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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

JUL 12 1990

Mr. Jack B. Blanks
Director of Programs
The International Eye Foundation
7801 Norfolk Avenue
Bethesda, MD 20814

SUBJECT: Cooperative Agreement No. OTR-0284-A-00-0073-00

Dear Mr. Blanks:

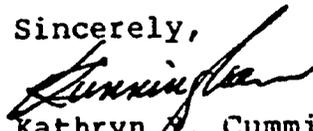
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby provides to International Eye Foundation (hereinafter referred to as "IEF" or "Recipient") the sum of \$831,000 to provide support for the Recipient's program under A.I.D.'s Vitamin A Program as more fully described in Enclosure 2 of this Cooperative Agreement entitled "Program Description."

This Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives from July 1, 1990 through June 30, 1993.

This Agreement is made to the Recipient on condition that the funds will be administered in accordance with the terms and conditions as set forth in Enclosure 1 entitled "Schedule," Enclosure 2 entitled "Program Description," and Enclosure 3 entitled "Standard Provisions," which have been agreed to by your organization.

Please acknowledge receipt of this Agreement by signing all copies of this Cover Letter, retain one copy for your files, and return the remaining copies to the undersigned.

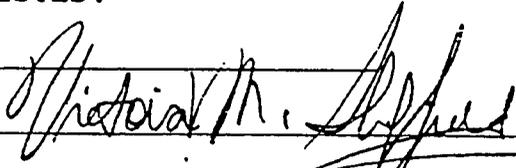
Sincerely,


Kathryn A. Cunningham
Grant Officer
Management Support Branch
Office of Procurement

Enclosures:

1. Schedule
2. Program Description
3. Standard Provisions, as amended

ACKNOWLEDGED:

BY: 

TYPED NAME: Victoria Sheffield

TITLE: Executive Director

DATE: 07/17/90

FISCAL DATA

PIO/T No.:	0381203
Project No.:	938-0284
Appropriation No.:	72-1101021.3
Budget Plan Code:	EDNA-90-13810-KG11
Allotment No.:	043-38-099-00-76-01
This Obligation:	\$831,000
Total Obligated Amount:	\$831,000
Total Estimated Amount:	\$831,000
Technical Office:	FVA/PVC/CSH
DUNS No.:	08-234-3377
TIN's No.:	52-0742301
DOC. No.	5487oLK

SCHEDULE

A. Purpose of Cooperative Agreement

The purpose of this agreement is to provide support for the Vitamin A Projects in Guatemala and Honduras. This is more specifically described in Enclosure 2 to this Agreement entitled "Program Description" and in the Recipient's proposal dated January 18, 1990, as amended, which are incorporated by reference. In the event of an inconsistency between the Recipient's proposal, the program description, and this schedule; the schedule and then the program description shall take precedence.

B. Period of Agreement

1. The period of this agreement is July 1, 1990 through June 30, 1993.

2. Funds obligated hereunder are available for the period July 1, 1990 to June 30, 1993 as shown in the budget below.

C. Amount of Agreement and Payment

1. The total estimated amount of this agreement \$831,000.

2. A.I.D. hereby obligates the amount of \$831,000 for program expenditures during the period set forth in B.2. above and as shown in the budget below.

3. Payment shall be made to the Recipient in accordance with procedures set forth in Enclosure 3 - Additional Standard Provision, entitled "Payment - Letter of Credit."

D. Budget

The Budget for this Agreement is shown as Enclosure 1a to this Agreement. The Recipient may not exceed the total estimated amount or the obligated amount, whichever is less (see Part C above). Except as specified in the Mandatory

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Standard Provision of this agreement entitled "Revision of Grant Budget," as shown in Enclosure 3, the Recipient may adjust line item amounts within the grand total as may be reasonably necessary for the attainment of program activities.

E. Substantial Involvement

1. Countries: The following countries are approved for direct in-country program support under this agreement.

Guatemala
Honduras

Other countries may be approved during the period of the Agreement only with the express written approval of A.I.D.

2. The Recipient will carry out the following activities:

a. Submit a Detailed Implementation Plan (DIP) for each country program by April 1, 1991 in accordance with FVA/PVC guidelines. Illustrative guidelines are available from FVA/PVC and will be furnished to you in the fall of 1990.

b. This implementation plan should include a description of how the various child survival interventions will be evaluated and should clearly define: (a) the objectives and outputs that each program will be held accountable for; (b) the specific indicators that will be used to measure program success in reaching objectives and outputs; (c) mechanisms for collecting data, i.e. surveys, sentinel systems, etc.; and (d) manpower and other resources needed for carrying out monitoring and evaluation activities with a revised budget. The DIP should include scheduled reports, internal and external evaluations, and line item budgets.

c. Develop/adopt a program-specific Health Information System, responsive to needs of field programs and headquarters and able to provide A.I.D. with information for tracking program performance. This system should be described in the first year progress report.

