A Technical Assistance Program (VITAP) to train private volunteer organizations and non-government organizations on vitamin A assessment, control and prevention. This year, the NCP conducted three batches of training for 72 participants from 33 PVOs/NGOs in the country. The training modules included strategies for VAD assessment and interventions, training at various levels and project planning and management. The training was a vital exercise towards initiation and expansion of the VAD program in the country. The main output of the training is a guide for program implementation at their level and establishing linkages with government organization.

Meanwhile, a collaborative effort to develop a training manual for trainers on VAD prevention and control in Asia and the Near East countries was undertaken by the Howard University Medical

School Ophthalmology Department in Washington, D.C. and the NCP with HKI assistance. A joint workshop held in the Philippines was undertaken with the DOH personnel at the provincial level to pretest the training modules. The manual is undergoing a final review by the Howard University and the NCP panels of reactors. A training module for field implementors will also be developed by HU-NCP team together with trained trainers of DOH.

Florentino Solon

(Our correspondent Dr Solon and Mrs Solon are such enthusiastic advocates of good vitamin A nutrition that they have sent their New Year greetings on a Nutri-card and calendar promoting the use of taro leaves as rich sources of vitamin A and iron!)

STUDIES ON FORTIFICATION OF COOKING VEGETABLE OIL WITH VITAMIN A IN BRAZIL

Deficiency of Vitamin A in Brazil is a public health problem. Its incidence varies within the country but it is higher in the Northeast where deficiency and xerophthalmia have been reported in some regions. Low intake of the vitamin and/or carotene is shown to be widespread. Three distinct possibilities are presently available for the prevention of this vitamin A deficiency. They are: 1 – periodic supplementation of prophylactic oral doses of the vitamin, 2 – community programs for the utilization of local plant foods rich in carotenoids and 3 – fortification of the most frequently consumed foods with vitamin A or carotene. Cow's milk and sugar have been studied as potential food carriers of the vitamin but vegetable cooking oil appears to be one of the most appropriate choices for several reasons. Firstly, the use of vegetable oil, in particular soybean oil, is increasing very rapidly in a fast urbanizing population in all regions of Brazil. Secondly, soybean is relatively inexpensive and an excellent source of polyunsaturated fatty acids and vitamin E. Finally, Brazil has a large and well established infrastructure for the processing of vegetable oil where vitamin A could be added.

The group of Professor J. E. Dutra de Oliveira of the University of São Paulo in Ribeirão Preto, Brazil, in collaboration with Professor I. D. Desai of the University of British Columbia in Vancouver, Canada, are conducting several studies on the feasibility of fortifying cooking vegetable oils with vitamin A. The preliminary results of these studies indicate that vitamin A palmitate added to refined soybean oil remains stable during cooking and storage and that the fortified vitamin A is readily available using rat bioassay technique. Studies on the feasibility of utilizing vitamin A fortified vegetable oils for the prevention of vitamin A deficiency in humans are presently being conducted by a team of researchers at the University of São Paulo Medical School in Ribeirão Preto, Brazil.

J. E. Dutra de Oliveira, M.D., Professor of Clinical Nutrition, Faculty of Medicine, 14.049 Ribeirão Preto, SP-Brazil.

A NOTE ON RELATIVE DOSE RESPONSE (RDR)

3

In the last issue Dr James Olson gave a short account of his new test for assessment of vitamin A status, the Modified Relative Dose Response (MRDR). In principle it works like the RDR that Dr Barbara Underwood and her colleagues introduced some years ago. As I understand it the underlying hypothesis is based on the finding that in the presence of vitamin A deficiency with diminished liver stores, apo-RBP (that is the form of retinol-binding protein not bound to retinol) accumulates in the liver to several times its normal concentration. In the RDR, after baseline serum retinol has been measured, a small dose of vitamin A, 450ug, is given by mouth. Some of this is taken up by the liver, combines with some of the excess apo-RBP there and, as holo-RBP this is released into the circulation and in proportion to the preexisting deficiency causes a rise in serum retinol. To quantify the result the difference between the two serum retinol values is divided by the final value and expressed as a percentage (it is not clear why the final rather than the initial value has been chosen, as is customary in such expressions). Evidence suggests that values above 20% indicate low liver stores.

Clearly, anything that interferes with this process would affect the result. Young children in developing countries whose vitamin A status is of primary public health concern commonly have some degree of protein-energy malnutrition and repeatedly suffer from a variety of infections and infestations. Protein deficiency will interfere with the RDR by decreasing liver synthesis of rapid turnover transport proteins, including apo-RBP. Infections and injury and some other disease processes result in what is known as the Acute Phase Response. Among the changes in this highly complex process some proteins, such as C-reactive protein, increase in plasma, but some transport proteins, particularly those that have a rapid turnover like RBP markedly decrease and serum retinol also decreases. Several mechanisms are considered to be responsible among which increased capillary permeability appears to be predominant. Under these circumstances it is difficult to see how serum retinol and tests based upon it can be a true reflection of vitamin A status.

Finally, a recent study in patients with liver disease failed to find the rise in RBP concentration in liver cells of the rat in vitamin A deficiency, suggesting that the basis for the RDR worked out originally in animals may not apply in man.

Fleck A: Acute phase response: implications for nutrition and recovery. *Nutrition*; 1988;4:109-115.

Mourey M-S et al: Regulation of metabolism of retinol-binding protein by vitamin A status in children with biliary atresia. *Amer J Clin Nutr* 1990;51:638-43.

Donald S. McLaren

IVACG

Community-based Interventions will be the theme of the XIV International Vitamin A Consultative Group (IVACG) Meeting, 18-21 June

101

4 1991, in Guayaquil, Ecuador. The program includes brief presentations of selected research reports on this topic and new research findings related to the assessment of Vitamin A status and the effect of vitamin A status on morbidity and mortality. For more information write to Laurie Lindsay Aomari, RD, IVACG Secretariat, The Nutrition Foundation, Inc., 1126 Sixteenth Street, N.W., Washington, D.C. 20036, USA. The fax number for the IVACG Secretariat is (202) 659-3617.

CORNEAL SCARS AND ANTERIOR POLAR CATARACT

One notices how little attention has been given in the present day literature to the development of an anterior polar cataract behind a cornea partially opaque due to an exacerbation in xerophthalmia. Summarising my observations over twenty years in ten African and Asian countries the following picture emerges.

Children and adults who have developed a leucoma in the lower cornea resulting from xerophthalmia almost invariably have the lower part of the iris attached to it, be it in the form of a small adhesion or as a larger area of contact. The two tissues have fused often marked by pigmentation in the centre of the scar after an obvious perforation or after the development of a descemetocoele or without any sign of preceding perforation.

Limbic pigment cells sometimes move on the outer surface to the centre of the opacity. This can occasionally be observed. Pigment originating from the iris does move through the corneal stroma viz. the scar tissue to the surface as can be seen in histological sections. The pupil often has been pulled down to the adhesions between the iris and the cornea. The pupil may have become so narrow as to be hidden behind the upper part of the scar but will respond to mydriatics and widens to allow scrutiny of the fundus. Ophthalmoscopy may be difficult due to the change of curvature of the clear cornea just above the visible scar. In youngsters the gradual return to transparency of the scarred cornea may be observed provided there is no adherent iris.

When one scrutinizes the anterior surface of the lens one may notice an anterior polar cataract; in my experience at least in every third case. When the patient turns his eyes down and the upper lid is restrained the lens opacity is easily visible usually better without the help of a slitlamp than with that instrument. Its location is always in the axis of the lens and not below it where a perforation might have taken place in the past. The opacity may appear in one or a combination of the following forms:

1. As a conical elevation above the surface of the lens.
2. As a very irregular pyramid-shaped elevation.
3. As a smaller or larger round dot immediately under the seemingly normally shaped capsule.
4. As an opaque ring immediately under the capsule.
5. In combination with all forms opacities in the axis of the lens occur with radiations in the level of different lens fibres.

Occasionally these pyramidal cataracts may fall down from the anterior lens surface into the chamber recess.

Eyes removed because of corneal staphyloma show in the histology of the lens a variety of abnormalities with different forms of anterior polar cataract. There may be shrivelling of the anterior lens capsule, duplication of the capsule in front of and behind the local cataract, flattening of the whole body of the lens, thinning of the equator and widespread disturbances of the subcapsular epithelial layer. I have observed such abnormalities in some twenty eyes enucleated for staphyloma after xerophthalmia.

Ernst Fuchs observed among young children in Vienna much xerosis and keratomalacia around 1900. He describes polar cataracts in staphylomatous eyes in his textbook of ophthalmology (translated by Duane into English). He attributes the malformation of the anterior lens pole to the contact with the diseased cornea. The lens could touch the cornea at the edge of the perforation but more often in a place well above the perforation which commonly occurs in the lower half of the cornea. The area of contact could be a relatively clear part of the cornea. Fuchs also observed the recovery of partially opaque corneas to transparency in young children. In such cases observers at a later date are left with the question about the pathogenesis of the peculiar opacity; congenital or acquired?

The direct contact between lens and cornea was assumed to be the cause of the abnormalities in the anterior pole of the lens. This mechanical explanation seems hardly sufficient to me. Where the histology always reveals abnormalities in the cubical epithelium in conjunction with polar cataract one is tempted to surmise a direct link with the deficiency. The location in and around the axis of the lens is certainly determined by the intrinsic properties of its epithelium.

Dr. S. Franken

VITAMIN A EAST AFRICA WORKSHOP

A vitamin A regional workshop organized by Helen Keller International's Vitamin A Technical Assistance Program (VITAP) in collaboration with the Zambian Ministry of Health and UNICEF was conducted in Lusaka, Zambia from June 21-24. Ministries of Health, UNICEF representatives and PVO's from 12 East, Central and Southern African countries including the countries of Angola, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Swaziland, Sudan, Tanzania, Uganda, Zambia and Zimbabwe attended the workshop. The purpose of the workshop was to familiarize participants with vitamin A and vitamin A deficiency and to discuss strategies of how to reduce childhood mortality, morbidity and blindness related to severe vitamin A deficiency. Participants explored mechanisms for incorporating vitamin A activities into Child Survival programs. During the last day of the workshop, participants worked together in drafting a declaration on vitamin A which encourages national governments, international agencies,

foreign governments and donor organizations to provide the necessary resources to achieve the eradication of vitamin A deficiency in East, Central and Southern Africa by the year 2000. Funding for the workshop was provided by USAID, Office of Private and Voluntary Cooperation, Bureau for Food for Peace and Voluntary Assistance (FVA/PVC), Washington, D.C. For those interested in obtaining the workshop proceedings, please contact: VITAP, Helen Keller International, 15 West 16 Street, New York, NY 10011

VITAMIN A/CHILD SURVIVAL

Helen Keller's Vitamin A Technical Assistance Program has recently produced a brochure which reviews the relationship between vitamin A deficiency and child survival. The brochure, which is available in English and French, targets policy makers and program planners. Limited editions are available to non-PVO's upon request. For those interested, please contact: Lauren Blum, VITAP, Helen Keller International, 15 West 16 Street, New York, NY 10011.

NUTRITIONAL KNOW HOW!

"Her conviction was that the proper combining of food ingredients lay not on any printed page but in the taste of the stirring spoon".

Mrs Varner of Frenchman's Bend, Mississippi p97 of *The Hamlet* by William Faulkner.

BOOK NOTICES

Vitamin A Deficiency in Bangladesh: Prevention & Control: Edited by Ian Darnton-Hill Published in 1989 by HKI in Bangladesh; available from The Country Director, Helen Keller International, PO Box 6066, Gulshan, Dhaka-1212, Bangladesh. This well referenced, multi-author book of 227 pages consists of four sections – Vitamin A Status (p 1-76); Short Term Measures (p 77-124); Medium Term Measures (p 125-170) and Long Term Measures (p 171-218). Most of this general and local information has been covered in previous publications, but it is useful, especially for newcomers and those with special interest in Bangladesh to have it all under a single cover.

A Field Guide for Adding Vitamin A Interventions to PVO Child Survival Projects: Recommendations for Child Survival Project Managers – Doris Storms and John Quinley; Johns Hopkins University, 1989, pp39 (from PVO Child Survival Support Service, The Johns Hopkins University, Institute for International Programs, 103 East Mt. Royal Ave., Baltimore, MD 21202, USA).

State of the World's Children 1991: The annual report of UNICEF highlights the World Summit for Children (see later) but in general paints a very gloomy picture that is bound to become worse than feared as the Gulf War and conditions in Africa and the Soviet Union get 1991 off to a very bad start. It is estimated that there are about 150 million malnourished children; 30 million live on streets; 7 million in refugee camps and in New York child abuse has quadrupled from 600,000 to

2.4 million in the past 10 years. This is essential reading for all concerned in any way with child welfare.

Spotlight on the Cities: Improving Urban Health in Developing Countries. I. Tabibzadeh, A. Rossi-Espagnet, and R. Maxwell (pp iv + 174; Sw frs 30) WHO Geneva, 1989. 'Worldwide attempts to improve the lot of rural communities have diverted attention from the plight of the urban poor. The WHO estimates that if nothing is done a billion people will be living in slums and shanty towns by the year 2000. Many imaginative projects, details of which are given, are already under way, but they only scratch the surface.'

Outcome Measures in Prospective Studies of Childhood Diarrhoea and Respiratory Infections: Choosing and using them. S. N. Cousins, B. R. Kirkwood. An informal paper from WHO/CDD/EDP Geneva. 'Children in developing countries suffer repeated episodes of diarrhoea and respiratory morbidity. A number of outcome measures are available for use in prospective studies of these diseases: number of episodes, number of days of morbidity, average duration of each episode, severity of each episode. While the analysis of binary outcomes such as ill/not ill or survived/died is discussed extensively in the epidemiological literature, less attention has been paid to other types of outcome. In this paper we explain how the choice of an appropriate measure of outcome is governed by the research question posed, and we examine some of the basic statistical techniques available for analysing outcomes, such as number of episodes. A worked example is presented using data on diarrhoeal morbidity.'

Anthropometric standards for the assessment of growth and nutritional status: A. Robert Frisancho, June 1990 pp 189 Manchester University Press £29.95.

Iron Nutrition in Childhood: Acta Paediatrica Scandinavica Suppl 361, 1989. Papers presented at the Milupa Workshop held in Athens 10-11 March 1989 eds Peter J. Aggett and Brian Wharton.

Towards Rational Drug Use: Proceedings of an International Consultation held in Manila, Philippines August 1988 ed K. Balasubramaniam pp65.

NOTES AND NEWS

World Summit for Children – This widely publicised, unique event held at the UN Headquarters in New York on September 30, 1990 resulted in a World Declaration on the Survival, Protection and Development of Children and a Plan of Action for Implementing this Declaration in the 1990s. Of special relevance here is the inclusion under the section of Nutrition of item iv) reading 'Virtual elimination of vitamin A deficiency and its consequences, including blindness.' The entire plan of action has been estimated to cost £10 bn annually for the next ten years with about one third expected to come from the industrialised nations. Things are now very much over to the governments themselves – both to come up with the needed money and to respond to the call by the Summit for them to prepare, before the end of 1991, national programmes of action to implement

10/2

these commitments. In this way each government must decide what priority it will give to the various components of the Plan of Action for its own country. The choice facing them will not be easy; for example in the light of the presently available evidence on the role of vitamin A deficiency in child survival what emphasis should be given to capsule distribution and other specific measures in this field? Moreover, at the time of writing events unfolding in the Gulf cast an ominous shadow across the world.

Higher Nutrition Training in Europe – Report on a survey conducted for the WHO Regional Office for Europe and available in draft form from Arne Oshaug, Nordic School of Nutrition, University of Oslo, Norway. This is based on a postal questionnaire sent to 172 persons in all 32 WHO member countries in September-October, 1990. Replies came from 53 institutions in 22 countries; 6 of which had no such training. It is concluded that this level of teaching of the discipline is in its infancy in Europe but the report forms a useful baseline for future studies.

Sight & Life – Vol 5 No. 2, October 1990, supported by F. Hoffmann-La Roche Ltd., PO Box CH-4002, Basle, Switzerland. This issue is devoted to an account of the Regional Conference of the International Union for Health Education held in Singapore, July 17-20, 1990. (Ed. Included is a poster from HKI with Sight & Life support, featuring the Charles Schulz character Woodstock clutching a carrot and asking 'are these *really* good for your eyes?' Carrots are not the most appropriate source of vitamin A in places where a public health problem exists, and attention should not be drawn exclusively to the eyes).

IAPB News – September 1990, No 13, mailed free of charge – International Association for the Prevention of Blindness, Editor, Terrence Gillen, c/o National Eye Institute, National Institutes of Health, Building 31, Room 6A-03, Bethesda, Maryland 20892, USA. Among the contents are an account of the IVACG meeting in Kathmandu in November 1989 and details of the programme of the IAPB's Fourth General Assembly which was held in Nairobi, 11-16 November 1990.

At this meeting the 'IAPB Award for Lifelong Service to the Prevention of Blindness' was made to the following: Dr Moses Chirambo, Dr Viggo Clemmensen, Dr Francisco Cantereras, Dr Cheng Hu and Dr Antoinette Pirie (Ed. As most of you will know, 'Tony' Pirie edited this Bulletin from its inception in 1972 until I was asked to take over in October 1985. She was unfortunately not well enough to travel to Nairobi to receive the award in person, but Gordon Johnson conveyed the award and the congratulations of all to her in her own home in Oxford later. It is a great pleasure to be able to let the many friends of Tony around the world know of this much deserved honour she has received).

AHRTAG, a new publication – AHRTAG Primary Health Care Short Course Directory Update 1990-91, lists 68 short courses in this field currently available in the U.K. Available from Margaret Elson, AHRTAG, 1 London Bridge Street, London SE1 9SG, U.K. – Price £3.50 (plus postage – £0.35 to U.K., £0.85 to Europe, £1.75 outside Europe).

With BOMS (Bureau for Overseas Medical Services) AHRTAG is running a course 'Introductory primary health care in developing countries' 22 April-26 April 1991 at AHRTAG, fees £140 individuals, £160 organizations – apply to AHRTAG address above.

Dialogue on Diarrhoea, issues 41, and 42, June, September 1990, from AHRTAG, address as above. The June number discusses home fluids and cereal-based ORT and has an index for the first 40 issues. No 32 highlights the issue of drugs and childhood diarrhoea – '95% of acute childhood diarrhoea does not require treatment with drugs.'

The Vitamin A+ Sieve – July 1990 issue 90-2 (Rodale Press Information Services, 33E Minor Street, Emmaus, PA 18098, USA). Uptodate abstracts of the scientific literature with a review article entitled 'Improving Agriculture and Vitamin A in Senegal' by Donna Rae Male should be of considerable interest to the tropical horticulturalists among our readership.

Programme for Control of Diarrhoeal Diseases, WHO (Geneva) Update No 7, August 1990 reports research on rice-based ORS suggesting reduction in rate of stool loss and duration of diarrhoea as compared with glucose-ORS solution. Although rice-based ORS is now recommended for treatment of cholera it is considered that more trials are necessary before practice should be changed at health facilities for treating children with acute, non-cholera diarrhoea – watch this space!

ASSEFA (Association for Sarva Seva Farms) - 279, Avvai Shanmugam Road, Ryapettah, Madra 600014, India. This is an NGO that has 27 projects in 6 states in India 'committed to promoting the Gandhian concept of self-reliance in rural communities.' In their Community Health Programme prevention of blindness among children and the aged takes priority. Among about 20,000 children below 12 years of age in their project areas they prophylactically deworm and administer vitamin A.

Action Health 2000 – The Bath House, Gwydir Street, Cambridge CB1 2LW, U.K. Dr Mukesh Kapila who founded this NGO in 1982 has recently resigned in order to take up the position of Senior Health and Population Adviser to the Overseas Development Administration of the U.K. Government in which we wish him every success. Due to his tireless efforts this organization has rapidly expanded from its very modest beginnings.

Bulletin No 14, Autumn 1990 gives special emphasis to the only recently appreciated problem of Ageing in Developing Countries. Dr Alex Kalache who is head of a Unit devoted to this problem at the London School of Hygiene and Tropical Medicine explains the reasons for the recent demographic changes and urges necessary action. Ken Tout who is Coordinator for Special Projects with Help Age International has written a book on the subject entitled 'Ageing in Developing Countries' published by Oxford University Press, Walton Street, Oxford.

Contact No 116, September 1990 – bimonthly from Christian Medical Commission, World Council of Churches, 150 rue de Ferney, 1211 Geneva 2, Switzerland. This issue is devoted entirely to an account of the much-praised community-based health care programme in the Machakos District of

Kenya. Two themes run throughout – the fundamental principle of the approach – empowerment through participation of the people; and the structures necessary to support the young training programme – in this case at three levels – government, diocese (church), and community. Altogether a heartening story, providing it can go on to provide what Maurice King has called 'sustainable health.'

IFR Publications Jan–March 1990 and IFR News Autumn 1990 (AFRC Institute of Food Research, Colney Lane, Norwich NR4 7UA, U.K.).

Ocular Surgery News – International Edition Vol. 1, Nos 10 and 11 Oct and Nov 1990 (SLACK Incorporated 6900 Grove Road, Thorofare, NJ 08086-9447, USA).

Health Unlimited Newsletter Autumn 1990 (3 Stamford Street, London SE1 9NT).

Obesitas is an NGO that deals with obesity on a multidisciplinary approach that in cooperation with the Nutrition Unit of WHO is trying to contact other self-help and non-profit organizations throughout the world. Those interested should write to Obesitas Secretariat, Bunderbeeklaan 19, B-2950 Kapellen, Belgium.

Vitamin A News Notes – Summer 1990, a bi-annual publication of HKI's VITAP (Vitamin A Technical Assistance Program), 15 West 16th Street, New York NY 10011, USA. This programme is now busily at work in many developing countries. (Ed. It is disappointing to learn that after more than 20 years of public health efforts xerophthalmia remains a serious problem in Haiti – perhaps it goes to show that little lasting progress can be made in the face of corruption and instability in the government. Also it was tantalising to read about the high prevalence of vitamin A deficiency in the South Pacific islands of Kiribati and Truk but not to be given any hint as to why this should happen in what, evidently quite wrongly, one had assumed were tropical 'paradises.' Attention is rightly drawn to the importance in parts of the world other than south and east Asia of drumstick or horseradish tree leaves as a very rich source of vitamin A. A figure of 6780 ug carotene/100g leaf is quoted – one would like to know if this is just total carotene, including non-provitamin forms, or is it just active carotenoids such as betacarotene?)

Seva Foundation – Fall-Spring 1990-91 (108 Spring Lake Drive, Chelsea MI 48118-9701 USA). They have an annual budget of about 3.25 million dollars, with 1.2m going to the Nepal Blindness Program, and 1.15m to Aravind Eye Hospital, South India.

NCP Bulletin July-Sept and Oct-Dec 1989; Jan-March 1990 (Nutrition Center of the Philippines, PO Box 653, MCPO, Makati, Metro Manila, Philippines). Dr Florentino Solon, one of our correspondents who has sent a contribution which appears on another page, highlights the deteriorating health and nutrition status of slum dwellers as the population of the large cities of many third world countries inexorably increases. In January 1990 an international consultative workshop was held on the development of a Vitamin A Deficiency Training Manual for Asia and the Near East Countries. (Ed. When published we would

appreciate a review of about 500 words for a future Bulletin, preferably by one of Dr Solon's Asian colleagues. Incidentally, I used the only too familiar term 'third world' above. I have long thought this to be a totally misleading and inappropriate term for the majority of the world's people and nations. Somewhere I did read that 'the two thirds world' would be an improvement and I tend to agree. Especially now that the cold war seems to be over the first and second worlds – that were never referred to as such! – have merged and might now be termed the 'one third world' – any comments?)

ORANA – Dr A. M. Ndiaye, Director of Organisme de Recherches sur l'Alimentation et la Nutrition Africaine, 39 Avenue Pasteur, BP 2089, Dakar, Senegal has set up an Information Centre on Vitamin A and Nutrition with the support of UNICEF and HKI. He would like to receive materials for the centre and exchange information with anyone who is interested.

WHO Collaborating Centre for Nutritional Epidemiology, General-Pape Str 62-66, D-1000, Berlin 42, Germany has recently developed two software packages on Assessment of Typical Dietary Habits and Management of Epidemiological Nutritional Data. All enquiries to the above address.

From Dr Lenore Kohlmeier at the above address may be obtained copies of a new venture – CCN Newsletter (Collaborating Centres for Nutrition) in Europe Centres in official relations with WHO. At present these centres are in USSR (Alma Ata), Greece (Athens), Germany (Berlin), Norway (Oslo), Italy (Rome), Denmark (Soborg), Netherlands (Wagenigen) and Poland (Warsaw).

ARI News August 1990, Issue No 17 – an AHRTAG production (see above for address) devoted to acute respiratory infections. This issue highlights the role of VAD in respiratory infection. IVACG and HKI are cited as sources of more information (Xerophthalmia Bulletin is not mentioned!)

CAJANUS Vol 23, No 3, 1990 the Caribbean Food and Nutrition Institute Quarterly – from CFNI, University of West Indies Campus, PO Box 40, Mona, Kingston 7, Jamaica.

Bellagio Declaration: ending half of the world's hunger by the year 2000. The declaration arose from a meeting at Bellagio, Italy in November 1989 and identifies four 'achievable' goals -1) eliminate deaths from famine; 2) end hunger in half of the poorest households; 3) cut malnutrition in half for mothers and small children; 4) eradicate iodine deficiency and *vitamin A deficiency*.

The World Hunger Program at Brown University and InterAction, the American Council for Voluntary International Action are holding the Fourth Annual Hunger Research Briefing and Exchange on 3-5 April, 1991 at Brown University, Providence, Rhode Island 02912, USA (tel: 401, 863, 2700 and fax 401, 863, 2192).

International Agricultural Centre, Wageningen are holding their 8th International Course on Food and Nutrition Programme Management, October 28-December 7, 1991. Application forms and details can be obtained from the Director, IAC, PO Box 88, 6700 AB Wageningen, The Netherlands. The course is in English, fees are 8,500 Dutch Guilders

101

8 (just over £2500) including tuition and lodging, but excluding travel costs. IAC does not have fellowships – financing should be sought from national or international fellowship-grant organizations or NGOs. Fully documented applications will only be considered if received before August 1, 1991 (Telegrams INTAS; Telephone +31-(0) 8370-90111; Telefax +31-(0) 8370-18552).

SCN News No 5, early 1990 from Dr John B. Mason, Technical Secretary ACC/SCN, Room X48, c/o WHO Headquarters, Avenue Appia 20, CH-1211, Geneva 27, Switzerland. More than 60 pages of invaluable condensed information and discussion from the Administrative Committee on Coordination – Subcommittee on Nutrition, with a list of its recent publications. Feature articles cover Nutrition and School Performance, the Uses of Anthropometry and Malnutrition and Infection.

From the extensive News and Views section one learns of the considerable progress being made in the control of Iodine Deficiency Disorders (Ed. why, despite the high level of activity, is similar evidence of actual control so notably lacking for VADX?). December 1992 will see the International Conference on Nutrition in Rome cosponsored by FAO and WHO (Ed. let's hope it will not come out with any pronouncements as fatuous as that of its predecessor The World Food Conference in 1974 – 'Within one decade no child will go to bed hungry, no family will fear for its next day's bread and no human being's future and capabilities will be stunted by malnutrition'). WHO Director General Nakajima has identified 5 priority areas for his organization – including Nutrition; the others are 1) relationships between world economy and health developments; 2) environment and health; 3) integrated approach to disease control; and 4) communication (Ed. I thought that one of Nutrition's problems was its nebulous nature and lack of clear definitions and descriptions; but it appears as clear as crystal by comparison with these others!). Update on the Baby Food Code from UNICEF is very informative. FAO reports on its contribution to the UN Ten Year Action Programme to Prevent and Control Vitamin A Deficiency, Xerophthalmia and Nutritional Blindness. From October 1985 to December 1989 FAO spent about 1.5m dollars for the programme (Ed. The absence of any word from WHO of what it has been up to in this connection speaks volumes; or am I misjudging the organization?).

Innocenti Declaration on the protection, promotion and support of breastfeeding was produced and adopted by participants at the WHO/UNICEF policy makers' meeting at Spedale degli Innocenti, Florence, Italy; 30 July-1 August 1990 – details from UNICEF, Nutrition Cluster (H-8F), 3 United Nations Plaza, New York, NY 10017, USA.

Vith International Congress of Auxology – Madrid, September 15-19, 1991. This is the major meeting on human growth. Full particulars from Dr J Argente, Hospital del Nino Jesus, Departamento de Pediatria, Avda de Menendez, Pelayo 65, 28009, Madrid, Spain.

VITAL NEWS, Vitamin A Field Support Project, Vol 1, No 2 (1601 North Kent Street, Suite 1016,

Arlington, VA 22209, USA). Another source of information and comment on the subject available at no charge.

Hamari Aankhen – quarterly publication of the National Society for the Prevention of Blindness, India – vol 14, no 3 July 1990 (Room 115, Dr R. P. Centre for Ophthalmic Sciences, AIIMS, Ansari Nagar, New Delhi-110029, India). The Society organized a three-day Workshop for Media Persons on Eye Health Care and a report of this in English is available from the address above.

Health Education/Promotion for PHC – a three month certificate course, Department of International Community Health, Liverpool School of Tropical Medicine, Liverpool L3 5QA, UK – 6 January-27 March 1992. Fees £2,800, estimated living expenses £1,800. Full details of this new course from Course Organiser at above address.

Nutrition News – Vol 11, No 4, July 1990 – National Institute of Nutrition, Tarnaka, Hyderabad-500 007, India – this number features diet and hypertension.

The Journal of Nutritional Biochemistry, a new journal published by Butterworth-Heinemann (editor: Steven H. Zeisel, M.D., Ph.D., University of North Carolina at Chapel Hill, CB 7400, McGavran-Greenberg Hall, Chapel Hill, NC 27599-7400 USA).

UltraDyne Inc., 246 East Bartlett Road, Lynden, WA 98264 USA has produced Vitamin A Ultra Flice, premix concentrate fortificant, 2.4m Units per pound – they believe such products 'will serve as practical, fortificant-carrier, pre-mix concentrates for addressing many nutritional deficiencies' (Ed. Such people have no comprehension of the real nature of the problems).

