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**VITAP
ANNUAL REPORT
OCTOBER 1991 - SEPTEMBER 1992**

Prepared for FHA/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.

Funded by FHA/PVC
US Agency for International Development
Cooperative Agreement No. OTR-0284-A-00-8253-00
Project No. 936-5116

October 1992

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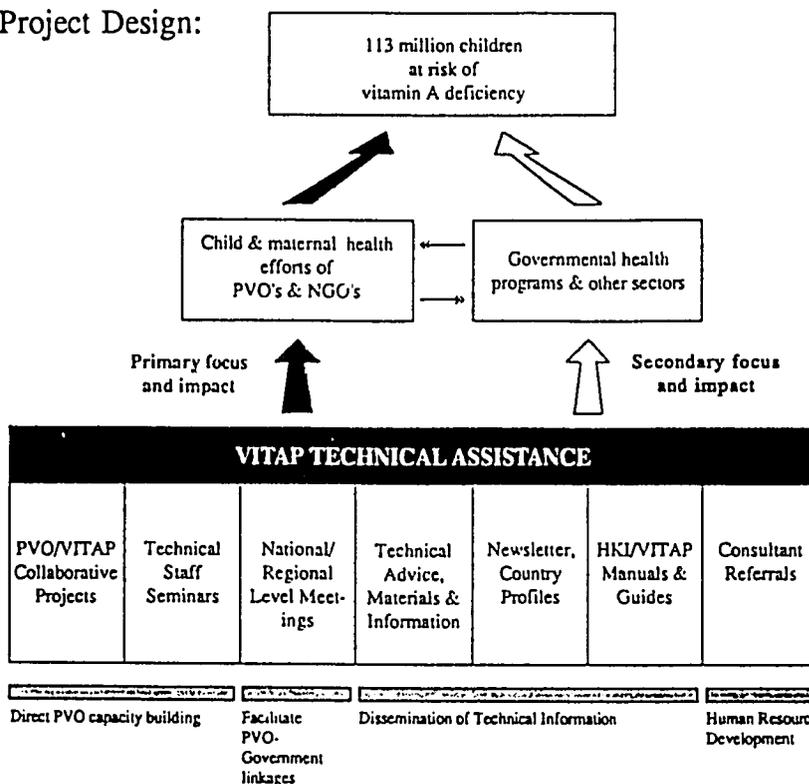
ANNUAL REPORT
 VITAMIN A TECHNICAL ASSISTANCE PROGRAM
 HELEN KELLER INTERNATIONAL

EXECUTIVE SUMMARY:

Cooperative Agreement No: ORT-0284-A-00-8253-00
 Duration of Project: 31 August 1988 to 30 September 1993
 This reporting period: 01 October 1991 to 30 September 1992

This year, Helen Keller International's Vitamin A Technical Assistance Program (VITAP) began implementing a revised detailed implementation plan, which covers the period 1 October 1991 through 30 September 1993. The revised plan is based on recommendations from the mid-term evaluation. Activities focus on institutionalization of vitamin A programming within select private voluntary and non-governmental organizations as part of their ongoing maternal and child health programs.

Schematic of VITAP Project Design:



Although VITAP's goal and range of services provided to the PVO community remain the same, the original VITAP objectives and indicators have been modified to more accurately describe, monitor and evaluate activities being implemented. The overall program design and planned activities have been incorporated into a logical framework (see Appendix 2).

A summary of VITAP's progress this year toward fulfilling expected outputs is found in Table I, "Summary of VITAP Activities," on page 3.

Of particular note this year are the following accomplishments (complete information can be found in the narrative - Appendix 1):

Collaborative Project:

VITAP is actively involved with PVOs in 14 collaborative projects throughout the world. Participating US PVOs include: ADRA, Africare, CARE, CCF, CRS, CWS, IEF, PATH, PLAN International, PCI, Project Orbis, Project Hope, SCF, WRC and WVRD. Many collaborative projects also include Ministry of Health, UNICEF and key local NGOs. The activities range from development of a vitamin A recipe comic book in the Philippines to the establishment of a Vitamin A Resource Center with Aravind Children's Hospital in India. The HKI Training Unit is collaborating with several PVOs (eg. Africare/Niger, Africare and SCF/Burkina Faso and SCF/Nepal) in order to strengthen the capacity of NGO field health workers to undertake vitamin A deficiency control activities. HKI focuses on transferring training and communication skills to the PVO trainers and teaching needs assessment and training design by working with PVO counterparts in the field.

In Indonesia, the VITAP Coordinator, Dr. Roy Tjiong has been working with the government and NGOs to get more NGOs involved in the national vitamin A deficiency control effort. In part, through the efforts of VITAP, the government now realizes that by collaborating with NGOs the VAD control effort will have increased coverage and greater impact. NGOs now recognize the importance of vitamin A in nutrition and the impact their programs can make on controlling VAD. In addition, VITAP/HKI/Indonesia has assisted NGOs to win \$710,000.00 in non-USAID funding for new vitamin A activities.

Other activities:

VITAP also continues to undertake activities that will provide NGOs/PVOs with the tools they need in the field to carry out successful vitamin A deficiency control programs. To this end, HKI's Simplified Dietary Assessment Method was validated in three countries. Preliminary results of the data analysis indicate that the method is a valid predictor of community risk for vitamin A deficiency. The results of this method and the draft Qualitative Assessment Guide were presented to PVOs for comment during an August 1992 seminar. PVO comments are being incorporated into the manuals, both, of which, will be available for distribution next year (Winter/Spring 1993).

The VITAP publication "Vitamin A NewsNotes", was mailed to over 1000 groups or individuals in over 80 countries. A copy of the Spring 1992 issue can be found in Appendix 3. In addition, VITAP staff responded to over 280 requests for technical advice, materials or information (listed in Table III on pages 14 to 21 of the Narrative).

Monitoring and Evaluation:

USAID/FHA/PVC asked HKI/VITAP to undertake an impact assessment of selected technical assistance provided by VITAP to PVOs. The emphasis is on assessing the technical transfer process in order to identify the elements that lead to successful translation of technical assistance into appropriate and effective vitamin A program implementation at the community level. All coordinating activities were completed and preparations made for the field work to begin during October 1992. See Appendix 4 for more information.

TABLE I, Summary of VITAP Activities

Expected VITAP Outputs	Planned Activities (FY92 & FY93)	Progress This Year, USAID FY92 (Sept 1991 - Sept 1992)	Future Activities
<p>1. PVOs gain operational experience in vitamin A deficiency control</p>	<p>1. Complete at least 10 collaborative projects with PVOs</p>	<p>Activities are underway or completed in 14 collaborative projects (see Table II): Burkina Faso/NCP Burkina Faso/Africare,SCF Mali/NCP Niger/Africare Bangladesh/WRC India/Aravind Indonesia/PCI,PATH,SCF,CRS,CWS,WV,IPPA, or their local counterpart NGO Nepal/SCF Philippines/ADRA,CARE,CRS,SCF, CCF Philippines/CARE Project Orbis/video Bolivia/ Procosi & PVOs Guatemala/materials development SADE/Malawi,Zambia,Zimbabwe</p> <p>The Nepal/PLAN collaborative project has been canceled. PLAN will participate in the Nepal/SCF collaborative project as much as possible.</p> <p>The Malawi gardening project has been redefined to address the drought in the Southern African region (see SADE above)</p> <p>Another 8 of the original collaborative projects have been canceled in order to free up funds to undertake an impact assessment as requested by USAID/FHA/PVC (see Table II, #8)</p>	<p>See Table II</p>
<p>2. Key technical staff of PVO headquarters, regional offices & field programs have been exposed to technical and programmatic issues related to vitamin A</p>	<p>2.a Conduct at least 2 seminars for PVO key technical staff</p>	<p>Seminar on assessment conducted July 1992. PVO headquarter staff attended.</p>	

Expected VITAP Outputs	Planned Activities (FY92 & FY93)	Progress This Year, USAID FY92 (Sept 1991 - Sept 1992)	Future Activities
	2.b Conduct PVO orientations /trainings as needed	<p>VITAP consultant/staff served as a technical resource at six conferences during the year and conducted at least 3 orientations for NGO/PVOs: INNE and Third Millennium Conference/Washington D.C., JHU Child Survival Conference/New Mexico, ICN Prepcom/Geneva, and in Indonesia, VITAP Coordinator served as resource to PVO Child Survival Meeting, National Directorate Training and oriented Bethesda Hospital, Fatayat NU/SCF, NGOs groups in Lombok.</p> <p>ADRA requested orientation</p>	Orientations to be scheduled with CRS, PLAN, PCI, Project Hope and ADRA.
3. PVO participation facilitated in governmental vitamin A deficiency control efforts	3.a Convene at least two national or regional-level meetings (India, Bangladesh, FAO West Africa regional social marketing meetings)	<p>HKI/VITAP staff on behalf of PVOs/NGOs worldwide advocated inclusion of comprehensive vitamin A strategy and, at the request of the ICN/FAO, chaired micronutrient sessions at ICN/PrepCom meeting in Geneva, in August 1992.</p> <p>India PVO meeting held Nov 13-15 with Aravind. Attended by CARE, CRS, Rotary, PLAN, RCSB, World Vision.</p> <p>VITAP provided input to 2 FAO Workshops on Nutrition Communication for the Sahel during Feb. 92 (Planning) and Aug/Sept 92 (Use of Rural Radio in Communication for Vitamin A).</p> <p>VITAP presented at Nepal National Vitamin A Workshop, Feb 1992. Other PVOs participated at urging of VITAP/HKI.</p> <p>The Bangladesh National meeting has been canceled in consultation with the HKI CD due to an uncondusive political climate.</p>	<p>VITAP will assess impact of the East Africa Regional Workshop and the Nigeria National Workshop during FY 93.</p> <p>The Training Manager will participate in the last FAO Meeting on Nutrition Communication. To be scheduled.</p> <p>No national or regional meetings are planned.</p>
4. The needs of the PVO community & other organizations for technical advice, materials & information on vitamin A deficiency are met	4.a Fulfill requests from the PVO community & other organizations for technical advice, materials and information	At least 283 requests for technical advice, materials and information fulfilled. (see Table III)	

Expected VITAP Outputs	Planned Activities (FY92 & FY93)	Progress This Year, USAID FY92 (Sept 1991 - Sept 1992)	Future Activities
	<p>4.b Edit selected staff and consultancy reports for widespread distribution</p> <p>4.c Maintain inventory & distribution system of HKI/VITAP publications & reports available on a cost sharing basis</p> <p>4.d Maintain library of key resources</p>	<p>Final report of Philippines validation of dietary assessment method distributed.</p> <p>South Africa Drought report distributed.</p> <p>Niger/Africare Training report distributed.</p> <p>SCF/Nepal Training report distributed.</p> <p>SCF/Burkina Faso Gardening training report distributed.</p> <p>Developed order form with prices.</p> <p>Library currently contains 1,000 documents. Consulted with WHO/Geneva and APHA Mother and Child Health Clearinghouse to improve library systems; Developed system to distribute listing of new acquisitions</p>	<p>Edit and distribute: Africare and SCF/Burkina Faso TOT Report</p> <p>FAO Rural Radio Workshop proceedings</p> <p>India PVO Workshop proceedings</p> <p>Tanzania Assessment/validation report</p> <p>Guatemala Assessment/validation report</p> <p>Improve cataloging of training materials.</p>
<p>5. Vitamin A-related activities by PVOs, governments and other organizations are summarized and exchanged through a semi-annual newsletter and other publications</p>	<p>5.a Produce and distribute 4 semi-annual newsletters</p> <p>5.b Collect information and produce at least 8 country specific profiles and other summaries</p> <p>5.c Coordinate & produce with WHO a vitamin A bibliography</p>	<p>Mailed <i>Vitamin A News Notes</i> to over 1,000 recipients in 80 countries</p> <p>Table: "Government Policies on the Control of Vitamin A deficiency in Selected Countries" printed and distributed.</p> <p>Met with WHO staff to identify and plan bibliography. Canceled project due to difficulty of producing a valuable product with limited resources.</p>	<p>Finalize/distribute issue #9 by Feb 93 and complete issue #10 during summer 93</p> <p>Begin work on individual country profiles, elicit recommendations from PVO clients on country preference</p>
<p>6. Expanded knowledge base for vitamin A programming through the development & publication of HKI/VITAP methodologies, curricula, guides, manuals and articles</p>	<p>6.a Complete validation & publication of VITAP dietary assessment methodology</p> <p>6.b Complete publication of VITAP guide on controlling vitamin A deficiency</p>	<p>All validation exercises completed. Preliminary data analysis completed. Results indicate that HKI dietary method will be a valid predictor of communities at risk for vitamin A deficiency/ Abstract on methodology prepared for IVACG. Submitted for publication "Risk factors for vitamin A deficiency in rural communities of Davao, Philippines" Article accepted by Journal of Tropical Pediatrics.</p> <p>Consultant revised draft. Reviewed in-house to consolidate revisions.</p>	<p>Complete data analysis. Complete draft manual "How to Conduct the HKI Food Frequency Method" for use by PVOs. Submit article for publication "Validation of a Semiquantitative Food Frequency to Identify Community Risk of Vitamin A Deficiency"</p> <p>Finalize manual for print</p>

Expected VITAP Outputs	Planned Activities (FY92 & FY93)	Progress This Year, USAID FY92 (Sept 1991 - Sept 1992)	Future Activities
	<p>6.c Complete publication of VITAP guide on conducting a preliminary assessment of vitamin A deficiency</p> <p>6.d Consolidate previous VITAP training activities into series of generic, competency based training modules/manuals</p> <p>6.e Edit and publish guide on vitamin A content of indigenous plants</p> <p>6.f Submit articles to newsletters & journals</p> <p>6.e Spanish edition of JHU PVO/CS guide</p>	<p>Draft presented at assessment seminar. Revised manuscript based on input from PVOs.</p> <p>Sent questionnaire to selected PVO field staff to document needs, identified orientation and nutrition education as major PVO needs. Parts of manual written.</p> <p>Given appraisal of document, decided to prepare and distribute as VITAP report</p> <p>Sent Bellagio Brief to various newsletters. Submitted: Abstracts to IVACG / Article on vitamin A and mothers to JHU CSSP / Article on women and vitamin A deficiency to NU, International Child Health Newsletter of Uppsala University / "Risk factors for vitamin A deficiency in rural communities of Davao, Philippines" to academic journal. Published article in Indonesian newspaper "Indonesia: A model for Combatting Vitamin A Deficiency", Developed a one-page brochure for radio station managers "Why Vitamin A Information Needs to be broadcasted"</p> <p>New activity: Met with Dory Storms, JHU PVO/CS to coordinate Spanish translation.</p>	<p>Manuscript in pre-press production.</p> <p>Outline work plan for developing training modules/ curricula</p> <p>Re-do layout</p> <p>Continue to submit articles</p> <p>JHU to indicated revisions in text if needed by January 1, 1993.</p>
<p>7. Pool of experts qualified in vitamin A deficiency</p>	<p>7.a Enhance skill/knowledge level of consultants</p> <p>7.b Involve host country nationals in collaborative projects & other activities</p> <p>7.c Refer vitamin A experts to PVOs and other organizations</p> <p>7.d Maintain consultant roster</p>	<p>Sent semi-annual mailing to all consultants on roster.</p> <p>In Tanzania, staff of TFNC worked with VITAP on dietary assessment validation exercise. In India, host country nationals presented at PVO workshop. In Bangladesh, involved 2 local consultants in training activities. In Nepal, local staff/consultants worked with training expert.</p> <p>Identified consultants for UNICEF,IEF,HKI</p> <p>Recruited potential consultants at NCIH meeting</p>	<p>Update consultant guidelines, roster</p>

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 9/30/92)			Projected Expenditures Against Remaining Obligated Funds (10/1/92 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	70,987		70,987	1,704		1,704	72,691		72,691
B. Equipment	54,068		54,068	6,490		6,490	60,558		60,558
C. Services	133,378		133,378	112,087		112,087	245,465		245,465
D. Consultants	208,312		208,312	138,900		138,900	347,212		347,212
SUB-TOTAL I	466,745		466,745	259,181		259,181	725,926		725,926
II. EVALUATION									
III. INDIRECT @21.6%	584,479		584,479	337,218		337,218	921,697		921,697
IV. OTHER PROGRAM									
A. Personnel	1,432,372		1,432,372	544,301		544,301	1,976,673		1,976,673
B. Travel	539,583		539,583	235,902		235,902	775,485		775,485
C. Other Direct	386,361		386,361	213,858		213,858	600,219		600,219
SUB-TOTAL III	2,358,316		2,358,316	994,061		994,061	3,352,377		3,352,377
TOTAL VITAP	\$3,409,540	\$0	\$3,409,540	\$1,590,460	\$0	\$1,590,460	\$5,000,000	\$0	\$5,000,000

Note: Cost items are according to cooperative agreement, 3rd amendment. Evaluation costs are included in other direct (IV. C)

APPENDICES

1. **Narrative: VITAP Activities, October 1991 - September 1992**
Table II, Status of VITAP/PVO Collaborative Projects (appendix pages 2-8)
Table III, Technical Advice, Information & Materials (appendix pages 14-21)
2. **VITAP Logical Framework**
3. **Spring Issue, No. 8, *Vitamin A News Notes***
4. **Impact Assessment Background Information**

APPENDIX 1 - NARRATIVE: VITAP ACTIVITIES, OCTOBER 1991 - SEPTEMBER 1992

1. Collaborative Projects

Expected output: PVOs gain operational experience in vitamin A deficiency control.

Planned activities (FY92 & FY93): VITAP plans on completing at least 10 collaborative projects with interested PVOs and NGOs. Each collaborative project is designed to strengthen vitamin A deficiency control programs in a region or country; institutionalize vitamin A activities within PVOs; add to the available knowledge or resources for vitamin A programming; and, if possible, benefit several PVOs/NGOs. Each collaborative project is conducted on a cost sharing basis.

Currently, 14 collaborative projects are actively underway with interested PVOs. The following table, TABLE II: Status of VITAP/PVO Collaborative Projects, lists all the collaborative projects developed with interested PVOs. Participating PVOs include: ADRA, Africare, Andean Rural Health Care, CRS, Esperança, IEF, PCI, Project Hope, Project Orbis, SCF, World Relief, and World Vision. Many of the collaborative projects have been able to be expanded to involve the Ministry of Health, UNICEF, other agencies, or key local NGOs like Aravind in India or CeSSIAM in Guatemala. Counting only PVO participation, over 45 field programs in 13 countries are gaining operational experience in vitamin A deficiency control.

During this year, 8 collaborative projects which were originally proposed with PVOs were canceled in order to free up funds to undertake an impact assessment of selected technical assistance provided by VITAP to PVOs (as requested by USAID/FHA/PVC). When possible, PVOs involved in those projects that were canceled will be included as part of a related project elsewhere. The decision regarding which projects to cancel was based on the current status of the projects (no ongoing project was canceled) and the demonstrated interest of PVOs involved.

