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ANNUAL REPORT

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VITAMIN A TECHNICAL ASSISTANCE PROGRAM
(VITAP)

(COOPERATIVE AGREEMENT NO. OTR-0284-A-00-8253-00)

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ANNUAL REPORT
VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

EXECUTIVE SUMMARY

COOPERATIVE AGREEMENT NO: OTR-0284-A-00-8253-00

DURATION OF PROJECT: 31 August 1988 - 29 September 1991

The Vitamin A Technical Assistance Program (VITAP) enables Helen Keller International (HKI) to establish a center of excellence to provide technical assistance and information exchange to PVOs in the field of vitamin A. VITAP provides support to PVOs to strengthen any existing vitamin A programs and expand their overall involvement in vitamin A activities.

The direct recipients of this global technical assistance are the community of U.S. PVOs working in 20 countries: Bangladesh, Benin, Brazil, Burkina Faso, Chad, Ghana, Haiti, India, Indonesia, Malawi, Mali, Mauritania, Nepal, Niger, Nigeria, Philippines, Sri Lanka, Sudan, Tanzania, Zambia. Indirect recipients include local non-governmental and governmental organizations.

Major activities include: workshops and training sessions on vitamin A programming; provision of technical consultants to assist PVOs in developing specific strategies and expertise in all areas of vitamin A programming; developing and providing training and educational materials; providing updated information and a central forum where PVOs can exchange information on vitamin A activities through VITAP's "Vitamin A News Notes" produced semi-annually.

HIGHLIGHTS OF ACCOMPLISHMENTS:

- The Project Detailed Implementation Plan has been developed with inputs from the Office of FVA/PVC, other AID bureaus and review from two external evaluation experts.
- A Technical Advisory Group has been established and an introductory meeting was conducted in June 1989.
- A strong management base and structure have been established to service the needs of PVOs in vitamin A. Staff have been recruited and trained to manage and support the three Units of operations: Technical Assistance;

Education, Training and Publications; Monitoring and Evaluation. Potential consultants and experts in specific areas of vitamin A have been identified, and their services utilized to assist PVOs in different areas of vitamin A programming.

- PVOs have been contacted and interest in vitamin A activities generated at the headquarters and field level. This was accomplished through direct contact and exploratory visits to eight of the VITAP-assisted countries.
- From mid-March 1989, when approval was granted to commence project activities, requests for information and/or technical assistance were received and provided to 18 targeted PVOs. Requests for information and/or technical assistance were received and provided to 15 VITAP-assisted countries.
- A workshop was organized and conducted in Port-au-Prince, Haiti, in June 1989, for the PVO community. This was organized in collaboration with the Ministry of Health and provided an opportunity to review the national vitamin A program and protocol.
- In collaboration with UNICEF/Senegal and the Organisme de Recherches sur l'Alimentation et Nutrition Africains (ORANA), a chart on vitamin A rich foods available in West Africa has been developed. This was the result of extensive background research, visits to universities and institutes, and discussions with West African experts and contacts. The chart is to be used as a guide for health workers and as a tool for nutrition education.
- The "Vitamin A News Notes" newsletter is the most frequently requested material by PVOs. During the reporting period, 1,000 copies in English and 500 copies in French were distributed to PVOs and other collaborating agencies.
- A computerized reference library nears completion. Approximately 800 vitamin A and child survival literature, training materials and visual aids in English, French and local languages currently make up the library.
- An in-house system has been established to routinely collect data on PVO vitamin A activities as well as to monitor requests for information and technical assistance.
- Information is being compiled to enable VITAP to field test and validate a simple dietary assessment methodology for estimating vitamin A deficiency problem at the village level, particularly for PVOs.
- To facilitate assessment of vitamin A deficiency on a regional and national level, a list of critical primary and secondary indicators have been compiled

as a starting point for a database to track vitamin A deficiency in suspected problem countries. This will ultimately assist PVOs to identify vitamin A deficient areas.

Collaborative efforts were initiated with the World Health Organization's Nutrition Unit to establish a systematic data collection and review process for determining vitamin A status of WHO member countries. This will enable the reclassification of countries based on the magnitude of vitamin A deficiency problem and allow VITAP to target vitamin A resources to regions most in need.

CONCLUSION

This first year of project implementation has been successful in building a strong foundation and extended infrastructure to reach overall project goals and objectives. Considerable progress was also made in reaching specific objectives.

Efforts in the next year will concentrate on consolidating, monitoring and evaluating the technical assistance provided by the Project. Continuous dialogue and feedback from the PVO community will enable VITAP to strengthen its services and, ultimately, vitamin A programming at the field level.

Experience to date and review of incoming requests for technical assistance demonstrate that VITAP's services are essential to backstop PVO vitamin A activities. Feedback from collaborating PVOs indicate that these services are appreciated and more than adequately meet their needs.

1. PROJECT DESIGN SUMMARY

A. Country Project Objectives

The Project Mission, Goals and Objectives are:

Mission Statement:

To strengthen and enhance efforts by private voluntary and non-governmental organizations (PVOs) to reduce preventable blindness, morbidity and mortality associated with vitamin A deficiency in selected developing countries.

Goals:

1. Increase the number of PVOs implementing vitamin A field activities and expand the number of such activities undertaken by each PVO in VITAP-priority countries.
2. Increase the number of PVOs with in-house capabilities in vitamin A programming and strengthen their existing skills.

Objectives:

1. Provide a consulting and advisory service for PVOs interested in vitamin A programming including assisting PVOs to determine the most appropriate interventions and methodologies.
2. Establish a technical assistance personnel resource and consultant data bank.
3. Develop a PVO vitamin A project tracking system for VITAP-assisted countries in order to improve the technical assistance provided by VITAP and enhance tracking of global efforts in vitamin A deficiency control.
4. Provide information and materials on vitamin A, developing a data bank on vitamin A literature and institutional resources.
5. Produce a semi-annual newsletter and at least one technical monograph per year on vitamin A-related issues.
6. Develop training and educational material on vitamin A.

7. Provide technical human resources and materials for continuing education and in-country workshops in order to train PVO representatives in vitamin A interventions.
8. Collaborate with governments, institutions, multilateral agencies and international organizations for the purpose of strengthening PVOs' work with vitamin A in developing countries.

These objectives are similar to those stated in the Detailed Implementation Plan.

B. LOCATION AND SIZE OF THE PRIORITY POPULATION IN THE CHILD SURVIVAL IMPACT AREA

The purpose of this Cooperative Agreement is to develop a vitamin A center of excellence to provide technical assistance and resources to other private voluntary and non-governmental organizations. The Vitamin A Technical Assistance Program (VITAP) assists PVOs in strengthening their existing vitamin A activities and expanding their involvement in vitamin A programming. The project is administered from VITAP headquarters at Helen Keller International, New York. The priority locations include countries in Africa, Asia, Latin American/Caribbean. These are:

AFRICA

Benin, Burkina Faso, Chad, Ghana, Malawi, Mali, Mauritania, Niger, Nigeria, Sudan, Tanzania and Zambia.

ASIA

Bangladesh, India, Indonesia, Nepal, Philippines and Sri Lanka.

LATIN AMERICA/CARIBBEAN

Brazil and Haiti.

Africa is the highest priority region due to vitamin A programming being at its initial states. Asia is the second priority region -- millions of children are affected. Less but targeted attention is given to Latin America where there are pockets of need.

The priority population of the Project are the community of PVOs working in the above-designated countries. The priority PVOs concerned are:

Adventist Development and Relief Agency (ADRA)
Africare
African Medical and Research Foundation (AMREF)
Aga Khan Foundation (AKF)
Andean Rural Health Care
Cooperative for American Relief Everywhere (CARE)
Catholic Relief Services (CRS)
Esperanca
Eye Care
Foster Parents Plan (FPPLAN)
Freedom from Hunger Foundation
International Child Care (ICC)
International Eye Foundation (IEF)
La Leche League International
Minnesota International Health Volunteers (MIHV)
Project Concern International
Project Hope
Rotary International
Salvation Army World Service Office (SAWSO)
Save the Children Federation, U.S. (SCF)
World Relief Corporation
World Vision Relief and Development (WVRD)

C. STRATEGIES FOR IDENTIFYING AND PROVIDING FOLLOW-UP SERVICE TO "HIGH RISK" GROUPS

The Project promotes the integration of vitamin A activities into PVO child survival programs. The groups at higher risk for vitamin A deficiency are equally those targeted for child survival interventions by PVOs. The strategies for identifying and providing follow-up service to "high-risk" groups are necessarily case-specific depending on the PVO child survival intervention selected for integrating vitamin A activities.

D. CHILD SURVIVAL INTERVENTIONS THAT PVO PROJECT PROVIDES OR PROMOTES IN THE COMMUNITY

The Project assists PVOs in strengthening existing vitamin A programs and expanding PVO involvement in vitamin activities. It provides technical assistance in designing, implementing, and evaluating vitamin A programs to the PVO community in the designated countries.

VITAP supports and seeks to expand the quantity and quality of vitamin A field activities of PVOs, and promote the integration of vitamin A interventions into ongoing child survival projects.

The Project interventions are principally in the following areas:

1. Workshops and orientation seminars:

VITAP develops and organizes workshops and orientation sessions in vitamin A for all levels of PVO headquarters or field staff. In general, the objectives of these workshops are to increase awareness on the importance of vitamin A deficiency control and prevention and provide an overview of intervention strategies. However, focus of these workshops or sessions are dependent on expressed needs of PVOs. The workshop agenda include an overview of vitamin A deficiency and child survival; intervention strategies which include nutrition education, vegetable gardening, social marketing, food fortification, capsule distribution; assessment, monitoring and evaluation. Group work and discussions are an integral part of these workshops, especially for sessions on locally available foods rich in vitamin A and exchange of acceptable recipes for young children.

Collaboration from WHO, UNICEF, local AID missions, Ministry of Health, and other agencies are sought for technical input and participation in workshops. Their active involvement and support has enabled the workshops to have a stronger catalytic impact. In one West African country, Mali, this led to the prioritization of vitamin A deficiency as an important health problem and the formulation of a long-term national plan.

Other technical resources are provided by VITAP, either from its roster of consultants or from Helen Keller International's headquarters and field staff. VITAP has developed a training kit which includes guidelines, references and background literature, visual aids, educational materials.

2. Consulting and advisory services:

The Project provides PVOs with short-term consultancies in any area of vitamin A programming. A roster of experts has been developed which includes specialization in assessment, monitoring and evaluation, ophthalmology, nutrition, social marketing and home gardening. Services provided include:

- the design, field implementation and analysis of surveys to assess the prevalence of vitamin A deficiency;

- project design and assistance in determining and designing the most appropriate interventions and methodologies;
- review and assistance in developing project detailed implementation plans;
- assistance in developing guidelines and agency policy in vitamin A for PVO organizations;
- assistance in the design and development of specific intervention components such as social marketing, home gardening.

3. Training and educational aids:

The Project assists PVOs in obtaining or developing educational materials to support vitamin A activities. These include posters, slide sets, brochures, and guidelines. New materials are being developed as PVO needs in this area are known.

4. Vitamin A reference and resources:

The Project collects and maintains current vitamin A information particularly those relevant to PVO vitamin A programming. This information is in the process of being computerized to facilitate access. The database will include key research, technical reports and references on vitamin A.

The Project also publishes "Vitamin A News Notes", a semi-annual newsletter on current vitamin A activities by PVOs which also provides information on new publications and upcoming events, such as workshops, which may be of interest to PVOs.

Topics of interest to PVOs for a technical monograph to be produced by the Project is being currently researched.

These services enable the PVOs to have access to current vitamin A information and literature, and provide them with updated guidelines on vitamin A programming and intervention strategies.

In order to manage and support these interventions, the Project has four units which are: (1) Project Management Unit (2) Technical Assistance Unit (3) Education, Training and Publications (4) Monitoring and Evaluation.

PROJECT MANAGEMENT UNIT

Overall Project management is overseen by the Director. The Deputy Director is responsible for grant management and day-to-day implementation of the Project. The Medical Director provides technical advice and general guidance to the Project.

The Project staff report to the Deputy who reports to the Project Director. Program Managers oversee the three functional units.

Since approval of the grant, the Project Management Unit has been involved in the following activities:

1. Developed Detailed Implementation Plan for the Project.
2. Developed job descriptions for Project staff and recruited staff.
3. Established and equipped office space.
4. Conducted staff orientation sessions on vitamin A, primary eye care, assessment, monitoring, evaluation and general nutrition. Provided in-house orientation on the Project's mission, goals and objectives, and its general philosophy in providing its mandated services.
5. Established guidelines and procedures for Project implementation.
6. Planned and supervised overall activities of the Project being implemented by the functional units.
7. Created and identified members for the Project's Technical Advisory Group (TAG). Arranged its first inaugural meeting on June 22, 1989. Minutes of the meeting, including recommendations of the TAG, are provided in ANNEX-1.
8. Established contacts with PVOs and relevant agencies to introduce the Project and its available services.
9. Developed computerized accounting system for tracking and monitoring project expenditure.

TECHNICAL ASSISTANCE UNIT

The Technical Assistance Unit has primary responsibility for the organization and management of technical assistance requests. This involves setting up a consultant roster, interacting with consultants and PVOs, arranging consultancies, arranging travel and accommodations, arranging the logistics for the workshops, arranging travel and country clearances.

This unit is responsible for:

1. Developing a data bank of experts on vitamin A who are skilled and experienced and/or interested in strengthening their field of knowledge in vitamin A. Focus is on quality of consultants rather than quantity. Efforts are being made to identify and recruit specialists from their own geographic regions.
2. Coordinating the programming and logistics in setting up VITAP workshops, field consultancies and other technical assistance requests.
3. Assisting the Deputy Director in networking with PVOs and promotion of the project's services. This is done by U.S.-based VITAP workshops, PVO headquarter visit, regional or in-country meetings, Vitamin A News Notes, letters, telephone.
4. Responding to specific PVO requests for technical assistance.

Significant project achievements to date are the following:

1. Developed a consultant application form to be used in establishing a database on experts available and appropriate to fulfill specific PVO requests for technical assistance and consultancy. (see ANNEX-2: Consultant Application Form)

Language capabilities, areas of specialization, prior assignments, country experiences, evaluation by PVO recipients and other germane variables are being categorized and incorporated into a computerized information system.

A total of 34 potential consultants have been identified with specializations in nutrition, child survival, monitoring and evaluation, epidemiology, training, gardening, social marketing, ophthalmology, optometry and vitamin A programming.

2. Organized and conducted a one-day orientation workshop for consultants on 24 August 1989 at Helen Keller International headquarters. A total of 14 potential consultants attended: 4 - epidemiology; 1 - library science; 1 - ophthalmologist; 1 - optometrist;

4 - social marketing; 1 - nutritionist; 2 - Child Survival specialists. All have advanced degrees. (See ANNEX-3: Consultant Orientation Summary)

The session also provided an orientation for four new project staff. Participation totaled 28 including VITAP/HKI personnel.

3. Visited PVO headquarters to network, introduce VITAP services and strategize with PVOs on PVO-VITAP collaboration. The following visits and contacts were established during the reporting period:

- a) Esperanca:

A visit was made to the Esperanca headquarters in Phoenix, Arizona, 20 March 1989. One VITAP staff member met with the Program Director and the Executive Director of Esperanca.

Esperanca expressed interest in training materials in Portuguese for its programs in Brazil and Guinea Bissau, and technical assistance in vitamin A programming in Bolivia.

Portuguese and Spanish materials were forwarded as a follow-up and dialogue is being maintained on the possibility of Bolivia being included as one of the Project's countries. The latter is a decision to be made by the AID's office of FVA/PVC.

Dr. Bill Dolan is VITAP's liaison and contact.

- b) Adventist Development and Relief Agency (ADRA):

The ADRA headquarters in Washington D.C. was visited on 11 April 1989. Two VITAP staff met with 8 ADRA program staff including the Director of Community Development and Child Survival Programs, the Director of Training, the Director of Evaluation, the Senior Health Officer, and the Vice-President for Programs.

Priority countries for VITAP assistance were determined which included Bangladesh, Haiti, Indonesia, Philippines, Nigeria, Sudan, Malawi.

For each country, potential collaborative efforts and possible means of integrating vitamin A activities were discussed and strategized.

Mr. Ken Flemmer was determined to be VITAP's contact and liaison and would ensure relevant correspondence and information sent to him were shared with concerned colleagues at ADRA.

c) International Eye Foundation (IEF):

A visit was made to IEF headquarters in Bethesda, Maryland, on 11 April 1989. Three VITAP staff met with the Director of Programs and the Assistant Director of Programs. Since IEF has had experience with vitamin A programming, information was shared on the status of vitamin A in several countries. IEF agreed to provide VITAP with relevant background reference documentation on Malawi.

IEF requested technical assistance for its new vitamin A project in Malawi being funded by FVA/PVC. Specific needs were in the development and design of the project, the design and implementation of a baseline survey, and the training of project staff.

Technical assistance was also requested for IEF's on-going vitamin A project in Guatemala. Since this is not a VITAP-assisted country IEF agreed to provide VITAP with pertinent data on the vitamin A status in case the country could be included in the future.

Mr. Jack Blanks is VITAP's liaison and contact.

d) Cooperative for American Relief Everywhere (CARE):

The Deputy Director of Primary Health Care of CARE visited VITAP on 18 April 1989. Three VITAP staff and the CARE representative discussed possible areas in vitamin A programming and countries which may be feasible for collaboration.

As a follow-up, the CARE representative cabled all CARE child survival projects to enquire their interest and need for technical assistance in vitamin A activities. The field offices were requested to forward specific scope of work for VITAP's consultancies, should they be interested.

Niger and India are priorities as both countries have requested vitamin A funding from CARE/NY. Thus far, Haiti and Sudan responded to the cable positively.

These discussions took place with Sue Toole, who was VITAP's liaison until recently. Mary Dirac has just been appointed the Child Survival Grants Officer. She is now VITAP's contact. Requests for technical assistance will be directed to her from CARE field offices, or, we will keep her informed of any request sent directly to VITAP.

e) International Institute for Rural Reconstruction (IIRR):

While IIRR is not a targeted PVO, a visit was made to their U.S. headquarters in New York to discuss possible means of collaboration. The visit was made on 26 April 1989 by one VITAP staff. Three program staff from IIRR attended the meeting.

Among the issues discussed was the possibility of IIRR providing gardening expertise to PVOs and including a vitamin A session in their regular two-week training programs.

(VITAP has referred Project Hope to IIRR for technical assistance in gardening in a non-VITAP country.)

Contact person: Mr. Eric Blitz

f) Project Hope:

A visit was made to the Project Hope headquarters, Millwood, Virginia, on 15 May 1989 by two VITAP staff and VITAP's in-house specialist in epidemiology.

Besides providing general information on VITAP, the visit was combined with a one-day orientation on vitamin A and child survival. This included a working session on survey design, vitamin A program strategies, and vegetable gardening.

Six Project Hope headquarters program staff and three field staff (Child Survival Coordinator, Regional Director for Latin America, Director of Nursing, Program Director and Field Supervisor for Guatemala, Child Survival Project Coordinator for Honduras, Child Survival Intern and Director of Humanitarian Assistance) participated in this one-day session.

Additional materials on blood sampling, sample-size selection and vitamin A rich foods were sent to Guatemala project staff.

VITAP's contact person is Ms. Bettina Schwethelm.

g) Salvation Army World Service Office (SAWSO):

A visit was made to SAWSO headquarters in Washington D.C. on 15 May 1989 by one VITAP staff member. A meeting was held with one SAWSO representative to introduce VITAP and its available resources.

SAWSO was not explicitly interested in initiating vitamin A activities at this time. However, VITAP received a request at a later date from their office in London requesting materials and information for several of their field offices.

Contact person: Ms. Joan Robinson

h) Catholic Relief Services (CRS):

A meeting was arranged at the CRS headquarters in New York on 18 May 1989. Two VITAP staff met with eleven CRS program staff including the Administrators for OPRM, Regional Desk Officers and CRS' Technical Nutritionist. This visit was combined with a brief orientation session on vitamin A and child survival, focussing on detection of vitamin A deficiency and high risk groups, treatment and prevention protocol, integration of vitamin A to ongoing child survival activities.

CRS requested technical assistance for Togo which is interested in a workshop. Since Togo is not among VITAP's countries, we agreed to explore possible means of including CRS/Togo staff in workshops being organized in neighbouring countries.

Contact person: Ms. Grace Hauck

i) Friends of Bangladesh:

The Program Development Specialist of Friends of Bangladesh visited VITAP on 31 August 1989. Two VITAP staff provided a general orientation on vitamin A issues, VITAP and its available services. The representative from Friends of Bangladesh briefed VITAP on its activities and program objectives.

Friends of Bangladesh is interested in integrating vitamin A into one of its present projects ... a health clinic undertaking activities in ORT, immunization, etc.

Arrangements were made to have a VITAP staff member meet

with Friends of Bangladesh program staff and discuss specific strategies. This will be done during a previously-planned trip to Bangladesh in October 1989.

j) AFRICARE:

A visit was made to Africare headquarters in Washington D.C. on 13 September 1989. Two VITAP staff met with seven Africare staff including three Africa Regional Directors, a Child Survival Program Manager, and Program Specialists.

Interest was expressed in working with VITAP where feasible. Countries initially discussed for collaboration were:

- Nigeria:

Africare is interested in undertaking a prevalence survey in vitamin A deficiency and the integration of vitamin A capsule and Ivermectin distribution. A proposal has been forwarded to VITAP for a possible sub-grant.

- Mali:

Africare is very interested in adding a vitamin A component to the new child survival project in the Segou Region. Activities of interest are vegetable gardening and nutrition education. Africare will participate in a training program being organized by the Ministry of Health and the UNICEF/WHO joint JNSP program in late 1989. Specific follow-up need assessment will be undertaken at this time by VITAP who is providing technical input and sponsoring PVO participation.

- Niger:

It may be feasible to incorporate a vegetable gardening component in this Africare project. If Africare is interested, VITAP will facilitate contact with the Asian Vegetable Research and Development Center, Niamey, or provide one of its own consultants.

- Malawi:

Africare is exploring the possibility of initiating a child survival program, and in which case, a vitamin A component could be included. VITAP was requested and

has forwarded relevant documentation and references on the vitamin A situation in Malawi to assist in decision-making. If the project is initiated, Africare will be interested in technical support in the development and design of the vitamin A component.

Contact person: Dr. Gabriel Daniel

k) Project Concern International (PCI):

Contact was first established with PCI during the PVO Child Survival Workshop, North Carolina, 9 - 11 January 1989. An evening presentation on vitamin A and VITAP generated interest which led to PCI offering to organize a one-day orientation session on vitamin A for West Coast PVOs.

The session was scheduled on 16 March 1989 in San Francisco taking advantage of a larger Interaction conference organized by The Hunger Project, WVRD and Project Concern International at this time. Possible strategies for collaboration were discussed with PCI.

VITAP's contact at PCI is Ms. Barbara Rohrbach.

l) World Vision Relief and Development, Inc. (WVRD):

Contact had been established through the pilot technical assistance project and re-kindled during the PVO Child Survival Workshop, North Carolina. Two WVRD staff members met with VITAP staff during the 16 March 1989 session organized by PCI.

Contact person: Dr. Fe Garcia

NOTE

Many of these PVOs had been contacted previously by the pilot technical assistance program (Operational Assistance grant) and were familiar with HKI's collaboration with PVOs. The PVO Child Survival Workshop, North Carolina, in January 1989, also served as an important point for networking and promoting VITAP. Contacts were established with: ADRA, AMREF, Africare, Andean Rural Health Care, CARE, CRS, Esperanca, Foster Parents Plan, Freedom from Hunger Foundation, IEF, La Leche League, Minnesota International Health Volunteers, PCI, Project Hope, Rotary International, SCF, World Relief Corporation, WVRD. Follow-up visits to several PVO headquarters, as described above, were made.

4. Country field visits to network with PVO field representatives, assess technical assistance needs, strengthen linkages with collaborating agencies such as UNICEF, USAID, Ministry of Health, and WHO:

a) GHANA

A visit was made to Ghana by two VITAP staff from June 2-9, 1989. Representatives from the following organizations were met during this visit:

Ministry of Health:	Director of MCH
UNICEF:	Program Officer
USAID:	Staff transition - local AID staff available
Peace Corps:	Training Advisor
ADRA:	Country Director, Nutritionist, MCH Nurse
Africare:	Country Director
CRS:	Country Director, Food and Nutrition Program National Supervisor
WVRD:	Head of Technical Support, Public Health Nurse
Rotary International:	Director, Polio Plus
American College of Nurse Midwives:	Advisor to Ghana National TBA Program

Recruited two possible consultants, an Ophthalmologist and a Management Systems Specialist.

Due to positive response from PVO's (CRS, ADRA, Africare), a National orientation workshop will be planned for early 1990.

ADRA expressed interest in Foods Rich in Vitamin A Chart. CRS is interested in dry season gardening.

World Vision expressed interest in survey to be followed up by letter and at the workshop.

VITAP kits were provided to all key contacts.

b) BENIN

Two VITAP staff visited Benin from June 9 - 15, 1989. Representatives from the following organizations were met:

Ministry of Health:	Assistant Director General, Chiefs for Family Health and Preventive Medicine
UNICEF:	PH Administrator
Peace Corps:	APCD Agriculture and Community Development
CRS:	Country Director and Programming Director
Rotary International:	Polio Plus Coordinator
Interprotestant Council:	Medical Director and Head of Health Education Programme de
Developpement Rural:	Nutritionist
Projet de Developpement Sanitaire de Pahou:	Nutritionist
National Medical School:	Head of Pediatrics
University of Benin:	Professor of Nutrition. Professor at university is interested in doing a prevalence study in northern Benin. Requested funding for this study.

CRS is in transition with staff, but are interested in possible collaboration in the future.

VITAP kits provided to all key contacts.

c) NIGERIA

Two VITAP staff visited Nigeria from June 15 - 23, 1989. The following organizations were contacted:

Ministry of Health:	Director, PHC; Assistant Director, PHC; Director, International Health; Assistant Director, International Health
UNICEF:	Senior Program Officer
USAID:	Deputy Director
Rotary/Nigeria:	National Chairman Polio Plus
ADRA:	President, Assistant Director of Rural Health, 2 Medical Officers, Child Survival Project Manager, Hospital Medical Director, Accountant
Africare:	Country Representative, Development Intern
World Vision:	Director of Child Survival Programs
Cares Eye Center:	Ophthalmologist
NGO committee:	Several members

Due to the positive response of PVOs and MOH, VITAP is planning an orientation workshop for early 1990.

Africare has drafted a proposal for technical assistance to incorporate vitamin A into their onchocerciasis program.

ADRA is interested in incorporating vitamin A programming, but will wait until after the workshop to discuss specific plans.

