

HELEN KELLER

Child Survival Country Project
(CSVII)

Burkina Faso

**Expanding Vitamin A Supplementation and Nutrition Education For the Prevention And
Control Of Vitamin A Deficiency In 8 Provinces**

First Annual Report

Reporting Period: October 1, 1991 - September 30, 1992

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HELEN KELLER INTERNATIONAL

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LIST OF ABBREVIATIONS

AED	Academy for Educational Development
CNLC	Center National de lutte contre la Cécité
CREN	Center de Récupération et d'Education Nutritionnelle - Recovery and Nutrition Education Center
CSPS	Center de Santé et de Promotion Sociale - Health and Social Welfare Center
DEP	Direction des Etudes et de la Plannification - Direction of Health Planning and Studies
DSF	Direction de la Santé de la Famille - Direction of Health Planning and Studies
DPS	Direction Provinciale de la Santé - Provincial Health Direction
EPI	Expanded Program for Immunization
FAO	Food and Agriculture Organization
HKI	Helen Keller International
VITAP	Vitamin A Technical Assistance Program
IEC	Information - Education - Communication
IU	International Unit
KAP	Knowledge - Attitude - Practice
MOH	Ministry of Health
PHD	Provincial Health Director
PHW	Primary Health Worker/The terms: 7 Primary health workers and Community Health Worker are used interchangeably
PVO	Private Voluntary Organizations
SNIS	Système National d'Information Sanitaire
USAID	United States Agency for International Development
UNICEF	United Nations Children Fund
VAC	Vitamin A Capsule
WHO	World Health Organization

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1. Results in Year One

1.1 Major Results:

1. Project's design and plan
2. Detailed Implementation Plan (DIP)
3. Vitamin A capsules ordered, received and plan of distribution revised
4. Production, reproduction and dissemination of communication and survey
5. Evaluation & monitoring of vitamin A capsule distribution revised
6. On-going technical support from HKI/N.Y.
7. Training of health personnel
8. Design of the educational materials

I. Project's Design & Plan		
II. Detailed Implementation Plan		
Objective	Activity Planned	Actual Outcome
1. Develop a Plan of Action (POA) with the Gov't. and UNICEF	1. Meetings with MOH, UNICEF, HKI/B.F. and HKI/N.Y.	1. Oct.1991:Discussed project's objectives, interventions, activities, roles & responsibilities of partners, resources & implementation schedule.
		1a. Nov.1991-Sept.1992:working sessions were organized & held in Ouagadougou - 5 meetings/mo. with MOH & HKI/B.F. - 1-2 meetings/mo. with UNICEF & HKI/B.F. - 2 meetings/mo. with DSF, UNICEF, HKI/B.F.
		1b. June,1992:POA drafted by MOH UNICEF & HKI
2. The DIP will be written by June for USAID	2. Write the DIP	2. June 1992:DIP written by Technical Advisor & submitted to HKI/N.Y.
		2a. DIP not approved by USAID
		2b. Reviewed & revised by HKI/N.Y. & resubmitted Nov.1992

III. Vitamin A Capsules Ordered, Received & Plan of Distribution Revised		
Objective	Activity Planned	Actual Outcome
1. To provide prophylactic vitamin A supplementation to 25% of children 6 mos.-5 yrs. living in the project area every four months	1. Distribution of VACs	1. March 1992, ordered 860,000 VACs by UNICEF; Sept. 1992 received VACs
		1a. VACs distribution operational plan used during the pilot project was reviewed and refined
IV. Production, Reproduction and Dissemination of Communication and Education Materials		
Objective	Activity Planned	Actual Activity
1. To examine and revise any existing educational materials on vitamin A & eye health for the target population	1. Evaluate & review existing educational materials	1. Existing educational materials were examined & evaluated by MOH, UNICEF & HKI/B.F.; AED/HKI-VITAP flip charts were of great interest.
		1a. 1,200 flip charts were ordered (600 each) 1b. Aug. 18-Sept. 4, 1992 HKI/HQ Training Manager attended a workshop on the Use of Rural Radio for Communication and Education of Populations

VI. On-Going Technical Support from HKI/N.Y.

Objective	Activity Planned	Actual Outcome
1. Backstop the needs of the country representative for 3 years or as is needed	1. Administrative assistance to the country's project	1. On-going technical assistance from HKI/NY
	2. Two visits from HKI/NY by Training Manager	2. One visit completed - helped revise the DIP

VII. Training Of Personnel

Objective	Activity Planned	Actual Output
1. To provide training of vitamin A deficiency to the health personnel in the project areas during 2nd, 3rd & 4th quarter of the second year	1. Discussion of an integrated approach for training and education	1. Discussed and adopted in Feb. 1992

VIII. Design of the Baseline Survey

Objective	Activity Planned	Actual Output
1. To conduct a baseline survey: xerophthalmia prevalence in Oubritenga (new province); VAC distribution coverage of target population; KAP of nutrition & vitamin A among target population in the project area.	1. To design the baseline survey	1. Completed - survey will be carried out in November - December, 1992.

1.2 Change in Approach to Individuals at Higher Risk

See Appendix I for Background, Goal, Objectives and Key Interventions.

The following actions are being considered in the current project which were not considered in the pilot project (1986-1989):

- ◆ Increased attention through a greater involvement of primary health workers is being given at the peripheral and village level where most groups at higher risk are found.
- ◆ Different training strategy. Training interventions will target not only the health system personnel but also primary school teachers, social workers, and communities as a whole, thereby increasing the human resources to these individuals for the identification and provision of services, i.e., vitamin A capsules distribution.
- ◆ Use of social marketing techniques (radio, songs, theater and traditional means (*griots*)) to help identify risk groups and deliver nutrition education services to improve food consumption of the target groups.
- ◆ Identification of contact points for health services to the high risk groups

1.3. Staffing

See the following page for the organizational chart. The chart identifies the names of key and senior staff, supervisory relationships, and human resources for the management, implementation and evaluation of the project.

Note: At the suggestion of the MOH, the position of full-time Project IEC Assistant was changed to a part time (approximately 25% of time). This freed funds for communication and education activities. The assistant was not hired during the first year of the project due to the delay in the start-up of education activities.

Table 1.

Central to peripheral level supervision by MOH for the project's activities and personnel

Supervision	Level of Supervision
MOH General Secretary of Health; Direction of Family Health	Central
Provincial Health Director	Provincial
Head, Health and Social Welfare Center	Department (District)

5A

MOH

UNICEF ✓

General Secretary of Health

HKI / New York

Technical and Financial Assistance, Sensitization, Supervision, Monitoring, Vitamin A Capsules

Direction of Family Health - Nutrition Service + National Vitamin A Coordinator - technical oversight and management (National, part-time)

Technical, Administrative and Managerial Backstopping

HKI / Burkina Faso

Director of Provincial Health (Supervision-Implementation)

A. Country Director • Technical/ Managerial Assistance, Financial Management, HIS (Monitoring and Evaluation) Training of Personnel. Expatriate, full-time, salaried.

