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**HELEN KELLER**

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**VALUATION OF THE  
TECHNICAL ASSISTANCE PROGRAM  
(VITAP)**

**April 1985**

**Helen Keller International  
Vitamin A Technical Assistance Program  
Funded by the  
US Agency for International Development  
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*A world leader in blindness prevention and rehabilitation since 1915.*

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**FINAL EVALUATION OF THE  
VITAMIN A TECHNICAL ASSISTANCE PROGRAM  
(VITAP)**

**April 1994**

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## EXECUTIVE SUMMARY

In 1988, the Vitamin A Technical Assistance Program (VITAP) was created to encourage and assist primarily U.S.-based Private Voluntary Organizations (PVOs) to address vitamin A deficiency worldwide as part of their ongoing child survival projects, especially those funded by the AID Child Survival Program. VITAP was funded by AID's Office of Private and Voluntary Cooperation (PVC) on August 31, 1988, through a Cooperative Agreement with Helen Keller International. This report documents the Final Evaluation of VITAP.

The task which confronted VITAP in 1988 was enormous: the number of countries where vitamin A deficiency was already a known -- and serious -- public health problem was growing; the number of countries where vitamin A deficiency was a suspected problem was growing; and knowledge of the consequences of even moderate degrees of vitamin A deficiency was sounding alarms within the scientific and donor communities. To increase the challenge for VITAP, in many countries where vitamin A deficiency was prevalent at the time, the Ministry of Health, PVOs and NGOs needed to become informed about this problem and motivated to act.

VITAP met this challenge by developing and implementing a unique model of PVO-to-NGO/PVO technical assistance which comprises various approaches: direct NGO/PVO capacity building; enhancement of NGO/PVO-to-government relations; dissemination of technical information; and human resource development. The Evaluation examined VITAP's use of resources and its overall accomplishments, and identified those factors which had been supportive of or which had constrained VITAP's success.

The Evaluation concludes that after 5.5 years, VITAP has made an everlasting impact on the awareness, skills and motivation of numerous individuals at different decisionmaking and implementational levels within many NGO/PVOs and governmental health programs. VITAP has put into motion a broad-based movement against vitamin A deficiency: it has raised awareness about vitamin A deficiency and how to treat it; it has developed a new rapid dietary method for assessing communities at-risk for vitamin A deficiency; it has created a number of very useful and specific publications and materials; and it has changed forever the way that thousands of decision makers, project managers and health staff think about and treat measles, diarrhea, acute respiratory illnesses and malnutrition. As a result, VITAP has contributed to improving the vitamin A status of millions of children and women at-risk for vitamin A deficiency.

Salient observations from the Evaluation include:

- VITAP has successfully met, and indeed exceeded, the established criteria for fulfilling its Purpose, as stated in its LogFrame. VITAP's mandate was "To institutionalize the control and prevention of vitamin A deficiency within private voluntary and non-governmental organizations as part of their ongoing child and maternal health programs." VITAP originally set out to accomplish this goal with

10 NGO/PVOs; results from the evaluation show that 15 effectively met the criteria. Of these 13, 77% increased the number of interventions which include vitamin A and increased the numbers of individuals covered, especially young children. For most of these NGO/PVOs, vitamin A had never been a major -- or even a minor -- concern before VITAP.

- VITAP has successfully practiced the art of collaboration. VITAP staff were able to gain their clients' confidence and work with them in such a productive and mutually beneficial way that even those who were initially reluctant to participate became enthusiastic supporters. VITAP accomplished this through tailoring its technical assistance models to each situation, sharing costs and sharing ownership of results with collaborators.
- VITAP has successfully developed and tested new methods and training materials which have been badly needed by NGO/PVOs for vitamin A program implementation. VITAP's sensitivity to the NGO/PVO community's needs and emphasis on low cost, simple techniques makes these new methods and materials especially appropriate for use by the NGO/PVO community.
- VITAP has helped numerous NGO/PVOs worldwide to replicate and/or adapt a variety of activities to address vitamin A deficiency through its very popular and practical newsletter, *Vitamin A News Notes*.
- VITAP has been extremely imaginative in creating different management models in different settings and prudent in choosing cost-effective arrangements. A prime example, which offered significant financial, psychological and operational advantages, was the use of local experts as country coordinators. Overall, project administration has been exemplary. A data management and retrieval system sustained up-to-date reporting on the current status of each project activity and timely response to approximately 2,000 requests for information.

Nevertheless, VITAP's work is unfinished. While functioning itself as a successful model of PVO-to-NGO/PVO technical assistance, VITAP has served as the catalyst for the creation of additional models for addressing vitamin A deficiency and extending coverage in many countries. However, developmental work on many aspects of vitamin A programming has just begun, e.g., in the areas of increasing dietary diversification, improving nutrition communications and applying effective methods in monitoring and evaluation. Having recently assumed a significant role in vitamin A programming in numerous countries, the NGO/PVOs continue to need help from VITAP-like technical assistance services.

The Evaluation also discusses sustainability, focusing on the options available to NGO/PVOs for continuing their vitamin A activities once VITAP is officially completed. In addition, recommendations are made to HKI and PVC about applying the experience of VITAP to their future endeavors.

The scope of the Final Evaluation covered the entire timeframe of VITAP (i.e., September 1, 1988, through March 31, 1994), with the majority of the review focused on activities carried out after the Midterm in Phase II (i.e., October 1, 1991, through March 31, 1994). A questionnaire was sent to the headquarters staff of 15 U.S.-based PVOs and 1 foreign NGO in order to assess the extent to which their organizations had increased their commitment to vitamin A deficiency control. In addition, VITAP staff designed and distributed a questionnaire to key representatives of the various organizations who participated in the 13 collaborative projects of Phase II. Finally, the fall 1993 issue of *Vitamin A News Notes* included a questionnaire to assess reader satisfaction with the publication.

The evaluation team complemented the results from the above questionnaires with reviews of VITAP's files, discussions with VITAP and HKI staff and interviews with five PVO HQ representatives, the AID/PVC Project Officer and other collaborators. The team members for the Final Evaluation were Dr. John McKigney, independent consultant, and Dr. Mary Ruth Horner, from HKI.

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## ACRONYMS

<b>ADRA</b>	<b>Adventist Development and Relief Agency</b>
<b>AED</b>	<b>Academy for Educational Development</b>
<b>AID</b>	<b>Agency for International Development</b>
<b>AID/W</b>	<b>Agency for International Development/Washington</b>
<b>Aravind</b>	<b>Aravind Children's Hospital</b>
<b>ARI</b>	<b>Acute Respiratory Infection</b>
<b>CCF</b>	<b>Christian Children's Fund</b>
<b>CDD</b>	<b>control of diarrheal disease</b>
<b>CRS</b>	<b>Catholic Relief Services</b>
<b>CS</b>	<b>Child Survival</b>
<b>CSSP</b>	<b>Child Survival Support Program</b>
<b>DIP</b>	<b>Detailed Implementation Plan</b>
<b>EPI</b>	<b>Expanded Programme for Immunization</b>
<b>FAO</b>	<b>Food and Agricultural Organization</b>
<b>FVA/PVC</b>	<b>Bureau of Food for Peace &amp; Voluntary Assistance, Office of Private and Voluntary Cooperation, AID/W</b>
<b>HKI</b>	<b>Helen Keller International</b>
<b>HQ</b>	<b>headquarters</b>
<b>IEF</b>	<b>International Eye Foundation</b>
<b>IVACG</b>	<b>International Vitamin A Consultative Group</b>
<b>MCH</b>	<b>Maternal Child Health</b>

<b>M&amp;E</b>	<b>monitoring and evaluation</b>
<b>MOH</b>	<b>Ministry of Health</b>
<b>NGO</b>	<b>non-governmental organization</b>
<b>NGO/PVO</b>	<b>mutual clientele of VITAP which encompasses NGOs and PVOs</b>
<b>OFDA</b>	<b>Office of Foreign Disaster Assistance, AID/W</b>
<b>ORT</b>	<b>oral rehydration therapy</b>
<b>PCI</b>	<b>Project Concern International</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>PLAN</b>	<b>PLAN International</b>
<b>PVO</b>	<b>private voluntary organization</b>
<b>SADE</b>	<b>Southern Africa Drought Emergency</b>
<b>SCF</b>	<b>Save the Children Federation</b>
<b>S&amp;T/N</b>	<b>Office of Nutrition, AID/W</b>
<b>TA</b>	<b>technical assistance</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>USAID</b>	<b>overseas mission of the United States Agency for International Development</b>
<b>VAD</b>	<b>vitamin A deficiency</b>
<b>VITAL</b>	<b>Vitamin A Field Support Project</b>
<b>VITAP</b>	<b>Vitamin A Technical Assistance Program</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>WVRD</b>	<b>World Vision Relief &amp; Development, Inc.</b>

## **I. BACKGROUND AND METHODS**

### **A. Introduction**

Since 1915, Helen Keller International, Inc. has been dedicated to addressing the causes of preventable blindness, restoring sight where possible and to improving the quality of life of those who are incurably blind. Helen Keller International (HKI) was the first U.S. Private Voluntary Organization (PVO) to promote promulgation of government vitamin A policies and to initiate national vitamin A distribution efforts. Combining its own resources and funds from the Office of Nutrition (then S&T/N) of the Agency for International Development (AID), HKI stimulated and provided technical assistance (TA) to government-sponsored vitamin A interventions in Indonesia, the Philippines and Bangladesh, beginning in the early 1970s, and Haiti in 1977.

During 1984, HKI carried out rapid vitamin A assessment surveys in Burkina Faso, Mali, Chad and Niger. These surveys, which took place during the most critical phase of the Sahelian drought and were funded by the Office of Foreign Disaster Assistance (OFDA) of AID, indicated a prevalence of vitamin A deficiency (VAD) several times higher than the level constituting a public health problem. HKI obtained donated vitamin A capsules from the Sight and Life Foundation and made them available to and encouraged the governments and PVOs active in those countries to initiate distribution programs. Earlier S&T/N-funded studies carried out by the World Health Organization (WHO) had already indicated vitamin A deficiency to be a serious problem in areas of Ethiopia, Malawi, Sudan and Tanzania.

In 1985, AID joined forces with the United Nations Children's Fund (UNICEF) and WHO to sponsor the Child Survival (CS) Program which was committed to reducing child deaths through simple, affordable, proven technologies. The interventions particularly stressed were expanded immunization coverage (EPI) and promotion of oral rehydration therapy (ORT), improved nutrition with an emphasis on breastfeeding, and birth spacing. Also in 1985, the results were announced of a large, controlled study (by HKI and the government of Indonesia) of vitamin A capsule supplementation of children in an open population. Vitamin A capsule supplementation resulted in a reduction of 34% in mortality and 25% in morbidity.

Most of AID's CS activities were initiated by U.S.-based PVOs which received operational program matching grants from AID's Bureau for Humanitarian Assistance, Office of Private Voluntary Cooperation (PVC). PVC decided during 1986 to encourage the PVOs to add vitamin A components to their child survival activities in countries where vitamin A deficiency had been determined to be a public health problem. In early 1986, HKI received short-term funding to provide regional technical assistance (TA) in vitamin A programming in sub-Saharan Africa. By 1988, HKI had provided training and TA in vitamin A interventions to government and PVO staff in Malawi, Mali, Kenya, Nigeria, Senegal and Uganda.

As a follow-on to these efforts in Africa, HKI designed the Vitamin A Technical Assistance Program (VITAP) to encourage and assist U.S.-based PVOs operating throughout the world to add vitamin A components to their child survival activities. VITAP was funded by PVC on August 31, 1988, through a Cooperative Agreement with HKI. Funding for a three-year period was assured at the outset, with the possibility of extension to a maximum of five years. At the time of this writing, VITAP had received a no-cost extension until March 31, 1994 and therefore, much of the narrative is in the present tense. During the course of this evaluation, VITAP received a second no-cost extension, to June 30, 1994, in order to complete all activities, including this Final Evaluation.

The purpose of VITAP is to motivate and help PVOs integrate vitamin A activities into their on-going child survival projects. Initially, VITAP focused its collaboration on PVOs, particularly those with AID/W Child Survival-funded projects. Gradually, VITAP's primary target group expanded to include local non-governmental organizations (NGOs), then governmental ministries in the host countries were added as an indirect, secondary target group. This two-pronged design is presented in Figure 1 on the next page.

The technical assistance provided by VITAP to its collaborators consists of four types: direct NGO/PVO capacity building; enhancement of PVO-government relations; dissemination of technical information; and human resource development. Through all of these activities, VITAP seeks to convince other organizations of the need to address vitamin A deficiency in their vulnerable target populations and to enable them to develop, implement and sustain appropriate activities as a response. VITAP does not hire staff to work directly at the community level.

The Midterm Evaluation of VITAP was conducted in March 1991, but no overseas visits were made to the field sites of VITAP's collaborators due to travel restrictions during the Gulf War. The key findings from this evaluation were:

- VITAP had made significant progress toward achieving most of its objectives;
- VITAP was perceived by its PVO clients and collaborating agencies as a valuable and responsive resource;
- FVA/PVC should continue to fund VITAP; and
- VITAP and FVA/PVC should jointly develop a sustainability strategy for VITAP.

As a result of recommendations from the Midterm, VITAP modified its approach and began to focus and concentrate its resources on a smaller group of organizations in fewer countries.

In the fall of 1992, Helen Keller International, AID/W and collaborating PVOs reviewed the worldwide scope of VITAP's activities to choose specific countries and activities for more in-depth study, the results of which are known as the VITAP Assessment. The

## VITAP Project Design

124 million children  
deficient in vitamin A

Child & maternal health  
efforts of  
PVO's & NGO's

Governmental health  
programs & other sectors

**Primary focus  
and impact**

**Secondary focus  
and impact**

## VITAP TECHNICAL ASSISTANCE

PVO/VITAP Collaborative Projects	Technical Staff Seminars	National/ Regional Level Meet- ings	Technical Advice, Materials & Information	Newsletter, Country Profiles	HKI/VITAP Manuals & Guides	Consultant Referrals
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**Direct PVO capacity building**

**Facilitate  
PVO-  
Government  
linkages**

**Dissemination of Technical Information**

**Human Resource  
Development**

sample chosen reflected differences in VITAP interventions, intensity of assistance, administrative models (with and without HKI office or VITAP coordinator in-country), amount of follow-up and PVO involvement in programming. Of the 22 countries reviewed, five were chosen (Burkina Faso, Indonesia, Mali, Niger, the Philippines) for the sample. In addition, two major workshops were chosen (a regional workshop for East and Central Africa and a national workshop in Nigeria) for follow-up.

The Assessment was designed to address specific questions of interest about the process and outcomes of VITAP. Adequate baseline data at the community level were not available from collaborating PVOs; therefore, VITAP could not be rigorously evaluated in terms of 'impact' - i.e., actual changes in behavior and health status of the PVOs' target populations.

Therefore, the Assessment was undertaken in order to follow-up, in depth, with some of VITAP's collaborators in the field. The intention was to learn to what extent and how they used technical assistance from VITAP. And, if possible, the assessment team was to also identify and quantify the effects of the PVOs' own vitamin A activities on the behavior of individuals who are vulnerable for vitamin A deficiency. The three major conclusions from the Assessment were that:

- VITAP was having an impressive effect in motivating and enabling PVOs and NGOs and Ministries of Health to undertake and sustain vitamin A interventions;
- VITAP was functioning as an effective mechanism for PVO-to-NGO/PVO technical assistance; and
- There was still a vast need for VITAP's services.

#### B. Purpose and Terms of Reference for the Final Evaluation

This evaluation complies with the terms of the Cooperative Agreement between PVC and HKI with regard to VITAP, which called for a final comprehensive evaluation to be held late in 1993. Since VITAP received a no-cost extension until March 31, 1994, the evaluation dates have been adjusted accordingly. While the scope of the evaluation included the entire timeframe of VITAP (i.e., September 1, 1988 through March 31, 1994), the point of departure for the majority of the effort focused on activities carried out after the Midterm in Phase II (i.e., October 1, 1991 through March 31, 1994).

#### C. Methods

The team members for the Final Evaluation of VITAP were Dr. John McKigney, independent consultant, and Dr. Mary Ruth Horner, from HKI. Dr. McKigney participated in the Midterm Evaluation of VITAP (March 1991) and Dr. Horner, as an independent consultant, participated subsequently in the VITAP Assessment (fall 1992).

The design of the Final Evaluation took place from January 31 - February 4, 1994. At that time, the purpose, scope, methods, issues, assumptions and schedule were developed.

The Evaluation covered VITAP's use of resources and its overall accomplishments, with attempts to identify those factors which had been supportive of or which had constrained VITAP's success. It was not an attempt to provide a five-year summary of all of VITAP's activities. The focus of the Evaluation was on the Purpose level, which reflects the End of Project Status (EOPS). With regard to the Log Frame, data were gathered and analyzed to measure the indicators for the Project Purpose and Outputs (for Phase II). Indicators of achievement at the Goal level were not included.

A questionnaire (see Annex 1A) was sent to the headquarters staff of 15 U.S.-based PVOs and 1 foreign NGO in order to assess the extent to which their organizations had increased their commitment to vitamin A deficiency control. Organizations in this group of 16 were identified by VITAP staff as being those groups which had collaborated most closely with VITAP over the life of project. In addition, VITAP staff designed and distributed a questionnaire (see Annex 1B) to key representatives of the various organizations who participated in 12 of the 13 collaborative projects. Finally, the fall 1993 issue of *Vitamin A News Notes* included a questionnaire (see Annex 1C) to assess reader satisfaction with the publication.

The evaluation team complemented the results from the above questionnaires with reviews of VITAP's files, discussions with VITAP and HKI staff and interviews with five PVO HQ representatives, the AID/PVC Project Officer and other collaborators. See Annex 2 for the Schedule of the Evaluation and list of persons interviewed. The data collection, analysis and report writing took place from March 7- 31. A draft of the evaluation report was reviewed with HKI staff most familiar with VITAP.

#### D. Definitions

For the purposes of this document, the following definitions are used:

Donor agency	international (e.g., UNICEF), national (e.g., AID) and private (e.g., Sight and Life) assistance agencies
Impact	actual changes in behavior and health status of a target population
Log Frame	AID's Logical Framework
Method	a manner, means, or process for accomplishing something (Webster)
Methodology	a system of methods and principles used in a specific branch of knowledge (Webster)
NGOs	local non-governmental organizations
NGO/PVO	mutual clientele of VITAP which encompasses NGOs and PVOs

**PVOs**  
**Technical assistance**  
**VITAP Assessment**

**U.S.-based private voluntary organizations**  
**all services provided by VITAP**  
**A five-country review of VITAP's activities in the fall of 1992**  
**which focused on the extent to which NGO/PVO collabora-**  
**tors were implementing vitamin A activities at the community**  
**level**

## **II. COMPLIANCE WITH REQUIREMENTS OF THE LOG FRAME**

The findings which are presented in parts A and B of this section are organized according to specific sections of VITAP's Log Frame which was included in the Detailed Implementation Plan (DIP) for October 1991-September 1993.

### **A. Purpose of VITAP**

The Purpose of VITAP, as stated in the Log Frame, is "To institutionalize the control and prevention of vitamin A deficiency within private voluntary and non-governmental organizations as part of their ongoing child and maternal health programs". The DIP states: "By the end of the project, at least 10 PVOs will have increased their commitment to vitamin A deficiency control as defined by achieving three or more of the following:

- The PVO will have increased the # of country programs with a vitamin A deficiency component.
- The PVO will have increased the target population covered by vitamin A interventions.
- The PVO will have increased the range of interventions used in their programs to control vitamin A deficiency.
- The PVO will have increased the # of linkages established with other agencies working in vitamin A deficiency control.
- The PVO will have increased the budget allocated to vitamin A activities.
- The PVO will have designated a staff person responsible for technical backstopping of vitamin A activities.
- The PVO will have written plans, policies or guidelines on vitamin A deficiency.
- The PVO will have submitted proposals in order to fund vitamin A activities.
- The PVO will have developed or adapted materials on vitamin A for use in their programs with vitamin A components.
- The PVO will have included vitamin A related issues as part of the orientation for new program staff.
- The PVO will have increased the # of staff that are sent for training on vitamin A-related issues.

Data collected by the evaluation team to measure this Purpose are presented in Table 1 on the next page. A total of 14 of the 16 PVOs surveyed responded. Although CCF responded to the questionnaire, they did not have the necessary information available at HQ to provide specific answers to the majority of the questions. Table 1 shows clearly that 13 of the 16 PVOs surveyed indicated that their organizations have met three or more of the 11 criteria.

One caution in interpreting these results refers to attribution: Since VITAP started in 1988, it would be very time-consuming and difficult to ask PVOs to attribute any given increase in vitamin A activities or other expression of their vitamin A commitment to VITAP *per se*. However, 11 of the respondents provided sufficient information about their organization's vitamin A activities from 1988 to the present to describe what has happened concurrently with VITAP. Three of these PVOs (27%) had virtually no vitamin A activities when VITAP began, either as vitamin A components or whole projects devoted to vitamin A. The majority (8, or 73%) of the respondents already had some vitamin A activities underway at the beginning of VITAP and all of these, except one, also reported an increase in the number of programs and/or interventions from 1988. For three of these latter PVOs, the increase represented a quadrupling in the number of vitamin A programs and/or components for their organizations. Therefore, the evaluation team agrees with the VITAP staff that "it is reasonable to assume" that VITAP has had a major role in much of the increase in vitamin A activities of the surveyed PVOs, from 1988 to the present.

Some of the salient points from the analysis of the questionnaires from PVO representatives include:

1. **Integration of vitamin A components.** Over the period surveyed, PVOs were much more likely to integrate vitamin A into a child survival, health, agriculture or education project than they were to increase the number of vitamin A-specific programs. This result reflected VITAP's original intent and operating assumption vis-a-vis the most practical programming "route" for new vitamin A activities.
2. **Geographical range of participation.** The countries where these PVOs are implementing their vitamin A interventions are fairly evenly distributed among Latin America, Africa and Asia.
3. **Change within a PVO can be dramatic.** Africare, Project HOPE and Andean Rural Health Care had no vitamin A interventions in their programs before VITAP started. Project HOPE, for example, credits VITAP with stimulating the development of vitamin A activities in all four of their Child Survival-funded projects.
4. **Change within a PVO can be subtle.** Prior to VITAP, some of the collaborating PVOs may have routinely included vitamin A within their package of nutrition

Table 1.

## Assessment of the Institutionalization of Vitamin A Activities into NGO/PVO Programs

INDICATORS: By the end of project, at least 10 PVOs will have increased their commitment to vitamin A deficiency control as defined by an increase in 3 or more areas:	NGO/PVO Agencies												
	ADRA	Andean Rural Health Care	AFRICARE	Aravind	CARE	Esperança	IEF	Plan Int'l	PCI	Project HOPE	SCF	World Relief	WVRD
# of country programs/ interventions		yes	yes		yes	no	yes	yes	yes	yes	yes	yes	yes
target population		yes		yes	yes	yes	yes	yes	no	yes	yes	yes	yes
range of interventions	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
linkages with other agencies	?	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
budget allocated	?	no	?	yes	yes	yes	yes	yes	yes	yes	yes	?	no
staff responsible	yes	yes	yes	yes	?	yes	yes	yes	no	yes	yes	?	yes
plans/policies/ guidelines	no	no		yes	?	no	yes	planned	yes	yes	yes	yes	yes
proposals submitted	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
vitamin A materials developed	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
staff oriented	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	?
staff sent for training	yes	no	yes		yes	no	yes	yes	yes	yes	yes	yes	yes

KEY: yes = increased commitment; no = no change; blank = no answer given; ? = not sure

messages, but made no special concern about it. Then, as a result of becoming involved with VITAP, the issue of vitamin A rose to a much higher priority within their nutrition and child development efforts. Although the evaluation methods were not sensitive enough to systematically measure this type of change, it was expressed in the interviews and exemplified by a comment from Africare, "VITAP has contributed to raising awareness of vitamin A needs and benefits in organizations that wouldn't have given attention to it".

5. **Availability of information for the evaluation.** The availability of relevant information for the evaluation varied considerably among the persons responding to the questionnaire sent to PVO headquarters. VITAP may have worked with other staff members before the current contact person joined the PVO (or was assigned to HQ). Just as important, due to a variety of factors, the HQ respondent to the questionnaire just might not be aware of the specifics of field activities vis-a-vis vitamin A. The questionnaires asked for quantifiable data if the respondent had access, but the analysis was not solely dependent upon these responses.

However, some examples which provided quantifiable data are worthy of note:

- Since 1988, Save the Children has increased the number of its country programs which have a vitamin A-related component from 3 to 15; its preschool target population for vitamin A-related interventions increased from approximately 18,000 to 275,000 and its target population of women of childbearing age increased from 22,000 to 328,000;
  - Since 1988, Project HOPE increased its preschool target population for vitamin A interventions from 0 to 100,000+; and
  - WVRD has increased its target populations for vitamin A-related interventions from 34,365 preschoolers to 81,135 and from 35,403 women of childbearing age to 101,799.
6. **Institutional policies, etc.** Save the Children responded that it had written or adopted an agency-wide policy, plan or guidelines related to vitamin A. Project HOPE and WVRD said that they had done this for a specific country. IEF said "yes" for both. Plan International said that a policy was being planned.
  7. **Allocation of financial resources.** Any PVO which incorporates a new vitamin A component into a CS project is increasing its budgetary allocation to vitamin A through the 25% minimum match which is required for the entire project. PVOs also allocated funds for vitamin A in their budgets for non-AID-funded projects.
  8. **Variety of VITAP services.** One example of the variety of technical assistance which VITAP provided to one PVO (Project HOPE):

- VITAP staff came to Project HOPE in the beginning of the project to train headquarters staff in vitamin A;
- The *Vitamin A Training Activities* manual was field-tested within the context of Project HOPE's Child Survival-funded Vitamin A Project in Guatemala;
- VITAP responded to a number of specific requests for information and materials;
- VITAP arranged for a donation of vitamin A capsules to the Guatemala project;
- And Project HOPE in Guatemala was one of the participating PVOs in the collaborative project to produce training materials.

Thus, the above analysis shows that VITAP successfully met, and indeed exceeded, the established criteria for fulfilling its Purpose. Trying to measure the extent of "institutionalization" is usually very difficult, but in this case, VITAP recognized from the beginning that the institutions with which it was working (PVOs and NGOs) were very different among themselves. For most of them, vitamin A had never been a major -- or even a minor -- concern. Therefore, VITAP established its plan and criteria for "institutionalization" with enough flexibility so that real changes that took place within the NGO/PVOs could be identified and measured. More information about the technical assistance provided to the 10 PVOs and one NGO with which VITAP carried out extensive activities is presented in Annex 3.

## B. Outputs

The following presentation of Outputs is organized according to the four major categories of technical assistance provided by VITAP.

