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HELEN KELLER INTERNATIONAL INCORPORATED



VITAMIN A TECHNICAL ASSISTANCE PROGRAM

Funded by USAID's Office of Private and Voluntary Cooperation, Bureau for Food for Peace and Voluntary Assistance (FVA/PVC)

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Annual Report
OCTOBER 1992 - SEPTEMBER 1993

Prepared for FHA/PVC
USAID

Jaime Henriquez, Project Officer

HKI's Vitamin A Technical Assistance Program helps other Private Voluntary Organizations to prevent and control vitamin A deficiency. Through a range of services, VITAP promotes awareness of vitamin A as an important child survival component and assists PVOs to strengthen their existing activities and expand their involvement in vitamin A programming.

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December 1993

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**ANNUAL REPORT
VITAMIN A TECHNICAL ASSISTANCE PROGRAM
HELEN KELLER INTERNATIONAL**

EXECUTIVE SUMMARY:

Cooperative Agreement No: ORF-0284-A-00-8253-00
Duration of Project: 31 August 1988 to 31 March 1994
This reporting period: 01 October 1992 to 30 September 1993

A summary of VITAP's progress this reporting period toward fulfilling expected outputs is found in Table I, "Summary of VITAP Activities," on pages three to six.

Selected Program Highlights are as follows:

Joint activities are underway or completed in 13 VITAP-PVO collaborative projects (see Table II of the Narrative for complete information).

The largest projects -- in Indonesia and the Philippines -- continued to make great stride toward assisting the NGO/PVO partners to strengthen their vitamin A activities and to leverage additional resources to help sustain activities after completion of VITAP. For example, the VITAP representative in the Philippines, Ms. Josie Caguioa, stated eloquently in her annual report that ADRA, CCF, CRS and SCF have made vitamin A a part and parcel of their health and nutrition activities as demonstrated by allocation of funds to support vitamin A activities. She adds, "Assessment is now integrated in growth monitoring activities. Supplementation is provided during free clinics and food distribution. Vitamin A concepts are integrated in monthly meetings, mothers classes and radio broadcast programs....etc."

Very good progress was also made toward strengthening the Vitamin A Resource Center at Aravind Children's Hospital in India, as part of a VITAP collaborative project. A detailed project plan was developed and a proposal written to seek funds to support the resource center after VITAP. In addition, the final workshop in the series was held at Aravind for PVO/NGO, university and government participants on assessment of vitamin A deficiency and other micronutrients. Vitamin A deficiency was found to be a public health problem in a local NGO project area. Steps have been taken to assist the NGO to incorporate activities to control the problem. Other partner NGOs/PVOs have requested assistance to carry out assessments in their project areas throughout India.

The Guatemala collaborative project neared successful completion. The formative research by PVO partners was completed and the communication strategy developed. A manual of the formative research process was drafted and is currently being reviewed. The communication strategy and supporting materials will be completed by February 1994. A training on how to effectively use the strategy will be held during the early part of 1994 for PVO partners.

The Project Orbis-VITAP/HKI video, which portrays community and environmental risk factors for vitamin A deficiency in three developing countries - Guatemala, Niger and the Philippines, was produced in French and English. These versions were distributed to all PVO partners. The Spanish version will be available during early 1994.

Significant progress on the VITAP/HKI manuals was made during this reporting period. The manual entitled *"Conducting a Qualitative Assessment of Vitamin A Deficiency: A Field Guide for Program Managers"* was produced and distributed during this reporting period. We continue to receive many requests for this field guide. The manual *"How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency"* was field tested and is being prepared for publication. Finally, the manual entitled, *"Vitamin A Training Activities for Community Health and Development"* neared completion with all pretesting completed and the final draft ready for translation to French and Spanish.

The Spring 1993 and Fall 1993 issues of the VITAP publication, *Vitamin A News Notes* were produced and distributed to more than 900 groups and interested individuals in 90 countries throughout the world. For each issue, over 2,500 copies were mailed in English, French or Spanish.