F. Reporting and Evaluation

1. Annual Report: Five copies of the Annual Report will be submitted to the A.I.D./FVA/PVC Project Officer by October 15 of each year of the program; the first report is due October

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15, 1991. The annual report should follow the annual report guidelines and should summarize inputs, outputs, progress to date, constraints, and highlights from the preceding year. The Report should also include reporting on the standard A.I.D. indicators for ORT, immunization and growth monitoring and nutrition interventions which are required of all programs receiving child survival funding. For these child survival projects, a mid-term evaluation report will replace the 2nd annual report.

The Annual Report will also include the "USAID Health and Child Survival Project Questionnaire." This must be completed each year of the agreement (including the final year and for each PVO-funded CS project. Other A.I.D.-funded agreements, such as OPGs, should be identified if there is a relationship of that grant to this grant-supported program.

During the life-of-program, program monitoring and information on a country-specific basis will be included in the annual reporting system. Field reports prepared by the recipient's regional and technical specialists, as well as FVA/PVC consultants will also be included in the Annual Report.

2. Interim Reporting: Prior to the required final performance reporting date, events may occur that have significant impact upon the program outcome. In such instances, the recipient shall inform in writing the Grant Officer and the A.I.D./FVA/PVC Project Officer as soon as the following types of conditions become known.

a. Problems, delays, or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of program work activities by the established time period. This disclosure shall be accompanied by the statement of the action taken, or contemplated, and any assistance needed to resolve the situation.

b. Favorable developments or events that enable time schedules to be met or work activities to be performed sooner than originally projected, resulting in an earlier than planned project completion date.

3. Mid Term Evaluation: A mid-term project evaluation will be scheduled. FVA/PVC may provide an external consultant to participate. The Recipient should work closely with the

FVA/PVC Project Officer to plan for this evaluation and participants. The results of this evaluation will be submitted to FVA/PVC as a mid-term evaluation report in accordance with mid-term evaluation report guidelines provided by FVA/PVC.

(NOTE: With prior A.I.D. written approval an annual report may take the place of a mid-term evaluation for expansion agreements.)

4. Final Evaluation: A final independent evaluation in collaboration with A.I.D. will be carried out in the final year of the program to evaluate program effectiveness and impact. This final evaluation must be completed prior to the expiration of the agreement. The final evaluation will be submitted to A.I.D. as part of the final report as explained below.

5. Final Report: No later than 90 days after the expiration of this Cooperative Agreement period, a Final Report following PVC final report guidelines and including items specified by the project officer is due. The Final Report includes but is not limited to, the findings of the Final Evaluation. The Final Report should follow the final evaluation guidelines, and items specified by the Project Officer. Five (5) copies will be submitted to A.I.D./FVA/PVC and one (1) copy to the Grant Officer whose address appears on the cooperative agreement cover letter. (NOTE: The A.I.D. Child Survival and Health Reporting Schedule must be submitted as part of the final report as well as a full financial report including a complete pipeline analysis.)

6. Financial Reporting:

a. Financial reporting requirements shall be in accordance with the method of payment Standard Provision cited in Paragraph C, "Amount of Agreement and Payment" above.

b. The original and two copies of all financial reports shall be submitted to A.I.D., Office of Financial Management, Program Accounting and Finance Division (FFM/FM/CMPD), Room 700, SA-2, Washington, D.C. 20523. In addition, one copy of all financial reports shall be submitted to the technical office specified in the Cover Letter of this agreement.

G. Indirect Cost Rates

Pursuant to the Additional Standard Provision of this Cooperative Agreement entitled "Negotiated Indirect Cost Rates

- Provisional", a rate or rates shall be established for each of the Recipient's accounting periods which apply to this agreement. Pending establishment of revised provisional or final indirect cost rates for each of the Recipient's accounting periods which apply to this agreement, provisional

payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base(s) which are set forth below.

<u>Type of Rate</u>	<u>Rate</u>	<u>Period</u>
Provisional	18.15%	July 1, 1990 until amended

Base: Total direct cost but excluding non-expendable project equipment.