### 1. Direct PVO Capacity Building

#### a. Re-direction of the Project

During Phase I, VITAP responded to PVO requests for consulting and advisory services as they were received. Although this approach resulted in providing a large volume of services to the PVOs during Phase I, the midterm evaluators recommended that VITAP re-focus its attention on selected PVOs in priority countries and concentrate its efforts on building a critical mass of well-trained vitamin A personnel within a given PVO.

Accordingly, VITAP assumed a more proactive role during Phase II by prioritizing, planning and developing collaborative projects with selected PVOs/NGOs in key countries and scheduling all consultancies within the context of the group of thirteen collaborative projects which have evolved.

By definition in the DIP, each collaborative project (which must include cost-sharing) is designed to:

- strengthen vitamin A deficiency control programs in priority regions of key countries;
- institutionalize vitamin A activities within the PVOs;
- add to the knowledge base or resources available for vitamin A programming; and
- have impact beyond one PVO country program (i.e. be applicable region-wide and benefit several PVOs/NGOs).<sup>1</sup>

VITAP has prioritized and decided to promote and/or agreed to participate in selected collaborative projects on the basis of:

- expected long-term impact;
- established VITAP capabilities and strengths;
- geographic VITAP priorities;
- willingness of collaborating institutions to cost share; and
- financial resources required from VITAP (or possibility of other funding sources).

In order to increase sustainability, local NGOs have been included in collaborative projects if judged to have the potential to institutionalize vitamin A activities within a country or region. When the financial requirements of selected projects have exceeded the capabilities of VITAP and the collaborating institutions, VITAP has assisted in soliciting additional funds from other potential sources, whether from within AID or from other donor agencies.

#### b. Collaborative Project Experience and Outputs

A summary analysis and description of each of the thirteen collaborative projects is included in Annex 4. The extent to which each project has fulfilled the basic criteria established at the outset of Phase II (and listed in section a above) is presented in Table 2 on the next page.

#### c. Discussion of Collaborative Project Results

Information in Table 2 shows that VITAP and its collaborators have been successful in meeting the criteria for achieving their objectives as collaborative projects. Constraints included tight timetables, major commitments of effort required by several organizations and the problems and delays usually encountered when several institutions try to work together. Also, these collaborative projects were carried out in difficult locales requiring ongoing communications and resource exchange half way around the world.

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<sup>1</sup> This criterion is interpreted by VITAP to mean that the potential to transfer expertise or knowledge is expanded from one PVO in country X to its programs in country Y (and Z, etc.) and/or similarly, that this potential is expanded from one PVO in country X to a different PVO in country X.

Table 2.

## Assessment of Collaborative Projects

Collaborative Project <sup>1</sup>	Criteria <sup>2</sup>				
	Cost-sharing	Strengthen vitamin A program	Institutionalize vitamin A activities	Add to knowledge base or resources	Impact beyond one PVO country program
1 Program Development	yes	yes	yes	yes	
2 Nutrition Education	yes	yes	yes	yes	yes
3 Vitamin A Messages	yes	yes	yes	yes	yes
4 Intervention Guidelines	yes	yes	yes	yes	yes
5 Resource Center	yes	yes	yes	yes	yes
6 Technical Assistance	yes	yes	yes	yes	yes
7 Support to NCP	yes	yes	yes	yes	yes
8 Training Plan	yes	yes	yes	yes	
9 Training Strategy	yes	yes	yes	yes	
10 Educational Video	yes			yes	yes
11 Technical Assistance	yes	yes	yes	yes	yes
12 FLANE Kit	yes	yes	yes	yes	yes
13 African Drought	yes	yes	yes	yes	yes

<sup>1</sup>See Annex 4 for summaries of each Collaborative Project<sup>2</sup>Described more fully in text

Nevertheless, the advantages of working together outweighed the disadvantages, as every single collaborating institution responding to the questionnaire reported that their interaction with VITAP was a productive and satisfying experience.

A quick look from the outside -- as is occurring in this evaluation -- does not permit the observer to have a clear understanding of how, from VITAP's point of view, each collaborative project fit into its overall strategy. Also, it must be taken for granted that in assuming a proactive role, VITAP did not have the luxury of being able to pick and choose from a large number of existing collaborating groups with exciting proposals on the shelf. At the beginning of Phase II, with only two years of project life remaining, it was necessary for VITAP to identify or generate projects which, even though not ideal, offered sufficient potential and could be implemented with little start-up time.

VITAP's shift to the collaborative project mode represented an almost 180-degree change in direction, as the PVOs saw things. At this point, to further complicate the picture, VITAP had to inform some PVOs that it would be impossible to follow through on actual or perceived prior commitments at the same time it was now proposing collaborative projects.

With the above considerations in mind, the following general observations can be made about the package of collaborative projects:

1. All projects met the first criterion of cost-sharing.
2. All projects appear to have generally complied with the *a priori* definition of potential and list of prioritized conditions (described above in section a).
3. The number of collaborators in a given project varied from a single PVO to the other extreme where one particular project included four PVOs, 10 NGOs, two indigenous institutions plus governmental groups. Most projects had five or six collaborators. And conversely, the majority of VITAP's major collaborating NGO/PVOs (listed in Table 1) participated in two or more projects.
4. The package is quite consistent with VITAP's geographic priorities. Six projects were based in Asia, four in Francophone Africa, one in Southern Africa and one in Latin America. One project (the video) was managed from New York (at Project ORBIS and HKI) and featured activities equally in Africa, Asia and Latin America.
5. The collaborative projects reflected great diversity in nature, scope of activities, vitamin A programming implications and geographic impact:
  - One project potentially made some improvements in the training methods of one PVO in a single project area of a single country (#9, in Niger);

- One project, which involves several PVOs, an active regional nutrition institute and an indigenous research organization, has produced and tested an improved methodology for nutrition communications which will be an important tool for NGO/PVOs and governmental organizations among the numerous cultural groups in the six Central American countries (#4, in Guatemala);
  - One project, which focuses on a regional hospital in one country, has developed VITAP-like outreach services in collaboration with 16 other local organizations. A key output of this project is the network of NGO/-PVOs which now covers the three million preschool children and women in the country who are the highest priority for vitamin A programming (#5, in India); and
  - One project, with a part-time, in-country coordinator, developed a three-tiered training model for assisting five PVOs, and through these PVOs stimulated vitamin A-related activities which reached 7,000,000 people in approximately two years (# 11, the Philippines).
6. VITAP and its collaborators have usually used each project as a means of developing and/or testing methods or materials.
  7. The collaborative projects appear to have been a particularly effective means of solidifying involvement of NGOs in the vitamin A community.
  8. Four of the collaborative projects (#5, Resource Center; #6, Technical Assistance-Indonesia; #11, Technical Assistance-the Philippines; #13 Southern Africa Drought Emergency) were instrumental in fully engaging NGOs in the vitamin A capsule delivery system. This breakthrough was an important, and perhaps a necessary condition, to achieving sustainable high coverage with vitamin A capsules in the most at-risk segment of the target populations in these countries.
  9. Collaborative projects allowed VITAP to improve its own delivery mechanism by building groups of collaborators in various countries who served as implementers for VITAP activities (e.g., for pre-testing manuals, materials and methods which were not country-specific).

## 2. Government-PVO Networking

One of VITAP's major areas of activity concerned the development, nurturing and maintenance of viable relationships between the host government and NGO/PVOs operating in country. In order for these groups to become effective partners in addressing vitamin A deficiency, they had to learn to respect each others' roles and responsibilities and to appreciate the potential gains to be made by joining their forces. VITAP

played a key catalytic role in creating opportunities for these seemingly disparate groups to come together on "neutral territory" for productive exchanges which would increase their collective awareness, motivation and skills to battle against vitamin A deficiency.

In some countries, VITAP's initial step was to help create a favorable political environment which would allow non-governmental groups to participate more directly in the MOH's national vitamin A program. One strategy to help effect this change was to bring together representatives of the various sectors which were already active, or which could become active, in vitamin A interventions. These participants included scientific experts, MOH decisionmakers and field staff, NGO/PVO program managers and field staff, business leaders and donor agency representatives. VITAP helped design and implement conferences and workshops through which vitamin A policies and guidelines were planned, developed, adopted and/or disseminated, strategies were formed for sharing resources and new channels of communication were opened among the participants and their organizations.

In Phase I, VITAP undertook a number of large-scale meetings to begin to facilitate the process described above. These meetings were designed to motivate individuals and groups to become involved in vitamin A programming and to advocate for and disseminate information about VITAP's available services. Two such meetings were the VITAP orientations for the Philippines and Indonesia which generated such enthusiasm that in-country coordinators were subsequently hired to manage VITAP's operations. Two other conferences were held in Africa in 1990: one was an international meeting in Zambia with 17 countries represented and the other was a national meeting in Nigeria attended by over 100 governmental and NGO/PVO participants. An evaluation of the results from these latter two conferences, as reported in the VITAP Assessment, stated "These workshops were cost-effective mechanisms for establishing linkages, orienting health workers and governments and stimulating action to help eradicate vitamin A deficiency." In June 1993, one local civic group in Lagos, Nigeria, called the "Inner Wheel Club of Surulere" used the materials from the 1990 national workshop for their own vitamin A program and sent pictures from this event back to HKI. The end of their letter says, "The project enlightened the mothers both literate and illiterate who have the notion that too much fruits and vegetables result in diarrhea. It was tough demystifying this myth as the society places much [more] emphasis on energy-related foods than fruits and vegetables."

In Phase II, VITAP promoted the participation of NGO/PVOs worldwide in governmental vitamin A deficiency control efforts through chairing the NGO session on micronutrients at the International Conference on Nutrition/PrepCom meeting in Geneva. The strategy paper which resulted from this session was officially adopted by the participants at the subsequent International Conference on Nutrition in Rome in December 1993.

VITAP's revised approach in Phase II also resulted in specific strategies for promoting government-to-NGO/PVO networking among the collaborative projects. In most cases,

these projects involved about six different organizations which could learn from each other how to accomplish even more by working together. VITAP promoted and assisted the following workshops in which the role of NGO/PVOs was a major component: PVO Workshop on Child Survival and Vitamin A in India; two FAO Workshops in West Africa: Nutrition Communications for the Sahel and Use of Rural Radio in Communications for Vitamin A; Nepal National Vitamin A Workshop; and Assessment/Planning Workshop on Vitamin A Deficiency, Control and Prevention in the Philippines.

The PVO respondents to the questionnaire for the Final Evaluation indicated that VITAP had helped their organizations to establish new linkages with governmental agencies involved in vitamin A deficiency control activities, especially Ministries of Health, Agriculture and Education. They also increased their linkages to a variety of other agencies involved with vitamin A, including USAID, UNICEF, VITAL (in Haiti, Nepal, Uganda and Zambia), HKI (its overseas offices), IEF, and local mothers' clubs.

### 3. Dissemination of Information

#### a. Meeting needs of PVOs for advice, materials and information

##### i. Responding to requests

From the outset, VITAP recognized the importance of being prepared for and responding quickly to the needs of the NGO/PVO community for technical advice, materials and information on vitamin A deficiency. VITAP viewed this aspect of supporting services as a mechanism for initially engaging organizations in vitamin A-related activities and subsequently enabling them to mount effective projects. This was obviously a felt need of the NGO/PVOs as demonstrated by VITAP having responded to a very impressive total of approximately 2,000 requests during its 5.5 years. This volume represents an average of two requests each working day from NGOs, PVOs and a wide range of other organizations and individuals (see list in Annex 5).

On occasion, staff have referred the request to other agencies better prepared than VITAP to meet the specific need. VITAP has acquired an enviable reputation for its responsiveness to requests for advice, materials and information. Respondents to both the midterm and end-of-project questionnaires sent to PVOs, collaborating organizations and donor agencies invariably indicated that VITAP assistance had been provided in a timely, professional and effective manner.

##### ii. Materials developed by VITAP

VITAP was created at the time that the vitamin A field was in a state of flux:

- Knowledge of the impact of vitamin A deficiency on child survival had been widely disseminated, but was poorly understood;

- WHO had recently recommended that vitamin A capsules be administered to children with diseases associated with vitamin A deficiency; and
- PVOs traditionally involved in community development projects -- frequently with home garden and nutrition education components -- had recently initiated CS projects.

As a result, VITAP's first priority was to create new materials for use in orientation workshops and for use by PVOs in training of headquarters and field staff. Materials already available to VITAP from HKI covered the following: the physiological role of vitamin A; causes of vitamin A deficiency; recognition, treatment and prevention of vitamin A deficiency with vitamin A capsules and food sources of vitamin A. VITAP incorporated this information, plus key elements of the relationships among vitamin A deficiency, associated diseases and child survival into a comprehensive, yet simple, brochure. This brochure, entitled *Vitamin A - Child Survival*, has been a "best seller" from the day it was published. The success of the brochure led to collaboration with ORBIS International to make a video, based on the brochure's concept.

In West Africa, VITAP responded to requests from CRS and World Relief in Burkina Faso to develop visual aids to help community-based health workers in their efforts to educate mothers about the importance of vitamin A-rich foods. VITAP decided to collaborate with AED to develop prototype flip charts which might also be adapted for use in Mali and Niger. These efforts eventually resulted in the printing and distribution of a series of flip charts with five story lines for use both in education of mothers, in schools and other training situations.

ADRA in Indonesia identified the need for training materials in gardening. Prior to the initiation of VITAP, ADRA had added vitamin A components to some of their CS projects and wished to promote increased production and consumption of vitamin A-rich foods. ADRA's projects were situated in areas of the country where the soils are quite sandy. Thus, a manual providing guidelines for gardening in normal soils would not be acceptable. VITAP commissioned a consultant to write the manual *Mixed Gardening for Improved Nutrition -- A Guide for Indonesia*. It is written in simple language, provides detailed instructions and is liberally illustrated. It was printed both in Bahasa Indonesian and English and distributed within Indonesia by HKI. VITAP has included this document in its list of *Selected Publications and Training Materials for Vitamin A Deficiency Control*.

Many other materials created by VITAP and its collaborating NGO/PVOs are described more fully in Annex 4 (Collaborative Projects). A separate group of materials and products, for more global application, is described in this chapter under c., Development of Knowledge Base for Vitamin A Programming.

iii. Materials adapted, revised and/or reprinted by VITAP

VITAP has also adapted, revised and/or reprinted the following pre-existing HKI materials to assist vitamin A program staff. These materials have been reproduced in substantial numbers and distributed widely (donations, cost-sharing or sold, as appropriate) and some of these have been translated into six foreign languages.

- (A) *Field Guide to the Detection and Control of Xerophthalmia*
- (B) *Saving a Child from Xerophthalmia*
- (C) *Guidelines for Prevention of Blindness due to Vitamin A Deficiency*
- (D) *Health Workers Find • Treat • Prevent Vitamin A Deficiency*
- (E) *Know the Signs and Symptoms of Xerophthalmia*
- (F) *Prevention of Xerophthalmia and Nutritional Blindness*
- (G) *Bellagio Brief - Vitamin A Deficiency and Childhood Mortality*

Several additional materials which have been developed by VITAP are discussed in item c of this section.

b. Semi-annual newsletter - *Vitamin A News Notes*

The first issue of *Vitamin A News Notes* was published in December 1988 and distributed in English and French to the 150 groups and individuals on the original mailing list. By the time of the mid-term evaluation, *Vitamin A News Notes* was also published in Spanish and the distribution had expanded to 684 persons and organizations (receiving a total of 1700 copies) in 81 countries. Since then, the newsletter has maintained its publishing schedule of two times per year and its popularity has continued to grow. The final issues, for the spring and fall of 1993, were distributed to more than 900 groups and individuals in 90 countries. For each of these issues, a combined total of 2,500 copies was mailed in the three languages.

Newsletters are a typical output of many large, centrally-funded AID projects. One of the salient features which made VITAP's *Vitamin A News Notes* different was that, while other newsletters speak mostly about what their own project is doing, VITAP's newsletter concentrated on what other groups were doing. PVOs and NGOs could easily relate to the feature stories because they described realities similar to their own. The information was readily applicable from one NGO/PVO to another. *Vitamin A News Notes* also included sections on scientific information about vitamin A, meeting announcements, new resources and program tips. VITAP received many requests for the materials and publications which were announced in *Vitamin A News Notes*.

A questionnaire was included in Issue 10 of *Vitamin A News Notes* (fall 1993) (see Annex 1C). By design, the questionnaire was only slightly different from the one sent out for the purposes of the mid-term evaluation. By late March 1994, a total of 144 questionnaires had been returned and were analyzed for the Final Evaluation.

Two items on the questionnaire focused on the number and types of persons with whom the respondent shared the newsletter. The results reflect well the multiplier effect of VITAP overall, in that 96% of the respondents shared each copy with at least two people, and 32% of them shared it with 10 or more people. Particularly effective avenues for sharing the newsletter were through libraries (academic and NGO) and use in training health workers and/or teaching students in more formal academic settings. As expected, the majority of *Vitamin A News Notes* readers found the publication "very useful" (45%) and "mostly useful" (also 45%). The most popular sections were "NGO Activities in Vitamin A" (program reports) and "Program Tips and Ideas" (short articles).

In responding to a list of nine different ways in which *Vitamin A News Notes* may have assisted the readers' organizations, the three most frequent responses were: "Learned valuable information about vitamin A" (80%), "Educated staff on the importance of vitamin A for child survival" (62%) and "Gained better understanding of how to implement vitamin A programs" (58%). One in four respondents said that they "Used an idea described in *Vitamin A News Notes*". For example, as a result of *Vitamin A News Notes*, several readers reported that their organizations had undertaken surveys to ascertain the vitamin A status of a specific target population. The following write-in responses reflect the variety of ways in which NGO/PVOs and others have used information from *Vitamin A News Notes*:

- "Till 2-3 yrs. back, there was no concept of prescribing Vit[amin] A cap/tab [capsules or tablets] to children admitted with measles and post-measles synd[rome], diarrhoea esp. in the malnourished. Depart. of Community Paediatrics is working at bringing awareness at the community level. Ideas from this newsletter is appreciated and used with interest and enthusiasm." (Hospital physician, Pakistan)
- "We'll be instituting a new phase of our CS project in which community women volunteers will be trained in many areas (diarrhea, FP [family planning], nutrition, etc.) and one important topic will be vitamin A as its deficiency in the local diet is notable in Eastern Niger. In one of your issues (Summer 1990), an article on SCF's *animatrices* in Burkina proposed several ideas that we've incorporated into our plans." (Africare, Niger)
- "Guide on how to conduct a qualitative assessment of vitamin A deficiency: we are planning to use it for our next project proposal." (CARE, Bangladesh)

In sum, *Vitamin A News Notes* reached a large number of people in Asia, Africa and Latin America who took the information and put it to good use in their work. Throughout the implementation period of VITAP, *Vitamin A News Notes* served as an effective medium to raise awareness of the importance of vitamin A in child health programs and to share the latest program and scientific information about vitamin A.

- c. **Development of Knowledge Base for Vitamin A Programming**
  - i. **Manuals for use in assessing the problem and defining intervention strategy**

Although a great deal of scientific and developmental research, knowledge and experience had been accumulated in the vitamin A field during the prior two decades, VITAP's clients from the outset clamored for technical assistance in vitamin A problem assessment and program planning. Their Child Survival projects were nearly always based in areas where no reliable epidemiologic data on vitamin A status was available. Furthermore, existing assessment methods required time, technical capability and finances far beyond their resources. And finally, the complexity of the existing methods made them almost impossible to be institutionalized and sustainable in central government agencies, let alone in isolated, rural settings.

Thus, from the outset of its existence, VITAP accorded highest priority to developing, testing and disseminating simple, useful and sustainable procedures for client institutions to use in determining whether a vitamin A deficiency control program is needed, and if so, designing appropriate intervention strategies. VITAP's overall process included a combination of qualitative and semi-quantitative data collection methods which were then field-tested and refined in the course of responding to technical assistance requests in a variety of settings.

VITAP selected a two-step approach for developing the new assessment method, starting with a qualitative assessment. A timetable of approximately one week was found appropriate for collecting secondary data about vitamin A deficiency and associated and anecdotal evidence of xerophthalmia from expert groups and local health centers in a given project area. Interviews and group discussions were also conducted to collect information about local nutritional and agricultural practices and the existence of a local term for night blindness. A description of how to carry out this first step was published by VITAP in *Conducting a Qualitative Assessment of Vitamin A Deficiency -- A Field Guide for Program Managers* and widely distributed.

The second step of the assessment is based on a semi-quantitative, population-based dietary questionnaire which has been developed to assess average weekly frequency of consumption of vitamin A-rich foods by 1-5-year-old children. A review of the scientific literature concerning methodological issues indicated that in addition to providing information useful for programmatic purposes, this type of survey could be a valid assessment tool for use by PVOs.

The new food frequency method was first used in Kiribati and then in Haiti. After making refinements, the method was subsequently validated against blood serum levels as the measure of vitamin A status in Guatemala, the Philippines and Tanzania. These three studies indicated that HKP's food frequency method is a practical and valid

predictor of vitamin A deficiency in communities where it is suspected to be a public health problem. The method was also used by several collaborating NGO/PVOs and governments to conduct surveys prior to designing vitamin A interventions in Bolivia, Mali and Indonesia. A draft manual was then pre-tested in India and Niger before refining and producing the manual in final form, called, *How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency* (in press).

The method was first presented at the 1991 IVACG meeting in Ecuador and subsequently in more detail at a meeting with PVOs in Philadelphia (July 1992), the IVACG meeting in Tanzania (March 1993) and at Cornell University (February 1994). A presentation of the method will be made at the FASEB meetings in April 1994. Two papers based on the validation test results have also been submitted to refereed scientific journals for publication.

## ii. Vitamin A training manual

A similar magnitude of VITAP effort and resources have been directed toward the development of guidelines which would meet the expressed needs of client institutions for assistance in training in vitamin A-related issues. The resulting manual, entitled *Vitamin A Training Activities for Community Health and Development*, contains 18 activities in four areas. Each activity addresses knowledge, skills and attitudes needed at the community level for implementing vitamin A activities. The manual is based on a learner-centered methodology, including games and other activities which can be used and/or adapted for other training efforts in addition to vitamin A.

In order to design this manual to meet the needs of the PVO community, VITAP sent a questionnaire to selected PVO field and headquarter staff and HKI field programs. The responses identified the major audience to be local level program staff and service providers, and the priority topic areas to be:

- How to recognize vitamin A deficiency;
- How to administer vitamin A capsules for prevention and treatment purposes, and
- How to increase the consumption of vitamin A foods through the use of effective nutrition education messages.

Here again, VITAP maximized the yield from its inputs into training activities and collaborative projects by using these as opportunities to develop, refine and pre-test the modules. Results of collaboration with NGO/PVOs and governments in Bangladesh, Nepal, Tanzania, Indonesia, Guatemala, Burkina Faso, the Philippines and Thailand fed into individual modules. The final manual was pre-tested in Bangladesh, Burkina Faso, Guatemala, Indonesia, Nepal and Tanzania. This manual, only recently published in English and French, has been widely distributed to collaborating NGO/PVOs, governments, and donor agencies. The manual has been translated into Spanish, but not yet

printed due to lack of funds. Numerous interviewees and respondents to the questionnaires mentioned this manual as one of the most useful VITAP products.

iii. **Manual for developing and implementing a nutrition communications strategy (Spanish)**

This manual is a product of the Collaborative Project which took place in Guatemala (#4, Annex 4). The manual was not actually part of the original objectives of this project, but was created as a spinoff activity. Four organizations participated in all steps of the series of activities. Emphasis was placed on building skills within each organization in the areas of qualitative research, message design, materials development and pre-testing. The methodology was field tested and then refined through work with two indigenous cultural groups in Guatemala, one rural group in Honduras and one group in El Salvador. The document describes the process and provides guidelines for:

- ethnographic and formative research into beliefs and young-child feeding practices;
- development of a nutrition communications strategy;
- design of materials;
- training of project staff in their use;
- monitoring and evaluation of effectiveness; and
- follow-up training.

The originally intended products of this collaborative project are described more fully in Annex 4. So far, these calendars, flip charts and radio messages have been produced only for specific cultural groups in Guatemala.

The methodology developed from this joint effort represents an important new tool for use in the nutrition education and dietary diversification components of community health and economic development interventions. It will be useful in all of Latin America and probably in other areas of the world as well. This manual has been translated into English and will be printed and disseminated by May 1994.

iv. **Reference documents**

Two documents which VITAP has produced were designed for reference purposes:

- *Questions and Answers on Vitamin A: How much is too much?*

This document, targeted for clinical care providers, presents a series of questions and answers on the safe use of vitamin A and the potential for toxicity. In press.

- *A Guide to the Vitamin A Contents of Indigenous Plants Used for Medicine and Food.*

This guide provides the botanical classification, geographic distribution, uses and classification (low, medium, high) of the vitamin A content of over 160 plants. It is targeted to program manager-level staff in all sectors involved in vitamin A programs and has already been widely distributed to the NGO/PVO community.

v. *Controlling Vitamin A Deficiency: A Practical Guide*

In early 1990, at PLAN's request, VITAP produced a draft chapter on vitamin A deficiency control for a health reference guide being produced by PLAN for their worldwide field program staff in approximately fifty countries. This document was subsequently provided to SCF for a similar purpose.

The content of the manual overlaps somewhat with the Vitamin A issue of UNICEF's *Assignment Children (Vitamin A - Deficiency and Xerophthalmia - Recent Findings and Some Programme Implications, UNICEF 1987 - 3)* and the JHU/CSSP *A Field Guide for Adding Vitamin A Interventions to PVO Child Survival Projects*. However, these latter two documents provide general guidance while the manual provides much more specific information for application at the field level. Both PLAN and SCF used the manual as a chapter in their respective reference manuals for field project managers. PLAN considered the document to be so useful that it was distributed to its project managers in nearly 50 countries; SCF also distributed it to field staff in 43 countries.

VITAP sought and received comments from PLAN, SCF and several professionals with extensive experience in vitamin A programming with the objective of making this manual a generic reference on vitamin A. The Midterm Evaluation team recommended publication as soon as possible. For many reasons, publication has been delayed, even though VITAP has taken specific steps to move this project to completion. However, HKI still has definite plans for this manual to be printed in the immediate future, pending available funds. Before printing, photocopies will be available upon request. This manual provides much of the technical advice which PVO HQ program managers (responding to questionnaires and interviews) indicate is still needed.

4. Human Resource Development

PVOs have had good experience in calling on VITAP for consultant referrals and recommendations. Since VITAP gave high priority to providing high quality and timely responses to requests, it endeavored to identify independent consultants around the world who could be available for VITAP-supported assignments. Using this strategy, VITAP placed no undue burden on HKI staff (from VITAP or otherwise) nor gave preference to any particular institution when identifying consultants. Thus, in its own hiring of consultants and in recommending consultants to others, it can and does give top priority to the skills needed for the job and location as close to the job as possible.