Chief, Medical Center (M. D., Nurse, Midwives) (Supervision-Implementation)

B. Part-time IEC Assistant for Training and Evaluation. (P.T. %25 part-time salaried)

Head, Health and Social Welfare Center (Nurses, Auxiliary Birth Attendant, Midwives) / (Supervision, Implementation)

AED

Primary Health Workers (implementation)

Social Marketing Technical Assistance

- ✓ Dr. Montana Lopez
- + Mr. Sanon Leon
- Dr. Tetevi Logovi

Senior staff who joined the project this past year:

- ◆ **Dr. Tetevi Logovi:** HKI Country Director, Technical Advisor to the Project, full-time, joined the project October 1, 1991; provides technical and program management to the project.
- ◆ **Sanou Leon:** MOH National Vitamin A Program Coordinator (Government Counterpart), part-time, government salaried; Nutritionist and five years experience in public health/nutrition program in Burkina Faso.

See Appendix VII for job description for the Technical Advisor, Program IEC Assistant and the MOH National Vitamin A Program Coordinator, and a resume for Dr. Logovi, see Appendix VIII.

1.4 Continuing Education

Mr. Sanou Leon attended and/or participated in the following:

September 1991: International Conference on Micronutrients (Iron, Iodine, Vitamin A) in Montreal-Canada.

February 1992: Participated in a workshop on vitamin A/nutrition KAP study organized in the context of the AED Nutrition Communication Project (NCP).

September 1992: Attended a seminar on vitamin A food consumption survey organized by FAO in Ouagadougou.

Note: The cost for attending these workshops was independent from this project's funding.

1.5 Technical Support

The country project received technical help for vitamin deficiency control field activities through 3 visits to Burkina Faso by HKI headquarters staff:

1. October 25-30, 1991: Ms. Anne Ralte, Vitamin A Director, HKI/Headquarters.

Purpose: to provide overall guidance and support in the setting up of HKI's office in Ouagadougou; to provide technical input and direction of the vitamin A activities

2. February 1992: Ms. Kirsten Laursen, Training Director, HKI/Headquarters and Ms. Marlene Gay, Adult Education Consultant, conducted a site visit.

Purpose: to review the objectives of the vitamin A country project, and to develop a plan of events for the training and education activities with the corresponding budget.

3. August 16 - September 16, 1992: Mr. Christian Stengel, Training Manager, HKI/Headquarters visited Burkina Faso.

Purpose: to attend the Rural Radio workshop organized by FAO in Ouagadougou. The workshop placed special emphasis on the use of rural radio to combat vitamin A deficiency in the Sahel Region of Africa. Strategies and messages developed through the three week-long workshops will possibly be incorporated into the training and education interventions of this project via technical assistance from Mr. Stengel and other communication specialist.

Mr. Stengel provided technical assistance to HKI/Burkina Faso's country director (Dr. Logovi), Mr. Montana Lopez from UNICEF Ouagadougou and Mr. Sanou Leon from the Direction of Family Health in the revision of the project DIP.

1.6 Community participation

Data on the number of active community health committees and committees' work are not available. Follow up on the committee's work is a national/political concern and beyond the scope of this project.

1.7 Linkages to Other Health and Development Activities

The project collaborates with national institutions, key health and development agencies, PVOs, i.e., Africare, USA-Save the Children, World Relief, Catholic Relief Services; and international organizations, such as FAO, WHO, UNDP. Vitamin A strategies have been developed with some of these institutions.

Additional Collaborators and Their Roles:

- ◆ **Government/(MOH):** provides the health infrastructure (facilities and personnel) which through the Direction of Family Health, assures the coordination, planning, implementation, monitoring, supervision and evaluation of the project; provides technical support to the provincial health directions of the provinces; collaborates closely on project activities with the National Center for Blindness Prevention and technical services of other ministries (Ministry of Agriculture/Animal Husbandry, the Ministry of Basic Education and Mass Literacy and the Ministry of Culture and Information).
- ◆ **UNICEF:** provides VACs and monitoring forms (growth charts, health cards); provides vehicle fuel to help distribute VACs and supervisory visits; participates in the planning and evaluation of activities; will participate in the supervisory visits to health personnel at the provincial and local level and provides technical and financial support to sensitization and demonstration gardens at CRENs/village women groups.

2. Constraints Unexpected Benefits, Lessons Learned

2.1 Constraints

CONSTRAINTS	ACTIONS TAKEN
<p>I. Delay in preparation of DIP:</p> <ul style="list-style-type: none"> ● protracted negotiations with MOH regarding budget and related management issues 	<p>I. a. DIP revised to incorporate AID/PVC and MOH input on technical and management issues.</p> <p>b. DIP submitted to AID/PVC for approval (11-13-92).</p>
<p>II. Delay in Signing Project Agreement with MOH</p> <p>Issues Involved:</p> <ul style="list-style-type: none"> ● adjusting project targets to budget resources ● lack of funding for project's 3rd year ● uncertainty re: AED's funding related to project ● adjustment of official start date for project 	<p>II.</p> <ul style="list-style-type: none"> ● Targets were adjusted to reflect resources ● 3rd year funding recurred ● AED inputs subject to current discussion ● Document prepared and submitted on 10-12-92
<p>III. Delay in field activity start-up because of above negotiations</p>	<p>III. Plan of Action discussed and agreed upon with MOH; accelerated MOH's agreement to the project's document.</p>
<p>IV. Delay in establishing HKI/Burkina Faso office facilities</p>	<p>IV.</p> <ul style="list-style-type: none"> ● Office space has been identified ● Lease negotiations are under way ● Support equipment procured: <ul style="list-style-type: none"> - laser printer - fax machine - printer cable - transformer - (typewriter will be sent)

2.2 Unexpected Benefits

By closely working with MOH and UNICEF on every aspect of the project's development, a close collaborative relationship has been established and has resulted in easy access to influential members of these organizations.

2.3 Institutionalization of Lessons Learned

- ◆ As demonstrated by a national policy, there is strong government involvement in vitamin A issues. HKI is providing technical assistance and is increasing activities in raising the awareness of administrative and technical authorities in order to strengthen the institutionalization of vitamin A deficiency control.
- ◆ Technical capabilities of nationals were enhanced during this project. In particular planning and coordinating project activities by health/nutrition professionals from the Direction of Family Health.
- ◆ The integrative approach in delivering vitamin A/child survival services to groups at risk and the integration of activities in the overall government health system (primary health and health workers) are the most appropriate strategies implemented that could warrant sustainability of project activities.
- ◆ The integration of resources from other project's activities in an efficient manner reduces operations costs and facilitates sustainability of the vitamin A project. HKI will provide technical assistance towards the development of sustainable integration of VAC distribution through the EPI system in order to improve VAC distribution coverage to children.
- ◆ DIP: writing objectives which are clear, measurable, and achievable; the development of a health information system that is capable of measuring the progress of the objectives; establishing monitoring tools for each indicator.
- ◆ Cascade training is not an appropriate training strategy due to the dilution effect as the cascade goes to the peripheral level. The training at each level should be backstopped and followed up by the resource person(s) or team that had trained the team. An integrated approach for training and education along with administrative backstopping was discussed with HKI/Training Director, the MOH National Vitamin A Project Coordinator and the Technical Advisor to the Project, and adopted as the training strategy.

3. Changes Made In Project Design

3.1 Change in Perceived Health Needs

There was no changes in the identification of local health problems since the DIP was submitted.

