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**VITAMIN A FOR CHILD SURVIVAL  
Chikwawa District  
Lower Shire Valley, Malawi**

***QUARTERLY PROGRESS REPORT #2  
APRIL - JUNE, 1992***

Cooperative Agreement # PDC-0284-A-00-1123-00

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## **I. PROJECT SUMMARY**

The following is the second quarterly report for the IEF project "Vitamin A For Child Survival" in Chikwawa District, Lower Shire Valley, Malawi, Cooperative Agreement # PDC-0284-A-00-1123-00. The reporting period covers April 1st through June 30th, 1992.

### **A. Project Objectives**

The major project objectives are:

- 1) 95% of children 0-23 months of age will be completely immunized;
- 2) 50% of women 15-45 years of age will receive three or more doses of TTV;
- 3) 75% of children 0-35 months of age will receive ORT during episodes of diarrhea;
- 4) 60% of lactating women will exclusively breastfeed their children up to 4 months of age;
- 5) 80% of children 6 months to 6 years of age will receive vitamin A supplementation every six months;
- 6) 80% of women will receive vitamin A supplementation within two months of delivery;
- 7) 85% of women and their husbands can correctly identify the protective nature of condoms in AIDS prevention;
- 8) 80% of village health volunteers can correctly identify five signs of a healthy eye, and identify and refer children for treatment.

The schedule of events is attached as Appendix #1, Schedule of Activities.

## **II. SECOND PROGRESS REPORT, APRIL - JUNE, 1992**

### **A. Administrative:**

- Management Trip: Mr. John Barrows, Child Survival/Vitamin A Coordinator travelled to Malawi in May. The purpose of the trip was to finalize the detailed Implementation Plan for the project. A copy of the trip report detailing activities has been sent to USAID under separate cover.

- Personnel: Six additional Health Surveillance Assistants (HSAs) were identified and hired in April. These HSA will assist the project in drought relief activities and will eventually be absorbed into the project as new health center project areas are added to the project. The new Peace Corps Volunteer, Ms. Jessica Duke, joined IEF in April.
- Office Space: Office space was identified in Nchalo area that will require remodeling.
- Procurement: 100,000 high dose vitamin A capsules (200K IU) were received from Task Force Sight and Life of the Hoffmann LaRoche, Inc, Basel Switzerland.

*B. Monitoring and Evaluation:*

- HIS: The PCVs spent time compiling and entering data on infant and child mortality data from 1989-1991. The possibility of establishing mortality registers in IEF project villages were discussed with the Queen Elizabeth Central Hospital Malaria Project.
- Baseline Survey: The baseline survey interviews were completed in April and data entry, initial analysis and report was completed in May. The participating MOH HSAs were debriefed in a workshop and a presentation of survey results was made to MOH officials during the reporting period.

*C. Training:*

- Staff Training: Three IEF HSAs finished their initial training and received additional training in community organization from the Ministry of Community Services. The 6 new additional HSAs began their training in conjunction with the MOH.
- Other Training: The PCVs conducted a training in primary eye care for 30 HSA Refugee Camp Trainees at a nearby refugee camp. A workshop for MOH HSAs to review the results of the baseline survey was conducted in June; and workshops with the original 1989-1991 VHPS (100+) to stimulate their continued work were planned and started during this reporting period.

*D. Service Delivery:*

- The Detailed Implementation Plan was completed in May with the assistance from all staff. The Bethesda Headquarters Child Survival/Vitamin A Coordinator was in Malawi in May to assist in this task.

- **Community Organizing:** The communities in the initial 3 health center project areas were all contacted to inform them of the project and to elicit their comments and suggestions. A series of local leader meetings in these areas were conducted to establish or reactivate village health committees. Training for VHCs began during this reporting period.

**E. Collaboration:**

- **Coordination Meetings:** Coordination meetings were conducted including: the Chikwawa District PHC Technical Committee; Meetings with Regional Health Officer South and District Health Officer Chikwawa to discuss project and drought related activities; the Chikwawa Hospital Program Advisory Committee; and a meeting of the ADRA Child Survival Advisory Committee.
- **Collaborative Workshop:** IEF co-sponsored a workshop with SCF UK entitled "Village Health Volunteers: How Do We Achieve Sustainability" in May. The purpose of the workshop was to follow-up on the workshop conducted co-sponsored with ADRA earlier in the year.

**F. Other:**

- **Drought Relief:** Drought relief activities continued to consume considerable time from project staff. The greatest amount of time was spent in organizing the Drought Response Coordinating Unit (DRCU); preparation of the DRCU proposal for UNDP and UNICEF; meetings with CONGOMA, information collection, and preparation of an IEF drought relief proposal to be submitted for OFDA funding. Other activities included attendance at the Regional Health Office Workshop on Drought and Health and developing a priority list of potential sites for water development.
- **ADRA:** ADRA's mid-term evaluation team visited IEF field office to discuss IEF ADRA collaboration efforts in April.
- **Abstracts:** Preparation of 4 abstracts for submission to the International Vitamin A Consultative Group (IVACG) were completed. These abstracts will be considered for the XV IVACG to be held in Tanzania, February, 1993.

**III. APPENDIX**