In addition, the Malawi gardening project has been redefined and the funds reallocated to address the emergency drought relief effort in Malawi, Zambia and Zimbabwe. Follow-up effort are focusing on Zambia where VITAP has already made considerable investments, where few PVOs are in position to provide technical input into vitamin A programming and where the government has recently made a commitment to initiate a national vitamin A strategy.

TABLE II: STATUS OF VITAP / PVO COLLABORATIVE PROJECTS as of September 30, 1992

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
Burkina Faso	<p>001) Evaluation of vitamin A messages with Nutrition Communication Project/ Burkina Faso Conduct follow-up evaluation of training materials (flip charts), provide technical input on vitamin A to NCP, possibly assist with refining the flip-charts and reprinting.</p>	World Relief CRS AED /Ministry of Health UNICEF	HKI and AED evaluated flip charts. AED sent out questionnaires to PVOs currently using the flip chart in Burkina Faso. Based on responses, VITAP decided not to provide financial support to NCP for printing additional flip charts. During visit to Burkina Faso, VITAP staff participated an NCP workshop on the use of the flip charts and made recommendations for improving the training methodology currently used. The impact assessment team will also assess impact of the flip charts.	VITAP staff will explore expanding use of flipcharts to the primary schools. Impact Assessment team to visit Burkina Faso and assess usefulness/impact of flip charts and training.
	<p>002) Support to nutrition education/ Africare and SCF Improve current nutrition education interventions by helping field staff develop a skills to involve mothers and other community members.</p>	Africare SCF	In June, VITAP staff met with Africare and SCF in Burkina Faso and developed a work plan. In September, VITAP consultant, Marlene Gay, assessed the specific needs of the field staff and designed and conducted a workshop to help staff develop a more problem solving approach to nutrition education, particularly as it applies to reducing vitamin A deficiency.	Workshop report to be disseminated. October 1992 - March 1993, Africare and SCF directors to monitor and assess impact of workshop. Follow-up workshop scheduled April 1992.
Malawi	<p>003) Evaluation tools for gardening/ nutrition education programs Evaluate several gardening/nutrition education projects in order to develop a protocol to effectively monitor and evaluate gardening/nutrition education projects and to develop a focused, more effective nutrition education/gardening strategy for Malawi.</p>	ADRA IEF Project Hope SCF	Based on IEF recommendations regarding PVO needs to address the drought conditions throughout the southern Africa region, VITAP reallocated funds slated for this collaborative project to overall support to PVOs working in the affected countries. See SADE regional collaborative project.	Redefined: see SADE - Malawi, Zambia, Zimbabwe
Mali	<p>004) Vitamin A support to Nutrition Communication Project/Mali Provide technical support to training and review technical materials developed by AED for NCP.</p>	Africare CARE SCF World Relief World Vision AED /Ministry of Health	During April/May VITAP consultant, Amelia Duran-Bordier, assisted NCP staff to conduct a training for PVO partners.	VITAP training staff to review education materials as they are developed. VITAP support to be phased out of this collaboration.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
Niger	005) Vitamin A training strategy/ Africare Develop comprehensive training strategy to enhance delivery of nutrition education messages.	Africare	In December 1991-January 1992, VITAP consultant, Man-Ming Hung, assessed knowledge in vitamin A, developed a training curriculum, and conducted a technical training for 30 rural dispensary nurses. In April, Ms. Hung helped Africare to conduct a TOT for the nurses. The focus of the TOT workshop was the transfer of skills in training methodologies.	Africare to evaluate technical services provided by Man-Ming Hung. VITAP will evaluate with Africare the impact of these training activities towards the end of 1992. Africare to conduct follow-up training as per the plan developed with VITAP consultant.
Nigeria	006) Program development/Africare Assist with program development /project design and implementation of a new vitamin A distribution project in Kwara State.	Africare	This collaborative project was canceled due to a request by USAID to free up funds for another activity	
	007) Program development/Project Hope Assist with the program development/ project design for the vitamin A component of a new child survival project, being planned for 1992.	Project Hope	This collaborative project was canceled due to a request by USAID to free up funds for another activity.	
Tanzania	008) Vitamin A training curriculum/ ADRA Develop a vitamin A training curriculum for use in a new training institute which will serve 41 dispensaries.	ADRA	This collaborative project was canceled due to a request by USAID to free up funds for another activity.	
SADE - Malawi Zambia Zimbabwe	000) Southern African Drought Emergency Assist PVOs and other organizations who are actively addressing the drought to include vitamin A supplementation.	ADRA Africare IEF IFRC IRC SCF and others	During August/September 1992, VITAP consultants, Dr. Solomon Iyasu and Ms. Susan Eastman, visited Malawi, Zambia and Zimbabwe to 1) advocate inclusion of vitamin A capsule distribution and work with interested PVOs and other organizations (UNICEF, MOH, WHO etc.) involved in the drought relief efforts and 2) draft a follow-up plan of action for each country. UNICEF and PVOs attended a briefing held at HKI headquarters on the consultants findings. Their report "The Southern Africa Drought & Vitamin A Strategy" has been widely distributed.	In November and December 1992, a VITAP local consultant, Dr. Kwendekwema, will assist Africare in Zambia to prepare guidelines and materials to ensure timely distribution of vitamin A capsules in the drought related areas. HKI will submit a proposal to several donors for follow-up funding. If successful, the additional proposed activities will significantly leverage the VITAP funds invested in this initiative. VITAP to follow-up with a reassessment of the situation during February/March 1993 if additional funds are not available.
Bangladesh	009) Program development /World Relief Assist with program & training strategy design for new child survival project in Khulna, Bangladesh of World Relief's counterpart, Christian Service Society.	World Relief	In June, HKI Deputy Dir./Training worked with the HKI local trainer and CSS to define specific needs for additional vitamin A-related skills. In August, HKI local staff, planned with CSS a training activity for supervisors. CSS is contributing 25% of cost. Additional input on monitoring of VACs was provided by HKI/NY.	In October, complete series of training for WRC/CSS supervisors. Follow-up workshop is proposed for February 1993.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
	010) Program development /CARE Review the detailed implementation plan for a new child survival project.	CARE	This collaborative project was canceled due to a request by USAID to free up funds for another activity.	
India	011) Development of vitamin A resource center Strengthen the capacity of Aravind Children's Hospital to provide technical assistance in vitamin A programming to the PVO community in India and Sri Lanka (specifically in monitoring, evaluation and training).	Aravind Eye Hospital CARE CRS PLAN International World Vision	During November 1991, a National PVO Planning Workshop for PVOs was held at Aravind with VITAP assistance. A draft strategic plan was developed with PVO input. In April, Aravind conducted a follow-up workshop to standardize indicators related to vitamin A programming (VITAP provided resource materials/advice) as part of the plan. In May, Aravind staff met with VITAP to further define the institutionalization of vitamin A activities at Aravind Children's Hospital. Aravind submitted a final proposal for the establishment of a Vitamin A Resource Center to VITAP/HKI.	During October/November of 1992, VITAP Deputy Director will work with Aravind staff to develop a detailed plan for the proposed Vitamin A Resource Center. A proposal for the regional resource center will be submitted to donors. A final workshop is planned for June/July at Aravind to provide key PVO managers with on-the-ground training on how to assess vitamin A deficiency in their respective communities and then develop/implement appropriate intervention strategies.
Indonesia	012) Technical assistance to PVO community Through HKI/Indonesia, provide technical assistance to PVOs and their local counterparts on program development, training and materials adaptation /development.	PCI & SINTESA, Yaysan Sama SCF & Fatayat NU, Muslimat NU PATH/VITACS CRS & affiliated church groups CWS & PELKESI, Bethesda Yogya World Vision (WATCH) PKBI (Planned Parenthood)	Progress to date is outlined on page 8. In addition, the Indonesia collaborative project includes ongoing advocacy, networking of PVOs and government and translation of appropriate materials into Indonesian (ie. JHU CSSP book for PVO Program Managers). The VITAP Regional Consultant has assisted 3 local NGOs to obtain additional funds for vitamin A activities - a total of US\$710,000.00 from other donors.	See VITAP/INDONESIA Table on page 8
Nepal	013) Development of staff training plan /SCF Provide training on vitamin A to all levels of staff in a way that will institutionalize vitamin A training at SCF/Nepal and other interested PVOs.	SCF	In June 1992, HKI Deputy Dir./Training and SCF staff in Nepal assessed training needs, co-designed a training plan, further defined the training budget and identified resource people/consultant to conduct a five-day training of trainers, including a curriculum and follow up training plan. In August 1992, VITAP consultant, Lorine Brown, and Bangladesh HKI training staff, Mansura Begum, conducted a five day TOT workshop for trainers of health agents, agricultural agents, and non-formal educators. Workshop focussed on the integration of vitamin A-related activities already being carried out by the three sectors. Training report distributed.	Thru January 1993, SCF will implement community-level trainings planned during TOT. During March/April 1993, VITAP will undertake a follow-up consultation to review effectiveness of training at community level and identify problems to be addressed by SCF training staff in subsequent TOTs.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
	<p>014) Assessment /PLAN Undertake an assessment of vitamin A deficiency in PLAN project area and recommend strategies to integrate vitamin A into on-going health activities.</p>	PLAN	In May/June 1992, HKI Deputy Dir./Training and HKI Country Rep met with PLAN to further discuss their training and other technical needs. PLAN International staff members were to participate in SCF/Nepal training, but unfortunately were not able to do so. No other plans for action have been identified.	Where possible, PLAN staff will be included in the SCF/Nepal collaborative project activities.
Philippines	<p>015) Technical assistance to PVO community Assist the PVO community through HKI/Philippines. Focus is on increasing in-house capabilities of PVO implementors and provision of information and materials to support PVO activities in vitamin A.</p>	ADRA CCF CRS SCF	<p>Action plans with each PVO developed during consultative workshop, Oct. 1991. Progress to date on action plans includes:</p> <p>With CCF conducted 3 day training of 21 field implementors on VAD detection and management - July 21-23; provided resource person to assist with follow through trainings of health volunteers; provided advice on ongoing field activities.</p> <p>With CRS conducted 3 day training course for 27 field implementors/coordinators; conducted training of field implementors July 21-23; provided advice on vit. A field activities; provided materials - reference posters, teaching manuals, vitamin A recipes;</p> <p>With SCF, 20 vitamin A recipes field tested and formulated into novel recipe comic book; TNA instrument developed and conducted for PHW training on VADCP; materials provided - reference posters, training handouts, training video;</p> <p>With ADRA, conducted consultative workshops for Health Directors July 27-28 and August 12-13; finalized arrangements for follow through trainings; materials provided - reference posters, comics, FLANE, teaching manuals.</p> <p>Follow-up field visits to PVOs, advocacy and networking of PVOs/NGOs/government are ongoing as part of this collaborative project. VITAP also assist with procurement of VACs and materials for PVOs.</p>	<p>Conduct follow-up training for SCF primary health workers Oct. 10-11, 1992.</p> <p>Undertake final pretest of recipe book during October, finalize and print SCF recipe comic book during this quarter.</p> <p>Consultative meeting with CRS Program managers to design TNA for follow-up activities on nutrition education.</p> <p>Follow-up field visits with CCF, CRS and ADRA's project sites.</p> <p>Organize ADRA, CARE and CCF trainings to be held in early 1993.</p>

14.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
	016) FLANE kit: vitamin A supplement Develop and field test a vitamin A supplement to the CARE Fun in Learning Kit. VITAP will share with CARE the printing costs.	CARE	Task Force held a "writeshop" and produced an initial draft of 8 learning activities for FLANE kit. Both local VITAP consultant and headquarters staff reviewed draft and recommended changes and additions. Redesigned 10 Vitamin A Learning activities based on reactions and recommendations of consultants. Pre-test instrument developed and pre-test conducted in urban area.	Pretest of vitamin A supplement to FLANE kit in rural area is scheduled for Oct 5-9, 1992. Edit and prepare for printing.
Bolivia	017) Gardening and nutrition education support Comprehensive assistance in the area of gardening/nutrition education.	ADRA Andean Rural Health Care CARE Esperança Food for the Hungry Meals for Millions PCI Project Hope SCF	In July, VITAP staff met with interested PVOs in conjunction with VITAL/MOH meeting to disseminate national survey results. Planning meeting held in conjunction with PROCOSI to develop possible activities. SCF, ARHC, and CRS expressed interest in adapting HKI/VITAP dietary assessment to Bolivia. Drafted outline of PROCOSI/VITAP collaboration.	Tentatively, the Qualitative Assessment manual will be pre-tested and adapted/translated for use by PVOs in Bolivia.
Guatemala	018) Development of Spanish language materials Assist interested PVOs through the step by step process of materials development including: qualitative research, strategy formation, design of materials, training in the use, monitoring, follow-up training, and evaluation. Project Hope and IEF are the in-county coordinators.	Project Hope * IEF * PCI ADRA CARE World Vision PLAN International UNICEF CeSSIAM	During July, VITAP consultants, Marcia Griffiths and Elena Hurtado (Manoff International), met with interested PVOs to discuss proposed project activities, assess their specific needs, and formulate a workplan for development of a nutrition communication plan and material. In August each PVO began collecting qualitative information in their project area.	A workshop to formulate communications strategy is planned for March 1993 after all qualitative data is gathered. The materials will be designed, drafted, pre-tested and finalized by end project. Training on use of the materials will be conducted.
	019) Vitamin A support to PCI training activities Collaborate with PCI training to improve field workers skills in program planning and effective communication with mothers. The training is for 18 to 20 representatives from local counterpart NGOs.	Project Concern	This collaborative project was canceled due to a request by USAID to free up funds for another activity.	
Haiti	020) Gardening support /SCF Further develop the gardening component of their vitamin A/child survival project.	SCF	This collaborative project was postponed due to the political situation in Haiti and has been canceled due to a request by USAID to free up funds for another activity.	Pending change in Haiti political situation and available resources.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
Honduras	021) Nutrition education program planning /IEF Collaborate on a workshop for IEF field staff from Guatemala and Honduras with the objective of providing field staff with the tools to assess needs, evaluate and redesign nutrition education components of projects.	IEF	This collaborative project was canceled due to a request by USAID to free up funds for another activity. Collaborative project 018 will support some of the activities scheduled here.	
	022) Expansion of nutrition education activities /World Relief	World Relief	This collaborative project was canceled due to a request by USAID to free up funds for another activity.	
Headquarters	023) Educational video on vitamin A Provide technical support and minimal resources in order to assist Project Orbis with the development of an educational and promotional video on vitamin A deficiency control.	Project Orbis	February-March 1992, VITAP/HKI assisted with editing of the footage from the Philippines and proposed script revisions. Spring 1992, VITAP/HKI made arrangements for filming by the Project Orbis film crew in Niger, translated script into French, obtained Nigerien Government approval. July, VITAP consultant, Lauren Blum, and HKI/ Niger staff assisted film crew. September, provided input into final edits of script and footage.	Assist with final review and pre-test of video. Final edits will be made and video produced/distributed by May 1993.
	024) Strengthening regional resource centers /PLAN Assist PLAN to establish regional resource centers/libraries with materials on vitamin A deficiency control	PLAN	ON HOLD. No response from PLAN.	Will pursue with PLAN and if they are not interested, will cancel project.
	025) Strengthening Africa regional resource centers /CARE Assist CARE's Africa technical personnel to strengthen the vitamin A component of the regional resource centers/libraries.	CARE	ON HOLD. No response from CARE.	Will pursue with CARE and if they are not interested, will cancel project.

Revised 1/30/93 NJH

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STATUS OF VITAP INDONESIA/PVO COLLABORATIVE PROJECTS

Location	Collaborative Project	Collaborator	This Period	Future Activities / Status
NTB/Lombok West Java	Vitamin A for Childsurvival Project: Assist with program strategy design to integrate vitamin A supplementation with EPI contacts, and supplementing postpartum mothers with megadose VAC, and measles treatment with megadose VAC	PATH/VITACS	Review VITACS Plan of Action	Convene meeting with medical doctors on measles case management and supplementation of mega dose VA
South Kalimantan SE Sulawesi East Nusa Tenggara Irian Jaya	Food & Nutrition/Health Assist with program strategy design to integrate vitamin A intervention into ongoing health/nutrition activities - comprehensive assistance	Lembaga Bina Potensi Indonesian Planned Parenthood Association	Program Review Redesigning Food & Nutrition Programme	Review and draw DIP on Food & Nutrition focus on micro-nutrient and fat consumption
West Kalimantan Irian Jaya SE Sulawesi Maluku	Technical Assistance to PVO/NGO Provide technical assistance to PVOs and their local counterparts on program development, training, materials development and adaptation orientation session for field staff	Bethesda Hospital World Vision (WATCH) Sintesa PCI Maluku Yayasan Kes. Bethesda SIL Maluku Muslimat NU (National)	Provided technical input, materials and information. Training Module for TBAs orientation session materials	Provide sticker for monitoring of supplementation VA for postpartum mothers through TBAs
National	Materials development: - Develop Modules for VA orientation session for the Muslim Group - Child-survival Circle - Develop a module for child to child education - Develop influential leaflets	- Fatayat NU - IPPA - Somavita/HKI	Draft completed, pre-test workshop done Draft completed Pre-testing with Fatayat	Finalization and print Pretest, and finalize Finalize & Pretest, Print and Distribute to Child-survival Circle and PVOs, and its counterparts

2. Technical Staff Seminars/Orientations

Expected Output: Key technical staff of PVO/NGOs headquarters, regional offices & field programs have been exposed to the technical and programmatic issues related to vitamin A deficiency control.

Planned activities (FY92 & FY93): VITAP plans on conducting at least 2 technical seminars for key technical staff. In addition, VITAP will provide further orientation or training as part of a PVOs ongoing staff meetings or training activities. In general, VITAP will provide a resource person (consultant or staff) and the PVO will organize the session.

Technical Staff Seminars

The first technical seminar for PVO headquarters and regional technical staff was held July 29th and 30th in Philadelphia. During this seminar, VITAP/HKI presented the work accomplished to date on HKI/VITAP's dietary assessment methodology. The seminar also served to introduce HKI/VITAP's "how to" guide on conducting a qualitative or preliminary assessment and to transfer this tool to the PVO community. The seminar was attended by representatives from ADRA, Africare, IEF, CARE, PCI/FSP, Project Hope, Eye Care/Haiti, HKI, the Nutrition Foundation/IVACG Secretariat, SCF, World Relief, World Vision, VITAL and JHU/CSSP. Participants were asked to respond in writing with comments on the meeting, but more importantly, with suggestions/comments on the two manuals so adjustments could be made before printing.

A second technical seminar is being planned for the summer of 1993 and will provide an overview for PVO technical staff of training strategies and curricula appropriate to vitamin A deficiency control.

PVO Orientations

International Nutrition Network Exchange (INNE) - HKI/VITAP served as technical resource to the May 1992 meeting.