VITAP kits were provided to all key contacts.

d) CHAD

Two VITAP staff visited Chad from June 25 - 28, 1989. Representatives from the following organizations were met:

Ministry of Health:	Director General of Public Health, Head of Nutrition Center
UNICEF:	Director
USAID:	Health Programming Officer
CARE:	Director, Project Representative
World Vision:	Director, Relief Assistance
Africare:	Resident Representative
ORT Program:	PVC working on project
World Neighbors:	Assistant to Director
NGO Health Committee:	Several members

The Ministry of Health is very interested in undertaking vitamin A activities. However, the assessment of the situation was that the organization of an orientation workshop at the national level at this time was premature.

World Vision might be interested in a smaller workshop. World Vision would like assistance with the development of training materials.

CARE would like to wait on funding before requesting assistance with gardening project.

e) HAITI

A VITAP consultant visited Haiti from April 23 to May 12, 1989. The following organizations were contacted:

World Vision:	Director, Head of Projects, Project Coordinator of La Gonave project, 4 other staff of La Gonave project, Ophthalmologist
USAID:	Chief of Health
HKI:	Country Representative
Cite du Soleil:	Director, Research Director, Vitamin A Project Coordinator
ADRA:	Director, Child Survival Project Director, MCH Project Director, Medical Advisor
SCF:	Director, Child Survival Project Director
CRS:	Director

A Vitamin A Orientation Workshop in June followed these agency visits as did a meeting with the Ministry of Health.

On June 19, 1989 a meeting was held at the MOH to review the national vitamin A program. Participants included: Dr. Nicholas Cohen, WHO/Geneva; Karima Kerby, HKI/New York; Judith Jerome, HKI/Haiti; Dr. Fela Lamothe - MSPP, Director of the Nutrition office; Dr. Jocelyne Maronne - MSPP, Assistant to the Director of the Nutrition Office; Dr. Jean André - MSPP, Director of the Immunization Program; Dr. Eddie Génécé - UNICEF, Coordinator of Health Projects; Dr. Salvador Garcia-Jiminez, WHO, Epidemiologist, Head of EPI; Marie Antoinette Toureau, Cite du Soleil, Coordinator for Vitamin A Project.

f) MALAWI

VITAP staff visited Malawi from June 14-June 31, 1989. Representatives from the following organizations were met:

SCF:	Director, Health Programs Coordinator, Child Survival Coordinator
ADRA:	Director of the Adventist Malamulo Hospital
IEF:	Program Administrator
World Vision:	Field Office Director, Health Programs Coordinator, Nutritionist
Peace Corps:	Country Director, APCD/Health
WHO:	Epidemiologist
Africare:	Country Director
UNICEF:	Resident Representative, Health Programs Manager
Ministry of Health:	Chief Ophthalmologist

Although the primary purpose of the visit was to provide technical assistance for the redesign of an IEF vitamin A program, VITAP provided follow-up to previous vitamin A workshops conducted in

1988 under the pilot technical assistance program (Operational Assistance grant).

SCF expressed interest in conducting a vitamin A workshop for 55 village health workers.

ADRA requested that one workshop and a data collection seminar be held in January, 1989.

World Vision would like assistance in developing vitamin A teaching materials for its program staff.

VITAP information kits were provided to all key contacts.

g) TANZANIA

VITAP staff visited Tanzania from August 8 - 15, 1989. The following organizations were contacted:

AMREF:	Regional Director for East Africa
CRS:	Field Office Director, Program Officer
USAID:	Health Officer
World Vision:	Human Resources Manager
Peace Corps:	Director, APCD/Agriculture
UNICEF:	Program Officer
Tanzanian Food and Nutrition Center:	Director
ADRA:	Financial Manager

During this visit, collaborative effort was made to support an upcoming national conference with members from the Ministry of Health, research institutes, and PVOs. VITAP is included on the agenda of the National Vitamin A Conference in Dar es Salaam, October 24 - 28, 1989 being organized by the Tanzanian Food and Nutrition Center.

VITAP will also provide input on including PVOs in the development of a national vitamin A policy.

Peace Corps is interested in orienting 35 new volunteers to vitamin A-related issues.

VITAP information kits were provided to all key contacts.

h) ZAMBIA

VITAP staff visited Zambia from July 31 - August 6, 1989. Representatives from the following organizations were met:

ADRA:	Director, Agricultural Expert
Africare:	Program Officer
Ministry of Health:	Deputy Director of Medical Services
Riverside Farms Institute (an ADRA affiliate):	Executive Director
Rotary International of Zambia:	National Coordinator
SCF: Tropical Disease Research Center:	Field Office Director
UNICEF:	Director
University Teaching Hospital of Zambia:	Resident Representative, Health Programs Coordinator
World Vision:	Chairman
Zambia Flying Doctor Service:	Program Manager
	Medical Director

Request was received from Rotary to sponsor a one-day vitamin A orientation in October 1989.

The possibility of holding an East Africa regional workshop in Zambia was raised.

Follow-up is required to ensure integration of vitamin A programs into 5 year World Vision project.

ADRA will be requesting assistance in developing its vitamin A gardening programs.

Technical Assistance Provided:

Technical assistance in response to specific requests was provided to the following PVOs:

1. Project Hope:

Project Hope requested assistance in designing surveys, vegetable gardening and overall vitamin A program interventions. A one-day session to discuss these issues was held at Project Hope headquarters

on May 15, 1989. A total of six Project Hope headquarters program staff and three field staff participated in this orientation.

Follow-up: Project Hope/Guatemala was referred to IIRR for more information on home gardening training. Additional information on blood sampling techniques, data analysis and foods rich in vitamin A were sent to Project Hope/Guatemala.

2. World Vision Relief and Development:

WVRD has initiated a vitamin A project in La Gonave, Haiti. Request was received to provide assistance in survey design and in developing a social marketing component.

- a) VITAP provided a two-week consultancy (April 23 to May 12) to review the xerophthalmia prevalence survey protocol. As the survey conducted by WVRD/Haiti did not find clinical evidence of xerophthalmia, a consultant was provided by VITAP to help in assessing the situation and to provide guidance to WVRD/Hqs in decision-making in project continuation.

The consultant recommended undertaking a different approach in assessing the situation which was more appropriate to the country. VITAP designed a dietary survey protocol which was carried out by WVRD with the assistance of an intern.

The preliminary data analysis was reviewed and appropriate modifications made by VITAP.

- b) In conjunction with the baseline survey, technical assistance was provided in developing and designing a social marketing component to the vitamin A project at La Gonave, Haiti. A consultant in social marketing, recommended by World Vision/headquarters, provided 15 days of technical assistance and developed a social marketing strategy (April 23 to May 7, 1989).

3. Save the Children, Malawi:

As a follow-up to an orientation workshop and technical assistance provided under the HKI's Operational Assistance project, SCF/Malawi requested VITAP's assistance in developing a vegetable garden survey protocol to be used as a baseline and a basis for evaluating the vegetable garden project. Due to staff changes at SCF/Malawi and other priorities, a decision was made not to undertake the survey.

However, the survey protocol, already designed, can be used for other PVO needs with minor adjustments and adaptation to the local situation.

4. International Eye Foundation, Malawi:

VITAP was requested to provide assistance in developing and designing the project plan for a new two-year vitamin A project being undertaken by IEF in Malawi.

A VITAP consultant and a VITAP staff member developed the Detailed Implementation Plan, health information system and a baseline survey protocol in July 1989.

A follow-up visit in October is being undertaken to implement the baseline survey, conduct a training course for trainers, and develop educational materials for the project.

Institutional Referrals were provided to the following PVOs:

1. Esperanca. Referred to International Centre for Epidemiological and Preventive Ophthalmology (ICEFPO) for further information on Conjunctiva Impression Cytology (C.I.C.).
2. Project Hope. Referred to International Institute for Rural Reconstruction (IIRR) for information on attending a bio-intensive gardening workshop in Guatemala.
3. Project Orbis. Referred to relevant organizations to be contacted in Mali (I.O.T.A. and CCA) to assist in their eye surgery and training project.

Orientation Workshop Activity:

1. Project Hope Orientation Workshop: Project Hope requested assistance in designing surveys, vegetable gardening and overall vitamin A program interventions. A one-day session to discuss VITAP, general vitamin A issues and strategies and the above topics was organized by VITAP and held at Project Hope headquarters on May 15, 1989. A total of six Project Hope headquarters program staff and three field staff participated in this orientation.

2. Haiti. Two HKI staff (for VITAP) coordinated a two day Vitamin A Orientation Workshop for PVO's, June 20 - 21 in Port-au-Prince, Haiti. There were 41 participants from the following organizations: Adventist Development and Relief Agency, Catholic Relief Services, Fonds Chretien pour l'Enfant (Christian Children's Fund), AOPS (Consortium of NGOs Working in Health Activities), World Vision Relief and Development, Save the Children, Eye Care, Eye Care/NOVA, CARE, Armee du Salut (Salvation Army), SHAA, USAID/PAP, MSPP, Plan Parrainage (Foster Parents Plan), Centres pour le Developpement et la Sante, World Health Organization/Geneva, UNICEF, Institut Haitien pour l'Enfant, Helen Keller International

The workshop organizers, facilitators and resource persons were as follows:

In-country coordinators: Ms. Judith Jerome, HKI representative, Ms. Marie-Antoinette Toureau, CDS

Workshop facilitators: Dr. Nicholas Cohen, WHO/Geneva, Karima Kerby, HKI/NY/VITAP resource

Local resource Persons: Dr. Leuse Garcia, WHO/PAHO/Haiti, Dr. Reginald Boulos

CDS/MOH representative: Observer: David Eckerson, USAID Haiti.

3. East Africa Regional Workshop. One VITAP staff made a preliminary visit (July 9 - 14) to introduce VITAP to PVO regional representatives in Nairobi and to explore the possibility of holding an East Africa Regional Workshop in Lusaka, Zambia. The visit was also useful for identifying potential consultants in the areas of vitamin A, nutrition education, and social marketing. Met with representatives from ADRA, World Vision, CARE, Catholic Relief Services, Kenya Society for the Blind, Applied Institute for Nutrition, University of Nairobi, Center for African Family Studies (a training institute), UNICEF, USAID.

Other Activities:

1. One VITAP staff attended National Interaction Conference in Danvers, Massachusetts, to network and recruit consultants from May 7-10, 1989. Discussions with representatives from the following US PVOs took place: Foster Parents Plan, Operation California, Lutheran World Relief, World Vision, Results Education Fund, Tree People. Representatives from local NGOs were also contacted to interview for potential VITAP consultancies.
2. Presentations were made at the National Council for International

Health (NCIH) conference in Virginia, June 1989, promoting vitamin A and collaboration among agencies, particularly among PVOs. An information booth on Helen Keller International and VITAP helped to promote the project.

The Career Resource Centre was utilized to interview potential consultants resulting in the interview and/or submission of approximately 20 curriculum vitae for involvement in the project's activities.

Planned activities for the future:

1. HQ visits planned to Save the Children in September; Foster Parents Plan in September; Rotary International in October; Direct Relief International in October.
2. One VITAP staff will attend APHA conference to network with PVOs and recruit potential consultants.
3. One VITAP staff will participate in Tanzania Vitamin A Conference from October 24 to 28, 1989. VITAP staff will give a presentation on VITAP at the conference. VITAP will sponsor the attendance of US PVO representatives at the conference.
4. VITAP will sponsor the attendance of US PVOs at the Rotary International Workshop in Zambia for the one-day vitamin A orientation seminar. VITAP will be responsible for all expenses for this seminar including the rental of facilities, catering for lunch, travel and food for presenters, and one night lodging for PVO representatives with no alternative lodging.
5. Trip to Mali by one VITAP staff is being planned for December, 1989, to follow-up four technical assistance requests. The requests came from CARE, SCF, Africare and a local NGO. CARE/Mali requests a general strategizing session to incorporate vitamin A into their Child Survival program. SCF/Mali requests assistance with a vitamin A prevalence study. Oeuvre Malienne d'Aide a l'Enfance du Sahel requests assistance from VITAP in order to extend their current efforts in vitamin A. VITAP staff will also meet with Africare/Mali to strategize as to how they might integrate vitamin A into their gardening project.
6. Trip planned to Ghana and Nigeria during two weeks of September by one VITAP staff to organize national Vitamin A

workshops in each country and follow-up technical assistance requests from initial country visits.

7. Technical assistance planned for I.E.F./Malawi by one VITAP epidemiological/planning consultant from October 3 to November 7 to implement a redesigned vitamin A program and to collect baseline data.
8. Technical assistance planned for I.E.F./Malawi by one VITAP epidemiological/planning consultant from October 3 to November 7 to assist Training Coordinator in setting up training sessions for I.E.F. staff, assessing training needs and drawing up overall training plan.
9. Visit planned to India by one VITAP staff during 1 1/2 weeks of October to network with PVOs and assess technical assistance needs.
10. Visits planned to Sri Lanka and Bangladesh for 5 days each during October to network with PVOs and assess technical assistance needs.
11. A headquarters visit has been postponed with Save the Children until their new Vitamin A Coordinator comes on board sometime in December of 1989.
12. A headquarters visit is planned for Foster Parents Plan during December 1989. The visit has been postponed several times by PLAN due to unavailability of appropriate staff.
13. A headquarters visit has been suggested to the staffs of Project Concern International, PATH, and Rotary International, all of which have expressed interest in the meeting. The PCI-VITAP meeting is being proposed for January, 1990, while the VITAP Deputy Director is in California for the Child Survival Conference.
14. A training in survey analysis and design will be held for World Vision staff in response to a request from them during February, 1990. Representatives from other west coast agencies will be invited to attend this two day training at World Vision Headquarters. Intended participants include World Vision, Project Concern International, Freedom from Hunger, Esperanca, and PATH.

EDUCATION, TRAINING AND PUBLICATIONS UNIT

This unit combines the three related areas of education, training, and publications. The education, training, and publications unit collaborates with social marketing and communications experts such as Manoff International and the Academy for Educational Development.

This unit is responsible for:

1. Coordinating three related areas of education, training and publications into a coherent communications approach to increase awareness and skills in vitamin A.
2. Developing a technical curriculum and training manuals for vitamin A workshops training sessions.
3. Developing and testing prototype technical materials such as posters, flip-charts, brochures, videos, films, slides - in English/French. Developing and testing country-specific technical materials in collaboration with PVOs in appropriate local languages and dialects.
4. Producing a semi-annual newsletter in both English and French targeted for PVOs involved in vitamin A activities.
5. Establishing a reference library and database system with publications related to vitamin A programming.
6. Developing technical monographs on topics of interest to PVOs, one of which will be an annotated bibliography and abstracts of interesting articles, chapters and books related to studies and literature with direct relevance for vitamin A field project development. The monographs will be reviewed by selected technical experts before publication.
7. Responding to individual PVO requests for assistance in developing training materials, reprints of vitamin A literature, and follow-up training needs.

Significant activities to date:

1. Developed and published 1989 Vitamin A News Notes in both English and French. 1000 copies in English and 500 copies in French were distributed to PVOs, NGOs, bilaterals, multinationals, government officials and other relevant agencies working in child survival projects internationally.

2. Developed mailing list database for "News Notes" newsletter. Presently there are 300 subscribers on the mailing list receiving 595 copies in English and 213 copies in French. The mailing list continues to increase.
3. Developed VITAP promotional buttons on vitamin A rich foods in both French and English. To date over 250 buttons have been distributed to PVOs, NGOs, multinationals, and government officials.
4. Conducted extensive research in order to develop a list of medicinal plants rich in vitamin A at a global level. The list includes over 200 medicinal plants commonly used throughout the world. The researcher included information about each plant such as common and scientific name, where the plant is found, International Units/Retinol Equivalents (IU/RE) and iron counts, vitamin A edible part, and medicinal uses of each plant. This list is presently located in the vitamin A library and is available to PVOs upon request.
5. In collaboration with UNICEF/Senegal and ORANA, developed and designed a chart on vitamin A rich foods in French for francophone West Africa. Extensive background research was conducted including visits to universities and institutes and discussions with West African colleagues and contacts. The chart includes a list of over 150 commonly consumed foods rich in vitamin A with values in International Units/Retinol Equivalents and iron counts for each food. This chart is presently being printed in West Africa in collaboration with UNICEF/Senegal. Once printed it will be available to PVOs to be used as a guide for health workers undertaking child survival projects. The chart can also be used as a tool for nutrition education.
6. Obtained and ensured the following training and educational materials are available for PVO needs:
 - a) Books:
 - (i) WHO: Field guide to the detection and control of xerophthalmia: 500 copies in English and 700 copies in French
 - (ii) WHO: Vitamin A Supplements: 500 copies in both English and French

- (iii) WHO: Control of vitamin A deficiency and xerophthalmia: 100 copies in both English and French
- (iv) IVACG: Guidelines of the Eradication of Vitamin A Deficiency and Xerophthalmia: 100 copies in both English and French
- (v) UNICEF: Assignment Children/Vitamin A Deficiency and Xerophthalmia

b) Training Tools:

- (i) "Guidelines for the Prevention of Blindness Due to Vitamin A Deficiency": 3000 English/French and 1000 English/Spanish copies
- (ii) "Health Workers Find Treat Prevent Vitamin A Deficiency": 3000 African and 3000 Asians versions
- (iii) "Know the Signs and Symptoms of Xerophthalmia": 3000 copies in English and French and 1000 copies in Spanish
- (iv) Training Aids at Low Cost: 200 Slide Sets on Xerophthalmia

c) Promotional Items:

- (i) "Vitamin A Saves Sight and Life": 750 French and 500 English buttons
- (ii) VITAP pens: 250

7. Assembled training kits for all VITAP workshops and orientations and for distribution to PVOs, officials of the Ministry of Health, UNICEF staff, and AID missions during VITAP staff trips. These training kits give a good overview of vitamin A and how it relates to child survival. To date over 200 kits have been distributed for these purposes.
8. Maintained an ongoing distribution system of vitamin A related

materials. Formal requests for materials are routinely received and monitored by the Unit. From January 1989 to present materials were distributed as follows:

a) Number of Requests for Materials by Organization

<u>Organization</u>	<u>Number of Requests</u>
PVOs	
ADRA	2
CARE	5
CRS	5
Esperanca	2
FSP	1
Friends of Bangladesh	1
HKI	1
Project Hope	4
Project Orbis	1
SAWSO	1
SCF	5
World Relief	1
World Vision	6
	<hr/>
Sub Total	35
Other Agencies	
Sub Total	29
Individuals	
Sub Total	13
	<hr/>
Grand Total	77

b) Number of Requests for Materials by Country

<u>Country</u>	<u>Number of Requests</u>
Bangladesh	1
Cameroon	1
Chad	1
Ghana	2

Haiti	2
Hondurus	2
India	9
Indonesia	2
Iran	2
Japon	1
Kampuchea	1
Malawi	1
Nepal	2
Netherlands	1
Niger	3
Nigeria	5
Philippines	2
Senegal	1
Somalia	1
Sudan	2
Uganda	1
United Kingdom	2
United States	32
	<hr/>
Total	77

c) Types of materials provided according to request:

News Notes	46
General Information on Vitamin A	22
Vitamin A Training Materials	18
Vitamin A Studies	6
Other	9

Requests are generally responded to promptly on the day they are received.

The following activities are on-going:

1. Initiated the process for setting up a computerized reference library. The library's database will be operating in mid-October. Approximately 800 vitamin A and child survival books, journal articles, reports, training materials and visual aides in English, French and local languages currently make up

the library. Library materials will be sent upon request to PVOs and other eligible groups. The library will be expanding continuously during the length of the five-year project.

2. Developed, published and distributed to subscribers in August, 1989 the fourth issue of Vitamin A News Notes. The French edition will be completed in mid-September.

A small recipient satisfaction survey will be conducted following completion of the winter issue.

3. Developing a vitamin A child survival brochure which will be ready for publication in mid-October. The brochure summarizes the relationship between vitamin A deficiency and child survival. This brochure which will be printed in both English and French, is an educational tool geared towards PVOs and other groups working in child survival projects in the field. It can also be used to raise awareness among groups in the United States.
4. Developing a training manual for a vitamin A workshop to be held in Mali in late 1989. The manual targets Ministry of Health officials and PVO program staff who will in turn train clinic mid-wives and nurses in the prevention, treatment and recognition of vitamin A deficiency. The manual focuses on vitamin A and child survival.

The following activities are currently being planned:

1. Provide technical input and resources to a workshop being organized in Mali in late 1989 for Ministry of Health officials and ten PVO representatives. The workshop will be a training of trainers. These trainers will be in charge of training clinic mid-wives and nurses in the prevention, treatment and recognition of vitamin A deficiency.
2. Develop and publish a handbook on tropical fruit trees which produce vitamin A rich fruits. This handbook will encourage the consumption of indigenous fruits in child survival/nutrition projects. An expert on this topic has already been identified and is available to begin work on the handbook in late November.
3. Initiate work on the production of a video which will focus on the relationship between vitamin A and child survival. The video is intended for general awareness raising among members

of PVOs, Ministry of Health officials and other relevant agencies in Africa, Asia and the US.

4. Research and develop a cookbook focusing on vitamin-A foods and practical recipes which can be easily incorporated into local situations.
5. Develop an English version of the vitamin A food chart for health workers working in anglophone West Africa.
6. Develop a poster on the "Guidelines for the Prevention of Blindness Due to Vitamin A Deficiency" to be used in health centers and clinics.

MONITORING AND EVALUATION UNIT

The Monitoring and Evaluation Unit is responsible for providing or coordinating vitamin A technical assistance in assessment, monitoring and evaluation to PVOs. This unit is also responsible for monitoring and evaluating VITAP's activities. The Unit has three primary functions:

1. Assisting PVOs to assess, monitor, and evaluate vitamin A deficiency. This includes the development of a protocol and guidelines for PVOs to establish assessment, monitoring and evaluation system.
2. Developing a project tracking system for monitoring project-wide and country-level information on PVO vitamin A projects in VITAP-assisted countries. Consistent with USAID Child Survival Monitoring and Reporting Scheme, this system will strengthen the compilation and dissemination of information to PVOs and enhance tracking of global efforts in vitamin A deficiency control.
3. Developing and institutionalizing self-evaluation system for VITAP to track PVO requests for technical assistance, follow-up, and activities accomplished. This includes the development of indicators to be used for measuring project progress and objectives achieved, which are incorporated into the Detailed Implementation Plan. These include the quality and quantity of PVO activities initiated through VITAP assistance, the number of PVOs establishing own policy guidelines and training materials, and the number of PVOs able to program and manage vitamin A activities.

Significant project achievements to date are the following:

1. The Monitoring and Evaluation Unit has assisted several PVOs to assess the prevalence of vitamin A deficiency given their resources and program goals.

In coordination with the Technical Assistance Unit, the Monitoring and Evaluation Unit has designed surveys to assess vitamin A deficiency for Save the Children and the International Eye Foundation (Malawi) and for World Vision (Haiti).

VITAP has provided guidance for conducting vitamin A assessments to Project Hope and to Project Orbis.

2. From these assessment experiences, the Monitoring and Evaluation Unit has begun to compile information that will enable VITAP to field test and validate a simple dietary assessment methodology for estimating vitamin A deficiency problem at the village level.

Although still in the early stages of development, this method holds great promise as an effective tool for PVOs.

3. To facilitate assessment of vitamin A deficiency on a regional and national level, the Monitoring and Evaluation Unit has also developed a list of critical primary and secondary indicators of vitamin A deficiency. These indicators have served as the starting point for a database to track vitamin A deficiency in suspected problem countries and will ultimately assist PVOs to identify vitamin A deficient areas in VITAP target countries.
4. To help PVOs monitor and evaluate vitamin A activities, the Monitoring and Evaluation unit has developed indicators for typical vitamin A interventions (vitamin A capsule distribution, nutrition education, gardening, etc.). Developed with the assistance of HKI's Medical Advisory Committee, VITAP's Technical Advisory Group, and members of the PVO community, these indicators provide a basis for PVOs to refine their own monitoring and evaluation systems and should facilitate the standardization of evaluation criteria across PVOs and across countries (see ANNEX-4: Policy Level Indicators).

Additionally, suggestions for monitoring and evaluating vitamin A capsule distribution and nutrition education programs were recently written for a VITAP-assisted training in Mali.

5. As one of the objectives of VITAP is to track the vitamin A activities undertaken by PVOs in VITAP-assisted countries, the Monitoring and Evaluation Unit has put together an in-house system to routinely collect data on PVO vitamin A activities. (See ANNEX-5: PVO Country Program Profile form.)

To date, information has been collected on PVO projects in Ghana, Chad, Haiti, Nigeria, Benin, Malawi, Zambia, and Tanzania. This information is currently being used to define the terms of technical assistance to PVOs and to identify focal points for vitamin A workshops in VITAP target countries.

6. One of the first activities of the Monitoring and Evaluation Unit was to compile the VITAP Vitamin A Notes (March 1989). Although the Notes were initially designed to provide VITAP with an overview of government and PVO policies in VITAP assisted countries at baseline, it is being updated to provide up-to-date information on the state of vitamin A activities in VITAP countries. Vitamin A Notes in new format may serve as an annual summary of PVO vitamin A activities in VITAP assisted countries.

7. In addition to its own primary data, VITAP also shares and obtains information with collaborating organizations. One of the most exciting VITAP initiatives has been to work with the World Health Organization's Nutrition Unit in revising the WHO classification system for vitamin A deficient countries. Presently, members of the VITAP staff and the Nutrition Unit are collecting information on vitamin A in all countries where vitamin A deficiency is a suspected or documented public health problem.

The objective is to establish a systematic data collection and formal review process for determining vitamin A status of WHO member countries. Ultimately, VITAP and WHO hope to reclassify countries based on the magnitude of their vitamin A deficiency problem and monitor government commitment towards its eradication. Once developed, such a dynamic classification system will assist PVO's and donors in targeting their vitamin A resources to regions most in need of support.

8. In a related effort, VITAP is working with the International Science and Technical Institute to explore the possibility of linking its data on USAID programs to VITAP data on PVO activities. Conceivably, linking the WHO/VITAP/ISTI databases could form the basis for monitoring system of global efforts against vitamin A deficiency.
9. For reasons of accountability, monitoring and evaluation, the Unit developed in-house systems to track requests for information and to evaluate the technical assistance being provided by VITAP. These include:
 - a) Telephone Log (see ANNEX-6) which records incoming technical assistance received by telephone.
 - b) Materials Order Form (see ANNEX-7) which records all incoming requests for VITAP materials and the date the request was fulfilled
 - c) A weekly staff meeting is held to follow-up all incoming requests (received via telephone, correspondence, in person, etc.) recorded each month. A monthly report is then compiled with the following breakdown of information:

Number of requests by organization:

- a) PVOs
- b) Other agencies

Type of request:

- a) Vitamin A information
- b) VITAP materials
- c) Specific PVO Technical Assistance
- d) Consultant Referral
- e) Referral to other institutions
- f) Outside VITAP mandate

Each of the above types of requests are indicated by date, description of request, organization, and country.

A summary of all requests received during the reporting period (February to end of September 1989) is attached (see ANNEX-8).

d) Evaluation of all consultancies and technical assistance provided by VITAP are undertaken by recipient PVOs. (see ANNEX-9: Technical Assistance Survey)

e) In terms of long-term planning, VITAP recruited two external evaluation experts to provide guidance during revisions of the Detailed Implementation Plan (DIP). Inputs from the Office of FVA/PVC, other AID bureaus and VITAP's Technical Advisory Group were also incorporated. With well-designed goals and measurable objectives, VITAP's chances for long term success will be greatly improved.

