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**VITAP ANNUAL REPORT**  
**OCTOBER 1990 - SEPTEMBER 1991**

**(Abbreviated FY91 Report  
& Recommendations from Mid-Term Evaluation)**

Prepared for FVA/PVC  
USAID

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HKI's Vitamin A Technical Assistance Program helps other Private Voluntary Organizations to prevent and control vitamin A deficiency. Through a range of services, VITAP promotes awareness of vitamin A as an important child survival component and assists PVOs to strengthen their existing activities and expand their involvement in vitamin A programming.

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Vitamin A Technical Assistance Program (VITAP)  
Helen Keller International

ANNUAL REPORT  
OCTOBER 1990 - SEPTEMBER 1991

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**I EXECUTIVE SUMMARY**

Helen Keller International's Vitamin A Technical Assistance Program (VITAP) has, in its third year of implementation, continued to play an important role in promoting and providing technical support to PVO vitamin A-related activities. VITAP's strategy of serving as a catalyst to bring together PVOs, host-country governments and other agencies, has enabled VITAP to achieve an impact far beyond its direct resources. Examples of this cost-effective coordination achieved this year include:

- A national-level workshop in Nigeria supported in part by the Federal Ministry of Health and UNICEF
- Validation of VITAP's dietary assessment methodology in collaboration with agencies in the Philippines and Guatemala
- Development of vitamin A flipcharts in collaboration with AED and several PVOs in both Burkina Faso and Mali

Also this year, VITAP completed an external mid-term evaluation. Assessing the impact of VITAP activities to date, the external evaluators noted that as the direct result of VITAP inputs at least 22 PVO country programs had initiated activities to reduce preventable blindness, morbidity, and mortality associated with vitamin A deficiency.

As a result of the mid-term evaluation, VITAP has adopted a more pro-active approach to working with the PVO community and has streamlined VITAP operations for greater efficiency. The original VITAP objectives and indicators have been modified and revised to more accurately describe, monitor and evaluate activities being planned for the next 2 years of the agreement.

**Highlights of VITAP Accomplishments**

In response to requests from PVOs for consulting and advisory services, VITAP arranged over 450 person days of consultancies to PVO headquarters and health programs in 11 countries. This year, VITAP consultants and/or staff assisted the field programs of ADRA, Africare, CARE, Christian Children's Fund, CRS, EyeCare, IEF, Save the Children, PLAN International, World Relief, and World Vision.

Over 980 representatives from PVOs and other agencies participated in VITAP-supported orientation and training activities this year. These activities included the Nigerian National Workshop on Vitamin A Interventions and Child Survival, organized by VITAP with the collaboration of the Federal Ministry of Health and UNICEF/Nigeria. This national-level workshop has motivated both PVOs and the Nigerian government to initiate vitamin A deficiency control activities.

This year, two flip-charts on vitamin A, *L'Alimentation d'Awa* and *Awa Decouvre La Solution*, were completed and sent to the field. Designed to help PVO health workers educate mothers on the importance of vitamin A-rich foods, the flip-charts fill a critical need for materials on vitamin A to support nutrition education efforts. Initially requested by CRS and World Relief, development of the flip-charts was supported in part by the Academy for Educational Development and will be used by many organizations in Burkina Faso and Mali.

Two editions of VITAP's Vitamin A News Notes were sent to over 800 PVO representatives and other organizations worldwide, in English, French and Spanish. Although the newsletter is produced primarily for the PVO community, it continues to be VITAP's most frequently requested publication and is having an impact beyond its initial aim.

Substantial progress was made on validating VITAP's innovative dietary assessment methodology. Developed to simplify the skills and knowledge needed by PVOs to assess the degree of vitamin A deficiency in their project areas, the methodology was tested this year in the Philippines in collaboration with the Davao Medical School Foundation and in Guatemala with IEF and CeSSIAM. This fall, the third validation exercise will take place in Tanzania under the auspices of the Tanzanian Food and Nutrition Center.

(For further information on the above activities, see II. VITAP Activities by Objective).

### **Mid-term Evaluation & Phase II Planning**

In March and April 1991, a team of external evaluators conducted VITAP's mid-term evaluation. The mid-term evaluation team praised VITAP for the accomplishments to date, recommended continued funding for VITAP, and made several helpful suggestions on how to strengthen VITAP's assistance to the PVO community. In VITAP's second phase of activities, emphasis will be given to collaborative activities which have the greatest potential impact within the PVO and the country where they work.

Following the recommendation of the mid-term evaluation, VITAP's cooperative agreement was amended in August 1991 to obligate a total of \$5,000,000 from September 1, 1988 to September 30, 1993.

In August and September of this year, VITAP staff met with the headquarter staff of 11 PVOs who have demonstrated an interest in vitamin A programming: ADRA, Africare, CARE, CRS, Esperança, IEF, PLAN International, Project Concern International, Project Hope, Save the Children, and World Relief. With each PVO, VITAP worked to develop a 2 year work plan of activities which will further each PVO's capacity to implement vitamin A-related activities. A revised Detailed Implementation Plan which will serve as a work plan for FY92 and FY93 will be submitted to the FVA/PVC office at the end of November 1991.

Helen Keller International  
 1991 Annual Report Form A: Project Pipeline Analysis  
 Country Project OTR-0284-A-00-8253-00

VITAP COST ELEMENTS	Actual Expenditures to Date (9/1/88 to 9/30/91)			Projected Expenditures Against Remaining Obligated Funds (10/1/91 to 9/30/93)			Total Agreement Budget (Columns 1 & 2) (9/1/88 to 9/30/93)		
	AID	HKI	TOTAL	AID	HKI	TOTAL	AID	HKI	TOTAL
I. PROCUREMENT									
A. Supplies	57,671		57,671	15,020		15,020	72,691		72,691
B. Equipment	51,393		51,393	9,165		9,165	60,558		60,558
C. Services	114,460		114,460	131,005		131,005	245,465		245,465
D. Consultants	169,485		169,485	177,727		177,727	347,212		347,212
SUB-TOTAL I	393,009		393,009	332,917		332,917	725,926		725,926
II. EVALUATION									
III. INDIRECT @22.6%	490,750		490,750	430,947		430,947	921,697		921,697
IV. OTHER PROGRAM									
A. Personnel	1,073,072		1,073,072	903,601		903,601	1,976,673		1,976,673
B. Travel	435,253		435,253	340,232		340,232	775,485		775,485
C. Other Direct	270,125		270,125	330,094		330,094	600,219		600,219
SUB-TOTAL III	1,778,450		1,778,450	1,573,927		1,573,927	3,352,377		3,352,377
TOTAL VITAP	\$2,662,209	\$0	\$2,662,209	\$2,337,791	\$0	\$2,337,791	\$5,000,000	\$0	\$5,000,000

Note: Cost items are according to cooperative agreement, 3rd amendment

### III FY91 VITAP ACTIVITIES BY OBJECTIVE

#### A. CONSULTING & ADVISORY SERVICES TO PVOs

*Objective # 1: Provide a consulting and advisory service for PVOs interested in vitamin A programming including assisting PVOs to determine the most appropriate interventions and methodologies.*

In response to requests from PVOs for consulting and advisory services, VITAP arranged over 450 person days of consultancies to PVO headquarters and health programs in 11 countries.

The revised DIP and workplan for FY92 describes the follow-up activities are being planned to the assistance described below.

(Note: following the recommendation of the mid-term evaluation, assistance to HKI will no longer be counted as part of VITAP services in Phase II. Assistance by VITAP-funded staff to HKI field programs will be compensation for the non-VITAP funded contribution of HKI field personnel to VITAP program activities.)

#### AFRICA

##### Burkina Faso -

**CRS & World Relief:** VITAP assisted the local staff of CRS (Cathwell) and World Relief in Burkina Faso to jointly develop educational/nutritional support materials to help community-based health workers educate mothers on the importance of vitamin A-rich foods. With the assistance of a VITAP consultant, Peter Gottert, the staff developed the idea and story line for two flipcharts. Later, the staff field tested the prototype flipcharts designed and drawn by the consultant. Both CRS and World Relief contributed staff time to this effort. Printing was arranged and supervised by VITAP staff in New York, and printing costs were shared by the Academy for Educational Development (AED) and VITAP. The two completed flipcharts, *L'Alimentation d'Awa* and *Awa Decouvre La Solution*, were sent to Burkina Faso this September.

The impact of this activity has already extended beyond meeting the needs of CRS and World Relief in Burkina Faso. Since the initial consultancy, the VITAP consultant was hired full-time by AED. As a result of the success in Burkina Faso, VITAP worked with AED to field test the flipcharts in Mali and produce a Malian version. The characters used in the flipcharts will be used by AED in other training and educational materials. Other donor and agencies have expressed an interest in reprinting them locally. As part of the follow-up on the use of the flipcharts, VITAP will continue to collaborate with AED. (VITAP Staff, 40 person days / VITAP Consultant, 48 person days)

**Save the Children (SCF):** In order to improve and re-direct the gardening efforts of the SCF Child Survival project in Dori, a VITAP consultant worked with the gardening staff to add a nutrition component to their current activities and to emphasize the production of vitamin A rich foods. The consultant, Tia Rudd conducted 2 training sessions for 20 staff members: one on program design, the second on gardening extension skills. With the consultant's assistance, the staff developed a plan of action to implement the new skills and assist with program planning. A reference guide on gardening extension was also produced in French for the Burkinabe staff. VITAP provided training materials and the services of the consultant. (VITAP Consultant: Tia Rudd, 25 person days).

**Africare:** VITAP staff provided technical information and review to the Africare staff on the vitamin A component of their baseline survey and program design of their new Child Survival project. Africare had originally requested a technical in-country visit from VITAP staff or consultant. Due to the VITAP mid-term evaluation and personnel changes at Africare/Burk na Faso, the technical visit was delayed and later cancelled. (VITAP staff, 1 person day).

#### **Malawi -**

**ADRA & IEF:** In order to strengthen the vitamin A-related evaluation skills of the ADRA & IEF staff in Malawi, a VITAP consultant served as a team leader for a joint ADRA-IEF evaluation team. The team conducted an end of project evaluation for an ADRA/Malawi project (October 8-15) and a mid-term evaluation for an IEF/Malawi project, (October 16-23, 1990). Both PVOs reported that the sharing of experiences was very useful and productive as the consultant was able to transfer needed skills to local staff. ADRA also reported that the experience improved the implementation of their new Child Survival project. (VITAP Consultant: David Pyle, 21 person days).