Third Millennium Conference - HKI/VITAP served as technical resource during this June 1992 conference. Approximately 100 NGO/PVO, University and corporate representatives from many countries attended the conference. The focus of the meeting was "Involving children in community partnerships to control parasitic disease and end hidden hunger." VITAP also provided materials to participants and facilitated the workshop on "multi-sectorial partnerships".

PVO Maternal Health Lessons Learned Conference - June 8-12, Shiprock, New Mexico. Asked by Johns Hopkins University PVO Child Survival Support Program

to serve as a resource at this conference, VITAP shared with them the costs of a consultant to serve as a resource person on vitamin A and maternal health. Susan Eastman, VITAP consultant, provided the participants with an overview of the affects of vitamin A deficiency on maternal health. Field and headquarter staff from ADRA, CARE, Project Hope, MIHV, PLAN International, PATH, Project concern, SCF, and World Vision attended the conference. VITAP also supplied the participants with background materials on vitamin A.

Indonesia Regional Coordinator - served as a resource at the PVO Child Survival Planning Meeting on Women in Health. HKI made a presentation on Women and education and the influence of education on women's access to health care (vitamin A consumption).; During August 1992, presented "Vitamin A Deficiency in Urban Areas" at Urban Child Survival Development meeting.; Also during August 1992, provided an orientation to vitamin A and social marketing at an NGO regional meeting conducted by the local health office.; Made a presentation on Vitamin A and Qualitative Research/Focus Groups at May 1992 training for Nutrition Trainings on Social Marketing conducted by the National Directorate of Nutrition.; During this reporting period, the VITAP Coordinator also conducted orientation sessions on vitamin A to staff at Bethesda Hospital, Fatayat NU (SCF affiliate) and NGO consortium group in Lombok.

International Conference on Nutrition (ICN) - see page 12 for more information

ADRA - VITAP will provide an orientation on vitamin A to new headquarters technical staff during Winter 1993.

Catholic Relief Services - VITAP will provide a half day orientation on vitamin A to headquarters staff in order to sensitize and motivate them to recommend inclusion of vitamin A programming into their portfolio. CRS will organize the meeting. (Postponed, to be rescheduled.)

PLAN International - During the PLAN International regional meetings, VITAP will provide a one day vitamin A orientation or more in-depth training, depending on the needs, to field staff. (To be scheduled)

Project Concern International - During the bi-annual meeting at PCI headquarters, VITAP will conduct a 1 to 2 day orientation or more in-depth training, depending on needs, for visiting field staff. (To be scheduled for Spring 1993)

Project Hope - During the spring 1993 annual training for field staff, VITAP will assist Project Hope in conducting a session on vitamin A programming. (Tentatively scheduled for June 1993)

3. National/Regional-level meetings

Expected Output: PVO participation facilitated in governmental vitamin A deficiency control efforts.

Planned activities (FY92 & FY93): VITAP plans on supporting at least 2 national or regional-level meetings.

This reporting year, VITAP completed long-standing commitments to support and national-level workshops in India and Nepal. This type of national level orientation workshop is a key component in the overall VITAP strategy to facilitate the participation of PVOs in governmental vitamin A deficiency control efforts. During November/December, the impact assessment team will look at the specific impact of similar workshops held in Africa. Over the next year, VITAP will continue to act on opportunities which will further enhance the role NGOs and PVOs in the prevention of vitamin A deficiency, like the International Conference on Nutrition and the FAO West Africa Regional Social Marketing Seminars. For example, Ghana VAST, the research group who recently completed a mortality trial on vitamin A supplementation, has asked HKI/VITAP to assist with a national-level orientation workshop for Spring of 93.

India PVO planning meeting: Madurai, November 13 to 15, 1991 Aravind Eye Hospital in conjunction with HKI/VITAP convened a national level meeting for PVOs in India. HKI/VITAP sponsored a meeting for PVOs on vitamin A and child survival in Madurai, India on November 13 to 15, 1991. Organized in India by the Aravind Eye Hospital, this meeting was a follow-up for PVOs to a national-level workshop conducted by the Ministry of Health and UNICEF in 1991.

The meeting/workshop served to update PVOs on the current national vitamin A deficiency program and to motivate them to include vitamin A interventions in their child survival activities. In addition, PVOs planned with Aravind any additional technical assistance needed to begin or strengthen vitamin A interventions. Initial participant feedback indicated that the meeting resulted in increased awareness regarding the importance of vitamin A for child survival and the actions that the PVOs themselves can take.

PVO representatives from CARE, Catholic Relief Services, Rotary International - PolioPlus, PLAN International, World Vision, RCSB, and their local counterparts in India participated in the 3 day meeting. In addition, PVO representatives from World Vision/Sri Lanka and PLAN International programs in Sri Lanka attended. A high-level Ministry of Health Official shared ideas and information with the PVOs present. Other participants included local representatives from government and the agricultural and dairy sector. Presenters from India (Aravind and PVOs), Indonesia (HKI/VITAP), Nepal (NNIPS/Johns Hopkins University) and the US (HKI/VITAP)

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provided an international perspective.

At the close of the meeting, the participants drafted a Declaration of Vitamin A Nutrition which outlined the next steps needed for the Government and the PVO/NGO community to successfully eradicate vitamin A deficiency in India. Based on the participating PVOs needs, Aravind and HKI developed a joint plan of action for further technical assistance, which will be supported in part by VITAP as an ongoing collaborative project. (See collaborative project: India/Regional technical resource center). Proceedings have been drafted by Aravind and will be available this fall.

FAO West African Regional Seminars on Social Marketing - A planning meeting was held January 1992 in Bamako, Mali. The VITAP Deputy Director attended in order to define HKI/VITAP's role in the planned seminars and to ascertain how the FAO seminar project will support the PVO community's effort in nutrition communication. As a result of the meeting, the planners agreed to include PVOs on the steering committee. The trained teams will also assist NGO/PVO efforts in nutrition communication. VITAP supported an expert consultant to the first seminar planned: a workshop on rural radio held in August 1992 in Burkina Faso. VITAP's Training Manager also attended this workshop as a resource person. The report from this meeting has been received and will be disseminated in early 1993. The final seminar is planned for 1993 in order to carefully define country strategies and to identify additional needs and resources.

Nepal National Workshop on Vitamin A - A workshop on the development of a national vitamin A strategy was convened by the Nepal Ministry of health February 11-12, 1992 in Kathmandu. The workshop reviewed the data from recently completed research studies in Nepal and formulated a nation-wide multi-sectorial vitamin A deficiency control program. At the request of the Ministry of Health, HKI/VITAP presented on HKI's experience in program development, implementation and policy implementation as an example of technical assistance to a government program. As the results of HKI/VITAP advocacy efforts, other PVOs working in Nepal were represented at this key planning event.

ICN Meeting - In order to advocate for PVO/NGO participation in governmental vitamin A deficiency control efforts, HKI/VITAP assisted in drafting the NGO statement for the planners of the International Conference on Nutrition. Anne Ralte, Director of Vitamin A/VITAP attended the meeting to assure NGO representation on vitamin A deficiency control and micronutrient issues and to assess needs for future technical assistance in vitamin A deficiency control efforts. The ICN, to be held this December in Rome, sets nutritional goals and directions for FAO, other UN agencies and the participating governments.

At the ICN in Rome this December, HKI/VITAP in collaboration with ICCIDD and other agencies, will host a "break-out" workshop after the official sessions for interested government delegates. This workshop will assist delegates to plan a national vitamin A / micronutrient strategy and to identify available resources.

Note: ICN meeting-related activities are funded by VITAP and HKI unrestricted funds.

Bangladesh National Meeting - This meeting has been canceled, in part, to free up funds for the impact assessment and situational analysis. In addition, as per the HKI Country Director/Bangladesh, it would not be useful to conduct a national meeting at this time or in the foreseeable near future.

4. Technical advice, information and materials

Expected output: The needs of the PVO community and other organizations for technical advice, information and materials on vitamin A deficiency are met.

Planned activities (FY92 & FY93): Fulfill requests from the PVO community & other organizations for technical advice, information and materials. Edit selected VITAP consultancy reports for widespread distribution. Maintain inventory and distribution system for HKI/VITAP publications and reports available on a cost sharing basis. Maintain computerized vitamin A library of key resources.

This reporting year, VITAP fulfilled 283 requests for technical advice, information, research, materials and other services. The following table, TABLE III: Technical Advice, Information & Materials Provided by VITAP, lists the types of requests and the services provided to PVO's, collaborating agencies, and individuals during the year.

Several consultancy reports were edited and made available for wide-spread dissemination. These include *Assessment of Vitamin A Deficiency and Strategies for Its Control in Rural Areas of Davao City, Philippines, Save the Children/ Burkina Faso: Household Gardening Strategy, South African Drought Relief: Vitamin A Situational Analysis, Africare/Niger training report, and SCF/Nepal training report.* VITAP also developed an order form with prices to facilitate the distribution of publications on a cost sharing basis.

The HKI/VITAP Vitamin A Resource Library continues to be maintained. The current collection contains over 1,000 documents related to the control and prevention of vitamin A deficiency. In order to refine library management, VITAP staff took advantage of opportunities to consult with librarians at WHO in Geneva and at the Mother and Child Health Clearinghouse of APHA. Over the next year, VITAP will strengthen the cataloging of its collection of training and educational materials related to vitamin A, an unique resource.

TABLE III: Technical Advice, Information & Materials Provided by VITAP

Technical Advice - In-depth technical review & guidance provided by VITAP staff

Organization	Technical Advice Provided
ADRA	Review of CS 8 proposals
Church World Service	How to include vitamin A into CS/USAID grant
Project Concern	Review CS8 proposal for Indonesia
World Relief	Review of CSVIII proposal for Nicaragua
World Vision Indonesia	Use of vitamin A in relief operations

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AED	Review draft of "Communication Guide on Vitamin A"
Aravind Children's Hospital India	Comments on pamphlet for general practitioner
IDSAs Bolivia	Review vitamin A study for La Paz department
International Federation of Red Cross/Red Crescent Zimbabwe	Integrating vitamin A into famine relief
Provincial Medical Officer, Mongu Zambia	Technical & financial assistance w/ prevalence
TDRC Zambia	Review proposed study, advise on funding
Task Force Sight & Life	Review proposal by Dr. Ezepe/ Nigeria
World Resources Institute	Review document on food security/nutrition for ICN

Informational Research - In depth research to answer inquiries

Organization	Research Provided
CARE India	How to fortify oil, purchase vitamin A
IEF	Information on emergency vitamin A distribution
Project Concern	Background on VAD in Kenya & Tanzania
Project Hope	Prevalence of VAD in Dominican Republic
Cornell University	Gardening for improved vitamin A in Asia
Michigan University	Background information on nutrition in Ghana
PATH Indonesia	Vitamin A toxicity issues
VITAL	Vitamin A deficiency in Senegal
WHO	Prevalence data available from Sri Lanka

Information - Routine answers provided by VITAP staff

Organization	Information Provided
AMREF Kenya	Advice for vitamin A proposal in Kenya
FSP Kiribati	Vitamin A for < 13 months
IEF	Materials available in Spanish
International Child Care Haiti	Information on vitamin A
PLAN International	Background information on vitamin A
PLAN International	Sources of vitamin A capsules for Mali
Project Concern	Where to obtain vitamin A capsules
World Relief Bangladesh	Ways to monitor capsule distribution
World Relief Honduras	Focus group- qualitative research methods
World Relief Sri Lanka	General information on HKI and vitamin A
Cooperation Universitaire Benino Neerlandaise Benin	Status of VITAP dietary assessment methodology
Hunger Project	Background on visiting Bangladesh
INMED	Sources for vitamin A capsules
IVACG	Assistance w/ contacting WorldView in Bangladesh
IVACG	Background on education materials: Schultz posters

Institute for Social Development in the Amazon Bolivia	Information on dietary/clinical assessment
International Centre for Eye Health UK	Permission to reprint Bellagio Brief
International Child Health Unit Sweden	Article on vitamin A deficiency in children
Lions Club E. Elmhurst Colombia	Information on starting capsule distribution
MSH	Sources for procuring vitamin A capsules
National Academy of Science	Background info on implementation of programs
Nutritional Sciences Department, Cornell	Information on home gardening programs
Population Council	Vitamin A deficiency and pregnancy
Sight & Life	Xerophthalmia in Morocco
Task Force Sight & Life	Information on prevalence of VAD on in Nigeria
UNICEF	Advice for assessing for VAD in Angola
UNICEF	Country information on vitamin A deficiency
UNICEF	Examples of NGO work in nutrition
UNICEF	Price list of HKI vitamin A publications
UNICEF Iraq	Assistance in developing training on vitamin A
University of London UK	Additional information on qualitative assessment
University of Minnesota	Background information HKI and dietary assessment
WHO	Examples of involvement in policy dialogue
Wageningen Agricultural University The Netherlands	Site visit regarding fortification
Winslow Health Center, Indian Health Service	Dosage for refugee population
Individual	Amount of vitamin A needed to prevent blindness
Individual	How to assess need for vitamin A interventions
Individual	Information on vitamin A food fortification
Individual	Papers on nutritional issues in Africa
Individual Kenya	Foods rich in vitamin A
Individual Kenya	Information on vitamin A and cataracts
Individual Nigeria	Diarrhoeal diseases and vitamin A deficiency
Individual Nigeria	Materials on the blindness from lack of vitamin A
Individual Nigeria	Publications related to child nutrition
Individual Zaire	Proper use of vitamin A

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

Organization	VITAP Materials Provided
AMREF	Swahili training materials
Andean Rural Health Care	Copy of Alan Berg's speech
CARE	Training materials and posters in Arabic for Sudan
CARE Bangladesh	NewsNotes
CRS India	Background on assessment and vitamin A
CRS Indonesia	Materials on vitamin A
EyeCare Haiti	Posters & other communication materials
Fatayat NU/SCF Indonesia	200 copies cadres manual & cassettes
Fatayat NU/SCF Indonesia	Materials on vitamin A
Food for the Hungry	Background materials on vitamin A
IEF	Spanish language materials

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IEF Honduras	Additional order for "Guidelines" in Spanish
IEF Honduras	Additional order for "Know the Signs" & NewsNotes
IEF Honduras	Copies of HKI "Guidelines" in Spanish for training
La Leche League Honduras	NewsNotes
PATH Indonesia	Copies of Vitamin A and measles studies
Project Concern	Vitamin A card for Kiribati
Project Concern Indonesia	Copy of Eastern Islands Micronutrient Prevalence
Project Concern Indonesia	VITAP kit
Project Hope	Availability of vitamin A publications
Project Hope	Copy of recent VITAL newsletter
Project Orbis	Order for vitamin A training materials
SAWSO Haiti	Copies of flipcharts - please send in January
SCF Nepal	Sample training curricula and materials
World Relief Nicaragua	Order of HKI publications
World Vision	Additional copies of NewsNotes
AED	Copies of West African flipcharts
AED	Copy of HKI Burkina Faso report
AFB	Background materials on vitamin A deficiency
APHA	NewsNotes
APHA	Order for HKI/VITAP publications
APHA	Vitamin A/Child Survival brochures; Eng & Fr
ASIA Bangladesh	NewsNotes
ASSEFA India	Copy of Vitamin A policy chart
Ad Council Indonesia	Samples of SOMAVITA communications
Africultural College & Research Institute, Madurai India	Documents from VITAP library
Agricultural College, Maduari India	HKI vitamin A publications
Agricultural College, Maduari India	HKI vitamin A publications
Agricultural College, Maduari India	HKI vitamin A publications
American Joint Distribution Committee Ethiopia	NewsNotes
Anglo American Book Co Italy	VITAP flyer
Aravind India	Additional Bellagio Briefs
Aravind India	Information on Spirulina
Aravind Eye Hospital India	HKI vitamin A publications
Arul Anadar College India	Slide set, HKI publications
Asian Development Bank Philippines	Information on vitamin A
Association for Health & Environmental Development Egypt	NewsNotes for Resource Center
BAIF Information Resource Center India	NewsNotes
Babagbolu Memorial Library Nigeria	Materials on vitamin A deficiency in Nigeria
Bayero University Nigeria	NewsNotes
Bethesda Serukam Indonesia	Materials on vitamin A
Boston University, Center for International Health	Order for vitamin A publications
CDC	Most recent WHO guidelines, slidesets
CESAP Ecuador	Additional copies of NewsNotes in Spanish
CHAMPAK India	NewsNotes
CIDA Canada	Mali preliminary assessment
Canadian Unicef Committee Canada	Southern Iraq report
Catholic Mission Kenya	NewsNotes

Center for International Child Health UK	Copies of Bellagio Brief
Center for International Health Information /ISTI	Background on Bangladesh grant
Centre for Applied Nutrition Nigeria	Publications and other learning materials
Christian Reformed World Relief Committee Uganda	NewsNotes
City University of London UK	Materials: dissertation on eye disease, Zimbabwe
Corpus Christi Anglican Church Ghana	Information on HKI and vitamin A
Croix Rouge Zaire	Materials on vitamin A and child survival
DANA Benin	HKI vitamin A publications
Department of Public Health Maldives	Home gardening in atolls
Dept of Paediatrics, University of Cape Town South Africa	Order for HKI/VITAP publications
Extension Training Center, c/o USAID Mali	NewsNotes
FAO Senegal	NewsNotes
Government Rajaji Hospital India	HKI vitamin A publications
Harare Central Prison Zimbabwe	NewsNotes
Harvard School of Public Health	Copy of Evaluation of Indonesia Project: Tarwotjo
Harvard School of Public Health	Copy of VAD Control in Bangladesh
Harvard School of Public Health	Material order forms
Helen Keller Service Society for the Blind India	Copy of Vitamin A / CS brochure
Hospital del Nino Ecuador	Vitamin A materials
IST Inc.	Copies of articles & info on assessment
IVACG Tanzania	Additional copies of Bellagio Brief
Indonesia Medical Association Indonesia	Information on vitamin A deficiency
International Rescue Committee	Additional copies of Bellagio Brief for offices
Itili Women's Training Centre Tanzania	NewsNotes
Johns Hopkins University	Copies of HKI publications
Kakuma Pastoral Development Project Kenya	NewsNotes
Katha India	Background information on vitamin A deficiency
Kutch Vikas Trust India	Vitamin A / CS brochure
LALMBA Sudan	Lowcost or free materials on vitamin A deficiency
Library, Bishop of Rajkot India	Copy of Vitamin A & Child Survival brochure
Liverpool School of Tropical Medicine UK	Copies of cited articles, video in PAL format
M. S. University of Baroda India	Copies of materials on food frequency method
Manoff Group Inc.	Bellagio Brief & 4th Forman Lecture
Marie Adelaide Leprosy Center Pakistan	Order for slide sets
Mercy Ships	NewsNotes
Methodist Eye Team	Materials on vitamin A deficiency
Ministry of Health Benin	HKI vitamin A publications
Ministry of Health Botswana	Color slide set
Ministry of Health Burundi	HKI vitamin A publications
Ministry of Health Indonesia	HKI vitamin A publications
Ministry of Health Laos	Materials on vitamin A
Ministry of Health Rwanda	HKI vitamin A publications