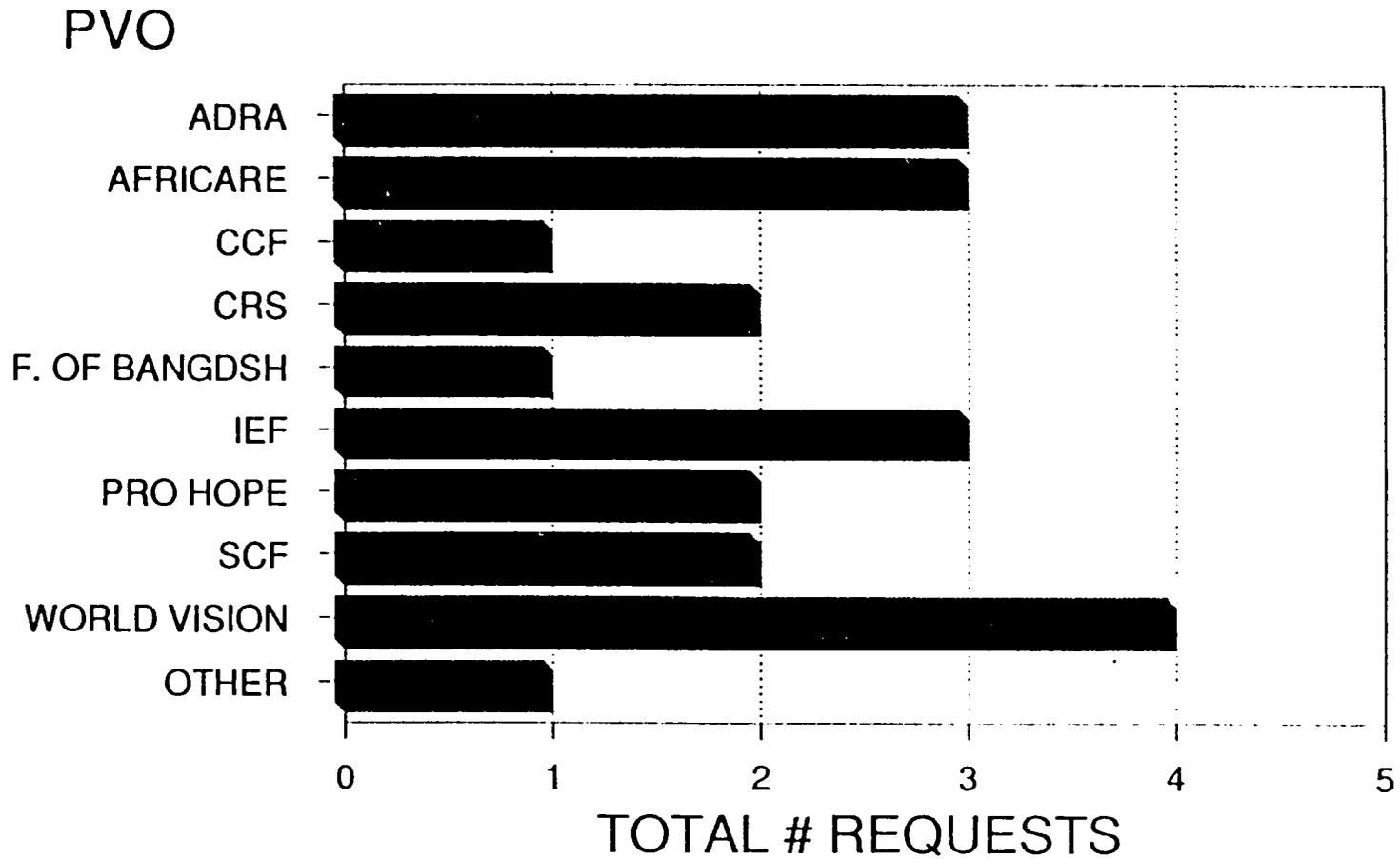
10. Monitoring and Evaluation Unit has also responded to the technical needs of VITAP staff. To date, computers have been purchased, a printer sharing device has been installed, and VITAP staff have been trained in the use of personal computers, financial, word-processing, library, and graphic software applications.

Within the Monitoring and Evaluation Unit, the following activities are currently being planned:

1. The Unit will continue to provide technical assistance to PVOs. Specifically, Catholic Relief Services has requested assistance in developing a survey protocol to assess vitamin A deficiency for its India program.
2. As part of our ongoing support to World Vision and the International Eye Foundation, we will be providing a constructive critique of the WVRD/Haiti survey and will provide technical input into the IEF baseline survey in Malawi.

3. The Unit will continue to refine a vitamin A assessment methodology to be used by PVOs at the village level. A group of vitamin A, nutrition, and food security experts will review field testing protocols. To minimize cost, Monitoring and Evaluation Unit will try to link this activity to a PVO technical assistance package in both Africa and Asia.
4. A manual on this assessment methodology will be completed by Summer 1990. This will be the first of several training manuals dealing with assessment, monitoring and evaluation. A small brochure providing a brief introduction to assessment of vitamin A deficiency is being planned for Winter 1990.
5. In conjunction with the WHO, the Unit will proceed with the collection of data for the revision of the WHO vitamin A classification system. In November 1989, a brief summary of activities to date will be presented to the IVACG participants. HKI field offices will be assisting VITAP in the data collection process by compiling country specific data on national vitamin A policy.
6. The Unit will continue to track PVO vitamin A activities in VITAP target countries. In the next several months, India, Bangladesh, Nepal, and Sri Lanka will be added to the list of countries in which documented vitamin A activities are available.
7. The Unit is planning to revise the Vitamin A Notes for use outside of VITAP with the approval of the grant office. A completed revision is being planned for the Spring 1990. The Notes will be an important reference for PVOs and for donors looking to support vitamin A activities in VITAP target countries.

TOTAL # OF REQUESTS FOR T.A. BY PVO

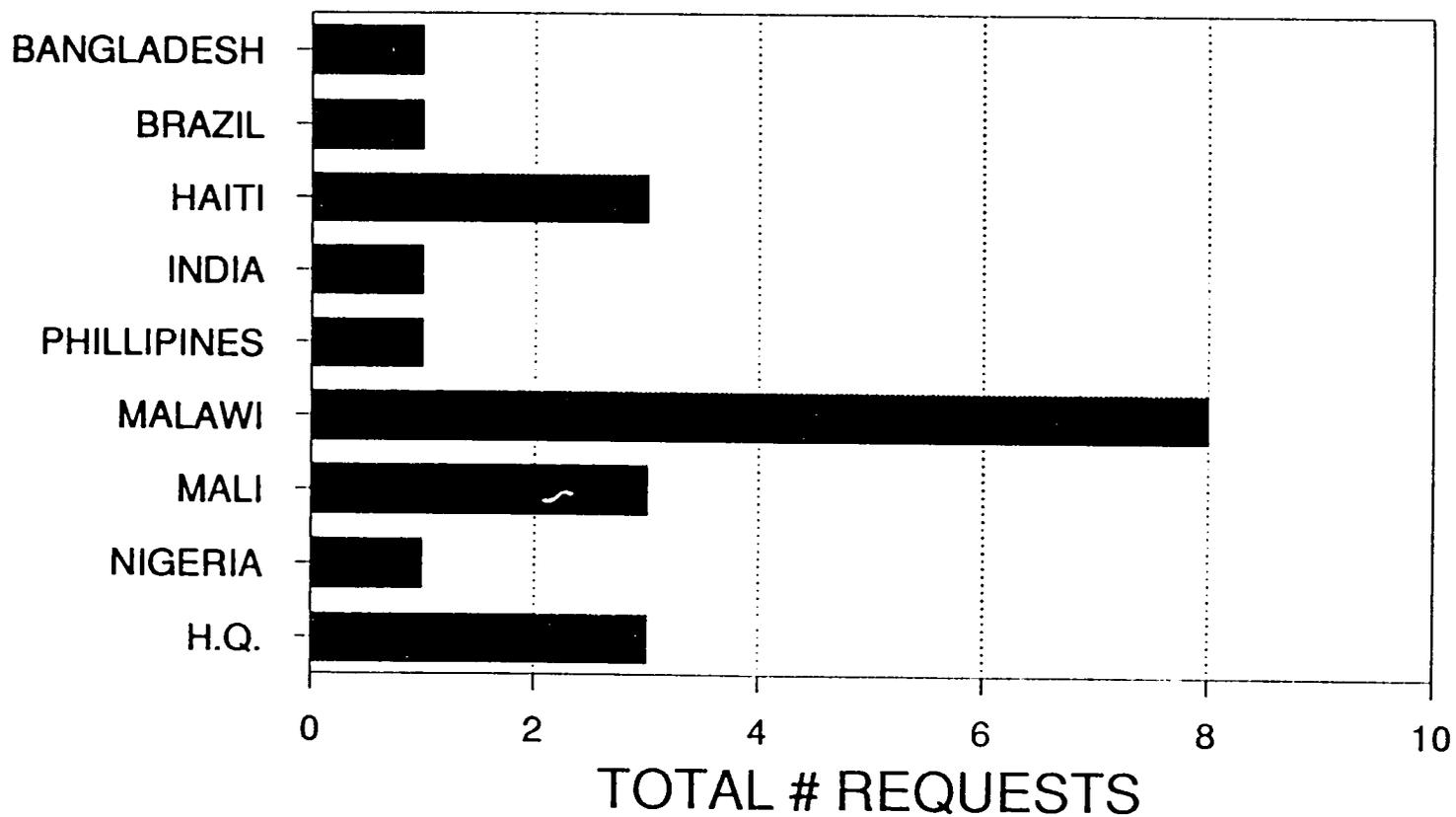


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TOTAL # REQUESTS FOR T.A. BY COUNTRY

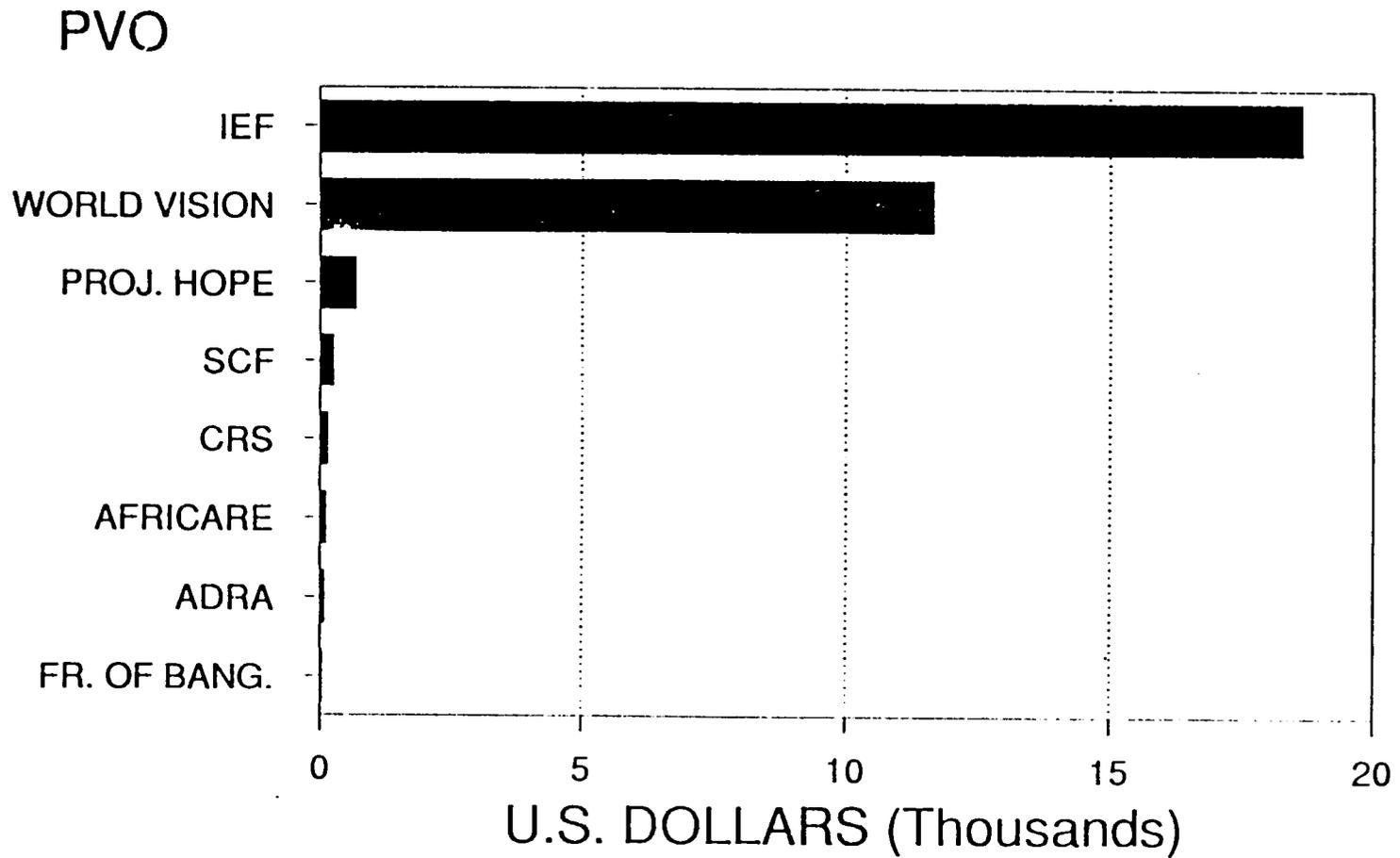
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PERSONNEL COST OF VITAP T.A. BY PVO

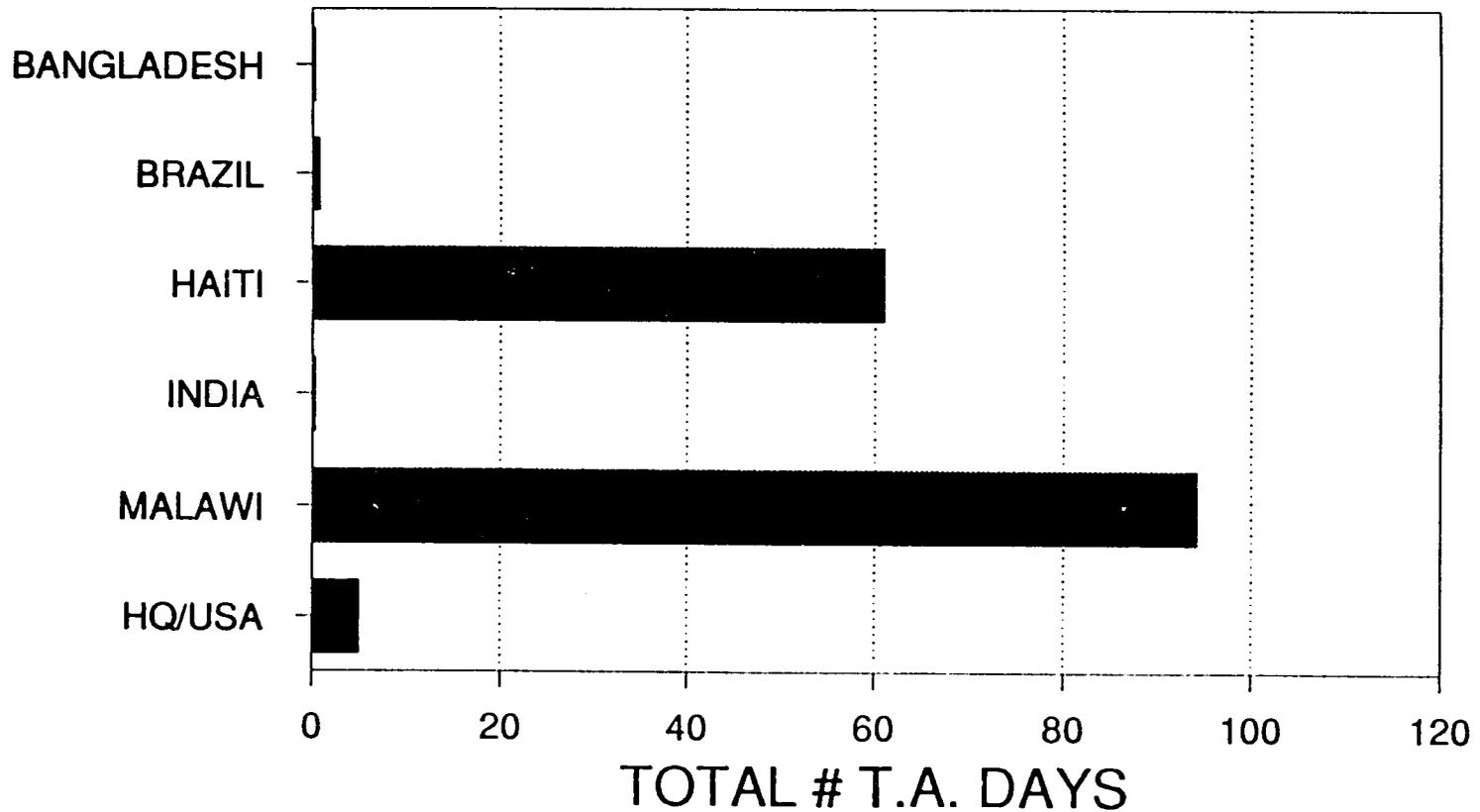


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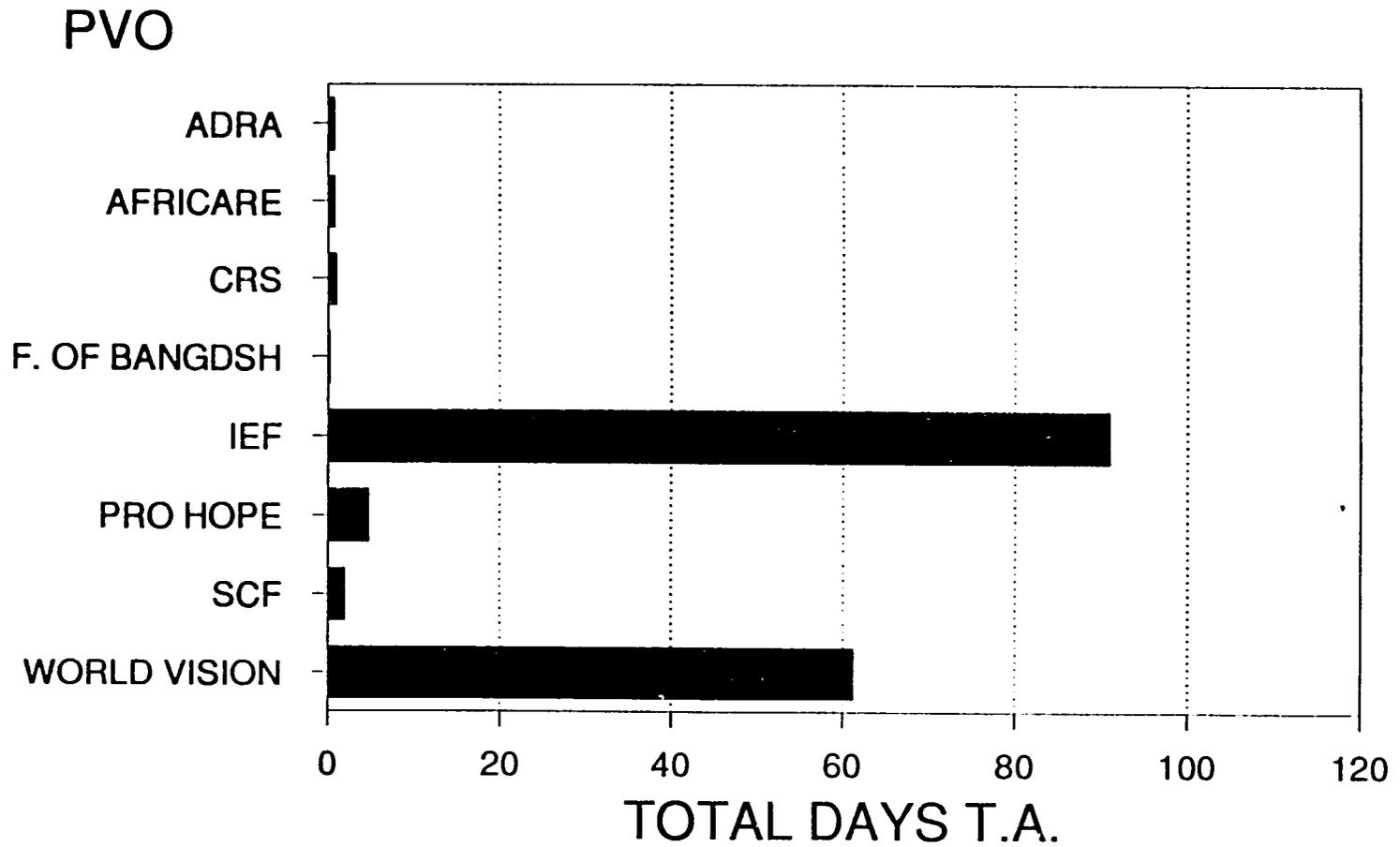
TOTAL DAYS OF VITAP T.A. PROVIDED BY COUNTRY

COUNTRY



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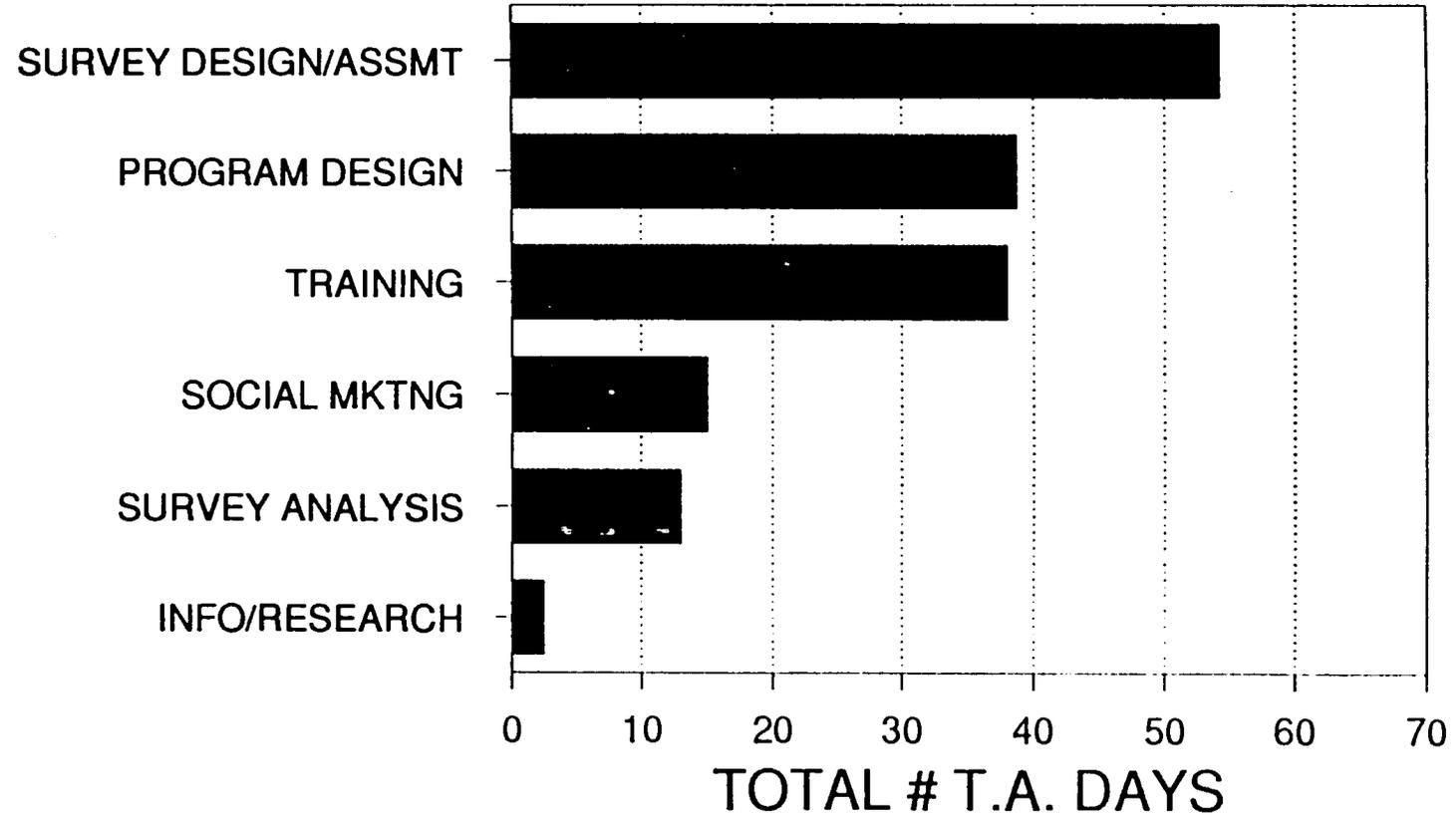
TOTAL DAYS OF VITAP T.A. PROVIDED TO PVOs



9/88-9/89

TOTAL DAYS OF VITAP T.A. PROVIDED BY TYPE

TYPE OF T.A.



9/88-9/89

E. IMPROVEMENTS IN PROGRAM QUALITY

Since the Detailed Implementation Plan has been drafted, several steps have been taken to strengthen the quality of project management and implementation:

1. A meeting was held at USAID, Office of FVA/PVC, on 9 March 1989 to review and discuss the project's provisional Detailed Implementation Plan. AID/Office of Nutrition and AID/ANE Bureau were represented. Recommendations that issued from this meeting have been incorporated into the project plan. Primary changes made were in the inclusion of qualitative indicators to measure impact, and providing more specific indicators to indicate the area of consultancies being requested, what kinds of information are being requested and the recipients of these assistance.
2. VITAP has institutionalized a self-evaluation system to track PVO requests, follow-up, and activities accomplished. These include an in-house tracking system to monitor all requests, either via telephone or correspondence, evaluation of consultants and specific consultancies/technical assistance, evaluation of workshops. Review of all technical assistance requests and their status are made during a weekly VITAP staff meeting.
3. Project indicators have been developed to measure project progress and objectives reached which include quality and quantity of PVO activities initiated through VITAP assistance.
4. A Technical Advisory Group (TAG) which reviews VITAP's activities and makes recommendations for improvement has been established and its inaugural meeting took place on 22 June 1989. Its suggestions and recommendations have been incorporated into the project plan.

TAG Members:

Field Epidemiologist:	Dr. Solomon Iyasu
Training Specialist:	Dr. Vivian Johnson
Representative of a small PVO:	Dr. Victor Lara
Nutritionist:	Dr. Nancy Mock
Data Base Specialist:	Mr. Terry Monks
Program Evaluator:	Mr. David Pyle
Representative of a large PVO:	Ms. Sue Toole

F. RESPONSE TO TECHNICAL REVIEW OF CSIV DIP

Meetings were held within AID in December 1988 and March 1989 with technical input from Bureau representation. Modifications were made as suggested. Further, the VITAP Technical Advisory group reviewed the document in June, with appropriate modifications made where recommended.