H. Special Provisions

Deviation to the Standard Provision entitled "Air Travel and Transportation,"

As shown in paragraph (a) of this Standard Provision, delete the following:

"The Recipient is required to present to the Project Officer for written approval an itinerary for each planned international trip financed by this grant, which shows the name of the traveler, purpose of the trip, origin/destination (and intervening stops), and dates of travel, as far in advance of the proposed travel as possible, but in no event at least three weeks before travel is planned to commence,"

and in lieu thereof substitute the following:

"Advance notification and approval by the Project Officer of the Recipient's travel intentions overseas is waived for this Agreement. All other terms and conditions of this Standard Provision remain unchanged.

ENCLOSURE 1a

Cooperative Agreement Budget

Cost Element

FROM: 7/1/90 to 6/30/93

<u>Cost Element</u>	<u>A.I.D.</u>	<u>Recipient</u>	<u>Total</u>
<u>Headquarters</u>			
Procurement	\$ 2,550	\$ 2,600	\$ 5,150
Evaluation	-0-	-0-	-0-
Other Program Costs	94,045	69,783	163,828
Indirect Costs	<u>17,305</u>	<u>13,137</u>	<u>30,442</u>
Subtotal	\$113,900	85,520	\$199,420
<u>Honduras</u>			
Procurement	\$ 37,083	\$ 59,700	\$ 96,783
Evaluation	20,000	5,000	25,000
Other Program Costs	212,515	14,000	226,515
Indirect Costs	<u>47,502</u>	<u>5,581</u>	<u>53,083</u>
Subtotal	\$317,100	84,281	\$401,381
<u>Guatemala</u>			
Procurement	\$ 55,200	\$ 76,750	\$131,950
Evaluation	20,000	5,000	25,000
Other Program Costs	263,660	17,425	281,085
Indirect Costs	<u>61,140</u>	<u>10,922</u>	<u>72,062</u>
Subtotal	\$400,000	<u>110,097</u>	<u>\$510,097</u>
TOTAL	\$831,000	\$ 279,898	\$1,110,898

Notes to the Budget:

1. Recipient is allowed 5% flexibility among all line items in the Budget. Within each line item the Recipient has full flexibility of funds.

2. The Recipient is expected to use its own private cost-share/matching funds for all procurement of non-expendable property estimated at over \$500 each and also for all non-U.S. procurements. This alleviates the requirement for a source/origin waiver and also places the title to property completely in the Recipient's name.

3. The Recipient has agreed to expend from its non-federal funds by the end of the life-of-program (LOP) period at least 25% to A.I.D.'s 75% of the total costs. The Recipient is required to meet the requirements of the Standard Provision of the Agreement entitled "Cost Share/Matching."
4. If this award was made on the basis that the recipient has offered to cost share at a rate greater than 1 to 3, the recipient is required to notify the Grant and Project Officer of any changes in the amount to be cost shared by the recipient in accordance with the Standard Provision entitled "Revisions to Grant Budget." Such a change may impact on future funding decisions under this Agreement.
5. The recipient is required to report in its Annual Reports to FVA/PVC, in their incremental Funding Request Letter, and in the Financial Status Report Form (SF 269), the total amount of cost-sharing to date. Although the recipient is required to cost share on a life-of-program basis, they are expected to expend those funds on a pro rated basis per year and not wait until the last year of the agreement to expend their cost share.

PROGRAM DESCRIPTION

Summary Description of Project - Honduras

The proposed Vitamin A Intervention Project will be conducted by the International Eye Foundation (IEF) of Bethesda, Maryland which is officially recognized by the Government of Honduras as an external PVO and also legally incorporated in Honduras as a local PVO.

The Vitamin A Intervention Project will be carried out in a peri-urban settlement area in the northwest quadrant of metropolitan Tegucigalpa, the capital city of Honduras. (See map with list of communities. The list of communities is also included as Appendix 1.)

The total population of the target area is approximately 105,000 living in 33 district "barrios" and "colonias", over 29,000 of which are children. The beneficiary population for the interventions includes 20,000 children under the age of six and their caretakers.

The principal goal of the project is to improve infant and child health and survival by increasing the level of Vitamin A intake in the target populations.