3.2 Change in Project Objectives

Since the submission of the DIP in June 1992, there have been changes in the project's objectives (see Appendix III). The strategy used during the pilot project was to reach 55 % VAC distribution to children 0 - 10 years. However, this was considered to be unrealistic, and a 25 % target after three years was decided to be achievable and sustainable. The coverage of vitamin A supplementation to high risk children (children with measles, chronic diarrhea, severe malnutrition, or acute respiratory diseases) and children with xerophthalmia seen in health centers in year III was increased to 90%.

3.3 Change in Planned Interventions

There are no changes in the DIP in terms of type or scope of the project's child survival interventions.

3.4 Change in Potential and Priority Beneficiaries

No changes were made by the project in location, number, and/or prioritization of services to beneficiaries of project services since the submission of the DIP.

4. Progress In Health Information Data Collection

4.1 Characteristics of Health Information System (HIS)

The national health information system (SNIS) maintains records on the family and individual. A simple health information system at community and health center's level was established and integrated during the pilot project. It has been revised for the current project. This involves:

- ◆ Routine recording of VACs distribution on growth charts and health cards at all health centers and contact points;
- ◆ Quarterly reporting of VACs distribution by the health center head to the Provincial Health Director in order to determine VAC distribution coverage among the target groups and to estimate the number of VACs required for future needs;

- ◆ Monthly reporting of new cases of Bitot's spots, nightblindness, and corneal ulceration by the head of health and social welfare center;
- ◆ Quarterly reporting by primary health workers on prophylactic distribution of VACs; the primary health workers will report the number of children (6 mos - 5 years, 6 - 10 years) who have received VACs and the number of VACs distributed at the gathering. In addition, they will provide quarterly reporting of prophylactic distribution of VACs to breastfeeding women, ie. the number of women breastfeeding within the first month following the delivery, the number of women who received VACs and the number of VAC distributed at the gathering; and
- ◆ Monthly reporting on the number of xerophthalmic and high risk children and breastfeeding women seen in health centers; the number of children who received appropriate dosage of at least two VACs (first and second day of diagnostic), the number of breastfeeding women who received VACs within the first month following the delivery; and the number of VACs distributed to these targeted populations.

4.1.2

The Health Information System is useful for identifying and directing services to high risk children.

- ◆ The health information system records specific data that identifies children by number, and thus, helps monitor the targeted group at the health center.

What is Recorded:

- ◆ A record of VAC supplementation on growth chart and health card, when the capsule was received by the child and if there is a need for a supplementation;
- ◆ Report of VAC distribution helps to determine of VAC distribution coverage to the target groups and estimates the number of VACs required to meet future needs in a given area;

HIS will be fully operational by the end of the second year of the current project.

- ◆ HIS is simple and monitors key indicators.
- ◆ At the village/primary health post level village gatherings are established. These gatherings make it easier for the primary health worker to provide services and collect and record data on the operation (VAC distribution to targets).

The system can be improved by:

- training of the personnel to identify high risk groups and the provision of services;

- development of a referral system;
- improvement of transportation ; and
- emphasis on the peripheral/village level where most of the high risk groups are usually found.

The project has made few changes:

- inclusion of Bitot's spot in the list of diseases reported;
- review of project indicators;
- review of VAC distribution recording and report forms.
- the HIS that was used in the pilot project was revised for the current project and will be tested in the 4 new provinces. HIS will provide information rapidly and efficiently.

4.1.3

The project reports on clinical activities planned in the context of this project, i.e. number of vitamin A nutrition education sessions held by the health centers during the quarter.

This year the project revised the reporting by establishing clear and simple indicators to monitor the sessions.

4.1.4

A simple check system was established in primary health posts:

- ◆ Checking in notebook to count the number of children (6 mos - 10 years) receiving prophylactic supplementation of VACs and the number of VACs distributed to these children during the village gathering organized every four months by the primary health worker; and
- ◆ Checking and counting the number of breastfeeding women who have delivered in the past month and how many received VAC and the number of VACs distributed during the village gathering organized every four months (for prevention) by the Primary Health Worker or Traditional Birth Attendant. Note: this has not been used by the management this past year. However, the system will be tested as of the third quarter of the second year as per the vitamin A training of the community health workers.

4.2 Special Capacities for the Health Information System:

4.2.1.

The project has planned and will monitor service standards, i.e., the number of vitamin A nutrition education sessions planned and conducted in health centers, number of attendees, number of persons who can identify two or more vitamin A rich foods, number of children

with xerophthalmia, measles, chronic diarrhea, severe malnutrition, acute respiratory diseases that are seen in health centers, and the percentage of these children who have received vitamin A capsules.

4.2.2.

The project will monitor sustainability indicators, i.e., the number and percentage of trained primary health workers, nurses, midwives, health and social welfare centers' heads, and the training of team members that are still active throughout the project's life. The data will be collected during six monthly supervised field visits by the MOH/National Vitamin A Project Coordinator and the Technical Advisor to the Project.

4.2.3.

The detection and investigation of cases of acute paralysis in children less than age 15 is not in the scope of this project. However, the vitamin A project carries out an active surveillance of children with xerophthalmia and who are at risk of vitamin A deficiency (measles, severe malnutrition, chronic diarrhea, acute respiratory diseases).

4.2.4.

Each training session will be conducted in a certain period of time which will be tracked through supervision and training reports.

4.2.5

The number and percentage of target populations exposed to educational messages (radio, griots songs) may be among the most difficult for the project staff to collect, due to frequent population migration in the provinces, i.e., Soum, where nomadic animal breeders live. The migration makes it difficult to determine exactly how many people live in the province at a given time. However, the baseline and final KAP surveys should provide adequate data on this indicator.

4.3. Management of Health Information System

4.3.1.

No expenditures have been made on the project's health information system since October 1991. The revision of the system did not require funding.

4.3.2.

September 11, 1992: the project reviewed its indicators. The review was made by Mr. Sanou Leon (the MOH National Vitamin A Project Coordinator), Mr. Montana Lopez

(Unicef Food/Nutrition Program Officer) and Dr. Tetevi Logovi (Technical Advisor to the Project) in a MOH/Unicef/HKI consultative/technical meeting. It was decided that Bitot's spots should be monitored on the list of xerophthalmia symptoms, rather than corneal ulceration. Because these symptoms are rare, it would not be an appropriate indicator for monthly reporting. Bitot's spots are more prevalent and more easily recognizable by health workers.

The growth chart used for the recording of VACs distribution to children was reviewed and the reproduction of 120,000 of the revised growth charts was ordered by the project management.

4.3.3.

October 1991: Health information on xerophthalmia prevalence and VACs distribution coverage data, collected in the provinces of Bam, Yatenga, Passore, Soum and Tapoa and which served as basis for the launching of this project was shared last time in June 1989 with MOH (Direction of Family Health, National Center for Blindness Prevention and the Provincial Health Directions). The project plans to share data, collected from the field, with MOH, and the community through workshops, and meetings.

4.3.4.

Health and social welfare centers heads: every four months (January, April, July and October/year) they collect data from primary health workers and data from their own centers. Provincial Health Director: compiles the data collected from the Health and social welfare centers heads. After checking the quality of the data and the complete analysis (done by provincial health direction's statistician), the data is sent to the National Direction of Health and Studies (DEP) and to the MOH National Vitamin A Project Coordinator (Mr. Sanou Leon).

These data are then reviewed and analyzed by the Coordinator with technical assistance from the HKI Country Director/Project Advisor.