II. LINKAGES TO COMMUNITY, GOVERNMENT AND NGO HEALTH ACTIVITIES

1. Since the project's target group are U.S. PVOs, effort has been made to establish linkages with PVOs, both at the headquarters and field level. This is accomplished through direct contacts and visits to PVO offices or networking during conferences and meetings. Although some initial contacts had been established through HKI's pilot technical/operational assistance project, VITAP's activities have strengthened and institutionalized the early ties, as well as developed new linkages with the following PVOs:

Esperanca, International Eye Foundation (IEF), International Institute for Rural Reconstruction (IIRR), Project Hope, Catholic Relief Service (CRS), Friends of Bangladesh, Project Concern International (PCI).

Specific collaboration with these PVOs are described in Section ID: Child Survival Interventions that PVO Project Provides or Promotes in the Community.

2. While the project targets the PVO community, it also solicits the collaboration of relevant government services and other international agencies to enhance efforts. During country visits, representatives of the Ministry of Health are contacted and briefed on VITAP's proposed activities with the PVO community.

To date, all Ministry of Health and government representatives contacted have indicated support and interest in participating in future VITAP's activities in the country. These countries are:

Benin: The Ministry of Health is generally interested in vitamin A activities.

Chad: The Ministry of Health is very interested in undertaking vitamin A activities.

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- Ghana: The Ministry of Health is very interested in participating in a vitamin A workshop being planned for early January 1990.
- Haiti: The Ministry of Health participated in a vitamin A workshop organized by VITAP/HKI in June 1989. This also served as an opportunity to review the country's current protocol for vitamin A capsule distribution.
- Mali: Following-up on the development of the National Plan for Vitamin A Deficiency Control and Prevention formulated with technical assistance from HKI (Operational Assistance grant), initial activities are in the training of trainers in the Segou Region tentatively scheduled for late 1989. This is being coordinated by the Ministry of Health and UNICEF/JNSP with technical support from VITAP/HKI, and collaboration from the Academy for Educational Development (AED).
- Nigeria: The Ministry of Health will be co-hosting a national-level vitamin A workshop with VITAP. This is being proposed for January 1990.
- Tanzania: Contacts were established with the Tanzanian Food and Nutrition Center (TFNC) who is active in vitamin A activities. VITAP is collaborating with TFNC in a national-level vitamin A workshop, October 1989, in sponsoring PVO participation. VITAP is included on the workshop agenda.
- Zambia: The Ministry of Health is very interested in pursuing vitamin A activities and has enquired about technical assistance from HKI. It has welcomed hosting a regional East Africa vitamin A workshop being planned for 1990.

III. HUMAN RESOURCES AND TECHNICAL SUPPORT

The project is being carried out with a strong management and support infrastructure at its headquarters at Helen Keller International, New York. VITAP management is overseen by the Project Director, Ms. Susan Eastman, who is also Director of HKI's vitamin A programs. General grant management and day-to-day implementation of the project is the responsibility of a Deputy Project Director, Ms. Anne Ralte, who coordinated HKI's pilot initiative in technical assistance to PVOs in six African countries (1986-1989).

The Project Director reports to the Medical Director, Dr. David French, who provides technical and advisory input to the project.

VITAP staff report to the Deputy, who reports to the Director. Program Managers oversee three Units: Technical Assistance; Education, Training and Publications; Monitoring and Evaluation. Project Support Officers assist the Program Managers of the Technical Assistance and the Monitoring and Evaluation Units. These Units form a strong management foundation for tracking, coordination and support of grant activities.

Since this is a new project, all full-time staff, except for the Director and Deputy Director, were recruited at the project start to implement and backstop the project. All recruited staff have M.P.H. degrees or post-graduate degrees in related area, field experience and have the ability to work in a second language, French or Spanish.

Job descriptions and resumes of all project staff are included in ANNEX-10.

IV. PROJECT HEALTH INFORMATION SYSTEM

A. Community Survey:

One of the first activities undertaken by VITAP was to compile the VITAP Vitamin A Notes (March 1989). The Vitamin A Notes have three primary objectives:

- 1) To serve as a baseline survey/appendix to the VITAP Detailed Implementation Plan
- 2) To serve as an initial baseline study of country specific vitamin A-related information, to assist VITAP in identifying and support PVO vitamin A activities in each of the targeted 20 countries.
- 3) To function as a current status report on vitamin A-related activities within VITAP target countries, to be periodically reviewed and updated after each country visit.

Methodology:

The study is the result of a brief U.S. - based survey of the current status of PVO vitamin A-related activities in countries targeted for VITAP assistance.

The sources of information for this study were telephone interviews, office visits and review of PVO directories and annual reports.

Assistance was received from twenty-two colleague PVOs in the form of conversations, annual reports and program documentation.

Information was also derived from UNICEF's State of the World's Children Report 1989, WHO documents and discussions with representatives of other concerned agencies.

All U.S. PVOs were included in the survey, especially those registered with USAID. A total of 28 PVOs/agencies were contacted. These included:

Aga Khan Foundation, Adventist Development and Relief Agency (ADRA), African Medical and Research Foundation (AMREF), Africare, Andean Rural Health Care, CARE, Catholic Relief Services, CODEL, Esperanca, Foster Parents Plan International, Freedom from Hunger Foundation, Helen Keller International, Inter-American Foundation, InterAction, International Child Care Inc., International Eye Foundation, LaLeche League, Lutheran World Relief, Minnesota International Health Volunteers, Project Concern International, Private Agencies Collaborating Together (PACT), Project Hope, Rotary International, Salvation Army World Service Office, Save the Children, Volunteers in Technical Assistance, World Relief Corporation, World Vision Relief and Development, Inc.

The survey and compilation of the information took a total of 27 days. A consultant was employed to undertake the survey under the supervision of the Project Deputy Director.

The total cost for undertaking the survey was \$3,755. This includes expenses for ground travel and telephone calls.

Note: Since the Vitamin A Notes represent a series of in-house working papers to be updated throughout the life of the Project, the document is not available for general circulation.

B. Indicators:

The indicators being used by VITAP, as a technical resource and center of excellence in vitamin A programming, are designed to evaluate the Project in meeting its stated objectives. Indicators for the Project goal and each specific objective have been developed. These are as follows:

GOALS

- 1) In VITAP priority countries, increase the number of PVOs implementing vitamin A field activities and expand the number and quality of such activities undertaken by each PVO.

- 2) Among PVOs working in VITAP priority countries, increase the number with in-house capabilities in vitamin A programming and strengthen their existing skills.

Indicators:

- a) Increase in the number of vitamin A activities implemented by PVOs in VITAP countries
- b) Overall number of PVO programs provided services by VITAP
- c) Number of concept papers, guidelines, other materials etc., developed by PVOs on vitamin A with VITAP assistance

OBJECTIVES

OBJECTIVE # 1

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

Indicators:

- a) Type and number of requests for technical assistance
- b) Number of person-days of technical assistance provided: per PVO, per type of vitamin A activity and per VITAP-country
- c) PVO satisfaction with quality of technical assistance

OBJECTIVE # 2

Establish a technical assistance personnel resource and consultant data bank;

Indicators:

- a) Computerized data bank for identifying consultants on a timely basis for PVOs in place
- b) Number of consultants listed in data bank:
 - i) by specialty;
 - ii) by regional experience

- c) 25 consultants/specialists identified who have not previously worked for HKI in vitamin A:
 - i) Number new to HKI
 - ii) Number new to vitamin A
- d) Number of requests for vitamin A specialists, referred to PVO's in a timely fashion

OBJECTIVE # 3

Develop a PVO vitamin A project tracking system for VITAP-assisted countries in order to improve the technical assistance provided by VITAP and enhance tracking of global efforts in vitamin A deficiency control.

Indicators:

- a) Tracking system in place with current information
- b) An annual report on status of PVO vitamin A activities, in VITAP-assisted countries

OBJECTIVE # 4

Provide information and materials on vitamin A, developing a data bank on vitamin A literature and institutional resources;

Indicators:

- a) Number of and type of requests received for vitamin A literature/information by:
 - i) Country,
 - ii) U.S. PVOs,
 - iii) AID mission
 - iv) Others
- b) Relevance and timeliness of responses and response ratio
- c) Vitamin A reference library contains current: training materials, scientific journal articles, technical reports, institutional resources and key research
- d) Vitamin A reference library computerized
- e) Number of referrals to other resources

OBJECTIVE # 5

Produce a semi-annual newsletter and at least one technical monograph per year on vitamin A-related issues;

Indicators:

- a) Two Newsletters produced per year; English and French
- b) Number of newsletters distributed: U.S., VITAP-assisted countries and others
- c) One or more technical monograph(s) per year produced
- d) Monographs technically accurate and relevant
- e) Number of monographs requested
- f) Usefulness of newsletter and monograph as assessed by targeted PVO's by a qualitative survey.

OBJECTIVE # 6

Develop training and educational material on vitamin A

Indicators:

- a) Two to three field-tested materials created per year responsive to the needs of PVOs in VITAP-assisted countries
- b) Usefulness to recipients of materials developed by VITAP

OBJECTIVE # 7

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

Indicators:

- a) Number of PVO representatives trained
- b) Satisfaction with workshop by participants

OBJECTIVE # 8

Collaborate with governments, institutions, multilateral agencies and international organizations for the purpose of strengthening PVO's work with vitamin A in developing countries.

Indicators:

- a) MOH, Unicef, WHO offices in every VITAP country, regularly contacted
- b) Number and type of joint activities undertaken with WHO, Unicef, IVACG and other institutions

C. Midterm Evaluation

Question does not apply: this is not a CSIII project.

V. WORK PLAN AND CONSTRAINTS

The only serious constraint experienced in one VITAP country has been with the local AID Mission which did not concur with a proposed VITAP workshop or further activities due to other Mission priorities. VITAP is trying to resolve this problem with the support of FVA/PVC.

No other major constraints have been experienced to date. The Project foundation is now well-established; project staff have been recruited and trained. In response to VITAP's networking and promotional activities, a large number of technical requests from the PVO community have been received and fulfilled/or being fulfilled on a timely basis. Increasingly, the Project will employ the services of appropriate consultants who have been oriented to fulfill these technical assistance requests.

VI. PROJECT EXPENDITURE AND BUDGET REVISION

No major budget revisions have been made. Total project expenditure to date of \$520,676 falls below the estimated budget (\$758,470.00 for September 1, 1988-September 30, 1989) due to the late start of project activities, i.e., mid-March, 1989.

HELEN KELLER INTERNATIONAL
 1989 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
 PVO/COUNTRY PROJECT -- OTR-0284-A-00-8253-00

VITAP	ACTUAL EXPENSES TO DATE (9/1/88 to 9/30/91)	PROJECTED EXPENSES AGAINST REMAINING OBLIGATED FUNDS (10/1/89 to 9/30/91)	TOTAL AGREEMENT BUDGET (9/1/88 to 9/30/91)
PROC. CONSULTANTS	\$39,063	\$97,937	\$137,000
EQUIPMENT/ SUPPLIES	\$57,103	\$52,497	\$109,600
PROC. SUB-CONTRACT	\$0	\$130,000	\$130,000
OTHER PROGRAM COSTS	\$330,618	\$1,195,740	\$1,526,358
TOTAL DIRECT COSTS	\$426,784	\$1,476,174	\$1,902,958
INDIRECT COST	\$93,892	\$324,758	\$418,651
TOTAL COST	\$520,676	\$1,800,932	\$2,321,609

Vitamin A Technical Assistance Program (VITAP)

Project Timeline 1988-1993

PROJECT ACTIVITIES	Sept 88 - Sept 89 Year I				Oct 89 - Sept 90 Year II				Oct 90 - Sept 91 Year III				Oct 91 - Sept 92 Year IV				Oct 91 - Sept 93 Year V			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1. VITAP Staff recruited	x	x																		
2. Office space/equipment established	x	x																		
3. VITAP Logo/Stationary developed	x	x																		
4. DIP developed	x	x																		
5. Staff orientation training		x	x																	
6. PVOs, others contacted - flyers, announcements, sub-contracts developed		x			x															
7. Establish background/baseline information on each VITAP country		x	x																	
8. Data base: Vit A consultants established				x	x															
9. Tech Assistance Field visits needs determined: PVO Headquarters visits		x	x	x	x	x	x	x	x	x	x		x							
10. Workshops for PVOs (U.S.A.)		x				x		x		x		x		x		x				
11. Workshops for countries			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		
12. Workshops for vitamin A consultants				x				x				x								
13. Follow-up Technical support provided i.e.: Training, Assessments, Materials developed			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
14. Training/Ed. materials developed Eng/Fr				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
15. Newsletter for PVOs				x		x		x		x		x		x		x		x		x
16. VITAP monograph							x				x				x				x	
17. Reference library computerized & established				x	x	x														
18. Monitoring/Evaluation system developed		x	x	x	x															
19. Monit/Project tracking of Vit A initiatives			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
20. Technical Advisory Group Review			x			x		x		x		x		x		x		x		x
21. Field surveys provided				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
22. Five PVO representatives sponsored to attend consultative group (IVACG) meeting					x				x				x				x			
23. Project Evaluation						x		x											x	

LIST OF ANNEXES

- ANNEX-1: Technical Advisory Group Meeting Minutes (June 22, 1989)
- ANNEX-2: Consultant Application Form
- ANNEX-3: Consultant Orientation Summary
- ANNEX-4: Policy Level Indicators for Vitamin A Programs
- ANNEX-5: PVO Country Program Profile
- ANNEX-6: Telephone Log
- ANNEX-7: Materials Order Form
- ANNEX-8: Summary of Requests
- ANNEX-9: Technical Assistance Survey
- ANNEX-10: Job Descriptions and Resumes
- ANNEX-11: Request for Technical Assistance in Vitamin A
- ANNEX-12: VITAP Letterhead

MINUTES
MEETING
VITAP TECHNICAL ADVISORY GROUP (TAG)

JUNE 22, 1989

I. BACKGROUND

VITAP's mission is to strengthen and enhance efforts by private voluntary and non-governmental organizations (PVOs) to reduce preventable blindness, morbidity, and mortality associated with vitamin A deficiency in developing countries.

An Operational Assistance grant from AID in 1986 served as a pilot project, providing technical assistance to U.S. PVOs in six African countries. The proposal for VITAP grew out of the experience of this grant, with the expansion motivated by the impact of vitamin A on child survival-- which increased PVO interest in vitamin A activities and led to a Congressional earmark to support vitamin A programs.

HKI's Operational Assistance program had remedial tracking, monitoring, and support systems in place. In VITAP, these functions were expanded and strengthened by establishing three units: the Technical Assistance Unit which deals essentially with logistics (i.e. consultants and workshops); the Education, Training and Publications Unit; and the Monitoring and Evaluation Unit.

The purpose of VITAP's Technical Advisory Group (TAG) is to gather together people with field experience, technical skills, and PVO involvement, to regularly review program activities and proposed direction. Each TAG member brings a unique specialty and perspective to the group.

The grant officer on VITAP is Mr. John McEnaney, child survival coordinator for AID's FHA/PVC office. In December 1988, VITAP staff presented an Action Plan to a meeting of representatives from various Offices and Bureaus in AID. The observations and comments from that meeting were incorporated into a proposed Detailed Implementation Plan (DIP). In March 1989, at a second meeting in Washington convened by FHA/PVC, preliminary approval of the DIP was given. The final submission of the DIP was postponed until Labor Day.

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Another office within AID (S&T/Nutrition) is preparing a project which reportedly will provide technical assistance to governments, AID missions, and possibly local non-governmental organizations. The relationship between this project, once it begins, and VITAP is not yet clear. The TAG members recommended that HKI be involved in responding to such a field support mechanism in vitamin A.

II. DETAILED IMPLEMENTATION PLAN (DIP) REVIEW

A draft DIP was reviewed by the group. Following is a section-by-section commentary incorporating individual and group input.

A. Goals

1. In VITAP priority countries, increase the number of PVOs implementing vitamin A field activities and expand the number of such activities undertaken by each PVO.
2. Among PVOs working in VITAP priority countries, increase the number with in-house capabilities in vitamin A programming and strengthen their existing skills.

Discussion

In realizing the goal of increasing the number of PVOs with in-house capabilities in vitamin A, the modus operandi has been to make contacts with and orienting a PVO at the headquarters level, then responding to needs in the field as requested. (In other words, accessing PVOs in VITAP target countries through their U.S. headquarters.)

TAG divided the need for resources into three levels:

1. incorporation of vitamin A activities into a PVO's overall program mandate;
2. integration of vitamin A into the PVO's field projects;
3. assessment and evaluation.

Headquarters' staff need guidelines in order to develop an operational framework for their activities. Field offices will require more specific information, such as, prevalence of deficiency, consumption data, etc.

These in turn led to distinguishing between the different levels of a PVO's need for TA: 1) general orientation and 2) specialized assistance. Operational

Assistance had sponsored seminars for as long as a week; it was suggested that VITAP consider month-long courses designed to give more in-depth knowledge of vitamin A program operations, enabling PVOs to continue their activities once VITAP ends.

Any vitamin A orientation need be presented within an overall integrated context of existing child survival and nutrition programs. This is from a conceptual and practical perspective, as well as bureaucratic since some PVOs do not have specific vitamin A grants.

Finally, the designated indicators supporting the goals were considered imbalanced. Qualitative indicators were needed as well as quantitative. This might include defining what "in-house capabilities" means when looking at the numbers of PVOs with same; or of adding "degree of satisfaction" to numbers of consultancies provided.

B. Objective 1

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

Discussion

There was first the suggestion that the objective actually referred to the need to develop and expand the technical resource base in vitamin A capabilities. Several recommendations were then made on what that might consist of:

1. developing a quality group of consultants, not simply a "body shop";
2. use locally- or regionally-available consultants when available;
3. allow TA to be an ongoing rather than one-time intervention;
4. use same consultants repeatedly for projects to save time on orientations, introductions, etc.
5. develop protocols to help PVOs define and refine their needs.

C. Objective 2

Establish a technical assistance personnel resource and consultant data bank.

Discussion

This objective is essentially an add-on to the previous one. This objective should read:

Expand technical capabilities of vitamin A programming and establish a technical assistance personnel resource and consultant data bank."

The data bank will be centralized in New York. The feasibility of a modem hook-up to other PVOs or to other data banks was discussed; as well as possible accessing of data bank by other PVOs. Questions of confidentiality of information and problems involved in monitoring the use of an open data bank were discussed.

D. Objective 3

Develop a PVO vitamin A project tracking system for VITAP-assisted countries in order to improve the technical assistance provided by VITAP and enhance tracking of global efforts in vitamin A deficiency control.

Discussion

VITAP is developing a tracking system in order to monitor field activities by country and by PVO. The baseline being used was collected from information from PVO headquarters. Each time VITAP goes out into the field, this information is updated at the local level. Tracking occurs only in VITAP-targeted countries. The field mechanism to update this information consists of one-on-one interviews, with the VITAP staff person filling out PVO country profile forms.

VITAP's relationship to the local government and MOH was discussed, in terms of information-sharing and project participation. Historically PVOs have developed resources and gathered data but failed to share with the local government. The dilemma for VITAP is that the grant is specifically targeted to providing TA to PVOs. However, VITAP does involve the government in seminars, but not necessarily as a full partner or direct recipient of assistance.

The support of a local government policy for vitamin A activities is important. Local PVOs should already be reporting their activities to the local MOH. However, it was suggested that the information VITAP collects provides a valuable synthesis for MOHs. The question becomes what information is appropriate to share, rather than whether or not to share it. Finally, depending on the country situation and number of PVOs working locally, having a formal one-day vitamin A seminar was considered more helpful than submitting a series of reports.

VITAP does and will continue to pay courtesy visits both to local government officials and to local AID ministries. Travel clearance for VITAP is essentially approved in Washington, rather than the field missions, with field notification recommended. Such courtesy calls, no matter how informal, are crucial for the support of local vitamin A programs.

E. Objective 4

Provide information and materials on vitamin A, developing a data bank on vitamin A literature and institutional resources.

Discussion

Firstly, it was suggested that VITAP is in fact developing a clearinghouse for information, rather than simply a data base, and that this should be specified in the objective.

In assisting PVOs build local libraries, it was suggested that a VITAP notebook (i.e., three-ringed, with sections on different topics) be created, to amend and addend with updates. Copies of articles would also be available from VITAP headquarters.

F. Objective 5

Produce a semi-annual newsletter and at least one technical monograph per year on vitamin A-related issues.

Discussion

With 1-2 technical monographs per year, VITAP could cover all major vitamin A subject areas (i.e., social marketing, assessment, etc.). The utility of

information from practical experience was emphasized, perhaps through case studies. These case studies could stand on their own as reports, or as a series of reports within a publication, as well as incorporated into any technical monograph.

G. Objective 6

Develop training and educational material on vitamin A.

Discussion

Several recommendations arose:

1. The importance of being innovative and creative in the development of educational materials was emphasized. (For example, a traveling puppet show, local radio spots to sustain nutrition education, comic books.)
2. Use of HKI country program materials for adaptation by PVOs.
3. Need more material on vitamin A child survival, to balance xerophthalmic material (perhaps next TAG meeting could focus on this); home gardens (University of Rhode Island has an information bank, as well as IIRR and UNICEF).
4. To assure cultural relevance, consider pooling local resources within a country (i.e., technical specialists, existing material) as appropriate, to aid in material development or adaptation. Funding might be through a VITAP sub-grant to a PVO, as well as using consultants to prepare strategies and local proposals for support.

H. Objective 7

Provide technical human resources and materials for continuing education and in-country workshops in order to train PVO representatives in vitamin A intervention.

Discussion

General agreement.

I. Objective 8

Collaborate with governments, institutions, multilateral agencies and international organizations for the purpose of strengthening PVO's work with vitamin A in developing countries.

Discussion

See discussion under Objective 3.

In addition, VITAP was considered an excellent opportunity to assist in the development of governmental policies in vitamin A, which would be integral to the development of PVO policies.

III. COUNTRY/REGIONAL PRIORITIES

The list of countries targeted for VITAP intervention arose from the standard WHO list of countries considered to have a serious vitamin A deficiency problem. The majority of the people affected are in Asia; the majority of countries affected are in Africa.

Only two target countries are in Latin America, since data have not demonstrated a severe vitamin A deficiency (VAD) problem. If sub-clinical vitamin A levels are more definitively linked to morbidity rates, activity in the region may increase.

In addition, HKI recommends adding Guatemala to the list to serve as a regional base, to take advantage of INCAP (the regional nutrition center), and explore reported high-risk VAD areas in the country. A similar rationale exists for Thailand (as well as accessing PVOs working in Viet Nam, Laos, and Kampuchea, based in Bangkok.)

VITAP's data monitoring system will serve as a support in assessing the appropriateness of various listings of VAD conditions.

IV. SUMMARY OF ACTIVITIES TO DATE

A review of activities to date was presented. (See attached.)

V. MONITORING AND EVALUATION

The group reviewed a draft set of indicators for monitoring and evaluation. (See attached.)

A. DIP Indicators

As discussed earlier (See Section-Goals), there was concern that the DIP indicators were too quantitative. Based on an earlier critique, VITAP had already modified the indicators to include such measures as usefulness and timeliness of TA provided, or materials used. Further consideration will take place.

B. VAD Assessment

VITAP will be working with WHO's Office of Nutrition to set up a database to assist in country classification of vitamin A deficiency in terms of degree (both prevalence and program availability). There has been no systematic matrix to establish this list. In addition, it is planned to allow a dynamic listing, which evolves as conditions evolve.

C. Policy Level Indicators

The degree to which VITAP would designate the establishment of specific, local government policies in vitamin A as an objective was discussed. On the one hand, such policy is essential to the smooth operations and development of PVO activities in vitamin A. On the other, it is not directly within the scope of work for VITAP (and may be incorporated into the planned Field Support Mechanism out of S&T/Nutrition). The conclusion was to continue to address it indirectly, within the terms of reference for VITAP, to further support the promotion of vitamin A activities in the country.

D. Vitamin A Programs

Lastly, the indicators for the monitoring and evaluation of vitamin A programs was discussed. (See attached.)

1. General Vitamin A Capsule Distribution

Discussion

Need to integrate VITAP monitoring into routinely collected data being undertaken by the PVOs.

Use "best guesses" if data unavailable, designated as same (i.e., compared to information based on field surveys).

Include the measure of "number of pregnant women" as baseline information, to enable calculating the indicator listed later ("percent of postpartum women receiving VAC").

Include gender-specific data, "if available". Analysis of such data could determine whether or not VAC distribution is proportionally different for boys or girls, and assist in a better targeting of program activities.

Include malnutrition rates, since they could assist in targeting programs and provide indirect information on an area's overall vitamin A status.

Use a simple approach. Given the PVO's constraints in terms of time and resources to collect such information, maximize use of existing information systems and minimize complexity. If more specific information is required, sentinel statistics or samples of convenience might be considered. The use of LQAS was also recommended as having been successful in the Sudan (Lot Quality Assurance Sample), which in using a small sample, can determine if a specified percentage of the target population has been reached.

2. Nutrition Education

Demographic information to measure nutrition education need include "target population" of women and men, as well as children.

KAP needs to include issues of accessibility, or service utilization.

Outcome need include a denominator to determine percent of target group, with a special suggestion to include "women of child-bearing age" as a generic target group.

3. Home Gardens

Degree to which gardens have been nutritionally improved

Percentage of target populations with gardens as indicator.

4. Social Marketing

As background information, importance of identifying existing communication and interpersonal channels

As background information, estimate hours of radio operations on play, and who is transmitting in area.

Difficulty in finding local term for "night blindness" (or if difficult, actually end up creating a term for a noncondition.)

In outputs, need to include interpersonal indicators.

In outcome, need to address "sustainability".

VI. FUTURE DIRECTIONS

The Technical Advisory Group supported the efforts to date. Furthermore, the consensus was to bid on the AID RFP for a vitamin A Field Support Mechanism (out of S&T/Nutrition), which was seen as complementary to VITAP.

TAG meetings will be held semi-annually. The next meeting is proposed for December-January.

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Helen Keller International
Vitamin A Technical Assistance Program
 15 West 16th Street
 New York, NY 10011

VITAP Consultant Application Form

If you are interested in working as a consultant for Helen Keller International's Vitamin A Technical Assistance Program, please complete this application and attach your most recent resume or curriculum vitae.

Today's Date: _____

I. Personal Data

Name: _____
 first middle last

Mailing Address: _____

Phone: daytime _____ evening _____ fax _____

Telex: _____

How long of a consultancy are you available for? *Circle longest period you are available to work*

- | | | |
|----------------------|------------------------|-----------------------|
| 1. one to two weeks | 3. one to three months | 5. six months or more |
| 2. two to four weeks | 4. three to six months | |

Please indicate any time of the year when you can not work: _____

From which country is your passport? _____

II. Language Fluency

If you know any of the following languages, circle your level of ability in that language. The scale is 1 to 5, with 5 indicating both the speaking and writing abilities of a native speaker.