HKI's pre-existing roster of consultants provided VITAP an immediate capability to identify the individuals needed by VITAP in responding to clients' requests. However, VITAP soon initiated efforts to expand the consultant list in numbers, areas of expertise, language fluency and regional experience so as to better accommodate the anticipated major expansion in volume and range of requests as additional NGO/PVOs became involved in the vitamin A field. VITAP's roster is contained in a database which permits rapid search of consultants by expertise, regional experience, language capability and academic specialty.

In order to prepare its consultants, VITAP conducted two 1-day orientation sessions for 27 new persons on the roster in August 1989 and October 1990. VITAP provided over 800 days of consultant service to requesting PVOs during Phase I. Then, in response to the midterm recommendation for more focused activities in Phase II, VITAP modified its approach. Subsequently, consultants were primarily provided within the context of collaborative projects. However, VITAP has continued to identify and refer potential consultants to PVOs and other organizations, when requested.

During Phase II, VITAP has continued to add potential consultants to the roster, stressing quality over quantity. VITAP staff has placed priority on identification of potential local consultants in the course of implementing assignments in other countries. One effective strategy for enhancing the skills and knowledge of potential local consultants was to invite selected public health experts to participate in national and regional seminars and workshops on a cost-sharing basis and to interact closely with the consultants.

The current VITAP consultant roster contains 222 experts, who collectively are fluent in one dozen languages. Many of these consultants are citizens of and reside in Latin American, African and Asian countries.

### C. VITAP Management

#### 1. Financial

##### a. Analysis of Expenditures

The DIP for Phase II of VITAP included projections of the percentage allocation of resources to each of the eight planned types of activities. The actual projections are presented in Table 3, column two, on the next page. For the purposes of the Final Evaluation, this table has been amended and a third column added for presentation of

the actual percentage of funds allocated to each category. With only two exceptions, the actual expenditures were surprisingly close to the allocations. Expenditures for the collaborative projects were greater than anticipated due to the need to translate training materials into additional languages (Philippines), more extensive field activities (India),

Table 3. Financial Summary of VITAP - Projected Phase II Activities, Estimated Resources vs. Actual Expenditures

Narrative Summary - Activities (FY92 - FY94)	Estimated Resources	Actual Expenditure	Key Assumptions (Activity to Output)
1. Undertake approximately 10 - 12 collaborative projects with PVOs	28%	35.5%	Joint VITAP/PVO projects will assist an FVO in gaining concrete, hands on experience in vitamin A deficiency control
2. Conduct at least 2 seminars for PVO key technical staff  Conduct PVO orientations /trainings as needed	5%	4.0%	Technical issues and knowledge will be transferred to key technical staff: seminars conducted as planned, technical staff able to attend
3. Support at least two national or regional-level meetings (India, Nepal, FAO West Africa regional social marketing meetings)	5%	4.6%	Participation in national/regional-level meetings will facilitate and strengthen PVO, government and other organizational linkages.
4. Fulfill requests from the PVO community & other organizations for technical advice, materials and information  Edit selected consultancy reports for widespread distribution  Maintain inventory & distribution system of HKI/VITAP publications & reports available on a cost sharing basis  Maintain library of key resources	10%	10.2%	PVOs will request the technical advice, information and materials which they need
5. Produce and distribute 4 semi-annual newsletters  Collect information and produce at least 8 country specific profiles and other summaries  Coordinate & produce with WHO a vitamin A bibliography	8%	4.0%	VITAP will be able to publish newsletter, profiles  WHO continues interest in collaboration
6. Complete validation & publication of VITAP dietary assessment methodology  Complete publication of VITAP guide on controlling vitamin A deficiency  Complete publication of VITAP guide on conducting a preliminary assessment of vitamin A deficiency  Consolidate previous VITAP training activities into series of generic, competency based training modules/manuals  Edit and publish guide on vitamin A content of indigenous plants  Submit articles to newsletters & journals	17%	18.1%	HKI/VITAP will be able to add to the knowledge for vitamin A programming by PVOs  The VITAP dietary assessment methodology will prove to be valid and applicable for PVOs
7. Invite consultants to technical meetings  Involve host country nationals in collaborative projects & other activities  Refer vitamin A experts to PVOs and other organizations  Maintain consultant roster	2%	1.6%	VITAP will be able to identify and enhance the skills of potential consultants
8. Supporting activities: networking; advocacy; reporting and evaluation;  Impact assessment	10%  15%	8.9%  13.1%	HKI will be able to design a new vitamin A strategy.

\* Estimated resources includes personnel, consultants, and all other direct and indirect costs; Actual expenditures do not include personnel and other recurring operational costs.

the decision to develop and print a manual which had not been contemplated (Guatemala) and an emergency situation which became an additional collaborative project (SADE).

A substantial savings occurred in the printing category due to cancellation of a vitamin A bibliography which was planned in collaboration with WHO. Differences in actual versus projected expenditures for all the remaining activities were so small that they were inconsequential.

#### b. Financial Acumen

VITAP management has demonstrated financial acumen from the outset of the project. A very early decision was made to procure individual consultants on an as-needed basis, rather than through sub-contracts, as had been originally planned. This resulted in substantial savings -- the subcontractors' overhead at a minimum -- and also permitted greater flexibility in selecting consultants which provided a better fit with the requesting PVO's or VITAP's needs. This decision paid additional financial and programmatic dividends when local experts were engaged to provide TA within their own country or region. A 100% saving in consultant costs was achieved by joining forces with AED in developing the educational materials for Burkina Faso, Mali and Niger, thereby eliminating the need for consultant fees.

VITAP has also leveraged its resources through a variety of arrangements and mechanisms, particularly during Phase II. The magnitude, quality, acceptability and sustainability of outputs has been expanded greatly through cost sharing in workshops, conferences, training, operational research, field tests of methods and materials and in printing of materials. Income generation has been achieved through the sale -- at graduated levels of subsidization according to the financial capability of purchasers -- of VITAP materials.

VITAP has used funds on occasion as seed money to catalyze the generation of activities which then moved forward with limited or no further support. The initial orientations, workshops and conferences in Burkina Faso, Niger, Nigeria, Zambia, and Tamil Nadu (India) are notable examples. VITAP's original orientation workshops in Indonesia and the Philippines generated such response that VITAP found it necessary to hire local coordinators in each country. The payoffs have been tremendous.

Another approach taken to leverage its own funds has been to encourage and assist clients in preparing proposals for funding. VITAP provided TA to several PVOs in the preparation or review of proposals which then competed with HKI's own proposals also submitted to PVC. In the Philippines, VITAP assisted in writing the Project MATA ("Eye") proposal, resulting in an AID/Philippines grant for vitamin A technical assistance to five NGOs. In Indonesia, the VITAP country coordinator assisted three NGOs in preparing proposals for projects with vitamin A components. These efforts resulted in grants totaling \$710,000 from one Canadian and two Netherlands donor agencies.

UNICEF/Mali has contributed \$50,000 to printing of the series of flip charts. Most recently, VITAP has assisted Aravind Children's Hospital and its collaborating NGOs in India to prepare a funding proposal to support vitamin A interventions and operational research, and to establish a xerophthalmia surveillance system.

## 2. Administrative

### a. Organizational Structure

The Midterm Evaluation team observed that VITAP was operating almost as a separate entity within HKI and, in addition, that VITAP and other HKI staff, as well as PVC staff, had reported problems which seemed to have stemmed from this organizational arrangement. The team recommended that VITAP be re-organized and integrated into the permanent HKI structure. This has now been accomplished. Operations during Phase II have been carried out with a direct line relationship between VITAP and HKI senior staff and substantial merging of VITAP positions within HKI. All VITAP, senior HKI and PVC staff who were interviewed during the Final Evaluation expressed satisfaction with the present arrangement.

### b. Administration

Project administration has been exemplary. All required quarterly and annual reports have been submitted to PVC as scheduled in the DIP. During Phase II, reports have been streamlined, requiring considerably less VITAP staff time and effort, and have become more readable for PVC. The report outline follows the sequence of project activities listed in the Log Frame, thus providing a continuous thread over time along which one can follow progress of a given activity. Publication and distribution of *Vitamin A News Notes* has proceeded as scheduled. The data management and retrieval system has sustained up-to-date reporting on the current status of each project activity and timely response to information requests. Tracking of all requests and materials distribution has been impeccable and there is no evidence of any lapses in communication with clients, collaborators or donor agencies. Interviewees uniformly indicated that all VITAP staff have invariably been accessible and responsive.

VITAP has been conscientious in following up on TA visits, services and materials distribution. A standardized form seeking feedback on the timeliness and technical merit of each consultant visit has consistently been sent to the recipient NGO/PVO. VITAP has periodically included questionnaires in *Vitamin A News Notes* to obtain comments on the information dissemination activities from a broad audience. Occasionally, questionnaires seeking more specific information have been mailed to selected groups of collaborators, e.g., for the Midterm and Final Evaluations and for the VITAP Assessment.

### **III. DISCUSSION**

A summary of the results of VITAP's technical assistance and work with other organizations was presented in the previous section. Some of these results are especially noteworthy among themselves, while others worked together to create a category of results which are considered "Successes". These successes are presented below and then followed by a discussion of factors which were positive forces (section B. Supporting Factors) and negative forces (section C. Constraints to VITAP's Operations) during the implementation of VITAP. Finally, section D., Other Observations, presents a brief group of miscellaneous topics to complete the chapter.

#### **A. Successes**

- 1. VITAP has established an impressive record in motivating and enabling PVOs, NGOs and Ministries of Health to undertake and sustain vitamin A activities. VITAP's singular focus, imagination and flexible thinking were key factors by creating structures and working relationships appropriate to each situation.**
- 2. VITAP successfully mobilized a broad-based approach for addressing vitamin A deficiency which went well beyond the Ministry of Health and the government itself to include many segments of the non-governmental and commercial sectors as well. Within the government, VITAP promoted the formulation and promulgation of policies legitimizing the distribution of vitamin A capsules, thus making this intervention potentially sustainable. VITAP-sponsored workshops and conferences were key factors in unifying NGO/PVOs, forging linkages with key business interests and stimulating and assisting governments to adopt internationally recommended norms.**
- 3. VITAP has brought about major increases in coverage and enhanced the potential for sustainability of vitamin A intervention programs in several countries. These achievements have emanated from VITAP's catalytic role in facilitating the acceptance of NGOs as officially recognized members of the vitamin A community.**
- 4. VITAP has successfully developed and tested new methods and training materials which have been badly needed by NGO/PVOs for vitamin A program implementation. VITAP's sensitivity to the NGO/PVO community's needs and emphasis on low cost, simple techniques makes these new methods and materials especially appropriate for use by the PVO/NGO community.**
- 5. VITAP has been effective in creating receptivity on the part of the development community for its new products. Key to this success was the process through which collaborators came to share ownership of new methods and materials. VITAP's process involved NGO/PVOs, MOHs and indigenous institutions in the**

development and testing phases to assure acceptability, and coupled this process with ongoing peer review by recognized scientists to assure technical quality.

6. **VITAP has successfully assisted individual and groups of NGOs/PVOs to receive official recognition for their efforts and to obtain funds from the government and others.**
7. **VITAP has successfully contributed to the institutional development of HKI. It has improved HKI HQ and field program capacity in vitamin A, has enhanced HKI's ability to provide technical assistance to other NGO/PVOs, has provided HKI visibility beyond blindness prevention and has enriched HKI by contact with other NGO/PVOs in a variety of field settings and experiences. The challenge which VITAP presented to HKI to be on the cutting edge of vitamin A interventions and the dedication of VITAP staff to this objective have been key factors in this success.**

#### **B. Supporting Factors**

The factors listed below helped to create a favorable environment for the initiation of VITAP and subsequently enhanced the environment in which VITAP operated and achieved success. Some of these factors were under VITAP's control and others were external, in the form of serendipity.

##### **1. Timing**

**High visibility of vitamin A.** VITAP was funded three years after the results from the Aceh study in Indonesia (1985) showed that vitamin A capsule supplementation was associated with a 34% reduction in mortality and a 25% reduction in morbidity among preschool children. These findings proved that vitamin A was an important factor in child survival beyond its role in blindness prevention.

**Availability of AID funds.** In 1985, Congress became sufficiently concerned about vitamin A that it earmarked funds for this nutrient as part of the AID/W Child Survival Program. VITAP was funded three years later from the 1988 Vitamin A earmark.

2. **HKI's reputation.** At the time VITAP was funded, HKI had already developed a reputation as a leader in the field of vitamin A. HKI and the Government of Indonesia implemented the initial research which showed the importance of vitamin A for child survival. These results then provided more fertile ground for VITAP to advocate for the incorporation of vitamin A as a component of Child Survival-funded projects.

### 3. Flexibility

**External - AID's management of VITAP.** VITAP appears to have enjoyed considerable flexibility from AID as an "AID project". VITAP fulfilled all of its AID requirements, and seemed to have ample flexibility in making choices (consultants, countries within the group of those eligible for CS funds, activities, manuals, etc.) which it was able to support. AID and VITAP took seriously the recommendations from the Midterm Evaluation and the resulting changes proved very beneficial for VITAP and its collaborators.

**Internal - VITAP's approach to carrying out its mission.** Within its overall mission, VITAP had a considerable amount of flexibility regarding how it would use its funds and which activities it would initiate. VITAP staff used this flexibility wisely by being extremely imaginative and creative in designing different operational structures in different settings, both overseas and in its domestic relationships as well. This open approach allowed VITAP to learn from sister PVOs while at the same time assisting them.

Another example of VITAP's flexibility was that it was able to "take on" a problem presented to it by an NGO or PVO and design a way to address it, and conversely, VITAP could also initiate projects, based on its accumulated experience and knowledge of what its clients needed and wanted. An example of the latter type is the *Vitamin A Training Activities* manual. It was not specifically identified initially as something that PVOs wanted, but the need for it became clear the more VITAP worked with different NGO/PVOs. The wisdom of producing this manual is being borne out by the initial enthusiastic response to it. For a variety of reasons, VITAP was not able to work with all of the groups which requested its assistance. Therefore, creating a manual, method, etc. which others could use, without VITAP's direct assistance, was a deliberate strategy for expanding the benefits of VITAP during its project life and afterwards as well.

VITAP's liberal level of funding contributed greatly to its flexibility in taking initiative and even taking risks. In Phase I, when VITAP initially invested its own resources in collaborating with a given NGO/PVO, VITAP could not be sure that this group would carry forward with its own vitamin A activities. In Phase II, VITAP minimized this risk by designing collaborative projects with selected groups which had already proven their interest and capability to capitalize on VITAP's investment in them.

4. **Project life of VITAP.** Although almost a year passed before VITAP was fully operational, the fact that it was funded for a multi-year period allowed VITAP to take on a number of long-term projects. Typically, these projects required extensive work in development and pre-testing, even in two or more countries, before the final product was available. For example, developing the dietary assessment

method involved validation testing in three countries, pretesting the draft manual in two additional countries and review by experts. As a product, the Qualitative Assessment manual was published in early 1993 and its companion "how to" piece is slated for publication in the spring of 1994.

5. **Financial stability.** VITAP's level of funding provided sufficient resources to create a model of PVO-to-NGO/PVO technical assistance. This model did not exist in VITAP's original design, but evolved after the Midterm and prior to developing the DIP for Phase II. VITAP was first funded for three years, with funding for the final two years contingent upon Phase I's results. Although this type of arrangement is not as positive as initial five-year funding, the financial stability provided by this Cooperative Agreement gave VITAP a secure place within HKI.
6. **Attractive offer.** Initially, VITAP had the benefit of being able to offer something (technical assistance) to NGO/PVOs, free of charge, tailored to their situation and provided when and where they wanted it.
7. **HKI assistance.** HKI Country offices (Indonesia, Philippines, Nepal, Burkina Faso and Niger) have facilitated VITAP's progress and effectiveness by providing entrée to governments and NGOs, a no-cost ongoing presence in each country and extremely low-cost means of communication.
8. **Generation of demand.** VITAP had great ability to create demand for initial and follow-up services by, e.g.,
  - a. **cost-sharing** -- for the initial orientations and for major international and national workshops, VITAP supported the costs for NGO/PVOs and also the travel and per diem expenses of resource persons; for most subsequent workshops, NGO/PVOs paid their own expenses; and
  - b. **providing technical assistance** which allowed for transferring the skills developed in vitamin A, e.g., in assessment and training, to other interventions being implemented by the client.
9. **Attitude.** In addition to all of the other factors above which operated in VITAP's favor, the one which seems to stand out most readily in the minds of its clients is that VITAP was very "user-friendly". The VITAP staff took great pains to understand the unique reality of each of its clients and endeavored to treat each one with speed, courtesy, professionalism and custom-made service. VITAP made it very easy for PVOs to use its services -- it went to them, asked them what they needed and worked out a schedule with their organizational constraints taken into account. Interviewees made a point of the positive nature of their interaction

with VITAP -- VITAP engaged the client in dialogue, in contrast to just being a one-shot, one-way provider of TA.

### C. Constraints to VITAP's Operations

The factors which are listed below mitigated against VITAP having more success. Some of these factors were internal, actually under VITAP's control, while others were external, in the nature of unfortunate circumstances. These constraints are presented in more-or-less chronological order as to when they occurred over the lifetime of VITAP.

#### At the outset:

1. **Enormity of the task.** The task which confronted VITAP in 1988 was enormous: the number of countries where vitamin A deficiency was already a known -- and serious -- public health problem was growing; the number of countries where vitamin A deficiency was a suspected problem was growing; and knowledge of the consequences of even moderate degrees of vitamin A deficiency was sounding alarms within the scientific and donor communities.
2. **Initial perceptions of VITAP's potential.** Some PVOs were reluctant to become associated with VITAP at the outset when VITAP was presented to them as a "center of excellence". Most of them had more experience than HKI in implementing Child Survival interventions in NGO/PVO settings. Also, they knew that HKI had trouble getting proposals funded -- just as they did. Even though HKI was a sister PVO to those who were to be its clients, these clients did not view HKI as very similar -- HKI was perceived as almost exclusively focused on vitamin A and it had little experience in community-based activities.
3. **PVO priorities beyond vitamin A.** Several PVOs did not accord high priority to vitamin A and were still grappling with the focus on the new "twin engines" in Child Survival, i.e., EPI and CDD.
4. **Government vitamin A policies.** Developing a nurturing governmental climate for NGO/PVOs' vitamin A activities took considerable time in some countries because vitamin A historically had not been accorded high priority and because of the normal inertia within governments.
5. **Restrictions of the Child Survival Program.** The probability of a Child Survival proposal being funded increased if the health problems the PVO wanted to address were consistent with those identified by the Ministry of Health and USAID. Very few countries had concrete data on true vitamin A deficiency (from xerophthalmia prevalence studies or other data on serum retinol) or even communities at-risk for vitamin A deficiency. As a result, even if a PVO wanted to designate a major portion of its project to vitamin A, it was very hard to justify

given AID's criteria for approving CS proposals. Therefore, vitamin A was usually relegated to one of the many dietary practices to be improved under an overall nutrition component.

During Phase I (September 1, 1988 - September 30, 1991)

6. **Start-up delay.** VITAP was funded on September 1, 1988, but it was over six months before sufficient staff were hired for activities to begin.
7. **Work with NGOs.** In Phase I, VITAP operated under the constraint that AID prohibited activities with NGOs. This constraint was resolved in the Phase II DIP by putting PVOs and NGOs into the Purpose level of the Log Frame.
8. **Distribution of vitamin A capsules.** Most governments tended to confine the authorization to administer vitamin A capsules to professional levels of health staff, a policy which mitigated against achieving rapid increases in coverage in areas of highest risk of vitamin A deficiency.
9. **Turnover in AID/PVC.** VITAP had four different PVC Project Officers from the time it began to the Midterm Evaluation. Inevitably, these turnovers caused delays and extra effort on VITAP's part to inform each new Project Officer.
10. **Transition period around the midterm.** Operations slowed down considerably at the mid-point (March 1991) due to the uncertain funding situation, travel embargo due to the Gulf War and re-grouping after the Midterm Evaluation.

During Phase II (October 1991 - March 1994)

11. **Supply of vitamin A capsules.** Throughout VITAP's lifetime, the fact that some governments have been unable to organize and maintain a reliable vitamin A capsule supply to the periphery of the health system has discouraged NGO/PVOs from getting involved in this approach and frequently has temporarily stalled ongoing projects with capsule components.
12. **Reallocation of resources after the Midterm Evaluation.** VITAP had fewer funds for Phase II than it did for Phase I. Furthermore, the restructuring of VITAP to focus on a limited group of collaborative projects inevitably hampered VITAP's ability to follow up on some earlier activities or respond to new opportunities outside of this framework. Indeed, even some collaborative projects had to be cancelled because of the need to divert VITAP funds for the VITAP Assessment.
13. **Turnover in VITAP staff.** By the time VITAP entered Phase II, turnover in staff had begun. This turnover, coupled with staff reductions, caused delays in publications.

## **D. Other Observations**

The few topics discussed below touch on the process of VITAP as well as its products and are presented for consideration in the planning of similar activities in the future.

### **1. The Double-Edged Sword of Responsiveness**

VITAP's reputation of being approachable and responsive, and its quick turnaround time for requests from the field, have contributed to dependency of varying degrees among its collaborators. This was absolutely inevitable, and is not necessarily a weakness. At the beginning of VITAP, its collaborators were dispersed along the continuum of "expertise in vitamin A programming". At the end of VITAP, they are still dispersed, but have collectively moved closer to the end which represents "sufficient capacity for the design, implementation and evaluation of their own vitamin A components". It would be unrealistic to believe that VITAP could, or even should, endeavor to replicate its own expertise -- in breadth and depth -- within each collaborating NGO/PVO over a five-year period. In fact, VITAP never tried to do this.

Now, at the end of 5.5 years of VITAP, some of its PVO collaborators do not express confidence at knowing where to find technical assistance for vitamin A, if not through VITAP or otherwise within HKI. There are other resources available (e.g., UNICEF, IVACG, WHO, CSSP, other PVOs, universities), but the fact that VITAP did its job so well meant that its collaborators did not have to consider where else they might have sought assistance, if not through VITAP. This "Catch-22" situation is not unique to VITAP, but will exist in any similar project. Nevertheless, the dozen or so PVOs which collaborated most closely with VITAP are now tied into a network among themselves and with other groups also interested in and working to address vitamin A deficiency. They should have no trouble tapping into this network to find referrals for the information they need.

### **2. Linkages with Other Sectors**

Both the Midterm and VITAP Assessment reports contained recommendations that VITAP seek more opportunities in each country to enlist collaborators in other sectors -- especially agriculture and education -- and selected country-specific Ministries. It was suggested that VITAP concentrate on these other sectors in countries where the health infrastructure is especially weak. Time and budgetary limitations have prevented VITAP staff from following through adequately on these recommendations. Due to their essential and important roles in making progress toward the resolution of vitamin A deficiency, more emphasis needs to be placed on these Ministries as NGO/PVOs continue their efforts to address vitamin A deficiency.

### 3. Monitoring and Evaluation

Monitoring, evaluation and regular feedback of results to project staff and communities are essential for achieving and sustaining adequate coverage and high quality services. The VITAP Assessment report recommended that special attention be given to assist clients to develop transferable skills in the area of monitoring and evaluation. However, there was little opportunity for VITAP to act on this recommendation, given the timing of the Assessment (end 1992) and the fact that budgetary commitments had already been made to the collaborative projects.

VITAP's relationship with its collaborators provided it with an ideal opportunity to address monitoring and evaluation in a more direct and systematic way than occurred during the project. Even though monitoring and evaluation were included in VITAP-assisted workshops and some specific consultancies, the end result is that NGO/PVOs still need considerable assistance in this area. VITAP could have benefited from their cumulative experience and lessons learned if it had undertaken to work with them more explicitly on monitoring and evaluation. The draft manual *Controlling Vitamin A Deficiency: A Practical Guide* (mentioned in section II.B.3.c.v) and the Spanish *Manual for Developing and Implementing a Nutrition Communications Strategy* (from the Guatemala collaborative project) do address monitoring and evaluation, albeit in a minor way. Half of the NGO/PVO respondents to the Final Evaluation questionnaire indicated continued interest in TA for monitoring and evaluation.

### 4. VITAP's Relationship with HKI

AID required that VITAP be established and operate as a separate and independent unit within HKI, with the mandate of serving PVO audiences, except HKI. The implementation of this requirement resulted in difficulties among HKI staff regarding the acceptable "placement" of VITAP within HKI. After the Midterm, more attention was focused on addressing the difficulties which had been created by the operational separation of VITAP from the rest of HKI. By the end of VITAP, HKI had fairly well resolved the issue of the integration of VITAP's services within the overall organization.

#### **IV. SUSTAINABILITY**

The findings presented in Section II and the discussion in Section III focused on VITAP's accomplishments during the course of its 5.5-year life of project -- in effect, they are a "look backward" at VITAP. The indicators for measuring VITAP's Purpose refer to the actions taken by 13 NGO/PVOs during the time of VITAP (refer to Table 1).

In contrast, the focus of this section is a "look forward" into selected aspects of sustainability. A crucial question is what these organizations will do once that VITAP is no longer available for any free or cost-sharing services. VITAP has caused a variety of things to happen: it has raised awareness about vitamin A deficiency and how to treat it; it has created a number of specific publications and materials; it has developed a new dietary method for assessing communities at-risk for vitamin A deficiency; and it has changed forever the way that thousands of decision makers, project managers and health staff think about and treat measles, diarrhea, acute respiratory illnesses and malnutrition. This section presents a "look forward" into the future and includes some predictions about the factors which will affect the ability of VITAP's former clients to maintain their commitment to address vitamin A deficiency.

##### **Point #1: Vitamin A will "ride the tide" with Child Survival.**

As long as there is funding for Child Survival, vitamin A is expected to be among the list of priority interventions. Vitamin A will be considered by PVOs in their Child Survival-funded projects (central or USAID mission) if the project area is already known to be at-risk for vitamin A deficiency or if the PVO is willing to invest the funds to do an assessment to provide quantitative and/or qualitative data.

However, when Child Survival funding is no longer available, concerns for vitamin A programming will probably be no greater nor lesser than those for any other specific Child Survival intervention, e.g., EPI, diarrhea, ARI and breastfeeding, with the exception of family planning (which is now moving out of Child Survival with its own prominence and related earmark). There is no vitamin A earmark left in the US Foreign Assistance Budget, so it is unlikely that there will be any more field projects which are designated 100% to vitamin A.