Ministry of Health Zambia	Advice and materials
Ministry of Health - INAN Brazil	Request for 2000 copies of "Health Workers Treat"
Nath Natural Therapeutic Centre Nigeria	Materials and price list
National Association for the Blind India	Copies of Vitamin A/ CS brochure
National Association for the Blind India	Copies of vitamin A/ child survival brochure
National Christian Union & Development Liberia	NewsNotes
National Institute of Nutrition Vietnam	Materials on vitamin A deficiency
National Institute of Nutrition Vietnam	Materials on vitamin A deficiency, order forms
National Root Crops Research Institute Nigeria	Vitamin A materials
New England Medical Center	Slide sets on vitamin A deficiency
Nutrition Center of the Philippines	Additional copies of Bellagio Brief
OMAES Senegal	NewsNotes
ORANA Senegal	Reports & articles from VITAP library
PACT-Asia Indonesia	VITAP kit
PERDHAKI Indonesia	Communication strategy for vitamin A
PRITECH Indonesia	NewsNotes
Peace Corps Cameroon	NewsNotes
Planned Parenthood Indonesia	Sample proposal for home gardening for vitamin A
Population Council	One VITAP kit
Rochester Medical School	Publications on vitamin A
San Francisco State University	Materials on vitamin A for Guam Dept of Education
School of Public Health, UCLA	Order for HKI/VITAP publications
Seva Foundation	Send Bellagio Brief to Dr. Howard Abrams
TFNC Tanzania	Copies of articles on food fortification
Tamil Nadu Agricultural University India	NewsNotes
Tei Wa Yesu Kenya	Materials on vitamin A and nightblindness
Tropical Diseases Research Center Zambia	NewsNotes
Tropical Diseases Research Center Zambia	Vitamin A publications & audio-visuals
UNICEF	Additional 100 copies of Bellagio Brief
UNICEF	Additional copies of Bellagio Brief
UNICEF	Copies of Bellagio Brief
UNICEF	Order for VITAP publication
UNICEF Bolivia	Vitamin A publications, J. Kasselov's trip report
UNICEF Indonesia	Copies of Cadre manuals
UNICEF Indonesia	Vitamin A studies & World Bank health sector
UNICEF Madagascar	Copies of Child Survival-Vitamin A brochure
UNICEF Madagascar	Order for vitamin A publications
UNICEF Rwanda	How to order training aids & educational material
UNICEF Rwanda	Materials in French on vitamin A
UNICEF Rwanda	Order for vitamin A materials
UNIDAD PRO-VITA-A Guatemala	Materials for establishing library
USAID Indonesia	Copy of speech by Sukirman
United Nations University	How to order slide sets
Universitetetibergen Norway	Copy of Vitamin A foods.. Bangladesh
University of Amsterdam The Netherlands	NewsNotes, research centers in South America
University of Justus-Liebig Germany	NewsNotes, Statistics on xerophthalmia

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University of Natal South Africa	Bellagio Brief and copy of Policy Table
University of Udayana Indonesia	Publications on vitamin A
University of Nigeria Teaching Hospital Nigeria	NewsNotes & HKI/VITAP publications
VA Medical Library	Copy of HKI Publication
VITAL	Copy of 1989 study from Burkina Faso
VITAL	Donation of vitamin A capsules
VITAL	Listing of vitamin A library
VITAL	Training materials in Spanish & Portuguese
VITAL Kiribati	Articles for review of vitamin A status
VSO Nepal	NewsNotes
WHO	How to order materials on signs & symptoms of VAD
WHO	Order for vitamin A publications
Wageningen Agricultural University The Netherlands	Ordered 25 slide sets for Viet Nam
Wageningen Agricultural University The Netherlands	Source of slide sets for clinicians
Wellstart	Copy of HKI/Indonesia presentation - breastfeeding
Wellstart	Cost of xerophthalmia slides, add to mailing list
Wellstart	Order for HKI/VITAP publications
World Hunger Year	Slides on iodine /vitamin A deficiencies
Zanom Limited Nigeria	NewsNotes and other materials
Individual	Background on vitamin A deficiency
Individual	Copies of articles
Individual	Copy of "Vitamin A Content..."
Individual	Information on vitamin A deficiency
Individual	Information related to nutrition
Individual	Materials explaining vitamin A deficiency
Individual	Order for HKI/VITAP materials
Individual	Publications on gardening for improved nutrition
Individual	Vitamin A publications
Individual Brazil	Materials to be used in training of health workers
Individual Brazil	NewsNotes
Individual Burkina Faso	Materials in English and French
Individual Canada	Information on HKI and nutritional blindness
Individual Ethiopia	NewsNotes and other guidebooks
Individual France	Background materials mentioned in Newsnotes
Individual Ghana	NewsNotes
Individual India	NewsNotes
Individual India	NewsNotes
Individual India	Packet of information on vitamin A deficiency
Individual Indonesia	Background information on vitamin A & cancer
Individual Indonesia	Information on vitamin A and measles
Individual Kenya	NewsNotes
Individual Kenya	NewsNotes
Individual Mauritania	Vitamin A materials
Individual Nigeria	Information on measles and vitamin A
Individual Nigeria	Materials on blindness due to lack of vitamin A
Individual Nigeria	Materials on blindness from lack of vitamin A
Individual Nigeria	Materials on vitamin A
Individual Nigeria	Materials on vitamin A
Individual Nigeria	Materials related to nutrition

Individual Nigeria	Materials related to vitamin A & nutrition
Individual Nigeria	NewsNotes
Individual Nigeria	Publications on vitamin A deficiency
Individual Nigeria	Request for CS brochure & other materials
Individual Nigeria	Teaching materials on vitamin A deficiency
Individual Nigeria	Vitamin A publications
Individual Pakistan	Copies of articles & bibliography
Individual Peru	HKI/VITAP publications
Individual Senegal	NewsNotes
Individual South Africa	Copy of research at Children's Hospital, Wisconsin
Individual Sri Lanka	Materials on vitamin A deficiency
Individual Zimbabwe	NewsNotes

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

Organization	Referral Provided
CCF	Contacts in Zambia
IEF	Source of Chichewa materials
Churches Medical Association of Zambia	Additional information on mango drying
Institute for Social Development in the Amazon Bolivia	Assistance in assessing vitamin A deficiency
Instituto de Investigacion Nutricional Peru	Assistance with vitamin A orientation / training
The Swallows in India	Sources for possible funding for IVACG
VITAL	Audio-spots on vitamin A
VITAL	Source of vitamin A standard
Individual Niger	Training modules for health workers

5. Newsletter, country profiles and other documents

Expected output: Vitamin A-related activities by PVOs, governments and other organizations are summarized and exchanged through a semi-annual newsletter and other publications.

Planned activities (FY92 & FY93): Produce and distribute 4 semi-annual newsletters, Collect information and produce at least 8 country specific profiles and other summaries. Coordinate and produce with WHO a vitamin A bibliography.

This year:

Vitamin A News Notes: The Spring 1992 issue, number 8, was published and distributed in English, French, and Spanish editions. This issue highlights activities to control vitamin A deficiency by CARE, Helen Keller International, ORANA, Save the Children, and World Vision. One feature article outlines the steps recommended to achieve the World Summit for Children goal eliminating vitamin A deficiency; another provides practical suggestions for health workers in the use of local terms for nightblindness. This issue also features updates on recent research and policy developments related to vitamin A. The Spring issue was mailed to over 1,000 PVOs, Ministries of Health, local NGOs, and other agencies in over 80 countries.

The Fall issue is in production, scheduled for November/December 1992. Note: A Fall 1991 issue was not published. Due to staff changes and the re-organization of VITAP as recommended by the Mid-term evaluation.

Country profiles: Data available on government level activities and policies related to vitamin A deficiency control was summarized in an easy to read table format. The table "Government Policies on the Control of Vitamin A Deficiency in Selected Countries" lists the current status of vitamin A programming for 28 countries in Africa, Asia and Latin America. Work on individual country profiles was delayed due to time constraints and a staff shortage.

Vitamin A bibliography: A VITAP staff member worked with WHO headquarters staff in Geneva in February 1992, to coordinate the use of different computer systems and identify publications. Over 200 articles and publications related to the control of vitamin A deficiency were identified. VITAP has not yet been able to prepare a first draft due to the following: The type of bibliography originally planned in consultation with WHO would have involved the reproduction of copyrighted materials. Upon investigating the approval process required, greater staff time is needed to successfully complete the project as currently planned. As a result, VITAP is re-designing the scope and scale of the bibliography and reconsidering the cost effectiveness of this activity.

6. HKI/VITAP manuals, guides and other publications

Expected output: Expanded knowledge base and resources available for vitamin A programming, through the development and publication of HKI/VITAP methodologies, curricula, guides, manuals and articles.

Planned activities (FY92 & FY93): VITAP plans on publishing at least 5 HKI/VITAP guides, curricula or manuals. When possible, VITAP will submit articles to newsletters and journals.

Publications

VITAP dietary assessment methodology. Data analysis continued on validating the assessment methodology. Preliminary results, which indicate that the method will be an effective and valid tool for assessing communities at risk for vitamin A deficiency, was presented to PVOs at the assessment seminar during August 1992. An abstract of the methodology was accepted for presentation at the next IVACG meeting in Tanzania, March 1993. A manual "How to conduct the HKI Food Frequency Method" is being drafted. An article, based on the assessment/validation exercise done in the Philippines, was submitted to an academic journal. A second article will be submitted to another academic journal which explains the findings of the validation exercise and discusses the overall usefulness of the dietary tool in assessing community risk for vitamin A deficiency.

Conducting a Qualitative Assessment of Vitamin A Deficiency: A Field Guide for Program Managers. Pre-press production work continued. A draft of the guide was presented at the technical seminar on assessment methods for PVO staff. Subsequently the draft was revised based on PVO feedback. Publication date is currently Winter 1993.

We have received requests from the PVO community for the two above mentioned manuals and for assistance with undertaking assessments for the next round of child survival projects.

Controlling Vitamin A Deficiency: A Practical Guide. A consultant was contracted to review and rewrite the guide in language appropriate to the targeted PVO audience. Her work was completed by May, 1992. VITAP staff also reviewed the draft and suggested additional edits. However, due to a shortage of staff time, publication has been delayed until early 1993. The draft document was used by SCF to write a similar manual adapted for use by SCF Program Managers.

Training modules. In order to design the competency-based training modules to meet the needs of the PVO community, a questionnaire was developed and sent to HKI field programs and selected PVO field and headquarter staff. Based on the responses, PVOs indicated a need for training modules or learning activities on two

topic areas: An orientation to the importance of vitamin A for child survival and nutrition education to promote increased consumption of vitamin A-rich foods. Several learning activities developed during collaborative projects will be adapted for inclusion in the training book. The training book or set of learning activities will be further outlined and sections will be contracted to consultants during early 1993.

Guide to Vitamin A Content of Indigenous Plants Used for Medicine and Food. Based on an in-house review of the manuscript, VITAP re-did the layout and make it available as a VITAP report. Copies will be made as needed. Based on the response to this first edition, VITAP will explore with FAO and other agencies support for another version.

Poster of West African Foods Rich in Vitamin A. A mockup of proposed poster was made and was reviewed by the VITAP Technical Advisory Group during April. Originally, the poster was to be printed in Senegal by ORANA and UNICEF. Last February, the art work and food values were returned to VITAP at our request. The TAG recommended that although the poster is a popular format in Africa, it is not the best medium to effectively convey the information. VITAP will re-work the material into a handout.

Spanish edition of *A Field Guide for Adding Vitamin A Interventions to PVO Child Survival Projects*. At the request of USAID FHA/PVC, VITAP will oversee the translation and reproduction of this JHU PVO Child Survival Support Program publication. VITAP staff met with Dory Storms to coordinate and plan this new activity. JHU to identify revisions in text by early 1993. We are also exploring the possibility of translating the publication into French dependent on available resources.

Submission of articles to newsletters and journals

At the request of Johns Hopkins University's PVO Child Survival Support Group, HKI/VITAP submitted an article on women and vitamin A deficiency. It appeared in the July 1992, PVO Child Survival Technical Report, Vol. 3, No. 1.

HKI/VITAP also submitted an article to NU, a journal published by the International Child Health Unit of Uppsala University, Sweden. The article, "First Step for Child Survival: Preventing vitamin A deficiency among women at risk," appeared in NU's special issue on vitamin A.

HKI/VITAP submitted the article, "Risk factors for vitamin A deficiency in rural communities of Davao, Philippines." to an academic journal.

Abstracts of potential presentations were submitted for the next International Vitamin A Consultative Group (IVACG). The abstracts were on: VITAP's dietary assessment methodology; VITAP's experience, in conjunction with AED, in

developing nutrition education materials (flipcharts) in Burkina Faso. The meeting will be held March 1993 in Tanzania.

HKI/VITAP also submitted the Bellagio Brief to several newsletters.

VITAP Regional Coordinator/Indonesia had an article published in a newspaper called "Indonesia: A Model for Combatting Vitamin A Deficiency". He also developed a one page brochure for radio station managers (Why Vitamin A Information Needs to be Broadcasted").

7. Consultant Referrals/Development

Expected output: Pool of experts qualified in vitamin A deficiency.

Planned activities (FY92 & FY93): Involve host country nationals in collaborative projects and other activities in order to enhance their skills. Refer vitamin A experts to PVOs and other organizations. Maintain consultant roster.

In order to enhance the skills of prospective experts in vitamin A, VITAP involved many host country nationals in activities. The staff of the Tanzania Food and Nutrition Center worked with HKI/VITAP staff on dietary assessment exercise. In India, VITAP arranged for persons from India, Indonesia and Nepal to present at the PVO workshop. VITAP arranged for a consultant in Bangladesh to work with an collaborative project in Nepal. A VITAP consultant from the Philippines, participated in a training of trainers with the HKI Deputy Director for Training. A Haitian Program Manager for EyeCare/Haiti attended the PVO Assessment Seminar. In general, VITAP asks all staff and consultants working in the field to partner with the local national staff in order to transfer, not only the product, but also the process.

The Spring Issue of Vitamin A News Notes and other materials were sent to all consultants listed on the roster. Several prospective consultants were identified as requested by UNICEF, and IEF (See below). The consultant roster continues to be maintained. VITAP recruited potential consultants at NCIH in June.

Consultant Referrals - Identify experts in vitamin A deficiency

Organization	Consultant Referral Needed
IEF	Consultant to conduct nutrition research - Malawi
UNICEF	Nutritionists available for Somalia
UNICEF Madagascar	Suggestions for consultants in survey work

8. Impact Assessment

Expected output: Estimation of the impact of VITAP technical assistance at the community level in selected countries.

Planned activities (FY92 & FY93): Undertake an assessment of select VITAP activities at the field level in order to assess impact on the beneficiary. Coordinate activities with USAID and PVO; Adjust VITAP Budget; Develop scope of work and terms of reference; Develop Protocol; Select team; Undertake assessment based on protocol; Submit detailed report; Debrief HKI, USAID, PVOs; Act on recommendations.

VITAP conducted an external mid-term evaluation during March/April 1991. At that time, due to travel restrictions, the evaluators did not undertake field visits to look closely at VITAP's affect on vitamin A programming at the PVO field office and/or community level. Later, because of the overwhelming positive evaluation findings, the field visits were canceled. Subsequently, USAID/FHA/PVC requested in April 1992 that VITAP free up funds to undertake an impact assessment. After discussion, it was decided that an impact assessment of selected technical assistance provided by VITAP to PVOs was be conducted as a joint USAID/HKI activity in order to assess how well VITAP technical assistance was translated by PVOs into effective vitamin A programming at the community (beneficiary) level.

To accomplish this task the following activities transpired this year: (See appendix 4 for more information):

Two coordination meetings were held - the initial meeting with USAID, JHU CSSP and several PVO representatives was held in June 1992 at which time VITAP was described fully, including its objectives, mechanism and type of assistance provided. Discussion was held on the scope of work, protocol and limitation of this proposed impact assessment considering there was little or no baseline information and VITAP's target population is the PVO, not the community.

A draft Terms of Reference/Scope of Work was developed for the next coordination meeting (held in September) for discussion by USAID and PVO representatives.

Since we could not find a replacement for our Assessment Manager who had resigned, Rudi Horner was hired as a consultant to act as activity manager. We prepared a matrix of countries in which VITAP has provided technical assistance and made recommendation regarding the team member composition and assessment protocol. PVOs and USAID gave input and the assessment team composition was finalized and countries selected. Preparations were made for a 2 day team planning meeting in October. The team will begin assessment activities immediately following the October team planning meeting.