1= some ability 2= conversational ability 3= working knowledge speaking and writing 4= fluent 5= native speaker

Arabic	1	2	3	4	5	Portuguese	1	2	3	4	5	
English	1	2	3	4	5	Spanish	1	2	3	4	5	
French	1	2	3	4	5	Swahili	1	2	3	4	5	
Others	_____	1	2	3	4	5	_____	1	2	3	4	5

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III. Academic Credentials

What is the highest level of your formal education? *Circle one*

1. doctorate 2. masters 3. bachelors 4. technical

What two areas best describes your academic studies? *Circle two*

- | | |
|---------------------------------|---------------------------------|
| 1. agriculture | 12. health administration |
| 2. biostatistics/ statistics | 13. information systems |
| 3. communications | 14. management / administration |
| 4. community development | 15. marketing |
| 5. computer science | 16. maternal / child health |
| 6. education & training | 17. medicine |
| 7. economics | 18. nursing |
| 8. epidemiology | 19. nutrition |
| 9. evaluation/ research | 20. ophthalmology |
| 10. family planning/ population | 21. public health |
| 11. food technology | 22. other _____ |

IV. Work Experience

Please indicate the number of years you have worked in each area below. Beneath each heading, circle all components which are included in your experience.

Agriculture / horticulture - years of experience ()

- | | |
|-------------------------|---------------------------|
| 1. education & training | 6. program evaluation |
| 2. fisheries | 7. program management |
| 3. household gardens | 8. small animal husbandry |
| 4. irrigation systems | 9. vitamin A rich foods |
| 5. program design | 10. other _____ |

Child survival / maternal health - years of experience ()

- | | |
|-----------------------------|-----------------------------|
| 1. EPI | 7. program design |
| 2. family planning | 8. program evaluation |
| 3. growth monitoring | 9. program management |
| 4. information systems | 10. education and training |
| 5. midwifery | 11. vitamin A interventions |
| 6. ORT / diarrheal diseases | 12. other _____ |

Nutrition education / social marketing - years of experience ()

- | | |
|------------------------------|---------------------------------|
| 1. audio visual / mass media | 6. non-formal adult |
| 2. curriculum design | 7. program design |
| 3. feasibility studies | 8. program evaluation |
| 4. focus group analysis | 9. program management |
| 5. materials development | 10. vitamin A related education |
| | 11. other _____ |

Work Experience, continued

Food fortification - years of experience ()

- | | |
|---------------|----------------------------|
| 1. marketing | 4. program design |
| 2. processing | 5. program evaluation |
| 3. production | 6. vitamin A fortification |
| | 7. other _____ |

Food distribution / relief - years of experience ()

- | | |
|-----------------------------|-----------------------|
| 1. logistics | 3. program design |
| 2. nutritional surveillance | 4. program evaluation |
| | 5. other _____ |

Vitamin A distribution - years of experience ()

- | | |
|----------------------------|-----------------------|
| 1. logistics / procurement | 4. program management |
| 2. program design | 5. protocols / policy |
| 3. program evaluation | 6. training materials |
| | 7. other _____ |

Statistical assessment - years of experience ()

- | | |
|-------------------------------------|-----------------------------|
| 1. blood serum assessment | 5. survey analysis |
| 2. field implementation | 6. survey design |
| 3. nutritional / dietary assessment | 7. survey evaluation |
| 4. questionnaire design | 8. xerophthalmic assessment |
| | 9. other _____ |

Professional health trainer - years of experience ()

- | | |
|----------------------------|------------------------------|
| 1. curriculum design | 4. of midwives |
| 2. materials development | 5. of ophthalmologists |
| 3. maternal / child health | 6. of village health workers |
| | 7. other _____ |

Management - years of experience ()

- | | |
|-----------------------------------|------------------------|
| 1. cost analysis | 5. management training |
| 2. evaluation | 6. monitoring systems |
| 3. management information systems | 7. planning |
| 4. management review | 8. other _____ |

V. Geographic work experience

Please indicate the number of years you have worked in a region after each regional heading. Beneath each regional heading, circle all the countries where you have worked.

Sahelian Africa - years of experience ()

- | | | | |
|-----------------|-------------|---------------|------------|
| 1. Burkina Faso | 3. Djibouti | 5. Mali | 7. Niger |
| 2. Chad | 4. Ethiopia | 6. Mauritania | 8. Somalia |
| | | | 9. Sudan |

West Africa - years of experience ()

- | | | | |
|-----------|------------------|------------|------------------|
| 1. Benin | 4. Guinea | 7. Liberia | 10. Sierra Leone |
| 2. Gambia | 5. Guinea-Bissau | 8. Nigeria | 11. Togo |
| 3. Ghana | 6. Ivory Coast | 9. Senegal | |

Central Africa - years of experience ()

- | | | | |
|-------------|----------|----------------------|-----------|
| 1. Burundi | 3. CAR | 5. Equatorial Guinea | 7. Rwanda |
| 2. Cameroon | 4. Congo | 6. Gabon | 8. Uganda |
| | | | 9. Zaire |

East and Southern Africa - years of experience ()

- | | | | |
|-------------|---------------|---------------|--------------|
| 1. Angola | 4. Lesotho | 7. Namibia | 10. Tanzania |
| 2. Botswana | 5. Malawi | 8. Seychelles | 11. Zambia |
| 3. Kenya | 6. Mozambique | 9. Swaziland | 12. Zimbabwe |

South Asia - years of experience ()

- | | | | |
|----------------|-----------|-------------|--------------|
| 1. Afghanistan | 3. Bhutan | 5. Maldives | 7. Pakistan |
| 2. Bangladesh | 4. India | 6. Nepal | 8. Sri Lanka |

South East Asia - years of experience ()

- | | | | |
|--------------|--------------|---------------------|-------------|
| 1. Burma | 4. Kampuchea | 7. Papua New Guinea | 10. Vietnam |
| 2. Brunei | 5. Laos | 8. Philippines | |
| 3. Indonesia | 6. Malaysia | 9. Thailand | |

Central America - years of experience ()

- | | | | |
|---------------|----------------|-------------|--------------|
| 1. Belize | 3. El Salvador | 5. Honduras | 7. Nicaragua |
| 2. Costa Rica | 4. Guatemala | 6. Mexico | 8. Panama |

South America - years of experience ()

- | | | | |
|--------------|------------------|-------------|---------------|
| 1. Argentina | 5. Colombia | 9. Paraguay | 13. Venezuela |
| 2. Bolivia | 6. Ecuador | 10. Peru | |
| 3. Brazil | 7. French Guyana | 11. Surinam | |
| 4. Chile | 8. Guyana | 12. Uruguay | |

Caribbean - years of experience ()

- | | | | |
|------------|-----------------------|----------------------------|--|
| 1. Bahamas | 3. Dominican Republic | 5. Jamaica | |
| 2. Cuba | 4. Haiti | 6. Other Caribbean nations | |

VITAMIN A TECHNICAL ASSISTANCE PROGRAM

Consultant Orientation Summary
August 24, 1989

=====
Present: (VITAP/HKI) John Palmer, Susan Eastman, Anne Ralte, Lauren Blum, Barbara Bochnovic, Melanie Cooper, Diana DuBois, Robert Gern, Nancy Haselow, Kathryn Lauten, Anne Paxton, David Rosen, Victoria Sheffield, Julia Symon (Consultants) Gordon Buhler, Erik Dulberg, Leigh Hallingby, Jean-Paul Heldt, Jordan Kassalow, Katherine Kaye, Chad MacArthur, Donna Nager, Ron Parlato, Lou Ringe, Nancy Sloan, Vishnu-Priya Sneller, Benedict Tisa, Valerie Uccellani

I. Overview of Helen Keller International: John Palmer, Executive Director, Helen Keller International

Helen Keller International, founded in 1915 as the American Foundation for the Overseas Blind, has concentrated since its early years on education and rehabilitation programs for the blind. Now involved with over thirty countries in Asia, Africa and Latin America, HKI stresses the importance of community-based projects in its efforts to eradicate blindness and to aid the incurably blind to become self-sufficient.

II. Overview of Vitamin A Technical Assistance Program (VITAP): Anne Ralte, Deputy Director, VITAP, HKI

The development of VITAP as a center of excellence for vitamin A is due to a five-year grant awarded to Helen Keller International by USAID. VITAP provides technical assistance as well as informational and educational resources to other United States private voluntary and non-governmental organizations. Consultants are a vital part of the VITAP family as they lend their expertise and enthusiasm to our projects.

VITAP works to strengthen and enhance vitamin A work done by PVO's and to promote and increase the number of PVO's doing such programs in developing countries. Our target countries are Bangladesh, Benin, Brazil, Burkina Faso, Chad, Ghana, Haiti, India, Indonesia, Malawi, Mali, Mauritania, Nepal, Niger, Nigeria, Philippines, Sri Lanka, Sudan, Tanzania and Zambia. In addition to working with United States- and Europe-based consultants, VITAP identifies qualified local people in order to build on and develop existing resources.

VITAP has concentrated on networking with PVO's and providing workshops such as recent ones in Haiti and Dakar. Currently under consideration are potential workshops in East Africa and India. In January, 1990, we will coordinate workshops in Ghana and Nigeria.

III. Consultant Guidelines: Nancy Haselow, Manager, Technical Assistance, VITAP (see attached)

IV. Information on Vitamin A: Susan Eastman, Director, VITAP, HKI

The development of a vitamin A materials reference bank at VITAP provides a central location for information retrieval. Booklets are available that detail the diagnosis and treatment of vitamin A deficiency and xerophthalmia.

The points covered in this overview involved the signs of vitamin A deficiency. A discussion of xerophthalmia led into the standard procedures of vitamin A capsule distribution. Normal dosage for an emergency situation is one 200,000 IU vitamin A capsule for two consecutive days followed by one more capsule two weeks later. UNICEF airlifts VAC's into countries with an emergency. Fat consumption with vitamin A is necessary to ensure the storage capacity for this vitamin in an individual.

V. Assessment of vitamin A status: Nancy Sloan, PhD

Various ways of diagnosing vitamin A deficiency were discussed. Unfortunately, an easy and consistently reliable procedure has not been developed. Clinical signs such as physical growth and the identification of corneal scars are often too subjective for definite diagnosis, whereas laboratory analysis are frequently difficult to carry out due to costly and problematic technical needs. (see attached)

VI. Monitoring and Evaluation: Robert Gern, Monitoring and Evaluation Specialist

While a brief note can not cover the procedures for monitoring and evaluation, it can point out some key points. Effective ways of attaining initial information can be through surveys, anecdotal information, clinical records (and in our case the existence of blind schools or university programs could provide good resources), census data and prior studies.

The participants of the workshop created a practice situation for which they discussed monitoring and evaluation techniques. After determining how to establish baseline statistics for the case study, they carried through by suggesting a course of action and the ways to monitor and evaluate the project.

VII. Program Strategies: Susan Eastman, Director, VITAP, HKI

VITAP generally tries to integrate vitamin A programs into the child survival framework. Our strategies include social marketing, nutrition education, capsule distribution, food fortification and gardening.

An important point to remember is that we must work within the confines of not only our direct client, the PVO, but also the governments of each country. Frequently the Ministry of Health will limit the available choices for programs.

VIII. Social Marketing: Benedict Tisa, Social Marketing Consultant

In social marketing, local talent and feedback help provide necessary elements. After defining a target group, one can then proceed to find the most appropriate medium through which to reach those people. Understanding the audience and realizing their perceptions, not ones own, is necessary for successful marketing.

Benedict projected slides of his past consultancies which nicely illustrated the above points by showing the social marketing techniques in effect before his arrival and how he subsequently adapted them to target the audience. He was able, for example, to make successful marketing campaigns by altering posters to become more understandable by the community and by concentrating on making the message easy to remember.

IX. Vitamin A Rich Foods, Vegetable gardening: Lauren Blum, Manager, Education, Training, Publications; Victoria Sheffield, Director of Training and Educational Materials

Finding indigenous sources of vitamin A can provide a sustainable method of reducing vitamin A deficiency. Foods to look for: mangos, carrots, green leafy vegetables, egg yolk, yellow and red fruits and vegetables, red palm oil, breast milk.

A mixed home garden is sometimes a viable way to integrate vitamin A rich foods into daily diet, though it is not always feasible due to the time and attention they require. In some cases, a demonstration plot with a mixed home garden provides an educational center.

attachments: Orientation Evaluation
Orientation Agenda
VITAP Consultant Guidelines
Assessment Summary
List of Workshop Participants

ORIENTATION EVALUATION

In general, the overall evaluation of the consultant workshop was good.

Seven people responded via questionnaire and three more expressed their comments over the phone. Of the seven, two gave the orientation an excellent rating, four a good rating, and 1 an adequate rating.

Most found the orientation useful and informative. Some of the "most helpful" comments included: consultant procedures; the comprehensiveness of the program; and interaction with VITAP staff and other consultants. Some of the "least helpful" aspects of the orientation included: attempting to do too much in one day; case study; and several people felt that some of the sections were not focused enough.

The responses to question #4 ("Any other comments") were as follows:

- very well planned and organized
- found it useful and was glad to have attended
- need an external facilitator to control time better
- too many hand-outs
- reduce number of topics
- give more opportunity to interact, less didactic presentations
- enjoyed the orientation
- found the session informative and stimulating

VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

ORIENTATION SESSION FOR CONSULTANTS

THURSDAY, 24 AUGUST 1989

- 9:30 Introduction (Susan Eastman)
- 9:35 Overview of HKI (John Palmer)
- 10:00 Overview of VITAP (Anne Ralte)
- Project Objectives
 - Target countries/groups
 - Planned activities
- 10:15 VITAP Consultancy Services (Nancy Haselow)
- Philosophy
 - Operational Procedure
 - Requirements
- 10:30 Coffee Break
- 10:45 Vitamin A: Overview (Susan Eastman)
- 11:45 Assessment of vitamin A status/ WHO criteria for classification (Nancy Sloan)
- 12:00 Monitoring and Evaluation/Case Study (Robert Gern/Nancy Sloan)
- 1:00 Lunch (provided by VITAP)
- 1:45 Program strategies (Susan Eastman)
- 2:15 Social Marketing (Benedict Tisa)
- 3:15 Foods rich in Vitamin A (Lauren Blum)/
Vegetable gardening (Victoria Sheffield)
- 3:45 Coffee - Discussion/Q & A/Evaluation of workshop (Anne Ralte)
- 4:30 Conclusion (Susan Eastman)

Vitamin A Technical Assistance Program Consultant Guidelines

PHILOSOPHY

VITAP provides a service to PVO's, our clients. We want to maintain the positive and friendly relationship we currently have with PVO's and expect those who do consultant work for us to help in this respect. VITAP and its consultants adapt to the needs of our clients – we try to accommodate them as much as possible. If, however, a consultant finds major problems in a project, he or she should proceed diplomatically with the PVO and inform VITAP of the situation.

OPERATIONAL PROCEDURES

VITAP receives requests from PVO's for technical assistance. After negotiating the exact scope of work and finalizing the objectives with the PVO, VITAP finds the consultant most suitable for the position. In cases where the PVO asks for a specific person, we try to accommodate that request.

Terms of Reference: VITAP will then proceed to negotiate the terms of reference with the consultant in terms of the number of work days, the consultancy fee and other expenses. The consultancy generally includes one day before travel for preparation and one to two days after the return for writing the report. We base the consultancy fee on the individual's past fees or salary taking into consideration their experience.

Contracts: From the terms of reference, an official contract will be drawn up and sent to the consultant. It should be signed and returned to HKI before any VITAP/HKI travel is initiated.

Expenses and Travel: VITAP will arrange all travel including flights, hotel reservations, pre-paid tickets, visas (if consultant wishes) and country and USAID clearances. VITAP will provide the consultant with a travel advance to cover expenses. The remaining expenses (or the difference) will be paid to the consultant upon presentation of the receipts to VITAP. For reimbursement, a consultant must keep all receipts. A log should also be kept of small items such as taxi fares where no receipts are available. Please document the date, item, amount in host currency, the exchange rate, and the US\$ value. We ask for specific line item separations: food/lodging, taxis/ground transportation, telex/telephone/communications, xerox, airfare, miscellaneous. We are currently working on expense sheets. When a PVO houses a consultant, the consultant should offer to buy groceries (to be reimbursed by VITAP) as we try to share costs with the PVO as much as possible and allow the PVO to cover housing costs. As part of cost sharing with PVO's, usually they will provide on-site transportation. This will be negotiated in the scope of work for the consultancy. If, however, you need to hire a vehicle for more than one or two days, please consult with VITAP before doing so. When you hire a vehicle, please buy car insurance (VITAP will reimburse you) for that country. You must have a proper drivers license or VITAP will not be responsible for the consequences. We do not provide health insurance for our consultants.

Consultant Guidelines continued

REQUIREMENTS

A consultant must submit a written report to VITAP after each consultancy. This report should address each objective in the terms of reference. VITAP will handle the distribution of the report to the PVO.

Consultants will be paid their consultancy fee only after the written report is submitted to VITAP. It will take approximately two to three weeks after the report is submitted for HKI accounting to prepare the consultant's check.

VITAP needs on file a Contractor Employee Biographical Data Sheet (USAID), a current resume, and a VITAP Consultant Application Form from each consultant.

VITAP will maintain a computer data base of consultants and give referrals to PVO's if requested. VITAP will not share resumes or personal information about the consultant without the consent of the individual.

Each consultant will be evaluated by the involved PVO and VITAP for each consultancy. Future consultancies will be based on these evaluations.

ASSESSMENT SUMMARY

	PROS	CONS
Xerophthalmia	Objective Easy Dx	Low prevalence, large sample size Dx only very severe XN ? validity X1B ? active disease
Serum	Standard measure Objective Dx subclinical Small sample size	Req. electricity, ped.phlebotomist, dry ice/liquid N, centrifuge Transportation HPLC/costly analysis
Imprint Cytology	Dx subclinical Easy to transport Not difficult, tho not easy	? validity (vit A vs. other conj inf Staining/microscope
Diet 24 Hr. Recall	Med. sample size Dx subclinical	Much quantification, coding; costly Lg. meas error, esp for kids diets
Diary, Hx	Same as above	Req. literacy of kid caretaker Costly coding
Frequency	Same as above Easy if <u>minimal</u> quantification Sm. meas error in areas w limited food variety Quick	? validity in areas with moderate diet variety Lacks precision Req. develop food list

LIST OF ATTENDEES AT CONSULTANT WORKSHOP
AUGUST 24, 1989

Mr. Gordon Buhler
c/o ADRA
6840 Eastern Avenue, NW
Washington, DC 20012

Erik M. Dulberg
200 Claremont Ave., At. 37
New York, NY 10027

Leigh Hallingby
154 Haven, 3rd Floor
New York, NY 10032

Dr. Jean-Paul Heldt
25085 Prospect Street
Loma Linda, CA 92345

Jordan Kassalow
30 East 60th St.
New York, NY 10022

Dr. Katherine Kaye
44 Gramercy Park North, 15B
New York, NY 10010

Chad MacArthur
147 St. Nicholas Ave.
Brooklyn, NY 11237

Donna Nager
36 W. 74th St.
New York, NY 10023

Mr. Ron Parlato
4936 Butterworth Pl. NW
Washington, DC 20016

Dr. Louis Ringe
326 Hawthorn Rd.
Baltimore, MD 21210

Nancy Sloan
606 West 116th St. Apt. 42
New York, NY 10027

Dr. Vishnu-Priya Sneller
1109 G ST., S.E.
Washington, DC 20003

Mr. Benedict Tisa
45 Haddon Ave.
Westmont, N.J. 08108

Valerie Uccellani
Academy for Educational
Development
1255 23rd St., NW
Washington, DC 20037

POLICY LEVEL INDICATORS FOR VITAMIN A PROGRAMS

September 5, 1989

Policies, financial commitment, and programs to influence the vitamin A status of deficient populations are a recognized part of efforts to improve child health in developing countries. To the best of your ability, briefly note (yes/no) whether the following indicators apply to vitamin A programs in your country. Please be specific in terms of the content and nature of programs where they exist (date established, number of people trained, etc.)

- Explicit statements/guidelines on vitamin A, emphasizing its relationship to the prevention of nutritional blindness and/or child survival.
- Inclusion of vitamin A within the context of government 5-year health plans.
- Vitamin A capsules included in national Essential Drug Program (EDP).
- Establishment of high-level units to formulate policies or coordinate programs (e.g. government blindness prevention committees).
- Government financial support for the promotion/continuation of vitamin A activities.
- Existence of food subsidies with the goal of improving vitamin A status.
- Number and type of government/PVO vitamin A programs (food fortification, vitamin A capsule distribution, gardening, nutrition education, social marketing).
- Existence of government sponsored ophthalmic/health worker training programs.

HKI/VITAP/NEW YORK

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INDICATORS FOR THE MONITORING AND EVALUATION
OF VITAMIN A PROGRAMS

(D R A F T 6/26/89)

In order to monitor and evaluate vitamin A activities, certain types of information must be collected and analyzed. Below, the information and program indicators most relevant to the monitoring and evaluation of vitamin A interventions are identified.

A. GENERAL VITAMIN A CAPSULE DISTRIBUTION (VAC)

- I. Background/Demographic Information: Necessary for program planning, assessment of program context, and development of coverage and effectiveness measures.
 - Number of children < 6 years¹ old in project area (by age and by sex if available)
 - Number of high-risk children in project area²
 - Number of postpartum women in project area
- II. Health Statistics: Should be routinely collected, if available. Useful in determining relationships between vitamin A and its associated risk factors.
 - Malnutrition rates (wt/age or wt/height or arm circumference)
- III. Process Measures: Useful as a checklist to determine if specific activities are taking place.
 - Distribution records are kept and are accurate
- IV. Output Measures: Quantifiable, discreet outcomes of specific activities.
 - Number of VAC preventive dose distributed to children < 6 years old (by age and sex if available)
 - Number of treatment VAC doses distributed for xerophthalmia and risk factors
 - Number of VAC distributed to postpartum women

¹ Or < 5 depending on government policy

² High-risk children are defined as children under 6 with clinical signs of active xerophthalmia, measles, severe protein-energy malnutrition, acute or prolonged diarrhea, and acute lower respiratory infection.

V. Coverage/effectiveness: Extent to which program achieved its stated objectives.

- Percent of targeted children < 6 receiving preventive dose. (number of children < 6 receiving vitamin A prophylaxis/total number of targeted children < 6).
- Percent of targeted high-risk children receiving treatment dose (number of high-risk children treated/total number of high-risk children)
- Percent of postpartum women receiving VAC (number of postpartum women receiving VAC/total number of postpartum women)

VI. Outcome: Change in vitamin A indicators

- Percent change in vitamin A status as measured by xerophthalmia prevalence or blood serum surveys.

B. VITAMIN A NUTRITION EDUCATION

- I. Background/Demographic Information: Necessary for program planning; assessment of program context, and development of coverage and effectiveness measures.
 - Target population (women, students, health workers, etc.)
- II. Knowledge, and Practice Indicators Related to Vitamin A: Collected at baseline (from a subsample of the target population) to develop training materials and assess appropriate nutrition education message.
 1. Knowledge Indicators
 - Knows vitamin A rich foods
 - Knows relationship between vitamin A/vitamin A foods and child/maternal health
 - Recognizes vitamin A capsules
 2. Practice
 - Frequency of consumption of vitamin A rich foods as measured by dietary intake or food frequency studies
 - Seeks out health worker if suspects nightblindness
 - Includes vitamin A foods during weaning
 - Breastfeeds until child is 1 - 1 1/2 years old
- III. Process Measures: Useful as a checklist to determine if specific activities are taking place.
 - Number of nutrition education sessions conducted
- IV. Output Measures: Quantifiable, discreet outcomes of specific activities
 - Number of people in target group receiving instruction in nutrition education
- V. Coverage/effectiveness measures
 - Percent of targeted population reached (number of people in target group receiving nutrition education instruction/total target population)
- VI. Outcome: Change in vitamin A indicators
 - Percent change in consumption of vitamin A rich foods as measured by dietary intake or food frequency studies.

C. HOME GARDENING

- I. Background/Demographic Information: Necessary for program planning, assessment of program context, and development of coverage and effectiveness measures.
 - Number of households or schools that grow foods rich in vitamin A
- II. Process Measures: Useful as a checklist to determine if specific activities are taking place.
 - Number of demonstration gardens planted
 - Number of home gardening training sessions conducted
- III. Output: Quantifiable, discreet outcomes of specific activities.
 - Number of people (villagers, students) receiving instruction in gardening
- IV. Coverage/effectiveness: Extent to which program achieved its stated objectives.
 - Percentage of households that produce foods rich in vitamin A. (number of households that produce foods rich in vitamin A /total number of households)
- V. Outcome: Change in vitamin A indicators.
 - Percent change in consumption of vitamin A rich foods as measured by dietary intake or food frequency studies.

D. SOCIAL MARKETING

- I. Background/Demographic Information: Necessary for program planning, assessment of program context, and development of coverage and effectiveness measures.
 - Identification of existing channels of communication (i.e., radio, T.V., newspaper, griot, etc.)
 - Identification of target population
- II. Knowledge, and Practice Indicators Related to Vitamin A: Needed for collection at baseline to determine training needs of health personnel and for developing training materials.
 1. Knowledge Indicators
 - Recognizes of vitamin A capsules
 - Knows vitamin A rich foods
 - Knows relationship between vitamin A/vitamin A foods and child/maternal health
 2. Practice
 - Frequency of consumption of vitamin A rich foods as measured by dietary intake or food frequency studies
 - Seeks out health worker if suspects nightblindness
 - Includes vitamin A foods during weaning
 - Breastfeeds until child is 1 - 1 1/2 years old
- II. Process Measures: Useful as a checklist to determine if specific activities are taking place.
 - Baseline survey conducted
- III. Output: Quantifiable, discreet outcomes of specific activities.
 - Number of social marketing materials produced (number of radio messages aired, T.V. advertisements produced, curricula developed, etc.)
- IV. Coverage/effectiveness: Extent to which program has achieved its stated objectives.
 - Percent of target population hearing social marketing message (number of target group hearing message/total target population)
- V. Outcome: Change in vitamin A indicators.
 - Percent change in consumption of vitamin A rich foods as measured by dietary intake or food frequency studies

PVO COUNTRY PROGRAM PROFILE

COUNTRY: _____ **DATE:** _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE:

FAX:

TELEX:

CONTACTS:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

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COUNTRY PROJECTS

Project Name: _____

Project Duration: from _____ until _____

Main Activities: _____

Regions: _____
(please attach map if available)

Target Population: _____
(type and number)

Source of Funding: _____

If USAID, please indicate origin of grant: _____

Child Survival _____ Vitamin A _____ Local Mission _____

Nutrition _____ Population _____ Other _____

Agriculture _____

Number of staff with specialized training in vitamin A: _____

Type of Training: _____

Staff: _____
(type and number)

Do they use USAID Child Survival indicators (yes/no): _____

Current Vitamin A Activities?:

Distribution _____ Nutrition Education _____ Technical Training _____

Gardening _____ Social Marketing _____ Food Fortification _____

Other _____

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A. VITAMIN A ASSESSMENT

Degree to which the organization knows of vitamin A deficiency. How do they know?