The provincial health director is the manager and is responsible for the health information system at the provincial level. At the central level, the National Vitamin A Project Coordinator is responsible (there is technical support from the HKI Country Director and backstopping by the HKI/headquarters for monitoring and evaluation).

4.3.5.

The project plans to train the following individuals in data collection, analysis and/or interpretation:

- ◆ During the workshops conducted by the provincial training teams, nurses from the health and social welfare centers will be trained in data collection;

- ◆ During the workshops conducted by the central training team, the Statistician and Director of Health from each of the 8 provinces will be trained in data collection and statistical analysis of data; and
- ◆ The National Vitamin A Coordinator will be trained by the HKI Country Director (with support from the HKI/Deputy for Monitoring and Evaluation) in data collection, analysis, and evaluation.

5. Sustainability

5.1 Recurrent cost

5.1.1.

At the end of the USAID Child Survival grant, the vitamin A deficiency control program will be totally integrated and institutionalized into the existing health system in the eight target provinces. The recurrent costs incurred by fuel for VACs distribution and supervision of project activities will continue. Other recurrent costs will be the growth charts and health cards for the recording of VACs and their distribution. The total recurrent cost will be estimated at \$90,000 per year.

5.1.2.

The MOH anticipates (eventually) charging the members of the Burkinabe community for certain supplies (health cards, growth charts, VACs) that are currently being donated by UNICEF. Money generated from these sales will be used to pay for new supplies and thus, help sustain activities initiated under this project.

The government will pay for the educational materials (posters) and the health workers' salaries. Fuel for vehicles (helping supervision) and motorcycles are currently available through other projects (for supervision and VACs distribution), but will most likely not be available in the future.

5.2. Strategy for Increasing Post-project sustainability

5.2.1.

The government is aware of the vitamin A deficiency problem and has already developed a national vitamin A policy which integrates vitamin A deficiency control activities into the health system. The current project is strengthening an already existing aspect of the government policy.

The following strengths of the project will increase its sustainability:

- ◆ The continuation of the successful pilot project which entailed the collaboration between HKI, the government (MOH) and UNICEF;
- ◆ The vitamin A deficiency control pilot project placed emphasis on the training of health personnel at all levels; distribution of VAC to children 0 - 10 years and breastfeeding mothers for prevention and treatment according to an established protocol (3 million capsules distributed over 2 years); support to nutrition education materials; gardening through a support to gardening in primary schools and village women's groups; development, implementation and integration of a vitamin A information system into the existing health information system;
- ◆ The current project will continue to provide technical and financial assistance for training: development of training program, curriculums, conduct of training sessions, training of 38 provincial trainers, health centers workers (nurses, midwives, etc.), primary health workers;
- ◆ The project does not rely on funding to intervene: no building construction, no purchase of a vehicle and no new personnel to be hired. The project is the continuation of the pilot project, thus, the activities and the existing infrastructure have been accepted and supported by the government;
- ◆ The government's role, responsibilities and resources (personnel, facilities, vehicles) indicates their commitment to the project by its pledge of \$81,000 (project personnel salaries);
- ◆ The government provides the health infrastructure (personnel, facilities in pilot project area) and is responsible for planning, implementation, supervision, coordination, monitoring of activities;
- ◆ The planning of the project is targeted to awareness. The approach is to create a sustainable health/vitamin A deficiency control program in the local community by sensitizing the MOH, other decision makers, the community and health workers about vitamin A deficiency;
- ◆ Providing technical vitamin A training to a core of health professionals and community health workers who will train other health personnel in vitamin A;
- ◆ HKI is ready to provide technical assistance in the development and integration of Nutrition/Vitamin A curriculum within the public Health School and School of Medicine training program. The HKI assistance will be of very little cost because the curriculum development and integration will be funded by UNICEF and the World Bank by the end of 1993 as per the development of a National Nutrition policy by the government; and

- ◆ Although, there will be money generated from the sales of the VACs, this will not be allocated to the health workers salaries, but rather to purchasing supplies after the project comes to an end.

Note: Supervision of the community health workers is difficult to foresee and is beyond the scope of this project.

5.2.2

The project has not taken any actions this year to cut recurrent costs. For the next two years there will be actions to cut recurrent costs by encouraging the integration of resources from the vitamin A project and other projects existing in the provinces.

5.3. Cost Recovery

5.3.1.

There was no recovery of health costs of vitamin A activities this past year. However, a national government project will be examining such strategies. Cost recovery of vitamin A activities will possibly be explored within the upcoming phases of this project.

5.3.2.

Data on the community's reaction to cost recovery are not currently available, as no cost recovery activities have been undertaken by the project to date.

5.3.3.

HKI has not undertaken any training this year to improve the project staff's understanding and skills in cost recovery and price setting.

6. **Project Expenditures And Justification For Budget Changes**

6.1. Pipeline Analysis, See Appendix VI

6.2. Justification of Budget Changes

This fiscal year (1991/1992) the project has not made any major budget revision. It has not made changes from the budget submitted in the DIP.

7. **1992/1993 Work Schedule and Budget**

See Appendix V

Background:

Vitamin A deficiency is attributable to a chronic problem of availability, inadequate consumption of vitamin A rich foods, natural disasters and measles epidemics. Thus, this is a major public health problem in Burkina Faso. Clearly, the high prevalence of vitamin A deficiency found during the xerophthalmia assessment survey in 1984, 1986 and 1989 warranted a comprehensive program to prevent vitamin A deficiency in Burkina Faso.

The pilot project implemented from 1986 to 1989 in the provinces of Bam, Namentenga, Sanmatenga and Yatenga placed an emphasis on the following:

- ◆ training of health personnel;
- ◆ distribution of vitamin A capsules for prevention and treatment;
- ◆ nutrition education through the production and dissemination of education materials;
- ◆ gardening in primary schools and by village women groups; and monitoring, evaluation and operation research.

This project continues and expands the activities begun under the pilot project. The project is designed to assist the Ministry of Health's (MOH) efforts to expand and achieve the national planned targets outlined in the Five Year Plan.

The project's location comprises of the original four pilot project's provinces (Bam, Namentenga, Sanmatenga, Yatenga) and four new provinces (Tapoa, Passore, Soum, Oubritenga).

The duration of the project is three (3) years (October 1, 1991 - September 30, 1994).

The target group includes children, 6 months to 5 years (232,350), 6 to 10 years as the secondary group targeted by MOH and UNICEF (425,459), and postpartum women (118,398).

Goal:

The overall goal is the reduction of vitamin A deficiency prevalence and its associated negative outcomes, including xerophthalmia, morbidity and mortality through a comprehensive and sustainable program.

Objectives:

- a. The primary objective of the project is to provide prophylactic vitamin A supplementation to 25% of children 6 months-5 years of age living in the project area every four months.
- b. The secondary objectives include the following:
 - to provide prophylactic vitamin supplementation to 25% of children 6-10 years of age, every four months;
 - to provide prophylactic vitamin A supplementation to 25% of breastfeeding mothers within the first month following delivery;
 - to provide vitamin A supplementation to 90% of children who are diagnosed in health centers as either having xerophthalmia or being at risk of becoming deficient in vitamin A. (Children at risk of becoming deficient in vitamin A are children suffering from measles or chronic diarrhea [5 or more stools day for more than 14 days], or severe malnutrition, or acute respiratory infections); and
 - to increase by 20% the number of weaning-age children up to 6 years of age eating vitamin A-rich foods at least four times a week.