In addition to the above accomplishments, VITAP continued responding to requests for information and materials from around the world. 342 requests for information and materials were fulfilled this year.

Evaluation and Administrative Highlights:

The Impact Assessment of VITAP was completed (see Appendix I - narrative, for more information). A report is available from VITAP/HKI. A debriefing was held in Washington D.C. at Interaction for PVO collaborators and USAID staff on 16 June 1993.

The findings from the VITAP impact assessment were very positive. The three main conclusions were that 1) VITAP has had an impressive effect in motivating and enabling PVOs, NGOs and MOHs to undertake and sustain activities to address vitamin A deficiency; 2) VITAP has developed into an effective and flexible model for PVO-to-PVO technical assistance; and 3) While VITAP has already stimulated and assisted many PVOs and NGOs to develop and implement their own activities to control vitamin A deficiency, there is still a demand and need for VITAP's services to maintain and expand efforts to reduce blindness, morbidity and mortality due to vitamin A deficiency.

A no-cost extension of six months for VITAP was approved made by USAID/PVC during this reporting period. This extension will allow VITAP staff and collaborators to complete all collaborative projects before the VITAP final evaluation. VITAP's end date will be 31 March 1994.

TABLE I, Summary of VITAP Activities

Expected VITAP Outputs	Planned Activities (FY92 - FY94)	Progress This Year USAID FY93 (October 1992 - September 1993)	Future Activities
<p>1. PVOs gain operational experience in vitamin A deficiency control</p>	<p>1. Complete at least 10 collaborative projects with PVOs</p>	<p>Activities are underway or completed in 13 collaborative projects (see Table II): Burkina Faso/NCP Burkina Faso/Africare,SCF Mali/NCP Niger/Africare Bangladesh/WRC India/Aravind Children's Hospital Indonesia/PCI,PATH,SCF,CRS,CWS,WV,IPPA, or their local counterpart NGO Nepal/SCF Philippines/ADRA,CRS,SCF,CCF Philippines/CARE Project Orbis/video Bolivia/ Procoel & PVOs (cancelled) Guatemala/materials development SADE/Malawi,Zambia,Zimbabwe</p>	<p>See Table II</p>
<p>2. Key technical staff of PVO headquarters, regional offices & field programs have been exposed to technical and programmatic issues related to vitamin A</p>	<p>2.a Conduct at least 2 seminars for PVO key technical staff</p> <p>2.b Conduct PVO orientations /trainings as needed</p>	<p>Seminar on assessment completed.</p> <p>VITAP-Indonesia hosted the 7th Child Survival International PVO Workshop whose topic was vitamin A deficiency control. They also provided orientation sessions for 3 Indonesian NGOs.</p> <p>VITAP-Philippines provided one local NGO with an orientation on vitamin A.</p> <p>1/2 day orientation provided to Christian Children's Fund during May. Update on new vitamin A information and HKI assessment method given to WRC during May, WVRD during June and ADRA and Africare during August.</p>	<p>Seminar on training for HQ cancelled at the request of HKI Training Director. Training information to be transferred to selected PVO headquarters and field offices as part of the training manual pre-testing.</p> <p>Orientations still planned for PLAN and PCI.</p>