VITAP Logical Framework --

Narrative Summary	Measurable Indicators	Means of Verification	Key Assumptions
<p>Goal: To reduce vitamin A deficiency and its consequences, including preventable blindness and increased morbidity and mortality</p>			<p>(Goal to Supergoal) Vitamin A deficiency is a major factor in the health and wellbeing of children</p>
<p>Purpose: (Overall Objective) To institutionalize the control and prevention of vitamin A deficiency within private voluntary and non-governmental organizations as part of their ongoing child and maternal health programs</p>	<p>By the end of project, at least 10 PVOs will have increased their commitment to vitamin A deficiency control as defined by an increase in 3 or more areas:</p> <ul style="list-style-type: none"> • # of country programs • Target population • Range of interventions • Linkages w/other agencies • Budget allocated • Staff responsible • Plans/policies/guidelines • Proposals submitted • Vitamin A materials developed/adapted • Staff oriented on vitamin A • # of staff sent for training on vitamin A <p>* see section VIII of the DIP (pages 33 and 34) for complete information on the above indicators</p>	<p>"Vitamin A Notes", March 1989 (VITAP baseline)</p> <p>Mid-term evaluation, April 1991</p> <p>Final Evaluation including results from impact assessment, PVO headquarters visits by outside evaluators</p> <p>VITAP monitoring systems</p>	<p>(Purpose to Goal) Through existing child & maternal health programs, PVOs and governments can effectively expand the control of vitamin A deficiency to a larger target population</p> <p>Resources will be available for PVOs to institute new health & vitamin A programs and expand existing ones</p>
<p>Outputs: (FY92 & FY93) <u>Direct PVO capacity building</u></p> <p>1 PVOs gain operational experience in vitamin A deficiency control</p> <p>2 Key technical staff of PVO headquarters, regional offices & field programs have been exposed to technical and programmatic issues related to vitamin A</p>	<p>1.i At least 10 PVO/VITAP collaborative projects completed.</p> <p>100% of technical reports reviewed for technical accuracy</p> <p>Key technical PVO staff participated in planning, implementation and documentation of activities in 80% of collaborative projects.</p> <p>2.i Key PVO technical staff participated in seminars/workshops and/or collaborative projects</p>	<p>1.v Activity report</p> <p>Survey form to key PVO technical staff</p> <p>2.v Survey form to key PVO technical staff</p> <p>Seminar/workshop evaluation</p>	<p>(Output to Purpose)</p> <p>PVOs will apply and build upon operational experience undertaken with VITAP inputs.</p> <p>Willingness to cost share indicates that a PVO will sustain vitamin A-related activities</p> <p>PVO technical staff participating in VITAP seminar will apply and share knowledge gained</p>

Narrative Summary	Measurable Indicators	Means of Verification	Key Assumptions
<p><u>Government-PVO Networking</u></p> <p>3 PVO participation facilitated in governmental vitamin A deficiency control efforts</p>	<p>3.i PVO participants attend national/regional meetings</p> <p>80% of PVOs report, one year later, that meeting had increased communication and/or collaboration with government</p> <p>Joint PVO/government communiques/declarations/recommendations issued</p>	<p>3.v Meeting reports/proceedings</p> <p>Follow-up questionnaire to PVO participants after one year</p>	<p>Strengthening linkages among PVOs, government agencies and others will enhance a PVO's ability to implement country programs</p>
<p><u>Dissemination of Information</u></p> <p>4 The needs of the PVO community & other organizations for technical advice, materials & information on vitamin A deficiency are met</p> <p>5 Vitamin A-related activities by PVOs, governments and other organizations are summarized and exchanged through a semi-annual newsletter and other publications</p> <p>6 Expanded knowledge base for vitamin A programming through the development & publication of HKI/VITAP methodologies, curricula, guides, manuals and articles</p>	<p>4.i 80% of requests for technical advice, information & materials are fulfilled within 2 weeks</p> <p>80% of PVO recipients are satisfied with the quality of VITAP's response</p> <p>90% of technical advice given is accurate</p> <p>5.i 4 semi-annual newsletters produced and distributed</p> <p>At least 8 country profiles produced</p> <p>Bibliography system established</p> <p>80% of surveyed PVO representatives report that HKI/VITAP profiles, NewsNotes and other documents are a useful resource</p> <p>6.i At least 5 HKI/VITAP curricula, guides, or manuals published</p> <p>80% of surveyed PVO program managers and technical staff have access to HKI/VITAP manuals & guides</p> <p>100% of HKI/VITAP publications are assessed as technically accurate</p>	<p>4.v VITAP tracking system</p> <p>4th year review/feedback from PVOs</p> <p>Final evaluation/questionnaire to PVOs & assessment of random sample of responses by outside expert</p> <p>5.v <i>Vitamin A News Notes</i></p> <p>Profiles</p> <p>Bibliography</p> <p>Final evaluation/questionnaire to PVOs</p> <p>6.v Followup survey of PVO recipients of selected HKI/VITAP manuals and guides</p> <p>Review of HKI/VITAP publications by outside expert</p>	<p>PVO staff will be both better informed and motivated by fulfilling their needs for technical advice, information and materials</p> <p>VO staff will be both better informed and motivated by the exchange and sharing of activities from around the world</p> <p>HKI/VITAP manuals & guides will be important tools and resources for PVO program managers & technical staff</p>

Narrative Summary	Measurable Indicators	Means of Verification	Key Assumptions
<p><u>Human Resource Development</u></p> <p>7 Pool of experts qualified in vitamin A deficiency</p>	<p>7.i At least 10 local or new consultants participate with technical experts/staff in VITAP collaborative project and/or attend seminars /workshops or consultant orientation</p> <p>Roster lists 150-200 of available consultants</p> <p>80% of requests for a referral of a vitamin A expert is fulfilled within 2 weeks</p>	<p>7.v Activity reports from collaborative projects, workshops/seminars and consultant orientation</p> <p>VITAP consultant roster</p> <p>VITAP request tracking</p>	<p>PVOs will continue to contract/hire persons whose skills have been enhanced by VITAP</p>

Revised 7/17/92

Summary of Projected Phase II Activities, Estimated Resources & Key Assumptions

Narrative Summary - Activities (FY92 & FY93)	Estimated Resources	Key Assumptions (Activity to Output)
1. Undertake approximately 10 - 12 collaborative projects with PVOs	28%	Joint VITAP/PVO projects will assist an PVO in gaining concrete, hands on experience in vitamin A deficiency control
2. Conduct at least 2 seminars for PVO key technical staff Conduct PVO orientations /trainings as needed	5%	Technical issues and knowledge will be transferred to key technical staff: seminars conducted as planned, technical staff able to attend
3. Support at least two national or regional-level meetings (India, Nepal, FAO West Africa regional social marketing meetings)	5%	Participation in national/regional-level meetings will facilitate and strengthen PVO, government and other organizational linkages.
4. Fulfill requests from the PVO community & other organizations for technical advice, materials and information Edit selected consultancy reports for widespread distribution Maintain inventory & distribution system of HKI/VITAP publications & reports available on a cost sharing basis Maintain library of key resources	10%	PVOs will request the technical advice, information and materials which they need
5. Produce and distribute 4 semi-annual newsletters Collect information and produce at least 8 country specific profiles and other summaries Coordinate & produce with WHO a vitamin A bibliography	8%	VITAP will be able to publish newsletter, profiles WHO continues interest in collaboration
6. Complete validation & publication of VITAP dietary assessment methodology Complete publication of VITAP guide on controlling vitamin A deficiency Complete publication of VITAP guide on conducting a preliminary assessment of vitamin A deficiency Consolidate previous VITAP training activities into series of generic, competency based training modules/manuals Edit and publish guide on vitamin A content of indigenous plants Submit articles to newsletters & journals	17%	HKI/VITAP will be able to add to the knowledge for vitamin A programming by PVOs The VITAP dietary assessment methodology will prove to be valid and applicable for PVOs
7. Invite consultants to technical meetings Involve host country nationals in collaborative projects & other activities Refer vitamin A experts to PVOs and other organizations Maintain consultant roster	2%	VITAP will be able to identify and enhance the skills of potential consultants
8. Supporting activities: networking; advocacy; reporting and evaluation; impact assessment and expert review meeting	10% 15%	HKI will be able to design a new vitamin A strategy.

* Estimated resources includes personnel, consultants, and all other direct and indirect costs (22.6%)



PVO Activities in Vitamin A

Foundation for the Peoples of the South Pacific (FSP)

Kiribati

Activities to eliminate vitamin A deficiency are well underway in Kiribati, a nation of many small islands in the South Pacific. In 1989, FSP, with assistance from Helen Keller International/VITAP undertook a survey to assess the degree of vitamin A deficiency in Kiribati. The survey found that 14.7% of the children examined had one or more active signs of xerophthalmia — a rate nearly ten times the World Health Organization's definition of a public health problem. Since then, a coordinated effort has been initiated between the Kiribati Ministry of Health and Family Planning, the Foundation for the Peoples of the South Pacific (FSP), UNICEF, and USAID.

Vitamin A deficiency, and child nutrition in general, was the major topic of recent in-service training workshops. At two of these workshops, public health nurses and their supervisors wrote the Ministry's policy for responding to the vitamin A deficiency problem. As one of the chosen interventions, they planned the details of the semiannual Vitamin A Capsule Distribution Campaigns. Nursing supervisors who attended the workshops organized similar workshops for their colleagues posted on the more remote outer islands. How to prevent and treat vitamin A deficiency is now well understood by personnel throughout the health system.

The first campaign was held the last week in June 1991. Nurses traveled by foot, bicycle, motorbike, canoes, and boats to visit every community on the major islands and distribute capsules during that week. All children in the

country between ages of one and ten years were administered a megadose 200,000 IU capsule of vitamin A. The coverage achieved during the campaign week was very high with over 90% of the target population receiving capsules on most islands.

A month after the first campaign, a visiting Australian Eye Team examined patients on two thirds of the islands and were delighted that they saw no corneal signs of vitamin A deficiency among children aged one to ten. Nurses also report that they have seen very few cases of xerophthalmia since the distribution. Enthusiasm remains high for future campaigns. Nursing supervisors say that they are receiving radio calls from eager nurses on the outer islands who are awaiting their supply of capsules and the specific date of the campaign week.

Recognizing that capsule distribution is a short-term intervention, the Ministry of Health also has increased

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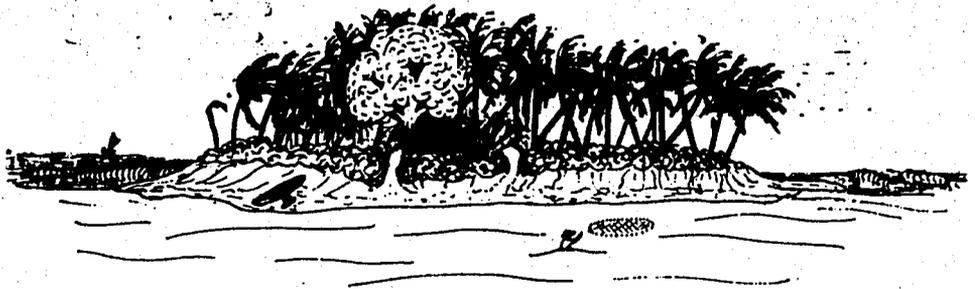


Illustration by Carolyn Peduzzi

its efforts to educate the community about eating the right foods, especially dark green leaves and yellow or orange fruits. The Ministry Nutrition Office, staffed by Ministry and FSP personnel, has trained community nurse assistants from the island of South Tarawa in how to prepare dark green leaves and promote their consumption through cooking demonstrations. The training emphasized the cooking of locally available leaves and those vegetables recently introduced to Kiribati by FSP and the Kiribati Agriculture research projects. To date, the most popular and well-received recipes are a local dish made with raw fish but with added te non (*Morinda citrifolia*) leaves and a dish of Asian watercress (*Ipomoea aquatica*), which is new to Kiribati but grows readily in swampy areas. The training has spawned a flurry of cooking demonstrations in South Tarawa. The Nutrition Office is eagerly awaiting new recipes featuring the cuisine of South Tarawa. Community groups and schools have requested that the Nutrition Office provide materials or resource personnel so that the importance of vitamin A-rich foods can be discussed in their workshops or meetings.

FSP is also working to increase the supply and diversity of vitamin A-rich vegetables available on the islands. To supply urban areas, FSP has started a marketing system that works with local growers to sell fresh vegetables and fruits (see box). In rural areas, FSP is encouraging every household to cultivate a home vegetable garden. Each garden, of course, has foods rich in vitamin A and other nutrients. To help interested households start a garden, FSP's nursery and seed center distributes free seedlings of nambere, papaya, and drumstick tree. In focus discussion groups, FSP has found that many women prefer to work for their church groups during their spare time. Consequently, FSP is helping the women fill the grounds of their church centers with vegetables and fruit trees. FSP's field assistant reports that women enjoy the nutrition lessons and learning how to grow vegetables in a small area. The field assistant has helped both the Catholic Women's Group and the Seventh Day Adventist Women's Group start vegetable gardens.

Marketing Vitamin A-rich Vegetables in Kiribati

Every Tuesday and Friday, fresh green leafy vegetables and fruits go to Bairiki, Nanotasi Co-op by 12:30p.m. It is lunch time, and a small crowd waits for the red FSP truck to come loaded with papayas, pumpkins, Chinese cabbages, sweet peppers, and chillies. The truck always arrives promptly, and, in a short time, the fresh fruits and vegetables are sold out.

The Bairiki, Nanotasi Co-op is just one sales outlet that Tina, the FSP marketing expert, has established in order for the urban population to have a reliable, low-cost supply of vitamin A-rich foods throughout the year. Most of the other vegetables and fruits sold in local markets are imported, making them unaffordable for the local population.

To grow the fresh green leafy vegetables and fruits for the Bairiki, Nanotasi Co-op, FSP has been working with ten growers. From a distance, the deep green fronds of coconut palms make the atolls of Kiribati appear lush and fertile. In reality, the coral soil is very poor. Proper skills and knowledge are needed to successfully grow a wide range of fruits and vegetables. With FSP's assistance, the growers have learned gardening techniques, the importance of soil nutrients and fertilizers, and how to control pests.

The results can be seen in the market; papaya, pumpkin, and local pandanus — all rich in vitamin A — are available for sale. Rock-melons, chillies, and Chinese cabbage are also on sale in the market. And, as Tina notes, much more is needed to meet the demand for these locally produced and fresh vegetables.

Save the Children

Haiti

With Save the Children's help, the members of "Decided Women," a women's group in the central plateau of Haiti, are using solar dryers to preserve mangos and other locally grown vitamin A-rich foods. Once dry, the mangos last several months and provide a source of vitamin A when the fresh fruit is not in season. The women can either use the dried mangos for their own family's meals or sell them for additional income. Properly dried, out of the direct rays of the sun, mangos retain their high levels of beta-carotene. The dried fruit is readily eaten by young children, who are at the highest risk of having vitamin A deficiency.

The project helps women's groups construct a solar dryer from locally available materials and then practice drying techniques. The women also learn about good nutrition and develop their own recipes for using dried mangos and other dried produce.

Since successful income generation is key for sustaining the activity, the project provides training in marketing,

financial management, and recordkeeping. A revolving credit fund has been established to finance individuals.

The women who are currently participating in the project eventually will train women's groups in neighboring villages. Highly enthusiastic, these women already have composed a jingle and a dance to describe solar drying to their neighbors. Save the Children hopes that solar drying of mangos and other vitamin A-rich foods becomes common practice.

VITAL, a project of the U.S. Agency for International Development, is providing Save the Children in Haiti with technical assistance in dryer construction, solar drying techniques, recipe development, nutrition education, and marketing of the dried produce. The Centre de Développement des Ressources Humaines (CDRH), Haiti, prepared a manual on solar drying for the project in both Creole and English.

A video (VHS, U.S.-based format only) in Haitian Creole on solar drying is available from VITAL, 1601 N. Kent Street, Suite 1016, Arlington, VA 22209, USA.

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ORANA

Senegal

The Linguère département in the Louga region of Senegal is a drought-stricken and deserted area. Most of the younger population has fled Linguère seeking opportunity elsewhere. Those left behind — mainly women, children, and elders — are hard hit by the drought and suffer from various nutritional deficiencies, in particular vitamin A deficiency. Vitamin A intake in the area is among the lowest in Senegal. Reports show that over 90% of the population in Linguère consume less than 50% of the FAO recommendation for vitamin A.

Last July, ORANA initiated MANGOCOM to improve the vitamin A intake of people in Linguère, especially among children two to four years old. MANGOCOM serves to test the strategy of improving vitamin A intake and status through supplementary feeding with dried mangos. Elsewhere in Senegal mango trees are plentiful and prolific. During the harvest, enormous quantities of the vitamin A-rich fruit are available for a short period of time. Typically, the harvest is twice the amount that is immediately consumed, and much of the fruit rots. With solar drying, however, the fruit can be preserved and transported to other regions. Solar drying is a simple and effective means of preserving mangos and is already widely used in the Casamance region of Senegal.

MANGOCOM has developed a dried mango product as a pro-vitamin A supplement for weaning-age children. The mango product, called Mango Perental, meaning mango for the weaning-age child in Wolof, is produced during the mango harvest near Dakar through a women's cottage industry. MANGOCOM then distributes and promotes the supplement, using social marketing techniques, in six villages in Linguère.

In order to refine the product and develop the marketing strategy, MANGOCOM conducted focus group sessions. Ten young mothers of preschool children were recruited from Linguère to form the focus group. None of the women had seen or knew of dried mangos before. The MANGOCOM staff demonstrated the

rehydration of dried mangos and asked the women how they might use the dried mangos when preparing a meal for their weaning-age child. Each woman then took a supply of dried mango home to prepare for her family. Three days later, MANGOCOM reconvened the focus group and noted the women's comments on their experiences in preparing and using dried mangos.

From this and other sessions, the MANGOCOM staff developed the



C. Peduzzi

name of the supplement, Mango Perental, and the main message used to promote it. The main message was made into a song and recorded to the beat of small drums. In addition to this audiotape message, the MANGOCOM message is promoted with toys, games, T-shirts, and family portraits. MANGOCOM will reconvene the focus group periodically in order to monitor the acceptance of Mango Perental and update the messages.

To evaluate the impact of project activities, MANGOCOM is closely

studying 220 children in the targeted age group. Serum retinol carotenoid values taken at baseline and at the end of the supplementation period will be compared to a control group.

Anthropometric data (weight, height, and arm circumference) and food consumption are being evaluated also.

MANGOCOM is a collaborative effort between ORANA (Organisation pour la Recherche sur l'Alimentation et la Nutrition Africaine) and Florida State University (FSU). The program is based on research by Dr. Jenice Rankins from FSU on solar drying of foods in Senegal. Funding for MANGOCOM is from USAID, Office of Nutrition.

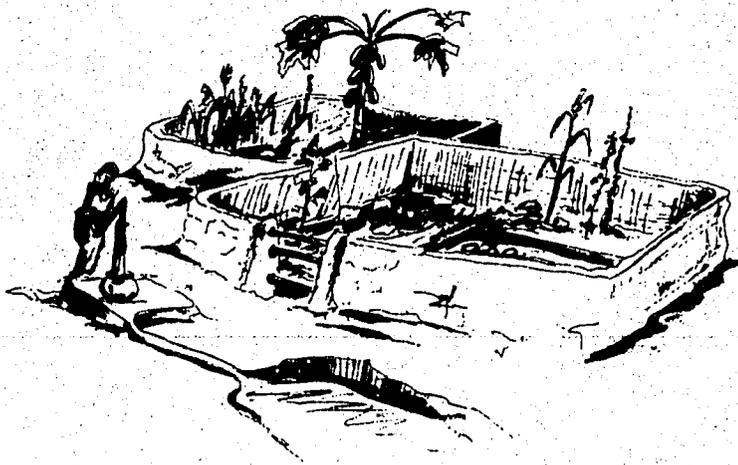
World Vision

Mauritania

When World Vision began to address the vitamin A deficiency problem in the Assaba region of Mauritania, the greatest challenge was to introduce sources of vitamin A into the local diet. The nomadic people of this arid region tended to be meat and milk consumers with little appreciation for dark green leafy vegetables.

Today, growing and eating vitamin A-rich vegetables increasingly have become part of their way of life. Desert gardening is now a yearly event for many traditionally nomadic families. At many oases, plots are cultivated and planted with vitamin A-rich vegetables. Merchants now sell seeds and locally made gardening tools in towns. Most of the year vegetables are available in the markets. Couscous, the main staple, is regularly served mixed with cooked vegetables. Women's cooperative groups are earning additional income through the sale of vegetables.

This change has come about through World Vision's child survival project. With USAID funding for vitamin A, World Vision expanded and initial relief effort into a long-term community health and development project. Although the project targeted 46,000 women and children throughout the Assaba region, project activities were



From "Dry Season Gardening for Improving Child Nutrition"/UNICEF

concentrated in selected "emphasis" villages. These activities included nutritional gardening, weaning food preparation, and technologies for preserving green leafy vegetables to use at a later date. In addition, vitamin A capsules were distributed through mobile teams, health centers, and schools. A parallel social marketing effort was launched to complement all child survival interventions, including vitamin A. The key vitamin A message focused on increasing community awareness of the nutritional value of green leafy vegetables. Other key messages promoted proper hygiene, the use of oral rehydration therapy, nutritious weaning foods, and available health services. Communication materials included slide sets, taped messages recorded on cassettes, songs, plays, and T-shirts featuring green and yellow vegetables. The T-shirts were a popular incentive among the health workers who distributed vitamin A capsules!