Key Interventions:

- ◆ training health and primary school personnel in the project area in the prevention of vitamin A deficiency;
- ◆ promoting general awareness of the vitamin A deficiency problem and the need to consume vitamin A-rich foods through the use of social marketing;
- ◆ distributing vitamin A capsules to target populations for prevention and treatment;
- ◆ promoting the production and consumption of vitamin A-rich foods through a garden demonstration project at CRENS. (Garden demonstration will be one of several nutrition education activities taking place at the CRENS);
- ◆ monitoring and evaluating above-mentioned activities.
- ◆ providing technical assistance in the development of a vitamin A curriculum for Public Health School and School of Medicine training programs.

Appendix II

TYPE AND QUANTITY OF OUTPUTS BY YEAR

ACTIVITY	OUTPUT	OUTPUT			MANAGING INSTITUTION
		YEAR 1	YEAR 2	YEAR 3	

Objectives I, II, and III: Vitamin A capsule distribution to 1) children 6 months-5 years of age; 2) breastfeeding mothers within one month of delivery; and 3) children 6 years-10 years of age.

1. Conduct prevalence survey of xeroph. in new areas; review and collect baseline data in pilot areas	Written reports on # and % of children and breastfeeding mothers receiving capsules; and on xeroph. prevalence		1 (baseline)	1 (mid-term) 1 (final)	DSF
2. Train: a) Central Training Team b) Provincial Training Teams	Teams trained		1 Central Training Team trained 8 Prov. Training Teams trained		DSF
3. Operational Planning Meetings	Meetings held		4	1	DSF
4. Plan, conduct, evaluate training of: a) Provincial Training Teams b) CSPS Heads (nurses, midwives, etc.) c) Primary Health Workers	Trainers trained		64 trained (8 x 8 prov.)	350 trained 1,400 trained	DSF, HKI DSF DSF

5. Review, reproduce training materials	Prototype materials reproduced		2	2	DSF, HKI
6. Distribute vitamin A capsules to:	Project monitoring reports on number of capsules distributed and percentage of target groups covered		4 reports	4 reports	Reports: DSF, HKI
a) children 6 months-5 years			10%	25%	Capsule distrib.: DSF
b) breastfeeding mothers within 1 month of delivery			10%	25%	
c) children 6 years-10 years			10%	25%	
d) xeroph., high-risk children			90%	90%	

Objective IV: Increase by 20% the number of weaning-age children up to 6 years of age eating vitamin A-rich foods at least four times a week.

1. Conduct KAP studies	Written reports on KAP study results		1 (baseline)	1 (mid-term) 1 (final)	AED, HKI
2. & 3. See objectives I, II, and III					
4. Train primary school teachers and inspectors	Primary school teachers and inspectors trained			32 trained (2 tchrs. x 2 inspctrs. x 8 prov.)	DSF

<p>5. Introduce vitamin A curriculum into primary schools</p>	<p>a) Report on vitamin A integrated into primary school curriculums</p> <p>b) % of primary schools where vitamin A is integrated into curriculum</p>		<p>1</p> <p>20% of primary schools in project area</p>	<p>1</p> <p>40% of primary schools in project area</p>	<p>DSF, HKI</p> <p>Ministry of Education, DSF</p>
<p>6. Produce and disseminate communic. and education materials</p>	<p>Communic. and education materials produced and dissemntd.</p>		<p>Some combntn. of the following communic. and education materials:</p> <p>radio messages</p> <p>posters</p> <p>songs</p> <p>T-shirts</p> <p>brochures</p> <p>flipcharts</p> <p>(types and quantities of materials produced to be determined during KAP assessmt.)</p>	<p>Some combntn. of the following communic. and education materls.:</p> <p>radio messages</p> <p>posters</p> <p>songs</p> <p>T-shirts</p> <p>brochures</p> <p>flpchrts.</p> <p>(types and quants. of materials produced to be determnd. during KAP assesmt.)</p>	<p>DSF, AED</p>

7. Conduct nutrition education sessions with mothers of pre-school children	a) # of sessions per month b) % of mothers attending each session		1 per month for each health center 20% of mothers with pre-school children in project area	2 per month for each health center 40% of mothers with pre-school children in project area	DPS
8. Develop and implement monitoring and evaluation for objectives I, II, III, and IV					
a) Reproduce growth charts and health cards	Growth charts and health cards produced		120,000 growth charts 120,000 health cards	120,000 growth charts 60,000 health cards	UNICEF
b) Report on capsule coverage	Quarterly capsule distrib. reports		3	3	DSF, HKI
c) Conduct consultative meetings with MOH, UNICEF, USAID, and HKI	Minutes of meetings held		3 meeting minutes	3 meeting minutes	DSF, HKI
d) Undertake field visits	Field visit reports		2 field visit reports	2 field visit reports	DSF, HKI
e) Evaluation	Evaluation reports			Mid-term and final evals.	DSF, HKI

Promotion of production of vitamin A rich foods

number of demonstration team gardens established

Ministry of Agriculture + Unicef

number of training sessions for village

2 sessions per week

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CHANGES IN PROJECT OBJECTIVES

OBJECTIVES	JUNE 1992 DIP			REVISED DIP		
	Year I	Year II	Year III	Year I	Year II	Year III
Prophylaxis vitamin A supplementation coverage to :						
- Children 6 month - 5 years old every four months for prevention	20 %	30 %	40 %		10 %	<u>25 %</u>
- Children 6 years - 10 years every four months for prevention	20 %	30 %	40 %		10 %	<u>25 %</u>
- breastfeeding mothers during first month following delivery for prevention	20 %	30 %	40 %		10 %	<u>25 %</u>
- Children with xerophthalmia, measles, sever malnutrition, chronic diarrhea acute respiratory diseases					90 %	<u>90 %</u>
Increase of the number of children under 6 years consuming vitamin A rich foods at least four times a week			20 %		10 %	<u>20 %</u>

SURVEY ALREADY DONE AND PLANNED FOR BASELINE DATA

Project area Interventions	Old (pilot) provinces				New provinces			
	Yatenga	Bam	Namentenga	Sanmatenga	Tapoa	Soum	Passore	Oubrite
VAC coverage 1989	60 %	42 %	not surveyed	not surveyed	0 %	0 %	not surveyed	no data not survey
Baseline								
VAC coverage 1992/1993	Yes, for precision	Yes, for precision	Yes	Yes	not necessary	not necessary	Yes	Yes
KAP 1992/1993	Yes, ecoI*	No	No	Yes, ecoI*	Yes, ecoII*	Yes, ecoIII*	No	No
Xerophthalmia prevalence 1992/1992	No	No	No	No	No	No	No	Yes
Xerophthalmia prevalence 1984	Yes	Yes	Yes	Yes	No	No	No	No
Xerophthalmia prevalence 1986	Yes	No	No	No	No	No	Yes	No
Xerophthalmia prevalence 1989	Yes	Yes	No	No	Yes	Yes	Yes	No

* The targeted provinces are divided into three ethno-ecological zones representing different ethnic, sociological variations among tribes and their physical environment where they live.