Does your agency have survey experience? Why, when and by whom?

B. VITAMIN A PROVISION

1. VAC

How is the organization in VAC distribution campaigns? Other experience with distribution or immunization campaigns?

How is the organization involved with the treatment of measles, malnutrition, diarrhea, or respiratory diseases? Nature of other medical services or treatment provided by the organization?

2. Gardens/Horticulture

How are vitamin A rich foods incorporated into gardening/horticulture projects? Other experience in linking nutrition and gardening.

3. Fortification

Is the organization involved in food distribution? Of what, to whom, when and how much is the food fortified with vitamin A?

C. VITAMIN A AWARENESS

1. Nutrition Education

How is the organization involved in nutrition education? Other education efforts.

Do you currently have any training/education materials related to vitamin A activities?

2. Social Marketing

How is the organization involved with social marketing? What are your social marketing? Other activities using print, radio, television or other types of media.

3. Medical/Health Professional training

How is the organization involved with training of personnel who provide medical treatment?

D. MONITORING AND EVALUATION

How does the organization monitor and evaluate its activities? Its vitamin A activities?

E. SATISFACTION WITH VITAP MATERIALS

Have you received any training/education materials prepared by HKI/VITAP?

Were they useful? ___ Yes ___ No

In what way were they useful? _____

Have you received the _____ issue of *Vitamin A News Notes*?
(issue number)

Did you find it informative? ___ Yes ___ No

In what way(s) was it helpful? _____

F. FOLLOW-UP

Which vitamin A activities is your organization interested in?

VITAP Telephone Log



Date:

By:

Spoke to:

Organization:

Response to Request

Vitamin A information

VITAP materials

Specific PVO TA
Type: _____

Consultant Referral

Referral

Outside scope of VITAP

Summary of Conversation

Follow-up

For File: _____

Chronological

Circulating

VITAP *

VITAP Materials Order Form

Ordered by: _____ Date ordered: _____ Date needed: _____

VITAP staff

For: _____
 Request? Workshop? Networking? TA? Trip? other? Organization Country

Send to: _____

NEWSNOTES

___ Current Vitamin A News Notes
 ___ English ___ French

GENERAL INFORMATION

___ Facts about HKI
 ___ HKI Annual Report
 ___ VITAP Flyer: ___ English ___ French
 ___ Vitamin A Resources (organizations in vitamin A)
 ___ VITAP vitamin A bibliography
 ___ WHO Vitamin A Supplements
 ___ WHO Field Guide: ___ English ___ French
 ___ UNICEF Assignment Children (Eastman)
 ___ IVACG Guidelines for the Eradication of Vitamin A Deficiency and Xerophthalmia: ___ English ___ French
 ___ WHO Control of Vitamin A Deficiency and Xerophthalmia: ___ English ___ French
 ___ WHO/EPI Vitamin A Deficiency: Time for Action: ___ English ___ French
 ___ Vitamin A Deficiency and the Eye (Cohen)

___ attached _____

___ other _____

VITAP KIT

___ Whole Kit & Caboodle
 ___ English ___ French

TRAINING MATERIALS

___ HKI Guidelines for prevention of Blindness due to Vitamin A Deficiency: ___ English ___ French
 ___ Spanish ___ Chichewa ___ Portugese ___ Arabic ___ Blank
 ___ Health Workers Find•Treat•Prevent Vitamin A Deficiency: ___ English ___ French ___ Swahili
 ___ Chichewa ___ Portugese
 ___ Know The Signs and Symptoms of Xerophthalmia: ___ English ___ French ___ Spanish
 ___ Saving a Child from Xerophthalmia: ___ English ___ French
 ___ TALC Slide Set: Xerophthalmia

STUDIES

___ Vitamin A & respiratory infections (1985 Australia Study)
 ___ Vitamin A & respiratory disease & diarrhea (1984 Indonesia study)

NUTRITION INFORMATION

___ RE/IU Conversion Tables: ___ English ___ French
 ___ Vitamin A content of Tropical Foods (Vitamin A+ Sieve reprint)

Enclose: ___ standard introduction ___ attached note

Place on Vitamin A News Note subscription list ___

Materials prepared by: _____

Date completed: _____

Number of Requests by Organizations

Page 1

Organization -----	Number of requests -----
PVOs	
ADRA	7
Africare	3
Andean Rural Health Care	1
CARE	7
CRS	6
Christian Childrens Fund	1
Esperanca	3
FSP	1
Foster Parents Plan (FPP)	1
Friends of Bangladesh	2
HKI	2
IEF	4
Project Hope	7
Project Orbis	4
SAWSO	1
SCF	6
World Relief	1
World Vision	10
	=====
	Sub Total 67
Other Agencies	
AED	1
Alameda County Health Program	1
American Public Health Association (APHA)	1
Child Survival Information Center	1
Clearing House on Infant Feeding & Maternal Nut.	1
Denco Health Bureau	1
Diocesan Sudanaid	1
Find Your Feet	1
Freedom Medicine	1
Gautham Nursing Home	1
Ghana Society For the Blind	1
Ghana Vitamin A Supplement Trials	1
Gonoshahajjo Sangstha	1
Hoffman LaRoche	1
Illinois State Univ. Office of Int'l Studies	1
Indian Journal of Pediatrics	1
Individual	1
Inst. of Child Health, Univ. of Ng Teaching Hosp.	1
Internationaal Agrarisch Centrum	1
Islamic African Relief	1
Korle-bu Teaching Hospital	1
Kutch Vikas Trust	2
Mauritius Dental Council	1
National Institute of Health	1
Norfil-Foundation, Incorporated	1
ORANA	1
Oeuve Malienne d'Aide a l'Enfance du Sahel	1
PATH	1
PSKM-FK-Universitas Diponegoro	1
Peace Corps	2
RESULTS Educational Fund	1
Rural Health Agencies	1

SALEM	1
SCF/UK	2
U of Nigeria Teaching Hospital	1
U of Utah	1
USAID Mission	1
University of Arizona	1
University of Zimbabwe Library	1
Vit A Group, Kenya Pediatric Society	1
WFP	1
WHO	1

=====
 Sub Total 45

Miscellaneous

Individual	17
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=====
 Sub Total 17

=====
 GRAND TOTAL 129

.92'

1) Vit A information

Date	Description	Organization	Country
2/14/89	training materials	SALEM	Uganda
3/05/89	training materials and vitamin A info	HKI	Niger
3/09/89	Guide to lesson planning for maternal health	FSP	
3/30/89	How to obtain book mentioned at DC workshop	CRS	
4/12/89	Vitamin A program indicators	ADRA	
4/19/89	Vitamin A deficiency in Nepal	Individual	
4/21/89	Use of impression cytology to assess vit A status	Esperanca	
5/01/89	Cost of VAC distribution	SCF	
5/10/89	VAD prevalence in Kerala	CRS	
5/17/89	Info on blood serum sampling and food list	Project Hope	
5/24/89	Vitamin A content in Corn Soy Blend	CARE	
7/11/89	Additional material on Kerala	CRS	India
8/09/89	Assessment of Haiti Survey	World Vision	Haiti
8/31/89	Vitamin A deficiency program strategies	Friends of Bangladesh	Bangladesh

Total per type: 14

Overall Total: 14

2) VITAP materials

Date	Description	Organization	Country
3/02/89	NewsNotes	Indian Journal of Pediatrics	India
3/03/89	NewsNotes in French	CARE	
3/03/89	NewsNotes	Individual	Indonesia
3/03/89	Information on vitamin A deficiency	Rural Health Agencies	Nigeria
3/05/89	Information on vitamin A	Gautham Nursing Home	India
3/16/89	Wants to be updated on vitamin A	Project Orbis	
3/22/89	Spanish materials for CS workshop in Latin America	Project Hope	
3/22/89	Spanish materials for programs, NewsNotes in Sp?	Esperanca	
3/22/89	Information on vitamin A field guide	World Vision	
3/24/89	Information on vitamin A	SCF	
3/27/89	Would like to include vitamin A in training course	Alameda County Health Program	
4/03/89	NewsNotes	Find Your Feet	Great Britain
4/03/89	Information on VITAP	Peace Corps	Honduras
4/03/89	Information on vitamin A	U of Nigeria	Nigeria
4/03/89	English & French training materials	Teaching Hospital	
4/03/89	English & French training materials	World Relief	
4/12/89	NewsNotes	Kutch Vikas Trust	India
4/18/89	NewsNotes	Freedom Medicine	
4/24/89	NewsNotes for CARE missions	CARE	
4/24/89	Training materials	CRS	
5/01/89	NewsNotes and other info on vitamin A deficiency	Individual	
5/05/89	NewsNotes for SCF offices	SCF	
5/05/89	Training materials on vit A for MPH students	U of Utah	
5/08/89	Information on vitamin A	RESULTS Educational Fund	
5/08/89	IRC consultant in Sudan, general information	Individual	
5/15/89	NewsNotes	Ghana Vitamin A Supplement Trials	Ghana
5/16/89	Information on xerophthalmia	Individual	Great Britain
5/18/89	NewsNotes	Individual	
5/22/89	Additional vitamin A packets	Project Hope	
5/25/89	Materials on vitamin A deficiency	CRS	Philippines
6/01/89	General information	Denco Health Bureau	Nigeria
6/01/89	General information	Individual	Cameroon
6/02/89	NewsNotes	Individual	Iran
6/05/89	NewsNotes	PSKM-FK-Universitas Diponegoro	Indonesia
6/20/89	Information on vit A, News Notes	World Vision	India
6/29/89	NewsNotes	National Institute of Health	Japan

Overall Total: 35

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2) VITAP materials

Date	Description	Organization	Country
6/30/89	NewsNotes	Internationaal Agrarisch Centrum	The Netherland
7/06/89	Information on blindness from lack of vitamin A	Individual	Nigeria
7/06/89	Information on vit A, source of capsules	Peace Corps	Honduras
7/10/89	NewsNotes	ORANA	Senegal
7/12/89	Vitamin A info in French	World Vision	Chad
7/13/89	Training materials	Korle-bu Teaching Hospital	Ghana
7/17/89	Country specific info on Niger	AED	Niger
7/17/89	5 training kits in French	World Vision	Haiti
7/20/89	Additional TALC slide set/SAC	SCF	
7/24/89	Teaching aids	Diocesan Sudanaid	Sudan
7/24/89	NewsNotes	Islamic African Relief	Sudan
7/24/89	Sample training kit	World Vision	Kampuchea
7/25/89	Information packages	ADRA	India
7/26/89	Information on proper dosages	SCF/UK	Nepal
7/31/89	NewsNotes	WFP	
8/01/89	Newsnotes	Individual	India
8/01/89	Newsnotes	Individual	India
8/08/89	Newsnotes	Inst. of Child Health, Univ. of Ng	Nigeria
8/09/89	Request for vitamin A materials	Individual	Iran
8/14/89	Vitamin A materials	SAWSO	
8/14/89	Newsnotes	CARE	Niger
8/16/89	Newsnotes	CARE	Somalia
8/17/89	Newsnotes	SCF/UK	Nepal
8/21/89	Newsnotes	Kutch Vikas Trust	India
8/22/89	Newsnotes	American Public Health Association	
8/23/89	Newsnotes	Project Hope	
8/24/89	Newsnotes	Individual	Malawi
8/31/89	Newsnotes	Child Survival Information Center	Philippines
9/06/89	Vitap materials, training materials	Ghana Society For the Blind	Ghana
9/11/89	General information -- HKI Report and Newsnotes	Gonoshahajjo Sangstha	Bangladesh
9/11/89	General information and training materials	HKI	Nepal
9/19/89	Newsnotes	University of Zimbabwe Library	Zimbabwe

Total per type: 67

Overall Total: 67

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3) Specific PVO TA

Date	Description	Organization	Country
3/29/89	Ophthalmologist & social marketing person EO April	World Vision	Haiti
4/14/89	Orientation session	Project Hope	
4/20/89	Vegetable garden survey design & implementation	SCF	Malawi
5/22/89	Help design evaluation with Dr. Burnham in Malawi	ADRA	
5/30/89	Review Malawi program with Ken Flemmer in August	ADRA	
6/15/89	Design project and implement baseline	IEF	Malawi
6/16/89	Vit A components for primary health/school gardens	Oeuve Malienne d'Aide a l'Enfance	Mali
6/20/89	Interested in field survey for nightblindness	World Vision	India
7/06/89	Assistance with training for clinic personnel	ADRA	Malawi
7/20/89	Training in Sept/Oct	IEF	Malawi
7/24/89	Assistance with survey in Kolondieba	SCF	Mali
8/07/89	General vitamin A planning and strategies	CARE	Mali
8/16/89	Info on design implementation; analysis of surveys	Christian Childrens Fund	Philippines
8/24/89	Information on potential technical assistance	Norfil-Foundation, Incorporated	Philippines
8/25/89	TA for training medical assistants in vit. A	ADRA	
8/28/89	TA for training on behalf of SCF/ TA to MOH	USAID Mission	Burkina Faso
8/29/89	Development strategies	Friends of Bangladesh	Bangladesh
9/05/89	Vitamin A deficiency status in Brazil	Project Hope	Brazil
9/06/89	VAC procurement	ADRA	Malawi
9/13/89	Vitamin A information	Africare	Malawi
9/18/89	Assistance with vitamin A survey	Africare	Nigeria
9/21/89	Integrating vitamin A into CS project	Africare	Mali
9/28/89	Guidelines for vitamin A policy	Foster Parents Plan (FPP)	

Total per type: 23

Overall Total: 23

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Move to the record you want to select
Press [F2] to select the record; Esc to cancel; [F1] for help

TYPE	Type	Name
1 "	1	" Vit A information "
2 "	2	" VITAP materials "
3 "	3	" Specific PVO TA "
4 "	4	" Consultant Referral "
5 "	5	" Referral "
6 "	6	" Outside VITAP "

There were no requests for type #4 in FY89.

5) Referral

Date	Description	Organization	Country
4/21/89	Referred to ICEPO, impression cytology	Esperanca	
5/05/89	Referred to IIRR bio-intensive gardening workshop	Project Hope	
6/06/89	Referred to IOTA and CCA in Mali	Project Orbis	Mali
9/14/89	Africa country referrals	Project Orbis	
9/15/89	Gardening book by Carolyn Peduzzi	Clearing House on Infant Feeding &	

Total per type: 5

Overall Total: 5

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6) Outside VITAP

Date	Description	Organization	Country
4/24/89	What services available to Togo program	CRS	Togo
6/12/89	Workshop and assessment assistance for Kampuchea	World Vision	Kampuchea
6/14/89	Assistance for Vietnam program	World Vision	Vietnam
6/15/89	Appraise impact of Nutriatol on home food intake	IEF	Guatemala
6/28/89	Interest intergrating vit A in Bolivia program	Andean Rural Health Care	Bolivia
6/28/89	Assistance in designing survey for Peru	Project Orbis	Peru
7/06/89	Fund issue of Directions magazine	PATH	
7/06/89	Articles for general public	Hoffman LaRoche	
7/12/89	Seeks funding for morbidity study in Egypt	University of Arizona	Egypt
7/20/89	Help with training	IEF	Guatemala
7/31/89	Integration of vitamin A into nutrition program	CARE	Sudan
8/30/89	Funding for MPH Studies	Individual	Iran
8/30/89	Reimbursement for board for HKI Niger Workshop	WHO	
9/05/89	General information	Individual	
9/06/89	Cataract research project to develop educ. mater.	Individual	Ethiopia
9/06/89	Sponsor representatives to IVACG Conference	Vit A Group, Kenya Pediatric Society	Kenya
9/11/89	Development information	Illinois State Univ. Office of Int'l	
9/11/89	Blindness/Eye information	Individual	
9/18/89	HKI periodicals	Mauritius Dental Council	Mauritius
9/21/89	Vitamin A solution bottles	Individual	India

Total per type: 20

Overall Total: 20

DRAFT 12/8/89
Do not distribute

Vitamin A activities as of January 1989

As part of VITAP's baseline, the following compilation lists the vitamin A activities ongoing prior to January 1989 of the 20 major PVOs who have received Child Survival funds and have programs in VITAP countries.

A vitamin A activity is defined as an activity that results from a stated policy or objective to address vitamin A deficiency.

PVO	# of country programs in VITAP countries	# with vitamin A activities
ADRA	16	1
Africare	8	1
AKF	1	1
AMREF	2	
CARE	11	6
CRS	9	
Esperanca	1	
Eyecare	1	
FFH	3	
FPP	9	
HKI	13	10
ICC	1	
IEF	1	1
Project Concern	1	
Project Hope	1	
Rotary	18	
SAWSO	6	
SCF	10	3
World Relief	4	1
World Vision	14	4
Total	130	28

Helen Keller International
Vitamin A Technical Assistance Program
Technical Assistance Survey

We routinely conduct a follow-up survey of the technical assistance VITAP has provided to organizations such as yours. We appreciate your candid comments on the quality of the technical assistance that you have received. Comments about consultants will be kept confidential.

Organization: _____

Purpose of assistance: _____

Date provided: _____

Form completed by: _____ Date: _____

1. How useful was the assistance which you received: (Circle one)

- | | |
|-----------------------|-------------------|
| a. all very useful | f. do not know |
| b. mostly useful | g. not applicable |
| c. average usefulness | |
| d. a little useful | |
| e. not at all useful | |

If useful, in what way(s) was it most useful?

How could it been more useful?

2. Did you get the technical assistance when you needed it? (Circle one)

- | | |
|--------|-------------------|
| a. yes | c. do not know |
| b. no | d. not applicable |

If no, why not? _____

3. On a scale from one to five (five being the highest), how would you rate the consultant _____ in the following areas:

	1 very poor	2 poor	3 adequate	4 good	5 excellent
Preparedness	1	2	3	4	5
Technical expertise	1	2	3	4	5
Ability to communicate ideas clearly	1	2	3	4	5
Attentiveness to your agency's needs	1	2	3	4	5
Effective use of time	1	2	3	4	5
Ability to work with staff members	1	2	3	4	5
Ability to work with community members	1	2	3	4	5
Fluency in local language	1	2	3	4	5

(Please indicate which language) _____

4. To what extent was training provided by the consultant relevant to your needs? (Circle one)

- a. all very relevant
- b. mostly relevant
- c. average relevancy
- d. a little relevant
- e. not at all relevant
- f. do not know
- g. not applicable

5. To what extent were materials supplied by the consultant relevant to your needs? (Circle one)

- a. all very relevant
- b. mostly relevant
- c. average relevancy
- d. a little relevant
- e. not at all relevant
- f. do not know
- g. not applicable

6. If the need arose, would you want _____ to work with you again? (Circle one)

- a. yes
- b. no
- c. do not know

7. Additional comments about the consultant? Please use the back of this page if you need more space.

Helen Keller International
Vitamin A Technical Assistance Program
Evaluation d'Assistance Techniques

Nous faisons remplir ce questionnaire à toutes les organisations telles que la vôtre qui ont assisté au séminaire de VITAP. Nous aimerions vos commentaires francs sur la qualité de l'assistance technique que vous avez reçue. Les commentaires ayant rapport aux consultants resteront confidentiels.

Organisation: _____

Type d'assistance: _____

Date d'assistance: _____

Formulaire complété par: _____ Date: _____

1. Indiquez l'utilité de l'assistance que vous avez reçue: (Choisissez-en-une)

- | | |
|----------------------|------------------|
| a. très utile | f. ne sais pas |
| b. assez utile | g. pas approprié |
| c. utile | |
| d. peu utile | |
| e. pas du tout utile | |

Si utile, quelle session était la plus utile?

Décrivez de qui aurait pu être plus utile.

2. Avez-vous reçu l'assistance technique quand vous en aviez besoin? (Choisissez-en-une)

- | | |
|--------|------------------|
| a. oui | c. ne sais pas |
| b. non | d. pas approprié |

Si non, pourquoi pas? _____

3. En se servant d'une échelle de 1 à 5 (cinq étant le plus haut), comment classez-vous le consultant _____ dans les domaines suivant:

	1 très mauvais	2 mauvais	3 satisfaisant	4 bien	5 excellent
Bien préparé	1	2	3	4	5
Expertise technique	1	2	3	4	5
Abilité à communiquer clairement des pensées	1	2	3	4	5
Attention à vos besoins	1	2	3	4	5
Bon emploi du temps	1	2	3	4	5
Abilité à travailler avec des membres du staff	1	2	3	4	5
L'abilité à travailler avec des membres de la communauté	1	2	3	4	5
Facilité dans la langue locale	1	2	3	4	5

(Veuillez indiquer la langue) _____

4. Indiquez si la formation qui a été fournie par le consultant, était appropriée.
(Choisissez-en-une)

- a. très approprié
- b. assez approprié
- c. approprié
- d. peu approprié
- e. ne pas (du tout) approprié
- e. ne sais pas
- f. ne pas applicable

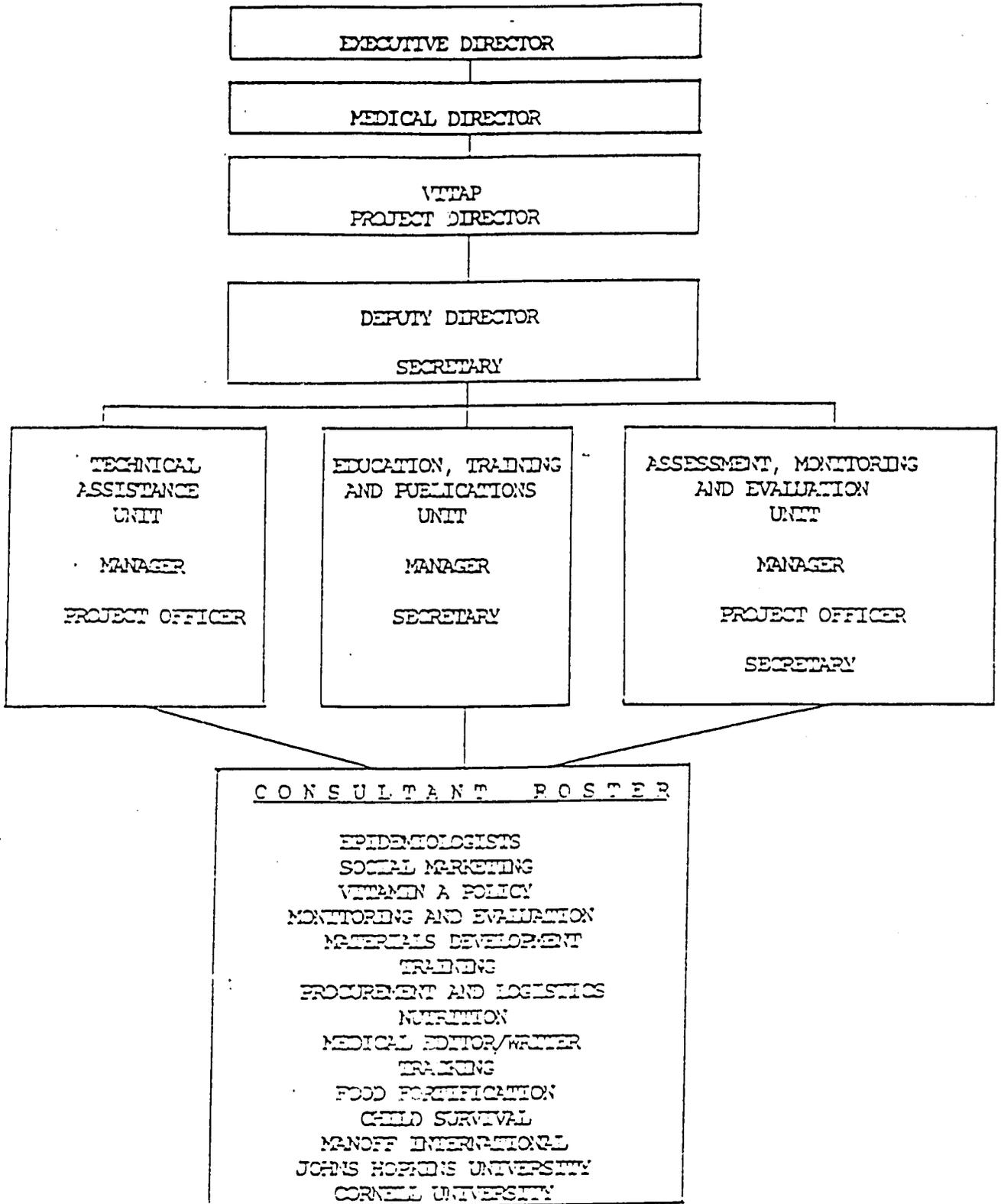
5. Indiquez si les matériels qui ont été fournis par le consultant, étaient appropriés.
(Choisissez-en-une)

- a. très approprié
- b. assez approprié
- c. approprié
- d. peu approprié
- e. pas du tout approprié
- e. ne sais pas
- f. ne pas applicable

6. S'il nécessaire, est-ce que vous voudriez que _____ travaille avec vous à nouveau? (Choisissez-en-une)

- a. oui
- b. non
- c. ne sais pas

7. Les commentaires supplémentaires? Veuillez vous en servir de l'envers de cette formulaire pour plus d'espace.



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JOB DESCRIPTION

PROJECT DIRECTOR

VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

The Project Director oversees the management and coordination of all activities undertaken by the Vitamin A Technical Assistance Program (VITAP). The Project Director provides technical and advisory input to the project. The Director reports directly to the Medical Director.

Duties and Responsibilities:

- Develops the VITAP initiative, designs strategies, and specific operational goals and objectives in coordination with the Deputy Director and the Medical Director.
- Oversees the development and establishment of in-house operational procedures and guidelines.
- Oversees the establishment and furnishment of office space, selection and purchase of office and technical equipment.
- In coordination with the Deputy Director, reviews and recruits candidates to staff VITAP, as well as candidates for consultancies.
- Orient and train VITAP staff.
- Supervises all VITAP staff including the Deputy Director, three Unit Managers, two Project Support Officers and three support staff.
- Oversees the coordination of technical resources and assistance assuring efficient provision of appropriate services to the PVO community.
- Provides technical and advisory input to incoming requests for technical assistance and oversees its management, implementation and follow-up.
- Reviews all donor reports.

Job description: Project Director, VITAP

- Maintains close communication with the AID grant office and project officer ensuring that the donor is informed of VITAP's activities.
- Supervises the preparation of budgets for VITAP and oversees its expenditure.
- Promotes the development of technical resources, their exchanges and technical input in VITAP activities in their geographic regions.
- Promotes vitamin A activities among the PVO community and provides technical advice on vitamin A including strategizing and developing vitamin A programs.
- Convenes Technical Advisory Group meetings semi-annually.
- Interacts with agencies such as UNICEF, World Health Organization, USAID and other international agencies to develop collaborative efforts in vitamin A deficiency control and prevention.
- Represents VITAP/HKI at international conferences and selected meetings.
- Maintains close communication with HKI Regional Managers, program and field staff to coordinate activities to enhance efforts.
- Implements special assignments at the direction of the Medical Director and the Executive Director.