**Save the Children (SCF):** At SCF's request, Dr. Moses Chirambo, IVACG Regional Representative for Africa, organized 2 training sessions for community health supervisors and the SCF health staff in their program area. 42 health workers attended the training in the Mbalachanda SCF impact area and 24 health workers attended the training in the Mkhota SCF impact area. Both trainings lasted three days and served to re-orient SCF staff on the importance of vitamin A in promoting child survival. The SCF Health Coordinator reported that Dr. Chirambo's work both motivated and increased the knowledge of the staff. (VITAP Local Consultant, 5 person days).

#### **Mali -**

**ADRA:** In October 1990, a VITAP staff member worked with the staff of ADRA/Mali and advised them on the type of vitamin A interventions which would be most appropriate to their programs. The ADRA staff was also briefed on other vitamin A activities in the country. This was the ADRA/Mali's staff first introduction to the importance of vitamin A for child survival. (VITAP Staff, .5 person days).

**Africare:** VITAP staff met with Africare field staff and reviewed the vitamin A component of an Africare/Mali proposal in November, 1990. (VITAP Staff, 1 person day).

**Save the Children (SCF):** In order to gain a better understanding of vitamin A deficiency, VITAP assisted SCF staff during December 1990 to conduct a dietary assessment in the SCF project area. A VITAP consultant, Dr. Helene Gaumerais, and a VITAP staff member taught the local staff how to develop a profile of vitamin A deficiency in the area, develop a simple dietary questionnaire, and conduct a dietary survey. Based on the results of the survey, increased promotion of vitamin A rich foods was recommended and is now being implemented by SCF. The survey report, *Evaluation préliminaire de la carence en vitamine A dans le Cercle Kolondiéba au Mali*, has been widely distributed and has added to the available knowledge on vitamin A deficiency in the area. (VITAP Consultant: Dr. Helen Gaumerais, 19 person days / VITAP Staff, 25 person days).

**World Vision:** In November 1990, VITAP assisted the World Vision/Mali staff with the design of their vitamin A component for a child survival proposal. VITAP staff provided guidance and recommended appropriate strategies to the CS coordinator. (VITAP Staff, 1 person day).

#### **Niger -**

**Africare:** A VITAP consultant assisted the Africare/Niger staff to integrate a vitamin A component into their program activities. From October 27 - November 12, 1990 Dr. Irma Silva-Barbeau, conducted a needs assessment of current gardening and nutrition education activities and drafted a detailed implementation plan. (VITAP Consultant, 17 person days)

**CARE:** For VITAP, staff from HKI/Niger conducted a staff orientation on vitamin A in conjunction with a general nutrition training at the request of CARE. 85 Health workers attended 2 one day training sessions on January 19 and 21, 1991, which were part of a larger nutrition training for the CARE Zindar Child Survival Staff. As the VITAP-funded resource persons, Dr. Tetevi Logovi and Mr. Ide Djermakoye, increased the staff's understanding of the associated risk factors for vitamin A deficiency, the linkage with child survival, and the integration of vitamin A deficiency control into ongoing health activities. CARE/Niger reported that the sessions greatly improved the participant's knowledge and they are now better able to address vitamin A deficiency in their work. (HKI Staff, 10 person days)

#### **Nigeria -**

**Africare:** In order to explore the potential of a combined distribution of ivermectin and vitamin A capsules, A VITAP consultant, Dr. Chito Obowu, worked with the Kwara State Ivermectin Distribution Project staff of Africare to conduct a preliminary assessment of vitamin A deficiency in the region. The preliminary assessment indicated that vitamin A deficiency is a probable public health problem in the arid

northwest section of Kwara State. The results of the assessment were presented at the national-level Nigerian workshop. Africare has proposed to the Kwara State government to start vitamin A activities based on the results. Dr. Obowu's report, *Preliminary Assessment of Vitamin A Deficiency in Kwara State, Nigeria. Phase I: Qualitative Survey*, has been widely distributed and is contributing to the development of a national vitamin A deficiency control program. (VITAP Local Consultant, 26 person days).

ADRA received vitamin A capsules and guidance on their use. The capsules will be used in ADRA child survival programs in Ondo, Oyo, Ogun, Imo, Plateau and Kaduna States. (VITAP staff, 1 person day)

#### **Zambia -**

**ADRA:** To help initiate vitamin A activities in the province, VITAP local consultants, Dr. Davison Kwendakwema and Mr. David Mwandu, conducted 2 vitamin A orientation sessions. 39 clinical officers, health assistants and nurses from rural health centers, Kalabo District Hospital and the Yuka Mission Hospital participated in a 2 day orientation on vitamin A deficiency and the importance of vitamin A for sight and child survival. A similar orientation was held in Mongu for Senior Medical Officers. These orientation sessions were part of annual health meetings organized by ADRA and their Ministry of Health counterparts. VITAP contributed training materials and the services of the two consultants.

ADRA's Medical Director, Dr. Charles Wical, praised VITAP for identifying and supporting such excellent local talent. ADRA intends to include a vitamin A component in their annual health meetings and sessions. (VITAP Local Consultants, 20 person days)

#### **ASIA**

##### **Indonesia -**

Through HKI/Indonesia, VITAP has arranged for a local consultant, Dr. Roy Tjiong to assist PVOs in Indonesia with vitamin A activities. Dr. Tjiong has worked with ADRA, CARE, Church World Service, Project Concern International, and Save the Children. Dr. Tjiong's consultancy is part of the effort started at a VITAP-sponsored workshop in February 1990, to allow, for the first time in Indonesia, the PVO community to actively collaborate with the Ministry of Health in vitamin A deficiency control. (Report pending).

##### **Nepal -**

**Helen Keller International (HKI):** A VITAP staff member assisted HKI/Nepal October 4 -10, 1990 to further develop vitamin A activities in the country. An assessment of the country situation indicated that HKI should develop proposals for USAID funding after the results of vitamin A field trials in Nepal are available in late 1991, early 1992. (VITAP staff, 5.25 person days).

## **Philippines -**

**CARE:** To increase the knowledge of CARE health staff and counterparts, VITAP arranged a series of orientation sessions. The orientation sessions provided an overview of vitamin A deficiency prevention and control and emphasized clinical assessment and nutrition education. The first session was held November 22-23, 1990 for 25 CARE staff working in Misamis Oriental. The second and third sessions were held in Tagbilaran on January 29-31, and in Iloilo City on April 15 - 17, 1991. A total of 44 Municipal Dietary Nutritionists and 17 NGO staff participated in both trainings. Based on the experience of the first session, a third day was added to include a field practicum. Organized with CARE by VITAP local consultant, Ms. Josie Caguioa, these trainings served to help CARE staff and local counterparts increase their awareness regarding vitamin A deficiency and the Department of Health's Vitamin A Program. (VITAP Local Consultant, 13 person days).

**ADRA:** As a follow up to an orientation on vitamin A deficiency control strategies, VITAP assisted ADRA with a workshop on assessment. The two day workshop focussed on the development of a preliminary assessment tool, which would allow ADRA health staff and counterparts to assess the probability of vitamin A deficiency in their project areas. 46 staff from ADRA and the Davao Medical School Foundation attended the training on November 20-21, 1990. VITAP supported the workshop with training materials, training allowances, the services of a local consultant and presenters. As a result of the workshop, the Davao Medical School Foundation collaborated with VITAP on the field testing of the VITAP dietary assessment methodology. (VITAP Local Consultant, 7 person days / VITAP staff, 1 person day).

**Christian Children's Fund (CCF):** In order to help CCF conduct a baseline survey on vitamin A deficiency, VITAP assisted CCF with further staff training. A 3 day workshop was held October 8-10, 1990 and focussed on training of trainer techniques and the skills needed to conduct a preliminary assessment. 23 representatives of three CCF project affiliates from Laguna, Quezon, and Cavite attended the workshop. CCF provided the majority of the training costs; VITAP provided training materials, fees for presenters, and the services of a consultant to organize and facilitate the training. As a result of the training, participants trained community volunteer workers and collected baseline data in their project areas. A follow-up workshop was held in May 1991 to help the CCF-affiliate staff to analyze and use their data to plan vitamin A supplementation campaigns and nutrition education activities.

In addition, VITAP assisted one of the CCF affiliates in their training of community volunteer workers on vitamin A deficiency prevention and control. A 2 day workshop with a field practicum for 41 community volunteers was held on February 12 - 13, 1991 in Los Banos, Laguna. The CCF affiliate organized the training session and VITAP provided additional materials and the services of a consultant. In the 6 months since this training, the local Project Manager reported that over 600 high-risk children have been identified and treated.

The national CCF Coordinator reports that VITAP's assistance has been instrumental in initiating a vitamin A deficiency control program for their 250,000 beneficiaries in coordination with the Department of Health. A local VITAP consultant, Ms. Josie Caguioa, provided the above assistance to CCF. (VITAP Local Consultant, 14 person days).

**CRS:** In order to begin vitamin A activities, VITAP assisted CRS to orient parish workers on the signs of vitamin A deficiency and the role of vitamin A in child survival. 26 diocese and parish health implementors participated in the 3 day orientation held in Antipolo, Province of Ritai. As a result of this training, CRS reported that their staff now has the skills to address vitamin A deficiency among 5,000 families with malnourished children. VITAP provided training materials, and the services of a local consultant, Ms. Josie Caguioa, who organized and conducted the training. CRS contributed the venue, logistics and staff time. (VITAP Local Consultant, 5 person days).

**Save the Children (SCF):** To help the SCF program staff begin vitamin A deficiency control activities, VITAP provided a trainer and materials as part of a training for 44 primary health care workers (PHW) from 4 barangays of metro Manila. The 2 two-day training sessions, which took place October 20, 27 and October 22-23, 1990 focused on vitamin A deficiency prevention and control. The trained PHWs are now integrating vitamin A deficiency detection and nutrition education in their activities. (VITAP Local Consultant: Josie Caguioa, 10 person days).

## **LATIN AMERICA & CARIBBEAN**

### **Guatemala -**

**IEF:** A VITAP consultant, Dr. Guillermo Herrera assisted the project staff in the design of the DIP and HIS, for a new Child Survival project. From November 26 - December 2, the consultant designed a baseline survey and helped the staff develop a schedule of activities. (VITAP Consultant, 10 person days).