##### **Point #2: Vitamin A programming will maintain high visibility within the expanded focus on the package of three micronutrients.**

The programming similarities for addressing vitamin A and iron deficiencies will encourage PVOs to take their experience in vitamin A and apply it to iron. This process will help them to reinforce what they know about vitamin A, and will help to continue their vitamin A programming as well because of the overlap of groups at-risk for deficiencies of these two nutrients.

**Point #3: Vitamin A programming will become increasingly integrated with other associated primary health care issues of vulnerable groups, particularly preschool children and pregnant and lactating women, e.g., vitamin A and measles treatment; vitamin A and care of post-partum women; vitamin A and diarrhea treatment; vitamin A and ARI treatment; vitamin A and malnutrition; and vitamin A and efforts to improve dietary diversity.**

Increasing knowledge of the role of vitamin A in the immunological system is a potent driving force for the continued attention on vitamin A in the development community. Application of new knowledge to field realities should now be facilitated by having crossed the first barrier of raising awareness about the effect of vitamin A on morbidity and mortality of preschool children. As long as vitamin A remains in the scientific spotlight, or at least near to it, PVOs will have reason to initiate, continue and expand their vitamin A activities.

**Point #4: Vitamin A deficiency needs to be addressed within an integrated approach to nutrition.**

One of the factors which has helped VITAP be so successful is its singular focus on one issue -- vitamin A deficiency. VITAP was indeed a single issue program, but its strategy for increasing vitamin A programming in NGO/PVOs was one of integration. VITAP knew that it was easier -- and more sustainable -- to motivate and train collaborators to integrate vitamin A into their on-going programs, as opposed to encouraging them to initiate brand new projects devoted solely to vitamin A.

The following discussion of "vertical versus integrated" programming is not to criticize VITAP for being a "vertical" program. Rather, the points raised are to emphasize some of the disadvantages inherent in the vertical approach to improving nutrition (that is, on a nutrient-by-nutrient basis) and to reinforce the advantages of an integrated approach for future programming.

The vertical approach, highlighting single nutrients, clouds the picture of nutrition for Child Survival project staff and community members who are expected to promote and implement, respectively, the nutrition messages. This approach presents serious programmatic challenges to governments and NGO/PVOs.

On the other hand, there is now an opportunity to return again to a more comprehensive approach to nutrition. The finding that vitamin A has a much broader role in child health beyond blindness prevention supports the move towards a broader focus in nutrition education. This comprehensive approach would recognize the intertwining of food production -- food preservation and storage -- household food security -- dietary practices-- maternal nutrition -- breastfeeding -- weaning -- growth monitoring -- diarrhea management -- and child health and development.

As an entrée, the most promising approach to the long-range resolution of vitamin A deficiency is through increased use of vitamin A-rich foods. This strategy can also automatically contribute to improving the intakes of iron, calcium, zinc, vitamin C and good quality protein. However, if the increase in vitamin A comes from increased intake of fruits and vegetables, there is also more fiber consumed. As a result, it is necessary to emphasize the use of fat to maintain the caloric density of the diet for the young child. Both of these issues, i.e., vitamin A and fat, are typically addressed in an integrated approach to nutrition. Concentrating on vitamin A alone could actually be detrimental.

**Point #5: The effects of VITAP will continue to multiply beyond the initial round of activities and projects through the transfer of staff members who have participated in VITAP activities.**

Working with VITAP has made an everlasting impact on the awareness, motivation and skills of numerous individuals at different decisionmaking and implementational levels within many NGO/PVOs. There is great potential for this knowledge to be sustained and shared with others as these individuals are transferred to the HQ of their respective organization, or are transferred from HQ to the field, or are transferred to another country. By the same token, knowledge about and efforts to address vitamin A deficiency can be expanded when staff trained by VITAP become employed by another NGO/PVO, AID, the UN or other donor agencies. VITAP's multiplier effect can occur within NGO/PVOs, between NGO/PVOs and within the development community at large.

**Point #6 - The impressive number of high-quality materials, publications and manuals produced during VITAP will make a significant contribution to the sustainability of institutional and behavior changes vis-a-vis vitamin A.**

VITAP realized that it could not work with all of the NGO/PVOs which requested its assistance. Therefore, one of its deliberate strategies for expanding its services -- both during and after the project life -- was to produce "user-friendly" materials which were generic enough, yet specific enough, for easy application to NGO/PVO programs. Furthermore, the collaborators who have used these materials during VITAP can easily take these tangible products with them as they work in other projects, other countries and/or other agencies.

**Point #7 - Any future measurement of the degree to which NGO/PVOs are sustaining their commitment to address vitamin A deficiency needs to take into account normal differences in interpreting the "backstopping" role played by the HQ staff responsible for the "technical content" of health projects.**

Even though the 13 NGO/PVOs which were the focus of this evaluation shared with VITAP a common commitment to programming in vitamin A, they are very different with respect to their overall mission, size, philosophy, operation and organizational structure. Those which have centrally-funded Child Survival projects are required to

have a "technical backstopping capability" in HQ for these projects and it is with these persons that VITAP had most of its domestic communications.

Even though all of these HQ staff are usually considered "technical staff" (as opposed to managerial staff), there are wide differences in the interpretation of their "backstopping" role. These differences basically reflect the differences among NGO/PVOs themselves as organizations. Resulting variations in the interpretation of the "backstopping role" of the "technical health specialist" affect the amount of information available at HQ with respect to specific field projects and what one can expect the HQ health specialist to do during and after VITAP. PVOs can be placed along a continuum based on the expectations they have about the "technical backstopping" which their HQ staff provide for their overseas programming activities -- in vitamin A and everything else.

One way in which this "backstopping" responsibility differs among PVOs is the degree to which HQ staff provide technical assistance to the field in program content (e.g., vitamin A). At one end of the continuum, the HQ staff of some PVOs are expected to serve as the direct providers of "technical" TA to their overseas programs. These HQ people can take in the specifics about vitamin A programming and apply the information directly to their field projects. At the other end of the continuum, the role of some PVO technical health specialists is more supportive in that they facilitate and coordinate the provision of TA to the field, without necessarily providing it themselves. They are expected to know where to find an answer or specialized technical assistance, but they are not expected to become the trainers on a given health topic.

The above discussion about "technical backstopping" is relevant to sustainability because of the potential for underestimating a PVO's activities in vitamin A (or any other specific health topic) due to an assessment of "vitamin A expertise" resident in selected HQ technical staff. The reverse is also possible, but probably less so, that of overestimating a PVO's commitment to vitamin A because of a high degree of competence in the subject by HQ staff. In general, these HQ health staff are not expected to be -- or become -- vitamin A experts, either before or after VITAP, so there will always be a need for TA in specialized areas.

## **V. CONCLUSIONS**

- 1. VITAP has been the right resource at the right time.** At the time that VITAP began (1988), the results of the Indonesian intervention study (1985) had been widely discussed among the scientific community and donor agencies, but had not yet motivated many PVO program managers to actively address vitamin A deficiency in their community-level projects. The PVOs had assumed their role as key players in Child Survival and had some experience with EPI and CDD. HKI was poised to provide technical assistance in vitamin A. And AID had earmarked funds to support vitamin A activities in Child Survival.
- 2. VITAP has successfully navigated among a number of constraints and achieved its purpose.** VITAP has motivated an impressive number of NGO/PVOs to make an organizational commitment to address vitamin A deficiency, assisted them to design and initiate projects and to develop methods and materials which enable their vitamin A interventions to be more sustainable. In the process, VITAP helped many of them to develop skills which are transferable to their other programming components.
- 3. VITAP has been an effective mechanism for PVO-to-NGO/PVO technical assistance.** VITAP created and applied a very basic, flexible model for providing technical assistance to a wide variety of NGO/PVOs.
- 4. VITAP has successfully practiced the art of collaboration.** In spite of being billed at the outset as a "center of excellence," which offended sister PVOs, VITAP staff were able to gain the confidence of their clients and work with them in such a productive and mutually beneficial manner that they have become enthusiastic supporters. VITAP accomplished this through tailoring its management models to each situation and sharing costs and sharing ownership of results with collaborators.
- 5. VITAP's work is unfinished.** While functioning itself as a successful model of PVO-to-NGO/PVO technical assistance, VITAP has served as the catalyst for creating additional models which extend coverage and improve vitamin A interventions in many countries. These models address the empowerment of NGOs, institutionalization of staff training, operational research, NGO-to-government collaboration, etc. However, work on methods for dietary diversification, effective nutrition communications and monitoring and evaluation aspects of vitamin A programming within the NGO/PVO context has just begun. The ability to follow through on and apply advances in these latter areas, particularly in terms of transfer to other countries, will be problematic if the catalyst disappears. Having recently assumed a significant role in vitamin A programming in numerous countries, the NGO/PVOs continue to need help from VITAP-like technical assistance services.

6. **VITAP leaves HKI a stronger institution.** However, VITAP has so successfully enhanced HKI's role as a resource organization for vitamin A that HKI could suffer serious damage to its reputation if it does not endeavor to continue responding, at least minimally, to requests for assistance until more resources are available for this function.

## **VI. RECOMMENDATIONS**

The following recommendations were developed as a result of the findings and conclusions of this Final Evaluation of VITAP.

1. **AID should continue to have a mechanism which gives priority attention to PVOs, especially those which work collaboratively with indigenous NGOs.** VITAP has been a model of PVO-to-NGO/PVO collaboration with reference to the field of vitamin A. AID should consider this model for future programming - not just in vitamin A.
2. **Helen Keller International should continue to pursue the PVO-to-NGO/PVO approach in all of its programs, not just vitamin A.**
3. **Helen Keller International should promote the success of its PVO-to-NGO/PVO approach in seeking funds from the broad universe of donors.**
4. **Micronutrients**

AID and HKI should view the current attention to micronutrients as a means of reinvigorating a more comprehensive approach to a balanced diet. This approach is already promoted by HKI in its manual, *Conducting a Qualitative Assessment of Vitamin A Deficiency* and the draft manual from the Guatemalan collaborative project for developing a nutrition communications strategy. Such a comprehensive approach still needs to be specific for each vulnerable group within individual cultures (e.g., diets for weaning-aged children in the Guatemalan highlands), but it should avoid the distortions which are caused by overemphasizing individual nutrients.

Micronutrient messages should be complementary to and reinforce a package of comprehensive nutrition messages in each setting. The package should contain a limited number of easily understood, acceptable and feasible messages which can be mutually agreed on and delivered by health, education and agriculture sector staff. As an example, the UNICEF/WHO/UNESCO *FACTS for LIFE* (Child Growth section) should be used as a model in constructing the key nutrition messages.

5. **HKI should take maximal advantage of appropriate opportunities to collaborate and share resources with other NGO/PVOs in advancing the state of the art and materials development for nutrition interventions. In this endeavor, the multisectoral approach should be emphasized wherever possible.**
6. **Whenever possible, AID and HKI should assist indigenous local institutions -- especially universities and the host government -- to be involved in collaborative activities with NGO/PVOs so as to foster institutional and human resources development. The result will be more rapid progress toward a sustainable 'capability base' in each country.**
7. **PVC should fully incorporate vitamin A into the Child Survival portfolio of components by making the Final Evaluation Guidelines for Child Survival projects apply to those with vitamin A components as they now apply to all other Child survival interventions.**

**ANNEX 1**

**QUESTIONNAIRES USED FOR THE FINAL EVALUATION**

- A. Sent to PVO Headquarters**
- B. Sent to Participating Members of Collaborative Projects**
- C. Sent to Readers of *Vitamin A News Notes***

**VITAMIN A TECHNICAL ASSISTANCE PROGRAM  
END-OF-PROJECT EVALUATION**

The first part of this questionnaire (questions 1 and 2) seeks general information about how your organization's interest and involvement in vitamin A activities has changed since the inception of VITAP (October 1988) to the present. The objective is not to measure change due to VITAP, but change while VITAP has been operational. The focus of this evaluation is on evidence of your organization's commitment to addressing vitamin A deficiency, not your relationship with VITAP per se. The second part of this questionnaire (questions 3 through 7) seeks information about your agency's experience working with VITAP.

All of the questions refer to all of your organization's vitamin A activities, not just those which are specific to child survival or funded by the U.S. Agency for International Development. A "quick and dirty" response will be adequate. When in doubt, you can check "not sure".

After reviewing your response, it is possible that someone on the Evaluation Team will want to contact you again. This contact may be by phone or by a personal visit. Your response to this questionnaire will be greatly appreciated.

**1. Since October 1988, has your organization:**

- a. Increased the number of vitamin A-specific country programs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, from \_\_\_\_\_ (number) in 1988 to \_\_\_\_\_ (number) at present.

- b. Increased the number of country programs which have a vitamin A-related intervention integrated into other child survival, health, agriculture or education projects? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, from \_\_\_\_\_ (number) in 1988 to \_\_\_\_\_ (number) at present?

For numbers 1a. and 1b. combined, please identify the countries where your organization is involved in vitamin A activities:

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- c. Increased the total (in all countries) target population of preschool children for vitamin A-related interventions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the 1988 target population was (roughly) \_\_\_\_\_ (number) and at present it is (roughly) \_\_\_\_\_ (number).

d. Increased the total (in all countries) target population of women of childbearing age for vitamin A-related interventions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the 1988 target population was (roughly) \_\_\_\_\_ (number) and at present it is (roughly) \_\_\_\_\_ (number).

2. Since 1988, has your organization -

	yes	no	Being planned	Not sure
• added interventions to:				
• Increase the local production of vitamin A-rich foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Increase the consumption of vitamin A-rich foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provide vitamin A supplements (capsules) to:				
All pre-school children every 3 or 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-school children with high risk factors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children with measles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-partum mothers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Train health workers in the prevention, recognition, and treatment of vitamin A deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other activities? please specify				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Since 1988, has your organization -				
• Submitted proposals which include vitamin A interventions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Increased the allocation of funds for vitamin A-related activities? If yes, what is the approximate amount currently allocated? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Designated staff to be responsible for vitamin A-related activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Incorporated vitamin A-related topics into on-going training curricula?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adapted or developed educational or training materials on vitamin A for use in programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written or adopted policies, plans or guidelines related to vitamin A? If yes, agency wide? yes _____ no _____ for specific countries? yes _____ no _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Increased the number of linkages to other agencies involved in vitamin A deficiency control activities? If yes, please identify the agencies _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Increased the number of staff sent for training on vitamin A-related issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please rate VITAP -**

A. With reference to the quality and timeliness of technical assistance provided.	Poor	Fair	Good	Very Good	Not Applicable
Timeliness - did you get VITAP's assistance when you requested it?					
Technical Expertise?					
Relevance to your program objectives?					
Appropriateness to your agency's needs?					
Ability to work/communicate with your staff?					
B. With reference to the overall quality of technical assistance in each technical area.	Poor	Fair	Good	Very Good	Not Applicable
Orientation and staff training on vitamin A					
Assessment of vitamin A deficiency					
Program design or strategy development					
Nutrition education w/emphasis on vitamin A rich foods					
Social marketing to promote vitamin A related objectives					
Vitamin A related gardening activities					
Monitoring and evaluation of vitamin A related activities					

**4. Were you aware of the existence and availability of the HKI/VITAP publications and materials on the enclosed list, "Selected Publications and Training Materials for vitamin A Deficiency Control"?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you care to comment on the usefulness of any in particular?

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**5. If your organization has not as yet responded to the November 1993 questionnaire on the Vitamin A NewsNotes newsletter, please complete and return the enclosed copy.**

6. Please give specific examples of any positive experiences with VITAP and reasons why they were positive -

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7. Please give specific examples of any negative experiences with VITAP and reasons why they were negative -

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8. Does your organization continue to need technical assistance with reference to micronutrients in the following technical areas:

Technical Area.	Vitamin A	Iron	Iodine
General Orientation and staff training			
Assessment			
Program design or strategy development			
Nutrition education or communication			
Social marketing			
Gardening			
Monitoring and evaluation			

**9. Follow-up**

Please indicate your (or someone you can designate) availability in case the Evaluation Team needs to get in touch with you between March 9 and 18, 1994.

Who to contact? \_\_\_\_\_ When available? \_\_\_\_\_

Phone/Fax \_\_\_\_\_

**Please send completed questionnaires to: Dr. Mary Ruth Horner, VITAP Final Evaluation Team, Helen Keller International, 90 Washington Street, New York, NY 10006, postmarked by March 1. Thank you very much for your very valuable time and assistance.**

**This questionnaire was completed by** \_\_\_\_\_

**Position** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Date** \_\_\_\_\_

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Helen Keller International  
Vitamin A Technical Assessment Program  
Collaborative Project Questionnaire

Annex 1 - B

We routinely conduct a follow-up survey of all organizations who participated in a collaborative project with VITAP. Please have the person most knowledgeable about this activity answer these questions. We appreciate candid comments. Thank you!

Collaborative project: \_\_\_\_\_

Description / Purpose: \_\_\_\_\_

\_\_\_\_\_

1. What outcomes actually resulted from this collaborative project? *(Please note as many as possible)*

2. How else did your organization benefit from participating in this collaborative project? *(Please describe)*

3. Did personnel of your organization participate in the planning, implementation, and / or documentation of this collaborative project? *(Circle one)*

a. Yes

b. No

c. Not sure

4. How useful was VITAP's technical assistance and other inputs? *(Circle one)*

a. very useful

c. average usefulness

e. not useful

b. mostly useful

d. a little useful

f. not sure

If useful, how was it useful? *(Briefly describe)*

How could it have been more useful? *(Briefly describe)*

Form completed by: Name \_\_\_\_\_  
Organization \_\_\_\_\_

Date \_\_\_\_\_

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Helen Keller International  
Vitamin A Technical Assistance Program (VITAP)  
90 Washington Street  
New York, NY 10006, USA

Annex. 1 - C

November 1993

Dear *Vitamin A News Notes* reader:

All of us at VITAP hope that your free subscription to the *Vitamin A News Notes* newsletter is useful for your work. Please help us to improve *Vitamin A News Notes* and continue to send this publication to your organization twice a year.

We would appreciate it if you or the most appropriate person at your organization would take a minute to respond to these few questions and verify your subscription address. For your convenience, we have enclosed a return envelope already addressed to us. We are all looking forward to hearing from you!

1) To the best of your knowledge, how many different issues has your organization received? *Circle the best answer.*

- a) only this one      b) two to four      c) more than five

2) How many persons read each issue of *Vitamin A News Notes*? *Circle the best answer.*

- a) just myself      b) two to four      c) five to nine      d) ten or more

3) Who reads the copy or copies of *Vitamin A News Notes* mailed to you? *Circle all that apply.*

- a) country or regional director      d) clinic personnel, field staff  
b) health program manager      e) staff of collaborating agencies  
c) technical support      e) other \_\_\_\_\_

4) Which category best describes yourself? *Circle the best answer.*

- a) country or regional director      c) clinic personnel, field staff  
b) health program manager      d) other \_\_\_\_\_  
c) technical support

5) The aim of *Vitamin A News Notes* is to raise awareness of the importance of vitamin A in child health programs and share the latest technical information. Overall, how useful to you is this newsletter? *Circle the best answer.*

- a) very useful      b) mostly useful      c) slightly useful      d) not useful at all

6) How useful to you are the following sections? *Circle the best answer for each section.*

- |   |         |           |             |               |
|---|---------|-----------|-------------|---------------|
| NGO Activities in Vitamin A (program reports) | a) very | b) mostly | c) slightly | d) not at all |
| Vitamin A Events (workshops; new initiatives) | a) very | b) mostly | c) slightly | d) not at all |
| Vitamin A Resources (new publications)        | a) very | b) mostly | c) slightly | d) not at all |
| Program Tips and Ideas (short articles)       | a) very | b) mostly | c) slightly | d) not at all |

*Please turn over*

7) Let us know how *Vitamin A News Notes* may have assisted your organization. *Please check all which apply.*

- Learned valuable information about vitamin A
- Improved vitamin A programs and related activities
- Inspired new vitamin A-related activities
- Educated staff on the importance of vitamin A for child survival
- Used an idea described in *Vitamin A News Notes*
- Adopted training materials for own programs
- Identified other organizations to work with on vitamin A-related activities
- Gained better understanding of how to implement vitamin A programs
- Other (please describe) \_\_\_\_\_

Please share with us an example of the above:

8) Vitamin A deficiency is a form of micronutrient malnutrition. We may expand *Vitamin A News Notes* to cover other micronutrients particularly iron and iodine. How interested are you in these other micronutrients? *Circle best answer.*

- a) Very interested; have ongoing activities to prevent iron and iodine deficiencies
- b) Very interested; would like to begin addressing iron and iodine deficiencies
- c) Somewhat interested, would not mind some articles on iron and iodine
- d) Not interested in iron or iodine at all
- e) Not sure

9) Please note any other suggestions or comments you may have.

10) Is the mailing address below correct? *Please make any necessary corrections.*

*Vitamin A News Notes* is available in English, French, and Spanish language editions. If needed, we can send several copies of each issue. *Please indicate the number of copies needed in each language.*

English \_\_\_\_\_ French \_\_\_\_\_ Spanish \_\_\_\_\_

*Thank you.*

## ANNEX 2

### VITAP FINAL EVALUATION SCHEDULE AND PERSONS INTERVIEWED

All activities took place at HKI Headquarters, New York City, unless otherwise noted

#### Jan. 31 - February 4, 1994

Development of Terms of Reference and Scopes of Work with VITAP Director and Manager, Information Systems  
Design of Questionnaire to be sent to HQS staff of 16 PVOs  
Development of Evaluation Team's schedule

#### March 7

Follow-up with PVOs about questionnaires  
Discussion with VITAP Director and Manager, Information Systems  
Setting up interview schedule with representatives from PVOs, AID and HKI  
Interview with Dr. Susan Pettiss, Senior Consultant, HKI

#### March 8

Design of matrix for tabulating PVO responses  
Follow-up with PVOs and other interviewees  
Document review

#### March 9

Follow-up with PVOs and other interviewees  
Document review and discussion with VITAP Director

#### March 10

Development of Interview Protocol for PVOs  
Document review and discussion with VITAP Director

#### March 11

Document review

#### March 14

Interview at IEF with John Barrows, Director of Programs and Jeff Brown, Coordinator of Child Survival  
Interview at John Snow, Inc., with Anne Ralte, Deputy Director of OMNI

**March 15**

Interview at Project HOPE with Dr. Bettina Schwethelm, Director of MCH Programs  
Interview at ADRA with Dr. Jerald Whitehouse, Senior Health Advisor

**March 16**

Interview with Dr. Dory Storms, Director of the JHU Child Survival Support Program  
Interview with John Palmer, Executive Director, HKI

**March 17**

Interview with Dr. Louis Pizzarello, Medical Director, HKI  
Document review, report writing and discussion

**March 18 - 29**

Document review, report writing and discussion

**March 21**

Interview at Save the Children with Ahmed Zayan, PHC Coordinator

**March 23**

Interview with Dr. Joe Sclafani, Associate Director of Programs, HKI

**March 31**

Interview with Kirsten Laursen, Director of Training and Community Education, HKI

**April 1 - 20**

Editing and revising first draft

**ANNEX 3**

**SUMMARIES OF VTAP ASSISTANCE PROVIDED TO KEY NGO/PVOS**

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## Adventist Development & Relief Agency - ADRA

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### A) Phase II Collaborative Projects (from 10/91 to 3/94)

*See also Annex 4*

- Technical Assistance to PVO Community - Philippines
- Southern Africa Drought Emergency - Southern African countries

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
ADRA	Headquarters orientation	08-Mar-90
ADRA	Review Pakistan Child Survival RFP for CSVI	19-Dec-89
ADRA Bangladesh	Include vitamin A in baseline CS survey	29-Nov-89
ADRA Indonesia	Assistance with training of trainers in VA	30-Apr-90
ADRA Indonesia	Consultant to train health workers in vitamin A	30-May-90
ADRA Indonesia	Information on composting, gardening sandy soil	06-Apr-90
ADRA Malawi	Evaluation of VA project in Malawi	01-Nov-90
ADRA Malawi	TA for training medical assistants in vit. A	23-Jan-90
ADRA Malawi	VAC procurement	28-Sep-89
ADRA Mali	Assistance w/ gardening and nutrition education	09-Nov-90
ADRA Nepal	Review Child Survival RFP for CSVI	19-Dec-89
ADRA Nigeria	Vitamin A training; capsule procurement	02-May-91
ADRA Philippines	Assistance for training of Davao area personnel	27-Dec-90
ADRA Philippines	Assistance with training of trainers in VA	30-Jun-90
ADRA Zambia	2 trainings for ADRA & MOH staff in Kalabo & Mongu	01-Jun-91

2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
ADRA Ghana		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Haiti	1	Planning workshop/ Haiti PVOs	August 27-31, 1990
ADRA Haiti	4	Haiti Orientation Seminar	June 20 - 21, 1989
ADRA Indonesia	44	ADRA Minahasa health staff	May 21 - 22, 1990
ADRA Indonesia		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Indonesia	2	Indonesia PVO Orientation	February 15-17, 1990
ADRA Kenya		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Lesotho		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Malawi	1	East Africa Regional Workshop	June 21-24, 1990
ADRA Malawi	16	ADRA/Malawi vitamin A training	January 23, 1990
ADRA Mozambique		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Nigeria	5	Nigeria Workshop	Oct 30 - Nov 2, 1990
ADRA Pakistan	1	XIII IVACG Meeting; Kathmandu	November 5-10, 1989
ADRA Philippines	46	ADRA/Davao City Training	Nov 21 - 22
ADRA Philippines	33	ADRA/Philippines	June 18 - 28, 1990
ADRA Philippines		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Philippines	1	Philippines PVO Orientation	February 22-23, 1990
ADRA Sudan	1	East Africa Regional Workshop	June 21-24, 1990
ADRA Thailand		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA Togo	1	East Africa Regional Workshop	June 21-24, 1990
ADRA Zambia	5	ADRA: Kalabo & Mongu	May 2-3 & 6, 1991
ADRA Zambia	2	East Africa Regional Workshop	June 21-24, 1990
ADRA headquarters	1	Planning workshop/ Haiti PVOs	August 27-31, 1990
ADRA headquarters		ADRA trainer training - Bali	April 23 - 25, 1990
ADRA headquarters	1	VITAP orientation for PVO/HQ	February 9, 1990