1992 / 1993 WORK PLAN and Budget

ACTIVITY PLANNED	TARGET POPULATION	OBJECTIVES	EXPECTED OUTPUTS	SOURCE OF INFORMATION	IMPLEMENTATION DATES	OBSERVATIONS/COST
A/ Gather existing information and evaluate nutritional KAP of population.	Children and family in three ethno-ecological zones (Yatenga + Soum + Tapoa)	Collect baseline data on nutritional KAP of children and family	Information gathered, baseline KAP data collected.	Baseline KAP survey.	Nov. 1992 - Jan. 1993.	\$ 4.000
Analyze data			Written report on result		Feb. - March 1993	\$ 800
B/ Mobilization/Nutrition Education campaign.						
1. Creation and overall orientation of nutrition education campaign.		educ.	Concept paper written on the approach and conduct of nutrition in project area	Report by Nac. Vit. A Coord + Tech. Ad.	April 1993	
2. Development of supporting materials.		Develop materials necessary for Mob/Ed	Communication/education Materials produced and disseminated :			Total = \$ 26451
2.1. Design, testing selection and recording of radio messages/equipment, flipsharts			equipment , flipsharts, radio message produced for use on rural/regional radio	DPS records	May - July 1993	\$ 15351 (+ \$ 21.600 UNICEF)
2.2. Design, testing and production of posters			posters produced and disseminated	DPS records	May - July 1993	\$ 5600.00
2.3. Design, testing and production of a film			1 film produced and available for sensitization and education	Report	July - Nov. 1993	(\$ 5000.00 UNICEF)

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2.4. Design, testing and production of radio and television programs			One radio and television talk designed, tested and available for radio/TV education programs		July - Sept. 1993	\$ 3.000
2.5. Survey of existing communication/education materials (guides, AED posters etc...)		Review existing communication/education materials and select appropriate materials for the project	Existing communication/education materials are reviewed and appropriate materials are selected for use by the project.	Report written by consultant	October 1992, April 1993	\$ 500
2.6. Evaluation and revision of materials		Improve education material quality	Education materials (above cited) reviewed by consultant.	Report by consultant	June - July 1993	\$ 500
2.7. Editing or correction of materials			Materials corrected and edited	Report	July - September 1993	\$ 500
2.8. Development of nutrition courses for primary schools	Primary schools in the project area	Integrate vitamin A nutrition curriculum into 20 % of primary schools	Report on vitamin A integrated into primary schools curriculum; Vitamin A integrated into curriculum of 20 % of primary schools	Report	January - March 1993	\$ 1.000
3. Vitamin A capsules distribution : Refinement and testing of VAC distribution system in the new provinces.			VAC distribution operational plan refined and tested in new provinces		March 1993	\$ 0.00
4. Seed distribution. Development of a seed distribution system in the new provinces (1 CREN / village women group)	One village women group of 30 women living near a CREN	Supply the village women group with seeds	Seed distribution operation plan established	Report by project management	March 1993	\$ 0.00
C/ Formulation of the health personnel and teachers training plan.						

C.1. Evaluation of health personnel training needs.	Sample of health personnel (156 health agents) in project area	determine skill level of health personnel and need for training.	baseline data on training needs for health personnel are written report on these data.			To be carried out by the central training team \$ 1.500
C.1.1. Design and development of evaluation tool.		develop necessary tool (questionnaire for the evaluation of the personnel skill level and training needs.	Questionnaire for evaluation of personnel skills and training needs developed and tested		Jan. - Feb. 1993	\$ 299
C.1.2 Distribution of evaluation questionnaire : - to core provincial trainers - to CSPS heads and to health centers agents - for interview of PHWs	sample of provincial trainers (20) Sample of CSPS heads and other health center agents (60) and PHW (76)		20 provincial trainers and 60 health centers agents surveyed in the 8 provinces. 4 % of PHWs (ie 76 PHW) interviewed		March 1993 March 1993 March 1993	\$ 356
C.1.3. Collection and analysis of data			Data collected and analyzed. Written report on results and recommendations		April 1993	\$ 1.578
C.2. Formulation of a training program		Develop a reference training program for the training of health personnel	Training program designed for the training of health personnel.	Written training program		To be carried out by the central training team
C.2.1 Formulation of general objectives for each level			General objectives formulated for each training level		May 1993	

C.2.2. Design of general objectives for each level			General objectives designed and training curriculum developed for each level		May 1993	
C.2.3. Review reproduction/development of material for level 1 (provincial trainers), 2 (CSPS heads, health agents), 3 (PHW) and others (teachers + inspectors; central training team)	8 provincial training teams of 8 persons each for each province; 350 health agents (nurses, midwives etc...); 1400 PHW, 16 school teachers and 16 inspectors	Reproduce/Produce one prototype training material for the training of level 1, 2, 3, and central training team and primary school teachers + inspectors	training materials reviewed reproduced/developed and available for use by respective categories and number of personnel	DPS records. Report on training material development	June - July 1993	\$ 6.262
C.2.4. Orientation of the central training team on training techniques	One central training team of 7 persons	Provide the central training team with the necessary skills for vitamin A training of health and primary schools personnel.	One central training team of 7 persons trained on vitamin A training techniques. Report written on the orientation	Report on the orientation written by technical advisor to the project + Mr Sanou (DSP).	August 1993	\$ 706
C.3. Execution of level 1 training by the central training team	Provincial training teams (ie 8 trainers x 8 provinces)	train and provide 8 provincial training team necessary skills for the vitamin A deficiency prevention and training of health personnel in the prevention.	64 trained (ie 8 x 8 provinces).	DPS records and training report.	September - October 1993	\$ 11.516
C.4. Training of primary school inspectors and teachers						
C.4.1. Evaluation of training needs	16 primary school teachers and 16 inspectors in project area	Determine the skill level of primary school teachers and inspectors and needs for training	Evaluation of training needs carried out			To be carried out by the central training team
C.4.1.1. Design and development of evaluation tools			Questionnaire for evaluation developed		January - February 1993	\$ 300

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C.4.1.2. Distribution of evaluation questionnaire to primary school inspectors and teachers	16 primary school teachers and 16 inspectors in the eight provinces (2 teachers + 2 inspectors x 8 provinces)	collect data on skill level and training needs of these personnels in the project area	Evaluation questionnaire distributed to primary school teachers and inspectors		March 1993	\$ 300
C.4.1.3. Collection and analysis of data	Idem as above	collect the baseline data on the skills and determine the training needs of primary school teachers and inspectors	Data collected and analyzed. Written report and recommendation for the training program	Report on evaluation of training need for teachers/inspectors	April 1993	Analysis and recommendation in Ouagadougou by consultant \$ 600
C.4.2. Formulation of objectives			1 Curriculum developed for the training of primary school teachers and inspectors by central training team	Report	May 1993	\$ 0.00
C.4.3. Development of materials		Develop one prototype of material for the training of primary school teachers and inspectors	Training materials developed and available for use by trainers and trainees (teachers + inspectors)	Report on training program for teacher/inspectors	June - July 1993	\$ 470
D/ Social mobilization and nutrition education :						
D.1. Nutrition education in primary schools		Conduct nut. educ. in 20% of primary schools	Nutrition education is conducted for children in 20 % of primary schools in project area	Inspectors records	Starting in April 1993	In old provinces \$ 0.00
D.2. Nutrition education in CREM	100 mothers in 1 CREM		Vitamin A nutrition education in being conducted in CREMs for 100 mothers	CREM records	Beginning in July 1993	\$ 0.00
D.3. Promotion of the cultivation of vitamin A rich foods	One village women group of 30 persons in a village in project area		One demonstration garden established and maintained by a village women group near a CREM	CREM records	Beginning in July 1993	\$ 250 (+ \$ 3.500 fr-UNICEF)