### **Haiti -**

**EyeCare:** A VITAP consultant, Dr. Sally Stansfield assisted EyeCare/ Haiti with the final data analysis of a vitamin A research component of the NOVA project. The expected outcomes of this project include morbidity data on the effect of vitamin A on diarrheal disease and acute respiratory infection. Previously, Dr. Stansfield assisted the EyeCare/Nova project staff to review the preliminary data, train the data coders and data entry clerks and test the data analysis package. Dr. Stansfield's assistance emphasized the transfer of analytic skills. Due to political changes, however, the analysis of the data by the project staff has not been completed. (VITAP Consultant, 10 person days).

**Helen Keller International (HKI):** VITAP assisted HKI's counterpart, Centers for Development and Health (CDS) to increase the knowledge and skills of medical

personnel working at 5 health centers. A session at each health center was held during February and March 1991 and a total of 403 doctors, nurses, auxiliaries and community volunteers participated. Mrs. Toureau of the CDS Vitamin A Project in Cite Soleil was the coordinator and primary trainer. (VITAP Local Consultants, 80 person days).

#### **Honduras -**

**IEF:** A VITAP consultant, Dr. Donald Kaminsky, assisted the project staff in the design of the DIP and HIS, for a new Child Survival project. From December 8-18, the consultant designed a baseline survey and helped the staff develop a schedule of activities. (VITAP Consultant, 9 person days).

#### **HEADQUARTERS**

**PLAN International:** At the request of PLAN, VITAP produced a draft chapter on vitamin A deficiency control for a health reference guide being produced by PLAN for their field programs worldwide. A VITAP consultant met with PLAN technical staff and prepared a manual appropriate to PLAN's programs and structure. The resulting document is being revised for general use by other PVOs. (VITAP Consultant, 12 person days/ VITAP Staff, 2 person days).

**Save the Children (SCF):** At the request of SCF headquarters, VITAP staff arranged 50,000 vitamin A capsules to be shipped to SCF/Cameroon during a measles epidemic. (VITAP staff, .5 person days).

**Helen Keller International (HKI):** During November and December 1990, VITAP assisted HKI with the review and revision of the following Child Survival proposals: Niger, Indonesia, Burkina Faso and Headquarters. (VITAP Staff, 16 person days).

#### **B. CONTINUING EDUCATION & IN-COUNTRY WORKSHOPS**

*Objective # 7: Provide technical human resources and materials for continuing education and in-country workshops in order to train PVO representatives in vitamin A interventions.*

##### **Nigeria National Workshop**

HKI/VITAP in conjunction with the Federal Ministry of Health and UNICEF/Nigeria, jointly sponsored a national-level workshop on vitamin A deficiency and child survival in Otta, Ogun State, Nigeria October 30-November 2, 1990. The costs of the workshop were shared by UNICEF, the Federal Ministry of Health and VITAP. Africare/Nigeria provided logistical support to VITAP.

The workshop had four primary objectives: To provide an overview of the importance of vitamin A in nutrition; To discuss appropriate vitamin A intervention strategies to reduce infant and child morbidity and mortality; To explore mechanisms by which vitamin A can be incorporated into ongoing child survival activities in Nigeria; To discuss appropriate strategies for the prevention, recognition and treatment of nutritional blindness.

A total of 109 participants and presenters attended the workshop including 79 representatives from the State and Federal Ministries of Health in Nigeria and 28 representatives of the following PVOs in Nigeria: Africare, World Vision International, ADRA and Rotary International.

At the close of the workshop a statement was issued by the workshop participants which urged that immediate action be taken to prevent and control vitamin A deficiency in Nigeria.

### **Mali - Segou training of trainers**

VITAP staff facilitated and organized a three day training of trainers which was held in the Segou Region of Mali, October 23-25. Training participants included government representatives at the Segou regional level, all 7 *Medecin-Chefs de Cercle*, health personnel from CARE, Africare, World Vision, PLAN International and Save the Children, as well as staff members from Save the Children/Canada, Save the Children/UK and the local NGO, OMAES.

The training aimed to: 1) increase awareness of the participants to the importance of vitamin A and its relationship with child survival; 2) inform participants about key strategies in preventing vitamin A deficiency; and 3) provide participants with theoretical and practical knowledge necessary to initiate vitamin A prevention activities in the field. The training continues the effort begun by HKI through the Operational Assistance Grant, the precursor to VITAP. As a result of the workshop, SCF conducted a dietary assessment with VITAP assistance in order to begin vitamin A deficiency control activities in their project area. Africare, CARE, and World Vision are initiating vitamin A-related activities through the Mali Nutrition Communication Project (See below).

### **Mali - HKI/VITAP & AED Vitamin A Communication Workshops**

VITAP & AED jointly organized and facilitated 2 training sessions for the staff of PVOs (Africare, CARE, and World Vision) and for their Ministry of Health counterparts. The first session was hosted by CARE and held in CARE's Macina project area from November 27-29, 1990. The session was attended by 18 representatives from CARE and the MOH. The second session was hosted by Africare in the Dioro project area from December 2 to 3, 1990. A total of 13 representatives from Africare, World Vision and the MOH attended.

Both sessions served to introduce the participants to a methodology and support materials developed by AED for the Mali Nutrition Communication Project (NCP) for more effective nutrition education activities. During the sessions, participants practiced and learned a seven step approach to gain a mother's confidence, identify children at risk of vitamin A deficiency and malnutrition, develop a strategy, and effectively counsel mothers.

As a result, all three PVOs are now using the materials and are conducting nutrition education sessions for mothers in their project areas. Follow-up activities are being conducted by the NCP staff with support from AED and VITAP. To help maintain morale and interest, a quarterly newsletter, Sur le Chemin de la Santé, is being sent to all health workers participating in the project.

### **Other training activities**

Training activities completed this year also included in-country workshops organized as part of a consultancy to PVOs. These training activities grew out of each PVO's expressed needs and were supported in part by the PVO. (See A. CONSULTING & ADVISORY SERVICES for details on training content and impact).

- ADRA/Philippines
- ADRA/Zambia
- CARE/Niger
- CARE/Philippines
- CCF/Philippines
- CRS/Philippines
- HKI-CDS/Haiti
- SCF/Burkina Faso
- SCF/Philippines

## C. PROVISION OF INFORMATION & MATERIALS

*Objective # 4: Provide information and materials on vitamin A, developing a data bank on vitamin A literature and institutional resources.*

VITAP provided vitamin A-related information and materials as requested by a wide range of PVOs and other agencies. The following tables list the types of information and materials distributed to PVO's, collaborating agencies, and individuals during this quarter.

Informational Research - In depth research to answer inquiries

Organization	Research Provided
ADRA Malawi	Available nutritional data for Nsange district
AMREF	Review draft of AMREF nutrition manual
CARE	Articles on VAD in Nepal
CARE	Loss of vitamin A when cooking at high temperature
CARE	Seminal or recent articles on ARI & vitamin A
Project Concern	How to screen villages in Pakistan for VAD
Project Concern	Prevalence of VAD in Nicaragua for CS RFP :FY92
AED	Vitamin A values of West African of foods
ISTI	Training programs in nutritional surveillance
Makongoro Eye Clinic Tanzania	Recent study findings on vitamin A and AIDS
McGill University	Reports of projects to increase consumption of VA
Population Services International	Examples nutrition education w/ VAC distribution
Population Services International	Possible to sell vitamin A capsules
Pragma	PVO nutrition activities in east/southern Africa
Pragma	Vitamin A assessment methodologies used in Zambia
UCLA	Information on vitamin A deficiency in Botswana
UNICEF Fiji	Examples of existing country policies and programs
WHO France	VAD prevalence in Madagascar
Individual Haiti	Materials on vitamin A deficiency in Haiti
Individual UK	How to evaluate projects to promote home gardening

Information - Routine answers provided by VITAP staff

Organization	Information Provided
ADRA	Assistance with Mozambique & Ghana programs
Andean Rural Health Care	Information on assessment methods
Andean Rural Health Care Bolivia	Additional advice on sample size
Andean Rural Health Care Bolivia	Advice on sample size and consumption estimates
CARE	Information on vitamin A activities in LA
HKI Indonesia	Questions on vitamin A foods for rural survey
ORT International	Cost of vitamin A in Zaire for CS RFP : for FY92
SAWSO Haiti	Are grassroot teaching materials available?
SCF	Visit to review vitamin A resources

World Relief	Information on vitamin A toxicity
World Vision	Malawi MOH schedule for prophylactic distribution
Alliance for Child Survival	Availability of VAC in the Philippines
Brown University	VA strategy in areas where degree of VAD not clear
CIDA	Manufacturers of vitamin A capsules
Department of Human Services Micronesia	List of materials & prices on VAD
Enfants et Developpement Laos	Source of water-miscible vitamin A
FAO	Contacts; reports for mission to Nigeria
Harvard School of Public Health	Survey data from Red Sea Province, Sudan
Kalimantan Barat NGO Indonesia	Source of vitamin A capsules
London School of Hygiene & Tropical Medicine UK	Data from from Sudan Red Sea province survey
Mama Project - Mennonite Honduras	Information on conducting a preliminary assessment
Monera Association	How vitamin A is distributed worldwide
ORSTOM France	Reports and evaluations of vitamin A programs
PATH	How to integrate VAC distribution w/ EPI
PATH	Info on Bangladesh, Tanzania, Mali, Malawi
Population Services International	Information on HKI ongoing vitamin A activities
Population Services International	Possibility of marketing low-dose VA in Haiti
Rodale	Agencies active in vitamin A in South America
USAID Cape Verde	Questions on xerophthalmia
University of Arizona	Address of TALC in UK
University of South Florida	Information on VAD in Sierra Leone
VITAL	Additional information on VITAP work w/Africare
VITAL	Briefing on VITAP dietary assessment methodology
VITAL	People who have used IVACG dietary protocol
VITAL	Persons sun-drying vitamin A rich foods
VITAL	Training modules produced by VITAP
WHO Fiji	Information on assessment & vitamin A materials
Wellstart	How to obtain copies of slides of xerophthalmia
Zambia Flying Doctor Service Zambia	Feasibility of fortifying mealie meal
Individual	Information on VAD in Bangladesh
Individual India	Visit HKI July 1

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VITAP Materials - Publications, training materials & other resources provided by VITAP