C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
ADRA	Materials & Publications	Copy of Yemen Report	05-Nov-93
ADRA	Materials & Publications	10 additional copies of indigenous plants	20-Oct-93
ADRA	Materials & Publications	Copy of Vitamin A Content...	08-Sep-93
ADRA	Materials & Publications	Materials on vitamin A	08-Sep-93
ADRA	Information	Example of HKI assistance re: vitamin A manual	12-Nov-92
ADRA	Materials & Publications	Vitamin A Kit for Ethiopia office	14-Sep-92
ADRA	Technical Advice-Phase II	Review of CS 8 proposals	20-Nov-91
ADRA	Information	Assistance with Mozambique & Ghana programs	25-Oct-90
ADRA	Materials & Publications	10 CS/VA brochures	16-Oct-90
ADRA	Materials & Publications	10 VITAP Kits for session w/Nepal, SA, Africa staff	27-Sep-90
ADRA	Materials & Publications	Copy of 20/20 video	13-Aug-90
ADRA	Information	Advice on quick VAD assessment (for Laos)	05-Jun-90
ADRA	Materials & Publications	Materials in Spanish	21-May-90
ADRA	Information	Copy of gardening survey done for SCF in Malawi	20-Feb-90
ADRA	Information	Vitamin A program indicators	12-Apr-89
ADRA Bangladesh	Informational Research	Information on vitamin A in Bangladesh	28-Nov-89
ADRA Brazil	Materials & Publications	NewsNotes for Latin American field offices	19-Jun-90
ADRA India	Materials & Publications	Vitamin A information packages	25-Jul-89
ADRA Indonesia	Materials & Publications	Slides, posters, materials for VHWs, NewsNotes	17-Feb-90
ADRA Israel	Materials & Publications	NewsNotes	09-Nov-92
ADRA Malawi	Informational Research	Nutritional data available for Nsange district	13-Nov-90
ADRA Nepal	Materials & Publications	NewsNotes for Dr. Shrestha, Banepa Hospital	19-Jun-90
ADRA Nigeria	Materials & Publications	VITAP materials	01-Nov-90
ADRA Pakistan	Materials & Publications	NewsNotes	15-Nov-89
ADRA Sudan	Materials & Publications	General vitamin A materials/studies etc.	23-Jun-90
ADRA Tanzania	Materials & Publications	60 VITAP kits	12-Feb-90
ADRA Tanzania	Materials & Publications	Fre Pepping book on xerophthalmia in Tanzania	28-Nov-89
ADRA Togo	Materials & Publications	Book: "Terraniums and miniature gardens"	06-Apr-90
ADRA Togo	Information	Information on vitamin A gardening	23-Feb-90
ADRA Zambia	Materials & Publications	20/20 video transferred to PAL video system	24-Jun-90

SB

## Africare

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### A) Phase II Collaborative Projects (from 10/91 to 3/94)

*See also Annex 4*

- Support to Nutrition Education - Burkina Faso
- Vitamin A Support to Nutrition Education Communication Project - Mail
- Vitamin A Strategy / Africare - Niger
- Southern Africa Drought Emergency - Southern African countries

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
Africare Burkina Faso	Review Child Survival RFP for CSVI, Add vitamin A	14-Jan-90
Africare Burkina Faso	VA info part of baseline, draft DIP	01-Aug-91
Africare Malawi	Data on vitamin A deficiency in Malawi	20-Sep-89
Africare Mali	Review vitamin A component of CS RFP :FY92 funding	30-Dec-90
Africare Niger	Training; materials; intervention strategies dev'l	30-Nov-90
Africare Nigeria	Preliminary qualitative VA assessment (phase I)	28-Nov-90

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
Africare Angola	1	East Africa Regional Workshop	June 21-24, 1990
Africare Malawi	1	East Africa Regional Workshop	June 21-24, 1990
Africare Mali	9	VA Communications trainings	Nov 27-29; Dec 3-5, 1990
Africare Mali	2	Training of Trainers - Segou	October 23 - 25, 1990
Africare Niger	2	Niger Vitamin A workshop	July 27, 1990
Africare Nigeria	5	Nigeria Workshop	Oct 30 - Nov 2, 1990
Africare Zambia	1	East Africa Regional Workshop	June 21-24, 1990
Africare headquarters	1	Nigeria Workshop	Oct 30 - Nov 2, 1990
Africare headquarters	1	VITAP orientation for PVO/HQ	February 9, 1990
Africare headquarters	1	XIII IVACG Meeting; Kathmandu	November 5-10, 1989

**C) Phase I & II Requests for Technical Advice, Information, and Materials**

<b>PVO/Country</b>	<b>Type of Service</b>	<b>Description</b>	<b>Date</b>
Aficare	Consultant Referrals	Potential consultant for Senegal	08-Feb-94
Aficare	Materials & Publications	Additional copies of Forman lecture	08-Feb-94
Aficare	Technical Advice-Phase II	Expiration date on VACs and potency	08-Feb-94
Aficare	Consultant Referrals	French speaking child survival consultant	27-Oct-93
Aficare	Materials & Publications	More copies of Qualitative Assessment, Bellagio	07-Sep-93
Aficare	Materials & Publications	VITAP assessment reports	17-Jun-93
Aficare	Materials & Publications	East Africa proceedings & Nigeria assessment	22-Aug-91
Aficare	Consultant Referrals	Nurse nutritionist, speaks portuguese	23-Oct-90
Aficare Angola	Materials & Publications	Studies and articles from bibliography	24-Jun-90
Aficare Burkina Faso	Materials & Publications	Qualitative Assessment Guide	10-Jun-93
Aficare Burkina Faso	Materials & Publications	NewsNotes	23-Jan-90
Aficare Mali	Materials & Publications	NewsNotes and french materials	04-Apr-90
Aficare Zambia	Collaboration	Assist w/ vitamin A programming related to drought	12-May-92

## Andean Rural Health Care

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### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
Andean Rural Health Care	Technical Advice-Phase II	Data analysis for Bolivia survey	28-Feb-94
Andean Rural Health Care	Materials & Publications	Copy of Alan Berg's speech	28-Oct-91
Andean Rural Health Care	Information	Information on assessment methods	11-Jun-91
Andean Rural Health Care	Information	Possible strategies for Bolivia program	16-Aug-90
Andean Rural Health Care	Information	Additional advice on sample size	22-Jul-91
Bolivia			
Andean Rural Health Care	Information	Advice on sample size and consumption estimates	12-Jul-91
Bolivia			
Andean Rural Health Care	Materials & Publications	VA/CS Brochures for field staff	23-Jul-90
Bolivia			
Andean Rural Health Care	Referrals	Source of placebo capsule, syrup	04-Feb-91
Bolivia			

## Aravind Children's Hospital - Aravind Eye Hospital

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### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Development of a Vitamin A Resource Center - India

### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
Aravind Children's Hospital India	Technical Advice-Phase II	Comments on pamphlet for general practitioner	18-Nov-91
Aravind Eye Hospital India	Materials & Publications	Additional copies of Bellagio Meeting	20-Oct-93
Aravind Eye Hospital India	Materials & Publications	HKI vitamin A publications	12-Mar-92
Aravind Eye Hospital India	Materials & Publications	VITAP materials, workshop proceedings	07-Jun-91
Aravind Eye Hospital India	Materials & Publications	2 more copies of East Africa workshop proceedings	18-Dec-90
Aravind Eye Hospital India	Materials & Publications	Vitamin A materials and information	10-Jun-90
Aravind Eye Hospital India	Materials & Publications	Copies of 20/20 video	25-Oct-89
Aravind Eye Hospital India	Materials & Publications	NewsNotes	25-Oct-89
Aravind India	Materials & Publications	Additional Bellagio Briefs	15-Jul-92
Aravind India	Materials & Publications	Information on Spirulina	27-Apr-92

## CARE International

### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Vitamin A Support to Nutrition Communication Program - Mali
- Technical Assistance to PVO Community - Philippines
- FLANE Kit: Vitamin A Supplement - Philippines
- Development of a Vitamin A Resource Center - India

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
CARE	Review articles on vitamin A capsules vs. DGLVs	04-Mar-90
CARE Niger	Training of health care workers	31-Mar-91
CARE Philippines	Training for Bihol/Iloilo staff	26-Apr-91
CARE Philippines	Training for Misamis Oriental staff	27-Dec-90
CARE Philippines	Training of trainers for CARE & other NGO staff	23-Aug-90

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
CARE Haiti	1	CDS-Cite Soleil Training	March 27-29, 1990
CARE Haiti	2	Haiti Orientation Seminar	June 20 - 21, 1989
CARE Kenya	1	East Africa Regional Workshop	June 21-24, 1990
CARE Mali	16	VA Communications trainings	Nov 27-29; Dec 3-5, 1990
CARE Mali	1	Training of Trainers - Segou	October 23 - 25, 1990
CARE Niger	85	CARE Zinder VA Sessions	January 19 and 21, 1991
CARE Niger	3	Niger Vitamin A workshop	July 27, 1990
CARE Philippines	44	CARE:Tagbilaran & Iloilo City	Jan 29-31, Apr 15-17, 1991
CARE Philippines	25	CARE/Misamis Staff Training	Nov 22-23, 1990
CARE Philippines	5	Philippines PVO followups	August 6-10 & 20-25, 1990
CARE Philippines	1	Philippines PVO Orientation	February 22-23, 1990
CARE Sudan	1	East Africa Regional Workshop	June 21-24, 1990
CARE headquarters	2	VITAP orientation for PVO/HQ	February 9, 1990
CARE headquarters	1	XIII IVACG Meeting;Kathmandu	November 5-10, 1989

**C) Phase I & II Requests for Technical Advice, Information, and Materials**

PVO/Country	Type of Service	Description	Date
CARE	Technical Advice-Phase II	Target groups for vitamin A supplementation	10-Nov-92
CARE	Materials & Publications	Training materials and posters in Arabic for Sudan	26-Dec-91
CARE	Informational Research	Seminal or recent articles on ARI & vitamin A	22-Jan-91
CARE	Information	Information on vitamin A activities in LA	19-Dec-90
CARE	Informational Research	Loss of vitamin A when cooking at high temperature	19-Dec-90
CARE	Informational Research	Articles on VAD in Nepal	13-Nov-90
CARE	Materials & Publications	VA/CS Brochures for M.Dirac	19-Jul-90
CARE	Informational Research	Information on fortification/dosage	12-Jul-90
CARE	Materials & Publications	Three copies of NewsNotes Winter 1990	06-Jul-90
CARE	Informational Research	Information on food fortification	07-Jun-90
CARE	Referrals	Vitamin A in Guatemala	26-Feb-90
CARE	Informational Research	Vitamin A content in Corn Soy Blend	24-May-89
CARE	Materials & Publications	NewsNotes	24-Apr-89
CARE	Materials & Publications	NewsNotes	03-Mar-89
CARE Bangladesh	Materials & Publications	NewsNotes	06-Mar-92
CARE Bolivia	Information	Info on non-invasive assessment of Vit A status	23-Aug-90
CARE India	Informational Research	How to fortify oil, purchase vitamin A	10-Sep-91
CARE India	Materials & Publications	1000 Saving A Child	31-Oct-90
CARE India	Materials & Publications	VITAP bibliography	31-Oct-90
CARE India	Materials & Publications	100 Saving Child Brochure: PHC proj. in Karnataka	12-Dec-89
CARE India	Materials & Publications	Training materials	24-Oct-89
CARE Indonesia	Information	Materials on vitamin A deficiency	15-Jun-91
CARE Kenya	Materials & Publications	Copy of article	04-Mar-91
CARE Kenya	Information	Studies and articles from bibliography	24-Jun-90
CARE Mali	Materials & Publications	French materials: Safe use, guidelines, Dakar rpt	20-Mar-90
CARE Nepal	Materials & Publications	VA materials for training curriculum & packages	04-Apr-91
CARE Nicaragua	Materials & Publications	NewsNotes (Spanish edition)	04-Jun-90
CARE Niger	Materials & Publications	NewsNotes	16-Mar-90
CARE Niger	Materials & Publications	NewsNotes	14-Aug-89
CARE Philippines	Materials & Publications	Training video on VAD	06-Dec-90
CARE Philippines	Materials & Publications	VAD T-Shirts for health workers	06-Dec-90
CARE Somalia	Materials & Publications	NewsNotes	16-Aug-89
CARE Sudan	Materials & Publications	NewsNotes	04-Sep-91
CARE Sudan	Information	Bibliography and medicinal plant list	24-Jun-90
CARE Sudan	Information	Vitamin A activities/assessment in Sudan	29-Jan-90
CARE Sudan	Information	Integration of vitamin A into nutrition program	31-Jul-89
CARE Tanzania	Informational Research	Available data on vitamin A deficiency in Tanzania	26-Jan-90
CARE Vietnam	Materials & Publications	Copy of Conducting a Qualitative Assessment	13-Dec-93

## Esperança

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### B) Phase I (until 10/91)

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
Esperança Brazil	1	Survey Design & Analysis - WV	February 1-5, 1990
Esperança headquarters	2	Survey Design & Analysis - WV	February 1-5, 1990

### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
Esperança	Materials & Publications	Additional copies of video, Simple Eye Care	08-Dec-93
Esperança	Referrals	Information on impression cytology	21-Apr-89
Esperança	Materials & Publications	NewsNotes	22-Mar-89
Esperança Bolivia	Materials & Publications	Packet of educational materials	15-Mar-91
Esperança Brazil	Information	Use of impression cytology to assess vit A status	21-Apr-89

## International Eye Foundation - IEF

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### A) Phase II Collaborative Projects (from 10/91 to 3/94)

*See also Annex 4*

- Development of Guidelines for Vitamin A Nutrition Intervention - Guatemala
- Educational Video on Vitamin A - Worldwide
- Southern Africa Drought Emergency - Southern African countries

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
IEF Guatemala	Outline DIP/HIS; for CS project: Nurtiatol II	30-Dec-90
IEF Honduras	Outline DIP/HIS; design baseline; DIP draft	28-Dec-90
IEF Malawi	Evaluation of VA project in Malawi	01-Nov-90
IEF Malawi	Finalize DIP, baseline survey, & data analysis	24-Oct-89
IEF Malawi	Plan and coordinate staff trainings & briefings	05-Nov-89
IEF Malawi	Project design and baseline survey development	14-Aug-89

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
IEF Malawi	1	East Africa Regional Workshop	June 21-24, 1990
IEF Malawi	28	IEF vitamin A staff training	Oct 23-26
			Oct 30-Nov 2 1989
IEF headquarters	1	VITAP orientation for PVO/HQ	February 9, 1990

C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
IEF	Materials & Publications	Additional copies of training manual	14-Jan-94
IEF	Consultant Referrals	Consultant for Guatemala	01-Dec-93
IEF	Materials & Publications	Order for vitamin A materials	14-Jun-93
IEF	Referrals	Source of Chichewa materials	21-Sep-92
IEF	Materials & Publications	Malawi drought assessment report	10-Sep-92
IEF	Information	Materials available in Spanish	16-Jul-92
IEF	Materials & Publications	Spanish language materials	10-Jul-92
IEF	Informational Research	Information on emergency vitamin A distribution	04-Jun-92
IEF	Consultant Referrals	Consultant to conduct nutrition research - Malawi	02-Mar-92
IEF	Consultant Referrals	Recommendation for outside evaluator	09-Sep-91
IEF	Materials & Publications	30 copies of vitamin A guidelines - Spanish	06-Aug-91
IEF	Materials & Publications	Copies of Field Guide in Spanish	15-Jan-91
IEF	Materials & Publications	Materials in Spanish for training in Honduras	03-Jan-91
IEF	Materials & Publications	Training materials	23-Aug-90
IEF	Information	Nutrition info and dietary surveys in Malawi	06-Feb-90
IEF	Information	Indicators for a gardening project in Guatemala	08-Jan-90
IEF Colombia	Materials & Publications	Copies of Conducting Qualitative Assessment	05-May-93
IEF Guatemala	Materials & Publications	Vitamin A publications	25-Nov-92
IEF Guatemala	Referrals	Assistance with final evaluation of project	11-Jun-90
IEF Honduras	Materials & Publications	Additional copies of Bellagio Meeting & Brief	15-Sep-93
IEF Honduras	Materials & Publications	Additional order for "Guidelines" in Spanish	06-Mar-92
IEF Honduras	Materials & Publications	Additional order for "Know the Signs" & NewsNotes	04-Mar-92
IEF Honduras	Materials & Publications	Copies of HKI "Guidelines" in Spanish for training	13-Feb-92
IEF Malawi	Materials & Publications	200 Chichewa vitamin A cards	04-Aug-91
IEF Malawi	Materials & Publications	Find, Treat, Prevent and HKI Annual report	30-Jul-90
IEF Malawi	Materials & Publications	Training materials for VHW in vitamin A	03-Jan-90
IEF Malawi	Materials & Publications	English/chichewa guidelines	08-Dec-89

## PLAN International

### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Development of a Vitamin A Resource Center - India

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
PLAN International	Review Bolivia Child Survival RFP for CSVI	05-Jan-90
PLAN International	Section on VA for PLAN manual on CS programs	20-Nov-90
PLAN International Haiti	Review Child Survival RFP for CSVI	05-Jan-90
PLAN International Mali	Review Child Survival RFP for CSVI	05-Jan-90

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#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
PLAN Haiti	1	CDS-Cite Soleil Training	March 27-29, 1990
PLAN Haiti	1	Haiti Orientation Seminar	June 20 - 21, 1989
PLAN India	1	XII IVACG Meeting; Kathmandu	November 5-10, 1989
PLAN Kenya	1	East Africa Regional Workshop	June 21-24, 1990
PLAN Mali	1	Training of Trainers - Segou	October 23 - 25, 1990
PLAN Nepal	1	XIII IVACG Meeting; Kathmandu	November 5-10, 1989
PLAN Zimbabwe	1	East Africa Regional Workshop	June 21-24, 1990

### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
PLAN International	Materials & Publications	Copy of Preliminary Assessment Manual	16-Oct-92
PLAN International	Technical Advice-Phase II	Indicators for nutrition ed & gardening	16-Oct-92
PLAN International	Information	Sources of vitamin A capsules for Mali	04-Jun-92
PLAN International	Information	Background information on vitamin A	19-Nov-91
PLAN International	Materials & Publications	VITAP Kit	12-Oct-90
PLAN International	Materials & Publications	VA/CS Brochures for Kenya & Sudan	16-Jul-90
PLAN International	Materials & Publications	NewsNotes for all field offices	26-Jan-90
PLAN International	Informational Research	Guidelines for vitamin A policy	28-Sep-89
PLAN International	Materials & Publications	NewsNotes in Spanish	23-Jan-91
Guatemala			
PLAN International	Materials & Publications	Additional copies of NewsNotes	20-Feb-91
Honduras			
PLAN International India	Materials & Publications	Publications on vitamin A related issues	16-Nov-92
PLAN International India	Materials & Publications	VA/CS brochure	15-Apr-91
PLAN International India	Materials & Publications	15 poster sized guidelines	07-Dec-89
PLAN International Nepal	Materials & Publications	100 copies of NewsNotes	07-Dec-90
PLAN International Nepal	Materials & Publications	NewsNotes	15-Nov-89
PLAN International	Materials & Publications	Copy of Conducting a Qualitative Assessment	13-Dec-93
Tanzania			

## Project Concern International (PCI)

### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Development of Guidelines for a Vitamin A Nutrition Intervention - Guatemala
- Technical Assistance to PVO Community - Indonesia

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
Project Concern Indonesia	Develop vitamin A project for SINTESA	01-Jul-91

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
Project Concern headquarters	1	Survey Design & Analysis-PATH	September 11-12, 1990
Project Concern headquarters	2	Survey Design & Analysis - WV	February 1-5, 1990
Project Concern headquarters	1	XIII IVACG Meeting; Kathmandu	November 5-10, 1989

### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
Project Concern	Materials & Publications	Additional copies of Indigenous Plants	01-Nov-93
Project Concern	Materials & Publications	Copy of VITAP assessment report	16-Jul-93
Project Concern	Information	Where to obtain vitamin A capsules	16-Jul-92
Project Concern	Technical Advice-Phase II	Review CS8 proposal for Indonesia	13-Dec-91
Project Concern	Materials & Publications	Vitamin A card for Kiribati	26-Nov-91
Project Concern	Informational Research	Background on VAD in Kenya & Tanzania	24-Sep-91
Project Concern	Informational Research	VAD in Nicaragua for CS RFP :FY92	14-Dec-90
Project Concern	Informational Research	How to screen villages in Pakistan for VAD	27-Nov-90
Project Concern	Materials & Publications	NewsNotes	15-Nov-89
Project Concern Indonesia	Materials & Publications	Eastern Islands Micronutrient Prevalence Study	01-Jun-92
Project Concern Indonesia	Materials & Publications	VITAP kit	17-Nov-91

## Project HOPE

### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Development of Guidelines for Vitamin A Nutrition Intervention - Guatemala

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
Project HOPE	Orientation and training in VA assessment & garden	11-May-89
Project HOPE Brazil	Vitamin A deficiency status in Brazil	03-Oct-89
Project HOPE Guatemala	Vitamin A Capsules/Protocol	30-Jan-90

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
Project Hope Indonesia	1	Indonesia PVO Orientation	February 15-17, 1990
Project Hope Swaziland	1	East Africa Regional Workshop	June 21-24, 1990
Project Hope headquarters	1	VITAP orientation for PVO/HQ	February 9, 1990

### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
Project HOPE	Materials & Publications	Where to purchase vitamin A capsules	19-Nov-93
Project HOPE	Materials & Publications	Additional copies of Indigenous Plants	26-Oct-93
Project HOPE	Referrals	Individuals w/ experience in MCH	07-Sep-93
Project HOPE	Materials & Publications	Additional copies of the Bellagio Meeting	13-Aug-93
Project HOPE	Materials & Publications	Back issues of NewsNotes	22-Jun-93
Project HOPE	Materials & Publications	Copy of VITAP dietary assessment	21-Jun-93
Project HOPE	Materials & Publications	Vitamin A bibliography	15-Apr-93
Project HOPE	Materials & Publications	Availability of vitamin A publications	28-Sep-92
Project HOPE	Materials & Publications	Copy of recent VITAL newsletter	03-Jun-92
Project HOPE	Informational Research	Prevalence of VAD in Dominican Republic	13-Nov-91
Project HOPE	Materials & Publications	Educational materials for health workers	19-Jun-91
Project HOPE	Materials & Publications	3 kits and slide set for Brazil & Honduras	14-Jun-91
Project HOPE	Materials & Publications	VA/CS Brochures for field programs	16-Jul-90
Project HOPE	Materials & Publications	NewsNotes	23-Aug-89
Project HOPE	Materials & Publications	Additional VITAP kits	22-May-89
Project HOPE	Information	Info on blood serum sampling and food list	17-May-89
Project HOPE	Referrals	Info. on bio-intensive training Guatemala	05-May-89
Project HOPE	Materials & Publications	Spanish materials for CS workshop	22-Mar-89
Project HOPE Brazil	Materials & Publications	Copy of Qualitative Assessment Guide	23-Jun-93
Project HOPE Swaziland	Materials & Publications	Copy of IVACG proceedings	24-Jun-90

## Save the Children - SCF

### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Support to Nutrition Education - Burkina Faso
- Vitamin A Support to Nutrition Education Project - Mali
- Development of Staff Training Plan - Nepal
- Technical Assistance to PVO Community - Philippines
- Southern Africa Drought Emergency - Southern African countries

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
Save the Children	Review of Haiti nutritional survey	17-Jul-90
Save the Children	Vitamin A Capsules for measles epidemic /Cameroon	19-Nov-90
Save the Children Burkina Faso	DIP and program design	09-Aug-90
Save the Children Burkina Faso	Integrate gardening into CS activities	19-Nov-90
Save the Children Burkina Faso	Vitamin A programming	31-Oct-89
Save the Children Indonesia	Adapt posyandu chart for SCF & Fatayat NU	01-Jun-91
Save the Children Indonesia	Orientation on vitamin A social marketing	11-Jun-91
Save the Children Malawi	Training sessions for impact area health workers	01-Sep-90
Save the Children Malawi	Vegetable garden survey design & implementation	26-Apr-89
Save the Children Mali	Dietary assessment survey	30-Dec-90
Save the Children Philippines	Support in training PHWs	27-Dec-90

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
Save the Children Bangladesh	1	XIII IVACG Meeting;Kathmandu	November 5-10, 1989
Save the Children Burkina Faso	1	World Relief & Cathwel (CRS)	March 21-24, 1990
Save the Children Haiti	1	CDS-Cite Soleil Training	March 27-29, 1990
Save the Children Haiti	1	Haiti Orientation Seminar	June 20 - 21, 1989
Save the Children Indonesia	1	Indonesia PVO Orientation	February 15-17, 1990
Save the Children Malawi	66	Mbalachanda & Mkhota workshops	2-4 Aug, 23-25 Aug, 1990
Save the Children Malawi	3	East Africa Regional Workshop	June 21-24, 1990
Save the Children Mali	2	Training of Trainers - Segou	October 23 - 25, 1990
Save the Children Mali	19	SCF Dori gardening training	Oct 16-19, 1990
Save the Children Mali	19	Save the Children vitamin A trainings	23-24 July; 25-26 July, 1990
Save the Children Nepal	1	XIII IVACG Meeting;Kathmandu	November 5-10, 1989
Save the Children Philippines	44	SCF/Muntinlupa Training	Oct 20,27 & 23-24, 1990
Save the Children Philippines	1	Philippines PVO Orientation	February 22-23, 1990
Save the Children Sudan	2	East Africa Regional Workshop	June 21-24, 1990
Save the Children headquarters	2	VITAP orientation for PVO/HQ	February 9, 1990