Suggested Requirements:

- Completion of a M.P.H. or related post-graduate degree.
- Minimum of 15 years experience in international health, development work or related field.
- Minimum of 3-4 years of field experience.
- Some French language skills an asset.
- Excellent managerial and organizational skills.
- Excellent interpersonal and communication skills and ability to adapt to different cultural situations.
- Excellent representational and public relations skills.
- Availability to travel overseas and within the U.S. a minimum of 30% of the time.

JOB DESCRIPTION

DEPUTY DIRECTOR

VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

The Deputy Director is responsible for management and coordination of all activities undertaken by the Vitamin A Technical Assistance Program (VITAP). The Deputy reports directly to the Director, Vitamin A Programs.

Duties and Responsibilities:

- Develops the VITAP initiative, designs strategies, and specific operational goals and objectives in consultation with the Vitamin A Director and the Medical Director.
- Develops and establishes in-house operational procedures and guidelines.
- Establishes and furnishes office space, selects and purchases office and technical equipment.
- In consultation with the Director, reviews and recruits candidates to staff VITAP, as well as candidates for consultancies.
- Orient and train VITAP staff.
- Supervises VITAP staff including three Unit Managers, two Project Support Officers and three support staff.
- Coordinates technical resources and assistance assuring efficient provision of appropriate services to the PVO community.
- Reviews and assesses all incoming requests for technical assistance and supervises its management, implementation and follow-up.
- Prepares and submits donor reports.
- Maintains close communication with the AID grant office and project officer ensuring that the donor is informed of VITAP's activities.

Job description: Deputy Director, VITAP

- Prepares annual budgets for VITAP and supervises its expenditure.
- Promotes the development of technical resources, their exchanges and technical input in VITAP activities in their geographic regions.
- Promotes vitamin A activities among the PVO community and provides technical advice on vitamin A including strategizing and developing vitamin A programs.
- Interacts with agencies such as UNICEF, World Health Organization, USAID and other international agencies to develop collaborative efforts in vitamin A deficiency control and prevention.
- Represents VITAP/HKI at international conferences and selected meetings.
- Maintains close communication with HKI Regional Managers, program and field staff to coordinate activities to enhance efforts.
- Implements special assignments at the direction of the Project Director, Medical Director and the Executive Director.

Suggested Requirements:

- Completion of a M.P.H. or related post-graduate degree.
- Minimum of 10 years experience in international health, development work or related field.
- Minimum of 3-4 years of field experience.
- French language skills, working level - ability to write, read and converse easily.
- Excellent managerial and organizational skills.
- Excellent interpersonal and communication skills and ability to adapt to different cultural situations.
- Excellent representational and public relations skills.
- Availability to travel overseas and within the U.S. a minimum of 30% of the time.

23 August 1988

JOB DESCRIPTION

TECHNICAL ASSISTANCE MANAGER VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

General Nature of Work:

The Technical Assistance Manager is responsible for support and logistics of setting up VITAP workshops, field assignments and scheduling of VITAP initiatives. The Manager is responsible for identifying skilled and experienced specialists who are committed to vitamin A and developing a roster of consultants interested in vitamin A program development. The Manager serves as direct liaison with field PVOs and assists the Deputy Director in networking among the PVO community to generate interest in vitamin A initiatives. Reports directly to the Deputy Director.

Duties and Responsibilities

- Survey and identify specialists committed to Vitamin A and develop a VITAP roster incorporating such data into a microcomputerized data base using recent versions of application programs, such as Base III Plus or Paradox 2.1. The roster will contain current information (language capabilities, prior assignments, country experiences, etc.) on specialists available for short-term technical assistance such as:
 - a) epidemiologists able to carry out vitamin A assessments
 - b) consultants on home and community garden activities
 - c) food fortification technologists
 - d) consultants in logistics, distribution and supplementation procurement
 - e) experts in vitamin A field activities (including integration into primary health care and child survival programs)
 - f) experts in social marketing and/or visual arts media management
 - g) experienced consultants in monitoring and evaluation
 - h) scientists and researchers
 - i) vitamin A program policy experts
- Serve as direct liaison with field PVOs for VITAP workshops and other technical assistance initiatives.
- Assist the Deputy Director to network with PVOs (headquarters and field levels) with the objective of generating interest in vitamin A programming, assessing technical assistance needs and keeping them abreast of latest developments in this field.

Technical Assistance Manager

- Responsible for the support and logistics in setting up VITAP workshops, field assignments, scheduling of activities, VITAP-related travels.
- Identify and make all necessary arrangements (including protocol/travel clearances, short-term contracts, etc.) for technical resource persons/consultants for such workshops or field assignments as requested by PVOs, AID, its Missions, host country Ministries, and international organizations, and/or initiated by VITAP.
- Travel to the field when necessary to work with PVOs in organising workshops or other technical assistance required.
- Responsible for follow-up of all such technical assistance activities.
- Responsible for preparing relevant sections on technical assistance for donor reports and other reporting requirements.
- Serve as direct liaison between VITAP and respective external consultants, universities and other agencies working with VITAP technical assistance.
- Represent VITAP at selected meetings or international conferences.
- Supervise a Project Officer and secretary
- Undertake other duties/assignments as approved by the Deputy Director/Director.

Minimum requirements:

- Completion of M.P.H. degree
 - Relevant field experience
 - French
 - Availability to travel overseas minimum 40% of time
 - Team worker/excellent interpersonal skills
 - Excellent organisational and managerial skills
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23 August 1988

JOB DESCRIPTION

MONITORING AND EVALUATION MANAGER VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

General Nature of Work:

The Monitoring and Evaluation Manager is responsible for assuring the monitoring and tracking of the VITAP program and PVO Vitamin A activities, technical support of PVO field vitamin A surveys and evaluations, and data coordination on Vitamin A activities among PVOs and others. Reports directly to the Deputy Director, VITAP.

Duties and Responsibilities

- Liase with PVOs (headquarters and field levels) on matters concerning data collection, survey design/execution, or monitoring/evaluation
- Coordinate and collaborate in any technical assistance to the PVO community in matters relating to epidemiology and statistics:
 - a) surveys
 - b) studies
 - c) evaluations
 - d) monitoring and tracking
 - e) review of project implementation plans
 - f) data review
- Travel to the field when necessary to work with PVOs in their assessment, monitoring and evaluation activities, including technical input in seminars, workshops and training sessions
- Develop mechanism and computer program for monitoring and operating procedures for PVO activities in Vitamin A employing operating procedures of the AID/ISTI Child Survival Tracking System developed by AID's Health Information System (i.e., Jean Pease). Incorporate lessons learned from this System.
- Responsible for operations of service statistics program, including data input and tracking and analysis in detail of data on Vitamin A programmatic and financial components of AID-assisted projects globally.
- Develop a micromodem data-transmitting capability utilising the MS-DOS operating environment.

Monitoring and Evaluation Manager

- Responsible for presenting regular report of VITAP performance based on the service statistics from PVO initiatives on Vitamin A.
- Prepare relevant sections on assessment, monitoring and evaluation for donor reports and other reporting requirements.
- Serve as direct liaison between VITAP and respective external consultants and universities working with VITAP in matters concerning data collection, survey design/execution, or monitoring/evaluation.
- Represent VITAP at selected meetings or international conferences.
- Supervise a Project Officer and a secretary.
- Undertake other duties/assignments as approved by the Deputy Director/Director.

Minimum requirements:

- Completion of M.P.H. degree - specialisation in Epidemiology or Biostatistics
- Relevant field experience
- French
- Availability to travel overseas minimum 30% of time
- Team worker/excellent interpersonal skills
- Good managerial skills

23 August 1988

JOB DESCRIPTION

EDUCATION, TRAINING, AND PUBLICATIONS MANAGER VITAMIN A TECHNICAL ASSISTANCE

General Nature of Work:

The Manager for the Education, Training and Publications Unit is responsible for technical curriculum for vitamin A workshops in collaboration with the Technical Assistance Manager and organising follow-up training activities, developing training, educational and promotional material, and publishing reference material on vitamin A. Reports directly to the Deputy Director, VITAP.

Duties and Responsibilities

- Organise and manage workshops on vitamin A for PVOs in the U.S. (several workshops per year) and overseas (four-five workshops per year).
- Responsible for the development of training and educational material (e.g., brochures, photosheets and slides) to support the workshops and for distribution in the field.
- In close collaboration with external social marketing specialists, develop overall communication strategies for vitamin A programs, and for specific PVO project requirements.
- Responsible for the production of a quarterly newsletter in English, French and Spanish on vitamin A for the PVO community.
- Responsible for the yearly production of a VITAP monograph in English, French and Spanish concerning specific techniques (i.e., in assessment, monitoring) as they relate to a PVO in the field, drawing upon classic references, as well as field experience, workshop discussions and recommendations.
- Responsible for the development of an annotated bibliography on vitamin A; track vitamin A-related professional literature of all types; identify laboratory, clinical and field studies; and provide annotated citations and abstracts of interesting articles, chapters and books published. The reference bibliography will consist of one or more documents published in the beginning of the third year of VITAP.
- Responsible for the formation and maintenance of a reference library.

Education, Training and Publications Manager

- Responsible for preparing relevant sections on Education, Training and Publications for donor reports and other reporting requirements.
- Serve as direct liaison between VITAP and respective external consultants and agencies working with VITAP in matters concerning education, training and publications.
- Represent VITAP at selected meetings or international conferences.
- Supervise back-up technical support provided by medical editor/librarian and social marketing specialist, and a secretary.
- Undertake other duties/assignments as approved by the Deputy Director/Director.

Minimum requirements:

- Completion of M.P.H. - specialisation in Communications, Training or Health Education
- Relevant field experience
- French
- Availability to travel overseas minimum 40% of time
- Team worker/excellent interpersonal skills
- Excellent organisational and managerial skills

23 August 1988

JOB DESCRIPTION

PROJECT SUPPORT OFFICER
TECHNICAL ASSISTANCE UNIT
VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

General Nature of Work:

The Project Support Officer is responsible for backstopping activities for the Technical Assistance Unit, and providing administrative and logistical support to the VITAP program. Reports directly to the Technical Assistance Project Manager.

Duties and Responsibilities

- Assist the Project Manager in incorporating VITAP roster of specialists into a microcomputerized data base using recent versions of application programs, such as D-Base III Plus or Paradox 2.1.
- Assist in support and logistics in setting up VITAP workshops, field assignments, scheduling of activities, VITAP-related travels.
- Assist the Project Manager in making necessary arrangements (including protocol/travel clearances, short-term contracts, etc.) for technical resource persons/consultants for vitamin A workshops or field assignments.
- Travel to the field when necessary to backstop work with PVOs in organising workshops or other technical assistance required.
- Assist the Project Manager in follow-up of all technical assistance.
- Assist the Project Manager in preparing relevant sections on technical assistance for donor reports and other reporting requirements.
- Represent VITAP at selected meetings or international conferences.
- Undertake other duties/assignments as approved by the Project Manager/Deputy Director.

Minimum requirements:

- Completion of M.P.H. degree
- French or Spanish an asset
- Availability to travel 10% of time

23 August 1988

JOB DESCRIPTION

PROJECT SUPPORT OFFICER MONITORING AND EVALUATION UNIT VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

General Nature of Work:

The Project Support Officer is responsible for backstopping program activities for the Monitoring and Evaluation Unit and providing technical support to the Monitoring and Evaluation Project Manager. Reports directly to the Project Manager.

Duties and Responsibilities

- Assist the Project Manager in coordinating and collaborating in any technical assistance to the PVO community in matters relating to epidemiology and statistics:
 - a) surveys
 - b) studies
 - c) evaluations
 - d) monitoring and tracking
 - e) review of project implementation plans
 - f) data review
- Travel to the field when necessary to work with PVOs in their assessment, monitoring and evaluation activities, including technical input in seminars, workshops and training sessions.
- Assist in developing mechanism and computer program for monitoring and operating procedures for PVO activities in vitamin A.
- Responsible for entering data input on program activities and for monitoring of the same.
- Assist in developing a micromodem data-transmitting capability utilising the MS-DOS operating environment.
- Assist in the preparation of relevant sections on assessment, monitoring and evaluation for donor reports and other reporting requirements.
- Represent VITAP at selected meetings or international conferences.
- Undertake other duties/assignments as approved by the Deputy Director/Director.

Project Support Officer, Monitoring and Evaluation Unit

Minimum requirements:

- Completion of M.P.H. degree - specialisation in Biostatistics
- French or Spanish an asset
- Availability to travel 10% of time

23 August 1988

JOB DESCRIPTION

EXECUTIVE SECRETARY VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

General Nature of Work:

Perform administrative, secretarial and clerical duties for the Deputy Director, VITAP, and when required for the Director and the three Unit Managers. To ensure the smooth working and full support of the professional staff, the Executive Secretary coordinates closely with the additional support staff of VITAP. The Executive Secretary reports directly to the Deputy Director, VITAP.

Duties and Responsibilities:

- Responsible for information flow among the VITAP support staff and keeping abreast of all issues relating directly and indirectly to the professional duties of the support staff.
- Responsible for timely submission of all correspondence, proposals, etc. being produced by the Deputy Director and VITAP staff.
- Responsible for referring/handling problems which may occur in absence of Deputy Director.
- Maintaining an effective up-to-date filing system.
- Responsible for tracking all expense reports/check requests, payroll and reimbursements, attendance record, etc.
- Typing
- Operating IBM PC and agency word processing software.
- Taking dictation/transcribing from dictaphone
- Photocopying
- Working with VITAP support staff to review workload, assign priorities and ensure proper handling of outgoing mail
- Handling telexes, cables, fax
- Making travel arrangements, as necessary
- Handling routine informational inquiries and correspondence and routine flow of information between various divisions, consultants and overseas staff

- Assisting in other duties and assignments as approved by the Deputy Director, VITAP.

Minimum Requirements:

- Secretarial experience
- Typing, IBM PC word processing
- Strong organisational skills to organise administrative system (e.g., filing system, mail, etc.) for new project
- Ability to work harmoniously and effectively coordinate work with other support staff
- French or Spanish an asset
- Completion of high school or equivalent

23 August 1988

JOB DESCRIPTION

SECRETARY/WORD PROCESSOR
VITAMIN A TECHNICAL ASSISTANCE PROGRAM (VITAP)

General Nature of Work:

Perform secretarial/word processing, clerical and administrative duties for the effective functioning of VITAP. With another secretary provides support to the Education, Training and Publications Unit/Monitoring and Evaluation Unit/Technical Assistance Unit and when required to the Deputy Director and Director. Collaborates closely with the Executive Secretary and second secretary/word processor. Reports directly to the Managers of the three units.

Duties and Responsibilities:

- Typing
- Operating IBM PC and agency word processing software
- Taking dictation/transcribing from dictaphone
- Photocopying
- Working with other support staff on reviewing, prioritizing, referring incoming mail and handling of all outgoing mail
- Handling departmental telexes, cables and fax
- Maintaining effective up-to-date filing system
- Making travel arrangements, as necessary
- Performing daily routine office procedures for effective functioning of the program
- Handling routine flow of information between various divisions, consultants and overseas staff
- Assisting in other duties and assignments as required and approved by the Unit Manager

Minimum Requirements

- Secretarial or clerical experience
- Typing, IBM PC word processing
- Completion of high school or equivalent
- French or Spanish an asset

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CURRICULUM VITAE
PART I

David M. French, M.D., M.P.H.

Address:

Phone:

(703) 832-2407 (fax)
(212) 807-5822 (NY office)

Date of Birth:

Place of Birth:

SUMMARY OF EDUCATION AND EXPERIENCE

A. Education

1. Elementary and High School Education
Public Schools of Columbus, Ohio
Graduated West High School June 1941
2. College Education
Western Reserve University
Adelbert College 1941-1944
3. Medical and Public Health Education
Howard University, College of Medicine 1944-1948
Cleveland City Hospital, rotating internship 1948-1949
Johns Hopkins University, School of Hygiene and Public Health,
1967-1969
4. Special Training
General Surgery (Residencies)

Freedmen's Hospital (Howard University), Washington, D.C.
1949-1950, 1951-1952, 1953-1954

D.C. General Hospital (Georgetown University) Washington, D.C.
1950-1951

U.S.P.H.S. Hospital , Boston, Massachusetts 1952-1953

Pediatric and Cardio-Vascular Surgery (Fellowship)
Children's Memorial Hospital (Northwestern University)
Chicago, Illinois 1959-1960

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B. Academic/Clinical/Research

Medical Student Research Fellow, Howard University Pharmacology and Physiology, 1945-1948

Howard University, Academic Surgical Appointments
Assistant Professor of Surgery, February 1957
Associate Professor of Surgery, June 1965 - September 1967

Boston University
Professor of Community Medicine, 1969 to 1988

C. Administrative

Howard University College of Medicine, Director Medical Education for National Defense (MEND) Program, 1960-1967

Chief Pediatric Surgical Services, Freedmen's Hospital (Howard University) and D.C. General Hospital 1960-1967

Boston University School of Medicine, Founding Chairman Department of Community Medicine 1969-1974

Roxbury Comprehensive Community Health Center, Project Director 1969-1973

Roxbury Comprehensive Community Health Center, Interim Medical Director, 1973-1974

Boston University Medical Center, Office of the Vice-President for Health Affairs, Director of the Office of Community Health Affairs, 1974-1976

Boston University Medical Center, Office of the Vice-President for Health Affairs, Director of the Office of International Health Affairs, 1976-1977

Boston University Health Policy Institute, Director of the Center for African and Middle Eastern Health Programs, 1978 to 1988

Project for Strengthening Health Delivery Systems in Central and West Africa (SHDS), Director, 1975 to 1988

D. Military

WWI, Pvt., Medical Corps Training Center, Camp Barkeley, Texas

D.C. National Guard, Field Hospital Unit. Major then Lt. Colonel, Medical Corps, Chief, Surgical Services, and Deputy Chief of the Hospital, 1960-1965

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E. Consultative Activities

- a. As member of the technical subcommittee of the Committee of 100 for National Health Insurance chaired by Dr. I.S. Falk of Yale University. Sections of this technical committee's reports were produced by me individually or in association with others.
- b. Testimony delivered before U.S. Senate based on visits to S.E. Asia and Africa. Findings on status of health care in Southeast Asia and Africa for the subcommittee on refugees of the U.S. Senate chaired by Senator Edward Kennedy. In this capacity was a member of the first official U.S. group visit to North Vietnam after the armistice. The former helped shape important changes in the Foreign Assistance Act relative to health care and the latter was used in developing the nature of U.S. Foreign Assistance to the Sahelian drought afflicted countries across the entire continent of Africa.
- c. Consultative reports to the Africa Bureau of USAID. With the re-establishment of more broadly based AID assistance to Sub-Saharan African countries, a health project consultative trip was made to Male during which the initial framework of a large health delivery/health systems study project contracted to Harvard University.
- d. Testimony delivered before the Africa Subcommittee of the Congress as part of the process promising to evolve into program and policy of the U.S. Government as to development of nationally organized and federally assisted programs in international health. A significant aspect of this activity to involve U.S. Universities, primarily Schools of Medicine and of Public Health.

Any of the above published material or documentation is available on request.

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MEMBERSHIPS AND AFFILIATIONS

A. Professional Organizations

Fellow, American College of Surgeons, September 1957 to 1986
Diplomate, American Board of Surgery, October 1958
Fellow, American College of Preventive Medicine, March 1972
American Academy of Pediatrics, Surgical Section
Association of Teachers of Preventive Medicine
National Medical Association
Detroit - Treasurer, Detroit Medical Society
Boston - Founder and President, New England Medical Society
Medical Society of Suffolk County, Massachusetts
Medico-Chirurgical Society, Washington, D.C.

B. Health Advocacy and Civil Rights

National Association of Neighborhood Health Centers,
Founding Member and Past Member of National governing body
Medical Committee for Human Rights, Past National President,
participant in Selma and Meredith marches.
Massachusetts League of Neighborhood Health Centers
(Past Area 1 Coordinator-Northeastern Section of the United
States; past member Board of Director and Education Committee)
(Past member)
American Public Health Association (Governing Council of the Medical
Care Section and Planning and Admissions Committee, Faculty
Institute on Medical Teaching) (Past member)
Leadership Conference on Civil Rights - Past National Executive
Committee during Civil Rights movement.
National Urban League
1. Member, National Health Advocacy Committee (Past)
2. Founding Member, Boston Urban League
American Health Association, Greater Boston Chapter; Board of
Directors (Past)
Committee of 100 for National Health Insurance. Past Member of
Technical Subcommittee for Development of a National Health
Insurance Proposal.
Roxbury Comprehensive Community Health Center, Board of Directors
(Past member)
Harvard Street Health Center, Board of Directors (Past member)
The Medical Foundation, Vice-President, Board of Directors (Past
member)

C. Fraternal and Social

Alpha Phi Alpha
Pi Chapter, Cleveland
Mu Lambda, Washington

Sigma Gamma Rho
Charter member, Beta Beta Boule, Boston
Co-Founder, Monrovia, Liberia Boule

PUBLICATIONS (Scientific)

Renal Function as Related to Increased Intra Abdominal Pressure
(Abstract) Federation Proceedings, March 1948

Re-evaluation of Metrazol as an Analeptic Agent (Abstract) Federation
Proceedings, March 1948

Further Observations of the Effect of Prolonged Thiopental Anesthesia
on Metabolism of Carbohydrates and Proteins. Journal of Pharm. &
Exp. Therap., June 1949

The Effect of Oenethyl on Respiration and on Blood Pressure in
Anesthetized Dogs. Current Researches in Anesthesia and Analgesia,
May - June 1949

Re-evaluation of the Effectiveness of Metrazol as an Analeptic Agent in
Barbiturate Depression. Journal of Pharm & Exper. Therap., October
1951

Renal Function Related to Acutely and Chronically Raised Intra-Abdominal
Pressure in Anesthetized Dogs. American Journal of Physiology,
October 1951

Postpartum Hypopituitarism (Sheehan's Syndrome), Journal of the National
Medical Association, September 1957

Thrombosis of a Hufnagel Valve. Journal of the National Medical
Association, March 1961

A New Technique for Complete Correction of Transposition of the Great
Vessels. Circulation, No. XXIV, No. 1, July 1961

The Transplantation of Living Bone Grafts, The Journal of the
International College of Surgeons, Vo. 38, October, 1962

Virilizing Adrenal Tumors in Childhood: Report of a case. Medical
Annals of D.C., Vol 35, No. 1 24-48, January 1966

Missing Links in Achieving Effective Services, Bulletin of the New York
Academy of Medicine, Vol. 46, No. 12, December 1970

Other articles and publications available on request.

PART II

David M. French, M.D., M.P.H.

Dr. French comes out of a strong background of community health services. Originally, trained and certified as a surgeon, as a result of personal involvement in the U.S. civil rights movement, Dr. French became committed to the improvement of health care delivery. After completion of his coursework toward a Doctor of Science degree in Medical Care and Hospitals and receiving a Masters degree in Public Health in 1969 in the process, Dr. French went to the Boston University School of Medicine to establish the Department of Community Medicine and become the Project Director of the Roxbury Comprehensive Community Health Center. Thus began his extensive career in the administration of and the teaching, training and delivery of health care services establishing the basis for similar work later in the developing world in S.E. Asia and Africa.

During the period 1973 through 1975 Dr. French served on numerous occasions as a consultant to the Senate Subcommittee on Refugees and the Senate Health Subcommittee. In the process he worked in Laos, Cambodia, North and South Vietnam, as well as across Sub-Saharan Africa during the first Sahelian drought crisis. Information gathered and given in Senate testimony was instrumental in the rededication of U.S. aid for humanitarian purposes in modifications of the Foreign Assistance Act and the development of special U.S. aid in response to the Sahelian drought.

Dr. French was asked in 1975 to assume the role of Project Director of the 20 country AID/WHO African Regional Office and supported strengthening of Health Delivery Systems (SHDS) Project in Central and West Africa. The first 18 months were spent designing and developing a project acceptable to all parties concerned and in response to criteria set up by the twenty participating countries and WHO/AFRO at two earlier meetings in Brazzaville and Lagos.

The SHDS Project

- * An on-going monitoring and evaluation system was designed and established early in the project. This internal system was later computerized and maintained as a part of the Project Information System (PIS) under the guidance of Dr. French.
- * The major objectives of the SHDS project directed by Dr. French were: 1) Improving management capabilities of the Ministries of Health of individual governments at all levels, 2) Development of training programs in Primary Health Clinics in indigenous institutions using the Training of Trainers approach at regional and national levels; Mother and Child Health was a significant component of training program development including family planning, child spacing, diarrheal disease control, nutrition of infants and children, and immunization, 3) Three nationwide Development and Training immunization programs for under fives; forerunners of Expanded Program on Immunization program development in the U.S. Centes for Disease Control Program

David M. French, M.D., M.P.H. CURRICULUM VITAE

Africa-wide, 4) Applied research program developed at the behest of WHO/AFRO initiating development of a training format for health professionals and the funding and supervision of individual research projects, 5) Establishing a demonstration Health Information System (HIS) functioning from the peripheral service delivery entities up and established throughout an entire political district of one country.

- * The PIS and HIS noted above were an early example of a functional MIS in Africa. These were of special interest to Dr. French, who played a major role in their development.
- * The success of the SHDS project was due to its African operational base and the effective collaborative relationship nurtured throughout between project staff based in Abidjan, the WHO/AFRO staff in the Brazzaville, WHO regional office and the various participating countries, including the Ministries of Health and other governmental agencies in the individual countries. Under Dr. French's personal leadership this close collaborative relationship was nurtured throughout the eleven years of the project. Many of those relationships continue to this day with the governments of the 20 participating countries and WHO/AFRO. Except for three American staff, all headquarters staff in Abidjan were African and nearly 60% of consultative input used extensively throughout the project was provided by African professionals.
- * SHDS established no new institutions nor facilities. Only existing institutions were strengthened or developed and most of them were WHO entities already in existence. WHO/AFRO itself was strengthened in the collaborative process. This approach plus progressively increasing inputs to project activities from WHO, the individual countries, and other international organizations, Dr. French believes, are the best ways to encourage sustainability. It goes without saying that the deep personal involvement of project staff with government officials and WHO/AFRO, under Dr. French's leadership, contributed considerably to the establishment of the necessary trust needed to develop a commitment to sustainability.
- * During Dr. French's tenure as SHDS Project Director liaisons were established with other international organizations providing the mechanism for periodic collaboration. Examples are: UNFPA Regional Office in Dakar (MCH/FP collaboration); UNICEF Regional Office in Abidjan, UNDP regional representative in Abidjan (Nutrition); CIDA office in Ottawa (applied research); USAID Offices in Lomé, Yaounde, Lagos, Monrovia and Dakar; and others on an occasional basis including the Peace Corps and the U.S. Navy.

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- * Although the SHDS project was funded for active participation with the twenty countries of Central and West Africa, many other Sub-Saharan countries sent participants to the numerous training programs and workshops put on by the SHDS project.