LETTERS

Dr Alfred Ngini of Amawbia, Nigeria, writing to receive the Bulletin says: Based on my teaching at the medical college of the probably beneficial effect of vitamin A in measles keratitis. I introduced the drug into the Pediatric Unit of our small but big hospital where we literally filled the Paediatric ward with measles cases between January and April in 1990.

Although there are no statistics to go by, the other workers, two doctors and other paramedical staff, described our success in terms of the therapeutic response as magical. We also got successful results in malnutrition and diarrhoeal cases.

Dr P. Chassot, Chief of the Service of Ophthalmology in the National Medical Centre in Nouakchott, capital of Mauritania, West Africa writes (in French) I would like to inform you that in collaboration with Dr Chamoiseau, a veterinarian at the Pasteur Institute in Lyon and Dr Michel Leclerc of the Department of Microanalysis and Nutrition, we have identified two plants which thrive in the desert and which are rich in betacarotene and also found appetising by animals such as camels, cattle and goats.

One has the name *Spartima Maritima* and the leaves contain 2.22mg betacarotene/100g. The second plant, called *Panicum Turgidum*, or 'shath' or 'oum Rokba' in Arabic has 8.67mg betacarotene/100g.

1996

Appendix 9



International
Nutritional Anemia
Consultative
Group

Senior Advisor
Dr. Alberto Pradilla, WHO

Secretary
Dr. Samuel G. Kahn, AID

Secretariat:
The Nutrition Foundation, Inc.
1126 16th St. N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDX
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

XII INACG Meeting
Combatting Iron Deficiency Anemia Through
Food Fortification Technology

Pan American Health Organization, Washington, D.C.
5-7 December 1990

Program

Wednesday, 5 December (0730-1700)

- 0730 **Registration**
- Opening Session**
- 0830 **Welcome**
 Dr. Samuel G. Kahn, Senior Nutrition Advisor, Office of Nutrition, Bureau for
 Science and Technology, Agency for International Development, Washington,
 DC, USA
- 0835 **Introductory Remarks**
 Dr. Norge W. Jerome, Director, Office of Nutrition, Bureau for Science and
 Technology, Agency for International Development, Washington, DC, USA
- 0845 **Opening Remarks**
 Dr. Richard E. Bissell, Assistant Administrator, Bureau for Science and
 Technology, Agency for International Development, Washington, DC, USA
- 0900 **Session 1: Current Operational Iron Fortification Systems: Case Studies**

 Chairperson: Dr. George Purvis, Gerber Products Company, Fremont, Michigan,
 USA
- 0900 **Wheat Flour and Cereal-Based Foods**
 Mr. Peter Ranum, ATOChem North America, Buffalo, New York, USA
- 0930 **Infant Cereal Products**
 Dr. George Purvis, Gerber Products Company, Fremont, Michigan, USA
- 1000 **Infant Formula and Milk Products**
 Dr. David Cook, Mead Johnson Research Center, Evansville, Indiana, USA
- 1030 **Break**

1050 *Session 2: Experimental Iron Fortification Systems*

Chairperson: Dr. A. Wynante Patterson, Director, Caribbean Food and Nutrition Institute, PAHO, Kingston, Jamaica

1050 *Condiment Fortification*

Dr. Sean Lynch, Veterans Affairs Medical Center, Hampton, Virginia, USA

1120 *Salt Fortification*

Mr. Venkatesh Mannar, Consultant, Madras, India

1150 *Rice Fortification*

Dr. Rodolfo Florentino, Director, Food and Nutrition Research Institute, Manila, Philippines

1230 *Lunch*

1400 *Session 3: Safety and Other Considerations*

Chairperson: Dr. Wilma Freire, Consejo Nacional de Desarrollo (CONADE), Quito, Ecuador

1400 *Safety*

Dr. John E. Vanderveen, U.S. Food and Drug Administration, Washington, DC, USA

1415 *Codex Alimentarius: Current Status of Sodium Iron EDTA*

Mr. Richard Dawson, Food Quality and Standards Service, FAO, Rome, Italy

1430 *Food Iron Inhibitors*

Dr. Richard Hurrell, Nestle Research Laboratories, Lausanne, Switzerland

1500 *Session 4: Chile: A Case Study*

Dr. Tomas Walter, Instituto de Nutricion y Tecnologia de los Alimentos (INTA), Santiago, Chile

1530 *Break*

1550 *Session 5: Iron Fortification Cost Issues (Panel)*

Chairperson: Dr. T.N. Maletnlema, WHO, Zimbabwe

Panelists

Dr. Darwin Karyadi, Nutrition Research and Development Centre, Indonesia

Dr. Judith McGuire, The World Bank

Dr. Soliman Shenouda, Kraft General Foods International

Mr. John J. Watson, Watson Foods Company, Inc.

1630 *Discussion*

109

1700 Adjournment

Evening Reception (1800-2000)

The Conference Center, One Washington Circle Hotel, New Hampshire and
Twenty-third Street, Northwest, Washington, DC

Thursday, 6 December (0900-1600)

0900 **Session 6: Marketing Issues (Panel)**

Chairperson: Dr. Anthony Meyer, Office of Education, Agency for International
Development, Washington, DC, USA

Panelists

Dr. Wilma Freire, CONADE,
Dr. J. Michael Gurney, WHO, Regional Office for South-east Asia
Dr. William Smith, Academy for Educational Development
Ms. Kathryn L. Wiemer, General Mills, Inc.

0945 Discussion

1020 Break

1040 **Session 7: Issues in Implementing Country Programs: Country Experiences**

Chairperson: Dr. Carlos Daza, Pan American Health Organization, Washington,
DC, USA

Panelists

Philippines

Dr. Rodolfo Florentino, Director, Food and Nutrition Research Institute, Manila,
Philippines

Egypt

Dr. Osman Galal, University of Arizona, Tucson, Arizona, USA

Caribbean

Dr. A. Wynante Patterson, Director, Caribbean Food and Nutrition Institute,
PAHO, Kingston, Jamaica

Southern Africa Region

Dr. T. N. Maletnlema, WHO - Southern African Regional Office, Harare,
Zimbabwe

1110 Discussion

110

1140 *Session 8: Working Groups*

1140 Introduction to Working Groups

Dr. Timothy A. Morck, The Nutrition Foundation, Inc., Washington, DC, USA

1200 Lunch

1330 Working Groups

Working as teams, participants will develop action plans for different iron fortification systems. Maps of appropriate paths for each of the three partners -- government, industry and donors -- will be developed for establishing national programs. (Please refer to the list in your meeting packet to determine your assigned group.)

Friday, 7 December (0900-1200)

0900 *Session 9: Plenary Session: Integration of Group Action Plans*

Chairperson: Dr. Aree Valyasevi, Institute of Nutrition, Mahidol University at Salaya, Thailand

0900 Working Group Presentations and Discussion

1030 Break

1045 Synthesis and Consensus Building

Dr. Aree Valyasevi

1100 Final Product: Action Plan for Iron Fortification Systems

1145 Closing Remarks

Dr. Samuel G. Kahn, Office of Nutrition, Agency for International Development

LIST OF PARTICIPANTS

Dr. Mary Ann Anderson
Office of Health
Bureau for Science and Technology
Agency for International Development
Washington, DC 20523-1817
USA
Tel: 703-875-4663
Fax: 703-875-5490

Ms. Susan Anthony
Office of Nutrition
Bureau for Science and Technology
Agency for International Development
Department of State
SA-18, 413A
Washington, DC 20523-1808
USA
Tel: 703-875-4035
Fax: 703-875-4394

Ms. Elisabeth Campbell-Asselbergs
Consultant to Canadian International
Development Agency
CIDA (c/o Dr. Rabeneck)
Professional Services Branch, 7th Floor
200 Promenade du Portage
Hull, Quebec
CANADA K1A 0G4
Tel: 819-994-3904
Fax: 819-953-4676

Mr. Mohamed Cassam
Private Sector Development Office
Asia and Near East Bureau
Agency for International Development
Washington, DC 20520
USA
Tel: 202-647-3731
Fax: 202-647-8557

Dr. C.O. Chichester
P.O. Box 271
Wakefield, RI 02880
USA
Tel: 401-783-9593
Fax: 401-783-9775

Dr. Eunyong Chung
Office of Nutrition
Bureau for Science and Technology
Agency for International Development
Room 411 SA-18
Washington, DC 20523-1808
USA
Tel: 703-875-4118
Fax: 703-875-4394

Ms. Carolyn I. Coleman
Office of Nutrition
Bureau for Science and Technology
Agency for International Development
Room 411 SA-18
Washington, DC 20523-1808
USA
Tel: 703-875-4003
Fax: 703-875-4394

Ms. Brenda J. Colwell
Office of Nutrition
Science & Technology and Technology
Room 411 SA-18
Agency for International Development
Washington, DC 20523-1808
USA
Tel: 703-875-4030
Fax: 703-875-4394

Dr. David A. Cook
Vice President
Department of Food and Nutrition Research
Mead Johnson Research Center
2404 Lloyd Expressway
Evansville, IN 47721
USA
Tel: 812-429-7146
Fax: 812-429-7483

Dr. Omar Dary
Instituto de Nutricion de Centro America Y
Panama
Calzada Roosevelt
Zona 11
Apartado 1188
Guatemala City
Guatemala, C.A.
Tel: 502-2-723762
Fax: 502-2-736529

Mr. Richard Dawson
Officer in Charge
Food Quality and Standards Service
Food Policy and Nutrition Division
Food and Agriculture Organization (FAO)
Via delle Terme di Caracalla
00100 Rome
ITALY
Tel: 39-6-57973150
Fax: 39-6-57973152

Dr. Carlos H. Daza
Coordinator
Food and Nutrition Program
Pan American Health Organization
525 Twenty-third Street, N.W.
Washington, DC 20037
USA
Tel: 202-861-4348
Fax: 202-452-9007

Dr. L. J. Filer, Jr.
University Hospitals and Clinics
The University of Iowa
Iowa City, IA 52242
USA
Tel: 319-356-2609
Fax: 319-356-8669

Dr. Claudia Fishman
Deputy Director
Nutrition Communication Project
Academy for Educational Development
1255 23rd Street, N.W.
Suite 400
Washington, DC 20037
USA
Tel: 202-862-1990
Fax: 202-862-1947

Dr. Rodolfo Florentino
Director

Food and Nutrition Research Institute
Pedro Gil Street, Manila 1000
P.O. Box EA-467, Ermita, Manila
PHILIPPINES
Tel: (63)59-49-98 or 50-30-41
Fax: (63)2-59-22-75

Dr. Leopoldo Vega Franco
Department of Epidemiologia
Facultad de Medicina
Universidad Autonoma De Mexico
Mexico City
MEXICO
Tel: 525-687-3885
Fax: 525-570-0918 c/o Nancy Gonzalez,
... Procter & Gamble, Mexico

Dr. Wilma B. Freire
Consejo Nacional de Desarrollo (CONADE)
Division de Nutricion
Edificio Vivanco
Oficina 305
10 de Agosto y Arenas Esquina
Quito
ECUADOR
Tel: 593-2-564518
Fax: 593-2-563002

Dr. Osman Galal
Department of Family and Community Medicine
University of Arizona
2231 East Speedway
Tucson, Arizona 85719
USA
Tel: 602-626-7863
Fax: 602-321-7754

Dr. Phyllis Gestrin
Peace Corps
Office of Training and Program Support
190 K Street, N.W.
Washington, DC 20528
USA
Tel: 202-606-3100
Fax: 202-606-3024

Dr. M. Martia Glass
Asia & Private Enterprise Bureau
APRE/DR/TR/HPN
SA-2, Room 50
Agency for International Development

Washington, DC 20523
USA
Tel: 202-663-2368
Fax: 202-663-2149

Ms. Sylvia Rebecca Graves
Office of Food for Peace Program Operations
Suite 400, SA-8
Department of State
Agency for International Development
Washington, DC 20523-0809
USA
Tel: 703-875-4434
Fax: 703-875-5693

Dr. Miguel Gueri
Pan American Health Organization
525 Twenty-third Street, NW
Washington, DC 20037
USA
Tel: 202-861-4349
Fax: 202-452-9007

Dr. J. Michael Gurney
Regional Nutrition Advisor
World Health Organization
Regional Office for South-east Asia
Indraprastha Estate
New Delhi 110002
INDIA
Tel: 91-11-331-7804 or 331-7823
Fax: 91-11-331-8607

Ms. Alameda E. Harper
AFRICARE
440 R Street, NW
Washington, DC 20001
USA
Tel: 202-462-3614
Fax: 202-387-1034

Dr. Gloria J. Harris
Ross Laboratories
625 Cleveland Avenue
Columbus, OH 43216
USA
Tel: 614-227-3807
Fax: 614-227-3453

Mr. Ray Hoehle
Executive Director
International Trade and Development
Education Foundation
1911 N. Ft. Meyer Drive, Suite 702
Arlington, VA 22209
USA
Tel: 703-243-1456
Fax: 703-524-4093

Dr. Richard F. Hurrell
Nestlé Research Laboratories
Vers Chez Les Blanc
CH 1000 Lausanne 26
SWITZERLAND
Tel: 41-21-785-8795
Fax: 41-21-785-8925

Dr. Fatimah Linda Collier Jackson
Departments of Anthropology and Zoology
1111 Woods Hall
University of Maryland
College Park, MD 20742
USA
Tel: 301-405-1423
Fax: 301-314-9346

Mr. Jeff Jackson
Marketing Specialist
USDA/ASCS
Commodity Management Office
P.O. Box 2415
Washington, DC 20013
USA
Tel: 202-382-9105
Fax: 202-447-2124

Dr. Robert T. Jackson
Department of Human Nutrition and
Food Systems
University of Maryland
3309 Marie Mount Hall
College Park, MD 20742
USA
Tel: 301-405-4533
Fax:

Dr. Norge W. Jerome
Director
Office of Nutrition
Bureau for Science and Technology
Agency for International Development
State Annex 18, Room 411
Washington, DC 20523-1808
USA
Tel: 703-875-4003
Fax: 703-875-4394

Dr. Guy H. Johnson
Director of Nutrition
The Pillsbury Company
330 University Avenue, S.E.
Minneapolis, MN 55414
USA
Tel: 612-330-5422
Fax: 612-330-1821

Mr. Michael Jordan
6901 Lennon Road
McLean, VA 22101
USA
Tel: 202-663-2296
Fax:

Dr. Samuel G. Kahn
Office of Nutrition
Agency for International Development
Room 413 B SA-18
Washington, DC 20523-1808
USA
Tel: 703-875-4228
Fax: 703-875-4394

Dr. Darwin Karyadi
Nutrition Research and Development Center
Ministry of Health
Jalan Semboja (Gizi), West Java
Bogor
INDONESIA
Tel: 62-251-311881
Fax: 62-251-326348

Dr. Marjorie A. Koblinsky
MotherCare
John Snow, Inc.
1100 Wilson Blvd., 9th Floor
Arlington, VA 22209
USA
Tel: 703-528-7474
Fax: 703-528-7480

Dr. Tung-Ching Lee
Department of Food Science
Center for Advanced Food Technology
Rutgers University
P.O. Box 231
New Brunswick, NJ 08903
USA
Tel: 201-932-9671
Fax: 908-932-6776

Ms. Laurie Lindsay
INACG Secretariat
The Nutrition Foundation, Inc.
1126 16th Street, N.W., Suite 700
Washington, DC 20036
USA
Tel: 202-659-9024
Fax: 202-659-3617

Dr. Nicolaas Luykx
Office of Nutrition
Bureau for Science and Technology
Agency for International Development
Room 413E SA-18
Washington, DC 20523-1808
USA
Tel: 703-875-4176
Fax: 703-875-4394

Dr. Sean R. Lynch
Chief, Hematology-Oncology Section
Medical Service (111)
Veterans Affairs Medical Center
Hampton, VA 23667
USA
Tel: 804-722-9961
Fax: 804-728-3110

Dr. Haile Mehansho
The Procter and Gamble Co.
Miami Valley Laboratories
P.O. Box 398707
Cincinnati, OH 45239
USA
Tel: 513-245-2725
Fax: 513-245-2744

Dr. T.N. Maletnlema
c/o WHO Sub-regional Office
P.O. Box 5160
Harare
ZIMBABWE
Tel: 263-4-728-991
Fax: 263-4-728-998

Dr. Anthony J. Meyer
AID/S&T/ED
SA-18, Room 609
Washington, DC 20523
USA
Tel: 703-875-4620
Fax: 703-875-5490

Mr. Venkatesh Mannar
Consultant UNICEF/WHO
12 Lakshmana Chetty Street
T. Nagar
Madras - 600 017
INDIA
Tel: 91-44-441573
Fax:

Dr. Timothy A. Morck
INACG Secretariat
The Nutrition Foundation, Inc.
1126 16th Street, N.W., Suite 700
Washington, DC 20036
USA
Tel: 202-659-9024
Fax: 202-659-3617

Dr. Thomas J. Marchione
Bureau for Food for Peace
Agency for International Development
Room 841, Bldg. SA-8
Washington, DC 20523
USA
Tel: 703-875-4692
Fax: 703-875-5693

Dr. Robert O. Nesheim
President
Advanced Healthcare
2801 Salinas Highway, Building F
Monterey, CA 93940-6420
USA
Tel: 408-372-5014
Fax: 408-373-7167

Dr. Judith S. McGuire
Population, Health, and Nutrition
The World Bank
1818 H Street, N.W.
Washington, DC 20433
USA
Tel: 202-473-3452
Fax: 202-477-0643

Mr. James J. O'Connor
O'Connor-Abell, Inc.
1121 Arlington Blvd., 1014 N
Arlington, VA 22209
USA
Tel: 703-524-3953
Fax: 703-527-3498

Ms. Gail Ormsby
ADRA International
12501 Old Columbia Pike
Silver Spring, MD 20904
USA
Tel: 301-680-6383
Fax: 301-680-6370

Ms. Margaret Parlato
Academy for Educational Development
1255 23rd Street, N.W.
Washington, D.C. 20037
USA
Tel: 202-862-1279
Fax: 202-862-1947

Dr. A. W. Patterson
Director
Caribbean Food and Nutrition Institute
P.O. Box 140
Kingston 7
JAMAICA
Tel: 809-927-1540
Fax: 809-927-2657

Dr. George A. Purvis
Corporate Vice President
Research and Development
Gerber Products Company
445 State Street
Fremont, MI 49413
USA
Tel: 616-928-2529
Fax: 616-928-2964

Dr. Gur S. Ranhotra
Director-Nutrition Research
American Institute of Baking
1213 Bakers Way
Manhattan, KS 66502
USA
Tel: 913-537-4750
Fax: 913-537-1493

Mr. Peter Ranum
Iron Fortification Cereal Staples
ATOChem North America
Flour Service Department
P.O. Box 1048
Buffalo, NY 14240
USA
Tel: 716-877-1740
Fax: 716-877-3959

Dr. Eduardo L. Roberto
Asian Institute of Management
123 Paseo de Roxas
MCC P.O. Box 898
Makati, Metro Manila
PHILIPPINES
Tel: 63-2-874011
Fax: 63-2-817-9240

Dr. Tina Sanghvi
3406 Abingdon Street
Arlington, VA 22207
USA
Tel: 703-241-1491

Dr. Loren L. Schulze
Office of Agriculture
Bureau for Science & Technology
Agency for International Development
Room 409D SA-18
Washington, DC 20523-1809
USA
Tel: 703-875-4049
Fax: 703-895-4394

Dr. Soliman Shenouda
Technical Manager
Kraft General Foods International
250 North Street, RA-6S
White Plains, NY 10625
USA
Tel: 914-335-7861
Fax: 914-335-1472

Dr. William A. Smith
Senior Vice President
Social Development
Academy for Educational Development
1255 23rd Street, N.W., Suite 400
Washington, DC 20037
USA
Tel: 202-862-1958
Fax: 202-862-1947

Dr. Charles H. Teller
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
USA
Tel: 703-237-9303
Fax: 703-237-9326

Ms. Leola Thompson
Science & Technology/ Program Office
Room 305C SA-18
Agency for International Development
Washington, DC 20523-1808
USA
Tel:
Fax:

Dr. Aree Valyasevi
Professor and Institute Consultant
Institute of Nutrition
Mahidol University at Salaya
Nakorn Chaisri
Nakorn Pathom 73170
THAILAND
Tel: 66-2-441-9035-9
Fax: 66-2-441-9344

Dr. John E. Vanderveen
Director
Division of Nutrition, HFF 260
Food and Drug Administration
200 C Street, S.W., Room 1844
Washington, DC 20204
USA
Tel: 202-245-1064
Fax: 202-245-7494

Dr. Tomas Walter
Head, Hematology Unit
Instituto de Nutricion y Tecnologia
de los Alimentos (INTA)
Universidad de Chile
Casilla 15138
Santiago 11
CHILE
Tel: 56-2-221-4105
Fax: 56-2-221-4030

Mr. John J. Watson
Watson Foods Company, Inc.
301 Heffernan Drive
West Haven, CT 06516
USA
Tel: 203-932-3000
Fax: 203-932-8266

Dr. Paul Whittaker
Food and Drug Administration
200 C Street, S.W., Room HFF:268
Washington, DC 20204
USA
Tel: 202-245-3367
Fax: 202-426-1658

Ms. Kathryn L. Wiemer
General Mills, Inc.
Number One General Mills Boulevard
P.O. Box 1113
Minneapolis, MN 55440
USA
Tel: 612-540-4647
Fax: 612-540-4925

Mr. Ronnie Wilson
Marketing Specialist
USDA/ASCS
Commodity Management Office
P.O. Box 2415
Washington, DC 20013
USA
Tel: 202-382-9105
Fax: 202-447-2124

Dr. Ray Yip
Centers for Disease Control
MS A-41
Atlanta, GA 30333
USA
Tel: 404-639-3137
Fax: 404-639-3665

Appendix 10

Combatting Iron Deficiency Anemia Through Food Fortification Technology

An Action Plan

5-7 December 1990

XIIth INACG Meeting

held at the

Pan American Health Organization
Washington, DC

A report of the International Nutritional Anemia Consultative Group (INACG). This publication was made possible by support from the Office of Nutrition, Bureau for Research and Development, U.S. Agency for International Development under Cooperative Agreement (AN-5115-A-00-7114-00).

TABLE OF CONTENTS

Introduction	4
Background	5
Consensus Statement	6
RECOMMENDATIONS	7
Facilitating/Implementing Roles	7
National Coordinating Committee	8
National Agencies	9
State, Provincial, and Community Agencies	12
Country Institutions	12
International Community	13
Industry (National or Multi-national)	13
Industry (Local)	13
Consumers	14
INACG	14
Implementing the Action Plan: Immediate Steps	14
Public Health Leaders in Developing Countries	15
Donor Agencies	15
INACG	16
Industry	16
Template for Action	16
Conclusion	16

MEETING SUMMARY

XII INACG Meeting

***COMBATTING IRON DEFICIENCY ANEMIA
THROUGH
FOOD FORTIFICATION TECHNOLOGY***

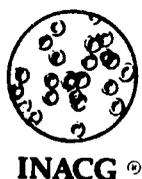
5-7 December 1990

Pan American Health Organization
Washington D.C.

Table of Contents

	<u>Page</u>
Introduction	4
OPENING SESSION	5
Welcoming Remarks	5
Introductory Remarks	6
Opening Remarks	7
SESSION 1: CURRENT OPERATIONAL IRON FORTIFICATION SYSTEMS	8
Case Study: Wheat Flour and Cereal-Based Foods	8
Case Study: Infant Cereal Products	9
Case Study: Infant Formula and Milk Products	11
Discussion Points	11
SESSION 2: EXPERIMENTAL IRON FORTIFICATION SYSTEMS	12
Condiment Fortification	12
Salt Fortification	13
Rice Fortification	14
SESSION 3: SAFETY AND OTHER CONSIDERATIONS	15
Safety in Iron Fortification	15
Codex Alimentarius: Current Status of Sodium Iron EDTA	15
Food Iron Inhibitors	16
SESSION 4: CHILE: A CASE STUDY	17
SESSION 5: IRON FORTIFICATION COST ISSUES	18
Iron Fortification in Indonesia	18
Iron Fortification - Is It Cost Effective?	19
Costs of Fortificants	19
Cost Issues for Industry	20
Discussion Points	20
SESSION 6: MARKETING ISSUES	21
Marketing Concerns in Ecuador	21
Is There a Role for Marketing?	22
The Role of Consumer Research	22
How Industry Markets a New Food Product	23
Discussion Points	24
SESSION 7: ISSUES IN IMPLEMENTING COUNTRY PROGRAMS	24
The Philippines	24
Egypt	26
The Caribbean	27
Southern Africa Region	28
Discussion Points	29
ABSTRACTS	
ATTACHMENTS	

Appendix 11



INACG®

International
Nutritional Anemia
Consultative
Group

Secretary
Dr. Samuel G. Kahn, AID

Secretariat:
The Nutrition Foundation, Inc.
1126 16th St. N.W.
Washington, D.C. 20036
Cable: NUTRITION WASHINGTONDC
Telex: 6814107 "NUFOUND"
Phone: (202) 659-9024
Facsimile: (202) 659-3617

International Nutritional Anemia Consultative Group
Steering Committee

Dr. Rodolfo Florentino
Director
Food and Nutrition Research Institute
Pedro Gil Street, Manila 1000
PO Box EA-467, Ermita, Manila
Philippines

Dr. Samuel G. Kahn
Senior Nutrition Advisor
Office of Nutrition
Bureau for Research and Development
Agency for International Development
SA-18, Room 411
Washington, DC 20523
USA

Dr. T.N. Maletnlema
Secretary-General, AFRONUS
PO Box 20265
Dar-es-Salaam
Tanzania

Dr. Richard C. Theuer
Vice-President, Research and Development
Beech-Nut Nutrition Corporation
Checkerboard Square
St. Louis, MO 63164
USA

Dr. Tomas Walter
Head, Hematology Unit
Instituto de Nutricion y Tecnologia
de los Alimentos (INTA)
Universidad de Chile
Casilla 15138
Santiago 11
Chile

126

Appendix 12

INPF Sixth International Conference
Effective Nutrition Communication for Behavior Change

STEERING COMMITTEE

Professor Jaime Ariza
President, Latin American
Society of Nutrition (SLAN)
University of Puerto Rico
GPO Box 2156
San Juan, Puerto Rico
Tel: (809) 758-2525 Ext. 1433
Fax: (809) 759-6719

Dr. Mamdouh K. Gabr
Professor of Pediatrics
Cairo Faculty of Medicine
162 Tahrir Street
Cairo, Egypt
Tel: (20-2) 393-1295
Fax: (20-2) 393-0750

Dr. Mathurin C. Nago
Vice-Dean, Faculty of Agricultural
Sciences
National University of Benin
B.P. 526
Cotonou, Republic of Benin
Tel: (22-9) 33-19-40
Fax: (22-9) 31-35-59

Dr. Adeline Wynante Patterson
Director
Caribbean Food and Nutrition
Institute (CFNI)
PAHO/WHO
P.O. Box 140
Kingston 7, Jamaica, WI
Tel: (809) 92-72882
Fax: (809) 92-72657

Mrs. Julia Tagwireyi
Director of Nutrition
Ministry of Health
Kaguvu Building, Central Avenue
P.O. Box 8204, Causeway
Harare, Zimbabwe
Tel: (263-4) 79-2454
Fax: (263-4) 79-3634

Dr. Aree Valyasevi
Professor and Institute Consultant
Institute of Nutrition
Mahidol University
Phuttamarthon 4, Nakhon Chaisi
Nakhon Pathom 73170, Thailand
Tel: (66-2) 441-9740
Fax: (66-2) 441-9344

USAID Representatives

Dr. Eunyong Chung
Bureau for Science & Technology, SA-18
U.S. Agency for Int'l Development
1601 N. Kent Street, Room 411
Washington, DC 20523, USA
Tel: (703) 875-4074
Fax: (703) 875-4394

Ms. Carolyn Coleman
Bureau for Science & Technology, SA-18
U.S. Agency for Int'l Development
1601 N. Kent Street
Washington, DC 20523, USA
Tel: (703) 875-4030
Fax: (703) 875-4394

Mr. Richard Seifman
Director, Office of Nutrition
Bureau for Science & Technology, SA-18
U.S. Agency for Int'l Development
1601 N. Kent Street
Washington, DC 20523, USA
Tel: (703) 875-4003
Fax: (703) 875-4394

INPF Secretariat Staff

Dr. Suzanne Harris
Interim Director
Nutrition Foundation, Inc.
1126 Sixteenth Street, NW, Suite 700
Washington, DC 20036 USA
Tel: (202) 659-9024
Fax: (202) 659-3617

Appendix 13

International Nutrition Planners Forum

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth Street, NW
Washington, DC 20036
Telex: 6814107 NUFOUND
Phone: 202-659-9024
Fax: 202-659-3617

Minutes of the Steering Committee Meeting 14-15 January 1991

Chateau De Chaumontel
Luzarches, France

Chairman, Professor Mamdouh K. Gabr

Participants:

Dr. Jaime Ariza	Dr. Timothy A. Morck
Prof. Mamdouh Gabr	Dr. Mathurin C. Nago
Dr. Norge W. Jerome	Ms. Julia Tagwireyi
Mr. Mark Lediard	Dr. Aree Valyasevi

WELCOME AND OPENING REMARKS

Professor Gabr, Chairman of the International Nutrition Planners Forum (INPF) opened the two-day meeting at 0917 hrs. After he and Dr. Norge Jerome greeted the group and welcomed Ms. Tagwireyi and Dr. Nago as new members of the steering committee, Dr. Jerome gave a brief overview of INPF. She clearly distinguished it as a "facilitating body" rather than a "membership organization". As such, INPF actively promotes nutrition leaders from developing countries to speak out on nutrition issues. INPF strives to emphasize the aspects of nutrition having practical and relevant application to workers in developing countries. Establishing an INPF Secretariat last year now provides continuity, substance, and action beyond that previously associated only with the biennial international conferences. Standing committees have also been formed to address specific issues and to initiate action.