Organization	VITAP Materials Provided
ADRA	10 CS/VA brochures
ADRA Nigeria	VITAP materials
AMREF	VA materials for East Africa nutrition manual
Africare	East Africa proceedings & Nigeria assessment
Aga Khan Foundation Switzerland	Copy of East Africa proceedings
CARE India	1000 Saving A Child
CARE India	VITAP bibliography
CARE Kenya	Copy of article
CARE Nepal	VA materials for training curriculum & packages
CARE Philippines	Training video on VAD
CARE Philippines	VAD T-Shirts for health workers
CARE Sudan	NewsNotes
CCF Philippines	25 VAD posters & supplementation guidelines
CRS	East Africa proceedings
Esperanza Bolivia	Packet of educational materials
FSP Kiribati	Additional VA training materials for FSP training
FSP Kiribati	Copy of Philippines training materials
Food for the Hungry	VITAP kit and NewsNotes for Bolivia
HKI	Copies of Assignment Children
HKI	Copies of NewsNotes
HKI	VITAP materials
HKI Haiti	VA materials for training health personnel
HKI Philippines	Copies of articles and publications
HKI Philippines	Vitamin A materials
ICC	15 copies of CS/Vitamin A brochure
IEF	30 copies of vitamin A guidelines - Spanish
IEF	Copies of Field Guide in Spanish
IEF	Materials in Spanish for training in Honduras
La Familia	Information & guidelines for VA clinic activities
MAP International	VA/CS Brochure, Assignment Children
PLAN	VITAP Kit
PLAN Guatemala	NewsNotes in Spanish
PLAN Honduras	Additional copies of NewsNotes
PLAN India	VA/CS brochure
PLAN Nepal	100 copies of NewsNotes
Project Hope	3 kits and slide set for Brazil & Honduras
Project Hope	Educational materials on VA for health workers
Project Orbis	Additional copies of Spanish materials
Project Orbis	List of educational and training materials
Project Orbis	Materials in Spanish, Nigeria & Zambia proceedings
Project Orbis Cameroon	60 VITAP kits for Orbis symposium in Cameroon
SCF	32 copies of East Africa proceedings
SCF	Another copy of CS/VA brochure
SCF	Articles from VITAP library
SCF	Copies of draft manual; & mixed gardening
SCF	Copy of Bangladesh report
SCF	Examples of VITAP educational materials
SCF	Information on VITAP assessment work
SCF Mexico	Additional copies of NewsNotes

World Relief	Copy of Nigeria proceedings for Bangladesh
World Relief Burkina Faso	NewsNotes and report
World Vision	VITAP kits & other materials
World Vision Mauritania	Vitamin A capsules for measles outbreak
AED	CS/VA Brochure (French & English)
APROSAC Ecuador	Vitamin A materials
Aravind Eye Hospital India	2 more copies of East Africa workshop proceedings
Aravind Eye Hospital India	VITAP materials, workshop proceedings
Asociacion Medica Ecuatoriana Ecuador	Vitamin A materials
Atibioke Clinic and Maternity Home Nigeria	NewsNotes
Bangladesh Tea Research Institute Bangladesh	NewsNotes
Barangay Health Workers Organization Philippines	NewsNotes
Bharat Serums & Vaccines PVT. Ltd. India	NewsNotes
Biochemical Institute Medical School Ecuador	VITAP kit & training manual
Biochemical Institute Medical School Ecuador	VITAP kit, bibliography & Facts for Life
Brown University	General materials on vitamin A
CEIMS Ecuador	Vitamin A materials
CESAP Ecuador	NewsNotes - Spanish
CESSIAM Guatemala	Vitamin A materials
CISIR Sri Lanka	NewsNotes
COCIN Rural Health Programme Nigeria	NewsNotes
CONADE Ecuador	Report on Nutritional Surveillance
Centro Communal "Villa El Carmen" Bolivia	NewsNotes
Christian Medical Board	Copy of paper by Dr. Ramalingaswamy
Christian Medical Mobile Services Philippines	NewsNotes
Christian Mission Alliance Burkina Faso	Additional VITAP kits
Christian Relief & Development Association Ethiopia	NewsNotes
Clinica Maxi" a Guatemala	NewsNotes request from Dr. McKenzie, LaFamilia
Club Leones de David Panama	Materials on vitamin A
Colegio Izapa Mexico	NewsNotes
Communaute Baptiste au Kivu Rwanda	NewsNotes
Community Health Workers for Toledo District Belize	NewsNotes
Department of Human Services Micronesia	Order of materials on vitamin A deficiency
Dept. of National Health & Population Development South Africa	NewsNotes
Ecwa School of Health & Technology Nigeria	NewsNotes
Enfants et Developpement Laos	NewsNotes
Enid State School	NewsNotes
Experiment for International Living	Materials in spanish for Guatemala

EyeCare Haiti	East Africa proceedings and other materials
FAO	East Africa proceedings, CS/VA brochures
FAO Thailand	Vitamin A Child Survival Brochure + other material
Firat University Turkey	NewsNotes
General Hospital - Zaria Nigeria	NewsNotes and posters
Georgia State University	NewsNotes
Government of Tamil Nadu India	NewsNotes
Gujarat Blind Relief & Health Association India	NewsNotes
Harvard School of Medicine	Reports from VITAP library
Health Education Bureau - HECOPAB Belize	NewsNotes
Health Services Department Zimbabwe	NewsNotes
ICDDR,B Bangladesh	NewsNotes
IEF Malawi	200 Chichewa vitamin A cards
IRC Malawi	Copy of East Africa proceedings
Indian Red Cross Society India	NewsNotes, Workshop proceedings, CS/VA brochure
Individual	Materials regarding assessment
Institute of Child Health UK	HKI Annual reports
Institute of Child Health - Jodhpur India	NewsNotes
Institute of Ophthalmology, Univ. of London UK	References on vitamin A
Instituto Universitario de Oftalmologia Peru	Vitamin A materials & Nigeria proceedings
Instituto de Nutricion Cuba	NewsNotes
International Inner Wheel Nigeria	VITAP materials
JSI Library	NewsNotes
Johns Hopkins University	Assignment Children
Johns Hopkins University	HKI programs and VA studies in Haiti
Johns Hopkins University	Information about VA and East Africa proceedings
Kano State Health Services Nigeria	NewsNotes
Kiyeyu Health Project Uganda	NewsNotes
LTM Medical College & Hospital - Bombay India	NewsNotes, workshop proceedings, CS/VA brochure
Lions International	Background materials on vitamin A
Liverpool School of Tropical Medicine UK	Order for vitamin A materials
MLN Medical College India	NewsNotes
Makongoro Eye Clinic Tanzania	NewsNotes and VA bibliography
Makoye pharmaceutical store Tanzania	NewsNotes
Mama Project - Mennonite Honduras	Additional materials, permission to reproduce
Mama Project - Mennonite Honduras	Sample packet of materials, slide order
Mama Project - Mennonite Honduras	Vitamin A training materials in Spanish
Management Sciences for Health Afghanistan	Materials on assessment
Mauritius Institute of Health Mauritius	NewsNotes
Medical Missionary Clinic - Inquitos Peru	Materials on blindness from lack of vitamin A
Michigan State University	VITAP kits
Michigan State University	Vitamin A materials
Ministry of Health Botswana	East Africa workshop proceedings
Ministry of Health Ecuador	Copy of Assignment Children
Ministry of Health Indonesia	NewsNotes

Ministry of Health Pakistan	Materials on assessment
Ministry of Health Zambia	NewsNotes
Ministry of Health - Dept of Food & Nutrition Honduras	Prevention of Nutritional Blindness (spanish)
Ministry of Health - Rivers State Nigeria	Teaching aids for health team in Rivers State
Ministry of Public Health Cameroon	NewsNotes
Municipal Medical College India	NewsNotes
Muswishi Central Health Post ZAMBIA NORE	Pack of educational and informational materials VITAP kit & bibliography
National Nutrition Council Philippines	NewsNotes
National Ophthalmic Association India	Educational and informational materials
National Postgraduate Medical College Nigeria	NewsNotes
Nav Jivan Hospital India	Vitamin A materials
New Mulago Hospital Uganda	Bibliography on vitamin A materials
Nkoaranga Lutheran Hospital Tanzania	East Africa proceedings, CS/VA brochure
Noor Eye Institute Afghanistan	CS/VA brochure
Norwegian Association of the Blind Zimbabwe	East Africa workshop proceedings
Norwegian Association of the Blind Zimbabwe	Information on VAD
Norwegian Association of the Blind Zimbabwe	Posters and training materials
ORANA Senegal	Copies of Mali VITAP/SCF assessment report
ORANA Senegal	Mailing List
ORANA Senegal	Workshop reports and other vitamin A materials
Ohlthaver & List Trust Co. Limited Namibia	NewsNotes
Operation Health 2000 India	NewsNotes
Outreach International	General information on vitamin A
Oxford Polytechnic UK	Copy of East Africa workshop proceedings
Oxford University - Refugee Studies Programme UK	Information on vitamin A for refugee workers
Oyo State Health Department Nigeria	NewsNotes
PATH	Integrate vitamin A w/ EPI
PATH Indonesia	VA materials
Peace Corps Benin	NewsNotes & other HKI publications
Population Services International	Assignment Children & info on programs/policies
Population Services International	NewsNotes
Presbyterian Fellowship Bangladesh	NewsNotes
Primary Health Care Program - Punta Gorda Belize	NewsNotes
Punta Gorda Hospital Staff Belize	NewsNotes
Rinki Foundation Eye Hospital India	NewsNotes
SCF (UK) Ethiopia	NewsNotes
SEAMEO TROPED Indonesia	Materials on vitamin A
School for Community Health Nurses The Gambia	NewsNotes
School of Health Technology Nigeria	NewsNotes for library
Seventh Day Adventist Philippines	Training materials for trainers & mothers
Sight Savers India	East Africa workshop proceedings
SightSavers - RCSB UK	NewsNotes for Resource Centre
Sohar Hospital Oman	NewsNotes