Expected VITAP Outputs	Planned Activities (FY92 - FY94)	Progress This Year USAID FY93 (October 1992 - September 1993)	Future Activities
<p>3. PVO participation facilitated in governmental vitamin A deficiency control efforts</p>	<p>3.a Convene at least two national or regional-level meetings (India, FAO West Africa regional social marketing meetings)</p>	<p>India PVO meetings completed. Proceedings were finalized and disseminated.</p> <p>VITAP-Philippines convened a national level Assessment/Planning Workshop on VADCP for PVOs during August 1993. The purpose was to review progress, address roadblocks, coordinate and plan future activities and to gather experiences/lesson learned by PVOs over the past four years in integrating VAD control into ongoing health programs. Proceedings are available.</p> <p>Three of four FAO/West Africa Regional meetings completed.</p> <p>As part of the Impact Assessment, questionnaires from two major VITAP workshops were analyzed. Results were positive.</p>	<p>The VITAP Deputy Director will participate in the last FAO Meeting on Nutrition Communication (scheduled for December 1993).</p>
<p>4. The needs of the PVO community & other organizations for technical advice, materials & information on vitamin A deficiency are met</p>	<p>4.a Fulfill requests from the PVO community & other organizations for technical advice, materials and information</p> <p>4.b Edit selected staff and consultancy reports for widespread distribution</p> <p>4.c Maintain inventory & distribution system of HKI/VITAP publications & reports available on a cost sharing basis</p> <p>4.d Maintain library of key resources</p>	<p>At least 342 requests for technical advice, materials and information fulfilled. (see Table III)</p> <p>The following reports are available and have been distributed to a limited audience: Africare and SCF/Burkina Faso TCT report; FAO Rural Radio Workshop Proceedings; Vitamin A Resource Center Summary Description; Vitamin A Task Force Proposal/Zambia; India Survey Report; Guatemala Collaborative Project Reports; SCF/Nepal training report</p> <p>ongoing</p> <p>ongoing</p>	<p>Edit and distribute:</p> <p>Tanzania Assessment/validation report</p> <p>Guatemala Assessment/validation report</p> <p>India survey results</p>
<p>5. Vitamin A-related activities by PVOs, governments and other organizations are summarized and exchanged through a semi-annual newsletter and other publications</p>	<p>5.a Produce and distribute 4 semi-annual newsletters</p>	<p>Over 2500 copies of Issue #9 and Issue #10 (in French, Spanish and English) distributed to over 900 groups and individuals in 90 countries</p>	<p>Finalize/distribute News Notes issue #11 during March 94</p>

Expected VITAP Outputs	Planned Activities (FY92 - FY94)	Progress This Year USAID FY93 (October 1992 - September 1993)	Future Activities
	<p>5.b Collect information and produce at least 8 country specific profiles and other summaries</p> <p>5.c Coordinate & produce with WHO a vitamin A bibliography</p>	<p>Summaries of national micronutrient programs in Indonesia, Philippines, and Tanzania distributed.</p> <p>Activity canceled</p>	<p>Three additional country summaries to be produced from Impact Assessment sample (Niger, Burkina Faso and Mali). Two others to be selected (Zambia, Nigeria possible)</p>
<p>6. Expanded knowledge base for vitamin A programming through the development & publication of HKI/VITAP methodologies, curricula, guides, manuals and articles</p>	<p>6.a Complete validation & publication of VITAP dietary assessment method</p> <p>6.b Complete publication of VITAP guide on controlling vitamin A deficiency</p> <p>6.c Complete publication of VITAP guide on conducting a qualitative assessment of vitamin A deficiency</p> <p>6.d Consolidate previous VITAP training activities into series of generic, competency based training modules/ manuals</p> <p>6.e Edit and publish guide on vitamin A content of indigenous plants</p> <p>6.f Submit articles to newsletters & journals</p> <p>6.g Spanish edition of JHU PVO/CS guide</p>	<p>Final draft of "How to" manual prepared and field tested during Assessment Workshop at Aravind Children's Hospital.</p> <p>All analysis completed. Method pre-tested at IVACG. Progress on validation article made.</p> <p>Field Guide finalized, printed and disseminated.</p> <p>All field testing of learning activities and the final draft of <i>Vitamin A Training Activities for Community Health and Development</i> were completed.</p> <p>This guide is available for distribution.</p> <p>Articles printed in <i>GLONA</i> and <i>Mother and Child</i></p> <p>Edits made by consultant. JHU preparing guide for printing. Progress is slow.</p>	<p>Finalize, print and disseminate manual</p> <p>Finalize and submit article for publication "Validation of a Semi-quantitative Food Frequency to Identify Community Risk of Vitamin A Deficiency"</p> <p>Put on hold due to other priorities. To be produced by end of VITAP.</p> <p>Translation into three languages, final formatting and editing, printing and disseminating of the manual will be accomplished by end of January 1994. The Spanish version will be printed as funds are available.</p> <p>Distribute as requested.</p> <p>Continue to submit articles</p> <p>Follow-up with JHU to monitor progress.</p>
<p>7. Pool of experts qualified in vitamin A deficiency</p>	<p>7.a Enhance skill/knowledge level of consultants</p> <p>7.b Involve host country nationals in collaborative projects & other activities</p>	<p>Newsletter sent to active consultants.</p> <p>Worked closely with key Aravind staff to transfer assessment skills. Local Guatemala staff from PVOs and INCAP involved in development of materials. Host countries nationals actively involved in all VITAP projects.</p>	<p>ongoing</p> <p>ongoing</p>