SECRETARIAT REPORT

Current INPF Activities

Dr. Morck reported on activities of the INPF since the last steering committee meeting in June, 1990. A task force on communications met once in June, and decided that there was need to determine the nutrition information needs of nutrition workers in developing countries, and how well these needs were being met. One approach to this issue was to mail a questionnaire to these country workers, and ask them to send back their response. Little progress was made on this task, and the list of people to receive this questionnaire was not complete. It was proposed that the questionnaire be mailed early in 1991. Discussion of the adequacy of information available to those most in need of it was lengthy, and resulted in a steering committee recommendation that is described under the following section, Proposed Activities.

A second task force was begun in October 1990 to develop guidelines for integrating the concepts found in *Crucial Elements of Successful Community Nutrition Programs* into community based intervention programs. There is a demonstrated need to assist workers having non-nutrition backgrounds implement important nutrition principles into other major intervention programs (e.g. health, education, agriculture, private enterprise). Two of the five task force members are yet to be invited, but the group is expected to set forth guidelines on the applied use of the *Crucial Elements...* document by the end of the fiscal year.

Distribution of the document *Crucial Elements of Successful Community Nutrition Programs* continues, primarily through planned dissemination in connection with another learning situation. UNICEF ordered 300 copies to send to all of its field workers. A computerized system is being developed to permit better tracking of who requested and received the publication, and in what language version.

PROPOSED INPF ACTIVITIES

Newsletter

After discussing the issue of nutrition information needs of nutrition workers in developing countries, the steering committee members felt strongly that their own experiences and contacts were sufficient to preclude the need to send out a questionnaire. There was general agreement that an INPF Newsletter that would contain practical, program-oriented information would be welcomed, and would not duplicate any other existing publication. Critical emphasis would be given to sharing experiences, both positive and negative, that are otherwise not available in peer-reviewed scientific journals. A common belief expressed by steering committee members was that practical lessons learned in one part of the world can frequently be applied to another geographic region. What is desperately needed is a vehicle for sharing this information. Therefore, the steering committee directed the secretariat to develop a semi-annual INPF Newsletter that will address the need. There was also discussion about how an editor could assist with this process. The appearance of the newsletter should be attention-grabbing though the innovative use of color and graphic design.

The first issue of this newsletter should be ready for distribution before the September conference. The content should include the following: A description of INPF objectives and mission including its past and present activities, a detailed summary of the document *Crucial Elements of Successful Community Nutrition Programs*, an article centered around the theme of the 6th International INPF Conference "Effective Nutrition Communication for Behavioral Change", and additional material from the field sent by experienced nutrition workers in order to fill a total of 6 pages. High quality writing, design, and printing was emphasized. The experience and extensive mailing

list of the APHA Clearinghouse on Infant Feeding and Maternal Nutrition will be consulted.

Cover Letter and Summary of "Crucial Elements ..." Document Sent to Decision Makers

Although discussed at the previous INPF Steering Committee meeting, this topic was brought up and the desired action revised. The group decided that there were three documents that needed to be written to ensure that the important information from the last international INPF conference impacted those individuals with responsibility for making program funding decisions: 1) The summary and recommendations contained in *Crucial Elements of Successful Community Nutrition Programs* should be re-packaged into a format that is brief but attention-drawing through the use of bulleted highlights. It should be under three pages in length and sent to ministers of health, agriculture, education, planning, and other decision makers; 2) The entire publication, with a short, introductory cover letter, should be sent to "technocrats" in developing countries; and, 3) a shorter "digested" version of the document should be written for the less technical community worker, and could serve as the basis for the newsletter article. The steering committee members were reminded that they need to provide the secretariat with names of appropriate contact people and nutrition leaders in countries within their region who should receive these different mailings.

Request for Assistance in Printing the A.F.R.O.N.U.S. Directory

The secretariat presented a request submitted by the Secretary General/Treasurer of the African Council of Food and Nutrition Sciences (A.F.R.O.N.U.S.), Dr. T. N. Maletnlema. Dr. Maletnlema asked INPF to financially assist with printing its 1993-96 directory. After much discussion, the steering committee decided to postpone a decision. Instead, the steering committee requested that Dr. Maletnlema resubmit a detailed, but brief, proposal stating who would be responsible for printing and distributing the directory, and what particular role INPF was asked to play. To reduce the total number of printed pages it was suggested that the directory not include committee reports and other written material not typically found in directories. Ms. Tagwireyi agreed to personally convey the committee's recommendation to Dr. T.N. Maletnlema when she returned to Harare. The secretariat will also communicate directly with Dr. Maletnlema.

Establishment of an INPF Award

Mr. Mark Lediard made the suggestion that the steering committee consider establishing an annual INPF award as a way to increase visibility and recognition for the work of INPF. Clear criteria for judging entries would have to be established and communicated to potential applicants. One suggestion was to recognize a group that has excelled in promoting nutrition communication. In the future, the biennial international INPF conferences would be a natural forum for presenting this award.

In the intervening years, the award ceremony could rotate among international meetings of allied professions, thereby extending INPF influence into other spheres (such as media trade meetings, or international health congresses). The award would consist of an engraved plaque and a cash prize. Corporate sponsors would be sought to help support the award. The INPF newsletter would be an appropriate vehicle to announce the initiation of this new award, and invite nominations based on stated criteria.

Although there was lively discussion about the nature of the INPF award and no disagreement with the concept, no decision was made to take specific action on this topic.

Interim Program Updates

Professor Gabr suggested that in the years between international INPF conferences INPF could sponsor a smaller meeting of an expert group to prepare a report on developments related to the previous meeting topic since the conference was held. With the new INPF newsletter a possible outlet, this report could gain widespread circulation and would provide another means for fostering continuity to the overall INPF program. No action was recommended for the present time.

Affiliation with other International Organizations

Maintaining an informal liaison with other international organizations such as IUNS was determined to be preferable over more formal recognition. In order to better describe the unique role that INPF plays, and distinguish it from that of other groups, a clear mission statement and goals of the INPF is needed. A group of three steering committee members plus Mr. Lediard as recording secretary were selected to meet that evening to discuss this topic further. However, due to important international newscasts with implications for steering committee members' return travel, and the lateness of the scheduled dinner, the group was unable to meet and accomplish its task. The secretariat will develop a draft document and send it to steering committee members for review and comment.

6th INTERNATIONAL INPF CONFERENCE PLANNING

Objectives

Mr. Mark Lediard, Vice President for Population and Nutrition, Academy for Educational Development, was invited to the INPF Steering Committee Meeting as a consultant to assist in developing the program for the 6th International INPF Conference. Dr. Jerome stated that a primary objective for choosing the conference theme is to define effective nutrition communication strategies for three target audiences, (a) policy makers, (b) practitioners, and (c) consumers. Mr. Lediard assured the group that his plan targets the three distinct groups and will illustrate,

120

using examples from other fields, effective communication strategies for each audience. Since one-third of the country team participants will be media experts, particular emphasis will be placed on increasing their awareness and understanding of how to communicate nutrition messages effectively.

Another objective is to enable invited donor organizations to learn about nutrition communication initiatives that will be developed by country teams during the conference. Some of these country proposals will need "seed funds" to become a reality. The scheduled Donors' Luncheon is designed to promote informal interaction between donors and country teams, hopefully leading to collaboration. A third objective is to instill within the participants the vision of what can be potentially accomplished using state-of-the-art communication techniques to change nutrition-related behaviors.

Participants

Participants will be invited to the conference for two purposes. Those with successful communication/social marketing programs related to nutrition will be asked to present their experiences. Other countries interested in developing or strengthening such a component will be invited to send a team to learn the tools needed to initiate their own programs upon return home.

Country teams will be invited from approximately twelve countries and will be composed of three members. A senior nutrition specialist (typically a researcher/academician) should be an authority on nutrition content of messages. The second member of the team will be a nutrition practitioner (often from a Ministry of Health or Agriculture unit or prominent NGO) with responsibility for nutrition communication/education and/or training in the country. The third team member will represent the media and, as such, should have the authority, responsibility and/or capacity to produce press or electronic media materials on nutrition topics. It is hoped that at least the two nutrition specialists would know each other before coming to the conference and perhaps already have a working relationship. The three members will be urged to have at least one meeting in their country prior to the conference in order to prioritize national nutrition problems, and to begin thinking about ways to address them through nutrition communication. As an outcome of the conference, teams will be asked to prepare draft plans for implementing a nutrition communication program after returning to their country.

The steering committee expressed the desire that the final participant list include individuals having diverse specialties and experiences. For example, print, radio, television, drama, and other forms of media should be represented. Nutrition expertise in such areas as micronutrients, household food security, breastfeeding, food technology, and others is desirable. The process for identifying and inviting country

194

teams was not discussed in detail, but was left up to the secretariat. Countries designated by A.I.D. as child survival emphasis countries will receive preference. USAID missions in these countries will be asked to help identify key individuals.

Observers

Since Bangkok is a regional center for a number of international organizations operating in Asia, those UN agencies and multilateral donor agencies with offices in Bangkok will be invited to attend the meeting as observers. The steering committee indicated that invitations should be directed to the central office of these agencies. Additional bilateral and other donor groups that sponsor or support nutrition education programs should also be invited to attend the last day session. In addition, representatives of Thai institutions interested in nutrition and communications should be invited. These might be from government ministries, universities, or research institutions. Furthermore, other large foundations should be extended the opportunity to attend the donor's luncheon. Examples of these include The Kellogg's Foundation, The Pew Foundation, and The Ford Foundation.

Program Elements

A revised draft program of the 6th International INPF Conference is attached to these minutes as Appendix 1.

Background Overview

The initial presentation to set the stage for the conference will be an overview of communication/social marketing using successful health and nutrition program examples to highlight the evolution of behavior change methodology. A distinction will be made between education and marketing as it relates to health messages. The impact of key projects will be reviewed in a general way and followed in more detail with case studies.

Country-Specific Case Presentations

Subsequent sessions will be more specific in content and will be presented by representatives of countries that have implemented successful or effective nutrition communication programs. Emphasis will be placed on methodological strategies employed, identifying them within the context of both social and economic situations present in the country at the time. The *process* of instituting programs will be given as much importance as program *content*. Steering committee members agreed that case studies should include the spectrum of cost issues as well as the mechanics of communicating a message. Whenever possible, cost effective measures should be encouraged when the intended outcome of two approaches is of approximately equal value.

The steering committee discussed the different target groups whose behavior towards nutrition needs changing and recommended that case presentations draw attention to each of these three specific groups: policy makers, nutrition programmers, and the general consuming public. Different strategies are needed to effect behavioral change of each target group, yet the nutrition message in each case may be similar.

To emphasize practical approaches, case study presenters should be prepared to answer questions such as, "How do you convince communicators to carry out nutrition programs?" and, "How do you convince government decision makers to give priority to nutrition programs?".

Presentations by Participant Teams and Donor's Luncheon

On the last day, local donor agencies will be invited to listen to presentations by the country teams. During the course of the conference, these teams will have discussed the nutrition priority issues in their own country and will be asked to present some tangible, if only preliminary, ideas on communication approaches that could be initiated upon their return home. The donor groups will be invited to briefly present their interests in nutrition communication project funding. An opportunity will be given them to further describe how to apply for project funding. It is envisioned that small seed grants could be available to encourage the immediate application of lessons learned during the conference. Following presentations by country teams and donors, a luncheon or reception would increase opportunities for informal interaction among the participants and donors.

Outcome of Conference

There are two specific outcomes expected from this meeting: Nutrition communication programs conceived during the meeting and implemented upon return to the home countries of invited participants, and a document providing guidance to others not able to attend the meeting in person.

Guidelines Document

Parallel to the outcome of the Seoul meeting, a document will be produced entitled *Guidelines for Effective Nutrition Communication for Behavioral Change*. These guidelines will be synthesized from the presentations and discussions and will be published in booklet form with wide distribution expected. A mass mailing of either the full guidelines or a summary will be sent to all of those on the INPF mailing list. A report of the meeting will also be incorporated into the INPF Newsletter.

Background Paper

In order to maximize the success of this conference, communication among the organizers, presenters, and participants is essential. To this end, the background

overview paper to be prepared by Mark Lediard will be written in advance of the meeting and circulated as part of the invitation to presenters. In this way, experiences in individual countries can be linked directly back to the overview paper. This background paper will provide the backbone for the entire conference. It will be a point of return during the various phases of presentations and will thereby provide a common thread throughout the conference.

To further facilitate this critical internal communication, all presenters will meet the day before the conference to go over all details and to make sure that everyone's role is clearly understood as it relates to the overall conference objectives.

Meeting Logistics

Simultaneous Interpretation

During the 5th International INPF Conference in Seoul, Korea, English was the official language for presentation and discussion. The steering committee unanimously decided to not exclude country participation on the basis of ability to communicate in English. Therefore, the secretariat was instructed to arrange for simultaneous interpretation (into English, French, and Spanish) during each session. The strength of this commitment was evidenced by their stated preference for multi-language support, even if budgetary constraints forced a reduction in the number of countries invited. It was suggested that organizations working in Francophone West African countries and other development groups active in Latin America be approached for possible assistance with the cost of interpretation. Written material, including graphic logos, should be translated before the meeting.

Rapporteurs

To facilitate the writing of the guidelines manuscript after the conference, the steering committee agreed to an overall conference rapporteur. Other individuals will be assigned to serve as session rapporteurs who will be responsible for taking detailed notes in each session. Notes from session rapporteurs will be turned over to the general rapporteur. Dr. Valyasevi agreed to explore the possibility of obtaining a professional rapporteur from the Bangkok area.

Visit to Thai Communication Project

A firsthand look at a successful nutrition communication program currently underway in northeast Thailand was agreed to be an important practical aspect to the INPF conference. Dr. Valyasevi said that a site visit to Ubon Province was possible for conference attendees. The cost would be roughly \$80 for round trip airfare and \$30 for overnight lodging. A tentative itinerary includes departure from Bangkok the evening of 13 September for a 1 hour flight and staying overnight in a modest hotel.

121

On Saturday (14 September) the group would visit a village that is part of an ongoing study of social marketing of vitamin A and return to Bangkok that evening.

FOLLOW-UP TO THE INTERNATIONAL CONFERENCE

Presentation of Conference Summary at the 6th Asian Congress of Nutrition

Dr. Valyasevi has already requested a spot for a 90 minute symposium on the program of the 6th Asian Congress of Nutrition (ACN) in Kuala Lumpur, Malaysia, 16-20 September 1991. This should include: 1) an overview of the results of the 6th International INPF Conference, 2) at least two case study presentations, preferably by representatives of Asian countries, describing successful nutrition communication programs in the region, and 3) the goals and objectives of the International Nutrition Planners Forum to describe the nature and mission of the INPF. It is hoped that the guidelines document from the INPF Conference will be able to be presented, in summary form, at the Asian Congress. An abstract of the ACN symposium is due April 1st and should include the names of the participants/presenters scheduled for this session.

Request by SLAN

Dr. Ariza expressed the desire that a report of the 6th International INPF Conference including a presentation of the guidelines be presented at the meeting of the Latin American Nutrition Society (SLAN) that will be held in San Juan, Puerto Rico, 22-26 September 1991. He also suggested that publishing a meeting summary in the journal of the SLAN might be possible.

Plans for Next INPF Steering Committee Meeting

The next meeting of the INPF Steering Committee Meeting is scheduled for Sunday, 8 September 1991, immediately preceding the 6th International Conference. Steering committee members will be expected to arrive in Bangkok on Saturday, 7 September, and the meeting on Sunday will be from 1300-1700 hours.

Adjournment

After thanking all the steering committee members and guests for an active and successful two day meeting, Professor Gabr adjourned the meeting at 1940 hours on 15 January 1991.

6th International INPF Conference
Effective Nutrition Communication for Behavioral Change

September 10-13, 1991
 Bangkok, Thailand

(Draft Program)

	Day 1: September 10	Day 2: September 11	Day 3: September 12
9:00-10:30	<p align="center">Session 1</p> <ul style="list-style-type: none"> ◆ WELCOME/INTRODUCTIONS ◆ OVERVIEW: From Health Education to Social Marketing <p align="center">Presenter: Mr. Mark Lediard</p> <ul style="list-style-type: none"> ● Methodology review ● Review of key projects and impact 	<p align="center">Session 5</p> <p>Case Study #2: The DMD Project in Nigeria and Peru Presenter: Ms. Caby Versoza</p> <ul style="list-style-type: none"> ◆ Review of Program Design and Data; Partnership between Nutritional Scientists and Communicators <p><i>Target Audience: Practitioners/Consumers</i></p>	<p align="center">Session 9</p> <p>Nutrition and Radio: The Experience of Dr. Hakim (Tunisia) in Institutionalizing Creative Nutrition Education Presenter: (to be named)</p> <p><i>Target Audience: Consumers</i></p> <p>Nutrition And Media Advocacy: A Moroccan Experience Presenter: Mme Alui</p> <p><i>Target Audience: Decision Makers</i></p>
10:30-10:45	COFFEE BREAK		
10:45-12:30	<p align="center">Session 2</p> <ul style="list-style-type: none"> ◆ Introduction to Key Case Studies (Case study presenters) ● Brief synopsis of upcoming sessions, drawing attention to target audiences and how topics relate to overview and conference theme 	<p align="center">Session 6</p> <p>Case Study #3: Thailand Presenter: Dr. Aree Valyasevi</p> <ul style="list-style-type: none"> ◆ Vitamin A Social Marketing Program in Northeast Thailand <p><i>Target Audience: Consumers</i></p>	<p align="center">Session 10</p> <p>Review of session and synthesis of <i>Guidelines for Effective Nutrition Communication for Behavior Change</i></p>
12:30-1:30	LUNCH		
1:45-3:00	<p align="center">Session 3</p> <ul style="list-style-type: none"> ◆ Media and Health Behavior; Building Partnerships Between Broadcasters and Health Professionals, the African Experience <p>Presenter: Kassaye Demena, Secretary General of African Broadcasters Association</p> <p><i>Target Audience: Decision Makers/Practitioners</i></p>	<p align="center">Session 7</p> <p>Case Study #4: Brazil Presenter: Mr. Garson De Cunha, UNICEF</p> <ul style="list-style-type: none"> ◆ Breastfeeding <p><i>Target Audience: Consumers</i></p>	<p align="center">Session 11</p> <p>Presentations by participant teams on initiatives planned for implementation upon return home.</p>
3:00-3:15	COFFEE BREAK		
3:15-5:00	<p align="center">Session 4</p> <p>Case Study #1: Egypt Presenter: Dr. Farag El Kamel</p> <ul style="list-style-type: none"> ◆ Egyptian Experience with Nutritional Behavior Change <p><i>Target Audience: Consumers</i></p>	<p align="center">Session 8</p> <p>Case Study #5: Mali Presenter: Dandara Kante</p> <ul style="list-style-type: none"> ◆ Work-In-Progress on a Comprehensive Nutrition Education Project Demonstrating Use of Ethnographic Research, Media Development, Training and PVO Linkages <p><i>Target Audience: Practitioners/Consumers</i></p>	<p align="center">Session 12</p> <p>Presentations by donor organizations about priorities and funding possibilities</p> <p align="center">CLOSURE</p>

**MINUTES OF THE
INPF STEERING COMMITTEE MEETING
Tuesday, September 3
UNESCO, Paris, France
14:30 - 18:30**

Chairman, Professor Mamdouh K. Gabr

Participants:

Dr. Cheryl Achterberg	Dr. Mathurin C. Nago
Dr. Jamie Ariza	Dr. A. Wynante Patterson
Dr. Eunyong Chung	Mr. Richard Seifman
Ms. Carolyn Coleman	Ms. Julia Tagwireyi
Dr. Suzanne S. Harris	Dr. Aree Valyasevi

I. CALL TO ORDER AND WELCOME

The steering committee meeting was called to order by the Chairman, Prof. Gabr, at 14:35. Those present, introduced themselves. Special greetings were given to Mr. Seifman, newly appointed Director of the USAID Office of Nutrition.

Prof. Gabr briefly described INPF as an organization that works in conjunction with other organizations to further public communication of nutrition messages. Former USAID Office of Nutrition Director, Marty Forman, began the INPF with small, informal group meetings. His successor, Dr. Norge Jerome, began to formalize INPF by setting up a steering committee with regional representation and rotation of membership. The Nutrition Foundation was given responsibility for secretariat functions. Prof. Gabr stated the INPF functioned best as a mixture of formal and informal activities. Though INPF has poor visibility as an organization in the international community and has achieved only limited distribution of its publications (though this has improved), the steering committee takes pride in noting that other groups are mimicking INPF messages.

Mr. Seifman reported that AID was undergoing reorganization. While the final location of the Office of Nutrition within AID was still uncertain, his appointment as director is evidence that the office will remain independent. Mr. Seifman said his goal was collaboration with INPF, not control of the organization. He briefly described his own background including his most recent position at FAO with IFAD (International Fund for Agricultural Development). He stated his enthusiasm for nutrition and his belief that its time would come.

The minutes were approved as distributed.

II. UPDATE ON INPF ACTIVITIES SINCE LAST STEERING COMMITTEE MEETING

a) Briefing on Sixth INPF Conference

Dr. Harris, INPF Secretariat, briefly described the conference plans and program. She introduced Dr. Achterberg of Penn State Univ., who will serve as the conference rapporteur. Dr. Achterberg is one of the leading nutrition communications research experts in the United States.

Questions were raised about the number of observers expected to attend the conference. Since only one was expected, no special participation limitations seemed necessary.

b) Plans for the conference publications

Dr. Harris initiated a discussion with the steering committee about the types of publications to be developed from the conference. There was general agreement that the publication from the Fifth INPF Conference, *Crucial Elements of Successful Community Nutrition Program*, was too cumbersome for general use. A user friendly, how-to document for program managers as well as guidance for policy-makers is needed.

Dr. Ariza pointed out that some very successful nutrition communication programs indeed have six crucial elements in their programs so that a natural tie can be made with the Fifth INPF Conference.

The steering committee endorsed the concept of a conference proceeding to be written by Dr. Achterberg, and a smaller document with specific stepwise guidance directed to policy makers and practitioners.

c) Opportunity for presenting conference findings

Dr. Ariza is planning to present findings from the Sixth INPF Conference during the final plenary session of the SLAN meeting,

September 22-26, 1991. He asked for 600 copies of the *Crucial Elements* document divided between English and Spanish versions. Dr. Harris agreed to provide him with a brief summary of the Sixth INPF Conference.

Although there is no specific time set aside at the Sixth Asian Congress of Nutrition, Dr. Valyasevi agreed to make order forms for the *Crucial Elements* document available and discuss the Sixth INPF Conference where appropriate.

A summary of the meeting will be made available for inclusion in the APHA's *Mothers and Children* November newsletter. The Society for Nutrition Education (SNE) has asked AED to co-sponsor a meeting on international nutrition education and social marketing to precede the annual SNE meeting in July, 1992. This will be an example of reverse technology transfer--from the developing world to the developed. The steering committee noted that the objectives of INPF could include the developed world community.

d. AFRONUS Directory request

Ms. Julia Tagwireyi reported she met with Dr. Maletnlema after the January steering committee meeting and told him of the steering committee's interest in publishing the directory. She asked him to provide cost information as well as a description of the directory contents and how effective a communication tool it would be. Neither the secretariat nor the Office of Nutrition has been able to locate this information. A letter from Dr. Maletnlema to Dr. Jerome, dated April 27, 1991, indicates that he did provide the requested information. Ms. Tagwireyi will contact him again for the information.

III. DIRECTIONS OF INPF

a. Development of mission statement and goals

Prof. Gabr described a mission and objectives statement that Dr. Santos distributed at the Seoul conference. INPF is a group of scientists from developing countries with expertise in nutrition, who organize conferences on relevant nutrition topics and seek funding to support these meetings.

The objectives of INPF include:

dissemination of knowledge to developing and developed countries;

interacting with potential donors to fund projects; and

142

maintaining close relationships with UN agencies interested in nutrition.

The conferences are to be intercountry meetings giving developing countries an opportunity to showcase their success stories. A newsletter to disseminate the success stories beyond those in attendance at the conferences was envisioned. The focus is on community level activities.

Mr. Seifman urged the steering committee to take the opportunity to evaluate this mission and objectives to determine how INPF differed from other organizations. During discussion, several points were raised. INPF is unique in allowing exchange of information among developing countries and provides an opportunity for nutrition practitioners in these countries to meet each other. UN agencies do not always address the right issues; often they only address the issues of interest to the scientifically elite. INPF accentuates the successful projects which are not generally published in scientific journals. It provides an opportunity to address the needs of the developing world. INPF has tried to link its conferences to other international or regional nutrition meetings to make it easier for developing country representatives to attend. AID is seen as an umbrella under which developing countries practitioners can interface through INPF. It is not a government to government linkage.

The mission and objectives will be sent to the steering committee by the secretariat for review and comment. In particular, the committee will examine the usefulness of a more formalized INPF and the advantages of non-governmental status. AID will also review its policy toward INPF.

b. Relationships with other international and regional nutrition organizations

Dr. Valyasevi described a "vague cooperation" between IUNS and INPF. Under past IUNS presidents, UN organizations have been invited to attend, at their own expense, annual planning meetings. AID was invited last year. As the incoming president, he plans to continue this practice.

WHO and UNICEF have sponsored participants at past INPF conferences. Ms. Tagwireyi urged the committee to ensure INPF's own identity. INPF brings much needed realism to some UN agencies. The WHO Task Force on Health Research, working in Latin America,

was suggested as a potential group of interest to INPF. AID is an ex-officio member. Mr. Seifman reminded the steering committee of the value of keeping other donor agencies involved in INPF.

c. INPF Newsletter

A draft newsletter was distributed by the Secretariat. The Secretariat has received mailing lists from Prof. Gabr and Dr. Patterson. The committee was pleased with the draft and encouraged the inclusion of an editor's page. The target audiences for the newsletter are decision makers and policy makers, managers of nutrition programs (district level in Thailand). The contents should be a mix of science and advocacy.

He suggested a pilot phase for the newsletter that would include an evaluation component. The Secretariat will proceed in this manner.

IV. OTHER BUSINESS - Theme for next INPF conference

The following suggestions were made:

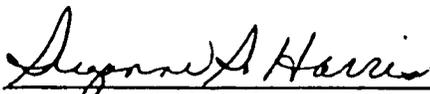
human resource needs (divided between public and private sectors);

how can nutrition better harness the indigenous, private sector, street vendors;

role of donors

The committee restated its desire to hold the next conference in conjunction with another international or regional nutrition meeting.

Prof. Gabr thanked the steering committee members and AID representatives for their participation and adjourned the meeting at 18:35.



Suzanne S. Harris, Ph.D.
INPF Interim Director

October 3, 1991
Date

Appendix 14

**International Nutrition Planners Forum
Sixth International Conference**

Effective Nutrition Communication for Behavior Change

**4-6 September 1991
UNESCO Headquarters, Paris, France**

**Sponsored by INPF and UNESCO
Funded by U.S. Agency for International Development**

CONFERENCE PROGRAM

DAY 1: WEDNESDAY, 4 SEPTEMBER

0800-0900 Registration

0900-0930 OPENING CEREMONY

Welcome by Conference Chairman

Professor Mamdouh K. Gabr, Cairo Faculty of Medicine, Cairo, Egypt

Opening Statements:

International Nutrition Planners Forum (INPF)

United States Agency for International Development (AID)

Academy for Educational Development (AED)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

0930-1045 SESSION 1: KEYNOTE ADDRESS

**From Nutrition Education to Social Marketing: An Overview of
Methodologies and Introduction to Case Studies**

*Mr. Mark Lediard, Academy for Educational Development, Washington,
D.C., U.S.A.*

1045-1100 Coffee Break

1100-1145 SESSION 2: CASE STUDY I - AFRICA

**Media and Health Behavior: Building Partnerships Between Broadcasters
and Health Professionals**

*Mr. Kassaye Demena, Union des Radiodiffusion et Televisions Nationales
d'Afrique (URTNA), Dakar, Senegal*

146

1145-1245 SESSION 3: CASE STUDY II - EGYPT

The Egyptian Experience with Nutrition Behavior Change

Dr. Farag Elkamel, The Center for Development Communication, Cairo, Egypt

1245-1430 LUNCH (on your own)

1430-1530 SESSION 4: CASE STUDY III - THAILAND

**Participatory Action for An Integrated Nutrition Communication Program:
The Thai Experience in Changing Dietary Behavior through Social
Marketing**

Ms. Suttalak Smitasiri, Institute of Nutrition, Mahidol University at Salaya, Thailand

1530-1545 Coffee Break

1545-1645 SESSION 5: CASE STUDY IV - BRAZIL

**The Six Months Worth a Lifetime: Brazil's National Breastfeeding
Programme**

Mr. Gerson da Cunha, Consultant, National Technology Mission, Government of India

1645-1700 WRAP-UP

Professor Mamdouh Gabr, Cairo Faculty of Medicine, Egypt

1830-2000 RECEPTION

UNESCO 7th Floor Restaurant

DAY 2: THURSDAY, 5 SEPTEMBER

0900-1015 SESSION 6: CASE STUDY V - NIGERIA AND PERU

**Nutritionists and Communicators Can Work Together: Nutrition
Interventions in Peru and Nigeria**

Ms. Cecilia C. Versoza, Academy for Educational Development, Washington, D.C., U.S.A.

1015-1030 Coffee Break

1030-1130 SESSION 7: CASE STUDY VI - MALI

**A Comprehensive Nutrition Education Project Demonstrating Use of
Ethnographic Research, Media Development, Training and Linkages with
Private Voluntary Organizations (PVOs)**

Ms. Dandara Kante, Ministry of Education, Bamako, Mali

1130-1230 SESSION 8: CASE STUDY VII - THE PHILIPPINES

The Philippine Experience in Social Marketing for Nutrition

Ms. Mercedes Solon, Nutrition Center of the Philippines, Manila, Philippines

1230-1415 LUNCH (on your own)

1415-1515 SESSION 9: CASE STUDY VIII - INDONESIA

**The Impact of Social Marketing on Megadose Vitamin A Capsule
Consumption Rate: Result of a Pilot Project in Central Java**

Dr. Satoto, Helen Keller International, Semarang, Indonesia

1515-1530 Coffee Break

1530-1630 SESSION 10: REACHING POLICY MAKERS

1630-1700 WRAP-UP

Professor Mamdouh Gabr, Cairo Faculty of Medicine, Egypt

Mr. Mark Lediard, Academy for Educational Development, U.S.A.