St. Michaels Hospital Ghana	NewsNotes
TAP Trust - Tamil Nadu India	Vitamin A literature and possible funding
Tamil Nadu Agricultural University India	NewsNotes
Tamil Nadu Area Project India	HKI Report - NewsNotes
Tanzania Episcopal Conference Tanzania	Training materials for nutrition program
Tanzania Food and Nutrition Center Tanzania	VITAP kit & materials
Tonjogara Refugee Camp Zimbabwe	NewsNotes
Tribhuvan University Nepal	NewsNotes subscription
Tropical Diseases Research Centre Zambia	Additional East Africa workshop proceedings
UCLA School of Public Health	Materials on vitamin A
UNICEF	100 additional copies of East Africa proceedings
UNICEF	Copy of East Africa Workshop report
UNICEF India	Copy of study of VAD in Jordan, 1963-1965
UNICEF India	Ordered 300 kits for Bombay and Calcutta workshops
UNICEF India	Posters of Signs and Symptoms
UNICEF Sudan	NewsNotes
UNICEF Tanzania	Additional copies of East Africa workshop report
UNICEF Zimbabwe	10 copies of East Africa proceedings
USAID-Office of Nutrition	"Vitamin A Deficiency in Bangladesh"
Universidad de Cuenca Ecuador	VITAP kit & Facts for Life
Universidad de Cuenca Ecuador	VITAP kit, bibliography & Facts for Life
University of Benin Teaching Hospital Nigeria	Materials on vitamin A deficiency
University of Jos Nigeria	NewsNotes
University of London UK	NewsNotes
University of Natal South Africa	NewsNotes
University of Oslo Norway	VA/CS brochure
VITAL	Copy of Bangladeshi food tables
VITAL	Materials on vitamin A
VITAL	VITAP's experience with dietary assessment
WHO	Reproduce NewsNote article in World Health
WHO Switzerland	Copy of East Africa workshop proceedings
World Bank	Copy of Nigeria proceedings
World Hunger Committee	Materials and vitamin A capsules for Honduras
Youth with a Mission	NewsNotes
Zimbabwe Public Health Society Zimbabwe	NewsNotes
Individual	Articles on nutrition communication
Individual	Copy of Indonesian Home Gardening Handbook
Individual	East Africa Proceedings
Individual	Materials on blindness prevention - rubella
Individual	NewsNotes
Individual	NewsNotes and library bibliography
Individual	NewsNotes, workshop proceedings, CS/VA brochure
Individual	Order for 1 VA/CS brochure
Individual	VITAP publications
Individual	Vitamin A materials
Individual Belgium	Materials on Vitamin A
Individual Bolivia	Materials on vitamin A
Individual Canada	Price list of VA training materials

Individual Egypt	NewsNotes
Individual France	Report on VA Supplementation in Sudan, 1985
Individual India	1 copy of Vitamin A / Child Survival
Individual India	East Africa workshop proceedings
Individual India	NewsNotes
Individual Indonesia	Materials on research in nutritional anthropology
Individual Jamaica	VITAP publications
Individual Lesotho	East Africa workshop proceedings
Individual Malawi	Surveillance newsletter
Individual Namibia	NewsNotes
Individual Nigeria	"Save our children's eyes"
Individual Nigeria	Local sources on vitamin A
Individual Nigeria	Materials on vitamin A
Individual Nigeria	NewsNotes
Individual Nigeria	NewsNotes and vitamin A materials
Individual Nigeria	VITAP kit
Individual Saudi Arabia	Information on vitamin A deficiency
Individual Tanzania	East Africa proceedings, CS/VA brochure
Individual Tanzania	East Africa workshop proceedings
Individual Tanzania	NewsNotes
Individual The Netherlands	NewsNotes sample & HKI Report
Individual UK	NewsNotes for nutritionist with Oxfam/Sudan
Individual Uganda	NewsNotes
Individual Uganda	Proceedings of East Africa workshop
Individual Uruguay	NewsNotes
Individual Zambia	NewsNotes
Individual Zimbabwe	NewsNotes

Referrals - Directed organization to other agencies better able to meet requested need

Organization	Referral Provided
Andean Rural Health Care	Source of placebo capsule, syrup
Department of Human Resources	Assistance in development of national program
Micronesia	
ICEPO	Status of data from 84-85 Bangladesh survey
ISTI	Additional info nutritional surveillance
IVACG	Persons in Nigeria to invite to IVACG meeting
Ministry of Agriculture Tanzania	Assistance with training, surveys & mat. develop.
Ministry of Health - Plateau Nigeria	Materials on vitamin A, type of courses offered
UNICEF Nicaragua	Donation of vit A capsules
Wageningen University Cooperative	Possible testing of simplified dietary assessment
Project Benin	
World Hunger Committee	Information on obtaining VAC

## D. DEVELOPMENT OF TRAINING & EDUCATIONAL MATERIALS

*Objective # 6: Develop training and educational materials on vitamin A.*

### Completed training & educational materials -

**Vitamin A Flipcharts:** Vitamin A This year, two flip-charts on vitamin A, *L'Alimentation d'Awa* and *Awa Decouvre La Solution*, were completed and sent to the field. Designed to help PVO health workers educate mothers on the importance of vitamin A-rich foods, the flip-charts fill a critical need for materials on vitamin A to support nutrition education efforts. Initially requested by CRS and World Relief, development of the flip-charts was supported in part by the Academy for Educational Development and will be used by many organizations in Burkina Faso and Mali.

**NCP/Mali Newsletter:** The two editions of Sur le Chemin de la Santé, a newsletter for PVO's involved in the Nutrition Communication Project in Mali, was produced in conjunction with AED. Published on a quarterly basis, the third edition is scheduled for the Fall.

VITAP also prepared the following reports and proceedings for general distribution:

- 1) *Preliminary Assessment of Vitamin A Deficiency in Kwara State, Nigeria. Phase I: Qualitative Survey.* A joint project sponsored by Vitamin A Technical Assistance Program/ Helen Keller International and Africare. Dr. Chito Obowu Consultant.
- 2) *Evaluation préliminaire de la carence en vitamine A dans le Cercle Kolondiéba au Mali.* Vitamin A Technical Assistance Program / Helen Keller International and Save the Children / Mali
- 3) *East, Central and Southern African Regional Workshop on Vitamin A Interventions and Child Survival, Lusaka, Zambia: 21 - 24 June, 1990.* Vitamin A Technical Assistance Program / Helen Keller International, Zambian Ministry of Health, and UNICEF.
- 4) *Nigeria National Workshop on Vitamin A Interventions and Child Survival, October 30 - November 2, 1990.* Vitamin A Technical Assistance Program / Helen Keller International, Federal Ministry of Health Nigeria, and UNICEF.
- 5) *Mixed gardening for Improved Nutrition, A Guide for Indonesia.* Vitamin A Technical Assistance Program / Helen Keller International, Carolyn Peduzzi, VITAP Consultant.
- 6) *Vitamin A Library Bibliography, Updated periodically.*

## **Training and Educational Materials in Progress -**

**NCP/Mali Nutrition Education Manual:** VITAP continues to work with AED on a manual specifically for the PVO community-level health workers involved in the Nutrition Communication Project. An assessment of the nutrition education activities of the PVOs participating in the project revealed that health workers needed innovative approaches and greater support to identify malnourished children and promote change in nutritional practices. One of a series of three, this manual gives the health worker tools to assess the health of individual children, gain a mother's confidence and respect, and work with the mother to improve nutrition in her home. The manual features case studies of common situations. AED will field test the manual a second time this fall. Final printing and distribution is expected December, 1991. (See also F. COLLABORATION: AED).

**Vitamin A Educational Video:** This year, VITAP also began to develop a vitamin A educational video in collaboration with Project Orbis. The new video will serve to educate health personnel and officials from around the world on the importance of vitamin A for child survival. To date, VITAP and Project Orbis have jointly produced a script and identified locations for footage. The Project Orbis team filmed several interviews at the IVACG meeting in June and will continue to film in Africa, Asia and Latin America. The completed video is expected in April 1992. (See also F. COLLABORATION: Project Orbis).

**A Guide to the Vitamin A Content of Indigenous Plants Used for Medicine & Food:** This comprehensive list was developed for VITAP last year. Publication is pending a check for accuracy and technical review. To be reviewed and distributed in 1992.

**Controlling Vitamin A Deficiency: A Practical Guide:** Developed by VITAP for PLAN International, this reference guide provides child health program managers the background and information needed to successfully plan and implement activities to prevent vitamin A deficiency. The resulting document is being revised for general use by other PVOs.

**Traditional Home Gardening Extension Guidelines:** Developed for SCF/Burkina Faso, VITAP plans on making these guidelines widely available. To be technically reviewed and distributed in 1992.

**Curricula & training guides:** The mid-term evaluation recommended that VITAP consolidate and make available the experience from VITAP training activities. A series of curricula and/or training guides is being developed for key areas of vitamin A deficiency control.

## **E. VITAMIN A NEWSNOTES & TECHNICAL MONOGRAPHS**

*Objective # 5 Produce a semi-annual newsletter and at least one technical monograph per year on vitamin A related activities.*

**Semi-Annual Newsletter:** The Winter 1990 and Spring 1991 issues of VITAP's Vitamin A News Notes was mailed to over 800 representatives of PVOs and other organizations worldwide. Also translated into French and Spanish editions, the newsletter highlighted vitamin A activities by HKI, IEF, Project Hope, Project Orbis, Save the Children, and World Vision. It also offered program tips on using social marketing techniques and conducting a baseline survey.

**Monographs:** VITAP continues to work on two technical monographs: 1) a "how to" guide for PVO program managers on conducting a preliminary assessment of vitamin A deficiency and 2) a dietary assessment methodology appropriate for use by PVO programs. The philosophy and basis of both monographs was shared with major researchers and experts in vitamin A at the International Vitamin A Consultative Group Meeting. The paper, "Back to basics: a low budget approach to vitamin A problem assessment and program planning" was presented at the meeting.

1) VITAP's preliminary assessment guide explains in a clear and concise manner how to conduct a preliminary assessment of vitamin A deficiency. A preliminary assessment uses secondary data sources, qualitative information, and numerical data to develop a profile of vitamin A deficiency in a program area. Previously, publication of the guide was anticipated for June 1991. However, arrangements for the services of a graphic artist to illustrate and format the text was delayed by the VITAP mid-term evaluation. The final illustrated draft is expected to be ready for external and internal HKI review in this winter.

2) VITAP completed two of the three data collections necessary to validate its dietary assessment methodology. VITAP's method uses simple food frequency to estimate consumption of vitamin A rich foods by preschool children, and thus identify areas where vitamin A deficiency is a probable public health problem. If successful, this method will simplify for PVOs the skills and knowledge needed to assess the degree of vitamin A deficiency in their project areas.

To validate the methodology, both the dietary data and a standard measure of vitamin A deficiency must be collected at least three sites. The first data was collected this past February in the Philippines. Final analysis of this data is waiting further laboratory work by Hoffmann-LaRoche. Preliminary results have already been shared with the Davao Medical School Foundation of the Philippines. A second data collection was conducted with the assistance of IEF/CeSSIAM in Guatemala this September in Guatemala. A third data collection is being explored with the Tanzanian Food and Nutrition Center (TFNC). (See F. COLLABORATION).