The project will consist of four key Vitamin A interventions:

- 1) The one-time distribution of Vitamin A capsules;
- 2) The distribution of the Vitamin A-enriched, post-convalescence, pre-packaged, sweetened, boil-and-serve gruel project (NutriAtol) to households with preschool children;
- 3) Related nutrition education
- 4) The training of primary health-care promoters in the recognition and referral of cases of xerophthalmia;

The main objectives are:

- 1) To dose with a single dosage children, 6 to 71 months of age (100,000 IU to infants 6 to 11 months and 200,000 IU to children 12 to 71 months);
- 2) To distribute NutriAtol to households containing preschool children in the selected peri-urban neighborhoods;
- 3) To improve household knowledge of infant, child and maternal feeding practices related to Vitamin A nutriture;
- 4) Provide eye examinations and treatment or referral for eye disease (xerophthalmia)

Project Design/Duration

1. The proposed project is scheduled to begin in July 1990 continuing until February 1993.

2. a) The Project Goal is to: 1) reduce the burden of Vitamin A undernutrition in a sub-segment of the child population of the peri-urban area of Tegucigalpa and 2) explore the feasibility in the peri-urban Honduran context of three intervention strategies (xerophthalmia case-finding; Vitamin A distribution; NutriAtol distribution).

b) The project objectives are:

- i) To provide a single dose of Vitamin A to 10,000 children (100,000 IU to infants 6 to 11 months and 200,000 IU to children 12 to 71 months);
- ii) To distribute NutriAtol to 5,000 preschool children in the selected peri-urban neighborhoods;
- iii) To ensure that 80% of sibling agent and 60% of mothers have adequate knowledge of appropriate infant and child feeding practices related to Vitamin A nutriture;
- iv) Provide eye examinations and treatment or referral for eye disease (xerophthalmia) to 20,000 children

c) The outputs expected to be achieved each cycle of field activities of the project are:

- Cycle 1:
- o enroll 5,000 households containing preschool children in the target peri-urban area (includes distribution of 30,000 8-serving packages or 240,000 individual servings);
 - o examine the eyes of 10,000 preschool school for xerophthalmia and refer affected children for Vitamin A therapy and ocular treatment;
 - o dose 5,000 children with high-dose, single treatments of Vitamin A (the same children as in the NutriAtol network)
- Cycle 2:
- o continue distribution of NutriAtol to the 5,000 households containing preschool children in the target peri-urban area (includes distribution of 30,000 8-serving packages or 240,000 individual servings);
 - o examine the eyes of an additional 10,000 preschool children for xerophthalmia and refer affected children for vitamin A therapy and ocular treatment;
 - o dose an additional 5,000 children with high-dose, single treatments of Vitamin A (distinct from the NutriAtol children);

3. Vitamin A Interventions:

- | | |
|-----------------------------|---|
| Vitamin A Supplement-action | o Distribute capsules/spray containing high-dose Vitamin A (100,000 IU for children 6 to 11 months; 200,000 IU for those 12 to 71 months). (Train promoters, liaison with Ministry of Health (MOH), organize communities) (20%) |
| Nutriatol Distribution | o Provide NutriAtol to peri-urban preschool children along with education as to its use after episodes of diarrhea and measles. (Train teachers and health promoters, education of caretakers) (40%) |
| Eye Exam | o Identify and refer cases of xerophthalmia. (Train promoters, liaison with MOH, organize communities) (20%) |

Nutrition o Provide nutrition and related education to
Education caretakers. (Train teachers, health promoters,
 caretakers) (20%)

4. The approaches the proposed project will take include:

A. Direct service:

i) Distribution of NutriAtol: NutriAtol is designed to be a highly-targeted, easy to prepare, and culturally acceptable food to be given in the convalescent aftermath of an acute infection (diarrhea episode; case of measles). It is specifically designed to replace the losses of hepatic Vitamin A stores due to the withholding of food and catabolic wastage incurred during infectious illness. It does not increase depleted Vitamin A stores to repletion levels, but attempts to interrupt the downward spiral of recurrent infections and progressive Vitamin A depletion. NutriAtol comes as individual serving packages containing 20g of nutritive product, contribution 2 to 2 1/2 times the Vitamin A requirement for a preschool child and 15g of sugar. Each packet makes only one 8 oz. serving of NutriAtol. (See Appendix 8, Composition of NutriAtol). Instructions are to boil one packet on each of the eight days following the return of appetite to the child after illness. The primary foci of distribution will be peri-urban schools or community-mothers' groups.