1715-1900 Country Team Consultations

DAY 3: FRIDAY, 6 SEPTEMBER

0900-1030 SESSION 11: COUNTRY TEAM PRESENTATIONS

Moderator: Mr. Mark Lediard, Academy for Educational Development

0900-0915 Botswana

0915-0930 Burkina Faso

0930-0945 Egypt

0945-1000 Haiti

1000-1015 Indonesia

1015-1030 Madagascar

1030-1045 Coffee Break

1045-1230 SESSION 11: COUNTRY TEAM PRESENTATIONS (continued)

1045-1100 Morocco

1100-1115 Pakistan

1115-1130 Peru

1130-1145 Philippines

1145-1200 Senegal

1200-1215 Sierra Leone

1230-1415 LUNCH (on your own)

1415-1515 SESSION 12: DONOR INTRODUCTIONS AND RESPONSES

1515-1530 Coffee Break

1530-1600 Participant's Evaluation of the Conference

1600-1630 CLOSING CEREMONY

INPF Sixth International Conference
Effective Communication for Behavior Change
4-6 September 1991

PARTICIPANT LIST

- Dr. Cheryl Achterberg**
Associate Professor of Nutrition
Nutrition Department
The Pennsylvania State University
Henderson Human Development Building
University Park, PA 16802 USA
Tel: (814) 865-6323
Fax: (814) 863-0772
- Mr. Ahmed Akhochichine**
Professor
National College of Journalism
Ministry of Information
B.P. 6205- Rabat/Instituts
Rabat, Morocco
Tel: 77 33 40
Fax: 77 33 55
- Professor Jaime Ariza**
President, Latin American
Society of Nutrition (SLAN)
University of Puerto Rico
GPO Box 2156
San Juan, Puerto Rico
Tel: (809) 758-2525 Ext. 1433
Fax: (809) 759-6719
- Dr. Antoine Augustin**
Directeur, Centre d'Analyse des
Politiques de Sante
Box 13489 Petion-Ville
Delmas, Haiti
Tel: (509) 57-21-39
- Ms. Boitshepo Baatshwana**
Nutritionist, Family Health Division
Ministry of Health
P.O. Box 992
Gaborone, Botswana
Tel: 267-353561
Fax: 267-312563
- Dr. Bruno Benavides**
Communication Researcher
Instituto de Investigacion Nutricional
Apartado Postal 18-0191
Lima 18, Peru
Tel: (51-14) 36-9123
Fax: (51-14) 36-7671
- Dr. Clifford Block**
The Far West Laboratory
for Educational Development
730 Harrison Street
San Francisco, California, USA
Tel: (415) 565-3000
- Ms. Cecilia Cabañero Versoza**
Senior Program Officer
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037 USA
Tel: (202) 862-1283
Fax: (202) 862-1947
- Dr. Maria Luz Casimiro**
Division Chief, Public Information
and Health Education Service
Department of Health
Santa Cruz
Manila, Philippines
Tel: (632) 711-6245/6305
Fax: (632) 711-6055
- Mr. Abdul Sattar Chaudhry**
Health Education Advisor
Ministry of Health
14-D Feroze Centre, Blue Area
Islamabad, Pakistan
Tel: (051)816905
- Dr. Eunyong Chung**
Bureau for Science & Technology, SA-18
U.S. Agency for International
Development
1601 N. Kent Street, Room 411
Washington, DC 20523, USA
Tel: (703) 875-4074
Fax: (703) 875-4394
- Ms. Carolyn Coleman**
Bureau for Science & Technology, SA-18
U.S. Agency for International
Development
1601 N. Kent Street
Washington, DC 20523, USA
Tel: (703) 875-4030
Fax: (703) 875-4394

150

Mrs. Mariame Couliabaly née Doumbia
Journalist
Radio Television du Mali (RTM)
B.P. 171
Bamako, Mali
Tel: (265) 22 24 74

Mr. Gerson da Cunha
Consultant, National Technology Missions
Government of India
10 Fairlawn
128 Maharishi Karve Road
Bombay 400020 India
Tel: (91-22) 287-3513
Fax: (91-22) 287-3513

Dr. Florence Dahniya
Senior Lecturer
Njala University College
University of Sierra Leone
Private Mail Bag
Freetown, Sierra Leone

Ms. Diane Dalisera
INPF Secretariat
Nutrition Foundation, Inc.
1126 Sixteenth Street, NW, Suite 700
Washington, DC 20036 USA
Tel: (202) 659-9024
Fax: (202) 659-3617

Ms. Hilary Creed de Kanashiro
Research Nutritionist
Institute de Investigacion Nutricional
Apartado 18-0191, Miraflores
Lima, 18 Peru
Tel: (51-14) 36-9123
Fax: (51-14) 36-7671

Mr. Michel de la Taille
Director, Joint FAO/WHO Secretariat
International Conference on Nutrition
Room A-304
Food and Agriculture Organization of
the United Nations
Via Delle Terme di Caracalla
00100 Rome, Italy
Tel: 57976551
Fax: 57973076

Mr. Kassaye Demena
Secretary-General
Union des Radiodiffusions et Télévisions
Nationales d'Afrique (URTNA)
101 rue Carnot
Boite Postale 3237
Dakar, Senegal
Tel: (221) 21-1625
Fax: (221) 22-5113

Ms. Dorothy Dhliwayo
Acting Chief Health Education Officer
Ministry of Health
P.O. Box 8204 Causeway
Harare, Zimbabwe
Tel: 737897

Mr. Jean W. Parfait Douamba
Nutritionist, Nutrition Division
Direction of Family Health
Ministry of Health
03 BP 7247
Ouagadougou 03, Burkina Faso
Tel: 30-68-64

Dr. Farag Elkamel
Director, Center for
Development Communication
53 Shehab Street, Mohandiseen
Cairo, Egypt
Tel: (20-2) 342-4649
Fax: (20-2) 355-4018

Dr. Mustapha Essolbi
Chief, Health Education Programs
Ministry of Health
Division Education Sanitaire - M.S.P.
Rabat, Morocco
Tel: (07) 69 12 85
Fax: (07) 69 08 28

Mr. Gipu Felix-George
Director of Broadcasting
3-32, King Harman Road
P.O. Box 644
Freetown, Sierra Leone
Tel: (232) 40123
Fax: (232) 40403

Dr. Mamdouh K. Gabr
Professor of Pediatrics
Cairo Faculty of Medicine
162 Tahrir Street
Cairo, Egypt
Tel: (20-2) 393-1295
Fax: (20-2) 393-0750

Mr. Ernesto Gatchalian
Vice President for Strategic Planning
J. Walter Thompson, Philippines
Ramon Magsaysay Center, Roxas Blvd.
P.O. Box 1399, Manila, Philippines
Tel: (632) 58-85-51
Fax: (632) 521-1024

Dr. Michaele Amedee Gedeon
Senior Health and Nutrition Advisor
U.S. Agency for International
Development
USAID Port-au-Prince
Department of State
Washington, DC 20520-0002
Tel: (509) 22-55-00
Fax: (509) 23-96-03

Dr. J. Peter Greaves
Senior Advisor (Micronutrients)
UNICEF
3 United Nations Plaza
New York, NE 10017, USA
Tel: (212) 326-7382
Fax: (212) 326-7336

Dr. Suzanne Harris
Interim Director
Nutrition Foundation, Inc.
1126 Sixteenth Street, NW, Suite 700
Washington, DC 20036 USA
Tel: (202) 659-9024
Fax: (202) 659-3617

Dr. Mohamed Hafez Hathout
Executive Director, Nutrition
Child-Survival Project
Ministry of Health
CSP, 1 Abdul Megid El-Remaly Street
Bab El Louk
Cairo, Egypt
Tel: 02-3545102
Fax: 02-3564649

Mr. Andre Demba Hilou
Cinematographer
Audiovisual Production Service
Division of Health Education
01 BP 168
Ouagadougou 01, Burkina Faso
Tel: 33-62-52

Dr. Mohamed Amr Hussein
Chairman of Council and Director
Nutrition Institute
Ministry of Public Health
16 Kasr El-Aini Street
Kasr El-Aini Post Office
Cairo, Egypt
Tel: 02-846414
Fax: 02-848073

Mrs. Dandara Kante
Nutritionist
Ministry of Education
BP 71
Bamako, Mali
Tel: (22-3) 22-25-50

Dr. Mushtaq Khan
Chief, Nutrition Sector
Government of Pakistan
Ministry of Planning and Development
Islamabad, Pakistan
Tel: (051)853466

Ms. Anne Knuth
Assistant Director, Communications
Ministry of Information
P.O. Box 8232, Causeway
Harare, Zimbabwe
Tel: 707768
Telex: 24142

Dr. Herna Fayla D. Lamothe
Nutrition Specialist
Ministere de la Sante Publique
et de la Population
P.O. Box 13120
Delmas/Port-au-Prince, Haiti
Tel: (509) 46-45-85
Fax: (509) 22-75-08

Mr. Mark Lediard
Vice President and Director for
Nutrition and Population
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037 USA
Tel: (202) 862-1924
Fax: (202) 862-1947

Ms. Rufaro Charity Madzima
Senior Technical Nutritionist
Ministry of Health
Box 8204 Causeway
Harare, Zimbabwe
Tel: 792454

Mr. Rauf Malik
Director
Ministry of Information
Islamabad, Pakistan

Dr. Ida Bagus Mantra
Head, Center of Health Communication
Department of Health
c/o Bina Mulia Building, 10th Floor
J1. HR Rasuna Said Kav.10 Kuningan
Jakarta 12950, Indonesia
Tel: (062-21) 5207-297/516-364
Fax: (062-21) 5207-297

Ms. Tshire Olivia Maribe
Chief Nutritionist
Family Health Division
Ministry of Health
P.O. Box 992
Gaborone, Botswana
Tel: 267-353561
Fax: 267-353100

Dr. Amadou Moctar Mbaye
Chef, Service National Nutrition
Alimentation Senegal
Ministere Sante Publique
26, avenue Pasteur
B.P. 6108 Etoile
Dakar, Senegal
Tel: (221) 244753

Mr. Dwayne Milbrand
INPF Secretariat
Nutrition Foundation, Inc.
1126 Sixteenth Street, NW, Suite 700
Washington, DC 20036 USA
Tel: (202) 659-9024
Fax: (202) 659-3617

Dr. Mathurin C. Nago
Vice-Dean, Faculty of Agricultural
Sciences
National University of Benin
B.P. 526
Cotonou, Republic of Benin
Tel: (22-9) 33-00-74
Fax: (22-9) 31-35-59

Dr. Hajji Najia
Chief, Nutrition Programs
Ministry of Public Health
Division de la SMI
Route de Casablanca KM U.5
Rabat, Morocco
Tel: 07 69 12 67

Mr. Keboeletse H. Nkarabang
Managing Editor
Daily News
Private Bag 0060
Gaborone, Botswana
Tel: 267-353615
Fax: 267-352971

Ms. Andrea Okwesa
Consultant
INPF Secretariat
Nutrition Foundation, Inc.
1126 Sixteenth Street, NW, Suite 700
Washington, DC 20036 USA
Tel: (202) 659-9024
Fax: (202) 659-3617

Dr. N. Andre Ouedraogo
Nutritionist, Nutrition Division
Direction of Family Health
03 BP 7247
Ougadougou 03, Burkina Faso
Tel: 30-68-64

Ms. Margaret Parlato
Director, Nutrition Communication Project
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037 USA
Tel: (202) 862-1279
Fax: (202) 862-1947

Dr. Adeline Wynante Patterson
Director, Caribbean Food
and Nutrition Institute (CFNI)
PAHO/WHO
P.O. Box 140
Kingston 7, Jamaica, WI
Tel: (809) 92-72882
Fax: (809) 92-72657

Dr. Colin Power (alternate)
Assistant Director General
for Education
UNESCO
7, Place de Fontenoy
75700 Paris
France
Tel: (33-1) 45.68.10.00
Fax: (33-1) 40.65.94.05

Mr. C.T. Sarr
Director of Agriculture and Rural
Development Department
African Development Bank
P.O. Box 1387
Abidjan 01 Côte D'Ivoire
Tel: (225) 204444
Fax: (225) 227004

Ms. Margaret Sachs
Preventive and Health Education Section
Division of Education for the
Quality of Life
UNESCO
7, Place de Fontenoy
75700 Paris, France
Tel: (33-1) 45.68.10.00
Fax: (33-1) 40.65.94.05

Dr. Satoto
Helen Keller International
Papandayan 26, Sema
Semarang 50232, Indonesia
Tel: (062-21) 024-314414
Fax: (062-21) 024-414376

Ms. Sylvetta Scott
Senior Nutritionist
Ministry of Health
Room E409, 4th Floor
Youyi Building, Brookfields
Freetown, Sierra Leone
Tel: (232) 41500 Ext 609

Mr. Richard Seifman
Director, Office of Nutrition
Bureau for Science and Technology
U.S. Agency for International
Development
1601 N. Kent Street, SA-18
Washington, DC 20523, USA
Tel: (703) 875-4003
Fax: (703) 875-4394

Dr. Béatrice Sénémaud
Nutrition Officer, Nutrition Programs
Food Policy and Nutrition Division
Food and Agriculture Organization
of the United Nations
Via delle Terme di Caracella
00100 Rome, Italy
Tel: 57971
Fax: 57973152

Mr. Gamal Mohamed Shanan
Director, Audio Visual Aids
Ministry of Health
651 Port-Said Street, El Daher
Cairo, Egypt
Tel: 02-3548297

Ms. Suttalak Smitasiri
Head, Division of Communication
Institute of Nutrition
Mahidol University at Salaya
Phutthamonthon 4, Nakhon Chaisi
Nakhon Pathom 73170 Thailand
Tel: (66-2) 441-9035-9
Fax: (66-2) 441-9344

Ms. Mercedes Solon
Deputy Executive Director
Nutrition Center of the Philippines
M.C.C., P.O. Box 653, Makati 1299
Metro Manila, Philippines
Tel: (63-2) 818-73-97
Fax: (63-2) 818-74-03

Mrs. Monique Souvenir
Communication Specialist
Ministere de la Sante Publique
et de la Population
P.O. Box 1578
Port-au-Prince, Haiti
Tel: (509) 34-07-91

Mrs. Julia Tagwireyi
Director of Nutrition
Ministry of Health
Kaguvi Building, Central Avenue
P.O. Box 8204, Causeway
Harare, Zimbabwe
Tel: (263-4) 79-2454
Fax: (263-4) 79-3634

Dr. Richard Young
Coordinator, Nutrition Unit
International Development Research
Center
250 Albert Street
PO Box 8500
Ottawa, Canada K1G 3H9
Tel: (613) 236-6163
Fax: (613) 238-7230

Dr. Roy Tjiong
Helen Keller International
Bina Mulia Building, 10th Floor
J1. HR Rasuna Said Kav.10 Kuningan
Jakarta 12950, Indonesia
Tel: (062-21) 5207-297
Fax: (062-21) 5207-297

Mr. Laminé Toure
Journaliste Spécialiste de l'Audiovisuel
Radio Senegal
B.P. 1765 blvd General de Gaulle
Dakar, Senegal
Tel: (221) 217756

Dr. Aree Valyasevi
Professor and Institute Consultant
Institute of Nutrition
Mahidol University
Phuttamarthon 4, Nakhon Chaisi
Nakhon Pathom 73170, Thailand
Tel: (66-2) 441-9740
Fax: (66-2) 441-9344

Dr. Susan Van der Vynckt
Preventive and Health Education Section
Division of Education for the
Quality of Life
UNESCO
7, Place de Fontenoy
75700 Paris, France
Tel: (33-1) 45.68.08.42
Fax: (33-1) 40.65.94.05

Ms. Jennie Vasquez-Solis
Coordinador Proyecto de Comunicación
Social
Pan American Health Organization
Los Cedros #269 - San Isidro
Lima, Peru
Tel: (51-14) 40-9200
Fax: (51-14) 42-4634

International Nutrition Planners Forum

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth Street, NW
Washington, DC 20036
Telex: 6814107 NUFOUND
Phone: 202-659-9024
Fax: 202-659-3617

"EFFECTIVE NUTRITION COMMUNICATION FOR BEHAVIOR CHANGE" - INPF SIXTH INTERNATIONAL CONFERENCE.

The Sixth International Conference of the International Nutrition Planners Forum will be convened from 4-6 September, 1991, at UNESCO, Paris, under the joint sponsorship of the INPF and UNESCO, and with the support of the Office of Nutrition, United States Agency for International Development (USAID). It will focus on the theme: "Effective Nutrition Communication for Behavior Change," through a series of participatory sessions to identify, elaborate and refine practical approaches for nutrition intervention programs.

The goal of the conference is: *"to define and develop effective communication strategies for achieving behavior change in nutrition"*. The objectives are to illustrate mechanisms for achieving effective behavior change in nutrition; develop strategies for changing nutrition-related behaviors in different target-groups; and empower "country teams" from developing countries to launch successful nutrition communication initiatives.

The conference will reinforce the concept that, to be effective, nutrition communication programs must be based on an understanding of the needs, interests, and perception of the target audience. Three target audiences have been identified: Policy Makers/Planners; Practitioners; and Consumers. The intention is to show how messages, media channels, materials and strategies should be targeted based on distinct characteristics of a particular group, and not to an amorphous "general public".

The approximately 65 participants will comprise: three-person "country teams" from Botswana, Burkina Faso, Egypt, Haiti, Indonesia, Morocco, Pakistan, Peru, Philippines, Senegal, Sierra Leone and Zimbabwe; speakers drawn from experts in nutrition and/or health and mass media/communication from around the world; and United Nations and other international organizations and agencies.

The country teams consist of: a senior-level, technical nutrition specialist (researcher, academician or scientist) who is an authority on the content of nutrition message(s); a nutrition practitioner, typically from a Ministry of Health or Agriculture, with responsibility for directing nutrition education and training activities and programs; and a media specialist working in either press, radio, television, film/video, social marketing or community media. This member should have the authority, responsibility and/or capacity to produce socially-oriented communication materials.

The chief outcome will be the Report on the Conference which will include texts of meeting presentations, as well as a critical review of the nutrition communication methodologies described. Key principles and guidelines for planning and implementing nutrition communication and social marketing programs in developing countries will also be identified. The published report will present lessons learned and effective models from a variety of successful experiences in nutrition communication.

15/6

Appendix 15



The Nutrition Foundation

1126 SIXTEENTH STREET, N.W. • WASHINGTON, D.C. 20036 • (202) 659-9024/659-9032

OFFICE OF NUTRITION IMPLEMENTORS CONVOCATION

FIRST ANNUAL INTERNATIONAL NUTRITION NETWORK EXCHANGE

2-3 October 1990

Columbia North Room, Holiday Inn Capitol, 500 C Street, S.W., Washington, D.C.

Program

Tuesday, 2 October

- | | | | | | | | | | | |
|---------------------------|--|--|--|---|---|---|-------------------|--|---|---|
| 0830 Registration* | 0900 Introductory Remarks
Dr. Timothy A. Morck
The Nutrition Foundation, Inc. | 0905 Opening Remarks
Dr. Ralph W. Cummings
Acting Agency Director
for Food and Agriculture
Bureau for Science and Technology
Agency for International
Development | 0910 Welcome
Dr. Richard Bissell
Assistant Administrator
Bureau for Science and Technology | 0915 Convocation Overview
Dr. Norge W. Jerome
Director, Office of Nutrition
Bureau for Science and Technology | 0935 Introduction of the Keynote Address
Ms. Carolyn I. Coleman
Policy Analyst, Office of Nutrition
Bureau for Science and Technology | 0945 Keynote Address
Mr. C. Payne Lucas
Director, AFRICARE | 1045 Break | 1115 <i>The Nutrition Agenda in African Development</i>
Session Chair
Ms. Hope Sukin
Africa Bureau

Dr. C. Gary Merritt
Chief, Africa Technical Resources
Africa Bureau

Dr. Anita Mackie
Senior Public Health Officer
Africa Bureau | 1230 Lunch*
<i>Partnership with Universities</i>
Dr. Curtis R. Jackson
Office of Research and University
Relations
Bureau for Science and Technology | 1400 <i>Sustaining Nutrition Programs (Special emphasis on Africa)</i>
Session Chair
Ms. Carolyn I. Coleman
Policy Analyst, Office of Nutrition
Bureau for Science and Technology

Private Sector Collaborations
Mr. Weldon Blanton
National Cooperative Business
Association

Collaborating with Other Agencies
Ms. Susan Eastman
Helen Keller International |
|---------------------------|--|--|--|---|---|---|-------------------|--|---|---|

* For your convenience, a box lunch will be available. Tickets will be sold during the convocation registration for \$10 each.

Tuesday, 2 October (continued)

Human Resource Development
Ms. Margaret Parlato
Academy for Educational
Development

Institution Building
Dr. Audrey Naylor
Wellstart

1500 **Questions and Discussion**

1530 **Break**

1545 ***Tangible Approaches to
Collaborations, Exchange, and
Networking***
Session Chair
Dr. Frances R. Davidson
Nutrition Advisor, Office of Nutrition
Bureau for Science and Technology

**Avenues for Communicating Nutrition
Information**
Ms. Gayle Gibbons
Clearinghouse on Infant Feeding and
Maternal Nutrition

Sharing Technology
Dr. Robert Metcalf
Solar Box Cookers International

Building New Partnerships
Mr. Robert G. Pratt
Vitamin A Field Support Project
(VITAL)

**Discussion: Collaborating Among
Ourselves and Expanding Our
Networks**

Wednesday, 3 October

0900 ***Contractual and Administrative Issues***
Session Chair
Dr. Timothy A. Morck
The Nutrition Foundation, Inc.

Ms. Brenda Colwell
Program Analyst, Office of Nutrition
Bureau for Science and Technology

Mr. Gene Westlake
Office of Financial Management
Cash Management and Payments
Division

Mr. Jay M. Bergman
Chief, Food and Agriculture Branch
AID/W Projects Division
Office of Procurement

1000 **Discussion**

1100 ***Recommended Strategies to Improve
Coordination and Collaboration***
Dr. Norge W. Jerome
Director, Office of Nutrition
Bureau for Science and Technology

Dr. Timothy A. Morck
The Nutrition Foundation, Inc.

1145 **Evaluation**

1200 **Adjournment**



The Nutrition Foundation

1126 SIXTEENTH STREET, N.W. • WASHINGTON, D.C. 20036 • (202) 659-9024

International Nutrition Network Exchange Convocation 2-3 October 1990

Implementor and Guest Participants

Mr. Robert Aronson
Department of Anthropology
Room 111, Woods Hall
University of Maryland
College Park, MD 20742
Tel: (301) 405-1423
Fax: (301) 314-9346

Ms. Valerie Barksdale
Catholic Relief Services
209 West Fayette Street
Baltimore, MD 21201
Tel: (301) 625-2220
Fax: (301) 685-1635

Mr. John Barrows
International Eye Foundation
7801 Norfolk Avenue
Bethesda, MD 20814
Tel: (301) 986-1830
Fax: (301) 986-1876

Mr. Clifton Barton
The InterAmerican Management
Consulting Corp.
1601 N. Kent Street, Suite 904
Arlington, VA 22209
Tel: (703) 524-2600
Fax: (703) 524-6564

Mr. Jack Blanks
International Eye Foundation
7801 Norfolk Avenue
Bethesda, MD 20814
Tel: (301) 986-1830
Fax: (301) 986-1876

Mr. Weldon Blanton
National Cooperative Business
Center
1401 New York Avenue, N.W.
Suite 1100
Washington, DC 20005-2160
Tel: (202) 638-6222
Fax: (202) 638-1374

Ms. Beverly Blum, Executive Director
Solar Box Cookers International
1724 11th Street
Sacramento, CA 95814
Tel: (916) 444-6616
Fax: (916) 447-8689

Ms. Helen Bratcher
Catholic Relief Services
209 West Fayette Street
Baltimore, MD 21201
Tel: (301) 625-2220
Fax: (301) 685-1635

Ms. Linda Bruce
PATH
1990 M Street, NW
Suite 700
Washington, DC 20036
Tel: (202) 822-0033
Fax: (202) 457-1466

Mr. Bart Burkhalter
International Science and Technology
Institute, Inc.
1601 N. Kent Street, Suite 1001
Arlington, VA 22209
Tel: (703) 524-5225
Fax: (703) 243-4669

Ms. Beatriz C. Casals
Casals and Associates, Inc.
Crystal Plaza One, Suite 1010
2001 Jefferson Davis Highway
Arlington, VA 22202
Tel: (703) 920-5224
Fax: (703) 920-5289

Dr. Sergio Diaz-Briquets
Casals and Associates, Inc.
Crystal Plaza One, Suite 1010
2001 Jefferson Davis Highway
Arlington, VA 22202
Tel: (703) 920-5224
Fax: (703) 920-5289

Ms. Susan Eastman
Helen Keller International
15 W. Sixteenth Street
New York, NY 10011
Tel: (212) 807-5800
Fax: (212) 463-9341

Ms. Martha Figueroa
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9326
Fax: (703) 237-9303

Dr. Ken Flemmer
Adventist Development and Relief
Agency International
12501 Old Columbia Pike
Silver Spring, MD 20904
Tel: (301) 680-6380
Fax: (301) 680-6370
Telex: 152203422

Mr. Timothy Frankenberger
University of Arizona
Office of Arid Lands Studies
845 N. Park Avenue
Tucson, AZ 85719
Tel: (602) 621-1955
Fax: (602) 621-3816

Dr. David French
Helen Keller International
15 W. Sixteenth Street
New York, NY 10011
Tel: (212) 807-5800
Fax: (212) 463-9341

Dr. Phyllis Gestrin
Peace Corps
1990 K Street, N.W.
Washington, DC 20526
Tel: (202) 606-3100
Fax: (202) 606-3024

Ms. Gayle Gibbons
APHA Clearinghouse on Infant Feeding
and Maternal Nutrition
1015 15th Street, N.W.
Washington, DC 20005
Tel: (202) 789-5600
Fax: (202) 789-5661

Ms. Beverly Graham
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
Tel: (202) 862-1279
Fax: (202) 862-1947

Dr. Geeta Rao Gupta
International Center for Research
on Women (ICRW)
1717 Massachusetts Avenue, N.W.
Washington, DC 20036
Tel: (202) 797-0007
Fax: (202) 797-0020

Dr. Guillermo Herrera
School of Public Health
Harvard University
465 Huntington Avenue
Boston, Massachusetts 02115
Tel: (617) 432-1341
Fax: (617) 432-2435

Mr. Ron Israel
Education Development Center, Inc.
Suite 875
1250 24th Street, NW
Washington, DC 20037
Tel: (202) 466-0540
Fax: (202) 466-2888

Dr. Eileen Kennedy
International Food Policy
Research Institute (IFPRI)
1776 Massachusetts Ave., N.W.
Washington, DC 20036
Tel: (202) 862-5600
Fax: (202) 467-4439

Dr. Avanelle Kirksey
Department of Food and Nutrition
Purdue University
West Lafayette, IN 47907
Tel: (317) 494-8245
Fax: (317) 494-0674

Dr. Tim R. Kramer
USDA/ARS/Barc-East
Building 307, Room 116
Beltsville, MD 20705
Tel: (301) 344-1049
Fax: (301) 344-1062

161

Dr. Kathleen Kurz
International Center for Research
on Women (ICRW)
1717 Massachusetts Avenue, N.W.
Washington, DC 20036
Tel: (202) 797-0007
Fax: (202) 797-0020

Ms. Laurie Lindsay
The Nutrition Foundation, Inc.
1126 16th Street, N.W.
Washington, DC 20036
Tel: (202) 659-9024
Fax: (202) 659-3617

Ms. Mary Linehan
VITAL
International Science and Technology
Institute, Inc.
1601 N. Kent Street, Suite 1016
Arlington, VA 22209
Tel: (703) 841-0652
Fax: (703) 841-1597

Mr. C. Payne Lucas
Director
AFRICARE
440 R Street, N.W.
Washington, DC 20001
Tel: (202) 462-3614
Fax: (202) 387-1034

Dr. Mohamed Mansour
Save the Children Fund
54 Wilton Road, P.O. Box 950
Westport, CT 06881
Tel: (203) 226-7272
Fax: (203) 222-9176

Dr. Robert Metcalf
Solar Box Cookers International
1724 11th Street
Sacramento, CA 95814
Tel: (916) 444-6616
Fax: (916) 447-8689

Dr. Timothy A. Morck
The Nutrition Foundation, Inc.
1126 16th Street, N.W.
Washington, DC 20036
Tel: (202) 659-9024
Fax: (202) 659-3617

Mr. Tom Moser
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9326
Fax: (703) 237-9303

Dr. Audrey Naylor
Wellstart/San Diego Lactation Program
4062 First Avenue
San Diego, CA 92138
Tel: (619) 295-5192
Fax: (619) 294-7787

Ms. Margaret Parlato
Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037
Tel: (202) 862-1279
Fax: (202) 862-1947

Mr. Robert Pratt
VITAL
International Science and Technology
Institute, Inc.
1601 N. Kent Street, Suite 1016
Arlington, VA 22209
Tel: (703) 841-0652
Fax: (703) 841-1597

Dr. Jenice Rankins
The Department of Nutrition, Food,
and Movement Sciences
College of Human Sciences
Florida State University
Tallahassee, FL 32306-2033
Tel: (904) 644-4792
Fax: (904) 581-1405

Ms. Janine Schooley
Wellstart/San Diego Lactation Program
4062 First Avenue
San Diego, CA 92138
Tel: (619) 295-5192
Fax: (619) 294-7787

Ms. Ximena Sheehy-Downey
Academy for Educational Development
1255 23rd Street, N.W.
Washington, DC 20037
Tel: (202) 862-1279
Fax: (202) 862-1947

162

INNE Convocation Participant List
page 4.