Expected VITAP Outputs	Planned Activities (FY92 - FY94)	Progress This Year USAID FY93 (October 1992 - September 1993)	Future Activities
	<p>7.c Refer vitamin A experts to PVOs and other organizations</p> <p>7.d Maintain consultant roster</p>	<p>Names referred to JSI for OMNI Project, Africare, SCF and Project Hope.</p> <p>Ongoing.</p>	<p>ongoing</p>
	<p>8.a Supporting activities: networking, reporting, & evaluation</p> <p>8.b Impact assessment (situational analysis included as part of activity)</p> <p>8.c Final Evaluation and close out</p>	<p>Continued advocacy activities to promote vitamin A interventions to relief agencies addressing the Somalia crisis.</p> <p>Final VITAP TAG held 9 September 1993.</p> <p>Held review and update meetings with ADRA, Africare, Christian Children's Fund, Project Hope, World Relief and World Vision staff.</p> <p>Impact Assessment field work and final report completed. Debriefing held at Interaction office on 16 June for USAID and PVO collaborators. Report distributed to all PVO collaborators and other interested groups.</p> <p>VITAP received a no-cost extension from USAID/FHA/PVC for six months. VITAP scheduled to end March 31, 1994.</p>	<p>Schedule PVO HQ meetings with PCI/FSP, Plan International, SCF and IEF.</p> <p>Distribute report as requested.</p> <p>Final evaluation to be conducted during February/March 94.</p>

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Helen Keller International
 1993 Annual Report: Pipeline Analysis
 Cooperative Agreement OTR-0284-A-00-8253-00

VITAP COST ELEMENTS	Actual Expenditures to Date (9/1/88 to 9/30/93)			Anticipated Expenditures Against Remaining Obligated Funds (10/1/93 to 3/31/94)			Total Agreement Budget (Columns 1 & 2) (9/1/88 to 3/31/94)		
	AID	HKI	TOTAL	AID	HKI	TOTAL	AID	HKI	TOTAL
I. PROCUREMENT									
A. Supplies	79,154		79,154	7,809		7,809	66,963		86,963
B. Equipment	57,696		57,696	2,862		2,862	60,558		60,558
C. Services	174,127		174,127	58,338		58,338	232,465		232,465
D. Consultants	380,257		380,257	27,971		27,971	408,228		408,228
SUB-TOTAL I	691,234		691,234	96,980		96,980	788,214		788,214
II. Book translation	1,328		1,328	9,872		9,872	11,200		11,200
III. INDIRECT @21.6%	767,230		767,230	218,496		218,496	985,726		985,726
IV. OTHER PROGRAM									
A. Personnel	1,795,848		1,795,848	161,552		161,552	1,957,400		1,957,400
B. Travel	699,636		699,636	62,824		62,824	762,460		762,460
C. Other Direct	483,082		483,082	25,918		25,918	509,000		509,000
SUB-TOTAL III	2,978,566		2,978,566	250,294		250,294	3,228,860		3,228,860
TOTAL VITAP	\$4,438,358	\$0	\$4,438,358	\$575,642	\$0	\$575,642	\$5,014,000	\$0	\$5,014,000

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Note: Cost items are according to cooperative agreement, 6th amendment. Evaluation costs are included in Other Direct (IV. C).
 Book translation re erto the JHU CSSP book on Vitamin A

APPENDIX 1

Narrative: VITAP Activities, October 1992 - September 1993

Table II, Status of VITAP/PVO Collaborative Projects (appendix pages 2-14)

Table III, Technical Advice, Information & Materials (appendix pages 25-33)

APPENDIX 1 - NARRATIVE: VITAP ACTIVITIES, OCTOBER 1992 - SEPTEMBER 1993

1. Collaborative Projects

Expected output: PVOs gain operational experience in vitamin A deficiency control.