ii) Distribution of retroactive doses of Vitamin A: An efficient manner to replete hepatic Vitamin A stores is to provide oral doses of retinyl palmitate. The recommended dosage and schedule is 100,000 IU (30,000 RE) for children from 6 months to 11 months of age, and 200,000 IU (60,000 RE) for children from 12 to 71 months of age. Two modalities -- the conventional UNICEF capsules and the Hoffmann-La Roche developed pump-spray apparatus -- will be used, as appropriate. These will be distributed by the project promoters.

iii) Xerophthalmia screening: The two ocular health promoters, especially trained to examine the superficial aspects of the eye, will screen children in the peri-urban neighborhood. If xerophthalmic is detected, the child will be treated with an immediate dose of oral Vitamin A and referred for follow-up treatment by the project ophthalmologist. Other diagnosable conditions (conjunctivitis, trachoma, strabismus, refractive problems) will also be referred to an ophthalmology clinic.

B. Assist public and private sector in promotion:

Training of ocular health promoters to recognize the manifestations of xerophthalmia: In addition to the specific, project-employed ocular health promoters, the project will endeavor to train, standardize and reinforce the training in recognition of superficial lesions of the eye and referral in the government's health promoters and nurse auxiliaries, using as instructors the project-affiliated ophthalmologists.

C. Promotion of Vitamin A interventions:

Promote appropriate use of NutriAtol: One focus of distribution of NutriAtol is the rural school system. Siblings of eligible preschool children act as the "agent" both to take the supplies of NutriAtol into the homes and to reinforce the instructions on indications for its use and its preparation. The other focus, where they exist, will be neighborhood mothers' organizations. In these situations, a "distribution captain" will be instructed and trained. The project's NutriAtol promoters will have roles in the promotion.

(see Format E, section B of IEF's proposal, as amended)

C. Promotion of Vitamin Interventions:

i) Promote appropriate use of NutriAtol: One focus of distribution of NutriAtol is the rural school system. Siblings of eligible preschool children act as the "agent" both to take the supplies of NutriAtol into the homes and to reinforce the instructions on indications for its use and its preparation. The other focus, where they exist, will be neighborhood mothers' organizations. In these situations, a "distribution captain" will be instructed and trained. The project's NutriAtol promoters will have roles in the promotion.

(see Format E, section B of IEF's proposal, as amended)

5. Difference between current and proposed activities: The IEF is not currently carrying out any Child Survival or Vitamin A-related activities in the peri-urban settlements of Tegucigalpa.

6. Government of Honduras CS/Vitamin A Strategy: The major emphasis of health strategy in Honduras for the five year period, 1986 through 1991, as enunciated in the Country Development Strategy Statement (FY 86), is the provision of primary health care development services to the population. This emphasis is shared in the development assistance in health being provided to the MOH by the USAID Mission in Honduras through its Office of Human Resource Development (personal communication: Ms. Emily Leonard, USAID Honduras). The proposal addresses this in three unique ways: firstly, there is primary, promoter-oriented delivery in the three components; secondly, IEF plans to extend the training capacity in primary eye care to promoters and health auxiliary personnel of the MOH, outside of the personnel of the project itself; and thirdly, it has a peri-urban focus, which presents primary health care in areas in which reliance is currently on tertiary facilities.

7. Coordination activities: The International Eye Foundation in Honduras has close communication and involvement with the MOH. (See Appendix 6: Evaluation of the Grant Agreement Between the Government of Honduras and the International Eye Foundation Related to the Magi Eye Clinic of the "Leonardo Martinez V" Hospital of San Pedro Sula in IEF's proposal, as amended, which is incorporated by reference). In connection with the development of the proposal, IEF consulted the Ministry (See Appendix 2 of IEF's proposal, letter from the Vice-Minister of Health). The Deputy Director for Health Services, Dra. Anarda Estrada, has been helpful in direct discussions about collaboration with IEF.

Personnel of the Maternal-Child Hospital in Tegucigalpa have been consulted, and have provided key health statistics. This hospital will serve as the referral institution for the cases of xerophthalmia, severe malnutrition, or complications of Vitamin A dosing encountered in the proposed activities.

The USAID Mission to Honduras was consulted, and Ms. Emily Leonard, Director of the Office of Human Resource Development, has provided a letter of support (see Appendix 9 of IEF's proposal, letter from Ms. Emily Leonard, USAID Honduras).

The food company in Guatemala City, Alimentos, S.A., the primary supplier of NutriAtol to the projects in Guatemala, has been consulted and has agreed to manufacture the quantities of the product required. (See Appendix 10 of IEF's proposal, letter from Alimentos, S.A.) The product will be trucked overland to Tegucigalpa.