Now, four years after the start of the vitamin A interventions, the impact of project activities is evident.

- The reported consumption of vitamin A-rich vegetables among households has increased from 16.1% to 54.3% in the whole region (to 78.5% in "emphasis" villages).
- The percentage of households who could name at least one vitamin A-rich vegetable increased regionally from 40.8% to 69% (to 90% in "emphasis" villages).

- The percentage of women who delivered in the past twelve months and received vitamin A increased from 11.5% to 22.6% regionally.
- Percentage of children aged one to four years who received vitamin A in the past twelve months increased from 51.6% to 73.7% in "emphasis" villages.

World Vision credits the success of changing local diets in Assaba to community involvement and the sensitivity of the staff to local attitudes. Prior to implementing any gardening and nutrition-related activities, the staff conducted a knowledge, attitude, and practice (KAP) survey on agricultural practices and consumption of vitamin A-rich foods. The staff then spent considerable time observing and discussing these practices with community members, especially the community leaders and women.

Over the years, the staff spent the majority of their time on demonstrating techniques: how to increase the fertility of sandy soil by mixing it with animal manure; how to enrich a weaning food with vitamin A-rich vegetables. Over time, the villagers' initial doubts and their resistance to vegetables and gardening gradually disappeared. They discovered that expensive, hard-to-obtain chemical fertilizers were not necessary to grow vegetables and that with drying and preservation they could eat vegetables throughout the year.

Helen Keller International

Nepal

In the hill district of Kavre, a program that reaches and rehabilitates those who are incurably blind is also preventing blindness. At little additional cost, the staff of the community-based rehabilitation program are using their skills to prevent the nutritional blindness that can result from vitamin A deficiency.

In community-based rehabilitation, or CBR, trained field workers help blind children and adults fully participate in the activities of their families, villages, and communities. Teaching in the blind person's own community, the rehabilitation worker assists the blind person to master basic skills in orientation, mobility, and daily living. The family and community are involved from the very start of the process to insure that a supportive environment exists from the beginning.

Initially, children and adults who could benefit from the program's services were located through house-to-house surveys conducted by trained workers. Now, a community referral network is well established at the home, school, and village level, and it regularly refers children and adults to the CBR staff. The referral network is a low-cost way of insuring that services reach those in need.

In addition to rehabilitation, the CBR workers are trained in primary eye care and vitamin A deficiency control. They administer an appropriate dose of vitamin A to children with ocular signs of vitamin A deficiency and to those suffering from measles, malnutrition, frequent diarrhea, or lower respiratory infection. All children who are treated for ocular signs of vitamin A deficiency and, more recently, measles are recorded and referred to the local hospital for follow-up care. After six months, the CBR workers will revisit the patient to check on progress. Since the program's inception three years ago, 5,350 capsules have been administered.

While assisting blind persons to gain daily living skills, CBR workers also have introduced kitchen gardens at fifty family homes — each garden growing local vegetables rich in

vitamin A. In addition, the CBR program staff have highlighted the importance of vitamin A-rich foods for good health and vision during more than one hundred and fifty public education presentations on primary eye care at schools, clubs, and village meetings.

The CBR program is located 25 km from Kathmandu and currently serves a population of approximately 250,000. Twelve field workers cover the district, each working with four village areas. The program is a collaboration between Helen Keller International and the Nepal Association for the Welfare of the Blind, a local NGO.

CARE

Bangladesh

CARE's Women's Development Project is establishing basic primary health skills, including the control of vitamin A deficiency, among rural villages throughout Bangladesh. To do so, CARE trains neighborhood women, nominated by the community for their leadership skills, in basic primary health education. The

women receive intensive training their first year and then begin to impart their knowledge to neighbors. By the third year, they run their own regular training sessions as trained village health workers. The Women's Development Project aims to improve the health of 100,000 women and their families in over four hundred Bangladeshi villages.

Nationwide, vitamin A deficiency is a well-established public health problem. Over 60,000 Bangladeshi children under the age of six suffer some loss of sight due to vitamin A deficiency. Every day, nearly one hundred Bangladeshi children go blind — more than half of whom die within a few days of being blinded.

To control vitamin A deficiency as part of the Women's Development Project, CARE field workers in each village begin with the identification of all children suffering from nightblindness or other symptoms. Children up to twelve years old are examined. The field workers then discuss the importance of a balanced, vitamin A-rich diet with each mother of a child with symptoms and administer a vitamin A capsule to the child. Children with severe cases of vitamin A deficiency are watched closely for six months to ensure that they receive appropriate care. As the village women become trained health extensionists, they develop a relation-

ship with the Ministry of Health. They assume the responsibility for administering vitamin A capsules, thereby ensuring that in each village there is a way to prevent vitamin A deficiency and a continuous source of vitamin A capsules.

Both field workers and village health extensionists emphasize the importance of a vitamin A-rich diet in preventing nightblindness. They encourage women to feed their children locally available vitamin A-rich foods that are found in abundance: mango; papaya; dark green, leafy vegetables and dark yellow and orange fruits and vegetables; and small fish. Many of these foods can be grown by the women in small kitchen gardens adjacent to their homes, and CARE encourages them to do so.

For the poorest women, who are often unable to afford even these local foods, CARE also promotes savings and loan associations, which enable women to save weekly (between three and eight cents). Soon after women join these groups, they are granted small loans to invest in the income-generating activities that are common to rural Bangladeshi women.

The results of basic primary health education conducted by neighborhood women have been very encouraging. Within six months, 100% of vitamin A-deficient children are eating vitamin A-rich foods. ©



"Green leafy vegetables are bottled medicine"

**E. V. McCollum
Discoverer of
vitamin A, 1913**

Vitamin A Events

India PVO Planning Meeting

Over fifty representatives of PVO/NGOs and other organizations gathered in Madurai, India, from November 13 - 15, 1991, for a planning meeting on vitamin A and child survival. The meeting was a follow-up for PVOs to a national-level workshop conducted earlier in 1991 by the Ministry of Health and UNICEF. Convened in India by the Aravind Eye Hospital, the meeting was sponsored by Helen Keller International's Vitamin A Technical Assistance Program (VITAP).

An official from the Ministry of Health briefed the participants on the national program to control vitamin A deficiency. In other sessions, participants explored how they could integrate vitamin A interventions into their own child-survival activities. The participants also outlined with Aravind and VITAP their future needs for technical assistance related to the control of vitamin A deficiency. Initial participant feedback indicated that the meeting resulted in increased awareness of the importance of vitamin A for child survival and of actions that PVOs themselves can take.

Participants at the three-day meeting included representatives from CARE, Catholic Relief Services, Rotary International-PolioPlus, PLAN International, World Vision, RCSB, and their local counterpart organizations in India. In addition, representatives from World Vision/Sri Lanka and PLAN International programs in Sri Lanka attended. Other participants included local representatives from government and the agricultural and dairy sectors. Presenters from India (Aravind and PVOs), Indonesia (Helen Keller International/VITAP), Nepal (NNIPS/Johns Hopkins University) and the United States (Helen Keller International/VITAP) provided an international perspective.

At the close of the meeting, the participants drafted a *Declaration of Vitamin A Nutrition* that outlined the next steps needed for the government and the PVO/NGO community to successfully eradicate vitamin A deficiency in India. As a follow-up activity, Aravind is organizing a

second workshop for PVOs to develop uniform indicators for vitamin A interventions.

Proceedings from the planning meeting are being prepared by Aravind and will be available later this year. Copies can be requested from VITAP, Helen Keller International, 15 West 16 Street, New York, NY 10011, USA or Dr. Laxmi Rahmathullah at Aravind Children's Hospital, 1 Anna Nagar, Madurai 625020, India.

XIV IVACG Meeting: Focus on community-based interventions

Community-based interventions for the prevention of vitamin A deficiency was the major theme of the recent meeting of the International Vitamin A Consultative Group (IVACG). Representatives from thirty-nine countries were among the 193 policymakers, 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 emphasized the need to combat vitamin A deficiency within the context of the social, economic, dietary, and health needs and resources of a population. Vitamin A deficiency must be recognized 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 between the public and private sectors that would strengthen nutritional priorities and tie them into economic development were 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 status on morbidity and mortality. Mortality intervention

CALL FOR ABSTRACTS

The next IVACG Meeting will be in February 1993 in Africa. The theme of the meeting, is "Toward Comprehensive Programs to Reduce Vitamin A Deficiency." IVACG is seeking papers for presentations on the following topics:

- vitamin A program issues.
- progress in changing dietary behavior related to vitamin A;
- newer methodologies for assessing subclinical vitamin A deficiency,
- consequences for human health and development of vitamin A deficiency,
- new human research related to the functions of vitamin A.

For consideration, submit an abstract of the proposed paper to the IVACG Secretariat. For further information, please contact the IVACG Secretariat at The Nutrition Foundation, 1126 Sixteenth Street, NW, Washington, DC 20036, USA. Phone: (202) 659-9024, Fax: (202) 659-3617.

studies presented at the meeting reaffirmed the IVACG statement made previously in 1989: "Evidence is accumulating that [vitamin A] also reduces mortality." One trial presented at the meeting did not show a significant difference in mortality.

A complete summary of the meeting is now available from the IVACG Secretariat. 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's summary a valuable resource for professionals interested in the problem of vitamin A deficiency and the solutions for its control.

The meeting summary and other IVACG publications are available from the IVACG Secretariat, The Nutrition Foundation, 1126 Sixteenth Street, NW, Washington, DC 20036, USA.

Where Are We Since the World Summit for Children?

by John M. Palmer

Over a year ago, seventy heads of state gathered at the United Nations headquarters in New York for the World Summit for Children. Here, they pledged to make the world healthy and safer for children. Among their specific goals, they pledged to eliminate vitamin A deficiency and its consequences by the year 2000. As the head of a non-government organization, I was invited to observe this impressive gathering. Since then, I have often been asked: Will the World Summit make a difference in the lives of children?



UNICEF

Today, more than one year later, I am pleased to be able to answer that yes, the Summit is having an impact. Since the Summit, interest in how vitamin A affects the health of children has increased dramatically. For 20 years, Helen Keller International has been active in the control of vitamin A deficiency worldwide. We have been, and continue to be, an advocate for the prevention of nutritional blindness and the importance of good vitamin A status for child survival. Never before, however, have we experienced this level of interest by the general public, donors, and partnership organizations. It gives me great personal satisfaction to see this worldwide attention.

This interest and desire to act was evident at a follow-up meeting for the World Summit goals on three micronutrients: iodine, iron and vitamin A. "Ending Hidden Hunger, A Policy Conference on Micronutrient Malnutrition," was the first meeting on a global scale to address the goals set by the world leaders at the Summit. Mr. James Grant, the Executive Director of UNICEF, and Dr. Hiroshi Nakajima, Director-General of WHO, personally welcomed the representatives from over 60 countries who gathered for the conference on 10-12 October 1991 in Montreal, Canada.

At the conference, Dr. Ramalingaswami, of the All India Institute of Medical Sciences, noted that the three micronutrient goals are on the cutting edge of the collaborative and synergistic action required for achievement. All three can be fulfilled in the shortest possible time. Their cost benefit ratios are highly favorable. They provide an unique opportunity to promote on an unprecedented scale that nutritional well-being is a fundamental component of overall human development.

One of the most inspiring conference presentations for Helen Keller International was one made by Dr. Soekirman, of the National Development Planning Agency in Indonesia. Dr. Soekirman outlined the steps the Indonesian Government has taken to control vitamin A deficiency. Today, the latest data suggests that Indonesia has eliminated xerophthalmia and is making strides in controlling vitamin A deficiency overall. Helen Keller International is very pleased to be an ongoing partner with the Government of Indonesia on the control of vitamin A deficiency since 1972.

But, there is still much to be done. To truly make a difference in the lives of children around the world, the World Summit goals must be met. Many steps need to be taken by individuals in governments, private industry, non-governmental agencies, and scientific and professional groups.

On our part, Helen Keller International will continue to be an advocate for the successful control and ongoing prevention of vitamin A deficiency. In February 1992, we convened at the Bellagio Study and Conference Center an international conference of concerned scientists, health officials, and policymakers to review the extensive body of knowledge now available from around the world on the impact of vitamin A on child health. We asked them

to reach clear and appropriate conclusions that might guide public health decision-makers. Among their conclusions: Improving the vitamin A status of deficient children is an important component of a comprehensive child survival strategy. Even in populations where xerophthalmia is rare, improvement in vitamin A status can substantially reduce childhood disease and mortality. Conservatively, a 34% reduction in mortality can be expected.

These conclusions and their scientific rationale will be available later this year. We hope that they will serve to mobilize action even further and foster a few more steps taken toward eliminating vitamin A deficiency by the year 2000.

John M. Palmer is the Executive Director of Helen Keller International

The proceedings of the Bellagio Conference, "Public Health Significance of Vitamin A Deficiency and Its Control" will be available from the Vitamin A Program, Helen Keller International, 15 West 16th Street, New York, NY 10011, USA

Other publications related to the World Summit goals for the control of micronutrient deficiencies:

First Call for Children - A bi-monthly newsletter by UNICEF to highlight activities related to achieving the World Summit goals. For subscription information contact First Call for Children, UNICEF, 3 UN Plaza, H-9F, New York, NY 10017, USA.

Vital Nutrients - An overview by the U.S. Agency for International Development of the micronutrient deficiencies of iron, iodine and vitamin A. Available from VITAL, 1601 North Kent Street, Suite 1016, Arlington, VA 22209, USA.

Government Policies on the Control of Vitamin A Deficiency in Selected Countries - An easy to read table of data currently available on government level activities in 28 countries in Asia, Africa, and Latin America. Available from VITAP, Helen Keller International, 15 West 16th Street, New York, NY 10011, USA.

Results of Nepal Mortality Trials Available

The results of two field trials on the impact of vitamin A supplementation on childhood mortality are now available in the scientific literature. In both studies, the researchers concluded that a preventative distribution of vitamin A significantly reduces mortality among preschool children. One found the equivalent of a 30% reduction in mortality; the other 26% reduction.

"Childhood mortality after a high dose of vitamin A in a high risk population" British Medical Journal, volume 304, 25 January 1992, Nils Daukaire, et al.

As a result of their controlled trial in Jumla, Nepal, the researchers concluded that periodic vitamin A supplementation does increase overall child survival. They also report that supplementation was readily integrated into an ongoing community health program at very little extra cost.

In eight subdistricts, all children under five years old were given a high dose of vitamin A, as appropriate for

their age. In another eight subdistricts, no children received supplements. The risk of death for children aged 1 to 59 months in communities supplemented with vitamin A was 26% lower than in unsupplemented communities. The reduction in mortality was the greatest among children aged 6 to 11 months.

The extra cost to the community health program for administering the doses was less than \$US 0.20 per dose including capsules, staff and management time. The extra cost of each death averted was approximately US\$11.

"Efficacy of vitamin A in reducing preschool child mortality in Nepal", The Lancet, 1991 July 13; 338(8759): Keith West, et al.

The authors of this study conclude that, indeed, the periodic administration of vitamin A supplements can greatly reduce child mortality in developing countries. Specifically designed to measure the efficacy of vitamin A supplementation in reducing preschool childhood mortality, their study was a randomized, double-

masked, placebo-controlled community trial of 28,630 children aged six to seventy-two months carried out in rural Nepal, an area representative of the Gangetic flood plain of South Asia.

The trial area was randomized by administrative ward; the vitamin-A-supplemented children received 60,000 retinol equivalents every four months and placebo-treated children received identical capsules containing 300 retinol equivalents. After twelve months, the relative risk of death in the vitamin-A-supplemented compared with the control group was 0.70 (95% confidence interval 0.56-0.88), equivalent to a 30% reduction in mortality.

The reduction in mortality was present in both sexes (relative risk for boys 0.77; for girls 0.65), at all ages (range of relative risks 0.83-0.50), and throughout the year (0.76-0.67). The reduction in mortality risk was not affected by acute nutritional status, as measured by arm circumference.

Due to the significant reduction in mortality evident after twelve months, the researchers discontinued the trial. Originally, it had been planned to last two years. ©

Vitamin A Comics from the Philippines



From **May Bukas Pa...** one of several handouts for distribution at barangay health stations. Produced by the Nutrition Service, Department of Health, Philippines in cooperation with Helen Keller International.

Trining, a mother, goes to Flora, a health worker, for advice...

Trining: ...I'd like to feed my son more green leafy vegetables because they are rich in vitamin A. But I'm scared that he might suffer from indigestion.

Flora: That wouldn't happen if you feed him properly. Here's what you should do: get two spoonfuls of green leafy vegetables from the cooked dish.

Mash the leaves thoroughly. Don't forget to add a little oil. Then mix it with the rice gruel.

Trining: I'll try it one of these days.

Flora: No, Trining. You should do that daily. I mean feeding your son green leafy vegetables, because they are rich in vitamin A which will help prevent sickness...

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Program Ideas and Tips

Keeping the Promise: Steps toward eliminating vitamin A deficiency by the year 2000

by Al Sommer

Eduard DeMayer, an early advocate of vitamin A, frequently complained that vitamin A deficiency was an unwanted orphan of diseases. Nutritionists ignored it as a problem for blindness prevention, while those involved in blindness prevention ignored it as a problem of nutrition. We now recognize that no one who is concerned with the welfare of children can ignore vitamin A deficiency any longer. Its control must be adopted by all those working to prevent childhood death and disability.

The most obvious and striking consequence of vitamin A deficiency is blindness. The lack of sufficient vitamin A in the body is apparent in clinical changes to the eye — collectively known as xerophthalmia. In its severest form, the cornea of the eye melts, and permanent blindness results. During the past decade, however, we have come to recognize other obvious, but equally important, consequences of vitamin A deficiency, namely, increased risk of death, more severe infections, growth retardation, and anemia.

One observational study and five controlled, community-wide intervention trials in South and Southeast Asia among children without evidence of xerophthalmia indicated that even mild vitamin A deficiency is associated with markedly increased child mortality and that improvement in vitamin A status alone can reduce by over 30% overall childhood mortality in many communities. At least three studies of children with severe measles in Africa and one many years ago in England demonstrated that vitamin A treatment reduces measles-associated mortality by 50% and prevents or ameliorates the incidence, duration, and severity of measles complications.

The connection between mild vitamin A deficiency and increased mortality should not have been a surprise. When E. V. McCollum discovered vitamin A early in this

century, he recognized that vitamin A deficiency in young animals resulted in **decreased growth**, followed by **infections**, overwhelming sepsis, and eventually death. He noted that these effects began to occur **before** xerophthalmia was evident.

Relying primarily on xerophthalmia data, the World Health Organization has identified thirty-seven countries where vitamin A deficiency is known or is presumed to pose a significant public health problem. Given what is understood about the consequences of mild vitamin A deficiency, the inclusion of other indicators would suggest that the problem is even more pervasive. With millions of children at risk throughout Africa, Asia, and Latin America, the elimination of vitamin A deficiency could prevent one million or more deaths every year.