Since the completion of the SHDS project, during late 1987 and 1988, Dr. French has been back to Africa serving as a consultant in Ivory Coast, Kenya, Sudan and Burkina Faso. Dr. French was involved in a study on sustainability of AID supported health projects in Africa as part of a larger worldwide effort of the AID Center for Development Information and Evaluation (CDIE) during 1988.

Helen Keller International

At the end of November 1988 Dr. French joined the staff of Helen Keller International, a 75 year old private Voluntary Organization founded by Helen Keller herself and based in New York City. Since World War II Helen Keller International has been involved with the prevention and cure of blindness and the rehabilitation of the blind in the developing world.

Helen Keller International developed its earliest renown for establishing the means of prevention and treatment of nutritional blindness by creating collaborative mechanisms with the health delivery systems of developing countries for distribution of vitamin A to infants and children suffering severe nutritional deficiency. Since, Helen Keller International has developed expertise in working in the developing world in Primary Eye Care, correction of cataract blindness, and, most recently, in west Africa in the prevention of blindness from onchocerciasis (river blindness) in association with the WHO Onchocerciasis Control Program. The latter is being developed by Dr. French at present. Over time Helen Keller International has been involved in some 80 countries - at present time in 32.

Dr. French's role is two fold at Helen Keller International; as Program Director of the Division of Blindness Prevention and Treatment, encompassing approximately 80% of Helen Keller International's program content, and as the overall Medical Director of the agency, a major policy and decision position.

CURRICULUM VITAE

SUSAN J. EASTMAN

EMPLOYMENT HISTORY

Helen Keller International, New York, N.Y. Vitamin A Program Director (1987-present)

Responsible for the development, implementation, monitoring and evaluation of HKI's vitamin A/child survival program and programs to prevent blinding malnutrition. Prepares program plans; provides technical expertise; prepares grant proposals and donor reports; participates in site visits; maintains collaborative relationships.

Helen Keller International, New York, N.Y. Consultant (1986)

Organized operational assistance grant to work with private voluntary organizations in Africa. Central to the task was coordinating a national workshop in New York, and developing a detailed implementation plan.

Helen Keller International, New York, N.Y. Consultant (1986)

Collaborated with local non-governmental organizations in Haiti to develop a three-year plan of implementation for a vitamin A program; developed a modus operandi for a national training initiative through a local NGO consortium.

UNICEF, New York, N.Y. Consultant (1986)

Prepared donor's review of countries involved in WHO/UNICEF Joint Nutrition Support Programme with recommendations for child survival activities in vitamin A.

U.N.'s ACC/Sub-Committee on Nutrition, Rome, Italy. Consultant (1986)

Critiqued, introduced, and prepared for publication a state-of-the-art series paper on vitamin A dose delivery systems

UNICEF, New York, N.Y. Consultant (1986)

Preparation of position paper in vitamin A policy options for UNICEF headquarters. The eight-month assignment included a review of existing UNICEF programs through site visits, and meetings with collaborating agencies and research scientists. Situation analyses were developed for countries visited in Asia (Indonesia, India and Pakistan), Africa (Burkina Faso, Mali, Tanzania and Malawi) and Central America (Guatemala).

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Lusan J. Eastman
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Helen Keller International, Colombo, Sri Lanka (1983-1985),
Country Director.

Project director of primary eye care demonstration program. Responsible for establishing agency presence in the country, administering the program, and mobilizing local resources to meet project needs. Worked closely with both the Government's Ministry of Health and the local Sarvodaya Shramadana movement.

Helen Keller International, New York, New York (1977-1983),
Senior Program Officer, Blindness Prevention.

Planned, supervised, and evaluated agency projects in developing countries. Projects concerned preventing nutritional and other blindness, developed in collaboration with local governments. Liaison with UNICEF, USAID, and other aid agencies. Prepared grant proposals. Recruited and supervised project consultants.

World Bank, Washington, DC (1976-1977), Consultant, Office of the Vice President, Central Projects, Operations Evaluation Department.

Assisted in development of guidelines for institution building within World Bank projects, including analysis of past projects and interviews with local government and project personnel overseas.

World Bank, Washington, DC (1975-1976), Consultant, Office of Environmental and Health Affairs.

Advised on the development and operations of health activities within World Bank grants, including program monitoring and recommendations, mission participation, and Bank representation with other international agencies.

Michigan State University, East Lansing, Michigan (1973-1974). Project Associate, Midwest Universities Consortium on International Activities (MUCIA).

Research on the institutionalization of rural health delivery services in developing countries.

Promoted and coordinated interest in international health among faculty and students within the university's School of Medicine Osteopathic School of Medicine.

Susan J. Eastman
Page three

EDUCATION

- M.P.H. International Health, Johns Hopkins University,
Baltimore, Maryland, May 1975.
- M.A. Communications, Michigan State University,
East Lansing, Michigan, September 1973.
- B.A. Sociology, Kalamazoo College,
Kalamazoo, Michigan, June 1968.
Honors Thesis

REFERENCES

Available on request.

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ANNE LALSAWMLIANI RALTE

1307 Henry Avenue
Mamaroneck, N.Y. 10543
(914) 381-0764

EDUCATION

Institute of Public Health, University of Philippines, Manila.
Masters in Public Health (M.P.H.) - magna cum laude.
Concentration: Public Health Management/Health Education (1985-1986).

Institute of Public Health, Philippines
Certificate, Research Methods (1986).

College of New Rochelle, New Rochelle, N.Y. U.S.A.
Post-graduate credits for Masters in Education (1975).

University of Connecticut, Storrs, Connecticut, U.S.A.
Bachelor of Arts - cum laude. Majored in Sociology/Child Development
(1971-1975).

PROFESSIONAL EXPERIENCE

New York, U.S.A. (1988-present)
Helen Keller International, Deputy Director, Vitamin A Technical Assistance
Program (VITAP). Responsible for the development, implementation and
management of a global technical assistance project.

New York, U.S.A. (1987-1988)
Helen Keller International, Operational/Technical Assistance Coordinator,
Vitamin A Program. Responsible for the implementation and management
of technical assistance to private voluntary organizations in Africa.

Phnom Penh/Kandal, Kampuchea (1986-1987)
UNICEF, Consultant for EPI and Health Education. (a) Managed
communications/social mobilization aspects of EPI campaign.
(b) Planned national health education strategy; planned, implemented and
evaluated training course for program communications; developed training
curriculum and materials.

Manila/Palawan, Philippines (1986)
Consultant for tuberculosis project. Planned and drafted project proposal.

Phnom Penh, Kampuchea (1982-1985)
UNICEF, Assistant to Special Representative. Responsible for liaison and
external relations with government departments, aid agencies and consulates.
Overall administrative management of office.

Anne L. Ralte
Page two

Aizawl, Government of Mizoram, India (1983-1984)
Consultant (part-time) for Ministry of Social Welfare. Planned and drafted project proposals for income-generating activities; provided linkage for external funding.

New York, U.S.A. (1976-1982)
UNICEF, Assistant to Chief of Africa Section; provided administrative support and focal point for Africa program coordination.

Valhalla, New York, U.S.A. (1971-1972)
Blythedale Children's Hospital, Volunteer (part-time). Assisted developmental work with mentally deficient children.

SELECTED SKILLS

Project Management/Administration

- Developed, managed and implemented programs: vitamin A, EPI, health education, including responsibility for budget, donor reporting, staff recruitment and supervision.
- Planned and drafted project proposals: vitamin A, tuberculosis, health education, income-generating activities.
- Coordinated and provided technical expertise to NGOs/PVOs in vitamin A: project planning and development, policy guidelines, training of staff in program strategies, project monitoring and evaluation.
- Organized conferences at national and regional level.

Health Education/Program Communications

- Planned, implemented health education strategy at national level.
- Organized, mobilized community participation from central to village level.
- Conducted health education sessions for mothers.
- Organized special high-level events to promote program.
- Developed, pre-tested health education and communication materials.
- Planned, implemented, evaluated training course for health workers.
- Developed national curriculum for training based on needs assessment and task analysis.

Anne L. Ralte
Page three

External Relations

- Liaised with government departments, U.N./NGO agencies, consulates, media representatives.
- Negotiated and maintained collaborative relationships with local authorities, donors, on program policy and administrative issues.
- Handled protocol and external relations for UNICEF Kampuchea including the organization and supervision of official functions and special events.
- Represented Helen Keller International at international, regional and national meetings.

LANGUAGES

English, French:	Fluent
Hindi, Bengali:	Academic/conversational
Mizo:	Conversational

LAUREN S. BLUM

15 Manning Lane • Lawrenceville, N.J. 08648 • 609-896-9127

OBJECTIVE: A position in international health

WORK

EXPERIENCE:

Public Health Technical Trainer, Institute Secondaire Pedagogique

Bukavu, Zaire, 7/87-10/87 and 2/88-8/88 (asked back to work in same capacity)
Trained a group of Peace Corps trainees in Public Health for the country of Zaire.
Organized a 13 week technical training program.
Made on-going session evaluations and submitted bi-weekly reports to the authorities in Kinshasa.
Zaire and Washington, D.C.

Graduate Assistant, Operations Research, Columbia University

New York, New York, 1/87-6/87

Edited project proposals for Operations Research family planning projects in Africa.
Translated documents from French to English.
Processed personal transactions for overseas staff.
Operated computer using DBASE, Compuserve, Wordstar, SPSS.

Nutritionist, Emergency Relief Program, American Red Cross

Agadez, Niger, 2/86-7/86

Managed and coordinated a food distribution program in 16 Red Cross centers, targeting some 5000 at-risk nomads and other inhabitants of the drought stricken, desert region of Niger.
Supervised 12 health workers in monthly on-site nutritional surveys conducted at the 16 centers in order to assess the repercussions of the drought and to evaluate the effects of the distribution program.
Collaborated with Nigerien health officials in the training and utilization of village health workers in rural areas.

Nutrition Technical Training Program Coordinator, Peace Corps

Niamey, Niger, 6/85-10/85

Instructed a group of new nutritionist trainees through 16 weeks of indoctrination; classes were conducted primarily in French and in Hausa.
Revised and rewrote in Hausa, together with a Nigerien primary school teacher, the *Nutrition Health Lesson Book* which was distributed to each new nutritionist and will be used in future trainings.

Nutritionist Educator, Peace Corps

Centre Medical, Filingue, Niger, 9/83-6/85

Conducted baby weighings to monitor child growth, administered prenatal consultations, educated lactating and pregnant women about proper nutrition and sanitation for themselves and their children, and gave dietetic demonstrations introducing progressive weaning foods. All the foregoing was communicated solely in either French or Hausa.
Worked extensively in the rehabilitation of malnourished children.
Wrote an annual report in French, undertaken for the Ministry of Health, giving statistics on malnourished children.
Organized and implemented a food distribution program sponsored by FAO and made available to malnourished children and malnourished pregnant and lactating women.
Raised money from different organizations in Niamey to initiate health-related projects.
Co-authored a nutritionist newsletter published every three months to communicate with fellow nutritionists work related ideas, techniques, methods, and new findings.
Designed the annual nutritionist workshop held in 1985 for Peace Corps nutritionists, their Nigerien co-workers, and the Ministry of Health.
Appeared on national Nigerien television at the time when Vice-President Bush visited Niger, discussing in Hausa the role of the Peace Corps in Niger, drought conditions, causes of malnutrition, and the possibility of family planning in Niger.

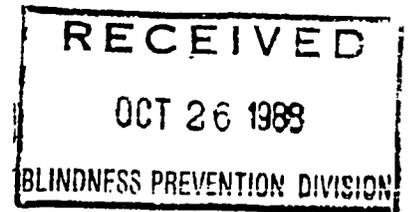
LANGUAGES: French (F.S.I. 4.) Hausa (F.S.I. 3+)

EDUCATION: **Columbia University**, New York, New York: M.P.H. 12/87
Peace Corps Training, Niamey, Niger: training in French, Hausa, nutrition, and cross culture.
7/83-10/83
Peace Corps Training, Athens, Ohio: courses in the fundamentals of nutrition and malnutrition
in the Third World. 6/83
University of Colorado, Boulder, CO: B.A. English. 5/83
National Outdoor Leadership School, Kenya, East Africa: comprehensive coursework on Kenya
while living solely out-of-doors and traveling throughout that country. 1/81-4/81

AWARDS AND SCHOLARSHIPS: United States Public Service Traineeship
Jessie Noyes Foundation Fellowship

TRAVEL: Member, Experiment in International Living. Spent summer with French family in Normandy, France.
1978.
Three additional trips to Europe which included bicycling through England, Wales, and Ireland
and travel to Italy, Austria, Germany, Switzerland, France, The Netherlands, Denmark,
and Sweden. 1976, 1981, 1985.
Visited Benin and Togo, West Africa. 1985.
Revisited Togo. Summer, 1986.
Visited Burundi, Rwanda and Kenya. Summer, 1988.

NANCY J. HASELOW
115 Paseo de la Playa #6
Redondo Beach CA 90277
hm(213) 375-8443
wk(213) 542-7922



EDUCATION

M.P.H., UCLA SCHOOL OF PUBLIC HEALTH Sept. 1986
Concentration: Population, Family and International Health

Institute Superior Pedagogique, Bukavu Zaire Sept. 1979
Training: Intensive French, Lingala and Cross-cultural

B.A., SAINT OLAF COLLEGE, Northfield MN June 1979
Major: Biology

PROFESSIONAL EXPERIENCE

SECOND STEP PROGRAM COORDINATOR 7/87-present
RESOURCE/RESEARCH COORDINATOR 10/86-6/87
1736 Family Crisis Center, Hermosa Beach CA
Manage transitional program for battered women and their children. Involved in initial implementation of program, continued development and evaluation of pilot program, supervision of staff and clients and staff training. Additionally responsible for client counselling and advocacy. Also serve as member of Public Information Committee - Los Angeles County Domestic Violence Council.

INTERNSHIP - ADMINISTRATIVE ASSISTANT 7/85-9/85
Menominee Tribal Clinic, Keshena WI
Reviewed and researched policies and procedures for the Menominee Tribal Clinic. Provided technical assistance to clinic administrator and department heads to develop comprehensive and current guidelines in preparation for JCAH accreditation.

CONTRACT COORDINATOR, U.S. Peace Corps 10/84-6/85
UCLA African Studies Center, Los Angeles CA
Directed and implemented Peace Corps program on the UCLA campus. Managed budget. Organized recruitment activities and promoted Peace Corps awareness via media, public relations and public speaking engagements. Screened, interviewed, evaluated and recommended qualified applicants for service.

RECRUITER/PROJECT MANAGER 1/82-6/84
Peace Corps Recruiting, Denver CO
In addition to recruitment activities, candidate interviewing and evaluation, was appointed Project Manager for Montana State University and University of Montana Peace Corps contracts. Maintained overall responsibility for projects including staff training and supervision.

PEACE CORPS VOLUNTEER 7/79-7/81
Ntondo, Zaire
Taught high school Biology and Chemistry (in French). As member of Regional Scientific Committee evaluated primary and secondary school science programs and curricula. Assisted mission nurses on field trips. Had a great time.

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LANGUAGES

Fluent in French. Working knowledge of Lingala.

ACADEMIC PROJECTS

Co-presenter: "Breaking the Cycle of Family Violence." Two workshops presented at the Fifth Annual Governor's Training Conference on Crime Victims in Costa Mesa, CA. - April 1988.

Independent Research: "Testing the Alcohol Interview Schedule - the validation of a research instrument used to discover a population-specific definition of alcoholism with UCLA students as the study population." Analysis done using the SPSSx statistical package. August 1986

Other Research: Co-authored "The Relationship Between Women's Attitudes Towards U.S. and World Population Problems on Their Intended Number of Children - a secondary analysis of data from the 1975 National Fertility Survey." Analysis accomplished with SPSSx. June 1986

Grant Proposal: Co-authored "Infant/Toddler Car Seat Pilot Project." Written for the Gallup Indian Medical Center, Gallup NM. March 1986

Papers: Co-authored "The Integration of Primary Health Care, Papua New Guinea and Meals for Millions." December 1985

PROFESSIONAL MEMBERSHIPS

National Council for International Health

ADDITIONAL INFORMATION

Additional experience includes; consultant/health trainer for the Development Institute of the UCLA African Studies Center; work as nurse aid, medical receptionist, lifeguard, bartender, bibliographer. Recipient of two UCLA School of Public Health Traineeships. Presented three Superior Performance Awards by Peace Corps. Hobbies include racketball, swimming, skiing (snow and water), hiking, camping, tennis, body surfing, dancing, bicycling, reading, sketching, gardening, music and marine biology.

REFERENCES WILL BE FURNISHED UPON REQUEST

DAVID S. ROSEN
160 Bennett Avenue, 3H
New York, N.Y. 10040
(212) 781-1158

EDUCATION

COLUMBIA UNIVERSITY, MPH New York, N.Y.
School of Public Health. Masters in Public Health, January, 1989. Division of Population and Family Health. Emphasis in survey research, program evaluation, and maternal-child health.

COLUMBIA UNIVERSITY, MPA New York, N.Y.
School of International and Public Affairs. Masters in Public Affairs and Administration, January, 1989. Concentration in health policy analysis, management, and fiscal administration.

DICKINSON COLLEGE Carlisle, PA.
Bachelor of Science. Majors: Biology and English, May, 1981.

PROFESSIONAL EXPERIENCE

CENTER FOR POPULATION & FAMILY HEALTH. New York, N.Y.
CONSULTANT. Provided analytic and technical support to research team examining maternal and infant outcomes in out-of-hospital birth centers. 1/89 to present.

RESEARCH ASSISTANT. Conducted survey research and statistical analysis on micro and mainframe computers. Wrote computer programs to assist in the evaluation of alternative health care systems. Designed and photographed computer graphics for national conferences. 1/88 to 12/88.

USA for AFRICA New York/West Africa
FIELD REPRESENTATIVE. Led program evaluation and project feasibility studies in West Africa. Identified funding strategies for the development and expansion of programs in public health, agriculture, and management training. 85% of recommended programs were approved for funding. 7/87 to 11/87.

USA for AFRICA / HANDS ACROSS AMERICA New York, N.Y.
TECHNICAL COORDINATOR. Designed management information system for the tracking and follow-up of domestic and international projects. 2/87 to 6/87.

USAID West Africa
PROGRAM MONITOR. Assisted Food For Peace Officer in the management of a national food-aid and disaster assistance program. Evaluated USAID funded relief and rehabilitation operations. Collaborated with government officials to develop food-aid monitoring and distribution plans. Coordinated USAID funded supplemental feeding and child-survival programs in disaster areas. Field skills in food needs assessment and nutritional survey methodologies. 1984-1986.

Peace Corps Niger, West Africa
PROJECT MANAGER, Rural Development Project. Provided technical assistance to rural villagers in irrigated vegetable gardening, fruit-tree production, and well construction. Trained farmers in the handling, storage, and application of chemical fertilizers and pesticides. 1982-1984.

LANGUAGE

French - fluency: F.S.I. 3+
Hausa - fluency F.S.I. 2+

Barbara Bochnovic
PO Box 406
Westport, CT 06881
(203) 227-9061

**Professional
Experience**

1987
to present **Save the Children Federation**
Sponsorship Management Specialist, Westport, CT

Supervised completion and testing of database software; oversaw its distribution and installation in 35 field offices worldwide. Coordinated efforts between technical and sponsorship support staff.

Trained field office personnel from Latin America, Africa, Middle East, Asia and American Indian Nations in the use of the database, sponsorship policies, and management systems. Organized and carried out 6 training events both within the United States and abroad in Burkina Faso, Ethiopia, Jordan, Philippines, and Bangladesh.

Developed training curriculum and support materials, including 200 page manual for users of database software. Responsible for preparing training budget and financial reports.

Assisted field office personnel on a daily basis; successfully helped them improve their management of sponsorship systems.

7/86-9/86 **United Nations Development Programme**
Summer Intern, Dhaka, Bangladesh

Appraised and evaluated projects submitted for financing; presented recommendations before committee. Prepared and edited proposals for technical assistance to local non-governmental community organization and to Government of Bangladesh relief agency for rural women's self-employment and credit. Extensive interviews and field visits.

6/86-7/86 **The World Bank**
Summer Associate, Washington, DC

Reviewed available data on financing higher education in Eastern Africa; compiled database. Recommended to division chief course of action for policy study.

1983-1985 **Peace Corps**
Recruiter, Chicago Area Office

Planned and implemented a full range of recruitment activities for Illinois and Indiana. Extensive public speaking experience.

Interviewed and successfully evaluated applicants regarding their levels of motivation, maturity, competence, and cultural sensitivity. Counseled applicants on their expectations of service overseas.

Trained new employees and managed day to day office operations for a staff of ten. Designed and implemented computerized system to manage data on former volunteers. Member of nationwide team exploring methods of bringing more Hispanics into Peace Corps.

1980-1983 **Peace Corps/ Ecuador**
Home Extensionist, Ministry of Agriculture

Analyzed community needs; designed, conducted, and evaluated over ten health and home improvement education programs for women in collaboration with ministry officials. Trained ministry personnel in new techniques of soybean preparation.

Improved outreach quality and effectiveness of community education programs; creatively overcame material shortages and administrative obstacles.

Other Experience

President, Chicago Area Returned Volunteers
Organizer, World Development Conference
Teaching Assistant, Harvard University

Tutored graduate students in economics, prepared and taught review sessions. Successfully helped students improve their understanding of economics. Taught all aspects of computer usage including spreadsheet and statistical software.

Spanish Fluency
Skilled in Lotus 123, dBase and other software

Education

1985-1987 **Harvard University** Cambridge, MA
John F. Kennedy School of Government
Master in Public Policy

Emphasis on international development, finance and management. Academic research includes management studies for Oxfam America and United Nations Secretariat.

1976-1980 **University of Chicago** Chicago, IL
BA in History with Honors

References available upon request.

DIANA K. DuBOIS
454 Riverside Drive, #1-F
New York, New York 10027
(212) 749-5442

EDUCATION **COLUMBIA UNIVERSITY, School of Public Health, New York, New York**
Master of Public Health, August 1989.
Concentration: Population and Family Health .
Courses include: Family Planning/Maternal Child Health Development, Administration, and Evaluation; Population Law, Biostatistics, Epidemiology and Health Administration.

COLUMBIA UNIVERSITY, School of International and Public Affairs, New York, New York
Master of International Affairs, May 1989.
Courses include: Development Economics, International Politics, and International Public Management.

UNIVERSITY OF MINNESOTA, Minneapolis, Minnesota.
Bachelor of Arts in Geography, 1980. Minor: Spanish.

HONORS: International Fellow, Columbia University, 1988-89; Human Rights Fellowship, Columbia University, summer 1988 (Pakistan); Dean's Fellow, Columbia University, 1987-88.

EXPERIENCE **AIDS EDUCATION AND TRAINING CENTER. New York, New York**
Graduate Research Assistant, Columbia University School of Public Health
Assisted in the planning, implementation, and evaluation of an AIDS Education and Training Program for health care professionals in the mid-Hudson region of NY; responsible for the AIDS Resource Center for health professionals in Pennsylvania and New York. September 1988 - September 1989.

COORDINATION OF MEDICAL COMMITTEES. (CMC) Peshawar, Pakistan
Project Coordinator, Cross-border Clinic Evaluation Project
Planned and coordinated two pilot monitoring projects which evaluated clinics inside Afghanistan; developed project budgets, timelines, and job descriptions; supervised Afghan staff; successfully negotiated delicate contracts between European, American and Afghan training organizations; wrote briefing papers and section of annual report. Summer 1988.

REFUGEE MENTAL HEALTH TECHNICAL ASSISTANCE CENTER. Minneapolis, Minnesota
Researcher, University of Minnesota
Conducted research, interviewed program staff, and co-authored report on refugee mental health for the National Institute of Mental Health; specific area of research was to identify the gaps in service delivery to refugee women. November 1986 - July 1987.

UNITED NATIONS DECADE FOR WOMEN CONFERENCE. Nairobi, Kenya
Project Consultant
Planned programs and directed educational seminars, topical field trips, wildlife safaris, and accommodations for 320 non-governmental (NGO) delegates; acted as liaison between Kenya government and a U.S. public affairs travel company; wrote project proposal and promotional materials; developed budgets; supervised volunteers and subcontractors. October 1984-October 1985.

EXPERIENCE DATAMAP, INC. Minneapolis, Minnesota

Account Executive

Responsible for national sales accounts for a computer mapping company; held meetings with customers to devise custom mapping services; attended national marketing/planning trade fairs; served as liaison between the technical and sales staff; extensive marketing and public relations contact. November 1982-July 1984.

HOUSE OF REPRESENTATIVES. St. Paul, Minnesota

Cartographer/Legislative Assistant

Worked on the Reapportionment and Elections Committee of the Minnesota House of Representatives. Worked closely with legislators and staff, drafting maps to comply with the 1980 U.S. Census Bureau population figures. November 1981 - November 1982.

YMCA CAMP MENOBYN. Minneapolis, Minnesota

Co-Director YMCA International Trip

Recruited participants, planned itinerary, and served as Co-Director for 10 young adults on a 6 week YMCA trip through Western and Eastern Europe; wrote promotional materials, conducted pre-trip meetings, managed a \$25,000 budget and worked closely with Camp Director and staff. Summer 1981.

RESEARCH IN MEXICO/GUATEMALA. Minneapolis, Minnesota

Field Researcher

Conducted field research in southern Mexico and Guatemala; studied how land use practices affected vegetation diversity in a tropical rainforest; worked closely with University of Minnesota Geography Professor, conducted extensive field research and wrote up final report. January - March 1980.

YOUTH CONSERVATION CORPS. Winona, Minnesota

Environmental Education Coordinator

Developed experiential education programs to teach environmental education concepts to participants in a Youth Conservation Corps project; extensive curriculum development, teaching, and project evaluation. Summer 1979.

PERSONAL

Excellent analytical, organizational, leadership, and writing skills.

Computer literacy: LOTUS 1-11-111, SPSS, various word processing.

Language: fluent in Spanish.

Travelled extensively in eastern and southern Africa and Asia. 1985-1986.

Conducted nutrition research project in Arequipa, Peru. June-November 1977.

Vitamin A Technical Assistance Program
Request for Technical Assistance in Vitamin A

Today's Date:

Agency:

Country:

Person Making Request:

Position:

- I. **Type of Technical Assistance In Vitamin A needed** *Please briefly describe the nature of the technical assistance to be provided by VITAP.*
- II. **Scope of Work** *Please briefly answer questions a, b, c, & d.*
- a. What specific tasks are to be accomplished by VITAP technical assistance?
- b. How long do you estimate these tasks will take?
- c. When should this technical assistance be given?
- d. Do you recommend any person(s) to provide this technical assistance? If yes, please provide their name, address, and phone number.
- III. **Background** *Please give a brief summary of your project or attach any materials which describe it.*

Please send your completed request to:

VITAP
Helen Keller International
15 West 16th Street
New York, NY 10011

Phone: 212-807-5866
Telex: 668152
Fax: 212-463-9341

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