Planned activities (FY92 - FY94): VITAP plans on completing at least 10 collaborative projects with interested PVOs and NGOs. Each collaborative project is designed to strengthen vitamin A deficiency control programs in a region or country; institutionalize vitamin A activities within PVOs; add to the available knowledge or resources for vitamin A programming; and, if possible, benefit several PVOs/NGOs. Each collaborative project is conducted on a cost sharing basis.

Currently, 13 collaborative projects are either completed or actively underway with interested PVOs. The following table, TABLE II: Status of VITAP/PVO Collaborative Projects, lists all the collaborative projects developed with interested PVOs. Participating PVOs include: Adventist Development and Relief Agency, Africare, Aravind Children's Hospital, CARE, Christian Children's Fund, Catholic Relief Services, International Eye Foundation, Project Concern International, Project Hope, Project Orbis, Save the Children, World Relief Corporation, and World Vision Relief and Development. Many of the collaborative projects have been expanded to involve the Ministry of Health, UNICEF, other agencies, or key local NGOs.

We are pleased that Christian Children's Fund became involved in the India collaborative project. A local NGO, Medical Ambassador of the Philippines (MAP) has also become part of the Philippine's Collaborative Project with PVOs/NGOs.

See Table II for more information on progress made to date on collaborative projects and planned future activities for each.

TABLE II: STATUS OF VITAP / PVO COLLABORATIVE PROJECTS as of September 30, 1993

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
Burkina Faso	001) Evaluation of vitamin A messages with Nutrition Communication Project/ Burkina Faso Conduct follow-up evaluation of training materials (flip charts), provide technical input on vitamin A to NCP, possibly assist with refining the flip-charts and reprinting.	World Relief CRS AED /Ministry of Health UNICEF	VITAP collaboration with NCP completed.	HKI to use the flip-chart in school based vitamin A projects. Other groups are adapting and printing revised version of flip-charts developed by VITAP.
	002) Support to nutrition education/ African and SCF Improve current nutrition education interventions by helping field staff develop a skills to involve mothers and other community members.	Africare SCF	Africare and SCF monitored impact of first trainings. A Training Needs Assessment for follow-up training was completed by Africare in preparation for follow-up training in June/July. Consultant cancelled trip due to political situation in Haiti where she lives, therefore workshop was postponed indefinitely. Africare received phase II funding for continuation of project and has requested VITAP's continued technical assistance.	HKI training unit staff to follow-up with Africare on this project.
Mali	004) Vitamin A support to Nutrition Communication Project/Mali Provide technical support to training and review technical materials developed by AED for NCP.	Africare CARE SCF World Relief World Vision AED /Ministry of Health	VITAP collaboration with NCP completed.	
Niger	005) Vitamin A training strategy/ Africare Develop comprehensive training strategy to enhance delivery of nutrition education messages.	Africare	VITAP collaboration with Africare completed. VITAP trainer visited Africare staff in Niger to follow-up assistance provided.	Africare to conduct follow-up training as per the plan developed with VITAP consultant.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
SADE - Malawi Zambia Zimbabwe	000) Southern African Drought Emergency Assist PVOs and other organizations who are actively addressing the drought to include vitamin A supplementation.	ADRA Africare IEF IFRC IRC SCF and others	<p>A VITAP consultant conducted a situational analysis and drafted guidelines for a VAC distribution program in drought affected areas. A VITAP local consultant, provided further assistance on guidelines and supporting materials. VITAP Deputy Director assisted Africare and the ad hoc Task Force to evaluate the program and to draft a proposal for a permanent National Task Force for a long term national program. Recommendations given to Africare and the Task Force. A National Task Force and long term strategy established in Zambia. Collaboration completed.</p> <p>Proposal to develop vitamin A guidelines and training materials for emergency situations is pending with OFDA.</p>	<p>HKI to follow-up activities in Zambia, as possible, with other funds.</p> <p>Continue to pursue additional funding to support emergency drought and relief efforts.</p>
Bangladesh	009) Program development /World Relief Assist with program & training strategy design for new child survival project in Khulna, Bangladesh of World Relief's counterpart, Christian Service Society.	World Relief	Two training of trainers completed (September/October 1992). June 1993 follow-up workshop held in Khulna which focused on nutrition education. The purpose was to share experience since the first training, reinforce learning and address problem areas.	Minimal follow-up planned.
India	011) Development of vitamin A resource center Strengthen the capacity of Aravind Children's Hospital to provide technical assistance in vitamin A programming to the PVO community in India, specifically in monitoring, evaluation and training.	Aravind Eye Hospital CARE CRS PLAN International World Vision CCF and local NGO, university and government groups	<p>VITAP/HKI assisted Aravind to develop a detailed plan for the Vitamin A Resource Center. A Proposal was submitted for funding.</p> <p>The final workshop was held from July 5 to 14, 1993 at Aravind to provide key PVO managers (CCF, CARE, CRS, World Vision, PLAN, and local NGO and University participants) with on-the-ground training on how to assess vitamin A deficiency in their respective communities and then develop /implement appropriate intervention strategies.</p> <p>The "HKI FFM" manual was put in final draft form and was pre-tested during the survey conducted as part of the assessment training. Survey results indicated that VAD is a public health problem in the ASSEFA project area. Aravind, with VITAP assistance, helped ASSEFA to begin addressing the problem.</p>	<p>Additional follow-up assistance on program development to the local NGO, ASSEFA, where the Food Frequency Method/Manual was pretested will be provided through Aravind.</p> <p>Materials and technical information will continue to be provided to PVOs/NGOs through Aravind's Vitamin A Resource Center.</p>