## F. COLLABORATION WITH OTHER INSTITUTIONS

*Objective # 8: Collaborate with governments, institutions, and multilateral agencies and international organizations for the purpose of strengthening PVOs work with vitamin A in developing countries.*

VITAP continues to collaborate with key health organizations. At their request, VITAP provided information and materials to VITAL, UNICEF, FAO, WHO, Ministry of Health and various universities throughout the world. In order to expand the impact of limited resources, VITAP also strives to undertake joint activities with a collaborating partner.

Collaboration accomplished this year includes:

**Hoffmann LaRoche** has analyzed blood serum samples for VITAP as part of an ongoing collaboration to validate VITAP's Dietary Assessment Methodology. Costs associated with this activity (over \$12,000) have been paid for by Sight and Life.

**The Davao Medical School Foundation (DMSF)** is a regional health training institution located in Davao City, Mindanao, Philippines. In February, VITAP collaborated with the DMSF to pilot the first of 3 data collection activities associated with the validation of the VITAP Dietary Assessment Methodology.

**MSH:** VITAP conducted a one-half day orientation for the participants of Management Science for Health's Child Survival Management class. Held at the HKI/NY offices on October 31, 1990, the session focussed on vitamin A project management and was attended by 19 participants from the Ministries of Health and other agencies of nine countries.

**VITAL:** VITAP provided a list of key Nigerian contacts to the VITAL project in order to assist initiation of vitamin A activities in Nigeria. VITAP also wrote to the new AID mission Director in Nigeria on behalf of VITAL to urge the mission to support follow-up vitamin A activities in Nigeria.

**IEF/CeSSIAM:** Through the International Eye Foundation, VITAP arranged to further test the dietary assessment methodology with IEF's counterpart in Guatemala, CeSSIAM (Center for Studies of Sensory Impairment, Aging and Metabolism). This was the second of 3 data collection activities needed to validate methodology for use by PVOs.

**Project Orbis:** VITAP began collaborating with Project Orbis on the production of a vitamin A educational video. Both VITAP and Project Orbis anticipate that this video will be successful as the other videos in Project Orbis' series on eye care and blindness prevention. Project Orbis will fund the majority of production costs. VITAP will provide Project Orbis with technical input and review.

**AED:** VITAP continues to collaborate with the Academy for Educational

Development on nutrition communication projects in Mali and Niger. Both projects serve to improve the nutrition education activities of organizations working in the project area, including many PVOs. VITAP has provided on-going technical input and review on vitamin A-related activities. Given the success of the collaboration in Mali, VITAP has begun a similar effort with AED in Niger.

**FAO:** VITAP continues to collaborate with FAO on a vitamin A-related nutrition communication project in West Africa. VITAP has agreed to sponsor a limited number of PVO participants to five communication workshops currently planned. VITAP also will assist FAO in the planning of the workshops and act as a resource where appropriate. The first workshop is tentatively scheduled for December 1991. The participation of specific PVOs will be planned as part of Phase II activities.

### **Networking Activities**

In June, VITAP staff members attended the XIV International Vitamin A Consultative Group (IVACG) Meeting in Guayaquil, Ecuador. This meeting presented an opportunity to meet with representatives from Aravind Children's Hospital, FAO, Hoffmann-LaRoche, PROCOSI, VITAL and WHO to strengthen coordination and plan future collaborative activities.

VITAP's impact on the vitamin A community was evident at the meeting. Several PVOs also reported on other activities for which they received VITAP technical support, including FSP, World Vision and IEF.

Other networking activities included:

- APHA Conference, New York, October 1990
- Country visits to India and Nepal, November 1990
- A one day coordination workshop/meeting for PVOs in Indonesia, May 1991
- 5th Annual PVO/CS Headquarters Workshop, June 1991
- NCIH Conference, Arlington, June 1991
- Headquarter visits to 11 PVOs, September-October 1991

## G. CONSULTANT ROSTER

*Objective # 2: Establish a technical personnel resource and consultant data bank.*

A second Consultant Orientation Session was held at HKI/VITAP headquarters on October 5, 1990. The session was attended by 13 consultants (4 gardening specialists, 4 evaluation specialists, 2 nutritionists, 2 social marketing specialists, 1 management specialist). Other prospective consultants received orientation through attendance at VITAP workshops or by working with VITAP staff.

There are currently over 175 consultants on the consultant roster. A third consultant orientation session is planned for January 1992.

## H. TRACKING PVO VITAMIN A ACTIVITIES

*Objective # 3: Develop a PVO vitamin A program tracking system for VITAP assisted countries in order to improve the technical assistance provided by VITAP and enhance global tracking efforts in vitamin A deficiency control.*

The mid-term evaluation this quarter presented an opportunity to look back to VITAP's baseline of PVO programs with vitamin A activities and tally the number of new and strengthened programs. With VITAP's assistance, PVOs have initiated vitamin A-related activities in 15 programs; an additional 8 programs have improved or expanded. This count is a first draft, based on information available to VITAP at the midterm.

The current version of each *Vitamin A Country Profile* was re-printed and bound for the mid-term evaluation team. Copies of selected profiles were provided to several organizations for their internal use. The Deputy Director discussed with ISTI/VITAL on the possibility of collaborating on joint distribution of a *Vitamin A Country Profile document* as suggested by the mid-term evaluators. However, ISTI/VITAL declined to collaborate. Selected profiles will be updated and distributed as part of the Phase II activities.

Data from VITAP's self-evaluation tracking system of requests and services provided was used extensively to support the mid-term evaluation of VITAP's performance. VITAP's internal self-evaluation tracking system of requests and services will be modified as needed to reflect any changes to VITAP's indicators, reporting requirements or organizational structure in Phase II.

**IV STATUS OF VITAP GOALS & OBJECTIVES TO DATE - SEPTEMBER 30, 1991**

OUTPUT	INDICATOR	CURRENT STATUS
<p><b>GOALS</b></p> <p>1) In VITAP priority countries, increase the number of PVOs implementing vitamin A field activities and expand the number and quality of such activities undertaken by each PVO.</p> <p>2) Among PVOs working in VITAP priority countries, increase the number with in-house capabilities in vitamin A programming and strengthen their existing skills.</p>	<p>a) The number of vitamin A activities implemented by PVOs in VITAP countries</p> <p>b) Overall number of PVO programs provided services by VITAP</p> <p>Number of concept papers, guidelines, other materials etc., developed by PVOs on vitamin A with VITAP assistance</p>	<p>As of mid-term evaluation approximately 10 PVOs working in 13 countries have or plan to implement new vitamin A activities largely as a result of VITAP inputs:</p> <p>ADRA: Philippines  Africare: Mali, Niger  CARE: Bangladesh, Haiti, India, Mali, Philippines  CRS: Philippines  CCF: Philippines  Project Hope: Guatemala, Honduras, Ecuador, Malawi  SCF: Mali, Philippines. Burkina Faso, Bangladesh, Malawi  World Relief: Burkina Faso  PLAN: Haiti  World Vision: Mali</p> <p>Services provided to 30 PVOs in 22 VITAP targeted countries</p> <p>9 documents developed with 8 PVOs:</p> <ul style="list-style-type: none"> <li>● PLAN/HQ: "PLAN International Vitamin A Manual".</li> <li>● SCF/Burkina Faso: "Guidelines for Traditional Home Gardening Extension"</li> <li>● ADRA/Indonesia: "Mixed Gardening for Improved Nutrition"</li> <li>● World Relief &amp; CRS/Burkina Faso: Vitamin A Flipcharts (also adapted for Africare, CARE, World Vision)</li> <li>● IEF/Malawi: Training curricula for health surveillance workers and village health workers.</li> <li>● Eyecare Haiti: Needs Assessment Tool.</li> <li>● CCF/Philippines: Preliminary Assessment Protocol.</li> <li>● ADRA/Philippines: Preliminary Assessment Protocol.</li> <li>● World Vision/Mauritania: Social Marketing Indicators.</li> </ul>

<p><b>OBJECTIVE # 1</b></p> <p>Provide a consulting and advisory service for PVOs interested in vitamin A programming including assisting PVOs to determine the most appropriate interventions and methodologies.</p>	<p>a) Type and number of requests for technical assistance</p> <p>b) Number of person-days of technical assistance provided: per PVO, per type of vitamin A activity and per VITAP-country</p> <p>c) PVO satisfaction with quality of technical assistance</p>	<p>a) 120 requests from 17 PVOs. Type of consultancy requested: 29% Program design and development 30% Vitamin A orientation and follow-up training 19% Assessment &amp; related topics 10% Evaluation of vitamin A program activities 7% Gardening intervention activities 5% Social marketing/nutrition education</p> <p>b) 826 total person days of which approximately: -654 (79%) by local &amp; expatriot consultants -172 (21%) provided by VITAP staff</p> <p>See summary by PVO, country and type of activity</p> <p>Of the short-term consultants who performed services in the field, 19 had a standard VITAP consultant evaluation form completed by the host PVO. Analysis clearly indicates that client satisfaction is very high.</p>
<p><b>OBJECTIVE # 2</b></p> <p>Establish a technical assistance personnel resource and consultant data bank;</p>	<p>a) Computerized data bank for identifying consultants on a timely basis for PVOs in place</p> <p>b) Number of consultants listed in data bank:</p> <p>i) by specialty; ii) by regional experience</p> <p>c) 25 consultants/specialists identified who have not previously worked for HKI in vitamin A:</p> <p>i) Number new to HKI ii) Number new to vitamin A</p> <p>d) Number of requests for vitamin A specialists, referred to PVO's in a timely fashion.</p>	<p>a) Computerized consultant data bank which can quickly list consultants by expertise, regional experience, language capability, academic speciality, in place and functioning.</p> <p>b) Consultant roster contains the names of 175 multi-national individuals whose preparation covers 19 areas of study, 10 areas of professional expertise, and work experience in 9 geographic locations. 30 of these are qualified nationals from VITAP target countries or region.</p> <p>c) Baseline (July, 1988) consultant roster listed 33 consultant. 142 added who have not previously worked for HKI in vitamin A.</p> <p>d) 10 requests for vitamin A or other specialist referred to other agencies in time frame ranging from less than one week (6/10) to 7 weeks (1/10).</p>
<p><b>OBJECTIVE # 3</b></p> <p>Develop a PVO vitamin A program tracking system for VITAP-assisted countries in order to improve the technical assistance provided by VITAP and enhance tracking of global efforts in vitamin A deficiency control.</p>	<p>a) Tracking system in place with current information</p> <p>b) An annual report on status of PVO vitamin A activities, in VITAP-assisted countries</p>	<p>A computerized tracking system is in place and operational. The M&amp;E Unit has established baseline to monitor and track VITAP program activities and PVO vitamin A country activities. In-house procedures/formats are in use to facilitate all requests for tracking purposes. The PVO "Country Program Profile" is the major vehicle used to track &amp; document PVO vitamin A and CS activities. However, of the 20 countries described, 16 have not been updated since 1989; 4 were done in 1990.</p>