Dr. Charles Teller
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9326
Fax: (703) 237-9303

Ms. Ruth Wester
Wellstart/San Diego Lactation Program
4062 First Avenue
San Diego, CA 92138
Tel: (619) 295-5192
Fax: (619) 294-7787

Dr. Tony L. Whitehead
Chairman, Department of Anthropology
Room 111, Woods Hall
University of Maryland
College Park, MD 20742
Tel: (301) 405-1423
Fax: (301) 314-9346

Mr. Robert Wieland
The International Management Consulting
Corporation
1601 N. Kent Street
Suite 904
Arlington, VA 22209
Tel: (703) 524-2600
Fax: (703) 524-6564

Ms. Virginia Yee
APHA Clearinghouse on Infant Feeding
and Maternal Nutrition
1015 15th Street, N.W.
Washington, DC 20005
Tel: (202) 789-5600
Fax: (202) 789-5661

**International Nutrition Network
Exchange Convocation
2-3 October 1990**

**Agency for International Development
Participants**

Ms. Nancy Adamson
S&T/RD
608 SA-18
Agency for International Development
Washington, DC 20523

Ms. Neen Alrutz
AFR/TR
311-B 1515 Wilson
Agency for International Development
Washington, DC 20523

Mr. Jay M. Bergman
Chief, Food and Agriculture Branch
A.I.D./W Projects Division
Office of Procurements
Room 1531, SA-14
Washington, DC 20523

Dr. Richard E. Bissell
AA/S&T
4942 NS
Agency for International Development
Washington, DC 20523

Mr. Eric Bolstad
Office of Procurements
Room 1531, SA-14
Agency for International Development
Washington, DC 20523

Mr. Eugene R. Chiavaroli
Deputy Assistant Administrator
Bureau for Science & Technology
Room 4942 NS
Washington, DC 20523-0057

Dr. Eunyong Chung
S&T/N
Room 411 SA-18
Agency for International Development
Washington, DC 20523-1808

Ms. Carolyn I. Coleman
S&T/N
Room 411 SA-18
Agency for International Development
Washington, DC 20523-1808

Ms. Brenda J. Colwell
S&T/N
Room 411 SA-18
Agency for International Development
Washington, DC 20523-1808

Dr. Ralph W. Cummings, Jr.
S&T/FA
513A SA-18
Agency for International Development
Washington, DC 20523

Mr. Vincent Cusumano
S&T/AGR
409C SA-18
Agency for International Development
Washington, DC 20523

Dr. Frances R. Davidson
S&T/N
411 SA-18
Agency for International Development
Washington, DC 20523-1808

Dr. Matt Doyle
S&T/ED
609 SA-18
Agency for International Development
Washington, DC 20523

Dr. Ruth Frischer
S&T/RUR
309 SA-18
Agency for International Development
Washington, DC 20523-1807

Mr. Antonio Gayoso
S&T/HR
611C SA-18
Agency for International Development
Washington, DC 20523

Mr. Martin Hanratty
ANE/TR/ARD
4440 NS
Agency for International Development
Washington, DC 20523

Dr. Curtis R. Jackson
S&T/RUR
309 SA-18
Agency for International Development
Washington, DC 20523

Dr. Norge W. Jerome
Director, Office of Nutrition
Bureau for Science and Technology
State Annex 18, Room 411
Agency for International Development
Washington, DC 20523-1808

Dr. Samuel G. Kahn
S&T/N
413B SA-18
Agency for International Development
Washington, DC 20523-1808

Dr. C.C. Lu
S&T/AGR
Room 409 SA-18
Agency for International Development
Washington, DC 20523

Dr. Nick Luykx
S&T/N
413E SA-18
Agency for International Development
Washington, DC 20523-1808

Dr. Anita Mackie
Senior Public Health Officer
AFR/TR/HPN
301 1515 W
Agency for International Development
Washington, DC 20523

Mr. Tom Marchione
FVA/PPM
345 SA-08
Agency for International Development
Washington, DC 20523-0806

Dr. C. Gary Merritt
Chief
AFR/TR/HPN
301 1515 W
Agency for International Development
Washington, DC 20523

Dr. Anthony Meyer
S&T/ED
609 SA-18
Agency for International Development
Washington, DC 20523

Dr. William Miner
BIFAD/S
600 SA-02
Agency for International Development
Washington, DC 20523-0219

Ms. Chloe O'Gara
PPC/WID
3725A NS
Agency for International Development
Washington, DC 20523

Dr. Samuel Rae
Director, Office of Education
S&T/ED
609G SA-18
Agency for International Development
Washington, DC 20523

Dr. Nina P. Schlossman
S&T/N
Room 411 SA-18
Agency for International Development
Washington, DC 20523-1808

Dr. Loren L. Schulz
S&T/AGR
Room 409 SA-18
Agency for International Development
Washington, DC 20523-1809

165

INNE Convocation Participant List
page 7.

Ms. Hope Sukin-Kleiber
AFR/TR/HPN
311 B 1515 Wilson
Agency for International Development
Washington, DC 20523

Ms. Kathryn L. Thompson
S&T/N
Room 411 SA-18
Agency for International Development
Washington, DC 20523-1808

Ms. Leola Thompson
S&T/PO
Room 305 SA-18
Agency for International Development
Washington, DC 20523-1804

Mr. Gene Westlake
Office of Financial Management
Bureau for Financial Management
Cash Management and Payments Division
Room 700 SA-2
Agency for International Development
Washington, DC 20523-0209

INNE1PAR.ALL

166

Appendix 16

International Nutrition Network Exchange

Secretariat:
The Nutrition Foundation, Inc.
1126 Sixteenth Street, NW
Washington, DC 20036
Telex: 6814107 NUFOUND
Phone: 202-659-9024
Fax: 202-659-3617

International Nutrition Network Exchange 1st Annual Implementors Convocation Washington, DC

2-3 October 1990

Minutes

Participants: (see attached list)

I. Introductory Remarks and Welcome

The meeting was convened at 9:15 am by Dr. Timothy A. Morck, INNE Secretariat Director. After reviewing the purpose of the convocation, he introduced Dr. Ralph W. Cummings, S&T/FA, Agency for International Development (A.I.D.), who welcomed the group on behalf of the Agency Director for Food and Agriculture. Dr. Cummings pointed out that reducing malnutrition is a prominent component in the A.I.D. Mission statement. He noted that nutrition assists both agriculture and health efforts while improving the quality of human life. Over the past eighteen months, the S&T/N portfolio has been refocused to put more emphasis on child survival, household food security, and nutribusiness. These promote quality food consumption programs which, in turn, emphasize women, infants and children as target groups.

Dr. Richard E. Bissell, Assistant Administrator, Bureau for Science and Technology

Dr. Bissell welcomed the participants and described how the malnourished child was used as the symbol for the 1990 World Summit on Children. Despite the symbolic role ascribed to the malnourished child -- not sick, not uneducated, not deficient in a specific nutrient, but generally malnourished -- nutrition issues played little role in the discussions during the summit. The challenge facing us is to move malnutrition beyond the symbolic stage and make it a concrete problem for action. The "silver bullet" single answer to malnutrition is obsolete. Instead, solutions are more like concentric circles surrounding the child. A five to ten year agenda must be developed, and meetings like the INNE are a step toward coordinating multisectoral efforts towards this goal.

Dr. Norge W. Jerome, Director of the Office of Nutrition

Dr. Jerome provided an overview of the convocation. She considered it an extremely important first meeting aimed at developing approaches to aid countries conceptualize design, and implement nutrition programs. With food as the core, and food technology an important element in bringing quality food to consumers, the goals of

the Office of Nutrition mesh intimately with the mission of the Agency to reduce poverty, ignorance, and malnutrition. Dr. Jerome emphasized that the convocation was a key element in the move towards developing programmatic agendas utilizing the cluster concept that requires cooperation among implementors. This should then move into the field to assist countries in developing better approaches to combat malnutrition in ways they deem appropriate.

II. Keynote Address - Mr. C. Payne Lucas, Director, AFRICARE

Ms. Carolyn Coleman, Policy Analyst, Office of Nutrition, introduced the keynote speaker.

Mr. Lucas discussed the role of politics in obtaining nutrition action. Although environmental issues are presently at the forefront, he believes that not only will the health of children be the focus of the future, but that the U.S. may eventually procure a Minister of Nutrition. Mr. Lucas is convinced that the U.S. could learn from African health programs which are already experienced in stretching limited resources. Concentrating on nutrition is actually an economical approach to strengthen health programs in general.

According to Mr. Lucas, politics is a vital element in the process of raising the visibility of nutrition issues. It is clear that high-level policy makers must be educated on the connections between nutrition and other important health issues. However, a comprehensive grassroots program which reaches out to the village chiefs, other local officials, and leaders of institutions, will also be a critical component of an overall strategy. Finally, the nutrition programs themselves must be understandable to bureaucrats here and in developing countries in order for them to make the important links between various health issues. We should insist that any broad based development program contain a "nutritional impact statement."

In responding to questions, Mr. Lucas emphasized the importance of being honest and straightforward when dealing with developing nations. He further underscored the imperative of going to "the seat of power" to get action on nutrition concerns.

Conclusions

There is presently a need for organized "radical nutritionists" who have fresh ideas and political savvy. A new policy climate must be created along with a strong nutrition message. Once established, this climate must be nurtured.

**III. The Nutrition Agenda in African Development - Ms. Hope Sukin, Africa Bureau,
Session Chairperson**

Dr. C. Gary Merritt, Chief of Africa Technical Resources, Africa Bureau.

Dr. Merritt gave a presentation on the A.I.D. nutrition agenda in relation to African development. He stated that A.I.D. prefers targeted funds over earmarks. Congressional targets in Africa are 10% child survival and 10% population activities, but these are less rigid than earmarks. The Agency also favors decentralization in Africa, i.e. that administrative functions should be assigned to the field rather than Washington. Africans must be involved in this process and ultimately made responsible for their own destinies and programs. This has helped the Agency's relationships with Africans at the district planning and implementation level and is the foundation for long-term, sustainable, indigenous African programs. The price for flexibility in Africa, however, is increased reporting in order to document progress, achievements, and failures.

The commitment of Congress to Africa appears to be growing. The Senate recently passed a bill to increase Development Fund for Africa (DFA) funding from \$550 to \$800 million. Mortality rates in Africa have declined overall by 30% over the last 30 to 40 years based upon an analysis of Health, Population and Nutrition (HPN)-compiled demographic data along with U.N. infant and child mortality data.

Conclusions

Those working in the regional offices have responsibility for many critical health issues requiring attention. Fundamental priorities include: HIV/AIDS, malaria (which the Africa Bureau has recently begun to address), fertility issues, institutional development for HPN leadership, and the need for health information systems. Planning must encourage African leaders to evaluate health problems, and then provide for A.I.D. participation. Dr. Merritt welcomed implementor suggestions for better ways to integrate nutrition into this process.

Dr. Anita Mackie, Senior Public Health Officer, Africa Bureau.

Dr. Mackie related her experiences having served as chief of various divisions of health, agriculture and emergency operations in Africa. Her discussion centered on problems in the field, the Ministry of Health (MOH) staff, and the lack of coordination of nutrition considerations at the national level. There are no bilateral programs in nutrition in 99% of the current projects in Africa. However, Dr. Mackie hopes that this will change under DFA. For the first time, nutrition is being considered within a multidisciplinary framework.

Many people in Africa believe that nutrition is the domain of women and believe that whatever is grown should be eaten without any thought given to the role of nutrition. Sophisticated agricultural economists focus on overall production and marketing versus overall household consumption level patterns. The fact that women contribute the agricultural labor and sell the crops in the market is often overlooked. Without examining these activities, the related nutritional and household food security implications are incomplete.

There has been some improvement during the past decade in obtaining appropriate foods for Africa, but little consideration given to balanced nutrition schemes. There is a need to appraise continuously the essential role of nutrition in all food programs. For example, although Africa has experienced many droughts and disasters, vitamin A has not been included in emergency packets.

In most African countries there is an enormous lack of coordination of nutrition efforts at the national level. Although nutrition often plays a minimal role in the ministries of commerce and agriculture, most countries do not even have a nutrition unit. Nutrition efforts in Africa belong in the MOH. Unfortunately, the MOH is the ministry that traditionally has the least status and funds, and often suboptimal management and quality of service. If a nutrition unit exists within a MOH, it usually is of low priority and receives only minimal attention.

Conclusions

The bottom line is that there are few nutritionists in Africa. Therefore, there is a definite need for a team approach in selling mission directors on DFA. Nutritionists, economists, social scientists, anthropologists, and others should be brought together in one multidisciplinary group. In most cases, it is the mission director's responsibility to bring this group together.

Question and Answer Session

During the question and answer session, Ms. Neen Alrutz commented that to accomplish nutrition projects, they must be integrated with other health fields and linked with other projects. She also stated that a major obstacle to encouraging breastfeeding in Africa is that most infants are not born in hospitals. PRITECH will be working on this issue.

Other points of interest that arose during the question and answer session are as follows. An A.I.D. food security coordinator has been hired. A.I.D. is well beyond Congress's 10% child survival target in Africa, whereas it has not met the 10% population activities target. An overall increase in A.I.D. personnel includes 27 officers in the field in about 20 missions. In the process, two new HPN officer

171

positions were added and nineteen agriculture officers were lost. The "packaging" of nutrition is an important component for success, as evidenced by the example of ORS marketing.

LUNCH BREAK

IV. Partnership with Universities - Dr. Curtis R. Jackson, Office of Research and University Relations

Dr. Jackson reviewed A.I.D.'s transition to establishing, under the Bureau for Science, and Technology, the initiative for developing partnerships between the Agency and U.S. Universities. Funding for A.I.D. university projects in 1989 was \$350 million. The concept of a "University Center" has been proposed, and is currently awaiting an executive director. The basic principle of the Center is that U.S. universities can contribute to the development of poor countries and poor people, and that it is in the nation's interest to do this. In addition to the executive director, a consortium of advisors will be established to provide guidance for service in development. The Center will develop access to universities and foster sustainable relationships between universities, A.I.D., and developing countries.

Present project development is designed to link universities with developing country institutions to provide collaboration for their mutual benefit. It is the hope of the Center to revitalize LDC facilities, develop new curricula to foster collaborative research, and provide faculty exchange opportunities. Many U.S. universities have links in LDCs or advanced developing countries. A.I.D. is interested in institutions that are currently funding their own program. This will provide an opportunity to increase linkages, particularly in the areas of health, agriculture, nutrition, and education. The Center has asked universities to submit ideas and A.I.D. expects to award some grants before the end of the year. Up to \$100,000 per year, for a maximum of five years, will be awarded to any university that will provide matching funds for the project.

Twenty-five million dollars will provide the funding for the first five years. Historically black colleges and universities will be encouraged to submit proposals. The Center is not asking for the missions to manage or fund these undertakings. Projects will, however, require mission concurrence even though they are centrally funded.

Most of the questions asked of Dr. Jackson were related to the types of entities that will be able to submit proposals to the Center. Private as well as public universities are eligible to participate. Although other parties may assist in the planning and implementation of the project, funds are limited to proposals in which a U.S. university is at the core of the project and is linked to an indigenous LDC institution.

112

Dr. Morck noted that nutrition projects have had difficulty competing with broader health and agriculture proposals. This is especially true if the scientific review board contains no nutritionists. He urged that nutritionists be included in any proposal review board. Dr. Jerome stressed that this new University Center offers a real opportunity to develop linkage for nutrition programming and strengthening LDC institutions.

V. Sustaining Nutrition Programs - Special Emphasis on Africa
- Ms. Carolyn Coleman, Session Chairperson

Mr. Weldon Blanton, National Cooperative Business Association (NCBA)

Mr. Blanton discussed private sector collaborations. He explained that NCBA has helped in the development of CARE and promotes the cooperative model as a self-help vehicle. He related that NCBA is managing SUSTAIN (Sharing U.S. Technology to Aid in the Improvement of Nutrition) as a collaborative effort between U.S. food industry and A.I.D. to promote the development of private small- to medium-sized businesses. Its Board of Directors is comprised of approximately 22 private food companies and A.I.D. representatives. Over 40% of SUSTAIN'S budget is from matching funds.

SUSTAIN'S overseas activities are in response to developing country requests for assessment analysis, technology transfer, and workshops on human resource development. These projects are usually performed by experts from the U.S. food industry on a volunteer basis. There are presently eleven requests for 1990-91. A request from Indonesia has already resulted in a country visit; a program in Sri Lanka will begin within 45 days; and there have been three requests from countries in Africa.

Ms. Susan Eastman, Helen Keller International (HKI)

Ms. Eastman's presentation focused on collaborating with other agencies. She explained that HKI serves as a catalyst and advisor for projects that are committed to blind services and the rehabilitation of the blind, rather than as an implementor. Governments are HKI's main partners, and nutrition/vitamin A activities are integrated into various LDC government programs. HKI is also working with the NGO/PVO community which forms a critical subsystem that often may be the only infrastructure within a country. HKI's Vitamin A Technical Assistance Program (VITAP) shares nutritional concerns with other NGOs and is working to integrate vitamin A into their programs. The Office of Nutrition was the first A.I.D. office to support HKI's effort, dating back to 1972.

The two main international collaborating partners of HKI are UNICEF and WHO. UNICEF has presented nutrition as part of the health goals of the agency, specifically

vitamin A deficiency. UNICEF programs involve advance planning with field counterparts. In contrast, WHO is a key partner for overall policy formation in health and nutrition. WHO approval is required on technical and policy HKI issues before they can be implemented in the field.

Ms. Eastman explained that HKI uses a systems analysis approach in projects that involves working with groups that are in the country.

Ms. Margaret Parlato, Academy for Educational Development (AED)

Ms. Parlato addressed the need for human resource development, and began by stating that, in comparison to other continents, Africa has the thinnest layer of trained technical workers in nutrition, social sciences, communications, and marketing. In regard to the AED project, Ms. Parlato explained that the strategy used in Africa was to work with a regional institution. AED selected the University of Abidjan, specifically the Center for Communications Research (CIRCON), as an anchor in the region for training and technical assistance.

Six West African countries were invited to the University of Abidjan for training in community planning, implementation, and management. The project emphasized a team approach and matched individuals during training, thus employing the concept of co-training. The participants worked on management of projects and training as opposed to designing materials. The project also involved follow-up technical assistance in the six countries. Cost figures projected over five years were shown which illustrated the cost effectiveness of co-training in-country resource people to serve as technical advisors instead of relying solely on outside consultants. The AED project showed how members of a group can depend on each other for expertise. For certain kinds of training, a group can often provide technical assistance and tap into students for nutrition and communications research. An institution such as a university usually provides a link with the technical community in the area.

Conclusions

Skilled and capable people in African institutions frequently leave for better positions with contractors and U.N. agencies. The Office of Nutrition and the Africa Bureau should create incentives for individuals to stay on the projects by creating financially attractive situations such as sabbaticals and building prestige for the institutions. Collaborative training efforts with U.S. universities, including student exchange and library building, could also help.

179

Dr. Audrey Naylor, WELLSTART-San Diego Lactation Project

Dr. Naylor delivered a presentation on institution-building. She explained that WELLSTART was initiated at the University of California/San Diego to improve and provide services to women who choose to breastfeed. The program was based on the premise that health care providers often do not know how to assist mothers with advice and hands-on assistance. WELLSTART began as a domestic program that eventually became involved with the Office of Nutrition. The WELLSTART Program has focused on the "re-education" and training of health care providers, i.e. medical, nursing, and nutrition personnel, with the latest breastfeeding lactation information. This re-education process enables those working in the area to design new and innovative approaches upon return to their own institutions.

WELLSTART experience in retraining for lactation management over the last several years has been successful. WELLSTART participates in developing a multidisciplinary program that includes nurses, midwives, and administrators. Key elements to its success include:

1. Educating educators regarding nursing, medical, and nutrition programs
2. Sound, scientific foundation
3. A clear focus on the mother-infant pair
4. Clinical expertise, not theory
5. Multidisciplinary approach
6. Inclusion of decision makers in the process
7. Collegial relationships between participants
8. Intense coursework at the start
9. Off-site education
10. In-country ownership
11. Teaching material selection
12. Comprehensive follow-up
13. Needs-based approach
14. Flexibility in the core program
15. Intangible "Factor X's" (e.g. commitment)

Question and Answer Session

A considerable number of questions involved funding issues. Ms. Parlato explained that the NCP has no specific funds for developing regional institutions. However training, including follow-up training, is provided. Multilateral funding allows the national group to pay for local costs. In response to a question regarding buy-ins, Dr. Naylor stated that buy-ins are difficult even when there is a well-focused project. Ms. Parlato added that it is very difficult to garner interest in nutrition projects and reiterated the necessity for appropriately "packaging" nutrition programs to improve

chances for success. Dr. Kennedy raised the real concern that, despite expectations that the country will carry on successful ag-nutrition programs when the 5-year initial funding expires, in reality, recurring support does not occur. This precludes achieving the goals of sustainability. Ms. Eastman advised participants to build informal networks through socializing, etc. in the countries where they have focused their projects.

VI. Tangible Approaches to Collaborations, Exchanges and Networking
- Dr. Frances R. Davidson, Session Chairperson

Ms. Gayle Gibbons, Clearinghouse on Infant Feeding and Maternal Nutrition.

Ms. Gibbons presented a discussion on avenues for communicating nutrition information. She explained that the Clearinghouse Project was created in 1980 to provide information to practitioners and to address infant feeding and maternal nutrition issues. The Clearinghouse supports two major activities.

The first is the newsletter, Mothers and Children, which has a circulation of over 30,000 practitioners of which 90% are in LDCs. It is available in English, French, and Spanish. The second activity is maintaining a library that links information to the people through the newsletter. Articles in the newsletter are based on information contained in the library.

The library was based on needs in the field. At the time it was created, the material in the library addressed only breastfeeding and maternal nutrition issues. However, the database has grown and developed according to demands from the field, and now includes information on a variety of related maternal and child issues including nutrition. A smaller database was developed which contains basic information on organizations, along with contact names. In addition, a periodical database was established which lists newsletters by country. Materials in the collection are available in English, French, Spanish, and Portuguese.

According to Ms. Gibbons, organizations have become more willing to share information over the last ten years. The Clearinghouse project fills the need for a neutral party to collect and provide information in an unbiased manner. Electronic networking is also widely used. Overall, more information is available than ever before. However, one problem that the Clearinghouse must address is how to ensure that the people who need the information have access to it, e.g., USAID mission personnel are overloaded with information, while their counterparts in the field are in desperate need of more.

Ms. Gibbons also related some challenges facing the Clearinghouse. Groups that have initiated information activities will need 5 to 10 years to accumulate the necessary

information. Therefore, they must obtain long-term funding. Placing a price tag on information creates another dilemma that is difficult to reconcile. Finally, it is difficult to measure the impact generated by the information.

Dr. Davidson noted that the Clearinghouse is a good example of tangible technology that was developed to address the needs of one problem, but has ultimately had many applications.

Dr. Robert Metcalf, Solar Box Cookers International (SBCI)

Dr. Metcalf gave a presentation on sharing technology and invited the participants to inspect a Solar Box Cooker (SBC) on display. The SBC is simply a box within a box, with additional insulation, glass, and foil between the boxes. The SBC is designed to absorb heat from the sun and is used to cook and bake food. Temperatures reach high enough levels to also pasteurize drinking water.

The SBC can serve an important link in relation to the fuel wood crisis in LDCs. Approximately 90% of the energy used in LDCs is for cooking, and it is currently running out. The fuel wood crisis and fuel shortage will paralyze most African countries in the next generation. The SBC uses only solar energy and therefore has important applications in LDCs.

SBCI's goal is to teach others to teach. They plan to mobilize enough people and resources to make SBC technology universally available by the year 2000. SBCI serves as a resource and can provide information, hold workshops, and share materials. They have had many successes, especially in Africa, and are in the process of documenting them.

Mr. Robert G. Pratt, Vitamin A Field Support Project (VITAL)

Mr. Pratt discussed building new partnerships. According to Mr. Pratt, A.I.D. works with other entities more in the form of a "relationship" than as a true "partnership." He defined partnership as a tight and close relationship with very closely aligned goals and monetary controls. A relationship is looser and more diverse than a partnership. A.I.D. works with such a broad spectrum of players, that partnerships are difficult to form and maintain. Using the vitamin A field support project (VITAL) as an example, he described several types of collaborations: USAID Missions overseas, host country institutions, A.I.D./Washington Bureaus, LDC individuals serving as technical resources, other S&T/N implementors.

Mr. Pratt described the types of relationships that exist between Washington bureaus, USAID mission personnel, contractors, and host country institutions. He explained that although the sharing of information can often save a considerable amount of

time, there are often suspicions and fears of losing power when releasing information built into a system with so many players. For example, host country institutions may doubt the sincerity of the assistance it is receiving, and mission personnel may question the priorities of the Washington bureaus.

Other issues raised by Mr. Pratt include: how to identify the most appropriate LDC experts to work on A.I.D. projects; determining appropriate consulting fees and quick contractual arrangements to complete a specific job; and whether project funds should be used to upgrade institutions.

Dr. Davidson thanked the panelists. A brief question and answer session followed. A comment was made that in regard to Dr. Pratt's discussion of the reluctance by some to share information, that by sharing we make collaborations possible. It was also mentioned that nothing had been discussed regarding relationships to commercial enterprises and that nutribusiness is important to the Office of Nutrition.

INNE Convocation Day Two

Dr. Timothy A. Morck, Session Chair, opened the meeting at 9:10 am.

IV. Contractual and Administrative Issues

Ms. Brenda Colwell, Program Analyst, Office of Nutrition

Ms. Colwell thanked all of the implementors that had worked with the Office of Nutrition during the past year and explained that without their cooperation, the Office of Nutrition could not carry out their programs nor make them successful. She also welcomed the new implementors and outlined the Office of Nutrition's administrative affairs agenda for FY91. She stated that the Agency will ask all project managers to contribute information for the portfolio review exercise. Information to be provided includes: progress over the last six months; problems; plans of action; expenditures; and funding requirements for a 16-month period. This information will be used in preparing budget requirements for 1991 and in processing funding needs under the new appropriations bill.

Ms. Colwell explained the participant training requirement in the contractual agreement and emphasized that it will be strictly enforced. Any individual attending training programs, workshops, or courses must have a PIO/T form and approval, in addition to participant training program insurance. Ms. Colwell then explained some buy-in restrictions and guidelines. The floor was opened up for questions, and Ms.

Colwell pointed out that the Agency is planning two upcoming contractor conferences that will cover changes.

Mr. Gene Westlake, Office of Financial Management, Cash Management and Payments Division

Mr. Westlake related information concerning funding under contracts, grants, and cooperative agreements. He covered the guidelines and explained the recent changes in Public Voucher Form 1034, periodic advances, and letters of credit.

Public Form 1034 is a requirement for all contracts, but the details required are different than for cooperative agreements or grants. Periodic advances allow cash flow security as long as A.I.D. pays on a regular basis. The letter of credit allows the Agency to work with the U.S. Treasury through a bank, and provides grant funding within two days versus the usual 40 days. However, Treasury wants to eliminate this practice and has asked each agency to seek alternative methods to compensate contractors. The last day to request funding under the current system is December 28, 1990. After that, a new process will be implemented.

The 1193 form is standard and a contractor can expect draw-downs within 30 days. At present, this procedure takes two days. Beginning in January, 1991, banks will no longer be involved in submissions of request for funds. The payment method and the communications information between the Agency and the contractor is being restructured. A magnetic tape is being developed to be used in conjunction with the Treasury, with an emphasis on security. A communications network is also being developed in order for contractors with personal computers and modems to dial a user code and post funds on the tape.

After his presentation, Mr. Westlake answered questions which focused on letters of credit from the implementors. He also discussed policy officer review changes under the new system.

Mr. Jay Bergman, Chief, Food and Agriculture Branch, A.I.D./W Projects Division, Office of Procurement

Mr. Bergman addressed the differences between grants, cooperative agreements, and buy-ins. He explained that there are basically two types of relationships: 1) assistance instruments, and 2) acquisition instruments. Assistance instruments assist the grantee and transfer funds or goods to the recipient organization. Contracts are acquisitions.

Grants are negotiated up front and they are usually "hands off". Cooperative agreements are similar to grants, but involve more Agency control, e.g., a grant's

annual work plan would not require Agency approval, whereas approval would be required on a cooperative agreement annual work plan.

Buy-ins are not a major problem for contracts, but become more complicated with grants and cooperative agreements. Most of the nutrition portfolio is in the area of grants versus cooperative agreements. A distinction must be made between core Office of Nutrition work and the work from buy-ins, making reporting cumbersome.

The Office of Nutrition work is truly an assistance link. Therefore, it appears that the agency is moving towards two separate documents, with grants or cooperative agreements used for core work and a companion contractual arrangement for buy-ins. A dual contract approach has already been implemented when the core is an acquisition.

There is no ceiling for buy-ins, although there is a minimum level of \$25,000. Contracts under \$25,000 can be undertaken more easily and efficiently in the field under purchase orders. In fact, purchase orders do not even need the signature of the contract officer. Over the last ten years, A.I.D. has been trying to shift more power to the field. This may eventually lead to increased decentralization of buy-ins.

A lengthy question and answer session followed Mr. Bergman's presentation. Part of the discussion focused on what constitutes a buy-in under different scenarios and related matters such as the marketing of buy-ins. Mr. Bergman explained the process for an amendment and advised that it is preferable to submit any amendments early in the budget cycle. There was also a considerable amount of discussion on how to implement a program rather than a project, especially in relation to compensation issues.

After the scheduled sessions were finished, Dr. Morck and Dr. Jerome opened the floor for tangible ideas on how to develop collaborative efforts. The following list is a compilation of suggestions, comments, and recommendations made by implementors.

Recommendations

Qualitative nutrition assessment data: Nutrition programs are lacking qualitative information necessary for the development of program training, materials, and communication strategies. Nutritionists have been more concerned about quantitative data, e.g., the number of malnourished, and have neglected the examination of behaviors and practices. We must be careful about this in our future research.

Nutritional impact assessments: Projects are often reviewed by country program office personnel who do not fully understand the information, nor realize how it could be used. We should encourage strategic allies such as nutrition societies, ministries, and universities to work with the local program offices in this regard.