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
Indonesia	012) Technical assistance to PVO community Through HKI/Indonesia, provide technical assistance to PVOs and their local counterparts on program development, training and materials adaptation /development.	PCI & SINTESA, Yaysan Sama Fatayat NU, Muslimat NU PATH/VITACS CRS & affiliated church groups CWS & PELKESI, Bethesda Yogya World Vision (WATCH) IPPA (Planned Parenthood) Center for Social Marketing	Collaborative activities are underway with 10 different NGOs. In addition, VITAP/Indonesia continues to support NGO participation in GOI national vitamin A program and produce materials for general use. See attached STATUS OF VITAP INDONESIA COLLABORATIVE PROJECTS on pages 6 - 8 of this narrative for more information.	see pages 6 - 8 of narrative for more information
Nepal	013) Development of staff training plan /SCF Provide training on vitamin A to all levels of staff in a way that will institutionalize vitamin A training at SCF/Nepal and other interested PVOs.	SCF	Two training of trainers workshop conducted. Follow-up plans put in place by SCF. An artist helped to design simple, effective training aids. Final draft report was completed.	A final report is available for distribution.
Philippines	015) Technical assistance to PVO community Assist the PVC community through HKI/Philippines. Focus is on increasing in-house capabilities of PVO implementors and provision of information and materials to support PVO activities in vitamin A.	ADRA CCF CRS SCF MAP	Work continues according to action plans developed with each PVO (ADRA/Deva, CCF, CRS, SCF, MAP). See the VITAP-Philippines Annual Report on pages 9 - 14 of this narrative for complete information. Consultative meetings to assess status of the PVO VADCP continued. The VITAP-Philippines representative states that "ADRA, CCF, CRS and SCF have made vitamin A a part and parcel of their health and nutrition activities" as demonstrated by allocation of funds to support vitamin A activities. The National Assessment/Planning Workshop for PVOs was held from 23 - 25 August 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. Advocacy and networking of PVOs/NGOs/ government and provision of IEC materials and VACs are ongoing as part of this collaborative project.	Continue PVO follow-up visits. Make preparations for a final seminar for the PVO participants to discuss other micronutrients and to form a coalition to continue collaboration on nutrition issues.
	016) FLANE kit: vitamin A supplement Develop and field test a vitamin A supplement to the CARE Fun in Learning Kit. VITAP will share with CARE the printing costs.	CARE	The Vitamin A Supplement to the FLANE Kit was completed. The supplement was translated into three major dialects by DOH (Tagalog, Ilonggo and Cebuano).	The FLANE supplement will be printed and distributed.