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F.2. Monitoring supervision report.			1 monitoring/supervision report written		April 1993	\$ 200
Quarterly report					January 1993	\$ 200
			4 quarterly report written		April 1993	
					July 1993	
Annual report			1 annual report written		September 1993	\$ 200

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HKI

HELEN KELLER INTERNATIONAL, INC.
 1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
 PVO / COUNTRY PROJECT- PDC-O284-G-00-1074-00

FIELD	ACTUAL EXPENSES TO DATE (9/30/91 to 9/30/92)			PROJECTED EXPENSES AGAINST REMAINING OBLIGATED (10/1/92 to 9/30/94)			TOTAL AGREEMENT BUDGET (9/30/91 to 9/30/94)		
	AID	HKI	TOTAL	AID	HKI	TOTAL	AID	HKI	TOTAL
COST ELEMENTS									
SALARIES			\$0	\$174,750	\$0	\$174,750	\$174,750		\$174,750
FRINGE	701		701	38,789	0	38,789	37,490		37,490
TRAVEL	285	2,230	2,515	103,095	(2,230)	100,865	103,380		103,380
OTHER DIRECT COSTS	24,845	20,163	45,008	68,879	85,112	153,791	93,624	105,275	198,799
TOTAL DIRECT COST	\$25,831	\$22,393	\$48,224	\$383,313	\$82,882	\$466,195	\$409,144	\$105,275	\$514,419
INDIRECT COST	5,579	4,770	10,349	86,886	19,211	106,097	92,465	23,981	116,446
TOTAL COST	\$31,410	\$27,163	\$58,573	\$470,199	\$102,093	\$572,292	\$501,609	\$129,256	\$630,865

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HELEN KELLER INTERNATIONAL, INC.
 1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
 PVO / COUNTRY PROJECT- PDC-O284-G-OO-1074-00

ADQUARTERS AND FIEL	ACTUAL EXPENSES TO DATE (9/30/91 to 9/30/92)			PROJECTED EXPENSES AGAINST REMAI (10/1/92 to 9/30/94)			TOTAL AGREEMENT BUDGET (9/30/91 to 9/30/94)		
	AID	HKI	TOTAL	AID	HKI	TOTAL	AID	HKI	TOTAL
SALARIES	\$57,105	\$3,040	\$60,145	\$117,645	\$16,730	\$134,375	\$174,750	\$19,770	\$194,520
FRINGE	4,010	863	4,873	33,480	3,091	36,571	37,490	3,954	41,444
TRAVEL	822	8,921	9,743	102,558	(8,921)	93,637	103,380	0	103,380
OTHER DIRECT COST	28,898	39,017	67,915	64,626	73,638	138,264	93,524	112,655	206,179
TOTAL DIRECT COST	\$90,835	\$51,841	\$142,676	\$318,309	\$84,538	\$402,847	\$409,144	\$136,379	\$545,523
INDIRECT COST	19,620	11,042	30,662	72,845	19,782	92,627	92,465	30,824	123,289
TOTAL COST	\$110,455	\$62,883	\$173,338	\$391,154	\$104,320	\$495,474	\$501,609	\$167,203	\$668,812

12/23/92

JOB DESCRIPTION

Title:

MOH National Vitamin A Coordinator.

Summary of responsibilities:

Through the DSF-Nutrition Section from which he/she will be named, the MOH National Vitamin A Coordinator will provide technical assistance in the elaboration, implementation, and evaluation of the Vitamin A Project. He/she will work 50% of the time on project activities and will receive no project-funded salary.

Collaboration:

The MOH National Vitamin A Coordinator will collaborate on a regular basis with HKI (particularly with his/her counterpart, the Project Technical Advisor), the CNLC, DESA, DEP, UNICEF, AED, USAID, and technical services of other ministries such as the Ministry of Agriculture/Animal Husbandry, the Ministry of Basic Education and Mass Literacy, and the Ministry of Culture and Information.

Principal tasks and activities:

The MOH National Vitamin A Coordinator will have the following responsibilities:

- assuring (through the DSF) the coordination, planning, implementation, monitoring, supervision, and evaluation of the project;
- providing technical support to the Provincial Health Directions; and
- providing input into the technical content of training.

Reporting, duration of assignment, residence:

The MOH National Vitamin A Coordinator will report directly to the Director of the DSF-Nutrition Service.

The duration of the assignment is two years (October 1992-September 1994) with the possibility of renewal for the third year of the project.

The MOH National Vitamin A Coordinator will be based in Ouagadougou, Burkina Faso.

Required qualifications:

- University degree in Nutrition;

- Five years of field experience in Public Health;
- Excellent managerial and organizational skills;
- Excellent training/education skills;
- Languages:
 - French: native-level reading, writing, and speaking ability;
 - English: functional reading, writing, and speaking ability;
 - Mossi, Dioula, Gourmantché: functional speaking ability in at least one of these languages.

JOB DESCRIPTION

Title:

Technical Advisor to the Vitamin A Project (position to be filled by the HKI/Burkina Faso Country Director).

Summary of responsibilities:

The Technical Advisor will provide technical assistance in the elaboration, implementation, and evaluation of the Vitamin A Project. He will also coordinate HKI support (technical and financial) to the project.

Collaboration:

The Technical Advisor will collaborate on a regular basis with the DSF-Nutrition Service (particularly with his government counterpart from the DSF, the MOH National Vitamin A Coordinator), the CNLC, UNICEF, AED, and USAID.

Principal tasks and activities

The Technical Advisor will provide assistance to the project in the following areas:

- in project development and planning;
- in the conduct of training;
- in the technical content of training;
- in the development of educational materials;
- in the development of operational plans for vitamin A capsule distribution;
- in the design and oversight of surveys;
- in the planning and monitoring of project activities;
- in the planning and scheduling of meetings and field visits;
- in responding to requests for punctual technical assistance (either by providing such assistance himself or by identifying consultants who will provide the assistance);
- in serving as a liason between HKI and the MOH and partners; and
- in preparing financial and narrative reports to the donor.

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Reporting, duration of assignment, residence

The Technical Advisor will report directly to the HKI Associate Executive Director in New York.

The duration of the assignment is two years (October 1992-September 1994) with the possibility of renewal for the third year of the project.

The Technical Advisor will be based in Ouagadougou, Burkina Faso.

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TETEVI D. LOGOVI M.D., M.P.H

01 BP 5658
Ougadougou 01
Burkina Faso

Education

Medical Doctor: The College of Medicine and
Pediatrics
Leningrad, URSS (1976).
Master of Public Health: The College of Public Health
University of Oklahoma, Health
Sciences Center,
Oklahoma City , Oklahoma USA. (1986)

AREAS OF SPECIALIZATION / SKILLS

Epidemiology (infectious and communicable diseases, chronic diseases, zoonoses, investigation of outbreaks , epidemiologic study design, cancer);

General medicine, Pediatrics.