<p><b>OBJECTIVE # 4</b></p> <p>Provide information and materials on vitamin A, developing a data bank on vitamin A literature and institutional resources;</p>	<p>a) Number of and type of requests received for vitamin A literature/information by:</p> <ul style="list-style-type: none"> <li>i) Country,</li> <li>ii) U.S. PVOs,</li> <li>iii) AID mission; and</li> <li>iv) Others</li> </ul> <p>b) Relevance and timeliness of responses and response ratio</p> <p>c) Vitamin A reference library contains current: training materials, scientific journal articles, technical reports, institutional resources and key research</p> <p>d) Vitamin A reference library computerized</p> <p>e) Number of referrals to other resources</p>	<p>A vitamin A reference library is in place and functioning. There has been over 400 requests from US PVOs, USAID missions, and, from other agencies for VITAP informational research services, general vitamin A information.</p> <p>To mid-term questionnaire, 12 of 18 PVO field staff responded the VITAP materials were helpful and relevant. VITAP reports indicate that turn-around time for material requests averages 1 to 2 1/2 weeks.</p> <p>The reference library bibliography lists about 700 publications, mostly unbound journal articles, technical reports, some A/V training materials (videos, slide sets, posters) training manuals, and books. It contains many developing country-specific scientific articles of interest to PVOs.</p> <p>It is computerized.</p> <p>28 referrals to other agencies better able to address information needs of requester.</p>
<p><b>OBJECTIVE # 5</b></p> <p>Produce a semi-annual newsletter and at least one technical monograph per year on vitamin A-related issues;</p>	<p>a) Two Newsletters produced per year; English and French</p> <p>b) Number of newsletters distributed: U.S., VITAP-assisted countries and others</p> <p>c) One or more technical monograph(s) per year produced</p> <p>d) Monographs technically accurate and relevant</p> <p>e) Number of monographs requested</p> <p>f) Usefulness of newsletter and monograph as assessed by targeted PVO's by a qualitative survey.</p>	<p>Five VITAP <u>NewsNotes</u> produced 12/88; 8/89; summer/90; winter/90, spring/91) in English, French, and recently, Spanish.</p> <p>The <u>NewsNotes</u> subscription list has expanded from 150 to 853. Over 1700 copies have been distributed to PVOs and others in 81 countries including VITAP target countries.</p> <p>No monograph has been produced to date. In its place, a guide on assessment has been prepared and is currently undergoing final field testing.</p> <p>This survey was carried out in 3/90. Questionnaires were sent to 183 subscribers designed to elicit feedback regarding usefulness, type of reader and areas for improvement. Of the 66 respondents, 92% rated the <u>NewsNotes</u> as very/mostly useful, that "how to" articles, and sharing of PVO experiences were most valuable aspects of the publication.</p>

<p><b>OBJECTIVE # 6</b></p> <p>Develop training and educational material on vitamin A</p>	<p>a) Two to three field-tested materials created per year responsive to the needs of PVOs in VITAP-assisted countries</p> <p>b) Usefulness to recipients of materials developed by VITAP</p>	<p>7 major vitamin A related training materials have been/are being developed specifically in response to PVO expressed needs:</p> <ul style="list-style-type: none"> <li>- 2 flip charts, "La Nutrition D'Awa" and "Awa Decouvre La Solution" for CRS &amp; World Relief in Burkina Faso. Also field tested by PVOs in Mali.</li> <li>- "Traditional Home Gardening Extension Guidelines" for SCF/Burkina Faso. Available in French. Currently being tested with SCF/Burkina Faso.</li> <li>- "PLAN International Vitamin A Reference Manual". Designed &amp; produced for PLAN's international programs. Currently being reviewed by PLAN. VITAP exploring possible reproduction for distribution to other PVOs.</li> <li>- "Vitamin A Child Survival" brochure developed in response to PVO field office requests. Field tested in Asia &amp; Africa. Available in English &amp; French.</li> <li>- "Saving a Child from Xerophthalmia" Revised from 1981 HKI/NF edition. English &amp; French versions.</li> <li>- "Mixed Gardening for Improved Nutrition: A Guide for Indonesia". Developed for ADRA &amp; Church World Service.</li> <li>- Poster of "Guidelines for Prevention of Blindness Due to Vitamin A Deficiency" revised for World Vision/Mali. Available in English/French.</li> <li>- List of medicinal plants rich in vitamin A was prepared by a VITAP consultant. Accuracy of content is being verified before distribution.</li> </ul> <p>To the mid-term questionnaire, 12 PVOs responded very positively to the usefulness, relevance of VITAP prepared materials and publications.</p>
<p><b>OBJECTIVE # 7</b></p> <p>Provide technical human resources and materials for continuing education and in-country workshops in order to train PVO representatives in vitamin A interventions.</p>	<p>a) Number of PVO representatives trained</p> <p>b) Satisfaction with workshop by participants</p>	<p>Approximately 1,600 PVO and other representatives have participated in 36 training events/workshops.</p> <p>Of the 36 training events/workshops, evaluation by participants was carried out on 12 (44%). Of these, 53% stated very satisfied; 44% mostly satisfied; 3% slightly satisfied.</p>

<p><b>OBJECTIVE # 8</b></p> <p>Collaborate with governments, institutions, multilateral agencies and international organizations for the purpose of strengthening PVO's work with vitamin A in developing countries.</p>	<p>a) MOH, Unicef, WHO offices in every VITAP country, regularly contacted</p> <p>b) Number and type of joint activities undertaken with WHO, Unicef, IVACG and other institutions</p>	<p>Collaboration and participation of MOH, WHO and UNICEF in joint activities with VITAP, and attendance of their at workshops clearly indicates that collaborative links are established. Additionally, 5 of the 8 collaborating agency respondents to the mid-term questionnaire stated each had collaborated with VITAP in several areas: consultancies, workshops, information sharing/dissemination.</p> <p>Many examples exist of VITAP collaborative activities:</p> <ul style="list-style-type: none"> <li>- Zambia workshop: co-sponsored by MOH/Zambia, UNICEF, WHO, USAID.</li> <li>- Nigeria workshop: co-sponsored by MOH/Nigeria, UNICEF.</li> <li>- Haiti Orientation Seminar: co-sponsored by MOH/Haiti, WHO;</li> <li>- VITAP collaborating with WHO in updating &amp; re-classifying vitamin A deficient countries.</li> <li>- In Niger and Mali, VITAP collaborating with MOH, AED and HKI on nutrition communication project;</li> <li>- VITAP sponsored 14 PVO representatives to XIII IVSCG Meeting in Nepal.</li> </ul>
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## **V RECOMMENDATIONS OF MID-TERM EVALUATION & ACTIONS TO DATE**

### **A. FINANCIAL:**

- 1. FVA/PVC should continue to fund HKI/VITAP. FVA/PVC and VITAP should meet at a mutually convenient time and jointly address the findings and recommendations of this evaluation in order to develop a workplan for continued funding.**

In August, HKI/VITAP Deputy Director met with the FVA/PVC Project Officer to discuss the recommendations of the mid-term evaluation.

During September 1991, USAID and HKI signed an amended cooperative agreement for continued funding. A total of \$5,000,000 is obligated for VITAP activities from September 1, 1988 to September 30, 1993.

- 2. HKI/VITAP and FVA/PVC should jointly develop a sustainability strategy for VITAP based on:**
  - i) broadening the base of support, through**
    - a) phasing in a fee-for-service to client PVOs;**
    - b) mutually beneficial (i.e. development for VITAP);**
    - c) contracting VITAP services to AID missions and AID/W offices other than FVA/PVC;**
    - d) contracting VITAP services to other entities;**
    - e) sale of VITAP produced promotional/ education/ training/ supervision materials, and,**
  - ii) more efficient VITAP operations, including**
    - a) reduced personnel costs;**
    - b) reduced operating costs;**
    - c) increased collaboration and cost sharing with other agencies in the vitamin A field;**
    - d) careful selection of future activities.**

HKI/VITAP will use VITAP grant funding to leverage and broaden the base of support for VITAP activities. In Phase II, VITAP will concentrate on specific collaborative projects with interested PVOs which will emphasize cost sharing. For projects whose financial requirements are beyond either VITAP or the PVO, VITAP will solicit additional funds from other AID Bureaus/Missions, UNICEF, WHO, FAO and other donors. However, HKI/VITAP has assessed that "phasing in a fee-for-service" to PVOs will serve as a disincentive to the

PVO community.

A price list and order form for VITAP materials has been developed. HKI's policy on "selling" or providing materials on cost-sharing basis is being drafted, so VITAP will be consistent with HKI's mission and other programs.

As recommended by the mid-term evaluation, VITAP has reduced personnel from 10.5 to 8.25 person years. However, HKI/VITAP believes that recommendation to reduce operating costs is not based on any comparative analysis that operating costs are high. HKI/VITAP however will improve on the tracking and reporting of costs.

The Phase II DIP will describe further the specific activities and indicators for long-term sustainability.

3. **The budget component of HKI/VITAP progress reports to FVA/PVC should provide more detail on expenditures to facilitate analysis of major cost elements. VITAP and FVA/PVC should negotiate a mutually acceptable format.**

New categories/line items were developed for the Phase II budget. Likewise, a pipeline format is being developed with FVA/PVC's input for the VITAP quarterly report. In order to improve planning and budgeting of funds, HKI/VITAP will provide FVA/PVC with an estimate of VITAP's contribution to each collaborative project and will revise its financial monitoring system to better track costs by specific activities. The new reporting and monitoring will apply to expenditures starting October 1, 1991.

4. **HKI/VITAP cost accounting should be done on an October 1 - September 30 fiscal year while AID-funded. This would avoid confusion and duplication of effort when reporting to AID.**

HKI/VITAP will submit all financial reports to AID according to the AID fiscal year, October 1 - September 30.