Location	Collaborative Project	Collaborator(s)	This reporting period	Future activities / Status
Bolivia	017) Gardening and nutrition: education support Comprehensive assistance in the area of gardening/nutrition education.	ADRA Andean Rural Health Care CARE Esperança Food for the Hungry Meals for Millions PCI Project Hope SCF	Project delayed due to communication difficulties. This project has been cancelled in order to free up funds for a six month extension of VITAP.	
Guatemala	018) Development of Spanish language materials Assist interested PVOs through the step by step process of materials development including: qualitative research, strategy formation, design of materials, training in the use, monitoring, follow-up training, and evaluation. Project Hope and IEF are the in-country coordinators.	Project Hope* IEF* PCI ADRA CARE World Vision PLAN International UNICEF CeSIAM INCAP	Several PVO partners completed formative research. The third workshop was held in Guatemala City from 15-17 June to review results of the trials and plan communication strategy. Materials were designed and drafted. Action plan was established. A manual of the formative research process was drafted.	The materials will be pre-tested and finalized by end February 1994. A workshop on pre-testing the draft materials is scheduled for October. Training on how to effectively use the materials/ strategy will be conducted (if funds are available) for PVO partners during early 1994.
Headquarters	023) Educational video on vitamin A Provide technical support and minimal resources in order to assist Project Orbis with the development of an educational and promotional video on vitamin A deficiency control.	Project Orbis	HKI/VITAP provided technical input. A VITAP consultant assisted with final edits. The final field test was done by VITAP in Tanzania and Zambia. The sound tracks in English and French were completed by Orbis. The French and English videos were produced and distributed. The Spanish video is near final production.	Video will be reproduced/distributed as needed. The Spanish version will be finalized and distributed by early 1994.
	024) Strengthening regional resource centers /PLAN Assist PLAN to establish regional resource centers/libraries with materials on vitamin A deficiency control	PLAN	Project cancelled.	
	025) Strengthening Africa regional resource centers /CARE Assist CARE's Africa technical personnel to strengthen the vitamin A component of the regional resource centers/libraries.	CARE	Project cancelled.	

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Table II. Summary of VITAP Activities

Expected VITAP Outputs	Planned Activities	Progress (July-Sept 93)	Activities Next Quarter
1. PVOs/NGOs gain operational experience in VAD control	1. Complete at least 3 collaborative projects	Activities are underway in 9 collaborative projects: PATH/VITACS World Vision: Project WATCH and Sanggau CSP Center for Social Marketing Indonesian Planned Parenthood Association Fatayat NU (SCF) and Muslimat NU Project Concern International - Maluku Lembaga Bina Potensi - Indeco de Unie Sintesa - South East Sulawesi	See Table III
2. Key technical staff have been exposed to technical and programmatic issues	2. Conduct NGO's orientation as needed	Conduct workshops for baseline, formative research and Designing programme management for Food & Nutrition programme in 3 province - IPPA/PKBI Convene IPVO workshop - Childsurvival and Vitamin A to advocate the vitamin A programme among USPVOs	VITAP staff to serve as technical resource. Provide technical assistance to USPVOs as request
3. NGO/PVO participation facilitated governmental VAD control efforts	3. Encouraging NGO/PVO participation in VAD control	Encourage Muslimat NU to distribute VAC through kindergarten - pilot project in Central Java, district of Jepara and Pekalongan (model of alternative service delivery). Encourage Yayasan Bina Sejahtera and Sekar Wangi to distribute VAC to the U-5 kids.	Convene a workshop to review the lessons learned of the model of service delivery and advocate the result to provincial MOH, and expand the pilot project to another 3 coastal-districts
4. The needs of PVO community & other organizations for technical advice, materials & information on vitamin A deficiency are met	4. Fulfill requests from the PVO community and other organizations for technical advice, materials and information	50 requests for technical advice, materials and information fulfilled.	Provide technical assistance and encourage LBP (South Kalimantan), IPPA, Bethesda Irian Jaya, Yayasan Sekar Wangi, Sintesa, YPMD Irja, Alfa Omega, LP3M Kendari.
5. Expanded knowledge base for vitamin A programming through the development & publication of HKI/VITAP methodologies, curricula, guides, manuals and articles	5.a. Complete VITAP modules for VA orientation session for Muslim Group and Child to Child Education 5.b. Review VITAP modules for Supplementing VAC to delivering mothers through trained TBAs	Sub-contracted the draft to Fatayat NU and IPPA finalize, print and distribute it to Fatayat supervisor and Unicef Circle (child-survival) Review the result of collaborative project with PCI at Central Maluku	Review and revised the manual for motivators, encourage Unicef to reprint the manual. Advocate the result and lessons learned of the pilot project at Central Maluku, and expand it to province of Maluku.