**C) Phase I & II Requests for Technical Advice, Information, and Materials**

<b>PVO/Country</b>	<b>Type of Service</b>	<b>Description</b>	<b>Date</b>
Save the Children	Information	Cost of Vitamin A Capsule	15-May-94
Save the Children	Consultant Referrals	Portuguese speaking consultant	05-Oct-93
Save the Children	Materials & Publications	Additional copies of Bellagio Meeting & Briefs	24-Jul-93
Save the Children	Consultant Referrals	French, Spanish speaking nutritionists	04-Mar-93
Save the Children	Materials & Publications	Information on VITAP assessment work	22-Aug-91
Save the Children	Materials & Publications	Examples of VITAP educational materials	21-Aug-91
Save the Children	Materials & Publications	Articles from VITAP library	19-Aug-91
Save the Children	Information	Visit to review vitamin A resources	08-Aug-91
Save the Children	Materials & Publications	Copy of Bangladesh report	24-Jul-91
Save the Children	Consultant Referrals	Person for Cameroon health program	14-Jun-91
Save the Children	Consultant Referrals	Candidate for nutritionist opening	23-May-91
Save the Children	Materials & Publications	Copies of draft manual; & mixed gardening	19-Feb-91
Save the Children	Materials & Publications	32 copies of East Africa proceedings	03-Jan-91
Save the Children	Materials & Publications	Another copy of CS/VA brochure	12-Oct-90
Save the Children	Information	Protocol for measles/vitamin A	24-Jul-90
Save the Children	Materials & Publications	IVACG pamphlet on safe use of VA / women/pregnancy	24-Jul-90
Save the Children	Materials & Publications	2 VITAP kits	23-Mar-90
Save the Children	Materials & Publications	2 kits and numerous copies of VITAP materials	21-Feb-90
Save the Children	Materials & Publications	Vitamin A and mortality related to measles	20-Feb-90
Save the Children	Information	Teratogenic effects of vitamin A during pregnancy	12-Feb-90
Save the Children	Materials & Publications	Info: Bangladesh & Haiti studies	02-Jan-90
Save the Children	Informational Research	Data on VAD in Haiti	18-Dec-89
Save the Children	Materials & Publications	Additional TALC slide set/SAC	20-Jul-89
Save the Children	Materials & Publications	NewsNotes	05-May-89
Save the Children	Informational Research	Cost of VAC distribution	01-May-89
Save the Children	Materials & Publications	Information on vitamin A	24-Mar-89
Save the Children	Materials & Publications	NewsNotes	15-Nov-89
<b>Bangladesh</b>			
Save the Children Ethiopia	Materials & Publications	NewsNotes	26-Feb-90
Save the Children Haiti	Materials & Publications	1 kits and all VITAP materials in French	21-Feb-90
Save the Children Haiti	Materials & Publications	Training manual and training materials	24-Jan-90
Save the Children Malawi	Materials & Publications	General vitamin A materials/studies etc.	24-Jun-90
Save the Children Malawi	Referrals	How to obtain vitamin A capsules	24-Jun-90
Save the Children Malawi	Materials & Publications	Training materials for workshop	16-May-90
Save the Children Malawi	Materials & Publications	Vitamin A pamphlets in Chichewa	14-Nov-89
Save the Children Mexico	Materials & Publications	Additional copies of NewsNotes	15-Jan-91
Save the Children Nepal	Materials & Publications	Sample training curricula and materials	07-Nov-91
Save the Children Sudan	Materials & Publications	20 HKI Guidelines in Arabic	24-Jun-90
Save the Children Sudan	Materials & Publications	Training materials, tropical food list etc.	24-Jun-90

## World Relief

### A) Phase II Collaborative Projects (from 10/91 to 3/94)

See also Annex 4

- Program Development - World Relief - Bangladesh
- Development and Evaluation of Nutrition Education Messages - Burkina Faso
- Vitamin A Support to Nutrition Communication Project - Mali

### B) Phase I (until 10/91)

#### 1. Consultancies

PVO/Country	Description	Date
World Relief Burkina Faso	Orientation seminar and consultative services	15-Apr-90
World Relief Burkina Faso	Social mktng expert, to train & develop materials	22-Aug-91

#### 2. Participation in Workshops / Training Events

PVO/Country	# Participants	Workshop / Training Event	Date
World Relief Burkina Faso	10	World Relief & Cathwel (CRS)	March 21-24, 1990
World Relief Malawi	1	East Africa Regional Workshop	June 21-24, 1990
World Relief headquarters	1	VITAP orientation for PVO/HQ	February 9, 1990

### C) Phase I & II Requests for Technical Advice, Information, and Materials

PVO/Country	Type of Service	Description	Date
World Relief	Materials & Publications	Additional copies of training manual	20-Jan-94
World Relief	Materials & Publications	Additional copies of Bellagio Meeting, Briefs	01-Jul-93
World Relief	Materials & Publications	Copies of vitamin A flipcharts	24-Jun-93
World Relief	Technical Advice-Phase II	Use of VITAP dietary assessment in Nicaragua	18-Jun-93
World Relief	Informational Research	How homegardens have increased vitamin A	21-May-93
World Relief	Technical Advice-Phase II	Review of CSVIII proposal for Nicaragua	02-Dec-91
World Relief	Information	Information on vitamin A toxicity	07-Jun-91
World Relief	Materials & Publications	Copy of Nigeria proceedings for Bangladesh	08-Apr-91
World Relief	Materials & Publications	Vitamin A / CS brochures for CS projects	04-Sep-90
World Relief	Materials & Publications	English & French training materials	03-Apr-89
World Relief Bangladesh	Information	Ways to monitor capsule distribution	10-Sep-92
World Relief Burkina Faso	Materials & Publications	Flipcharts developed in Burkina Faso	21-Jun-93
World Relief Burkina Faso	Materials & Publications	NewsNotes and report	08-Jul-91
World Relief Burkina Faso	Referrals	Assistance in designing an ethnographic study	25-Apr-90
World Relief Burkina Faso	Materials & Publications	2 complete VITAP kits	04-Apr-90
World Relief Burkina Faso	Materials & Publications	2 VITAP kits	24-Mar-90
World Relief Haiti	Materials & Publications	NewsNotes	07-Nov-89
World Relief Honduras	Information	Focus group- qualitative research methods	26-Sep-91
World Relief Nicaragua	Technical Advice-Phase II	Help with dietary assessment	18-Aug-92
World Relief Nicaragua	Materials & Publications	Order of HKI publications	09-Jul-92
World Relief Sri Lanka	Information	General information on HKI and vitamin A	26-Dec-91

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**World Vision Relief and Development (WVRD)**

**A) Phase II Collaborative Projects (from 10/91 to 3/94)**

*See also Annex 4*

- Technical Assistance to PVO Community - Indonesia
- Vitamin A Support to Nutrition Communication Project - Mali
- Development of a Vitamin A resource Center - India

**B) Phase I (until 10/91)**

**1. Consultancies**

PVO/Country	Description	Date
World Vision	Train WVRD hqs in survey analysis	05-Feb-90
World Vision Haiti	Analysis of Haiti Survey	13-Oct-89
World Vision Haiti	Consultant -- ophthalmologist assess/survey design	12-May-89
World Vision Haiti	Consultant -- social marketing	12-May-89
World Vision India	Field survey for nightblindness	20-Sep-89
World Vision Mali	Review VA component of CS RFP for FY92 funding	01-Dec-90
World Vision Mauritania	Assistance w/ social marketing indicators	18-Dec-89
World Vision Tanzania	Review Child Survival RFP for CSVI	04-Dec-89

**2. Participation in Workshops / Training Events**

PVO/Country	# Participants	Workshop / Training Event	Date
World Vision Bangladesh	3	XIII IVACG Meeting; Kathmandu	November 5-10, 1989
World Vision Haiti	3	Planning workshop/ Haiti PVOs	August 27-31, 1990
World Vision Haiti	2	CDS-Cite Soleil Training	March 27-29, 1990
World Vision Haiti	2	Haiti Orientation Seminar	June 20 - 21, 1989
World Vision Indonesia	2	Indonesia PVO Orientation	February 15-17, 1990
World Vision Malawi	1	East Africa Regional Workshop	June 21-24, 1990
World Vision Mali	3	VA Communications trainings	Nov 27-29; Dec 3-5, 1990
World Vision Mali	1	Training of Trainers - Segou	October 23 - 25, 1990
World Vision Mozambique	1	East Africa Regional Workshop	June 21-24, 1990
World Vision Nigeria	5	Nigeria Workshop	Oct 30 - Nov 2, 1990
World Vision Uganda	1	East Africa Regional Workshop	June 21-24, 1990
World Vision Zambia	3	East Africa Regional Workshop	June 21-24, 1990
World Vision headquarters	3	Survey Design & Analysis - WV	February 1-5, 1990

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**C) Phase I & II Requests for Technical Advice, Information, and Materials**

<b>PVO/Country</b>	<b>Type of Service</b>	<b>Description</b>	<b>Date</b>
World Vision	Materials & Publications	Additional copies of NewsNotes	18-Jun-92
World Vision	Information	Malawi MOH schedule for prophylactic distribution	28-Mar-91
World Vision	Materials & Publications	VITAP kits & other materials	17-Oct-90
World Vision	Information	Information on vitamin A field guide	22-Mar-89
World Vision Cambodia	Materials & Publications	Sample training kit	24-Jul-89
World Vision Chad	Materials & Publications	Vitamin A info in French	12-Jul-89
World Vision Haiti	Materials & Publications	5 training kits in French	17-Jul-89
World Vision India	Materials & Publications	Additional materials on vitamin A	28-Jul-93
World Vision India	Materials & Publications	General information on vitamin A, NewsNotes	20-Jun-89
World Vision Indonesia	Technical Advice-Phase II	Use of vitamin A in relief operations	01-Jun-92
World Vision Mali	Materials & Publications	NewsNotes	04-Apr-90
World Vision Mali	Referrals	Ethnographic study for CS Mali project	13-Feb-90
World Vision Mauritania	Materials & Publications	Vitamin A capsules for measles outbreak	17-Jun-91
World Vision Mozambique	Materials & Publications	Training materials and two kits	24-Jun-90
World Vision Tanzania	Materials & Publications	20/20 video	05-Dec-89
World Vision Thailand	Materials & Publications	General information on vitamin A & VITAP	21-Feb-90

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## ANNEX 4

### COLLABORATIVE PROJECTS

<u>Title</u>	<u>Location</u>
1. Program Development - World Relief	Bangladesh
2. Support to Nutrition Education	Burkina Faso
3. Development and Evaluation of Nutrition Education Messages	Burkina Faso
4. Development of Guidelines for Vitamin A Nutrition Intervention	Guatemala
5. Development of a Vitamin A Resource Center	India
6. Technical Assistance to PVO Community	Indonesia
7. Vitamin A Support to Nutrition Communication Project	Mali
8. Development of Staff Training Plan	Nepal
9. Vitamin A Training Strategy / Africare	Niger
10. Educational Video on Vitamin A	Worldwide
11. Technical Assistance to PVO Community	Philippines
12. FLANE Kit: Vitamin A Supplement	Philippines
13. Southern Africa Drought Emergency	Southern African countries

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## **Collaborative Project #1**

**Title:** Program Development - World Relief

**Location:** Two rural Child Survival project areas near Khulna City, Bangladesh

### **Collaborating Institutions:**

World Relief, Christian Service Society (CSS) - World Relief counterpart NGO in Bangladesh, HKI/Bangladesh

### **Need:**

WRC/CSS requested VITAP assistance in defining and providing the training needed to integrate vitamin A activities into ongoing Child Survival projects.

### **Objectives:**

1. To identify training needs and training materials which could be used or adapted by WRC/CSS.
2. To train project supervisors.
3. To design and implement a follow-up workshop to enhance the training and supervision capabilities of supervisors.

### **Target Groups:**

Children (6 months-6 years old) and their mothers, and pregnant and lactating women in the project areas.

### **Methods:**

During a visit to Bangladesh in June 1992, VITAP's Director of Training assisted the HKI/Bangladesh trainer and CSS staff in defining training needs, identifying appropriate training materials and developing the curriculum. Training was provided to 26 supervisors of the Tala project area in September; to 29 supervisors in the Batiashata project area in October. Costs were shared by CSS and VITAP. In June 1993, a follow-up workshop was held in Khulna City for both groups of supervisors. The focus was on nutrition education, which had been identified as a priority need based on project experience. Local HKI/Bangladesh staff provided the technical input.

**Products:**

1. **Training curriculum**
2. **Improved CSS capability to train and supervise Child Survival project staff in vitamin A interventions**
3. **Improved capability of HKI/Bangladesh trainer in providing technical assistance to other organizations**

**Comments:**

**Although modest in scope, this project provided the stimulus and key elements for incorporating a vitamin A component into the Child Survival activities of a PVO and its counterpart organization in Bangladesh. By first working with HKI/Bangladesh training staff and then leveraging their improved training capability and also cost sharing with World Relief and CSS, VITAP was able to bring this collaborative undertaking to fruition at minimal time and expense.**

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## Collaborative Project #2

**Title:** Support to Nutrition Education

**Location:** Burkina Faso

**Collaborating Institutions:**

Africare, SCF, HKI/Burkina Faso

**Need:**

Representatives of Africare (HQ Child Survival Coordinator), SCF (Country Director/BF) and VITAP joined together to improve the effectiveness of nutrition education interventions in Africare's and SCF's projects in Burkina Faso. This need was based on their collective observations and experience that current communications strategies were not very successful in effecting the desired behavioral changes in the target population.

**Objectives:**

1. To undertake a training needs assessment
2. Based on analysis of #1, to redesign training strategies to address weaknesses identified in the current approach.
3. To implement the improved strategies and document this experience.
4. To identify "lessons learned" and provide feedback to staff of the collaborating PVOs.

**Target Groups:**

Staff and target populations of one Africare and two SCF projects located in three provinces.

**Methods:**

VITAP, HKI/BF, Africare and SCF agreed to cost-share this activity. The work plan was developed during a VITAP staff visit to the country in June 1992. During September 1992, a VITAP consultant carried out a training needs assessment and then designed and conducted a workshop to help staff develop a more problem-solving approach to nutrition education. Training was provided to 37 Africare and SCF staff (3 coordinators, 2 supervisors, and 32 *animatrices* from the 3 project areas) during a five-day period. The

impact of this training has been monitored by the two collaborating PVOs and reported to VITAP.

A two-day follow-up problem-solving workshop is to be carried out in the near future for all participants by HKI/BF. At this time, each participant will be provided a French copy of the HKI manual *Vitamin A Training Activities for Community Health and Development*.

**Products:**

1. Training strategies and materials developed in 1992.
2. Documented experience of Africare and SCF in staff training and project implementation based on the strategies and materials.
3. Materials and report from the forthcoming 1994 workshop.

**Comments:**

Except for the forthcoming problem-solving workshop, this project appears to have been completed satisfactorily. VITAP has minimized the cost of its inputs and hopefully built in an element of sustainability by arranging for HKI/BF to organize this workshop and by working with two PVOs simultaneously. The files on this project leave the impression that, while these training strategies should be useful to other NGO/PVOs implementing vitamin A interventions in Burkina Faso, any marketing of the products will be left in the hands of HKI/Burkina Faso. It is possible that HKI/BF, together with Africare and SCF, could elicit the support of UNICEF to encourage adoption and use of these products by other NGO/PVOs in the country by inviting them to participate in the upcoming workshop.

### **Collaborative Project #3**

**Title:** Development and Evaluation of Nutrition Education Messages

**Location:** Burkina Faso

**Collaborating Institutions:**

Academy for Educational Development (AED), CRS, MOH/BF, World Relief, UNICEF

**Need:**

In the early stage of VITAP, HKI and the collaborating institutions listed above had identified an urgent need for appropriate nutrition education materials which would be effective for community intervention. The Nutrition Communications Project (NCP) of AED had already been assisting the MOH in this regard. World Relief and CRS requested that VITAP provide assistance in developing a vitamin A component within the materials being developed in Burkina Faso. An NCP consultant was recommended to VITAP, so VITAP elected to fund his vitamin A-specific input in Burkina Faso. AED and the same consultant were also involved in developing nutrition education materials for use in southern Mali and, with VITAP, had decided that the Burkina Faso flip charts would likely be satisfactory.

**Objectives:**

To develop, test, print and disseminate vitamin A flip charts to be used by health education workers in Burkina Faso and southern Mali.

**Target Groups:**

Primary - health educators  
Secondary - general populations

**Methods:**

It was agreed that VITAP and NCP would fund development and pre-testing of the flip charts and printing of an initial supply; the collaborating institutions would conduct field tests and fund subsequent printings.

Representatives from the collaborating institutions, working with the VITAP consultant, wrote the vitamin A story line which evolved into two scenarios. One focused on a pregnant woman who is vitamin A deficient and the second on a child with classic symptoms of vitamin A deficiency, appropriate treatment and prevention. Draft flip charts were pre-tested in both Mali and Burkina Faso in workshop settings with PVOs involved in the NCP projects. Then 500 copies of flip charts with each scenario were

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printed in the United States in mid-1991 and distributed in Burkina Faso and southern Mali (see Collaborative Project #7). An evaluation of their impact in field situations was completed in September 1992, indicating that some revision of images would be desirable to resolve cultural issues. Revisions were undertaken and the updated sets were printed in Burkina Faso and distributed there. Concurrently, vitamin A flip chart sets with three additional scenarios were being developed and tested in Mali. Final versions of these charts have likewise been printed and distributed in Burkina Faso and Mali.

**Products:** See also Collaborative Project #7.

1. 1780 flip chart sets of each of the five vitamin A scenarios have been printed and distributed in Burkina Faso and Mali for use in community nutrition intervention activities and in schools (as lesson plans)
2. These scenarios have also:
  - provided the story lines for radio spots about nutrition in both countries;
  - served for the production of guidelines for community project staff and teachers in using the story lines; and
  - lead to development of a theater piece which is being used as a community vitamin A interventions tool in Niger.

**Comments:**

This Collaborative Project demonstrates how, by being flexible and imaginative, VITAP has been able to leverage a modest investment of resources into an activity which has involved a large number of governmental agencies and PVOs. As a result, vitamin A has been accorded a prominent place in the context of nutrition by the collaborating groups and a variety of useful products have evolved. The quality and potential usefulness of these products is exemplified by the \$50,000 contribution by UNICEF/Mali for printing of the flip chart sets.

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## Collaborative Project #4

**Title:** Development of Guidelines for Vitamin A Nutrition Intervention

**Location:** Guatemala

### Collaborating Institutions:

CeSSIAM (*Centro para Estudios en Sensoriopatas, Senectud y Alteraciones Metabólicas*), IEF, INCAP (Nutrition Institute of Central America and Panama), PCI, Project HOPE, UNICEF, MOH

### Need:

As a result of the VITAP Deputy Director's visits during the summer of 1991 to the HQ offices of the PVOs listed above, VITAP convened a needs assessment meeting in Guatemala in June 1992. All of the above-listed organizations were represented, most of which have vitamin A activities in El Salvador, Guatemala and Honduras. The greatest expressed need was for Spanish language materials focused on increasing the consumption of locally available vitamin A-rich foods by young children.

### Objectives:

1. To develop socially acceptable nutrition intervention materials which would be useful to multiple organizations;
2. To develop guidelines and document the process of nutrition communications strategy development so that it could be replicated in a variety of settings; and
3. To train NGO/PVO staff how to develop appropriate materials for a nutrition communications strategy.

### Target Groups:

Project managers and staff of NGO/PVOs and other institutions conducting vitamin A nutrition interventions in Guatemala and other Central American countries.

### Methods:

VITAP agreed to fund nutrition communications consultant services which were provided in a series of stages. The collaborating institutions first met to develop an ethnographic and formative research protocol to investigate mothers' beliefs and feeding practices (for themselves and their young children), focusing on vitamin A and vitamin A-rich food sources available in the community. This protocol was implemented through focus groups and in-depth interviews in two Child Survival projects based in Mayan Indian

communities in Guatemala and one CS project area each in El Salvador and Honduras. This field research provided the information needed to design a communications strategy and develop messages to support it.

The second stage consisted of a series of household trials in the same populations to test the messages with limited numbers of mothers in each community. Recommendations were made about improving feeding practices, taking into consideration the previously researched beliefs, practices and available vitamin A food sources in their respective communities.

The mothers were then observed and interviewed individually over a period of several weeks to determine the extent to which the recommendations were being followed, resistance to them, or obstacles which had been overlooked. For the most part, the recommendations were accepted and followed, with minimal resistance and few obstacles. The third stage included taking results from the household trials and incorporating them into messages which were presented in visual materials. The materials were pre-tested and printing costs were shared by all of the participating PVOs and VITAP.

In the final stage, the overall guidelines for developing the communications strategy were incorporated into a manual, based on the research and development results. This manual, which provides a detailed description of each step in the process, is based only on the field research in the Guatemalan communities due to cultural differences observed among the communities which participated in the household trials. However, the process described in the manual is broadly applicable.

#### Products:

1. The Formative Investigation Guideline Manual (in Spanish, to be published).
2. A Nutrition Communications Strategy, including production of the following materials for use among both indigenous and ladino populations:
  - a. A poster calendar with two months on each page -- based on introducing a new theme each two months -- for direct communication with mothers.
  - b. Flip charts and foldout picture sets using the same photos and drawings as the calendars -- to be used by health promoters.
  - c. Radio spots and miniprograms which will also be put on cassettes for health promoters. These have been translated into five Mayan languages.

#### Comments:

This collaborative project is a prime example of how VITAP served as the catalyst for various organizations to reach mutual agreement on a priority need and decide to work

together to resolve it. By using a local Guatemalan consultant, VITAP also served as the "glue" which held the collaborating groups together through completion of the project. In the process, several organizations learned and acquired experience in implementation of social communications to improve vitamin A status. INCAP was also undertaking a similar project and therefore the resources of several organizations were leveraged by working together. Prototype materials which will be useful in many countries were designed and produced. Respondents to the collaborative project questionnaire credited VITAP as being the key element in bringing this project to a successful conclusion. Respondents also commented that in the past, it has always been extremely difficult for organizations in Central America to work together.

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## **Collaborative Project #5**

**Title:** Development of a Vitamin A Resource Center

**Location:** Based in Aravind Children's Hospital, in the city of Madurai, in the state of Tamil Nadu, India. Project activities are being implemented throughout India via support to NGOs and US-based PVOs.

### **Collaborating Institutions:**

Aravind Children's Hospital, CARE, Christian Children's Fund (CCF), CRS, PLAN International, World Vision, nine Indian NGOs, and local university and government groups.

### **Need:**

Since 1974, Aravind Hospitals (which include an Eye Hospital and a Children's Hospital) have played a major role in delivering community health and eye care services in Madurai City and the surrounding district. With reference to vitamin A, more recently, this has included free preventive services (i.e., vitamin A capsule distribution) and nutrition education, as well as out-patient and in-patient care at Aravind Children's Hospital.

HKI has a long history of collaboration with Aravind Eye Hospital on eye care related work. The successful Indian study which showed 54% reduction in mortality due to low dose vitamin A supplementation prompted the Director of Aravind, Dr. Venkataswamy, to request VITAP's assistance. His objective was to improve the vitamin A-related community services at Aravind Children's Hospital. A concept paper was drafted by Aravind staff and expanded into a series of steps for improving the implementation of vitamin A programming in Madurai District (and then the State) and for providing technical assistance to other groups (as part of Aravind's Training Center on Ophthalmology).

Aravind, with the Government of India and UNICEF, held a National Workshop on Vitamin A Deficiency early in 1991. VITAP was involved in planning this workshop and had intended to support PVO and NGO participation. Due to political events, PVOs were not included in this first national level meeting. Consequently, in November 1991, VITAP and Aravind Children's Hospital jointly sponsored a national workshop for PVOs on Vitamin A and Child Survival. The participating NGOs were enthusiastic about establishing a resource center to assist them to integrate vitamin A activities into ongoing projects and recommended Aravind Children's Hospital as the logical site. This proposed center was encouraged and approved by local, state and national health authorities, state universities and international donor agencies.

### Objectives:

1. To improve Aravind's capacity to reduce vitamin A deficiency in Madurai district;
2. To increase the number of NGO projects in India that include vitamin A deficiency control as an integral component of their ongoing health and nutrition projects; and to improve the ability of the NGO/PVOs to carry out effective programming.
3. To establish a network of NGOs and PVO working to control vitamin A deficiency in India.

### Target Groups:

US-based PVOs and local NGOs involved in health, agriculture, education and development projects in India, including Aravind Children's Hospital.

### Methods:

This collaborative project with Aravind revolved around a series of workshops: first, an orientation/motivational workshop, held in Oct/Nov 1991; then a workshop on monitoring and evaluation, held in April 1992; and finally, a workshop on assessment, held in July 1993. In between these workshops, Aravind, supported by VITAP, provided technical assistance and advice to the participant NGO/PVOs. VITAP also provided materials and information on vitamin A to Aravind in order to expand their reference library. In addition, VITAP assisted Aravind staff in developing new skills, e.g., through elaborating a detailed operational plan for the Resource Center's future activities, proposal writing, and assisting staff to seek additional resources.

Among the activities undertaken to date, VITAP and Aravind jointly sponsored a practical workshop on community assessment of vitamin A deficiency during July 1993. Over 20 key PVO, local NGO and university staff received on-the-ground training in assessment techniques and designing appropriate food-based interventions. The field work was based on the HKI Food Frequency Method. The survey results, which confirm that vitamin A deficiency is a public health problem in the surveyed project area, will be submitted for publication in India. Aravind, with support from VITAP, has assisted the collaborating NGOs to design and implement strategies for integrating vitamin A into their projects.

VITAP's collaborative strategy of assisting NGO/PVOs through Aravind Children's Hospital accomplished the following: established a network of groups that could support each other; established Aravind as a resource in the eyes of the PVO/NGO/University community; provided Aravind with technical assistance to improve their own staff's skills; and created an opportunity for Aravind to provide technical assistance to other groups, thus increasing the capacities of both Aravind and other PVOs to carry implement vitamin A programming.

### Products:

1. Three workshops were conducted, with over 100 representatives of NGOs/PVOs/Universities trained.
2. Aravind has established a Resource Center on Vitamin A with key Aravind staff trained, with the Aravind Library expanded, with a network of PVO/NGOs in place, and with experience in providing technical assistance to other groups.
3. An operational plan for the Resource Center has been developed with the following key components:
  - Vitamin A information dissemination;
  - Advisory and consultative services to NGO/PVOs and government on all aspects of vitamin A programming;
  - Materials development;
  - Operations research; e.g., design and test vitamin A nutrition communications to promote consumption of vitamin A-rich foods in a community near Madurai for scale-up to the district level;
  - Establishment of a vitamin A surveillance system.
4. A proposal has been submitted to potential funding agencies (but core funding has not yet been obtained).

### Comments:

This project not only capitalizes on and strengthens the vitamin A related work of Aravind, but gives formal recognition to Aravind Children's Hospital as an existing vitamin A resource. Through promoting and increasing the capabilities of the Aravind Vitamin A Resource Center, VITAP has been able to help develop a sustainable mechanism in India which will support the advocacy, networking and promotion of vitamin A deficiency control activities among NGOs and PVOs.

Programmatically, the project is significant in that it provides an officially sanctioned mechanism for the NGO/PVOs to implement vitamin A preventive services and for Aravind to monitor vitamin A status and disseminate knowledge and methods developed through its services.

### Future Needs:

Core funding and ongoing technical assistance, especially aspects of information exchange.

## **Collaborative Project #6**

**Title:** Technical Assistance to PVO Community

**Location:** Indonesia

### **Collaborating Institutions:**

Center for Social Marketing, Fatayat NU, Indonesian Planned Parenthood Assoc., Lembaga Bina Potensia, Muslimat NU, PATH/Yayasan Pariwara Sosial, PCI, Sintesa, World Vision, Yayasan Kesehatan Bethesda

### **Need:**

Prior to the beginning of VITAP, NGO/PVOs in Indonesia were becoming increasingly interested in making a significant contribution to the MOH's efforts to address vitamin A deficiency. Only designated health professionals were allowed to administer vitamin A capsules during the twice annual, nationwide distribution periods. In February 1990, VITAP HQ staff conducted an orientation in Indonesia to explain VITAP and to assess local interest in its services. Due to the interest generated from this initial meeting, VITAP HQ hired a full-time in-country coordinator to manage all VITAP activities in Indonesia, beginning in early 1991 and operating from the HKI/Indonesia office.