The Peace Corps desk for Honduras in Washington, D.C. was consulted, and found to be open to exploring the collaboration of Peace Corps volunteers in the proposed project. However, in direct telephonic discussions, Mr. Michael Jenkins, Director of the in-country Peace Corps Office in Tegucigalpa, explained that a policy decision has been taken to remove all PC volunteers from urban assignments and place them in the countryside. Until this policy is re-evaluated, no direct participation by the PC in the project could be approved.

8. Community resources and priorities: The community resources to be applied to the goals of this project are the schools of the peri-urban districts and community organizations. The priorities of the peri-urban communities to achieve better preventive health care are expressed in the goals of the proposal.

Finally, voluntary private service organizations have been contacted with regard to the planning of the project. The Rotary Club of Tegucigalpa South has offered to provide oversight and support of the proposed activity (Appendix 11 of IEF's proposal) letter from Rotary Club of Tegucigalpa South). The Lions Club of Tegucigalpa has also agreed to provide advice and assistance to the program (Appendix 12, letter from Lions Club of Tegucigalpa).

9. Strategy for private sector support: Two strategies for obtaining support from the private sector are being explored. The first is exemplified in the preceding section in which service organizations such as the Rotary Club and Lions Club have been asked to become involved. Since IEF is a legally incorporated PVO in Honduras, charitable contributions within country by private donors are tax-deductible. The IEF will mount an ongoing local campaign for private, individual, and corporate donations within the host nation on behalf of Vitamin A activities.

Summary Description of Project - Guatemala

The proposed Vitamin A for Child Survival Intervention Project will be implemented by the International Eye Foundation of Bethesda, Maryland, in conjunction with the National Committee for the Blind and Deaf of Guatemala (NCBD) and the "Elisa Molina de Stahl" Foundation (EMSF). The project will be organized around three geographically-distinct sub-projects in two provinces of Guatemala.

The principal goal of the project is to improve infant and child health and survival by increasing the level of Vitamin A intake in the target population.

The project will consist of three key, Vitamin A-related interventions: 1) the distribution of a Vitamin-A enriched, post-convalescence, food product called "NutriAtol" to households with preschool children; 2) the promotion of school and community gardens projects to increase production and consumption of Vitamin A rich foods; and 3) related nutrition education.

The beneficiary population for these interventions includes children under 6 years of age for the NutriAtol intervention and both children and adults for the vegetable production component.

The four program objectives are: 1) to extend distribution of NutriAtol to cover 18,000 preschool children in the three impact areas; 2) to develop school gardens projects at 90 schools; 3) to develop 90 community-level garden projects; 4) to improve household knowledge of infant, child and maternal feeding practices related to Vitamin A nutriture.

The project is an extension/expansion of an existing Vitamin A Intervention Project and is designed for implementation over a 29-month period, commencing October 1993.

During the past three years, the IEF and its Guatemala partners have gained valuable experience and learned important lessons in implementing the NutriAtol distribution projects in Alta Verapaz and Chimaltenango Provinces. Currently, IEF, the National Committee for the Blind and Deaf (NCBD) and the Elisa

Molina de Stahl Foundation (EMSF) are examining some of the cultural aspects of introducing NutriAtol into new communities. Also, preliminary survey work has been completed on the availability and utilization of carotene-containing foods by rural inhabitants in the provinces of Santa Rosa, Alta Verapaz and Zacapa in preparation for the implementation of the proposed gardening interventions aimed at improving Vitamin A nutrition.

Project Design/Duration

The Goal of the proposed Vitamin A Intervention for Child Survival Project, is to improve infant and child health and survival by increasing the level of Vitamin A intake in the target population.

For each project intervention, an OBJECTIVE is identified. Projected percent allocations to each intervention are included below, as are broad categories of activities required to accomplish each objective.