"Indonesia's experience demonstrates that the control of vitamin A deficiency is an affordable and achievable goal for most countries."

Today, we not only recognize that vitamin A deficiency threatens the sight and life of millions of children, but we also have unprecedented political will to take action. At the World Summit for Children, seventy-one heads of state pledged to make the world better for children including the virtual elimination of vitamin A deficiency by the year 2000.

Determined government action can make a huge, nationwide difference. Over the past fifteen years, the government ministries of Indonesia have evolved and implemented a multi-pronged attack on the problem — employing capsule distribution, nutrition education, and the targeting of high-risk communities. While a definitive evaluation will not be available until 1993, it is clear from hospital and clinic attendance, as well as local surveys, that the risk of

xerophthalmia has declined dramatically. Indonesia's experience demonstrates that the control of vitamin A deficiency is an affordable and achievable goal for most countries.

In order to eliminate vitamin A deficiency by the year 2000, the following series of steps needs to be taken in every country where vitamin A deficiency is likely to contribute to childhood morbidity, mortality, or blindness.

- Establish a central operational group to organize and oversee all phases of the program. The group must be proactive, not simply reviewing what others might do, but initiating the work itself.
- Where adequate data are not yet available from the country or a similar country nearby, assess the severity, magnitude, and distribution of vitamin A deficiency. Different strategies to combat the deficiency may be necessary if the condition is localized in one region as opposed to widely distributed throughout the cities and the countryside.
- Undertake activities to identify why the population is deficient and, using that knowledge, begin locally appropriate educational and related activities to increase the consumption of foods with natural sources of vitamin A. Intense work with community leaders is essential to change local attitudes and behavior and to create a sense of felt need and ownership of the solution.
- While awaiting changes in dietary habits, establish periodic vitamin A supplementation as an emergency measure. Begin with existing health care facilities such as clinics and hospitals and target all children with measles, chronic diarrhea, respiratory disease, and significant protein energy malnutrition. Where the infrastructure exists, expand to community-based mass distribution of vitamin

(Continued on page 12)

Local Terms for Nightblindness

In many countries, the local population may use a unique word or phrase to describe nightblindness — a symptom of vitamin A deficiency. Knowing this local term can help clinic workers to diagnose vitamin A deficiency among children and other patients who are in need of treatment, and can help program planners identify areas where a public health problem may exist.

Nightblindness is the inability to see in low levels of light. In the human eye, rod cells are responsible for low-light vision. Without sufficient levels of vitamin A available in the body, the rod cells do not function properly, and nightblindness results. A young child with nightblindness sees well during the daytime and is active and plays as healthy children do. But once the sun sets, the nightblind child does not see well in the twilight or in the dim light provided by a lamp or candle. Without bright light by which to see properly, the nightblind child is quiet and still and, perhaps, has trouble finding toys or food.

A local term for nightblindness should be a unique word or phrase that refers to the inability to see in low levels of light. It should not refer to other eye problems such as poor eyesight. For example, some local terms for nightblindness describe the behavior of chickens at dusk. An Indonesian term for nightblindness, *buta ayam*, translates as "chicken blindness." Chickens do not have rod cells in their eyes; hence, they are naturally nightblind. Once the sun sets, chickens immediately settle in their roosts and cease activity. Mothers notice that their nightblind children tend to cease activity when the light dims, just like chickens. Thus the origin of some local terms.

Sometimes only people from certain parts of the country, or even from just a few villages, may use the same term. For this reason, health workers should know or recognize a local term for nightblindness. It is sometimes easy for health workers to overlook the significance of a word or a phrase that they hear spoken at only one or two villages.

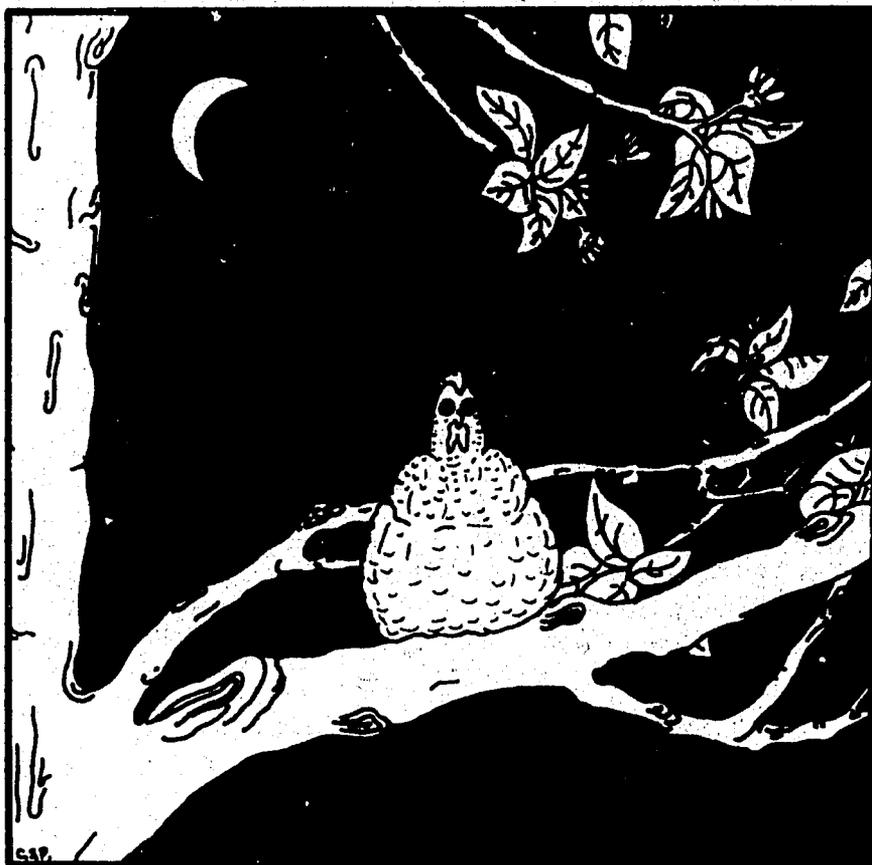
If a local term exists, it can help a clinic's staff diagnose early xerophthalmia among children or other patients for treatment. Studies from Indonesia and India have shown that a carefully elicited history of nightblindness by clinic workers can be a specific and sensitive symptom of vitamin A deficiency, sometimes more so than the presence of a Bitot's spot on the white part of the eye. When the population understands and uses a local term for nightblindness, clinic workers have found that they rarely need to describe the symptoms of nightblindness in further detail. Likewise, if a mother or caretaker uses that local term to describe her child's condition, she is usually correct in her diagnosis of nightblindness. However, even with a local term, nightblindness is difficult to diagnose in children under the age of two. The condition may not be apparent before a child starts crawling or walking.

A child with signs of nightblindness should receive the appropriate dose of

vitamin A for treatment: 200,000 IU for children aged one year or older immediately, 200,000 IU the following day, and 200,000 IU one to four weeks later. Reduce all doses to 100,000 IU for infants under 1 year old.

A local term for nightblindness is one indicator that vitamin A deficiency may be a public health problem in the community. If the local population has experienced and knows so well the inability to see well in low levels of light that they have a unique word or phrase to describe the condition, it is probable that at some point in time vitamin A deficiency was a common problem. Nightblindness may have been a problem in the past but is no longer one. When a local term for nightblindness is present the program planner should try to gather additional information on the severity and magnitude of vitamin A deficiency in that community.

(See table on opposite page)



LOCAL TERMS FOR NIGHTBLINDNESS IN SELECTED COUNTRIES

Country	Language	Term for nightblindness	Translation/Note
Bangladesh	Bengali	<i>rat kana</i>	"night blind"
Burkina Faso	More	<i>you zondo</i>	
	Marka	<i>souran fie</i>	
	Samo	<i>toro yei</i>	
China	Chinese	<i>ye mang</i>	
Ethiopia	Amharic	<i>defint or dafint</i>	
	Eritrean	<i>ghahmi</i>	
	Tigrignian	<i>ghahmi</i>	
Ghana	Kasem	<i>titi yibi</i>	
	Nankani	<i>yong pefan</i>	
Haiti	Haitian creole	<i>je poul</i>	
India	Tamil	<i>masalai kani or masalai kani</i>	
	Telegu	<i>raychakalas</i>	"evening eyes"
Indonesia	Indonesian	<i>sisiak or buta ayam</i>	"chicken blindness" or "eyes"
	Sundanese	<i>kotokeun</i>	"chicken blindness"
	Javanese	<i>kotok ajam</i>	
Kiribati	I-Kiribati	<i>masaki nta bong</i>	
Malawi	Chichewa	<i>chidwi</i>	Used in Lower Shire Valley
Mali	Bambara	<i>suranfye</i>	
Nepal	Nepali	<i>ratandho</i>	
Niger	Hausa	<i>dundumi or doufoun ido</i>	
	Djerma	<i>dundumi</i>	
Nigeria	Yoruba	<i>nakoju</i>	
	Hausa	<i>dundumi</i>	
	Boko dialect	<i>venaguasina</i>	
Pakistan		<i>chenar, anchara, narata, ratarah, shakur or shakori</i>	
Papua New Guinea	Pidgin	<i>ai tutak long nait</i>	"eye too dark in the night"
Peru	Local Spanish dialect	<i>niealopia</i>	
Philippines	Tagalog	<i>matang manok</i>	"chicken eye"
	Bicolano	<i>harapen or harap</i>	
	Cebu Island language	<i>mahap sa hapon</i>	
	Hilagaynon	<i>kurap</i>	
	Kinaraya	<i>harapon</i>	
Senegal	Wolof	<i>mberpenc</i>	
Sudan	Arabic (proper)	<i>ashaleli</i>	
	Arabic (colloquial)	<i>jahar</i>	
	Dinka	<i>juhara</i>	
	Kordofan Province	<i>abuginfet</i>	
	Darfur Province	<i>amele'li, jhaar, jahman, tooi mu, wa'ala ootri, abuginfet</i>	Refers to nightblindness in both cattle and humans
Tanzania	Kiswahili dialect	<i>kutoona usiku</i>	
		<i>siyakuona ne chilo</i>	
Zambia	Chibemba	<i>kafifi</i>	

Researched and compiled by Victoria Sheffield and Julia de Almeida. Please address any additions or corrections to VITAP/Helen Keller International.

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(Continued from page 9)

A through the primary health care network, EPI, and related systems. Periodic supplementation can be decreased gradually once changes in dietary consumption have assured an adequate vitamin A intake in high-risk groups.

- Explore the feasibility of establishing a fortification program.
- Whatever combination of specific interventions is ultimately used, educate the population in the importance of adequate vitamin A status and the appropriate means for attaining it.

Achievable, worldwide goals are listed below.

- By 1993, vitamin A operational groups will be working at the

national level in all countries in which vitamin A deficiency is a likely problem.

- By 1995, national programs will have identified target populations, initiated appropriate intervention strategies, and established a supervisory and evaluative mechanism for identifying and responding to obstacles.
- By 2000, vitamin A deficiency as a public health problem will be eliminated. This will be demonstrated by a reduction in the prevalence and severity of clinical manifestations and the improvement of other, more sensitive indices of vitamin A status.

As a practitioner of blindness prevention, my own attempts to stimulate vitamin A deficiency control programs were often unsuccessful.

Ministers of Health explained that, while they were sympathetic to the plight of blind children, they could not direct limited health resources away from child survival, especially when one-third of their preschool children died before the age of six. Fortunately, we know that vitamin A interventions are an essential part of a cost effective child survival strategy. While reducing childhood mortality, we can prevent needless blindness with all its accompanying economic and human costs. It is up to us all to keep this promise.

Alfred Sommer, MD, MSH, is the Dean of the School of Hygiene and Public Health, Johns Hopkins University. He also serves as a medical advisor to Helen Keller International. The above article is based on Dr. Sommer's presentation during "Ending Hidden Hunger: A Policy Conference on Micronutrient Malnutrition," October 1991, Montreal, Canada.

Vitamin A News Notes is a bi-annual publication available in English, French and Spanish serving the PVO community. Let's hear from you for the next issue. Send news, letters, and articles to the editor.

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Thanks to those who contributed to this issue: Chris Burns, Shari Cohen, Dale Davis, Fe Garcia, Marcy Kigoda, Laurie Lindsay-Aomari, Mary Lineham, Julie McLaughlin, A.M. Ndiaye, John Palmer, Jenice Rankins, Paul Siraisi, Alfred Sommer, Keith West and the staffs of FSP/Kiribati and World Vision/Mauritania.

Helen Keller International's Vitamin A Technical Assistance Program (VITAP) is funded by USAID, Office of Private and Voluntary Cooperation, Bureau for Food and Humanitarian Assistance (FHA/PVC), Washington, D.C.

Country Selection Rationale

HELEN KELLER

INTERNATIONAL

FAXED

To: John Barrows, IEF
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Barbie Rasmussen,
Project Concern

Gabriel Daniel, Africare
Ken Flemmer, ADRA
Bettina Schwethelm,
Project HOPE

COUNTRIES
NOW SERVED

From: Nancy Haselow and Rudi Horner, HKI

ASIA /
THE PACIFIC
BANGLADESH

Subject: Follow-up to September 14, 1992 meeting about the
VITAP assessment

CHINA
FIJI

Date: September 24, 1992

INDIA

INDONESIA

KIRIBATI

MICRONESIA

NEPAL

PAPUA NEW GUINEA

PHILIPPINES

SRI LANKA

THAILAND

Dear Colleagues:

As promised, I've prepared the matrix we discussed (see attachment) and am sending it to you along with other thoughts for your consideration. Your input on the 14th was very helpful in moving our plans along for the VITAP assessment and I do appreciate the time and effort you have invested in this activity so far.

AFRICA

BENIN

BURKINA FASO

CHAD

ETHIOPIA

GHANA

KENYA

MALAWI

MALI

MAURITANIA

MOROCCO

NIGER

NIGERIA

SUDAN

TANZANIA

ZAMBIA

My first step was to apply the criterion of 20 person days of VITAP technical assistance to the total list of countries assisted. The 10 countries shown on the matrix met this criterion. If we add Phase II activities, two more countries, India and Nepal, would possibly be added. However, these activities are quite recent, and therefore we do not recommend India and Nepal for the assessment.

After considering the information on the matrix, the overall budget, time available and practical matters such as geography and logistics, there are six countries and two services which constitute the final sample which we recommend for this assessment. They are:

LATIN AMERICA /
THE CARRIBBEAN

BOLIVIA

BRAZIL

CHILE

COLOMBIA

ECUADOR

GUATEMALA

HAITI

HONDURAS

MEXICO

PERU

URUGUAY

1. Burkina Faso, Mali and Niger. Niger is the only one of these countries with an well-established HKI Country Office. The HKI program in Burkina Faso was just recently initiated and field activities have not yet begun. In Mali, HKI has never had an HKI office, although we assisted the government with a regional survey.

We are very interested in Burkina Faso for the assessment because of the development and subsequent use of materials there. These materials were adapted for Mali, which makes us want to follow the story in that country. Niger could be added with just one more week of effort. In this case, we can look at a situation where support was given to primarily one PVO (i.e., Africare).

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We estimate that three people (an HKI staff member, an international consultant and a local logistics coordinator in Mali and Burkina Faso) could do the assessment in these three countries in approximately six weeks.

2. **Philippines and Indonesia.** In terms of VITAP, the Philippines is the "shining star". We'd like to confirm our hunches about why that is so, and compare the results with Indonesia. Both countries have HKI Country Representatives with long-established programs. There is a full-time VITAP representative in Indonesia and a part-time one in the Philippines. VITAP inputs into the two countries have differed in type and amount.

We estimate that two non-HKI consultants could do the assessment in these two countries in a period of approximately 5 weeks. The local HKI office would be asked to provide assistance in logistics.

3. **Zambia Workshop and Nigeria Workshop.** Given the attention to West Africa (in #1), we did not think it necessary to have a team visit either of these two countries. We plan to conduct the assessment of these two workshops by questionnaire and other forms of communication, without any in-country time.
4. **PROVISIONAL: Haiti.** This is the only candidate in the Latin America and Caribbean region. It is reasonably close and has had a considerable amount of varied technical assistance (e.g., in social marketing, national workshops, training and research). We estimate that three persons (an HKI staff member, international consultant and local logistics coordinator) could do the assessment in two weeks.

We would like to include Haiti, but have placed it in the "provisional" category, pending results from the first three activities. A team could visit Haiti in January if there is still a need for more information, if Haiti is a likely place to obtain that information and if there are still sufficient funds to support this trip.

5. **EXCLUDED: MALAWI.** Given the other African countries in the assessment, it did not seem necessary to include Malawi for an in-country visit. In addition, VITAP recently sent a consultant there (Susan Eastman) and she can be interviewed for the purposes of the assessment. In addition, her very presence and her activities ("stirring up interest in vitamin A") could well confound the results which might be visible from earlier VITAP involvement.
6. **EXCLUDED: KIRIBATI.** We already have Indonesia and the Philippines to represent Asia and do not think that a visit to Kiribati would add a lot of new knowledge if included in the assessment. The trip would be too expensive for the amount of information to be gained, as there was only one VITAP

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intervention and we are quite familiar with how it evolved in Kiribati.

In making estimates to see how various combinations of team members, time and countries affected the overall budget (\$120,000), we made the following assumptions:

- a. Consultant's fees were calculated at an average of \$300/day.
- b. No AID per diem rates will be paid; food and lodging expenses will be reimbursed directly (on an actual cost basis), but they are estimated here at \$125/day.
- c. A two-person team is the minimum number for sharing ideas and gaining economies of scale in-country. In all cases, we anticipate that a third person who is familiar with the country assist the team with logistics.
- d. Airfares are estimates; no travel agent was contacted.

The following represents the budget, based on the countries chosen and the assumptions listed above:

1. Burkina Faso, Mali and Niger

1 consultant + 1 HKI staff member (the salary for the HKI staff member will not be covered by the assessment), for 42 days each (includes international travel)

Fee: 42 days x \$300/day =	\$12,600
Airfare: 2 x \$4,000 =	8,000
Food+Lodging: 2 persons x 40 days @ 125 =	10,000
Misc. in-country expenses	<u>7,000</u>

SUBTOTAL \$37,600

2. Indonesia and the Philippines

2 consultants for 35 days each (includes intl. travel)

Fee: 2 x 35 days @ \$300 =	\$21,000
Airfare: 2 x 4,500 =	9,000
Food+Lodging: 2 persons x 31 days @125 =	7,750
Misc. in-country expenses =	<u>3,000</u>

SUBTOTAL \$40,750

3. Haiti

1 consultant + 1 HKI staff member x 14 days each (includes intl. travel)

Fee: 14 days @ \$300 =	\$4,200
Airfare: 2 x \$1,500 =	3,000
Food+Lodging: 2 persons x 13 days @125 =	3,250

Misc. in-country expenses (Incl. logistics coordinator and vehicle rental) = 6,000

SUBTOTAL \$16,450

4. **Total - Overseas Assessment Activities: \$94,800**
NB: The total includes Haiti at this point.