Support assessments: It is very difficult to progress to a plan of action without hard data. However, it is also difficult to obtain the hard data. Nutrition efforts are insufficient in the missions. If food is added to the program strategy, it is easier to tap into other funds, such as food for peace and women in development. We should promote the development of a food-based nutrition plan for each USAID Mission in countries known to have major nutritional problems.

The Office of Nutrition should showcase countries where the mission has a food and nutrition strategy. The Office could also target countries in need of a nutrition strategy to inform them of the assistance available through the Office of Nutrition. This might involve developing a national nutritional program for each of these countries.

A few institutions in each region should be identified which could be helpful to implementors. This would ease the burden on implementors who typically work on their own.

More information is needed on developing country resources, including a roster of developing country experts that can be utilized in programs or as consultants.

181

- In regard to image, the methods used successfully by A.I.D. to promote interventions could be used to advance nutrition at the mission level. Modules should be developed within the communications project that would improve our image with the missions.
- Visibility of nutrition: It might be useful to develop in-country allies who would serve as sounding boards. A question was raised regarding what mechanism exists to promote intersectoral planning in host countries. Missions often lack the opportunity to interface on food security issues.
- Before collaboration can occur, information exchange is essential. This meeting was felt to be an excellent beginning. Similar meetings on a regular basis, perhaps 3 to 4 times per year could enhance this exchange. In the future, we should program more time for implementors to share perspectives.
- Communicating regularly is very difficult. Perhaps core information that could be shared regarding implementor programs can be identified. However, there may be some problems if information is held back to gain advantage when competing for future contracts.
- More information is needed regarding other entities working in the respective countries. Through accessing other groups we could better complement each others' work.
- Ministries of education tend to be excellent vehicles for delivering messages to households. We should therefore look at the possibility of incorporating written interventions into secondary schools. This may also contribute to long term sustainability.
- A communication center should be established to develop partnerships in relation to implementation. Collaboration strategies are needed for nutrition.
- There needs to be an effort to work together to relieve the pressure of building local capacity, especially in view of the considerable constraints involved.
- The collective marketing of nutrition is an idea that should be pursued.
- Develop economies of scale in marketing and the forming of strategic alliances to address problems associated with collaboration and the lack of incentives for groups.

182

- The energy component must be addressed, especially in relation to the lack of awareness of how this affects nutrition. In Africa, the main problem is not just a shortage of food, but a shortage of fuel. Safe water aspects must also be addressed along with nutrition. This is a marketing opportunity not capitalized on in the past.
- An effective marketing and lobbying effort is necessary to promote nutrition to both the public and to policy makers.
- HPN officers need to have an action plan to increase the priority of nutrition within the HPN offices. Both Dr. Bissell and Dr. Cummings said nutrition is a priority. However, USAID country directors say that nutrition is not a priority. This sends mixed messages to the implementors.
- In regard to the question of fragmentation, it is up to the major contractors to ensure that fragmentation does not occur. Contractors must reach out to groups with complementary activities to promote more coordination.
- We should lobby to require a nutrition assessment for all projects. As an important part of A.I.D.'s strategy statement, food and nutrition ought to be connected to all projects as are economic and environmental assessments.

Dr. Morck thanked everyone for their contributions and collective strategies. An evaluation form was passed out and feedback requested. Dr. Jerome thanked the implementors and A.I.D. staff for their participation. She stressed the importance of the meeting in planning for the next two years. The meeting served to open the dialogue between the Agency and implementors, and has produced a considerable amount of food for thought. The next meeting in May should benefit from this.

Dr. Morck adjourned the meeting at 12:15 pm.

183

Appendix 17

**International Nutrition Network
Exchange Convocation
6-7 May 1991**

Participants

Mr. Frank Alejandro
S&T/PO
311B SA-18
Agency for International Development
Washington, D.C. 20523-1804
Tel: (703) 875-4235
Fax: (703) 875-4394

Dr. Mary Ann Anderson
S&T/H/HSD
702D SA-18
Agency for International Development
Washington, D.C. 20523-1817
Tel: (703) 875-4663
Fax: (703) 875-5490

Ms. Susan Anthony
S&T/N
413C SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4035
Fax: (703) 875-4394

Ms. Laurie Lindsay Aomari, R.D.
The Nutrition Foundation
1126 16th Street, NW
Washington, D.C. 20036
Tel: (202) 659-9024
Fax: (202) 659-3617

Ms. Elizabeth Arias
International Center for Research
on Women (ICRW)
1717 Massachusetts Avenue, NW
Washington, D.C. 20036
Tel: (202) 797-0007
Fax: (202) 797-0020

Mr. Robert Aronson
Department of Anthropology
Room 1111, Woods Hall
University of Maryland
College Park, MD 20742
Tel: (301) 405-1423
Fax: (301) 314-9346

Mr. John Barrows
International Eye Foundation
Director, Vitamin A Program
7801 Norfolk Avenue, Suite 200
Bethesda, MD 20814
Tel: (301) 986-1830
Fax: (301) 986-1876

Ms. Sharon Benoliel
APRE/DR/TR
50 SA-2
Agency for International Development
Washington, D.C. 20523-0216
Tel: (202) 663-2296
Fax: (202) 663-2149

Mr. Jay M. Bergman
MS/OP/W
1532 SA-14
Agency for International Development
Washington, D.C. 20523-1427
Tel: (703) 875-1155
Fax: (703) 875-1107

Dr. Warren Berggren
Save the Children Foundation
54 Wilton Road
P.O. Box 950
Westport, CT 06881
Tel: (203) 221-4000
Fax: (203) 222-9176

Dr. Richard Bissell
AA/S&T
4942 NS
Agency for International Development
Washington, D.C. 20523-0057
Tel: (202) 647-1827
Fax: (703) 647-3028

Mr. Weldon Blanton
National Cooperative Business Center
1401 New York Avenue, NW Suite 1100
Washington, D.C. 20005-2160
Tel: (202) 638-6222
Fax: (202) 638-1374

Ms. Katherine Blakeslee
AA/S&T
Agency for International Development
Washington, D.C. 20523-0057
Tel: (202) 647-3027
Fax: (202) 647-3028

Ms. Nina Bowen
PPC/WID
3725A NS
Agency for International Development
Washington, D.C. 20523-0041
Tel: (202) 647-3992
Fax: (202) 647-5340

Ms. Helen Bratcher
Catholic Relief Services (CRS)
209 West Fayette Street
Baltimore, MD 21201
Tel: (301) 624-2220
Fax: (301) 685-1635

Ms. Bernadette G. Bundy
S&T/PO/AE
Agency for International Development
Washington, D.C. 20523-1804
Tel: (703) 875-4116
Fax: (703) 875-4394

Ms. Beatriz C. Casals
Casals and Associates, Inc.
Crystal Plaza One, Suite 1010
2001 Jefferson Davis Highway
Arlington, VA 22202
Tel: (703) 920-5224
Fax: (703) 415-1238

Dr. Eric Chetwynd
S&T/HR/RD
608 D SA-18
Agency for International Development
Washington, D.C. 20523-1814
Tel: (703) 875-4710
Fax: (703) 875-4394

Dr. Eunyong Chung
S&T/N
413B SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4074
Fax: (703) 875-4394

Ms. Mary Clark
PPC/WID
Room 3725 NS
Agency for International Development
Washington, D.C. 20523-1819
Tel: (202) 647-3992
Fax: (202) 647-9390

Mr. Joseph B. Coblenz
Director, Food Security Program
INCAP
1229 Fifteenth Street, NW
Washington, D.C. 20005
Tel: (202) 797-9711
Fax: (202) 387-5474

Ms. Carolyn I. Coleman
S&T/N
411E SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4030
Fax: (703) 875-4394

Ms. Brenda J. Colwell
S&T/N
411C SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4003
Fax: (703) 875-4394

Dr. Frances R. Davidson
S&T/N
411D SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4118
Fax: (703) 875-4394

Mr. Jacques De Fay
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9303
Fax: (703) 237-9326

Dr. Sergio Diaz-Briquets
Casals and Associates, Inc.
Crystal Plaza One, Suite 1010
2001 Jefferson Davis Highway
Arlington, VA 22202
Tel: (703) 415-1234
Fax: (703) 415-1238

Mr. William Douglass
S&T/HR/RD/RI
608C SA-18
Agency for International Development
Washington, D.C. 20523-1814
Tel: (703) 875-4410
Fax: (703) 875-4394

Ms. Bibi Essama
Educational Development Center, Inc.
1250 24th Street, NW Suite 875
Washington, D.C. 20037
Tel: (202) 466-0540
Fax: (202) 466-2888

Ms. Martha W. Figueroa
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9303
Fax: (703) 237-9326

Ms. Holly A. Fluty
S&T/H/HSD
714 SA-18
Agency for International Development
Washington, D.C. 20523-1817
Tel: (703) 875-5508
Fax: (703) 875-5490

Ms. Diane Foster
Academy for Educational Development
1255 23rd Street, NW
Washington, D.C. 20037
Tel: (703) 862-1279
Fax: (703) 466-3427

Dr. Timothy Frankenberger
University of Arizona
Department of Arid Land Studies
845 N. Park Street
Tucson, AZ 85719
Tel: (602) 621-1955
Fax: (602) 621-3816

Mr. Kenneth E. Fries
GC/CCM
6943 NS
Agency for International Development
Washington, D.C. 20523-0076
Tel: (202) 647-8332
Fax: (202) 647-8557

Dr. Phyllis Gestrin
Peace Corps
1990 K Street, NW
Washington, D.C. 20526
Tel: (202) 606-3100
Fax: (202) 606-3024

Ms. Gayle Gibbons
APHA Clearinghouse on Infant Feeding
and Maternal Nutrition
1015 Fifteenth Street, NW
Washington, D.C. 20005
Tel: (202) 789-5600
Fax: (202) 789-5661

Dr. Martia Glass
APRE/DR/TR
500 SA-2
Agency for International Development
Washington, D.C. 20523-0207
Tel: (202) 663-2257
Fax: (202) 663-2149

Dr. Geeta Rao Gupta
International Center for Research on
Women (ICRW)
1717 Massachusetts Avenue, NW
Washington, D.C. 20036
Tel: (202) 797-0007
Fax: (202) 797-0020

Mr. Charles Habis
FVA/PVC/CSH
103C SA-2
Agency for International Development
Washington, D.C. 20523-0220
Tel: (202) 663-2616
Fax: (202) 663-2629

Ms. Nancy Haselow
Helen Keller International
15 W. Sixteenth Street
New York, NY 10011
Tel: (212) 807-5800
Fax: (212) 463-9341

Dr. Guillermo Herrera
School of Public Health
Harvard University
665 Huntington Avenue
Boston, MA 02115
Tel: (617) 432-1341
Fax: (617) 432-2435

Mr. Ron Israel
Education Development Center, Inc.
1250 24th Street, NW, Suite 875
Washington, D.C. 20037
Tel: (202) 466-0540
Fax: (202) 466-2888

Ms. Candi James
National Cooperative Business Center
1401 New York Avenue, NW
Suite 1100
Washington, D.C. 20005-2160
Tel: (202) 638-6222
Fax: (202) 638-1374

Ms. Carol James
Carol James Communications
1825 I Street, NW, Suite 1201
Washington, D.C. 20006
Tel: (202) 467-0889
Fax: (202) 296-7047

Mr. William Jansen
APRE/DR/TR
4720 NS
Agency for International Development
Washington, D.C. 20523-0214
Tel: (202) 663-2261
Fax: (202) 663-2149

Dr. Jane Jaquette
Department of Political Science
Occidental College
1600 Campus Road
Los Angeles, CA 90041
Tel: (213) 259-2780
Fax: (213) 259-2958

Dr. Norge W. Jerome
Director, Office of Nutrition
S&T/N
411B SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4003
Fax: (703) 875-4394

Ms. Lorraine Y. Johnson
EOP
1224 SA-1
Agency for International Development
Washington, D.C. 20523-0110
Tel: (202) 663-1330
Fax: (202) 663-1086

Dr. Samuel G. Kahn
S&T/N
413B SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4228
Fax: (703) 875-4394

Ms. Joanne Katz
Dana Center for Preventive
Ophthalmology
The Wilmer Institute
600 N. Wolfe Street
Baltimore, MD 21205
Tel: (301) 955-2770
Fax: (301) 955-2542

Ms. Esther Kazilimani, MPH
Food and Nutrition Division
Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9303
Fax: (703) 237-9326

Dr. Eileen Kennedy
International Food Policy Research
Institute (IFPRI)
1776 Massachusetts Avenue, NW
Washington, D.C. 20036
Tel: (202) 862-5600
Fax: (202) 467-4439

Dr. Kathleen Kurz
International Center for Research on
Women (ICRW)
1717 Massachusetts Avenue, NW
Washington, D.C. 20036
Tel: (202) 797-0007
Fax: (202) 797-0020

Mr. Bradshaw Langmaid
DAA/S&T
4942 NS
Agency for International Development
Washington, D.C. 20523-0057
Tel: (202) 647-4322
Fax: (202) 647-3028

Ms. Karen Leban
Save the Children Foundation
54 Wilton Road
P.O. Box 950
Westport, CT 06881
Tel: (203) 221-4000
Fax: (203) 222-9176

Ms. Mary Linehan
VITAL/International Science and
Technology Institute, Inc.
1601 N. Kent Street, Suite 1016
Arlington, VA 22209
Tel: (703) 841-0652
Fax: (703) 841-1597

Ms. Melanee Lowdermilk
AFR/TR/ANR
Agency for International Development
Washington, D.C. 20523-1515
Tel: (703) 235-3823
Fax: (703) 235-3805

Mr. Henry Maingi
Department of Agriculture
University of Maryland
Room 0103, Simmons Hall
College Park, MD 20742
Tel: (301) 405-1251
Fax: (301) 314-9030

Mr. Thomas Marchione
FVA/PPM
341 SA-8
Agency for International Development
Washington, D.C. 20523-0806
Tel: (703) 875-4692
Fax: (703) 875-5693

Dr. Melanie Marlett
PPC/PDPR/SP
3889 NS 2
Agency for International Development
Washington, D.C. 20523-0046
Tel: (202) 647-7059
Fax: (202) 647-0432

Mr. Thomas J. Mehen
S&T/HR/RD
606D SA-18
Agency for International Development
Washington, D.C. 20523-1814
Tel: (703) 875-4625
Fax: (703) 875-4394

Dr. Rekha Mehra
International Center for Research
on Women (ICRW)
1717 Massachusetts Avenue, NW
Washington, D.C. 20036
Tel: (202) 797-0007
Fax: (202) 797-0020

Mr. G. David Miller
New Hampshire College
2500 North River Road
Manchester, NH 03104
Tel: (603) 644-3103
Fax: (603) 644-3150

Mr. William R. Miner
S&T/BIFADED/CP
600 SA-2
Agency for International Development
Washington, D.C. 20523-0219
Tel: (202) 663-2584
Fax: (202) 663-2590

Mr. Rudy Monsalve
Adventist Development and Relief
Agency International
12501 Old Columbia Pike
Silver Spring, MD 20904
Tel: (301) 680-6380
Fax: (301) 680-6370

Dr. Timothy A. Morck
The Nutrition Foundation, Inc.
1126 16th Street, NW
Washington, D.C. 20036
Tel: (202) 659-9024
Fax: (202) 659-3617

Ms. Patricia O'Brien-Place
AFR/TR/ANR
Agency for International Development
Washington, D.C. 20523
Tel: (703) 235-3803
Fax: (703) 235-3805

Dr. Chloe O'Gara
PPC/WID
3725A NS
Agency for International Development
Washington, D.C. 20523-0041
Tel: (202) 647-3992
Fax: (202) 647-9390

Mr. Bill O'Keefe
Catholic Relief Services (CRS)
209 West Fayette Street
Baltimore, MD 21201
Tel: (301) 624-2220
Fax: (301) 685-1635

Prof. R. Orraca-Tetteh
Department of Anthropology
Room 1111, Woods Hall
University of Maryland
College Park, MD 20742
Tel: (301) 405-1423
Fax: (301) 314-9346

Ms. Kathryn Thompson
S&T/N
411 SA-18
Agency for International Development
Washington, D.C. 20523-1808
Tel: (703) 875-4003
Fax: (703) 875-4394

Ms. Maria Otero
Accion International
1815 H Street, NW 11th Floor
Washington, D.C. 20006
Tel: (202) 872-0956
Fax: (202) 466-3427

Ms. Margaret Parlato
Academy for Educational Development
1255 23rd Street, NW
Washington, D.C. 20037
Tel: (202) 862-1279
Fax: (202) 466-3427

Mr. Larry Paulson
S&T/RD/RRD
608 SA-18
Agency for International Development
Washington, D.C. 20523-1814
Tel: (703) 875-4410
Fax: (703) 875-4394

Mr. Robert Pratt
VITAL/International Science and
Technology
Institute, Inc.
1601 N. Kent Street, Suite 1016
Arlington, VA 22209
Tel: (703) 841-0652
Fax: (703) 841-1597

Dr. Samuel Rea
S&T/ED
609G SA-18
Agency for International Development
Washington, D.C. 20523-1815
Tel: (703) 875-4700
Fax: (703) 875-5490

Dr. F. Edward Scarbrough
Food and Drug Administration
Office of Nutrition and Food Sciences
Room 1832, HHF-200
200 C Street, SW
Washington, D.C. 20520
Tel: (202) 245-1561
Fax: (202) 245-7494

Ms. Janine Schooley, MPH
Director of Education Program Services
Wellstart/San Diego Lactation Program
4062 First Avenue
San Diego, CA 92138
Tel: (619) 295-5192
Fax: (619) 294-7787

Ms. Peggy Sheehan
National Cooperative Business Center
1401 New York Avenue, NW Suite 1100
Washington, D.C. 20005-2160
Tel: (202) 638-6222
Fax: (202) 638-1374

Dr. Barry Sidman
Director, Food, Nutrition, Monitoring
Program
International Science and Technology
Institute, Inc. (ISTI)
1601 N. Kent Street, Suite 1001
Arlington, VA 22209
Tel: (703) 524-5225
Fax: (703) 243-4669

Ms. Gloria Steele
S&T/HR/RD/RRD
608 SA-18
Agency for International Development
Washington, D.C. 20523-1814
Tel: (703) 875-4567
Fax: (703) 875-4394

Ms. Mellen Tanamly
LAC/DR/HPN
2247 NS
Agency for International Development
Washington, D.C. 20523-0010
Tel: (202) 647-9489
Fax: (202) 647-8098

Mr. Charles Teller
The Pragma Corporation
116 East Broad Street
Falls Church, VA 22046
Tel: (703) 237-9303
Fax: (703) 237-9326

Ms. Kathryn L. Thompson
S&T/N
411 SA-18
Agency for International Development
Washington, D.C. 20523-1804
Tel: (703) 875-4004
Fax: (703) 875-4394

Ms. Leola M. Thompson
S&T/PO
305B SA-18
Agency for International Development
Washington, D.C. 20523-1804
Tel: (703) 875-4182
Fax: (703) 875-4394

Ms. Sharon Tobing
Adventist Development and Relief Agency
International
12501 Old Columbia Pike
Silver Spring, MD 20904
Tel: (301) 680-6380
Fax: (301) 680-6370

Dr. David Tschirley
Department of Agricultural Economics
Michigan State University
East Lansing, Michigan 48824-1039
Tel: (517) 336-2170
Fax: (517) 336-1800

Dr. Ginny Turner
Dana Center for Preventive
Ophthalmology
The Wilmer Institute
600 N. Wolfe Street
Baltimore, MD 21205
Tel: (301) 955-2770
Fax: (301) 955-2542

Dr. Emorn Udomkesmalee
Institute of Nutrition
Mahidol University at Salaya
Nakorn Chaisri
Nakhon Pathom 73170 Thailand
Tel: (66-2) 441-9035
Fax: (66-2) 441-9344

Ms. Nena Vreeland
PPC/CDIE/PPE
219B SA-18
Agency for International Development
Washington, D.C. 20523-1802
Tel: (703) 875-4852
Fax: (703) 875-5229

Dr. Keith West
Dana Center for Preventive
Ophthalmology
The Wilmer Institute
600 N. Wolfe Street
Baltimore, MD 21205
Tel: (301) 955-2061
Fax: (301) 955-2542

Mr. Tony L. Whitehead
Department of Anthropology
Room 1111, Woods Hall
University of Maryland
College Park, MD 20742
Tel: (301) 405-1423
Fax: (301) 314-9346

Ms. Linda Worthington
International Voluntary Services
1424 16th Street, NW, Suite 204
Washington, D.C. 20036
Tel: (202) 387-5533
Fax: (202) 387-4234

Ms. Viginia Yee
APHA Clearinghouse on Infant Feeding
and Maternal Nutrition
1015 15th Street, NW
Washington, D.C. 20005
Tel: (202) 789-5600
Fax: (202) 789-5661

NFINNE\implgst.lst

195

Appendix 18

**International Nutrition Network Exchange
Second Annual Implementors Convocation
*"Empowering Families"***

**Washington, DC
6-7 May, 1991**

Meeting Summary

SESSION 1

INTRODUCTORY REMARKS AND WELCOME

The meeting was convened at 9:00 a.m. by Dr. Timothy A. Morck, INNE Secretariat Director. Dr. Morck reviewed the purpose of the convocation, indicating that such convocations are an important part of the Agency for International Development's effort to communicate its new perspectives on programs and policies to those who are responsible for translating these perspectives into effective development programs in the field.

Dr. Norge Jerome, Director of the A.I.D. Office of Nutrition, introduced Mr. Bradshaw Langmaid, Acting Director of the Food and Agricultural Directorate of A.I.D., who, in turn, welcomed participants on behalf of the Agency Director for Food and Agriculture. Following Mr. Langmaid's comments Dr. Jerome introduced Dr. Richard Bissell, Assistant Administrator, Bureau for Science and Technology.

In his remarks Dr. Bissell indicated that as A.I.D. has assessed the complex and changing environment of the 1990s, it has also reassessed its role, purpose and direction as an agency. The result is a renewed clarity of purpose for A.I.D. which is captured in a revised mission statement. A.I.D.'s program strategy for the 1990's will emphasize three major program initiatives, i.e.:

**The Family and Development Initiative;
The Democracy Initiative; and
The Partnership for Business and Development Initiative.**

Additionally, Dr. Bissell reported that A.I.D. is striving for more effective strategic management, with an organizational goal of quality assurance -- in programs, services, and operations. This component is more than purely technical since it will force the Agency to focus increasingly on the impact of programs. From that framework it will provide selection criteria and direction to nutrition programs in

various countries.

These initiatives established for A.I.D., under the direction of the Agency's new leadership, give a clear signature about where and how the Agency expects to make an impact during the decade of the 1990s. They contain important concepts which can be translated into practical programs by implementors such as those who are participants in this convocation.

Dr. Bissell briefly described the Family and Development Initiative which resulted from the reorganization of A.I.D.'s mission. From a historical perspective, he recognized that many programs have been developed over the years which have sought to address macroeconomic issues, and that much good work has been accomplished at that level. Also, that attempts to reach individuals through development programs have allowed the Agency to bring conceptual tools to bear on development issues. At the practical level of program implementation a barrier exists, however, between the individual and macro issues. These barriers may be cultural, economic or psychological in nature and origin. By looking more closely at the family unit the Agency hopes to bridge the gap between the micro and macro levels.

It is well recognized that many sociological changes have occurred which have caused a shift in decision-making from the individual to the family. Consequently, efforts to educate must reach the family as a whole rather than be targeted more precisely to the individual.

Through the Family and Development Initiative A.I.D. will focus on three areas:

1. RESEARCH and ANALYSIS

Changes in the role of the family with regard to a particular sector are to be examined at the conceptual level.

2. PROGRAM IMPLEMENTATION

The dynamics of inter- and intra-family reactions to, and interaction with, society at large are to be considered.

3. PROJECT DESIGN

The family-unit cuts across sectoral boundaries, particularly in relation to nutrition. Projects must be redesigned in response to the greater interplay of family issues.

10/3

Finally, Dr. Bissell indicated that the Family and Development Initiative is not purely an A.I.D. initiative, but rather a cooperative exercise between different units of A.I.D., contractors, and people from developing countries.

Dr. Jerome provided an overview of the convocation, expanding on the comments of Dr. Bissell. She indicated that, from the perspective of the Office of Nutrition, the family unit has always been linked with an intersectoral, community-based approach.

FIRST KEYNOTE ADDRESS:
EMPOWERMENT FOR HOUSEHOLD FOOD SECURITY

Keynote Speaker

Dr. Jane Jaquette, Professor of Political Science, Occidental College

Following her introduction to convocation attendees by Dr. Norge Jerome, Dr. Jaquette prefaced her remarks by indicating that the literature on families is now providing information on how families fit into sectoral policies, and is also considering the family as a new unit of evaluation. This approach is a departure from the economist's view of the family as the "invisible unit." The traditional way of looking at families was to treat the household as a productive unit rather than to consider intra-household dynamics and resource allocation issues. The new approach is sensitive to the variety of family forms which now exist and looks more closely at the role of culture and tradition in assigning rights and responsibilities as well as decision-making and resource distribution. Intra-household dynamics show who does what, what decisions are made, and how input is provided for and used by members of the family unit.

This new thrust of linking development with the family unit involves empowering the family. This objective must be viewed, however, in light of the current devastation of families by modernization, which has resulted in a breakdown of values, destruction of kinship patterns and reinforcement of some patriarchal aspects of traditional family forms by the State. Institutionalized family distribution patterns, with mothers and children getting fewer benefits than other members of the family, have significant nutritional implications.

Modernization has also induced more migration which destroys family structures. Women-headed households are on the rise, and in all cultures, these constitute the poorest households. It has also caused women's sources of power to decline and has increased male dominance, e.g. greater incidence of rape and imposition of dowries. And, in some societies, e.g. religious fundamentalist, there is a resurgence of older family forms which deny the complementarity of gender roles.

These trends, which run counter to the prerequisite climate for empowerment, must be recognized and addressed.

Current literature on the family also focuses on survival strategies, with family decision-making the unit of analysis. Unfortunately, many development interventions worsen the ability of families to survive and increase the rapid process of family breakdown. Preserving family integrity is particularly important for the survival of mothers and children. Women's decisions on the health and feeding of children make it incumbent upon project personnel to focus on women as a unit of income allocation within the family. Women should also be seen as a unit of production and it cannot be assumed that only men farm and generate income.

The issue of food availability must be viewed in relation to how food is allocated within the family. In most developing countries, there is a "pecking order" by which even pregnant and lactating women with superior nutritional needs are deprived of their nutritional rights even though these are recognized. The household food allocation strategy followed in these societies tends to favor men at the expense of women and children.

Household economic theory in the past looked at the family as a unit of consumption, which differs from the contemporary view of it as a unit of production. Current thinking also looks at intra-household resource distribution and on women's entitlement to resources based on their productivity. Productivity may influence "status" as well as be "economic" in nature. Shifts in "status" may encompass components not necessarily measured by economic indices, but may determine whether women will have entitlement and whether their decision-making will have impact within the family.

Some broad examples which reflect household economic theory are illustrative. As women's incomes rise, the family's nutritional level also rises. It is women's, not men's, income which is correlated with family nutritional well-being. Adult men, not children, eat better when men's incomes rise. In Africa, women are expected to provide for their children, but as a result of modernization, their resource base shrinks. Yet they are still expected to provide for their children's needs. Further, women's longevity is directly related to access to nutritional resources and health care in both developing and industrialized societies. This has implications for female children, because of differing perceptions of female productivity. Both women and female children are viewed as a "wasted investment" in S.E. Asia, whereas in Latin America, where children are relied upon as old age insurance, there are equal education rates for both boys and girls.

Conclusions

- 1. When women can accrue income, their role in family decision-making increases. Hence, it is important to increase women's income since their decisions will protect female children and bring equity into the family decision-making structure.**
- 2. A generally accepted feeling on the part of North American program designers is that increasing women's income somehow undermines the family. In Latin America and S.E. Asia the opposite perspective prevails. Men view the cost of the family as too great relative to their own input, often resulting in male migration. The addition of women's incomes increases the possibility that men will look on the family as a growing concern which represents value. The net result of both men and women perceiving of the family as an economic unit will enhance, rather than undermine, the stability of the family.**
- 3. There are benefits to be derived in women's health through increasing women's income. If they are perceived as having more value, efforts will be made to enhance and prolong their lives. This has implications for the health of children as well. It also implies that one of the best investments a family can make is to add one year of female education.**
- 4. Measurement of intra-household dynamics is essential in evaluating the total impact of programs. Efforts to put women back into a limited role within the family decrease their productivity and mobility and are counterproductive to the goals of family stability and economic viability.**
- 5. Empowering the family through programs and projects requires an understanding of the kind of family structure and the nature of intra-family dynamics. Sensitivity to the generational differences in some cultures with respect to access to credit, land titles, and resources by women is imperative.**
- 6. The role of women's organizations and other organizations outside the family needs to be assessed with respect to improving women's perceptions of their own productivity and in support of their empowerment.**
- 7. The empowerment of women has implications for the success of development interventions and their impact on women.**

Question and Answer Session

Dr. Jaquette's responses to specific questions posed by participants are capsulated below:

- o Factors such as the availability of technology, marketing, and food policies that allow the movement of food to the household are all important in addition to gender and inter-household dynamics, but unless the latter are taken into account these other factors may not impact on what happens at the household level and may not reach the family. Many policies are gender-blind and as a result fail to get resources out to women.
- o Cultural-sensitive approaches should be employed in gathering empirical information on family dynamics and on family/community relations for purposes of project planning. The availability of rich and varied data on women and intra-family dynamics resulting from the work done by independently funded researchers can help project planners to acquire greater sensitivity to these issues.
- o The time constraints on women when involved in both productive and nurturing roles reflect the most scarce resource in the development equation. Projects should consider the use of women's time in tasks which cut across sectoral lines and devise intersectoral responses.
- o While modernization is disempowering to the household, projects and policies should nonetheless regard increases in women's income as increasing women's options and recognize the connections between increases in household income and household well-being, i.e. family survival and improved nutrition. Although a trade-off, clearly projects and policies must be gender-sensitive, particularly when dealing with female-headed households.