**B. PROJECT RE-DIRECTION:**

- 1. HKI/VITAP should re-focus its attention on selected and interested PVOs in specific countries, and concentrate its efforts on building a critical mass of well trained vitamin A personnel within a given PVO. To accomplish this, VITAP should**
  - a) reduce the number of target PVOs and countries,**
  - b) conduct in-depth PVO training and TA needs assessment for headquarter and field staff;**
  - c) develop strict criteria for assessing/funding PVO requests;**
  - d) set priorities according to establish criteria;**
  - e) evaluate inputs, outputs, process, and outcomes systematically.**

In order to re-focus and concentrate efforts, VITAP will take a more proactive approach to working with the PVO community. Relying on experience gained to date, VITAP will plan specific collaborative projects with PVOs who have demonstrated an interest in vitamin A.

With these PVOs, VITAP will develop on a cost-sharing basis collaborative projects which:

- strengthen programs in vitamin A deficiency control in host countries.
- institutionalize vitamin A activities within PVOs at both headquarters and the field level.
- contribute to the knowledge or resources available for vitamin A programming.
- have impact beyond one PVO country program (i.e. be applicable region-wide and benefit several PVOs/NGOs).

In turn, VITAP will prioritize and select collaborative projects based on:

- expected long-term impact
- established HKI/VITAP capabilities/strengths
- geographic HKI/VITAP priorities
- willingness of PVOs to cost share
- financial resources required from VITAP (or possibility of other funding)

- HKI/VITAP should revise the Detailed Implementation Plan to further define the objectives, and amplify the indicators so that they permit measurement of quantitative and qualitative outputs. The revised DIP should be used as the basis for the FY 1992 workplan.**

Objectives and indicators have been revised to more accurately describe, monitor and evaluate activities being planned for Phase II. The Phase II DIP also will include an FY92 and FY93 workplan.

- The long-range resolution of vitamin A deficiency will depend on increased production and consumption of vitamin A rich foods. Thus, VITAP should place emphasis on including the agricultural and education sector in orientation and follow-up training activities in each target country. Where necessary, VITAP should stimulate client PVOs to establish close working relationships with those sectors.**

HKI/VITAP has actively promoted nutrition education, social marketing, and household gardening interventions to increase the production and consumption of vitamin A rich foods. Representatives from the agricultural and education sectors have participated in regional and national orientation and follow-up training activities, which have fostered PVOs to improve their working relationships with these and other sectors.

- FVA/PVC and HKI/VITAP should jointly develop a strategy or mechanism to assist indigenous NGOs.**

Local NGOs will be included in collaborative projects, if they are appropriate vehicles for institutionalizing vitamin A activities within a country or region.

- FVA/PVC should promote collaboration between VITAP and the Johns Hopkins University Child Survival Support Program. The process would benefit the three entities concerned and their mutual client PVOs.**

HKI/VITAP will continue to participate in activities of the John Hopkins University Child Survival Support Program. VITAP staff attended the PVO Child Survival workshop in June and participated in a survey workshop this September. After the VITAP DIP is completed, the VITAP Deputy Director will meet with Dr. Dory Storms to explore any possible collaboration with PVO projects and other VITAP activities. HKI/VITAP will keep FVA/PVC informed on the status of relations with the John Hopkins PVO/CS Support Group.

**C. PROJECT MANAGEMENT:**

**1. The position of VITAP Director should be full time.**

At the time of the mid-term evaluation, the positions of Vitamin A Director and VITAP Deputy Director, were held by the same person. The VITAP Deputy Director, who has direct responsibility for the VITAP grant, is now full time.

- 2. HKI should further integrate VITAP into the organization by:**
- a) combining the Evaluation & Monitoring Units; the Education /Training /Publication Units; and upgrade and integrate compatible computer system, and install a network;**
  - b) continue to maintain separate budgets;**
  - c) clearly specify respective functions and responsibilities of VITAP and HKI in relation to vitamin A program activities.**

VITAP has been further integrated into HKI, although it continues to maintain its own cost center.

The HKI Vitamin A Program has been more clearly defined as including all VITAP staff. Within VITAP, there are no longer separate units.

HKI will no longer be counted as a PVO receiving VITAP services. However, VITAP staff will continue to assist HKI vitamin A activities. (Based on past assistance, this will be approximately 10% to 15% of overall costs.)

However, given USAID's \$500.00 limitation on equipment expenditures, it is not possible to upgrade the computer system. A network cannot be installed as recommended by the mid-term evaluators.

- 3. HKI/VITAP progress reports should, as required by the Project Agreement, list accomplishments during the reporting period as compared with projected goals. FVA/PVC and HKI/VITAP should negotiate a report format which satisfies this requirement and simultaneously requires less time and effort by VITAP staff.**

Both 2nd and 3rd FY91 quarterly reports listed accomplishments according to project objectives. Starting with FY92, VITAP quarterly reports will also compare accomplishments with projected activities, estimate costs for future activities and show the percentage of budget spent in different areas. Feedback on this format from the FVA/PVC Office will be incorporated into

future reports.

4. **HKI/VITAP progress reports to FVA/PVC should provide the rationale and cost estimates for projected new activities. In turn, FVA/PVC should communicate in writing any serious concerns regarding projected activities.**

Starting in FY92, VITAP quarterly reports will also provide cost estimates and the rationale behind proposed activities.

5. **HKI should develop a long-term strategic plan which includes VITAP, that is compatible with long-term sustainability.**

HKI will continue to develop a vitamin A center of excellence as part of its Vitamin A Program. Many of the services provided now by VITAP will continue as part of this center of excellence. The Director of Vitamin A has responsibility for developing and funding this center.

6. **HKI/VITAP should arrange to have periodic progress review meetings jointly with FVA/PVC and other AID/W offices sponsoring projects which interact with VITAP. This would create a more receptive environment for VITAP with the Agency and facilitate increased collaboration between VITAP and entities funded by those offices.**

In addition to the quarterly meetings between the FVA/PVC Project Officer and HKI/VITAP Deputy Director, HKI will provide a briefing for various USAID/W offices. The first such meeting has been scheduled for November 1991 and at this time, is being planned as an annual event. The HKI Medical Director is responsible for liaising with USAID and now spends two days a week in Washington to meet with AID and other agencies.

HKI/VITAP will also arrange to meet with VITAL, the USAID Office of Nutrition's contractor for vitamin A support. At this time, quarterly meetings are being planned.

7. **Communications need to be improved between HKI and VITAP, within VITAP, and between VITAP and AID.**

Communications have been improved. Intra-HKI communication was one of the areas identified for improvement at the HKI retreat in February 1990 and steps continue to be implemented. A Vitamin A/VITAP retreat with an

outside facilitator is planned for December, 1991. Since the VITAP mid-term evaluation, HKI staff have met informally with FVA/PVC staff on issues of mutual concern.

8. **HKI should formulate and implement a staff professional development plan.**

HKI/VITAP has raised this recommendation with HKI senior management.

**D. TRAINING, TECHNICAL ASSISTANCE, EVALUATION & MONITORING:**

1. **HKI/VITAP should expand its guidelines for consultant reports, and, develop training guidelines for conducting and evaluating training for use by consultants and VITAP staff. The guidelines should define requirements for:**

- a) **overall and specific learning objectives stated in behavioral, measurable terms;**
- b) **experiential, participant-active training methods;**
- c) **methods to evaluate participant learning;**
- d) **participant feedback evaluation (process and trainer effectiveness).**

HKI/VITAP will revise its guidelines for consultant reports and make consultant contracts more explicit in terms of reporting requirements.

HKI/VITAP will also create standardized packets for consultants which include reporting guidelines, background information and established tools and methods. For consultancies which involve training activities, VITAP, when possible, will provide generic, competency-based training modules, as described below. These modules will define overall and specific learning objectives, promote participant-active training methods, outline methods to evaluate participant learning, training process and trainer effectiveness.

To improve the quality of the work done on behalf of VITAP by consultants, HKI/VITAP will require, if feasible, a "debriefing" at VITAP and/or PVO headquarters following each consultancy. Although scheduling a debriefing adds to the cost of each consultancy, VITAP has found that it adds to the quality of reporting and consultant work.

2. **HKI/VITAP should develop generic, competency-based training modules for selected vitamin A subjects (vitamin A orientation; program monitoring and evaluation; VAD assessment; etc.).**

HKI/VITAP will consolidate its training experience to date in generic, competency-based training modules to serve as a guide for consultants/ staff conducting training activities. Subjects will be selected based on the type of projects planned with PVOs. These subjects most likely will be: a general vitamin A orientation; assessment of vitamin A deficiency; vitamin A program development, monitoring & evaluation; introduction to social marketing techniques and the development of vitamin A-related messages; introduction to household gardening and the design of activities to increase the production of vitamin A rich foods.

3. **VITAP should publish and distribute copies of the consultant roster and Vitamin A Country Profiles to interested PVOs, collaborating agencies, pertinent AID/USAID missions, and other concerned organizations.**

HKI/VITAP will publish and distribute copies of the Vitamin A Country Profiles as they are revised and updated. Likewise, similar summaries like a table of current government policies on vitamin A deficiency control will be published and distributed.

However, HKI/VITAP does not believe that additional funds and resources should be devoted to "publishing and distributing copies" of the consultant roster. Personal contact with prospective consultants and feedback on their performance is critical to keeping the roster current and the quality of consultants high. Distributing copies of the roster would undermine this process. HKI/VITAP will continue to identify experts in vitamin A at the request of interested PVOs, collaborating agencies, pertinent AID/USAID missions, and other concerned organizations. HKI/VITAP will also continue to enhance the skills and knowledge, if necessary, of potential consultants.

In order to continue the consultant roster as part of the HKI vitamin A center of excellence, HKI/VITAP will explore outside funding (\$10,000) to upgrade the computer program.

4. **VITAP should take full advantage of lessons learned, methodologies, materials, and information developed by client PVOs in country activities.**

HKI/VITAP will routinely prepare appropriate consultant reports and other documents for general distribution. As noted above, a consultant debriefing at VITAP headquarters will facilitate this process.

HKI/VITAP will also facilitate the exchange to lessons learned, methodologies, materials and information through 3 headquarter workshops during Phase II.

5. **HKI/VITAP should review current definitions of what constitutes "training", "orientation", "workshop", "conference" and "technical assistance", for across the board acceptance by AID and PVOs, classify and systematically apply these in the tracking and monitoring of VITAP and PVO activities.**

HKI/VITAP has further defined the above terms and will use them consistently in reports and other documents. "Technical assistance" refers to all the services provided by VITAP. A glossary of all terms will be included in the Phase II DIP.