### **Objectives:**

The overall objective of this collaborative project is to improve the capacity of NGO/PVOs to integrate and expand vitamin A activities into their Child Survival and other child health or child development projects. Specific objectives were developed with each collaborator, taking into account that organization's mission, operational philosophy and structure, and resources.

### **Target Groups:**

The project managers and community-based workers and volunteers of the collaborating institutions.

### **Methods:**

Although the basic design of this collaborative project was very similar to that in the Philippines (Collaborative Project #11), it evolved in a very different way. In Indonesia, eventually there were more NGO/PVOs collaborating directly with VITAP and in a greater variety of activities than in the Philippines.

VITAP developed 10 in-country collaborative projects with a combination of PVOs and NGOs, some working together on the same activity. To a great extent, the diversity of

these Indonesian collaborative projects reflects the overall diversity of VITAP's activities worldwide: orientations; advocacy with policy makers; networking with health professionals; high-level policy events; conferences with representatives from many groups; training of trainers and direct training of field workers of a single organization; materials development for several groups or just one group with special needs; experimentation with alternative service delivery of vitamin A capsules; responses to requests for technical advice, materials and information; work with PVOs and NGOs, large and small; and assistance in fundraising and proposal writing.

#### Products:

The key products from this collaborative project are:

1. VITAP facilitated a significant change in climate within the Government of Indonesia vis-a-vis working with NGOs and recognizing their potential to enhance health service coverage.
2. VITAP played a key role in the development of the Directorate of Nutrition's new policy regarding the role of NGOs in vitamin A deficiency control and subsequent guidelines for NGO-assisted distribution of vitamin A capsules.
3. VITAP helped demonstrate the potential of NGOs by devoting the majority of its resources to collaborative projects with a diverse group of them -- from large groups with national infrastructures to small groups working in remote areas.
4. VITAP assisted three NGOs to develop successful vitamin A proposals (totalling \$710,000).
5. VITAP assisted several collaborators to develop and test alternative delivery systems for vitamin A capsules: in one, the educational system became the channel as a religious NGO has begun distributing capsules on the designated days in February and September to preschool children attending their program; in the other, post-partum women have become the recipients of vitamin A capsules and the channel for vitamin A (through their breastmilk to their newborns) in a program where a PVO is working with Ministry of Health midwives to deliver capsules as part of the package of services to mother and child right after birth. These experiences have been promoted for adaptation outside of Indonesia.

#### Comments:

The VITAP model in Indonesia, with an in-country coordinator, appears to be a more cost-effective mechanism for integrating vitamin A deficiency control into NGO/PVO activities than could have been achieved through separate consultancies. Two important pre-requisites for this type of model are the presence of an HKI office, which is crucial for leveraging VITAP's funds, and a sufficient number of NGO/PVOs operating in the country.

## **Collaborative Project #7**

**Title:** Vitamin A Support to Nutrition Communication Project

**Location:** Mali

### **Collaborating Institutions:**

AED, MOH, Africare, CARE, SCF, World Relief, World Vision

### **Need:**

VITAP activities in Mali were initiated in October 1989 when VITAP sponsored a national-level training session on vitamin A in collaboration with the MOH. Workshop participants included Child Survival project staff from World Vision, PLAN International, Africare, CARE and SCF, as well as regional MOH personnel. This event led to follow-on requests from these three groups for VITAP to contribute vitamin A expertise to ongoing nutrition improvement activities being carried out with assistance from AID/W-funded Academy for Educational Development (AED) through its Nutrition Communications Project (NCP).

### **Objectives:**

To provide technical support for the review of the vitamin A component of nutrition education materials being developed with NCP assistance for use by numerous PVOs and government agencies.

### **Target Groups:**

Primary - Project staff of Malian government agencies, PVOs and NGOs.  
Secondary - Target age groups in child survival, primary health care and agricultural development project areas.

### **Methods:**

The ongoing NCP activities were being carried out with the MOH, the National Center for Health Information, Education and Communication (CNIECS), FAO, UNICEF and numerous PVOs. The NCP-assisted group of activities included:

- a. training of staff in communications technology;
- b. developing nutrition messages for radio broadcasts;
- c. designing nutrition education materials for use in training of project staff and community nutrition interventions; and
- d. designing nutrition education materials for use by teachers within school curricula.

NCP, in collaboration with CNEICS, used the vitamin A flip charts from Burkina Faso (see Collaborative Project #3) as the basic story lines for the vitamin A component in the messages and materials developed in all these activities. The Burkina Faso flip charts, which had two scenarios, were modified slightly to accommodate cultural differences between the two countries. They also were expanded to contain five scenarios.

The VITAP contribution has consisted of:

- a. providing vitamin A concepts and review of the vitamin A component of materials being developed;
- b. providing occasional consultants to assist in training workshops; and
- c. sharing the costs of printed materials.

Products:

1. 1780 sets of each of the five scenarios of the flip charts have been printed and distributed.
2. A handbook has been developed to assist project staff, teachers and community leaders to integrate the story lines into their nutrition education activities.
3. UNICEF/Mali contributed \$50,000 towards the printing of materials.

Comment:

VITAP was able to leverage its resources during this extremely fruitful project by cost-sharing with AED, which had previously initiated nutrition activities in the country. VITAP helped AED to build partnerships with additional US-based PVOs working in Mali which had participated in the vitamin A workshop. In the process, VITAP sensitized all collaborators about vitamin A and contributed technical assistance which improved the content and technical aspects of the nutrition messages and products.

## **Collaborative Project #8**

**Title:** Development of Staff Training Plan

**Location:** Nepal

**Collaborating Institution:**

Save the Children

**Need:**

To improve the impact of vitamin A interventions within SCF/Nepal's Child Survival projects. (Initially, PLAN International was going to participate in this Collaborative Project.)

**Objectives:**

To develop the skills in SCF/Nepal field staff necessary for training health agents, agricultural agents and non-formal educators in vitamin A interventions, focusing on ways to effectively integrate vitamin A educational interventions into these three sectors.

**Target Groups:**

SCF field staff working in different areas of Nepal

**Methods:**

VITAP and SCF undertook a systematic and phased process to improve SCF's overall training capacity in Nepal. The first step was an orientation to vitamin A for program managers and decisionmakers, held in Kathmandu early in Phase I of VITAP. Then, in June 1992, HKI's Deputy Director for Training and SCF staff in Nepal planned for a training of trainers (TOT) workshop. The steps they designed included: assessing training needs, co-designing a training plan, curriculum and follow-up training plan; developing the training budget; and identifying potential resources and consultants. A VITAP consultant subsequently participated in the implementation of the needs assessment activity and further design of the TOT workshop.

The TOT workshop, held in August 1992, was co-led by two VITAP consultants and focused on the integration of vitamin A activities into on-going interventions in health, agriculture and non-formal education. Workshop participants included community health agents, agricultural agents and non-formal educators.

SCF then put its follow-up plan into effect and implemented two TOT workshops, one of which was assisted by the same VITAP consultant who had participated in earlier phases

of this collaborative project. An artist helped to design simple, effective training aids. HKI's Country Coordinator in Nepal provided on-going support to VITAP in this activity. In part, through her association with VITAP and this collaborative project, she became the national NGO Vitamin A Coordinator. In this role she provides an excellent two-way channel of information between VITAP and organizations working to reduce vitamin A deficiency in Nepal.

Products:

1. 25 staff trained in TOT skills
2. TOT curriculum
3. Follow up training design
4. Final draft report on the training activities.
5. HKI Country Coordinator takes on role of national NGO Vitamin A Coordinator

Comments:

This series of activities related to training illustrates some of the major advantages of the collaborative project approach. The need expressed by SCF required a series of interventions by VITAP over an extended period of time. VITAP was able to employ the same consultant who provided continuity through four sequential different steps: the training needs assessment, the TOT design, implementation of the TOT workshop and follow-up training. Continuity of staff on SCF's part was also crucial for the success of this project.

In addition, this collaborative project provides an excellent example of the type of spin-off results which VITAP helped to set into motion. While this project focused on one PVO (SCF) in Nepal, one of the unexpected outcomes actually benefits all NGO/PVOs involved in any way with vitamin A interventions in the entire country. HKI's Country Coordinator performs a key networking and advocacy function in her role as national NGO Vitamin A Coordinator.

## Collaborative Project #9

**Title:** Vitamin A Training Strategy / Africare

**Location:** Niger

**Collaborating Institutions:**

Africare, HKI/Niger

**Need:**

In June 1990, VITAP received a request from Africare/ Niger for technical assistance in developing, and staff training in implementing, a vitamin A component within their Child Survival projects in two geographic areas of the country.

**Objectives:**

1. Define the appropriate intervention strategy.
2. Design plans for project staff training and development.
3. Identify and/or design staff training materials.
4. Assist in providing initial and follow-on training of trainers.

**Target Groups:**

Primary - Africare/Niger staff nurses and village health workers

Secondary - mothers of targeted children in the two Child Survival project areas

**Methods:**

The Africare request proposed a start date of January 1991. A VITAP consultant visited the two project areas in late 1990 to draft an implementation plan in collaboration with Africare's and HKI's Country Directors.

The dates of an initial training session, originally proposed for April or May 1991, by VITAP, were gradually moved back due to scheduling and Africare staff transfer problems in Niger. However, training in nutrition and vitamin A was provided to 32 rural dispensary nurses from both the Africare project areas in December 1991 - January 1992 by a VITAP consultant, in collaboration with a MOH nutritionist and the Africare-/Niger Child Survival project coordinator. The same consultant conducted a follow-on training of trainers workshop to the same nurses in April 1992. This workshop focused on the transfer of skills in training methodologies to the village health workers. During

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this visit, the VITAP consultant also prepared a plan and timetable for follow-on training/supervision to be provided by Africare staff. No further VITAP inputs were contemplated.

Products:

- a. Training Guide for Training of Nurses.
- b. Training Guide for Training of Village Health Workers.
- c. Follow-on plan for supervision and training.

Comments:

Although this collaborative project was brought to fruition, it appears to have least satisfied the various criteria for being classified as a collaborative project. It actually represents follow-through by VITAP to a technical assistance request which was made and was being implemented prior to the Mid-term Evaluation. The continuity of this activity reflects one characteristic of VITAP's services which was particularly attractive to PVOs. The project assisted Africare in the design of the vitamin A intervention component and provided staff training in the necessary transferable skills for successful implementation. However, the context within which VITAP's services were provided did not contain the multiplier, sustainability or payoff potential of most other projects carried out in the collaborative mode.

## **Collaborative Project #10**

**Title:** Educational Video on Vitamin A

**Location:** New York City

### **Collaborating Institutions:**

ORBIS International and Helen Keller International, including VITAP and HKI's offices in the Philippines and Niger, and IEF in Guatemala

### **Need:**

One of materials VITAP first developed was a brochure on Vitamin A and Child Survival (1990). The response to this brochure was very positive and VITAP began thinking about a video version to disseminate the basic messages from the brochure to an even larger audience. ORBIS International was also interested in developing a video on vitamin A as this topic was not covered in their video materials. ORBIS approached VITAP in 1991 to collaborate in producing such a video. PVOs also believed that the planned video would assist them in motivating key decision makers involved in their Child Survival projects.

### **Objective:**

To motivate, inform and educate non-specialists about the importance of vitamin A for child survival

### **Target Groups:**

Ministry of Health officials, other government policy makers and NGO program managers. The video included footage from Africa, Asia and Latin America in order to make the case that vitamin A deficiency is a global problem.

### **Methods:**

This collaborative project began in early 1991. ORBIS International's role was to organize, manage and fund the majority of the production and VITAP provided on-going technical assistance in script development and refinement, filming, interviewing, editing and pre-testing. Filming took place in the Philippines and Niger (with local HKI offices managing the logistical arrangements) and Guatemala. This footage was complemented by interviews of expert vitamin A researchers and program managers filmed by ORBIS and VITAP during the IVACG meeting in June 1991. Draft versions of the video and script were reviewed by some of the interviewees, PVO HQ program managers, and other professionals. Final field testing of was done by VITAP in Tanzania and Zambia. Final editing of the video took place in mid-1993.

Products:

The video, *Vitamin A: Preventing Blindness, Saving Lives*, is 28.5 minutes long and available in English, French and Spanish.

Comments:

By the time of the Final Evaluation, ORBIS International had distributed approximately 25-30 copies in English, 20 in Spanish and 20-25 in French. VITAP provided free copies to the PVOs with which it collaborates most extensively. The video has been distributed to all HKI field offices, shown at international health meetings and single copies provided free to those who request it. These recipients include: 50-75 participants at the 1993 IVACG Meeting and participants in other VITAP-assisted workshops in Burkina Faso, Chad, China, India, Indonesia, Kenya, Mali, Mauritania, Niger, the Philippines, Tanzania, Thailand and Zambia.

Both VITAP and ORBIS International are generally satisfied with the overall process and final product, with the caveat that the video could probably be reduced to 20 minutes in length and still carry the same message with the same effectiveness. Each organization agrees that the video would not have been possible, for the same amount of time, effort and expense, had it not been for the collaboration of the other.

The video has been warmly received by its viewers in a wide variety of settings, e.g., large-scale international health conferences to small groups of health workers in training sessions. For HKI, this video is more accessible to, and hence capable of influencing, a wider audience than other videos because it is available in three languages. In addition, it brings in the environmental factors that affect vitamin A deficiency and addresses the child survival implications of vitamin A deficiency beyond xerophthalmia.

It is still somewhat early to determine to what extent this video is accomplishing its objective. It has definitely been shown to a wide variety of audiences. There is no specific anecdotal evidence to date of an evaluative nature, other than the list of those organizations and individuals to whom the video has been sent and descriptions of the events in which it has been shown. Thus, ORBIS International and VITAP are dependent upon indirect feedback from current and future users (besides themselves) to serve as an indicator of the video's effectiveness. At this point, neither organization has any plans to implement a systematic evaluation of the video in the future. The video is well done and even though it is long, can be used flexibly for different audiences. It provides its producers and other NGO/PVOs with a high-quality tool for orientations, training, etc. or for use at short notice, in the USA or overseas, with other audiences such as donors and volunteers.

## **Collaborative Project #11**

**Title:** Technical Assistance to PVO Community

**Location:** Philippines

**Collaborating Institutions:**

ADRA, CARE, CCF, CRS, SCF, MAP (Medical Ambassadors of the Philippines; a local NGO)

**Need:**

Before VITAP, HKI/Philippines worked most closely with the Department of Health. Then, due to the interest generated from VITAP's orientation workshop in February 1990, VITAP hired a part-time, in-country coordinator to manage all activities, beginning in early 1991 and operating from the HKI/Philippines office.

**Objectives:**

The overall objective of this collaborative project is to improve the capacity of PVOs to integrate and expand vitamin A activities into their AID-funded Child Survival projects. Specific objectives are to:

- Increase in-house capabilities of PVOs in vitamin A programming and strengthen existing skills;
- Increase the number of PVO managers and field workers who manage cases of vitamin A deficiency;
- Develop training and educational materials appropriate for the PVOs' target populations; and
- Improve the PVO-Department of Health linkage with respect to vitamin A services.

**Target Groups:**

The project managers and community-based workers and volunteers of the six collaborating institutions.

**Methods:**

VITAP's strategy was to create in each PVO a core group of trainers who could then proceed to develop vitamin A-related activities within each organization, with some further assistance from VITAP. The PVO trainers in turn shared their new knowledge and skills about vitamin A with the field-based program implementers with their

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organization or with staff and volunteers of their local NGO affiliates. Finally, the field implementers developed programs to train volunteer members of local health committees who have direct contact with mothers and other key community members. At the household level, mothers are expected to be able to incorporate the new knowledge about vitamin A into their child care and food preparation activities.

The spin-off effects generated from VITAP's in-country coordinator have been extraordinary. At the time of the VITAP Assessment, it was estimated that VITAP's activities had already reached approximately seven million mothers and children at-risk for vitamin A deficiency in the Philippines.

#### Products:

The products from this collaborative project are too numerous to list. Among the key ones are:

1. A three-tiered training curriculum for trainers and field implementers was designed and applied with each collaborating organization. By the time of the VITAP Assessment (fall 1992), over 900 professional and volunteer health workers had been trained to detect and treat or refer high-risk cases for vitamin A deficiency. ADRA alone had trained 550 persons.
2. Support materials for training, promotion and community education were developed. Among these were a collection of vitamin A-rich recipes for preschoolers, in comic book format, developed with SCF. Two thousand copies have been printed and 50% of these were distributed to CCF, ADRA, CRS and MAP. A separate group of educational materials was developed with CARE (see Collaborative Project #12).
3. At the community level, VITAP's collaborators increased the awareness of vitamin A among health workers and mothers, increased the number of gardens which include vitamin A-rich foods and increased the distribution and consumption of vitamin A capsules. An estimated seven million children and mothers have been reached by these activities.
4. VITAP's Annual Report (October 1992 - September 1993) for the Philippines states, "ADRA, CCF, CRS and SCF have made vitamin A a part and parcel of their health and nutrition programs" as demonstrated by allocation of funds to support vitamin A activities.
5. This collaborative project with PVOs stimulated so much interest that HKI developed, and USAID/Philippines funded, a similar project for providing the technical assistance in vitamin A programming to 12 local NGOs.
6. A National Assessment/Planning Workshop for PVOs was held from August 23 - 25, 1993. The purpose was to share lessons learned in vitamin A program

implementation from the last three years of collaboration. Follow-up action plans were developed with PVOs.

Comments:

The cost-effectiveness of the "mini-VITAP" approach, using an in-country coordinator, was clearly evident in the Philippines. As stated in the VITAP Assessment, "In slightly more than two years, with a part-time Coordinator and budget of \$53,000, VITAP has created a cascade of activities, in breadth and depth, related to vitamin A. It was not possible for the assessment team to estimate the total number of people who have been trained and to identify all of the spin-off activities already undertaken the by the PVO core group."

## Collaborative Project #12

**Title:** FLANE Kit: Vitamin A Supplement

**Location:** Philippines

**Collaborating Institution:**

CARE

**Need:**

In the Philippines, CARE is working directly with the Department of Health, providing training of staff at rural health centers so that they can train local mothers groups. To assist in this effort, CARE developed new nutrition education materials specifically for midwives. The educational package, called "Fun Learning Activities for Nutrition Education" or FLANE Kit, was designed to encourage mothers to engage in participatory learning activities. Specific items included in the kit are board games, playing cards, posters and charts. The FLANE kit has been translated into five major dialects and distributed to 11,000 nutritionists and midwives. Although the materials in the FLANE Kit cover a wide variety of nutrition issues, they did not specifically address micronutrient deficiencies.

**Objective:**

To develop, field-test and distribute a vitamin A supplement to CARE's FLANE Kit. Actually, this supplement also addresses iron and iodine deficiencies, and the trio is referred to in the Philippines as VAD-IDA-IDD (Vitamin A Deficiency - Iron Deficiency Anemia - Iodine Deficiency Disorder).

**Target Groups:**

The FLANE Kit is used by Department of Health implementing staff in educational activities with mothers.

**Methods:**

This collaborative project with CARE is part of VITAP's overall work with PVOs in the Philippines and was managed the same way as described above for Collaborative Project #11. CARE and VITAP worked together on all phases of this activity: needs assessment; creation of 10 individual activity items for the kit; pre-test; revision; completion of the English version; translation; translation validation; reproduction; and distribution.

**Products:**

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The VAD-IDA-IDD Supplement to the FLANE Kit has been pre-tested and translated so far into three major dialects (Tagalog, Cebuano and Ilonggo). CARE and VITAP are cost-sharing the reproduction of 11,000 copies of these materials for the DOH midwives.

Comments:

The product from this collaborative project has great potential. The entire process seems to have been implemented with considerable attention to testing and refinement, in order to create a useful educational package. Since CARE works directly with the DOH, there is the possibility of expanding the distribution of the FLANE supplement beyond the initial 11,000 copies if the DOH is interested. CARE and HKI have made a great investment in these materials and would be expected to monitor their use very closely. Translation into three dialects already increases the potential for use by other PVOs and NGOs working in the communities where these languages are spoken.

## **Collaborative Project #13**

**Title:** Southern Africa Drought Emergency

**Location:** Malawi, Zambia and Zimbabwe

**Collaborating Institutions:**

ADRA, Africare, IEF, IFRC, IRC, SCF and others

**Need:**

VITAP had originally planned to respond to a request from IEF for technical assistance in evaluating their activities in gardening and nutrition education in Malawi. However, this activity was cancelled in order to free the funds necessary to assist many NGO/-PVOs, governments and multilateral agencies to address vitamin A deficiency in drought conditions throughout the entire region of southern Africa.

**Objectives:**

1. To motivate NGO/PVOs, governments and multilateral agencies to take action *vis-a-vis* vitamin A deficiency during the drought.
2. To assist NGO/PVOs to incorporate vitamin A supplementation as part of their overall strategies to address drought conditions in Malawi, Zambia and Zimbabwe, including the development of specific guidelines for each country.
3. To assist NGO/PVOs to apply vitamin A intervention strategies from Malawi, Zambia and Zimbabwe to their drought control activities in other neighboring countries.

**Target Groups:**

1. Governmental agencies, USAID missions, UNICEF and NGO/PVO program managers already actively involved in Malawi, Zambia and Zimbabwe.
2. NGO/PVO program managers whose organizations could benefit from being aware of and having ready access to useful information for addressing vitamin A deficiency in drought conditions.

**Methods:**

During August and September 1992, two VITAP consultants visited Malawi, Zambia and Zimbabwe to: 1) advocate the use of vitamin A capsules in drought relief efforts and to work with interested PVOs and other organizations (UNICEF, MOH, WHO etc.) to

include capsules in their interventions; and 2) draft a follow-up plan of action for each country.

Specifically, in Malawi, the advocacy efforts were directed towards the government to expand their vitamin A capsule distribution from two to three times per year. The PVOs in this country were already incorporating vitamin A capsules into their drought relief activities. In Zimbabwe, guidelines for distributing vitamin A capsules were developed in conjunction with the government and the International Red Cross. Finally, in Zambia, the consultant helped forge the political will to start a national vitamin A program and brought together individuals to form a multisectoral Ad Hoc Task Force on Vitamin A Deficiency. In addition, a country-specific plan was developed and materials designed for the distribution of capsules. UNICEF funded and supported the training of trainers activities.

Then, in November and December 1992, a local VITAP consultant followed up with Africare and the Task Force in Zambia in the implementation of the plan and dissemination and use of the materials, including several posters. One major achievement of this phase was to add vitamin A capsules to the essential drug kit for the first time.

Subsequently, in Zambia, the VITAP Deputy Director assisted Africare and the Task Force to evaluate the vitamin A emergency response to the drought. During this visit, a proposal was drafted for a permanent National Task Force which would implement a long term national program. The National Task Force was actually created in the spring of 1993, and HKI was asked to be a member. More recently, this Task Force was subsumed, as a sub-committee, under the newly formed National Task Force for Control of Micronutrient Deficiencies, whose scope includes iron and iodine deficiencies as well. The drought emergency is now over, at least temporarily, and one positive result for Zambia has been the creation of an overall national effort to control micronutrient deficiencies.

As a result of collaborating with a variety of groups to confront this drought in southern Africa, HKI developed a proposal to enhance and expand its ability to respond to emergencies. HKI wished to apply the results from this collaborative project to develop generic guidelines for use worldwide in addressing vitamin A deficiency in drought conditions. Unfortunately, the proposal has not been funded yet.

#### Products:

1. Consultant report from Malawi, Zambia and Zimbabwe, entitled "The Southern Africa Drought and Vitamin A Strategy" was widely distributed.
2. Materials created in Zambia for promoting vitamin A capsules in drought situations.
3. Draft guidelines developed for vitamin A capsule distribution in drought situations.

4. National Task Force created in Zambia to implement a long term strategy against vitamin A deficiency.
5. Vitamin A capsules are now included in the essential drug kits in Zambia.
6. Increased networking and collaboration among public, private and non-profit sector organizations in Malawi, Zimbabwe and Zambia.

Comments:

This collaborative project was not on the original list prepared after the midterm, but became necessary as the drought in southern Africa persisted throughout 1991 and 1992. It is noteworthy that VITAP was flexible enough to cancel some earlier plans in order to redirect resources to address this emergency. These revisions in plans were quite justified as the situation required VITAP's special expertise in providing technical assistance to a number of different groups on the same issue. Although VITAP's proposal for outside funding to provide additional assistance was not successful, the products which resulted from this experience were numerous and valuable in themselves.