- 1) NutriAtol Distribution - To extend distribution of NutriAtol to 18,000 children by the end of the project. Training of teachers and health promoters, NutriAtol distribution, education of caretakers). (40%)
- 2) School Gardens - To develop 90 school garden projects by the end of the project. (Development of training manual, training of teachers and health promoters, liaison with Ministry of Agriculture (MOA) extension workers and PCVs, garden supplies and equipment distribution). (20%)
- 3) Community Gardens - To develop 90 community level garden projects in the communities served by the schools (intervention #2) by the end of the project. (Development of training materials, training of health promoters and community members, liaison with MOA extension workers and PCVs). (20%)

- 4) NutriAtol/Nutrition Education - To ensure that 80% of "sibling" caretakers and 60% of mothers have adequate knowledge of NutriAtol use and adequate knowledge of appropriate infant and child feeding practices. (Training teachers, health promoters, education of caretakers). (20%)

To achieve these objectives, the specific OUTPUTS expected to achieve each year of the project are as follows:

<u>OUTPUTS</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total</u>
Surveys	1	1	1	3
Technical consultations/ External evaluations	1	1	1	3
Promoters trained (NutriAtol/Gardens)	9	--	--	9
School classrooms enrolled (NutriAtol distribution)	360	--	--	360
Households enrolled (NutriAtol related)	18,000	--	--	18,000
NutriAtol packets distributed (8 pkt kits)	144,000	144,000	--	288,000
School garden equipment kits distributed	90	--	--	90
School gardens equipped with seeds	90	90	--	180
Community-level garden equipment kits distributed	90	90	--	180
Community-level gardens equipped with seeds	90	90	--	180

The proposed project will include the following approaches:

A. Direct services:

i. NutriAtol: The direct services for the NutriAtol distribution component are described in detail in the proposal. They comprise the steps involved in moving NutriAtol from the manufacturer, through the schools, to the household.

ii. Gardens: The direct services for the School/Community gardens project component are described in detail in Appendix 9 of the proposal, A description of the IEF/Guatemala Approach to Promotion of School and Community-Level Garden Projects). They involve the distribution of tools, seeds, and cultivars.

B. Assistance of Public/Private Sector in Promotion:

i. NutriAtol: Not Applicable

ii. Gardens: Where organizational infrastructure exists, IEF will endeavor to capacitate agricultural and health representatives (e.g. DIGESA, the Ministry of Agriculture extension service in Guatemala; Peace Corps; MOH volunteer health promoters; service clubs; church groups) in ways to spread the message about the need for Vitamin A consumption through the production of green leafy plants and vegetables.

C. Promotion of Vitamin A interventions:

i. NutriAtol: The foci of NutriAtol distribution are: 1) the rural school system; and 2) the siblings of eligible preschool children to serve as "agents", both to take the supplies of NutriAtol into the homes, and to reinforce the instructions and indications and preparation. The course of a NutriAtol administration is eight days, based on the epidemiological assumption that a typical illness will last eight days (and thus, to balance losses and withheld nutrients, a convalescent period of equal duration should be instituted in the aftermath).

ii. Gardens: The promotion of the School/Community gardens components is described in detail in Appendix 9. (See Appendix 9 of IEF's proposal, A description of the IEF/Guatemala Approach to Promotion of School and Community-Level Garden Projects). It involves the Peace Corps Volunteers and the Project Garden Promoters in motivational messages and inducement activities (such as competitions, fairs, lesson plans).

(See Format E, Section of IEF's proposal)

2. Differences between current and proposed activities: Current IEF activities include NutriAtol distribution in the Kekchi speaking part of Alta Verapaz and the ongoing intra-household food distribution and indigenous carotene sources surveys. The existing NutriAtol activity will be continued at the same output level using IEF matching funds. The additional new activities will be to implement the garden projects in the above area and to extend both NutriAtol and garden activities to the two new sub-regions (lower Alta Verapaz; Santa Rosa). Information gathered in the ongoing inquiries will be incorporated in the expanded program.

3. The MOH Guatemala Mission: The MOH of Guatemala developed a Commission on Vitamin A in which the Ocular Health/Blindness Prevention Branch of the Medical Division of the NCBBD participates. It has enunciated a three-fold strategy to combat Vitamin A deficiency which involves: 1) the one time coverage of the vulnerable under-6 population with UNICEF Vitamin A capsules (October 1988); 2) the fortification of the national table-sugar supply with retinyl palmitate (begun with the harvest of 1987/88); and 3) increased intake of Vitamin A from the diet.

The provision of Vitamin A in two food forms (post-convalescent; horticultural products) is consistent with the final, unaddressed goals of the Ministry of Health's strategy.

The Child Survival strategy of the USAID Mission in Guatemala has focused primarily on assisting the MOH in the areas of ORT and immunization. They have welcomed PVO initiatives in the area of Vitamin A.