SESSION 2

EMPOWERING FAMILIES TO ACHIEVE HOUSEHOLD FOOD SECURITY

Chair

Dr. Frances R. Davidson, Nutrition Advisor, Office of Nutrition

Dr. Davidson, serving as Chair of the Panel Discussion on this topic, opened the session by defining the term Food Security as:

Access by all people at all times to enough food for an active, healthy life, and includes, at a minimum: the ready availability of nutritionally adequate and safe foods; and, the assured ability to acquire acceptable foods in socially acceptable ways.

She also suggested that measuring the achievement of food security involves the use of reliable, clear, culturally relevant indicators identified through an intersectoral perspective. Dr. Davidson then introduced the members of a panel assembled to speak to this topic.

Panelists:

**Dr. Timothy Frankenberger, Office of Arid Lands Studies, University of Arizona
Dr. Eileen Kennedy, International Food Policy Research Institute
Dr. David Tschirley, Dept. of Agricultural Economics, Michigan State University
Dr. Jane Jaquette, Occidental College**

The main points raised by panel members during their opening remarks are summarized below:

- o The dilemma facing limited resource farmers when coping with threats to their household food security involves a basic trade-off between immediate subsistence and long-term sustainability. To effectively empower farm families to meet their food security needs, timely interventions must be implemented that allow them to retain their productive assets and enable them to pursue non-degrading coping strategies. Interventions oriented toward improved natural resource management during drought years will reduce the vulnerability of these farm families to future droughts. The timeliness of these interventions will depend solely upon the effectiveness of decentralized food security monitoring for detecting food deficit areas early enough, and the preparedness of the local government and other development organizations to respond.**

- o There is a strong relationship between increased household income and household food security, as well as increased household income and nutrient security. Yet, as household income and expenditure rise and there is a corresponding increase in caloric intake, caloric intake of children is usually lower than in adults. The common assumption is that mothers do not understand their children's caloric needs and do not give them enough, but ethnographic research shows that children in poor societies become adjusted to a lower food intake. Research has shown**

that women's control over income at the household level has implications for household food security which is statistically significant, but other strategies are needed to increase nutrient density of foods. When developing policies for income-generation, the long-term implications of women's work outside the home in relation to nutrient security should be considered.

- o Developing efficient and flexible marketing systems is one strategy for achieving food security at the household level. Effective policy reform for markets depends upon using former indigenous non-market coping strategies to ensure improved food security. When markets function effectively they can play a major role in determining household entitlements to food and the options the household can exercise in achieving food security.
- o Women's motives about family nutrition in general are influenced by their role as consumption decision-makers, while markets and state policies affect household decision-making on survival issues. Factors influencing these decisions include the status decisions made from other standpoints related to their productive roles, and the birth order and sex of children.

SESSION 3

WOMEN: THE KEY TO FAMILY NUTRITION

Co-Chairpersons

Ms. Susan Anthony and Dr. Eunyong Chung, Office of Nutrition

Ms. Anthony and Dr. Chung, serving as Co-Chairpersons of the Panel Discussion on "Women: The Key to Family Nutrition," opened the session by providing brief preliminary remarks followed by introductions of the panel members assembled to discuss the topic in depth.

Panelists:

Ms. Margaret Parlato, Academy for Educational Development, Inc.

Ms. Maria Otero, ACCION International, Inc.

Ms. Bibi Essama, Educational Development Center, Inc.

A summary of the main points made by panel members during their opening comments follows:

- o **The commercial food production sector uses information on family decision-making in its effort to develop communication campaigns based on infant feeding decisions. In order to determine target groups commercial food producers need to know who shops for, and prepares food, and who makes food-related decisions. They have found mothers to be the chief decision makers. However, fathers play a pivotal role in controlling the amount of food accessible to the family and also control access to resources for their purchase. Consequently, multifaceted strategies aimed at educating men are critical if discretionary income is to be used on mother's and children's nutrition input, particularly for the special needs of pregnant women.**

- o **There is an emergence of a growing urban economy composed of self-employed persons practicing a wide variety of income-generating activities outside the formal economy. Survival strategies are available to women in urban settings in food-related activities, i.e., the production of food or its distribution--purchasing, preparing, processing and selling food. Since their limited resources usually necessitate working through intermediaries, the establishment of credit becomes a necessary adjunct to their activities. The acquisition of even small amounts of credit can increase their negotiating power, enable them to produce more, and improve the quality of their goods. Since their income can have a substantial impact on overall family income, credit empowers not only women but translates into family empowerment. At the same time, women increasingly are the sole source of family income. Credit not only enables them to continue earning an income but also increases their control of their productivity, and allows them to reinvest their income into their families and related human resources, e.g. education.**

Question and Answer Session

During the question and answer session the comments focused on two primary points, i.e., the effectiveness of credit programs and of family-focused nutrition education programs.

- o **With respect to the former, panel members responded that the experience with women's credit programs is that they work, contrary to the prevailing myths about poor people's capacity to produce and save. Loans provided to the segment of society that need small loans are economically sound and financially viable. Eligibility criteria include current employment in a productive situation. Simplicity of awarding credit is important in light of literacy and numeracy skill levels.**

- o In regard to family-focused nutrition education programs, small demonstration projects were cited which target the entire family, but without definitive statements as to their effectiveness.

SESSION 4

SECOND KEYNOTE ADDRESS: **EFFECTIVE EMPOWERMENT -- "WHY TEACHING A MAN TO FISH IS NOT ENOUGH"**

Keynote Speaker

**Mr. G. David Miller, Associate Professor,
Community Economic Development Program, New Hampshire College**

Mr. Miller began his remarks by suggesting that the program goals of development policies must be framed in the "language of empowerment." Social and economic development goals must now be paralleled by a consideration of where and how the beneficiary will achieve full participation in the process, with full control over actions and resources necessary to live a healthy and productive life. If empowerment is not seen as the ultimate goal, programs will be patronizing and elitist. Programs should be approached in a manner that redefines the concept of donor, beneficiary and recipient. To operationalize empowerment in a truly measurable way involves moving to new levels of participation as indicators of stages in empowerment.

"Teaching a man to fish" means teaching him to participate more fully in managing his own life. But this is not enough because he lacks the rights and privileges of control. The goal should be economic growth, social welfare and empowerment. He may be given the authority to make decisions but is far from being empowered and needs to have power to be able to share with others in the control of exogenous factors which impinge on his life.

Conclusions

1. While empowerment is a goal, it is not just a means to an end. Those in a dependency relationship, no matter how well taken care of, are not fully empowered since the giver of benefits retains the capacity to take back the power.
2. Empowerment is a developmental agenda which looks at poverty as a lack of access to the control mechanisms which determine the quality of life. Empowerment requires building new kinds of relationships and networks of people, power-sharing and dialogue.

3. The process of empowerment applied to projects means forming a power-sharing partnership between projects and target populations. People will become activators of their own development when they are asked how projects work and have worked. Facilitators should recognize that both problems and solutions exist with the people. They should enable people to define and crystallize their problems, formulate and articulate the right questions, and prepare them to conduct research leading to solutions.
4. When looking at empowerment in the household, attention should be given to the different roles people play in the management and control of resources, and to the redistribution and reallocation of time. Nutritionists have to identify and measure process indicators related to these activities. This is as important as measuring access of the household to external resources.
5. Families and communities should be encouraged to participate in a process of self-evaluation whereby they will be able to determine the factors which will lead to their empowerment and measure the extent to which these are achieved.

SESSION 5

EFFECTIVE EMPOWERMENT

[NOTE: Notes from Plenary Session to be added]

Small Group Sessions

CHILD SURVIVAL AND HUMAN DEVELOPMENT

Discussion Leader

Ms. Susan Anthony, Office of Nutrition

The primary focus of the discussion in this small group session was on the effectiveness of child survival projects. Are they in fact empowering the intended beneficiaries (children), and how can they be made more empowering?

HOUSEHOLD FOOD SECURITY

Discussion Leader

Dr. Frances R. Davidson, Nutrition Advisor, Office of Nutrition

The small group discussion on household food security focused on modifying projects to incorporate strategies for training in the tools that will allow people to access resources. As a pre-condition, factors that are necessary to achieve food security should be identified and assessed at the household level, and inhibitors which serve to prevent the achievement of food security should be defined. It was pointed out that food security differs from nutritional status, as the latter involves making choices within the family/household.

NUTRIBUSINESS

Discussion Leader

Ms. Carolyn I. Coleman, Policy Analyst, Office of Nutrition

This small group discussion session focused on the role of the private sector in defining the nutritional needs of various populations. It was suggested that to ensure that nutribusiness does in fact provide quality foods and food products at affordable prices, both the producer and consumer side of the equation should be addressed. Nutritional empowerment implies an increased level of participation by consumers in food production, via the establishment of consumer groups. These groups could also be formed of both consumers and producers to ensure liaison.

SESSION 6

EMPOWERING IMPLEMENTORS

Chairperson

Ms. Brenda Colwell, Program Analyst, Office of Nutrition

Panelists

**Mr. Jay Bergman, MS/OP/W
Ms. Carolyn Coleman, S&T/N**

Mr. Barry Sidman, ISTA
Ms. Nena Vreeland, PPC/CDIE/PPE

Panelists representing A.I.D. shared key insights relative to operational information and concerns with convocation participants. Salient points raised are identified in the paragraphs which follow:

- o A strategic planning process whereby each individual country which focuses on a small and specific number of objectives to be achieved within a 3-7 year time frame is relevant to the theme of empowerment. In that process nutrition programs must be concerned about their ability to measure impact. Information on family nutritional status and food security will continue to be among the chief resources drawn on over the next ten years.

Experience indicates that the process of selecting objectives is not easy, and that measurement criteria which indicate success relevant to specific country circumstances are difficult to define, especially intermediate indicators. Experience also suggests that evaluations have not generally been objective, as they are carried out by program managers who are ego-involved in the project. These difficulties notwithstanding, serious efforts to strengthen evaluation skills and measures, including those which measure the strengths and richness of institutions supported, must be continued.

- o A contract implies an acquisition relationship based on a legal document. The focus should be on the scope of the work on which the evaluation should target, whether the contractual agreement is for financial assistance through a grant, or a co-operative agreement having greater A.I.D. involvement.

A.I.D. uses design specifications, i.e. contracts for service at a given level of effort on the assumption that if the design specs are followed, that the goals, objectives and targets will be accomplished. In the future, A.I.D. will move more in the direction of performance specifications as the basis of awarding contracts for services, i.e. a results-oriented approach.

- o A.I.D. utilizes a variety of contractual forms, including cost-reimbursement contracts where the contractor is reimbursed up to a predetermined ceiling; fixed-price contracts where A.I.D. agrees to pay a given amount upon submission of a receivable or completion of a task. Indefinite quantity contracts serve the purpose of meeting short term needs with little lead time. Finally, there is the buy-in contractual

arrangement which combine activities funded elsewhere into one contract. In each instance procurement integrity needs to be maintained.

- o When communicating with Missions, implementors are viewed as representatives of A.I.D.'s programs. Missions are the contact point or intermediary between A.I.D. and the government, and communication mechanisms need to be clear, concise, and precise to ensure that programs are being implemented in line with the scope of work and implementation mechanisms.

Nutritional concerns are addressed through various facets of the missions' portfolios. The program needs to relate to what the mission is already doing in order to effectively integrate nutritional concerns which should complement other programs.

In communicating cables should give enough information so that recipients understand the facts. Cable are considered official communication and hence are preferable to telefacsimile. Telephone calls must be confirmed in writing.

Regular reports help missions assist in full implementation of the project by keeping them fully informed. Quarterly reports are monitoring reports. Semi-annual reports are standard agency requirements, circulated to all missions and filed in the library.

SESSION 7

THE FAMILY/HOUSEHOLD FOCUS AND THE S&T/N PORTFOLIO

Presenter

Dr. Norge W. Jerome, Director, Office of Nutrition

Dr. Jerome began her discussion of this topic by indicating that interventions to prevent disempowerment of families and people involved in development programs should be based on offering them the resources to do what they know needs to be done. As the contemporary family experiences change, changes in survival strategies need to be recognized by policymakers and program designers. Their roles may also require modification and transition.

Dr. Jerome posed the question related to A.I.D. by asking "What kinds of opportunities can be provided via the new initiatives so as to establish partnerships which will achieve family well-being, and serve to anchor the family, and how can A.I.D. use its focal areas to incorporate concerns related to the family? She suggested that modernization in all of its forms is changing the contemporary, non-nuclear family. The contemporary family must always be viewed within a specific context. Macro as well as immediate micro changes are taking place at national and local levels. New family forms and structures, e.g. the blended family, are emerging. There is a loss of traditional support structures and the growth of new ones which are not necessarily replacements. There are changes in the roles of family members, in styles and patterns of communication, patterns of resource, time and empowerment allocations, and shifting dynamics within the family structure.

Project field personnel, if they are to provide the tools to advance the process of development, must first consider these changes. The coping strategies of prototypical families should be developed contextually in a partnership. The challenge is to find new opportunities for partnering in order to help families achieve well-being as part of their social and economic development.

In her closing remarks, Dr. Jerome summarized the major themes which pervaded the presentations throughout the convocation and thanked all of the convocation leaders and participants for their part in making the Second Annual INNE Implementor's Convocation a successful one, while recognizing that the true measure of success will only become evident as their effectiveness as facilitators and change-agents is evidenced by improved nutrition of peoples around the globe.

Appendix 19

REVISED

FY92 WORKPLAN

COOPERATIVE AGREEMENT NO. DAN-5115-A-00-7114-00

United States Agency for International Development

Submitted by

The Nutrition Foundation, Inc.

31 July 1991

213

**International Vitamin A Consultative Group (IVACG)
FY92 Workplan**

**International Vitamin A Consultative Group (IVACG)
FY92 Work Plan (1 October 1991 through 30 September 1992)**

Program Objectives for Fiscal Year 1992
--

The Nutrition Foundation, Inc., serving as the IVACG Secretariat, plans to undertake the following activities related to IVACG during this fiscal year:

1. Organize and arrange the XV IVACG Meeting to be held in Tanzania or Zimbabwe, Q2 FY93;
2. Plan, organize, and convene two IVACG Steering Committee meetings;
3. Facilitate the work of the IVACG Regional Representatives for Africa;
4. Complete and publish a document on guidelines for distribution of vitamin A with immunization programs;
5. Complete and publish a resource manual on developing nutrition education and communications programs with emphasis on vitamin A;
6. Complete and publish a review of current methods to assess marginal vitamin A deficiency;
7. Initiate a task force on the effect of food preparation on the vitamin A content of meals;
8. Initiate a task force on community level programs;
9. Co-publish the *Xerophthalmia Club Bulletin* with the Royal Commonwealth Society for the Blind;
10. Revise and republish *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A*;
11. Provide information on vitamin A to scientists, government ministries, policy makers, and managers of field programs;
12. Provide IVACG news to various newsletters, periodicals, and information centers to increase exposure and understanding of the program and the problem of vitamin A deficiency;

Program Objectives for Fiscal Year 1992 (Continued)

13. Provide annual and quarterly financial and trip reports as requested in the cooperative agreement;
14. Participate in activities being organized by the U.N. and other groups to coordinate public health activities aimed at micronutrient malnutrition; and
15. Hold one meeting of the Joint Consultative Group (JCG) for the purpose of coordinating INACG and IVACG activities.

**International Vitamin A Consultative Group (IVACG)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Workplan Activity Links to Cooperative Agreement Program Objectives
--

The following objectives stated on pages 30 and 31 of Cooperative Agreement No. DAN-5115-A-00-7114-00, Modification #04, are supported by the IVACG FY92 workplans to be undertaken by The Nutrition Foundation, Inc. Numbers following in parentheses relate to the IVACG objectives itemized on the previous page and described by fiscal year quarters in succeeding sections.

1. Organize and arrange conferences, workshops and other types of meetings (1,2,7,8,14,15)
2. Manage the publication of scientific and technical monographs, papers, and reports (4,5,6,9,10)
3. Arrange for appropriate consultative services for task forces, subcommittees, and working groups (1-8,10,14)
4. Maintain correspondence and liaison with various international organizations (government, private non-governmental, commercial, and agencies in the United Nations system) (1-15)
5. Function as a referral system to state-of-the-art repositories of subject information (9,11)
6. Encourage and promote policies, planning, research, and operations needed to move the IVACG toward obtaining its objectives (2,3,14)
7. Organize and facilitate the advisory functions of IVACG (2,3,14,15)
8. Expand and promote communications between the various organizations engaged in programs to prevent vitamin A deficiency and xerophthalmia in LDC's (1-15)

**International Vitamin A Consultative Group (IVACG)
FY92 Workplan, by Quarters**

The Nutrition Foundation, Inc., serving as the IVACG Secretariat, plans to undertake the following activities related to IVACG during this fiscal year:

Q1 FY92 (1 October - 31 December 1991)

XV IVACG Meeting

Planning for the XV IVACG Meeting, begun in FY91, will continue this quarter. The secretariat will review responsibilities of the local committee and site requirements with key individuals in Tanzania and Zimbabwe. After review of documentation concerning both sites, the meeting site will be selected by the secretariat in consultation with the IVACG Steering Committee. The steering committee will refine the meeting theme during this quarter. The secretariat will issue a call for abstracts at the end of the quarter.

IVACG Steering Committee

The secretariat will ascertain the availability of steering committee members for a December 1991 meeting. The meeting date and location will be established, invitations issued, and travel arrangements made as needed. The secretariat will consult with the steering committee chairperson in the preparation of an agenda which will include determination of the theme and site for the XV IVACG Meeting and consideration of new IVACG task forces. The secretariat will prepare and circulate minutes of this meeting.

Task Force on the Integration of Vitamin A Distribution with Immunization Programs

The secretariat will work with the IVACG Steering Committee chairperson and others to revise the manuscript *Guidelines for the Use of Vitamin A in Immunization Programs*. The manuscript will be circulated for final comments to a small group of reviewers representative of the collaborating groups (i.e., IVACG, WHO, and UNICEF) if necessary.

IVACG Communication/Education Task Force

During this quarter the secretariat will continue to work with an independent editor and Dr. Franz Simmersbach, a member of the original task force, to

complete a draft manuscript. The secretariat will confer with Academy for Educational Development (AED) staff to be sure that IVACG's document complements their document in progress on a related topic which is being developed using AID funds. If desirable, the secretariat will circulate a new draft manuscript to a small group of reviewers including the IVACG Steering Committee. Pending rapid conclusion of these events, the secretariat will finalize the text and design for the manuscript. Printers' bids will be obtained.

IVACG Assessment Methodology Task Force

A draft manuscript will be circulated to task force members and IVACG Steering Committee members for comment.

Task Force on Effect of Food Preparation on Vitamin A Content of Meals

During their December meeting, the IVACG Steering Committee will reconsider proposed terms of reference and membership for this task force and counsel the secretariat on the advisability and feasibility of initiating activities. If the steering committee and secretariat determine that it is realistic to proceed with this task force in light of the conclusion of Cooperative Agreement No. DAN-5115-A-00-7114-00 at the close of this fiscal year, the secretariat will invite potential task force members to participate in a meeting during Q2.

Task Force on Community Level Programs

During their December meeting, the IVACG Steering Committee will reconsider proposed terms of reference and membership for this task force and counsel the secretariat on the advisability and feasibility of initiating activities. If the steering committee and secretariat determine that it is realistic to proceed with this task force in light of the conclusion of Cooperative Agreement No. DAN-5115-A-00-7114-00 at the close of this fiscal year, the secretariat will propose a plan of work to begin during Q2.

Publications

During this quarter the November issue of *Xerophthalmia Club Bulletin* will be published and distributed.

The secretariat will arrange for an economical way of reprinting or reproducing the current version of *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A*.

The secretariat will review the preliminary report of the survey carried out by VITAL regarding use of the IVACG publication *Guidelines for the Use of a*

Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A. In cooperation with Dr. Barbara Underwood and Dr. Frances R. Davidson, the secretariat will devise a plan for revision of the document and designate individuals to assist with the revision.

Liaison with Micronutrient Initiatives

Two meetings are planned during this quarter addressing the need to better coordinate efforts to overcome micronutrient malnutrition. The first, sponsored by UNICEF, will take place in Montreal on 10-11 October, 1991. This is a ministerial level meeting designed to encourage those countries who pledged support for such activities to complete the planning phase. A second meeting, "Integrated Strategies for Controlling Micronutrient Malnutrition: A Technical Workshop," cosponsored by ILSI Research Foundation and the U.S. Centers for Disease Control, will examine technical issues arising from coordination of assessment of vitamin A, iron and iodine deficiencies.

The IVACG Steering Committee and Secretariat in consultation with AID will examine the outcome of these two meetings and determine how best to support these efforts.

Joint Consultative Group

The Joint Consultative Group, as outlined in Modification #04 to Cooperative Agreement No. DAN-5115-A-00-7114-00, page 26, will meet in conjunction with the IVACG Steering Committee Meeting. Three members each of the INACG and IVACG Steering Committees, the Director of the AID Office of Nutrition, and two additional AID representatives will participate. The secretariat will provide logistical arrangements and will develop a meeting agenda in consultation with AID INACG and IVACG project officers. Minutes of the meeting will be prepared and submitted to AID.

Administrative

IVACG information will be included in the Q4 FY91 quarterly report, as well as in the FY91 Annual Report of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Information Requests

In the past fiscal year the secretariat responded to more than 550 requests for information. Most of these requests were from developing countries. During this fiscal year the secretariat will continue to provide information regarding vitamin A deficiency and xerophthalmia when this information is requested by

government ministries, policy makers, scientists, and managers of field programs.

The database established for information requests during FY91 will be maintained and expanded to enable evaluation of geographic demand for IVACG information.

The secretariat will promote information concerning vitamin A deficiency and xerophthalmia and increase liaisons with other organizations through exhibiting at local, national, and international conferences and meetings (e.g., at the proposed micronutrient malnutrition meetings in October in Montreal and in Atlanta in November). Additionally, the secretariat will provide IVACG information to members of the steering committee and the IVACG Regional Representatives for Africa for their use when traveling on behalf of IVACG. These efforts facilitate the work of private voluntary organizations and nongovernmental organizations in developing countries.

News Releases

The secretariat will announce the call for abstracts for the XV IVACG Meeting through a news release to newsletters, other periodicals, and information centers. The secretariat will also provide this news release to agencies, nongovernmental organizations, and institutions that may have an interest in the XV IVACG Meeting.

XV IVACG Meeting

The secretariat will conduct a site visit during this quarter to assess hotel meeting and sleeping room arrangements, open a local bank account to facilitate financial matters on site, prepare for other on-site logistics, and further establish working relations with the local committee and in-country representatives of donor groups and NGO's with an interest in the meeting topic. A trip report will be prepared and submitted to AID. A skeleton meeting brochure and news release will be prepared for distribution in Q3 and Q4.

Steering Committee

The availability of steering committee members for a June 1992 meeting will be assessed. The date and location will be established and invitations issued.

African Regional Representatives

The program manager will consult with Dr. Moses Chirambo to develop a set of slides to illustrate typical points included in presentations given on IVACG's behalf by the three IVACG Regional Representatives for Africa.

Task Force on the Integration of Vitamin A In Immunization Programs

Printers' bids will be obtained and the final design of the task force publication determined. The secretariat will prepare the manuscript for the printer and send the document to press.

Task Force on Communication/Education

The secretariat will send the task force document to press early in this quarter pending satisfactory progress in the previous two quarters.

Task Force on Assessment of Marginal Vitamin A Status

The final draft of the task force manuscript will be prepared following incorporation of comments from task force and IVACG Steering Committee members. Printers' bids will be obtained and the final design of the publication determined. The secretariat will prepare the manuscript for the printer and send the document to press at the end of the quarter.

Task Force on Effect of Food Preparation on Vitamin A Content of Meals

Task force activities during this quarter depend on the outcome of steering committee discussions during Q1.

Task Force on Community Level Vitamin A Programs

Task force activities during this quarter depend on the outcome of steering committee discussions during Q1.

Publications

During this quarter the March issue of *Xerophthalmia Club Bulletin* will be published and distributed.

The secretariat will review the final report of the survey carried out by VITAL regarding use of the IVACG publication *Guidelines for the Use of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A*. The secretariat will work with designated individuals to revise the text during this quarter.

Administrative

IVACG information will be included in the Q1 FY92 quarterly report.

Information Requests

The secretariat will provide IVACG publications and other related material to scientists, policy makers, government ministries, and others that request it. Database entry will continue with periodic evaluation of results.

XV IVACG Meeting

Abstracts received from the call for abstracts issued in Q1 will be compiled and circulated to the IVACG Steering Committee. The steering committee will review the abstracts and use them as the basis for determining the XV IVACG Meeting program. Steering committee members will recommend presenters, session topics and chairpersons, and format of the meeting (e.g., platform sessions, breakout groups, poster sessions, evening discussion sessions). The steering committee will also advise on any special invitations necessary and potential sponsorship of participants and special events. Following the steering committee meeting the secretariat will prepare a meeting program and issue a news release concerning plans for the meeting. The secretariat will also finalize contracts for meeting and sleeping rooms at the meeting site during this quarter.

Steering Committee

Travel arrangements will be made as needed for the June 1992 meeting. Abstracts received from the call for abstracts issued in Q1 will be compiled and circulated to the steering committee. The secretariat will consult with the steering committee chairperson to prepare the agenda which will include review of the abstracts and planning for the XV IVACG Meeting program. The steering committee will also advise on invitations and potential sponsorship of participants and special events. The secretariat will prepare and circulate minutes of this meeting.

African Regional Representatives

The secretariat will distribute a set of appropriate slides to each of the three IVACG Regional Representatives for Africa.

Task Force on the Integration of Vitamin A in Immunization Programs

Pending satisfactory progress in the previous two quarters, the English version of the document will be available for distribution during this quarter. The secretariat will issue a news release to publicize the new publication. The desirability and feasibility of translations of this document will be assessed with the sponsoring groups. If there is a positive response, translations and appropriate review will proceed under the direction of one of the collaborating groups.

Task Force on Communication/Education

The task force document will be available for distribution during this quarter. The secretariat will issue a news release to publicize the new publication.

Task Force on Assessment of Marginal Vitamin A Status

Pending satisfactory progress in the previous two quarters, the task force document will be available for distribution during this quarter.

Task Force on Effect of Food Preparation on Vitamin A Content of Meals

Task force activities during this quarter depend on the outcome of steering committee discussions during Q1.

Task Force on Community Level Vitamin A Programs

Task force activities during this quarter depend on the outcome of steering committee discussions during Q1.

Joint Consultative Group

Progress resulting from the Q1 FY92 meeting will be reviewed. Monitoring of other micronutrient malnutrition efforts will be continued.

Publications

The revised text for *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A* will be circulated for review as needed. Following this review, the secretariat will finalize the text and design to prepare for printing. The secretariat will obtain printers' bids.

Administrative

IVACG information will be included in the quarterly report for Q2 FY92. Appropriate IVACG activity and budget information will be reviewed to determine adjustments necessary for completion of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Information Requests

The secretariat will provide IVACG publications and other related material to scientists, policy makers, government ministries, and others that request it. Database entry will continue with periodic evaluation of results.

News Releases

The availability of the IVACG document on communication and nutrition education programs for vitamin A and the IVACG document on the integration of vitamin A distribution with immunization programs will be announced through news releases to newsletters, other periodicals, and information centers. General plans for the XV IVACG Meeting will also be announced through a news release.

XV IVACG Meeting

Early in this quarter the secretariat will complete the meeting brochure and issue general meeting invitations as well as those to invited presenters. The secretariat will seek AID approval for IVACG sponsorship of some meeting participants.

Steering Committee

The secretariat will consult steering committee members as needed to adapt the XV IVACG Meeting program based on responses to invitations.

African Regional Representatives

The program manager will consult the regional representatives to complete financial transactions for FY92 and obtain all appropriate documentation of expenses. The secretariat will inform the regional representatives concerning plans for the completion of Cooperative Agreement No. DAN-5115-A-00-7114-00 and their contribution to the final report.

Task Force on the Integration of Vitamin A in Immunization Programs

If agreed upon during Q3, translations of the task force document will go to press this quarter. Distribution of the English version will continue.

Task Force on Communication/Education

Distribution of the task force publication will continue this quarter.

Task Force on Assessment of Marginal Vitamin A Status

The secretariat will issue a news release to publicize the new task force publication. Distribution of the task force publication will continue this quarter.

Task Force on Effect of Food Preparation on Vitamin A Content of Meals

Task force activities during this quarter depend on the outcome of steering committee discussions during Q1.

Task Force on Community Level Vitamin A Programs

Task force activities during this quarter depend on the outcome of steering committee discussions during Q1.

Publications

During this quarter the July issue of *Xerophthalmia Club Bulletin* will be published and distributed.

The secretariat will send the revised edition of *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A* to press early in this quarter pending satisfactory progress in the previous two quarters. Printed copies will be available for distribution at the end of the quarter. The secretariat will issue a news release to publicize the new edition.

Administrative

IVACG information will be included in the Q3 FY92 and Q4 FY92 quarterly reports. Activities conducted by IVACG during FY92 will be incorporated into the FY92 Annual Report and the final report for Cooperative Agreement No. DAN-5115-A-00-7114-00.

Information Requests

The secretariat will provide IVACG publications and other related material to scientists, policy makers, government ministries, and others that request it. The secretariat will compile a final report of responses to information requests for the FY92 Annual Report and for the final report of Cooperative Agreement No. DAN-5115-A-00-7114-00.

News Releases

The availability of the IVACG document on assessment methods for marginal vitamin A deficiency and the revision of *Guidelines for the Development of a Simplified Dietary Assessment to Identify Groups at Risk for Inadequate Intake of Vitamin A* will be announced through news releases to newsletters, other periodicals, and information centers.