Health Administration and Management (planning, organization, supervision, evaluation; personnel budget and logistic management).

International Health, Primary Health Care: management, planning, implementation, evaluation, training of primary health care workers, community organization and participation.

Family Planning (Clinic, contraception, fertility, study of teenage pregnancy, study of sterilization and abortion problems, administration, counseling, planning, evaluation and quality assurance).

Maternal and Child Health : nutrition and growth, prenatal care, Expanded Program of Immunizations, comprehensive care to women, mothers and children.

Vitamin A deficiency control: program planning, implementation, monitoring, evaluation, training, consultancy.

Community Health Education: planning implementation and evaluation of programs.

Biostatistical methodology, computerized data processing and management.

Formal and informal teaching skills.

SPECIAL EDUCATION / TRAINING

Management Training and Development Institute:
Management- Communication for Development, Washington,
D.C., Albuquerque, New Mexico USA (1986)

Field Work in Family Planning, Planned Parenthood
Association of Oklahoma City - USA (1985).

Coursework in English and in Management for
International Executives, State University of New York
at Buffalo, School of Management and Intensive English
Language Institute, USA (1984).

World Health Organization Training Center, Lomé (Togo):
Leprosy and Epidemiologic Surveillance of Leprosy
(1982, 1983): Expanded Program of Immunizations (1982);
Epidemiology and health Management (1980).

Intensive course in Russian language, College of
Medicine, Rostov-on-Don, USSR (1969 - 1970).

PROFESSIONAL EXPERIENCE

1989 - 1991

Country Director

Helen Keller International (HKI) in Niger.

Vitamin A Consultant

HKI Vitamin A Technical Assistance Program.

Responsibilities include:

- overall management of all HKI in country operations towards the achievement of the agency's blindness prevention program goals.
- provision of technical assistance to the Ministry of Health, the MOH/WHO/Unicef Joint Nutrition Support Program (PCAN) and other non governmental organizations in all aspects of vitamin A deficiency control, including training of personnel, development of training and public education materials and implementation and monitoring of activities for vitamin A project (Tahoua and Maradi regions), vitamin A/ child survival project (Tahoua and Maradi regions) vitamin A social marketing project (Birni N'Konni district) (all are USAID funded projects).

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- In close collaboration with the Ministry of Health of the Republic of Niger and the National Blindness Prevention Program, technical assistance in the improvement of general eye care services to rural populations, in particular in planning implementing, monitoring a primary eye care (USAID funded) project in the region of Dosso and Tillabery.
- provision of technical and managerial assistance and support to Nigerien national, regional and local authorities to encourage mobilization of human and material resources to meet blindness prevention project needs.
- provision of administration oversight and supervision for HKI staff and finances assuring efficiency of the HKI office.
- development of work plans, period reports, vitamin A and eye care projects proposals.
- liaison between HKI and the Ministry of Health, and other development agencies such as the United Nations Development Program (UNDP), Unicef, etc.
- as consultant to HKI vitamin A technical assistance program, provision of technical assistance to private voluntary organizations in Niger (Care Africare) and the West African region (World Relief, Catholic Relief Services, Africare...); conduct of a vitamin A training for health professionals in 1990 in Ségou (Republic of Mali).

1986 -1989

Country Representative

Helen Keller International (in Burkina Faso)

Vitamin A Consultant

Tripartite (United Nations Children Funds - Unicef / Helen Keller International / Government of Burkina Faso) Vitamin A Program in Burkina Faso.

Responsibilities include:

- provision of technical and management assistance and support to national authorities as well as to Unicef in all aspect of vitamin A deficiency control, including training of personnel, development of training and public education materials and operations research, mobilization of human resources to meet project needs, assistance in budget preparation and management.

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- overseeing directing and coordinating vitamin A program activities; advising on policy; monitoring all activities and baseline data including vitamin A capsules deliveries to target groups with assessment of programmatic impact.
- handling HKI in-country finances; supervision of its field staff; liaison with other development agencies.
- vitamin A operational assistance to Western African Countries : Vitamin A/child survival seminars in Mali and Nigeria; planning of program for Malian technical services, Unicef and non-government organizations; technical resource for the vitamin A training in Dakar (Senegal) for health/ nutrition cadres from 16 western and central frenchspeaking African countries.

1982 - 1983

Chief Medical Officer

Department of Maternal and Child Health Center of Be, Lome (Togo, West Africa)
Supervisor: Ministry of health, Republic of Togo.

Responsibilities included provision of medical care to children, the organization and supervision of prenatal care for pregnant women.

1979 - 1982

Chief Medical Officer

Vogan Region, Republic of Togo.

Responsibilities included direction of out-patient and in-patient care in Central Hospital, Vogan; organization and supervision of curative, preventive and promotion health care in thirteen dispensaries; epidemiologic surveillance of communicable diseases, primary health care and family planning; and management of health personnel and budget. Additional responsibilities included training paramedical personnel in control of communicable diseases, primary health care and family planning; organizing village-level health education program on malaria, leprosy, tuberculosis, helminthiasis (worms) and malnutrition; and supervising the control of a water - borne outbreak of amoebic dysentery in Vogan Region, 1980.

1976 - 1979

Chief Medical Officer

Kante Region, Republic of Togo.

Responsibilities included provision of medical care in Central Hospital, Kante; planning, organization and supervision of curative, preventive and promotion health care for seven dispensaries; direction of epidemiologic surveillance of communicable diseases, including measles, leprosy, onchocerciasis (river blindness), tuberculosis, as well as malaria surveillance; management of health budget and personnel for the region; and performance of instrumental role in the management and control of outbreaks of cholera and measles in Northern Togo, 1978; training of health personnel in family planning.

SPECIAL SKILLS

Read write and speak fluently in French, English, Russian and one West African indigenous language, Ewe.

Cross-cultural and grass-root experience obtained in developing countries and developed countries; Ability to work in a team; hard working.

Experience in working with international organizations (including UNICEF) and non governmental organizations operating in Africa.

PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Member, American Public Health Association
Member, Biological and Medical Society of Togo
Member, National Council for International Health (USA)
Member, Togolese Association for Family Planning
Past Vice President Togolese Association for Family Planning (ATBEF) Kante and Vo regions
Past District President, Red Cross of Togo, Kante Region (Togo)
Member, Committee for Family Welfare, Sea Region, Togo

Special Seminars

American Public Health Association:

Government's Responsibility and the People's Health -
Washington, DC 1985

National Council for International Health, Washington, DC (USA):

Management Issues in Health Programs in the Developing World (1985)

Applications of Biomedical and Research in Developing World (1986)

Group for Study and Research on Malnutrition (GERM) Dakar, Senegal (October 1987); International Vitamin A Consultancy Group (IVACG) - Addis Ababa, Ethiopia (December 1987): making presentations on vitamin A deficiency issues and control program; Kathmandu-Nepal (November 1989); Guayaquil-Ecuador(june 1991)

SPECIAL INTERESTS

SPORTS Soccer and Basketball
TRAVEL Residence or travel experience obtained in the USA, France, West Germany, East Germany, Poland, USSR, Canada, Nepal, Ecuador as well as the African Republics of Togo, Mali, Benin, Nigeria, Ivory Coast, Ghana, Senegal, Ethiopia, Burkina Faso, Kenya, Morocco, Niger.

REFERENCES

Letters of references available upon request.

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