4 Coordination activities: The IEF has worked primarily with the internationally recognized, National Committee for the Blind and Deaf of Guatemala, a private organization, which is dedicated to the care of the indigent blind and deaf, and provision of low-cost diagnostic and therapeutic services to the needy through its network of hospitals and clinics. (See Appendix 10 of IEF's proposal, Letter of Understanding Between IEF and NCBBD). In 1985, the NCBBD was officially designated by the MOH of Guatemala as the entity responsible for the nation's prevention of blindness and rehabilitation activities. (See Appendix 11 of IEF's proposal, Agreement MOH-NCBD). The project director of the existing Vitamin A Intervention project is Dr. Gustavo Hernandez-Polanco, the Medical Director of the NCBBD's Medical Division. (See Appendix 5 of IEF's proposal, Pamphlet on the

NCBD). The base of operations of our current project in Alta Verapaz is the Committee's Regional Eye and Ear Hospital in San Pedro Carcha.

The "Elisa Molina de Stahl" Foundation (EMSF), founded in 1988 by the relatives of Mrs. de Stahl, President and Executive Director of the NCBD, is a tax-free organization dedicated to the development of education and research in the area of blindness prevention. This Foundation has asked for partnership with the IEF in order to further its development as an indigenous PVO.

Alimentos, S.A., is the food company that has produced the NutriAtol for the project to date, and has agreed to continue production as needed in the future. (See Appendix 12 of IEF's proposal, Letter, Alimentos, S.A.).

The Office of Human Resource Development at the USAID Mission in Guatemala has been provided with all of the routine reporting documents over the life of the present intervention project. They have been contacted about our plans to expand the existing program and have indicated their support. (See Appendix 13 of IEF's proposal, Letter from USAID). The Ministry of Health was involved via a consultation, specifically with Dr. Juarez, the Regional Health Director for the Southeast Region (which contains the province of Santa Rosa), and he has explicitly requested the extension of NutriAtol distribution to his area. The regional head for the Alta Verapaz province, Dr. Rodrigo Monzon has been appraised of the progress of the ongoing intervention project. Our interest in gardens projects has been communicated to and well received by the DIGESA (agriculture extension service) office of the central offices of the Ministry of Agriculture.

The Peace Corps has been asked to provide volunteer assistance in the implementation of the project. Although the exact level and means of collaboration will be worked out as part of the Detailed Implementation Plan, both organizations have agreed that there exist several areas where PVCs can potentially assist the project (see the enclosed letter (Appendix 14, Letter from Peace Corps Director in Guatemala).

The Lion's Club of Guatemala has been involved on both the national and regional level in prevention of blindness activities. Current discussions are underway to involve the Lions Club in the financial maintenance of the Alta Verapaz-NutriAtol program in the near future.

At the community level, we have been in communication with the mayor of San Pedro Carcha, Guillermo Reyes, the Mayor of Santa Cruz, Juan Alberto Rebolorio, and local mayors in Santa Rosa. We have also conferred with local health center personnel, school officials and teachers) local DIGESA personnel and technicians, local PCVs and religious leaders in the target communities. (See Appendix 15 of IEF's proposal, survey forms from local leaders and teachers).

5. Community resources and priorities: Community resources committed to the project will be primarily human resources as both projects require a high level of local participation (health volunteers, community meetings, community and school gardens, etc.). Communities will also provide some equipment and supplies, and land (school and community gardens). Over the past three years, the IEF/NCBD has determined that NutriAtol is accepted by the community and addresses the short-term priority of reestablishing child health. Interviews conducted with community leaders to determine types of vegetables and high-vitamin A sources also indicated food production and household food security is a high priority. (See Appendix 7, Consumption Practices in the Use of Domesticated and Indigenous Carotene Sources in the Guatemalan Diet). The gardens component of this program, along with the accompanying nutritional education activities, seeks to provide a more long term and sustainable means of assistance to the community.

6. Strategy for private second support: Our new partner, the EMSF, will be developing a roster of supporters and contributors from the local business community, heads of both national and multi-national industries, over the course of the project. Mr. Rolando Paiz, a Guatemala City contractor with a history of local philanthropy for self help, has provided his letter of support (see Appendix 16, Letter from Mr. Rolando Paiz).

Alimentos, S.A., a private business, has played a key role in the development and production of NutriAtol. The potential future entry of NutriAtol into the local market (both Guatemalan and neighboring countries) represents a long term income generating facet as a by-product of the program, and insures current supply and quality of the product for our existing program.

(IEF'S JANUARY, 1990 PROPOSAL, AS AMENDED, IS INCORPORATED BY REFERENCE)