IVACG FY92 WORK PLAN, BY QUARTERS

Area	Q1 (October-December)	Q2 (January-March)	Q3 (April-June)	Q4 (July-September)
XV IVACG Meeting	Steering committee to decide on theme and site; Call for abstracts issued	Site inspection and trip report	Contracts for hotel finalized; Abstracts compiled and mailed to steering committee for review; XV program finalized	General invitations issued; Presenter invitations sent; NF sponsored participants determined
Steering Committee	Meeting: XV theme/site, task force reports, reconsider new task force members/terms; Minutes prepared		Meeting held to review abstracts, XV program, task force progress; Minutes prepared	
Regional Representatives for Africa		Develop slide set		Final accounting
Task Force on Immunization	Follow-up to Q4FY91 letter; Revise manuscript and distribute	Finalize text/design; Submit for printing	Task force publication available for distribution; Consider translation	Task force publication distribution continues; Translation to press
Task Force on Communication/Education	Revise draft; Finalize text and design for publication	Prepare for printing	Task force publication available for distribution	Task force publication distribution continues
Task Force on Assessment Methodology	Draft circulated to task force and steering committee	Finalize text and design; Prepare for printing	Task force publication available for distribution	Task force publication distribution continues
Task Force on Effect of Food Preparation on Vitamin A Content of Meals	Reconsider terms of reference with steering committee; invitation to members			
Task Force on Community Level Programs	Reconsider with steering committee			
Publications	<i>Xerophthalmia Club Bulletin</i> published and distributed; Reprint <i>Dietary Assessment</i> and review VITAL report and designate plan/people for revision	<i>Xerophthalmia Club Bulletin</i> published and distributed; Revise <i>Dietary Assessment</i>	Circulate draft and finalize revision of <i>Dietary Assessment</i>	<i>Xerophthalmia Club Bulletin</i> published and distributed; <i>Dietary Assessment</i> to press, available for distribution
Administrative	Quarterly report prepared and submitted	Quarterly report prepared and submitted; Trip report prepared and submitted	Quarterly report prepared and submitted	Quarterly report prepared and submitted; drafts of Q4 FY92 quarterly report and annual report prepared, final report Cooperative Agreement No. DAN-5115-A-00-7114-00 prepared
Information Requests	Projected response to 125 inquiries	Projected response to 125 inquiries	Projected response to 125 inquiries	Projected response to 185 inquiries
Joint Consultative Group	Joint Consultative Group meeting; minutes prepared			
News Releases	Call for abstracts for XV IVACG Meeting		Communication/Education document available; Immunization document available; XV IVACG Meeting	Assessment Methodology available; <i>Dietary Assessment</i> revision available

IVACG FY92 BUDGET

Program Expenses by Quarter, FY92

IVACG	Q1	Q2	Q3	Q4	Total
Direct Labor	16,162	24,445	16,162	24,445	81,214
Fringe Benefits	4,040	6,111	4,040	6,111	20,302
Consultants	3,500	3,500	3,500	2,000	12,500
Publications	4,655	61,655	2,000	17,655	85,965
Editorial & ss	2,000	2,500	2,500	1,000	8,000
Travel & PD	11,500	6,654	1,654	1,654	21,462
Supplies	315	430	315	430	1,490
Equip. Purchase	263	263	263	263	1,052
Office Rent	3,465	3,465	3,465	3,465	13,860
Fiscal Admin.	4,292	4,292	4,292	4,292	17,168
Communications	5,250	6,250	5,250	6,250	23,000
Meeting Room Rent.	600				600
Total direct	56,042	119,565	43,441	65,910	284,958
Indirect (12%)	6,725	14,348	5,213	7,909	34,195
Total amount	62,767	133,913	48,654	73,819	319,153

**International Nutritional Anemia Consultative Group (INACG)
FY92 Workplan**

**International Nutritional Anemia Consultative Group (INACG)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Program Objectives for Fiscal Year 1992

The Nutrition Foundation, Inc., serving as the INACG Secretariat, plans to undertake the following activities related to INACG during this fiscal year:

1. Sponsor two meetings of the newly formed INACG Steering Committee
2. Publish the meeting summary and action plan from the XII INACG Meeting
3. Plan and hold the XIII INACG Meeting
4. Participate in activities being organized by the U.N. and other groups to coordinate public health activities aimed at micronutrient malnutrition
5. Hold one meeting of the Joint Consultative Group (JCG) for the purpose of coordinating INACG and IVACG activities
6. Publish a monograph on iron EDTA as an acceptable and desirable fortificant
7. Review INACG publications to identify those needing revision; appoint task forces to undertake the revision process and publish the results
8. Provide information on nutritional anemia to scientists, government ministries, policy-makers, and managers of field programs
9. Provide INACG news to various newsletters, periodicals, and information centers to increase exposure and understanding of the program
10. Provide annual and quarterly financial and trip reports as requested in the cooperative agreement

232

**International Nutritional Anemia Consultative Group (INACG)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Workplan Activity Links to Cooperative Agreement Program Objectives

The following objectives stated on pages 32 and 33 of Cooperative Agreement No. DAN-5115-A-00-7114-00, Modification #04, are supported by the INACG FY92 workplans to be undertaken by The Nutrition Foundation, Inc. Numbers following in parentheses relate to the INACG objectives itemized on the previous page and described by fiscal year quarters in succeeding sections.

1. Organize and arrange conferences, workshops, and other types of meetings (1,3,4,5)
2. Manage the publication of scientific and technical monographs, papers, and reports (2,6,7)
3. Arrange for appropriate consultative services for task forces, subcommittees, and working groups (1,3,5)
4. Maintain correspondence and liaison with various international organizations (government, private non-governmental, commercial, and agencies in the United Nations system) (1,2,3,4,5,8,9,10)
5. Function as a referral system to state-of-the-art repositories of subject information (8,9,10)
6. Encourage and promote policies, planning, research, and operations needed to move the INACG toward obtaining its objectives (1,3,4)
7. Organize and facilitate the advisory functions of INACG (1,3,4,5)
8. Expand and promote communications between the various organizations engaged in programs to prevent iron deficiency and anemia in LDC's (2,3,4,5,9,10)

**International Nutritional Anemia Consultative Group (INACG)
FY92 Workplan, by Quarters**

The Nutrition Foundation, Inc., serving as the INACG Secretariat, plans to undertake the following activities related to INACG during this fiscal year:

Q1 FY92 (1 October - 31 December 1991)

Steering Committee

The newly appointed steering committee will meet in Washington, D.C. to review INACG programs, publications, and future plans. The steering committee will also identify the theme and site for the XIII INACG Meeting which will be held in Q3 FY92. The secretariat will arrange travel for the members and prepare the meeting agenda in consultation with the chairman and AID project officer. Minutes of the meeting will be submitted to AID.

Liaison with Micronutrient Initiatives

Two meetings are planned during this quarter addressing the need to better coordinate efforts to overcome micronutrient malnutrition. The first, sponsored by UNICEF, will take place in Montreal on 10-11 October 1991. This is a ministerial level meeting designed to encourage those countries who pledged support for such activities to complete the planning phase. A second meeting, "Integrated Strategies for Controlling Micronutrient Malnutrition: A Technical Workshop," cosponsored by ILSI Research Foundation and the U.S. Centers for Disease Control, will examine technical issues arising from coordination of assessment of vitamin A, iron, and iodine deficiencies.

The INACG Steering Committee and Secretariat in consultation with AID will examine the outcome of these two meetings and determine how best to support these efforts.

Task Force on EDTA

The draft monograph will be reviewed by the secretariat and Dr. Samuel G. Kahn. Publication plans will be finalized.

Social Marketing Policy Paper

The secretariat will share the paper *Beyond Tired Blood: Iron Deficiency Anemia - A New Child Survival Priority* with the steering committee to get their ideas on how to develop this material into a strong policy paper that will urge action on iron deficiency anemia. A task force will be appointed to draft the paper.

Joint Consultative Group

The Joint Consultative Group, as outlined in Modification #04 to Cooperative Agreement No. DAN-5115-A-00-7114-00, page 26, will meet in conjunction with the IVACG Steering Committee Meeting. Three members each of the INACG and IVACG Steering Committees, the Director of the AID Office of Nutrition, and two additional AID representatives will participate. The secretariat will provide logistical arrangements and will develop a meeting agenda in consultation with AID INACG and IVACG project officers. Minutes of the meeting will be prepared and submitted to AID.

Publications

The secretariat will publish and distribute the *Action Plan for Combatting Iron Deficiency Anemia through Food Fortification Technology and XII INACG Meeting Summary*. The brochure on mental and behavioral development will be published and widely distributed.

The steering committee will be asked to review current INACG publications and suggest priorities for revision and reprinting.

Administrative

INACG information will be included in the Q4 FY91 quarterly report, as well as in the Annual Report for FY91, and submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Information Requests

In the past fiscal year the secretariat responded to more than 400 requests for information. Most of these requests were from developing countries. During FY92 the secretariat will continue to provide information regarding nutritional anemia when this information is requested by government ministries, policy-makers, scientists, and managers of field programs.

Recording of new requests in a database will continue, allowing the secretariat to both track specific requests, and to analyze requests at the

conclusion of the fiscal year so as to evaluate the type and source of demand for INACG information.

The secretariat will promote information concerning nutritional anemia, and increase liaisons with other organizations through exhibiting at local, national, and international conferences and meetings. Additionally, the secretariat will provide INACG information to members of the steering committee for their use when travelling on behalf of INACG. These efforts facilitate the work of private voluntary organizations and nongovernmental organizations in developing countries.

News Releases

The secretariat will issue a news release announcing the availability of the *Action Plan for Combatting Iron Deficiency Anemia through Food Fortification Technology*. The formation of the steering committee will be announced in a separate release.

XIII INACG Meeting

The program will be finalized, speakers invited and logistical arrangements planned for this meeting which will take place during Q4 FY92. The secretariat will consult with AID regarding sponsoring participants. If necessary, the secretariat will conduct a site visit early in Q2 FY92 to assess hotel meeting and sleeping room arrangements and other requirements. A trip report will be prepared and submitted to AID. A preliminary meeting brochure will be prepared and distributed.

Steering Committee

Directives from Q1 FY92 steering committee will be carried out including planning for the XIII INACG Meeting, and revision of INACG publications within budgetary limitations.

Joint Consultative Group

Directives arising from the Q1 FY92 meeting will be carried out. Monitoring of other micronutrient malnutrition efforts will be continued.

Task Force on EDTA

The monograph will be printed and distributed as planned.

Social Marketing Policy Paper

A draft document will be written and circulated for comment and approval.

Publications

A revision process for monograph(s) selected for revision by the steering committee will be set in place.

Administrative

INACG information will be included in the Q1 FY92 quarterly report submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Information Requests

The secretariat will continue to provide information regarding nutritional anemia when this information is requested by government ministries, policy-makers, scientists, and managers of field programs.

News Releases

The secretariat will announce the availability of the mental and behavioral development brochure. The XIII INACG Meeting plans will be announced separately.

XIII INACG Meeting

Planning for XIII INACG meeting will continue. Travel arrangements for speakers and steering committee members will be made, all local arrangements finalized, and printed materials prepared.

Steering Committee

A meeting will be held in conjunction with the XIII INACG meeting in Q4. The secretariat will arrange travel for the members and prepare the meeting agenda in consultation with the chairman and INACG project officer during this quarter.

Social Marketing Policy Paper

The document will be published and widely distributed to policy makers and planners.

Publications

Revised copies for monographs designated by the steering committee for revision will be reviewed and finalized if possible.

Administrative

INACG information will be included in the Q2 FY92 quarterly report submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Information Requests

The secretariat will continue to provide information regarding nutritional anemia when this information is requested by government ministries, policy-makers, scientists, and managers of field programs.

News Releases

The secretariat will announce the availability of the iron EDTA monograph and the social marketing policy paper.

XIII INACG Meeting

The meeting will occur this quarter. The secretariat will provide all logistical and program support necessary. A rapporteur will be responsible for developing a draft of a meeting summary within 30 days of the meeting.

Steering Committee

A meeting will be held in conjunction with the XIII INACG meeting. The group will review progress over the past six months and set future directions. Minutes of the meeting will be submitted to AID.

Publications

Any INACG publication revisions undertaken will be completed if progress has been satisfactory, and publication plans determined as budget permits.

Administrative

INACG information will be included in the Q3 FY92 quarterly report submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00. The Q4 FY92 quarterly report, the annual report for FY92 and the final report of the Cooperative Agreement will be drafted. All necessary reports for the XIII INACG Meeting will be submitted in accordance with timetables set forth in the Cooperative Agreement.

Information Requests

The secretariat will continue to provide information regarding nutritional anemia when this information is requested by government ministries, policy-makers, scientists, and managers of field programs.

News Releases

The secretariat will announce the holding of the XIII INACG meeting.

INACG FY92 WORKPLAN, BY QUARTERS

Area	Q1 (October-December)	Q2 (January-March)	Q3 (April-June)	Q4 (July-September)
XIII INACG Meeting	Theme and site for XIII INACG Meeting selected by steering committee	Finalize program, speakers, and logistical arrangements for XIII INACG Meeting	Continue with all preparations for XIII INACG Meeting	Conduct the XIII INACG Meeting; Prepare meeting summary for review
Steering Committee	Initial steering committee meeting held to discuss programs, publications, and future plans			Meeting held in conjunction with the XIII INACG Meeting
Task Force on Mental and Behavioral Development	Print brochure	Distribute brochure		
Task Force on Iron EDTA	Review draft monograph	Document printed and distributed		
Social Marketing Policy paper	Discuss with steering committee and appoint task force	Draft paper and review	Publish and distribute	
Publications	Publish and distribute Fortification Action Plan and meeting summary	Continue distribution; Revisions of current monographs initiated	Revisions reviewed	Revisions printed
Administrative	Prepare and submit Q4 FY91 quarterly report; Prepare and submit annual report for FY91	Prepare and submit Q1 FY92 quarterly report	Prepare and submit Q2 FY92 quarterly report	Prepare and submit Q3 FY92 quarterly report; Prepare draft of Q4 FY92 quarterly report, annual report for FY92 and final report for CA
Information Requests	Respond to inquiries	Respond to inquiries	Respond to inquiries	Respond to inquiries
News Releases	Action Plan available; Announcement re formation of steering committee	Mental and Behavioral Development brochure available; Announcement of XIII INACG Meeting	Iron EDTA document available	XIII INACG Meeting
Joint Consultative Group	Meeting held; minutes prepared			

182

INACG FY92 BUDGET

Program Expenses by Quarter, FY92

INACG	Q1	Q2	Q3	Q4	Total
Direct Labor	10,365	12,312	12,000	24,936	59,613
Fringe Benefits	2,591	3,078	3,000	6,234	14,903
Consultants	2,660	2,000	3,000	3,000	10,660
Publications	4,500	11,300	15,000	12,000	42,800
Editorial & ss	1,313	1,200	1,200	1,200	4,913
Travel & PD	12,635	2,000	20,635	33,931	69,201
Supplies	730	730	730	1,994	4,184
Equip. Purchase	200	200	200	200	800
Office Rent	1,962	1,962	1,962	1,962	7,848
Fiscal Admin.	1,849	1,849	1,849	1,849	7,396
Communications	615	923	923	2,558	5,019
Meeting Room Rent.	600			3,000	3,600
Total direct	40,020	37,554	60,499	92,864	230,937
Indirect (12%)	4,802	4,506	7,260	11,144	27,712
Total amount	44,822	42,060	67,759	104,008	258,649

247

**International Nutrition Planners Forum (INPF)
FY92 Workplan**

**International Nutrition Planners Forum (INPF)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Program Objectives for Fiscal Year 1992
--

The Nutrition Foundation, Inc., serving as the INPF Secretariat, plans to undertake the following activities related to INPF during this fiscal year:

1. Publish a summary of the Sixth INPF Conference, "Effective Nutrition Communication for Behavior Change," held at the UNESCO Office in Paris, 4-6 September 1991;
2. Publish brief descriptions of the country-level nutrition communication projects presented at the Sixth INPF Conference;
3. Hold steering committee meetings to plan the theme for the Seventh INPF Conference and select the site;
4. Distribute INPF documents to individuals and groups that request it for use as an adjunct in training programs to provide sound nutrition principles;
5. Develop a resource file of organizations and state-of-the-art publications for use in referral;
6. Explore the feasibility of a semi-annual INPF Newsletter;
7. Provide INPF news to various newsletters and information centers to increase exposure and understanding of INPF and its mission; and
8. Provide annual and quarterly financial and trip reports as requested in the cooperative agreement.

**International Nutrition Planners Forum (INPF)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Workplan Activity Links to Cooperative Agreement Program Objectives
--

The following objectives stated on pages 34 and 35 of Cooperative Agreement No. DAN-5115-A-00-7114-00, Modification #04, are supported by the INPF FY92 workplans to be undertaken by The Nutrition Foundation, Inc. Numbers following in parentheses relate to the INPF objectives itemized on the previous page and described by fiscal year quarters in succeeding sections.

1. Organize, arrange, and support INPF Steering Committee meeting(s) (3)
2. Manage the publication of proceedings and reports (1,2,4,6)
3. Maintain correspondence and liaison with various international organizations (government, private non-governmental, commercial, and agencies in the United Nations system) (1-8)
4. Organize, arrange and support the INPF Conference (including all logistical details) (1-8)
5. Maintain and expand a list of developing country specialists nominated by AID/Washington and AID Missions and other sources, to participate in the 1992 INPF Conference (4,5)
6. Function as a referral system to state-of-the-art repositories of subject information (1,2,4,5)
7. Encourage and promote policies, planning, research, and operations needed to move the INPF toward obtaining its objectives (3)
8. Organize and facilitate the advisory functions of INPF (3)
9. Expand and promote communications between the various organizations engaged in nutrition programs in LDC's (1-8)

**International Nutrition Planners Forum (INPF)
FY92 Workplan, by Quarters**

The Nutrition Foundation, Inc., serving as the INPF Secretariat, plans to undertake the following activities related to INPF during this fiscal year:

Q1 FY92 (1 October - 31 December 1991)

Publication of Sixth INPF Conference Meeting Summary

With the help of Dr. Cheryl Achterberg, Associate Professor, The Pennsylvania State University, a meeting summary will be finalized. This summary will cover the expert presentations made at the Sixth INPF Conference, "Effective Nutrition Communication for Behavioral Change." Dr. Achterberg was charged with organizing the meeting summary to reflect the principles implicit in a successful nutrition communication project. Following AID review and approval, the summary will be published and distributed to all present at the meeting as well as AID missions in child survival targeted countries and donor organizations.

Preparation of Country Team Presentations for Publication

Brief descriptions of proposed nutrition communication projects made by the participating country teams will be compiled. Efforts will be made to determine the status of these projects, i.e., which were actually funded and approved for implementation. This document will refer to "*Crucial Elements of Successful Community Nutrition Programs*" as the guideline for such projects.

This work is beyond the scope of the task which Dr. Achterberg accepted. Thus, it may be necessary to contract with a suitable communication expert to craft an acceptable product.

Liaison Function

The INPF Secretariat will continue its liaison efforts with LDC's, donor organizations, and nutrition communication experts to apprise them of the availability of INPF documents. This will be accomplished through a number of mechanisms including correspondence, newsletter distribution, news releases, and articles in appropriate publications. A news release will be issued announcing the availability of the Sixth INPF Conference Summary.

Publications

A pilot program to test the need for and feasibility of publishing a semi-annual INPF Newsletter will be developed. Existing newsletters and journals that maybe willing to include INPF material will be identified. Several, including an agricultural newsletter, will be selected for testing.

Mailing List Development

All new contacts made through the Sixth INPF Conference, LDC, donor organizations, and nutrition communications experts will be added to the resource file. This file will be used for newsletter and publication mailings.

Administrative

INPF information will be included in the Q4 FY91 quarterly report, as well as in the Annual Report for FY91 submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00.

INPF Steering Committee

A Steering Committee Meeting will be organized for this quarter. The agenda will include follow-up to the Sixth INPF Conference and initial planning for the Seventh INPF Conference to be held in 1993. The secretariat will make necessary logistical arrangements and prepare an agenda in consultation with the INPF project officer. Minutes of the meeting will be prepared and submitted to AID.

Publications

The compilation of country team presentations and guidelines documents from the Sixth INPF Conference will be published and distributed to policy level contacts as well as those in other sectors interested in nutrition education. French and Spanish translations of this document and the meeting summary will be initiated.

Pilot INPF Newsletter material will be included in several newsletters/journals with an evaluation tool to determine the readers opinion about the material value.

Liaison Functions

The secretariat will respond to all inquiries and continue to cultivate contacts with other organizations interested in nutrition communications. A news release announcing the availability of the Sixth INPF Conference country team presentations will be issued.

Administrative

INPF information will be included in the Q1 FY92 report submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Q3 FY92 (1 April - 30 June 1992)

INPF Steering Committee

Directives from the Q2 FY92 steering committee meeting will be carried out.

Seventh INPF Conference

Initial site selection activities will be undertaken. Theme ideas generated by the steering committee will be explored.

Publications

French and Spanish translations of the Sixth INPF Conference Meeting Summary will be published and distributed, as will the country team presentations document.

Newsletter pilot phase will be evaluated by the secretariat and AID.

Liaison Function

The secretariat will respond to all inquiries and continue to cultivate contacts with other organizations interested in nutrition communications. A news release announcing the availability of French and Spanish translations of the Sixth INPF Conference publications will be issued.

Mailing List Development

Mailing list development will be a priority so as to generate wide distribution to appropriate audiences of the French and Spanish translations described above, and for newsletters.

Administrative

INPF information will be included in the Q2 FY92 report submitted under the terms of Cooperative Agreement No. DAN 5115-A-00-7114-00.

Q4 FY92 (1 July - 30 September 1992)

INPF Steering Committee

The second steering committee meeting for FY92 will be organized and held. A final decision will be reached on the theme and site for the Seventh INPF Conference to be held in Q4 FY93.

Seventh International INPF Conference

Once a theme and format for the meeting has been decided upon, the secretariat will communicate with potential donor organizations to elicit their support for the conference. If necessary a site visit will be undertaken to assess hotel meeting and sleeping room arrangements and other requirements.

Liaison Function

The secretariat will respond to all inquiries and continue to cultivate contacts with other organizations interested in nutrition communications.

Mailing List Development

Development will continue based in part on requests for publications.

Administrative

INPF information will be included in the Quarterly Report for Q3 FY92. Activities conducted by INPF during FY92 will be incorporated into the draft of the Q4 FY92 quarterly report, the FY92 annual report and a final report for Cooperative Agreement No. DAN-5115-A-00-7114-00, which will be submitted during Q1 FY93.

INPF FY92 WORKPLAN, BY QUARTERS

Area	Q1 (October-December)	Q2 (January-March)	Q3 (April-June)	Q4 (July-September)
VII INPF Meeting		Initial planning begins	Theme and site identified	Site visit if necessary
Steering Committee	Carry out directives from Q4FY91 meeting	Meeting	Carry out directives from Q2FY92 meeting	Meeting
Liaison Functions	Contacts with potential liaison groups; respond to inquiries; news release announcing availability of meeting summary	Contacts with potential liaison groups; respond to inquiries; news release announcing availability of country presentations	Contacts with potential liaison groups; respond to inquiries; news release announcing availability of French and Spanish translations of Sixth Conference publications	Contacts with potential liaison groups; respond to inquiries
Publications	Sixth Conference Summary printed and distributed	Country presentations from Sixth Conference published; French and Spanish translations of conference summary and country presentations prepared; Newsletter printed and distributed	French and Spanish translations of Sixth Conference summary and country presentations printed and distributed	Distribution continues
Administrative	Prepare and submit Q4 FY91 quarterly report; prepare and submit annual report for FY91	Prepare and submit Q1 FY92 quarterly report	Prepare and submit Q2 FY92 quarterly report	Prepare and submit Q3 FY92 quarterly report; Prepare draft of Q4 FY quarterly report, FY92 annual report and final CA report

251

INPF FY92 BUDGET

Program Expenses by Quarter, FY92

INPF	Q1	Q2	Q3	Q4	Total
Direct Labor	12,856	14,497	10,536	14,497	52,386
Fringe Benefits	3,216	3,624	2,634	3,624	13,098
Consultants	3,000	1,750	1,750	1,750	8,250
Publications	3,000	5,000	9,000	3,000	20,000
Editorial & ss	1,000	250	250	250	1,750
Travel & PD	2,000	26,454		31,454	59,908
Supplies	336	672	336	672	2,016
Equip. Purchase	788	788	788	788	3,152
Office Rent	1,930	1,930	1,930	1,930	7,720
Fiscal Admin.	2,061	2,061	2,061	2,061	8,244
Communications	2,636	1,628	2,636	1,628	8,528
Meeting Room Rent.	600				600
Total direct	30,423	58,654	31,921	62,654	183,652
Indirect (12%)	3,651	7,038	3,831	7,518	22,038
Total amount	34,074	65,692	35,752	70,172	205,690

252

**International Nutrition Network Exchange (INNE)
FY92 Workplan**

**International Nutrition Network Exchange (INNE)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Program Objectives for Fiscal Year 1992
--

The Nutrition foundation, Inc., serving as the INNE Secretariat, plans to undertake the following activities related to INNE during this fiscal year:

1. Organize, arrange, and support the Third Annual INNE Convocation in Washington, D.C. in May, 1992
2. Convene a planning group to assist in planning the Third Annual INNE Convocation and prepare minutes of planning meetings
3. Support one invited guest presentation at the Third Annual INNE Convocation
4. Prepare a meeting summary for the Third Annual INNE Convocation and circulate same to participants and other appropriate groups and/or individuals
5. Maintain correspondence and liaison with all organizations participating in AID Office of Nutrition funded programs, as related to the convocation

**International Nutrition Network Exchange (INNE)
FY92 Workplan (1 October 1991 through 30 September 1992)**

Workplan Activity Links to Cooperative Agreement Program Objectives

The following objectives stated on page 37 of Cooperative Agreement No. DAN-5115-A-00-7114-00, Modification #04, are supported by the INNE FY92 workplan to be undertaken by The Nutrition Foundation, Inc. Numbers following in parentheses relate to the INPF objectives itemized on the previous page and described by fiscal year quarters in succeeding sections.

1. Organize, arrange, and support the annual INNE Convocation to be held in the Washington, D.C. area (1-5)
2. Manage the publication of papers and reports (4)
3. Maintain correspondence and liaison with all organizations participating in AID Office of Nutrition funded programs (5)

**International Nutrition Network Exchange (INNE)
FY92 Workplan, by Quarters**

The Nutrition Foundation, Inc., serving as the INNE Secretariat, plans to undertake the following activities related to INNE during this fiscal year:

Q1 FY92 (1 October - 31 December 1991)

Annual INNE Convocation for AID Office of Nutrition Implementors

Using experience gained from two previous INNE Convocations, the secretariat, working with the AID project officer and a planning committee will select the theme and dates for the Third INNE Convocation. The meeting site will be the Washington, D.C. metropolitan area and the dates will be during May, 1992.

During this quarter, a six member committee will be selected from implementors in the Washington, D.C. area to assist the secretariat and AID project officer in planning the Third Annual INNE Convocation. This committee will include representation from organizations receiving assistance from AID Office of Nutrition in the form of a) grants, b) cooperative agreements, c) contracts, and d) Indefinite Quantity Contracts (IQC's) in addition to one AID representative and the INNE Secretariat. At least two of the above should have nutrition-related activities that receive funding through mission buy-ins. The first meeting of the planning committee will be held this quarter to select the convocation theme, format, and potential speakers. Minutes of this meeting will be submitted to AID Office of Nutrition within ten working days of the meeting.

Administrative

INNE information will be included in the Q4 FY91 quarterly report, as well as in the annual report for FY91 submitted under the terms of Cooperative Agreement No. DAN-5115-A-00-7114-00.

Q2 FY92 (1 January - 31 March 1992)

Annual INNE Convocation for AID Office of Nutrition Implementors

In the second quarter, plans and arrangements for the Third Annual INNE Convocation will be finalized, speakers, including a keynote speaker, will be invited and a rapporteur selected. Implementors will be invited from the AID Office of Nutrition list maintained by the secretariat.

Administrative

INNE information will be included in the quarterly report covering Q1 FY92.

Q3 FY92 (1 April - 30 June 1992)

Annual INNE Convocation for AID Office of Nutrition Implementors

In the third quarter, the Third Annual INNE Convocation will be held in the Washington, D.C. metropolitan area in May. Logistics associated with the convocation will be carried out by the secretariat. A meeting summary will be prepared and submitted to the AID Office of Nutrition for review.

Administrative

INNE information will be included in the quarterly report for Q2 FY92.

Q4 FY92 (1 July - 30 September 1992)

Annual INNE Convocation for AID Office of Nutrition Implementors

A meeting summary, once approved by the AID Office of Nutrition, will be distributed to all invited implementors to the Third Annual INNE Convocation, and others as appropriate.

Administrative

INNE information will be included in the quarterly report for Q3 FY92. Activities conducted by INNE during FY92 will be incorporated into the drafts of the Q4 FY92 quarterly report, the annual report for FY92 and the final report for Cooperative Agreement No. DAN-5115-A-00-7114-00.

257

INNE FY92 WORKPLAN, BY QUARTERS

Area	Q1 (October-December)	Q2 (January-March)	Q3 (April-June)	Q4 (July-September)
Third Annual INNE Convocation	Select planning committee to help organize convocation: theme, date, site, selection of speakers	Final planning: program finalized, speakers invited, meeting details completed	Hold convocation; prepare written report for review and approval by AID Office of Nutrition	Final report produced and distributed to participants
Administrative	Prepare and submit Q4 FY91 quarterly report	Prepare and submit Q1 FY92 quarterly report	Prepare and submit Q2 FY92 quarterly report	Prepare and submit Q3 FY92 quarterly report; prepare drafts of Q4 FY92 quarterly report, FY92 annual report and final CA report

ofu.

INNE FY92 BUDGET

Program Expenses by Quarter, FY92

INNE	Q1	Q2	Q3	Q4	Total
Direct Labor	1,738	2,567	2,888	1,738	8,931
Fringe Benefits	642	435	722	435	2,234
Consultants	420		800		1,220
Publications			2,000	3,000	5,000
Editorial & ss	250	750	1,000	1,000	3,000
Travel & PD		200	4,500	500	5,200
Supplies	200	200	368	200	968
Equip. Purchase	55	55	55	55	220
Office Rent	110	110	110	110	440
Fiscal Adm.in.	155	155	155	155	620
Communications	263	557	1,145	557	2,522
Meeting Room Rent.			3,000		3,000
Total direct	3,583	5,029	16,743	7,750	33,355
Indirect (12%)	430	603	2,990	930	4,003
Total amount	4,013	5,632	18,752	8,680	37,358

- 261 -