5. **Remaining Activities**

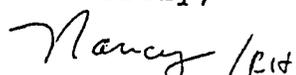
The rest of the budget will be needed for all activities which will take place in the US: developing and implementing questionnaires for the Zambia and Nigeria workshops; planning meetings at PVC or HKI; 2-day team planning meeting with facilitator; consultant days and expenses for discussions and report writing after their trips; communications (domestic and international; visiting PVO headquarters; producing, printing and duplicating the report.

Given your input, the matrix and going through this exercise with the budget, we think that we're making real progress in determining key aspects about the assessment. Could you please review this information and comment on our recommended list of countries and time allocated to each by October 2? We have started to contact potential consultants for the assessment and would also appreciate the names of any candidates you might recommend.

With your endorsement, we will then be able to prepare Scopes of Work for the team members and begin to schedule the overseas trips. At that time, we will need to contact you again to make arrangements for visiting any of your headquarters and/or overseas staff who will be part of the country and workshop assessments.

Once again, thank you all for your assistance.

Sincerely,


Nancy Haselow


Rudi Horner

cc: Anne Ralte, Vitamin A Director/HKI
Joe Sclafani, Associate Executive Director/HKI

Country Matrix for VITAP Impact Assessment

	AFRICA						CARIBBEAN	ASIA		
	Burkina Faso	Mali	Malawi	Niger	Nigeria	Zambia	Haiti	Indonesia	Kiribati	Philippines
PVOs: # of receiving TA	CRS, Africare SCF World Relief	Africare ADRA* Plan* WVRD* SCF PVOs w/ NCP/AED *Proposal Review	IEF ADRA SCF	Africare CARE	Africare ADRA (minimal)	ADRA Africare (current)	Eyecare World Vision CDS (local NGO)	ADRA, Church World Service PCI (local NGO) SCF	FSP	ADRA CARE CCF SCF CRS
Amount of input from VITAP	159 pds + Phase II # of Materials request -9	47.1 pds Phase II Materials - 6	116.1 pds Phase II	27 pds Phase II Materials - 6	27 pds Materials - 65	20 pds Phase II Materials - 11	204-1 pds Materials - 9	35 pds (underreported) Phase II Materials - 30	33.3 pds Materials - 4	75 pds Phase II Materials -35
Mix of interventions	Material Development; Gardening; Training; Program Design;	Policy Development; Assessment of VAD; Training; Proposal Review; Program Design; Regional Workshop	Gardening; Training; Program Design; Evaluation	Nutrition Education/ Training; Program Design	Assessment of VAD; National Workshop	Training; Policy Development; International Workshop	Social Marketing; Survey Design (dietary assessment); Training; Project design; Research (NOVA); National Workshop	Gardening Training; Program design; Evaluation /baseline; PVO Orientation Workshop; Materials development	Assessment of VAD	Assessment of VAD Training/ Nutrition Education; Materials development; Project Development; PVO Orientation Workshop;
MOII participation in T.A.	Yes	Yes; plus Regional Workshop	Yes	Yes	Yes Orientation Workshop	Yes Workshop & Follow-up	Yes	Yes	Yes	Yes
Training	Yes	Yes & Regional Orientation Workshop	Yes	Yes	No (Orientation only)	Yes & International Orientation Workshop	Yes & National Orientation Workshop	Yes & PVO Orientation Workshop	No	Yes & PVO Orientation Workshop
Current IIKI Country Office?	No (recently established - no activities undertaken yet)	No	No	No	No	No	via local PVO (CDS) - closed 1.5 years ago	Yes	No	Yes
VITAP regional representative?	No	No	No	Yes (First 2 years) part-time	No	No	No	Yes - last 1.5 yrs	No	Yes (part-time)
Recommendation	yes	Yes	No	Yes	via questionnaire	via questionnaire	possible	Yes	No	Yes

HELEN KELLER INTERNATIONAL (HKI)
VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)
COOPERATIVE AGREEMENT NO. OTR-0284-11-00-8253-00

TERMS OF REFERENCE FOR VITAP IMPACT ASSESSMENT

Introduction:

In August 1988, Helen Keller International was awarded a five year grant from USAID's FVA/PVC Office to develop a vitamin A center of excellence in order to strengthen and enhance the efforts of Private Voluntary Organizations (PVOs) to reduce preventable blindness, morbidity and mortality associated with vitamin A deficiency in developing countries.

VITAP offered a range of services to the PVO community in order to accomplish the above. These services, described more fully in attachment A, include, country or regional orientations on vitamin A, short terms technical assistance in training, assessments, strategic planning, evaluations and other areas, development of generic assessment and training tools, information dissemination and consultant referrals. VITAP, in general, undertook a brief situational analysis in each country before providing assistance in order to assess need and identify areas that needed strengthening at the country and PVO level.

VITAP's external mid-term evaluation (conducted March - April 1991, see attachment B for more information) recommended that USAID continue to fund VITAP, but that VITAP revise the original Detailed Implementation Plan to incorporate recommendations from the mid-term including a more proactive approach to working with selected PVOs on well defined projects. VITAP's goal and range of services provided to the PVO community remains the same, however, emphasis has switched to providing tools that will facilitate the institutionalization of vitamin A deficiency control programs within the PVOs.

Due to travel restrictions, the mid-term evaluation did not look closely at VITAP's impact on vitamin A programming at the PVO field office and/or community level. Subsequently, USAID requested that VITAP free up funds to undertake an impact assessment. Therefore, an impact assessment of selected technical assistance provided by VITAP to PVOs will be conducted as a joint USAID/HKI activity in order to assess how well VITAP technical assistance was translated by PVOs into effective vitamin A programming at the community level.

Purpose:

The purpose of the activity is to assess VITAP's impact on vitamin A programming at the PVO field office and community level (to document tangible outcomes) and to assess how well VITAP technical assistance was translated by PVOs into effective vitamin A programming. The emphasis will be on assessing the technical assistance transfer process in order to identify the elements and activities that lead to successful (and unsuccessful) translation of technical assistance into appropriate program implementation at the community level.

Participation:

The assessment planning team is composed of representatives of the following organizations: USAID FHA/PVC; HKI/VITAP; JHU CSSP; IEF; Project Hope; Africare or ADRA; and a University representative. This team will meet to refine the Terms of Reference (TOR), confirm the assessment team composition and discuss the assessment protocol.

The assessment team will be composed of three members. A VITAP/HKI representative will act as activity manager and team leader. Ms. Rudi Horner has been identified and will serve as acting team leader and activity manager until a permanent HKI staffer is hired, at which time Rudi will be available to continue as a team member. John Mckigney has been recommended to join the team due to his participation on the mid-term evaluation and extensive field work with USAID and PVOs. A third consultant is to be identified. The VITAP Deputy Director will be available to the team as a resource throughout the impact assessment.

Timing:

The first planning meeting was held on June 3, 1992 (see attachment C for brief summary of that meeting). The final planning meeting will be held during early September at USAID PVC Office. (Jaime Henriquez will inform planning team members of the date.)

It is anticipated that the impact assessment protocol development will be completed by end September. Field work, including U.S.-based and overseas-based work, will begin in early October at the latest and proceed through end December. During January 1993, the data collected will be compiled and analyzed and the final report which includes a series of case studies will be completed. (The budget includes 175 person-days consulting time dependent on the hiring of a HKI/VITAP Assessment Manager full-time).

Site Visits:

- a) The assessment team will visit HKI headquarters to review data compiled to date concerning the selected technical assistance services to be assessed (including a careful review of all mid-term evaluation questionnaires from PVO headquarters and field offices) and to interview key VITAP/HKI staff regarding anecdotal information.
- b) As necessary, the assessment team will visit and/or phone selected PVO headquarters technical staff in order to gain additional information on the extent to which VITAP technical assistance may have benefitted the PVO field projects.
- c) The assessment team will visit countries where the selected services provided to the PVO(s) by VITAP transpired. The number of countries and specific countries visited will depend on which of VITAP's services have been selected by the planning team to assess/follow as case studies (and on available funds for country visits). While in a country, the team will look for signs of transfer to the PVO field office and to the field project, ie. outcomes at the community

project level possibly related to services provided by VITAP.

Scope of Work:

General approach -

The impact assessment will be conducted both in the U.S (HKI and other PVOs, as necessary) and in countries where selected technical assistance was provided by VITAP. The emphasis will be on assessing VITAP's impact at the community level, therefore, the majority of activity will take place in the field where the services were actually provided.

The general approach will be to review the different categories of services provided by VITAP and select services to be followed from start to finish in order to assess the process and the impact on field activities (services to be selected at the September planning meeting from a list of services provided by VITAP to PVOs). Signs of transfer (assessing the transfer of technical assistance process and resultant products) will be looked at as well as signs of institutionalization of vitamin A activities at the community level and the PVO field office level and possibly at the PVO headquarters level. We will try to identify both successful and unsuccessful projects to help understand elements for successful transfer of technical assistance.

The assessment will focus on certain services which are of greatest interest to PVOs (including HKI) and USAID including:

A) country or regional workshops -to look at the impact of at least one large meeting, such as the Zambia Regional workshop or the Nigeria National Workshop (Are these workshops valuable? Is there considerable spin off effect? Have field programs been implemented or strengthened as a result of the new information? Should workshops be continued as a service? What are the beneficial effects of networking? Has a network developed in the field? Is the network used by the workshop participants?)

B) materials development and training materials (look at the use of materials at the local level, Have materials been adapted/translated into local languages? Are other materials that are being used in the field, based on VITAP training materials?);

C) training (Has training been institutionalized? Is there a curriculum and training strategy in use? Is the training plan dependant on an individual or are adequate technical materials available?)

D) short term technical assistance vs. collaborative project approach (look at both - retrospectively and prospectively - for collaborative projects); may not have had time (for collaborative projects) to have had an effect at the community level;

E) assistance to one PVO vs. a group of PVOs (Is it better to provide assistance to a group of PVOs vs. tailor assistance to an individual PVO?).

F) selected new activities (The Guatemala/Materials Development collaborative project is an example.)

Assessment protocol development -

The evaluation team will develop a strategy for the impact assessment which will be reviewed and approved by both USAID and HKI.

The assessment strategy will employ quantitative and qualitative methodology, but the emphasis will be primarily on qualitative methods in order to look at the process of transferring technical assistance, what worked?, what didn't work?, why? what outcomes can be attributed to VITAP?. The methodology will need to be creative and verify anecdotal information.

The team will consider building an evaluation component into selected new activities in order to assess impact. Although there will not have been adequate time for impact to be felt at the community level before the VITAP grant ends, we will be able to obtain valuable information later and hopefully identify effective indicators.

U.S. based activity -

The team will carefully review specific documents related to the selected services including; the VITAP mid-term evaluation; consultancy/staff reports; VITAP file with follow-up information.

The team will interview key VITAP/HKI staff regarding the selected services in order to understand the technical assistance transfer process and to clarify services provided, follow-up activity and ascertain any anecdotal information regarding outcome of the technical assistance provided.

The team will interview key PVO technical staff in order to verify the above information and to garner additional information regarding any spin-off effects of technical assistance provided.

Field based activity -

The team will travel to the site where the selected technical assistance was provided. Key staff at the PVO(s) field office will be interviewed regarding the service provided by VITAP, the process by which the service was provided and the impact of it at the field office. Other agencies involved such as UNICEF, WHO, USAID mission, MOH will be interviewed as appropriate.

The team will travel to the community/communities where the PVO utilized the technical assistance provided by VITAP either directly or indirectly. Health/agriculture workers and/or beneficiaries of the services given by PVOs will be interviewed/observed to assess knowledge, practice, attitude (KAP). There will most likely not be a baseline KAP

regarding vitamin A so change in KAP will not be measurable in most cases. Signs of transfer will be noted such as use of (and correct use of) training/educational materials at the community level; number of community gardens with vitamin A rich foods etc.

Reporting -

The data will be compiled and analyzed by the team.

A report will be written which presents the results of the impact assessment including a description of VITAP's impact, in general, case studies of each selected activity and recommendations for future provision of technical assistance by HKI.

8/29/92 NCH

Initial Meeting
HELEN KELLER
INTERNATIONAL

Brief Meeting Summary: Prepared by Nancy J. Haselow, HKI/VITAP

Meeting venue: The Meeting was held at the USAID PVC office in Rosslyn, Virginia on June 3, 1992 from 10 to 12:30. The meeting was attended by representatives from HKI/VITAP, JHU CSSP, JHU, USAID PVC office, IEF and Project Hope.

**COUNTRIES
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INDONESIA

KIRIBATI

MICRONESIA

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THE CARIBBEAN**

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CHILE

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ECUADOR

GUATEMALA

HAITI

HONDURAS

MEXICO

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Purpose of meeting: To discuss the HKI/VITAP impact assessment of selected technical assistance provided by VITAP to PVOs. The agenda, as per Jaime Henriquez, was as follows:

1. Introduction
2. Purpose of Meeting - to brainstorm critical areas/questions for a SOW to measure the impact of the VITAP program on the ultimate beneficiaries - communities.
3. Description of VITAP/description of assistance provided to PVOs/list of Objectives
4. Discussion of constraints/obstacles to measuring impact on beneficiaries
5. Brainstorm critical areas/questions for the SOW
6. Discuss possible PVOs/projects to evaluate
7. List background required of evaluation team
8. Name possible consultants

Outcome of meeting: Not all of the agenda items were discussed fully, however, progress was made toward clarifying the intent of the impact assessment, identifying constraints/obstacles to measuring impact of VITAP services on the community, and identifying critical elements to be included as part of the assessment.

Constraints identified by the PVO participants toward actually measuring impact of VITAP technical assistance on PVO activities in the field at the community level included: there is no or little baseline data, no comparison sites and too many variables (no control) so that it is too late to effectively measure impact; the number and type of services provided by VITAP to PVOs was very different across PVOs and countries; VITAP modus operandi changed after the mid-term evaluation focusing attention on fewer PVOs and countries; The Phase II VITAP services have just gotten underway so it is too early to assess impact on some of the technical assistance provided; there is a wide range of PVO capacity which impacts translation of technical assistance into effective vitamin A programming; effectiveness of programming may also depend on MOH support.

Critical areas identified and elements of the impact assessment suggested were very helpful in moving the process further along. The key considerations/suggestions were as follows:

1. Look at the different categories of services provided by VITAP and follow selected services from start to finish in order to assess the process and the impact on field activities. (Please note: VITAP usually undertook a situational analysis in each country

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before providing assistance. We then provided assistance at all levels in many countries in order to help create an environment where PVO activities would be supported by government, USAID mission, UNICEF etc.)

It was also suggested that the assessment focus on certain services which are of greatest interest to PVOs (including HKI) and USAID. Services mentioned were A) country ~~of~~ regional workshops -to look at the impact of at least one large meeting, such as the Zambia Regional workshop (Are these workshops valuable? Is there considerable spin off effect? Have field programs been implemented or strengthened as a result of the new information? Should workshops be continued as a service? What are the beneficial effects of networking? Has a network developed in the field? Is the network used by the workshop participants?) B) materials development and training materials (of interest to IEF; look at the use of materials at the local level, Have materials been adapted/translated into local languages? Are other materials that are being used in the field, based on VITAP training materials?); C) training (Has training been institutionalized? Is there a curriculum and training strategy in use? Is the training plan dependant on an individual or are adequate technical materials available?) D) short term technical assistance vs. collaborative project approach (look at both - retrospectively and prospectively - for collaborative projects); may not have had time (for collaborative projects) to have had an effect at the community level; D) Is it better to provide assistance to a group of PVOs vs. an individual PVO?.

We should also select services that were successfully translated by the PVOs into field activities and a few that we think were not particularly successful or sustained by the PVO.

2. We should consider building evaluation components to measure impact into the ongoing collaborative projects. (note: VITAP intended to do this anyway.) Although there will not have been adequate time for impact to be felt at the community level before the VITAP grant ends, we will be able to obtain valuable information later and hopefully identify effective indicators. The Guatemala/Materials Development collaborative project was of particular interest to those present at the meeting.

3. The assessment strategy will have to employ qualitative methodology primarily (a CSSP representative suggested a KAP survey) to look at the process of transferring technical assistance, what worked?, what didn't work?, why? what outcomes can be attributed to VITAP?. The methodology will need to be creative and verify anecdotal information.

4. The results of the impact assessment will be useful for defining future activities/needs in vitamin A programming. The VITAP final evaluation, to be conducted before September '93, will make use of the results of the impact assessment.

Again, it was decided that the use of case studies of selected technical assistance provided to PVO by VITAP would be the approach used for the impact assessment. The types of services to be included are outlined above. Each service will be followed from start to

finish and presented as a case study. Signs of transfer (assessing the transfer of technical assistance process and resultant products) will be looked at as well as signs of institutionalization of vitamin A activities at the community level and the PVO field office level and possibly at the PVO headquarters level. We will try to identify both successful and unsuccessful projects to help understand elements for successful transfer of t.a.. A list of possible case studies will be presented to the group at the next meeting, which is to be held during early September, 1992.

The next steps are -

1. VITAP to free up adequate funds to undertake the proposed activities.
2. VITAP (NH) to draft report of meeting, draft SOW for impact assessment, prepare list of technical assistance/services provided by VITAP to PVOs, draft agenda for next meeting.
3. HKI to hire Assessment Manager to serve as team leader and organize all aspects of impact assessment activity. (Have not been able to identify anyone as of 8/21/92, thus have hired part time consultant, Ms. Rudi Horner to manage activity. We will continue to look for an Assessment Manger.)
4. The next meeting was to be scheduled for end August, but will happen during beginning September. The participants will include someone with a historical perspective on VITAP (NH), HKI Associate Executive Director, impact assessment team leader, FHA/PVC representative, PVO reps from IEF, Project Hope and possibly ADRA or Africare, JHU CSSP rep, university rep (?).

The purpose of the next meeting will be to:

- A) confirm selection of the assessment team (from VITAP, Rudi Horner will act as team leader, we suggest John Mckigney be included and one other to be nominated by USAID.);
 - B) choose the activities to be assessed from the list prepared by VITAP;
 - C) finalize the Scope of Work/Terms of Reference
 - D) discuss the methodology to be used to assess impact (KAP, qualitative/quantitative tools and indicators, etc.).
5. The impact assessment exercise should begin by end September. It is anticipated that the assessment should take approximately three months time to complete. The end product, a report and case studies, will be documented and disseminated among PVOs and others by end January.

In addition, VITAP also plans to undertake a situational analysis of vitamin A activity worldwide, ie. who's doing what, where?, what is working?, where are the gaps?. This will be done during Winter 1993. In the Spring of 1993, a small gathering of experts (including PVO representatives) will be convened to outline and make recommendations for the next steps and needs for vitamin A programming. The results of the impact assessment will be presented and, it is hoped, of use in defining the next steps for vitamin A programming.