**ANNEX 5**

**ORGANIZATIONS TO WHICH VITAP PROVIDED  
TECHNICAL ADVICE, INFORMATION AND PUBLICATIONS ON  
MICRONUTRIENT DEFICIENCY CONTROL**

**Organizations to which VITAP provided  
Technical Advice, Information, Publications  
on Micronutrient Deficiency Control**

Partial list of non-governmental organizations, government agencies, academic institutions and international agencies who requested and had been provided technical advice, information, and publications on micronutrient deficiency control, including vitamin A, from the Vitamin A Technical Assistance Program of Helen Keller International

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ACC/SCN	Africare Nigeria
ACORD Namibia	Africare Zambia
ADRA	Agricultural College & Research Institute, Madurai India
ADRA Bangladesh	Aga Khan Foundation
ADRA Brazil	Aga Khan Health Service Pakistan
ADRA India	Aga Khan University Pakistan
ADRA Indonesia	Agricultural College, Maduari India
ADRA Israel	Alameda County Health Program
ADRA Malawi	All India Institute of Medical Sciences India
ADRA Mali	Alliance for Child Survival
ADRA Micronesia	American Friends of Action Internationale Somalia
ADRA Nepal	American Joint Distribution Committee Ethiopia
ADRA Nigeria	Andean Rural Health Care
ADRA Pakistan	Andean Rural Health Care Bolivia
ADRA Philippines	Apayao Community Learning Center Philippines
ADRA Sudan	Aravind Children's Hospital India
ADRA Tanzania	Aravind Eye Hospital India
ADFA Togo	Arizona Mexico Health Project Honduras
ADRA Zambia	Arul Anadar College India
AED	Arusha International Conference Center Tanzania
AED (Basics)	Asian Development Bank Philippines
AED Mali	Asociacion Medica Ecuatoriana Ecuador
AED Niger	Asociacion para el Desarrollo Campesino Colombia
AED-Healthcom	Assemblee Spirituelle Des Baha'is du Tchad Chad
AFB	Association for Health & Environmental Development Egypt
AHRTAG UK	Association for Sarva Seva Farms India
AMG International Guatemala	Association of Dental Surgeons Mauritius
AMREF	Assumption Convent South Africa
AMREF Kenya	Atibioke Clinic and Maternity Home Nigeria
APHA	B. Ikeogu & Brothers Company Nigeria
APHA - Clearinghouse	BAIF Information Resource Center India
APROSAC Ecuador	Babagbolu Memorial Library Nigeria
ASIA Bangladesh	Bangladesh German Technical Cooperation Bangladesh
AVDRC Indonesia	Bangladesh Tea Research Institute Bangladesh
AVRDC Taiwan	Baqi Medical College Pakistan
Academy of Nutrition Improvement India	Barangay Health Workers Organization Philippines
Accion Ecumenica Venezuela	Bastar Sewak Mandal India
Ad Council Indonesia	Bayero University Nigeria
Adventist Gifford Memorial Hospital India	Bejing Agricultural College China
Africare	Bethesda Serukam Indonesia
Africare Angola	Bharat Serums & Vaccines PVT. Ltd. India
Africare Burkina Faso	Biochemical Institute Medical School Ecuador
Africare Malawi	Bon Dente Nutrition
Africare Mali	Boston University
Africare Niger	Boston University, Center for International Health

Brown University  
 Brown University, World Hunger Program  
 Bukas Palad Social Center Philippines  
 Burkinabe Association for the Blind Burkina Faso  
 CARE  
 CARE Bangladesh  
 CARE Bolivia  
 CARE India  
 CARE Indonesia  
 CARE Kenya  
 CARE Mali  
 CARE Nepal  
 CARE Nicaragua  
 CARE Niger  
 CARE Philippines  
 CARE Somalia  
 CARE Sudan  
 CARE Tanzania  
 CARE Vietnam  
 CCF  
 CCF Philippines  
 CDC  
 CEDIM Peru  
 CEIMS Ecuador  
 CERDH - Davao Medical School Foundation Philippines  
 CESAP Ecuador  
 CESPAM Mali  
 CeSSIAM Guatemala  
 CHAMPAK India  
 CIAD - Mexico  
 CISIR Sri Lanka  
 CMDT Mali  
 CNLCC Burkina Faso  
 COCIN Rural Health Programme Nigeria  
 CONADE Ecuador  
 CRS  
 CRS Burkina Faso  
 CRS Ecuador  
 CRS India  
 CRS Indonesia  
 CRS Philippines  
 CRS Thailand  
 CRS Togo  
 California State University  
 Cama Services Thailand  
 Canadian Int'l Development Agency  
 Canadian Unicef Committee Canada  
 Catholic Mission Kenya  
 Center for International Child Health UK  
 Center for International Health Information /ISTI  
 Center for International Health, Boston University  
 Center of Development & Population Activities  
 Central Food Research Laboratory Nepal  
 Centre Louis-Hébert Canada  
 Centre for Africa Compassion Uganda  
 Centre for African Studies Kenya  
 Centre for Applied Nutrition Nigeria  
 Centre for Human Nutrition, U of Sheffield UK  
 Centro Communal "Villa El Carmen" Bolivia  
 Centro de Investigacion en Alimentacion, Sonora Mexico  
 Child Survival Information Center Philippines  
 Chipata General Hospital, Eye Clinic Zambia  
 Christian Health Association of Liberia Liberia  
 Christian Medical Board  
 Christian Medical Mobile Services Philippines  
 Christian Mission Alliance Burkina Faso  
 Christian Reformed World Relief Committee Bangladesh  
 Christian Reformed World Relief Committee Uganda  
 Christian Relief & Development Association Ethiopia  
 Christoffel-Blindenmission  
 Church World Service  
 Church World Service Indonesia  
 Churches Medical Association of Zambia Zambia  
 City University of London UK  
 Clark Atlanta University  
 Clinica Maxiña Guatemala  
 Club Leones de David Panama  
 Colegio Izapa Mexico  
 Collective Self Finance Scheme Zimbabwe  
 Colufifa Senegal  
 Comité de Santé Mbuga Rwanda  
 Commonwealth Health Community Secretariat Tanzania  
 Communauté Baptiste au Kivu Rwanda  
 Community Based Rehabilitation National Uganda  
 Community Health Workers for Toledo District Belize  
 Cooperation Universitaire Benino Neerlandaise Benin  
 Cornell University  
 Corpus Christi Anglican Church Ghana  
 Council of Churches Sudan  
 Croix Rouge Zaire  
 Curriculum Development Center Nepal  
 DANA Benin  
 Daughters of Charity, St. Vincent de Paul Thailand  
 Davao Medical School Foundation Philippines  
 Deemed University India  
 Denco Health Bureau Nigeria  
 Department of Agriculture, Chuuk State Micronesia  
 Department of Child Health Kenya  
 Department of Health Philippines  
 Department of Human Services Micronesia  
 Department of Medical Research Myanmar  
 Department of Nutrition, Uppsala University Sweden  
 Department of Public Health Maldives  
 Dept of Paediatrics, University of Cape Town South Africa  
 Dept. of National Health & Population South Africa  
 Development Associates Nicaragua  
 Devres Consulting  
 Diocesan Sudanais Sudan  
 Dow Medical College & Civil Hospital Pakistan  
 ECWA Community Health Programme Nigeria  
 EDC - International Programs  
 ENI Ethiopia  
 EVARD Malawi  
 Ecwa School of Health & Technology Nigeria  
 Enfants et Développement Laos  
 Enfants et Développement Philippines  
 Enid State School  
 Episcopal Church Center

Esperança  
 Esperança Bolivia  
 Esperança Brazil  
 Ethiopian Nutrition Institute Ethiopia  
 Ets de l'Est Zaire  
 Experiment for International Living  
 Extension Training Center, c/o USAID Mali  
 EyeCare Haiti  
 FAO  
 FAO Radio Communications Project Mali  
 FAO Senegal  
 FAO Thailand  
 FAO Vietnam  
 FINSA Benin  
 FSP  
 FSP Kiribati  
 FSP Solomon Islands  
 Faculte Libre de Medecine France  
 Family Life Education Programme Tanzania  
 Family to Family Philippines  
 Fatayat NU Lombok Indonesia  
 Fed. of American Societies for Experimental Biol.  
 Federal University of Technology Nigeria  
 Find Your Feet UK  
 Firat University Turkey  
 Florida International University  
 Florida State, Dept of Nutrition  
 Food Technology Guide Indonesia  
 Food for the Hungry  
 Food for the Hungry Ethiopia  
 Freedom Medicine  
 Friends of Bangladesh  
 GAMETRA Indonesia  
 GOAL Sudan  
 Gadjah Mada University, Clinical Epidemiology Indonesia  
 Gautham Nursing Home India  
 General Hospital - Zaria Nigeria  
 General Injectable & Vaccine  
 George Washington University  
 Georgia State University  
 German Institute for Medical Missions Germany  
 Ghana Society For the Blind Ghana  
 Ghana United Nations Association Ghana  
 Ghana Vitamin A Supplement Trials Ghana  
 Gill University, Montreal Canada  
 Global Missionary Health Foundation Nigeria  
 Gonoshahajjo Sangestra Bangladesh  
 Gould Medical Foundation  
 Government Rajaji Hospital India  
 Government of Tamil Nadu India  
 Green Library, Stanford University  
 Gujarat Blind Relief & Health Association India  
 Harvard School of Medicine  
 Harvard School of Public Health  
 Health Department Myanmar  
 Health Education Bureau - HECOPAB Belize  
 Health Services Department Zimbabwe  
 Health for All Iraq  
 Helen Keller Service Society for the Blind India  
 Help the World to See  
 HelpAge UK  
 Higher Environmental Health Officer Nigeria  
 Hoffmann LaRoche  
 Hospital Central do Maputo Mozambique  
 Hospital Dien Bien Pho Vietnam  
 Hospital del Nino Ecuador  
 Hunger Project  
 ICDDR,B Bangladesh  
 ICEH  
 ICEPO  
 ICEPO - Vitamin A Research Project Ethiopia  
 IDN International  
 IDRC - Micronutrient Initiative  
 IDRC - Micronutrient Initiative Canada  
 IDRC Canada  
 IDSA Bolivia  
 IEF  
 IEF Colombia  
 IEF Guatemala  
 IEF Honduras  
 IEF Malawi  
 IIRR Philippines  
 IMC/PACT Cambodia  
 IMPACT  
 INCAP Guatemala  
 INMED  
 INOSA/INESA South Africa  
 INSERM France  
 IOTA Mali  
 IST Inc.  
 ISTI  
 IVACG  
 Ibn Al-Baladi Hospital Iraq  
 Illinois State Univ. Office of Int'l Studies  
 Indeco de Unie Indonesia  
 Independence Regional Health Center  
 Indian Development Organisation Trust India  
 Indian Journal of Pediatrics India  
 Indian Red Cross Society India  
 Indian Express Newspapers India  
 Indonesia Medical Association Indonesia  
 Indonesian Planned Parenthood Indonesia  
 Inner Wheel Nigeria  
 Inst. of Child Health, Univ. of Ng Teaching Hosp. Nigeria  
 Institut fur Ernährungswissenschaft Germany  
 Institute for Scientific Information  
 Institute for Social Development in the Amazon Bolivia  
 Institute of Child Health - Jodhpur India  
 Institute of Child Health UK  
 Institute of Nutrition at Mahidol University Thailand  
 Institute of Ophthalmology, Univ. of London UK  
 Instituto Universitario de Ophthalmologia Peru  
 Instituto de Investigacion Nutricional Peru  
 Instituto de Nutricion Cuba  
 Internationaal Agrarisch Centrum The Netherlands  
 International Center Research on Women Nepal  
 International Centre for Eye Health UK  
 International Child Care

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International Child Care Haiti  
 International Child Health-Uppsala University Sweden  
 International Committee of the Nutrition Society UK  
 International Federation of Red Cross/Red Crescent  
 International Inner Wheel Nigeria  
 International Nepal Fellowship Nepal  
 International Rescue Committee  
 International Rescue Committee Malawi  
 Islamic African Relief Sudan  
 Itili Women's Training Centre Tanzania  
 JHU/PVO Child Support Program  
 JNSP Nepal  
 JSI Child Survival/Family Planning Services Nepal  
 JSI Library  
 Jawaharlal Rohatgi Smarak Netra Chikitsalaya India  
 Jewish Development Cooperation - Int'l Dev. Prog.  
 Jimma Institute of Health Sciences Ethiopia  
 Johns Hopkins University  
 Jomo Kenyatta University College Kenya  
 Jurusan Public Health Indonesia  
 KENGO Kenya  
 Kakuma Pastoral Development Project Kenya  
 Kalimantan Barat NGO Indonesia  
 Kano State Health Services Nigeria  
 Karunya Rural Community Hospital & Outreach India  
 Katha India  
 Kenya Food and Nutrition Action Network Kenya  
 Khairabad Eye Hospital India  
 Kilimanjaro Christian Medical Center Tanzania  
 Kiyawa Local Government - Kano State Nigeria  
 Kiyeyu Health Project Uganda  
 Koninklijk Instituut Voor de Tropen The Netherlands  
 Konrad-Adenauer-Stiftung Namibia  
 Korea University  
 Korle-bu Teaching Hospital Ghana  
 Kutch Vikas Trust India  
 Kwaliti India  
 LALMBA Sudan  
 LTM Medical College & Hospital - Bombay India  
 La Familia  
 La Leche League  
 La Leche League Honduras  
 La Leche League Zambia  
 Laboratoire du Nutrition Madagascar  
 Lady Irwin College India  
 Lady Irwin College, Dept. of Foods and Nutrition India  
 Lagos University Teaching Hospital Nigeria  
 Lalmba Association Sudan  
 Lasting Links  
 Leaf for Life  
 Lembaga Bina Potensi Indonesia  
 Library - Health Education Unit Iran  
 Library, Bishop of Rajkot India  
 Life Abundant Programme Cameroon  
 Lilongwe School for Health Science Malawi  
 Lions Club E. Elmhurst Colombia  
 Lions International  
 Liverpool School of Tropical Medicine UK  
 London School of Hygiene and Tropical Medicine UK  
 Lukona Rural Health Center Zambia  
 Lumbini Eye Care Project Nepal  
 M. S. University of Baroda India  
 MAP International  
 MLN Medical College India  
 Macha Mission Hospital Zambia  
 Madurai Agricultural College India  
 Mahidol University, Faculty of Public Health Thailand  
 Makerere University, Medical School Uganda  
 Makerere University, Dept. of Paediatrics Uganda  
 Makongoro Eye Clinic Tanzania  
 Mama Project - Mennonite Honduras  
 Management Sciences for Health  
 Management Sciences for Health Afghanistan  
 Manoff Group  
 Mansoura University Egypt  
 Marie Adelaide Leprosy Centre Pakistan  
 Maryknoll Missioners Kenya  
 Mauritius Institute of Health Mauritius  
 Mbarara University Uganda  
 McGill University  
 Medical Ambassadors of Philippines  
 Medical Missionary Clinic - Inquitos Peru  
 Medical Outreach Missions Foundation Philippines  
 Mediciens Sans Frontiers Pakistan  
 Mercy Ships  
 Methodist Eye Team  
 Michigan Project Nepal  
 Michigan State University  
 Michigan University  
 Mickey Leland Center on World Hunger & Peace  
 Ministry of Agriculture Tanzania  
 Ministry of Food, Food & Nutrition Board India  
 Ministry of Health - Dept of Food & Nutrition Honduras  
 Ministry of Health - INAN Brazil  
 Ministry of Health - India  
 Ministry of Health - Kumasi Ghana  
 Ministry of Health - Plateau Nigeria  
 Ministry of Health - Rivers State Nigeria  
 Ministry of Health Benin  
 Ministry of Health Botswana  
 Ministry of Health Burkina Faso  
 Ministry of Health Burundi  
 Ministry of Health Cameroon  
 Ministry of Health Chad  
 Ministry of Health Ecuador  
 Ministry of Health Ghana  
 Ministry of Health Indonesia  
 Ministry of Health Kenya  
 Ministry of Health Laos  
 Ministry of Health Mali  
 Ministry of Health Mauritania  
 Ministry of Health Namibia  
 Ministry of Health Niger  
 Ministry of Health Pakistan  
 Ministry of Health Rwanda  
 Ministry of Health Trinidad & Tobago  
 Ministry of Health Uganda  
 Ministry of Health Zambia

Ministry of Health Zimbabwe  
 Ministry of Health, Newala Midwifery School Tanzania  
 Ministry of Planning & National Development Kenya  
 Ministry of Public Health Cameroon  
 Ministry of Social Services Marshall Islands  
 Minnesota International Health Volunteers  
 Minnesota International Health Volunteers - Uganda  
 Miraj Medical Center India  
 Monera Association  
 Morgenster Hospital Zimbabwe  
 Municipal Medical College India  
 Muswishi Central Health Post Zambia  
 NORE  
 Nandon Hospital Ghana  
 Nath Natural Therapeutic Centre Nigeria  
 National Academy of Science  
 National Association for the Blind India  
 National Christian Union & Development Liberia  
 National Food and Nutrition Commission Zambia  
 National Inst. of Ophthalmology Vietnam  
 National Institute of Health Japan  
 National Institute of Nutrition Vietnam  
 National Institute of Nutritional Researches Iran  
 National Institutes of Health  
 National Library of Medicine  
 National Nutrition Council Philippines  
 National Ophthalmic Association India  
 National Postgraduate Medical College Nigeria  
 National Research Center Egypt  
 National Root Crops Research Institute Nigeria  
 Natural Resources Development College Zambia  
 Nav Jivan Hospital India  
 Nepal Eye Hospital Nepal  
 Netherlands Ophthalmic Research Institute The Netherlands  
 New England Medical Center  
 New Mulago Hospital Uganda  
 Nitra Jyoti Sangh Nepal  
 Nkoaranga Lutheran Hospital Tanzania  
 Noor Eye Institute Afghanistan  
 Norfil-Foundation, Inc. Philippines  
 Norwegian Association of the Blind Zimbabwe  
 Nutrition Center of the Philippines  
 Nutrition Foundation  
 Nutrition Foundation of the Philippines  
 Nutrition Mobile Team Ghana  
 Nutrition Society of the UK  
 Nutritional Sciences Department, Cornell  
 OBPC Belgium  
 OMAES Mali  
 OMAES Senegal  
 ORANA Senegal  
 ORSTOM France  
 ORT International  
 Oeuvre Malienne d'Aide a l'Enfance du Sahel Mali  
 Ohlthaver & List Trust Co. Limited Namibia  
 Operation Health 2000 India  
 Orbis International  
 Orbis International Cameroon  
 Orbis International Mali

Orbis International Peru  
 Oregon Institute of Technology  
 Orrisa Voluntary Health Association India  
 Outreach International  
 Oxfam India  
 Oxford Polytechnic UK  
 Oxford University - Refugee Studies Programme UK  
 Oyo State Health Department Nigeria  
 PACT-Asia Indonesia  
 PAHO  
 PAMM  
 PATH  
 PATH Indonesia  
 PERDHAKI Indonesia  
 PLAN International  
 PLAN International Guatemala  
 PLAN International Haiti  
 PLAN International Honduras  
 PLAN International India  
 PLAN International Mali  
 PLAN International Nepal  
 PLAN International Tanzania  
 PNLCC Niger  
 PRITECH Indonesia  
 PSKM-FK-Universitas Diponegoro Indonesia  
 Pache Trust India  
 Peace Corps  
 Peace Corps Benin  
 Peace Corps Cameroon  
 Peace Corps Guinea  
 Peace Corps Honduras  
 Peace Corps Micronesia  
 Peace Corps Morocco  
 Peace Corps Nepal  
 Peace Corps Niger  
 Peace Corps Senegal  
 Pediatric Associates  
 Penn State  
 Permanent Representative to FAO Iraq  
 Planned Parenthood Indonesia  
 Population Council  
 Population Services International  
 Pragma  
 Prem Sewa Hospital India  
 Presbyterian Fellowship Bangladesh  
 Preventive Nutrition Program Costa Rica  
 Primary Health Care Program - Punta Gorda Belize  
 Pritech  
 Program for International Training in Health-UNC  
 Project Concern  
 Project Concern Indonesia  
 Project HOPE  
 Project HOPE Brazil  
 Project HOPE Guatemala  
 Project HOPE Swaziland  
 Project Health Philippines  
 Project Survie Soutenable de l'Enfant, CAR  
 Provincial Health Office, NTB Indonesia  
 Provincial Medical Officer, Mongu Zambia

Punta Gorda Hospital Staff Belize  
 RESULTS Educational Fund  
 Rabbani Department of Rural Community Development India  
 Rajasthan Agricultural University India  
 Rarvowa Fase School Kenya  
 Research and Reference Services  
 Results  
 Rinki Foundation Eye Hospital India  
 Roche Products Ltd. India  
 Rochester Medical School  
 Rodale Press  
 Rotary Eye Hospital India  
 Rotary International Zambia  
 Rovita Project Indonesia  
 Royal Commonwealth Society for the Blind UK  
 Royal Government of Bhutan Bhutan  
 Royal Tropical Institute - Central Library The Netherlands  
 Royal Tropical Institute The Netherlands  
 Rulenge Hospital Tanzania  
 Rural Health Agencies Nigeria  
 Rural Institute for Community Education India  
 SALEM Uganda  
 SAWSO  
 SAWSO Haiti  
 SEAMEO TROPED Indonesia  
 SEVA Nepal  
 SNTD Women's University India  
 SPG Teruna Bakti-Waena Indonesia  
 Sahel Actions Developpement Mali  
 Samaringa Primary School Zimbabwe  
 Samodana Association Sri Lanka  
 San Francisco State University  
 Santasi Clinic Ghana  
 Save the Children - UK  
 Save the Children - UK Ethiopia  
 Save the Children - UK Nepal  
 Save the Children  
 Save the Children Bangladesh  
 Save the Children Burkina Faso  
 Save the Children Ethiopia  
 Save the Children Haiti  
 Save the Children Indonesia  
 Save the Children Malawi  
 Save the Children Mali  
 Save the Children Mexico  
 Save the Children Nepal  
 Save the Children Philippines  
 Save the Children Sudan  
 School for Community Health Nurses The Gambia  
 School of Health Technology Nigeria  
 School of Hygiene, Tamale Ghana  
 School of Public Health, UCLA  
 Seeds for Peace Project  
 Seva Foundation  
 Seventh Day Adventist Philippines  
 Shahid Beheshti University Iran  
 Sierra College  
 Sight Savers  
 Sight Savers India  
 Sight Savers Kenya  
 SightSavers - RCSB  
 SightSavers - RCSB India  
 SightSavers - RCSB Kenya  
 SightSavers - RCSB Malawi  
 Sir Vithaldas Thackersey College of Home Science India  
 Smarak Netra Chikitsalaya India  
 Society for Developmental Action India  
 Sohar Hospital Oman  
 Somali NGO Coordinating Association Somalia  
 St. John of God Hospital Ghana  
 St. Michaels Hospital Ghana  
 Sudan Council of Churches Sudan  
 Summer Institute Indonesia  
 Swedish Save the Children Sweden  
 Swiss Red Cross Mali  
 Synergos  
 TAP Trust - Tamil Nadu India  
 Tahanang Walang Rehas Foundation Philippines  
 Tamil Nadu Agricultural University India  
 Tamil Nadu Area Project India  
 Tanzania Episcopal Conference Tanzania  
 Tanzania Food and Nutrition Centre Tanzania  
 Task Force Sight & Life  
 Tei Wa Yesu Kenya  
 The Lighthouse National Center for Vision...  
 The Swallows in India  
 The Taft Group  
 Thrasher Research Fund  
 Tonjogara Refugee Camp Zimbabwe  
 Tribhuvan University Nepal  
 Tropical Diseases Research Centre Zambia  
 Trust for Human Resource and Unity Development India  
 Tufts University  
 Tufts University School of Nutrition  
 Tulane University  
 UCLA  
 UCLA School of Public Health  
 UNICEF  
 UNICEF - Regional Library Thailand  
 UNICEF Bangladesh  
 UNICEF Bolivia  
 UNICEF Botswana  
 UNICEF Brazil  
 UNICEF El Salvador  
 UNICEF Ethiopia  
 UNICEF Fiji  
 UNICEF India  
 UNICEF Indonesia  
 UNICEF Iraq  
 UNICEF Kenya  
 UNICEF Madagascar  
 UNICEF Mozambique  
 UNICEF Myanmar  
 UNICEF Nicaragua  
 UNICEF Nigeria  
 UNICEF Peru  
 UNICEF Philippines  
 UNICEF Rwanda

UNICEF Sudan  
 UNICEF Tanzania  
 UNICEF The Gambia  
 UNICEF Uganda  
 UNICEF Vietnam  
 UNICEF Zambia  
 UNICEF Zimbabwe  
 UNIDAD PRO-VITA-A Guatemala  
 USAID  
 USAID Bangladesh  
 USAID Burkina Faso  
 USAID Cape Verde  
 USAID Chad  
 USAID India  
 USAID Indonesia  
 USAID Mali  
 USAID Malawi  
 USAID Nepal  
 USAID Niger  
 USAID Office of Health  
 USAID Office of Nutrition  
 USAID Peru  
 USAID Philippines  
 USAID Sudan  
 USAID Zambia  
 USAID Zimbabwe  
 Unibersidad ng Pilipinas, Quezon Philippines  
 United Nations University  
 Univ. College of Swansea, Health Care Studies UK  
 Univ. of Nigeria Teaching Hospital Nigeria  
 Universidad Autonoma de Chihuahua Mexico  
 Universidad Nacional Agraria La Molina Peru  
 Universidad Simon Bolivar Venezuela  
 Universidad de Cuenca Ecuador  
 Universite Laval  
 Universite Nationale du Benin Benin  
 Universite de Montreal Canada  
 Universitetetbergen Norway  
 University of Agricultural Sciences, Dharwad India  
 University of Amsterdam The Netherlands  
 University of Arizona  
 University of Benin Teaching Hospital Nigeria  
 University of California, Davis  
 University of California, San Diego  
 University of Cape Town South Africa  
 University of Hawaii  
 University of Jordan  
 University of Jos Nigeria  
 University of Justus-Liebig Germany  
 University of Lagos Nigeria  
 University of Leeds, MPH Warm Climates UK  
 University of London UK  
 University of Mainz West Germany  
 University of Michigan  
 University of Minnesota  
 University of Natal South Africa  
 University of Nigeria  
 University of North Carolina, INTRAH  
 University of Oslo Norway  
 University of Rhode Island  
 University of Rhode Island Library  
 University of Science and Technology Ghana  
 University of Sumboja Indonesia  
 University of South Florida  
 University of Udayana Indonesia  
 University of Utah  
 University of Virginia  
 University of Wales UK  
 University of Washington, International Health  
 University of Zimbabwe Library Zimbabwe  
 University of Nigeria Teaching Hospital Nigeria  
 Uppsala University, Department of Nutrition Sweden  
 VA Medical Library  
 VIMARSH India  
 VITAL  
 VITAL Kiribati  
 VITAL Nepal  
 VSO Nepal  
 Vaturona Secondary School Fiji  
 Vision for the Americas Honduras  
 Vit A Group, Kenya Pediatric Society Kenya  
 Vitamin A Child Survival Project Eye Hospital Nepal  
 WHO  
 WHO Congo  
 WHO Fiji  
 WHO India  
 WHO Mali  
 WHO Philippines  
 WHO Switzerland  
 WHO Uganda  
 WHO Zambia  
 Wageningen Agricultural University The Netherlands  
 Wageningen University Cooperative Project Benin  
 Wellstart  
 Wesley Clinic Myanmar  
 Wete Hospital Tanzania  
 William Masethla Baha'i Institute Zambia  
 Winslow Health Center, Indian Health Service  
 Women and Child Development Association India  
 Working Group on Nutrition, INGOs on Human Rights  
 World Bank  
 World Blind Union  
 World Concern Kenya  
 World Concern Somalia  
 World Food Programme  
 World Food Programme Malawi  
 World Hunger Committee  
 World Hunger Year  
 World Relief  
 World Relief Bangladesh  
 World Relief Burkina Faso  
 World Relief Haiti  
 World Relief Honduras  
 World Relief Nicaragua  
 World Relief Sri Lanka  
 World Resources Institute  
 World Vision  
 World Vision Cambodia

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World Vision Chad  
World Vision Haiti  
World Vision India  
World Vision Indonesia  
World Vision Malawi  
World Vision Mali  
World Vision Mauritania  
World Vision Mozambique  
World Vision Tanzania  
World Vision Thailand  
World Vision Vietnam  
Worldview International Foundation Bangladesh

Worldview/GLONA Sri Lanka  
Xavier University, Health Resource Dist. Program  
Yambio Civil Hospital Sudan  
Yayasan Bakti Persada Indonesia  
Yayasan Pembangunan Masyarakat Pancasila Indonesia  
Yayasan Tengku Situru Indonesia  
Youth with a Mission  
Youth with a Mission Liberia  
Zambia Flying Doctor Service Zambia  
Zambia Medical Association Zambia  
Zanom Limited Nigeria  
Zimbabwe Public Health Society Zimbabwe

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