Table III: STATUS OF VITAP INDONESIA/PVO COLLABORATIVE PROJECTS as of September, 1993

Location	Collaborative Project	Collaborator	This Period	Future Activities / Status
NTB/Lombok West Java	Vitamin A for Childsurvival Project: Assist with program strategy design to integrate vitamin A supplementation with EPI contacts, and supplementing postpartum mothers with megadose VAC, and measles treatment with megadose VAC	PATH/VITACS		Provide technical inputs/materials/ assistance as requested
South Kalimantan SE Sulawesi East Nusa Tenggara Irian Jaya	Food & Nutrition/Health Assist with program strategy design to integrate vitamin A intervention into ongoing health/nutrition activities - focus on Micronutrient and increasing fat consumption	Lembaga Bina Potensi Indonesian Planned Parenthood Association	Technical assistance TA for management training workshops	Monitor the homegardening project Provide technical inputs as requested
West Kalimantan Irian Jaya SE Sulawesi Maluku	Technical Assistance to PVO/NGO Provide technical assistance to PVOs and their local counterparts on program development, training, materials development and adapation	Bethesda Hospital World Vision (SCSP) Sintesa PCI Yayasan Kes. Bethesda	Technical assistance Training on Vitamin A Review new-proposal Monitoring visit to look at the Review proposal	Provide technical assistance as requested Help them to get money from CIDA Review, evaluate and expand the project Encourage CIDA to provide the grant
National	Materials development: - Develop Modules for VA orientation session for the Muslim Group - Child-survival Circle - Develop a module for child to child education - Develop influential leaflets	- Fatayat NU - IPPA - Somavita/HKI	Print 4000 copies and distribute it to FNU and UNICEF Pretest and Finalize Print, distribute to Child-survival circle and PVOs for Aug campaign	Review the use of the manual, and revise it. Print and distribute Monitor the distribution and how they use it to support the August campaign

Table IV: STATUS OF VITAP INDONESIA/PVO COLLABORATIVE PROJECTS as of Sept 93

Collaborator	Province	Collaborative Project	This Period	Future Activities / Status
Falayat NU	National	Developing Manual for motivators on vitamin A program within the Child Survival Program (funded by UNICEF)	Print the manual, distribute and training for trainers	Review and revise the manual Encourage UNICEF to reprint it
Muslimat NU	Central Java	Pilot project on Vitamin A program (capsule and foods) thru kindergarten targetted to bigger U-5 kids	Training kindergarten school teachers	Convene a consultative workshop to advocate the lessons learned
PATH/Yayasan Pariwara Sosial	NTB/Lombok West Java	Vitamin A for Child Survival (VITACs) funded by USAID (SID project).		Provide technical input for mid-term evaluation
Indonesian Planned Parenthood Assoc.	SE Sulawesi East Nusa Tenggara Irian Jaya	Project Food & Nutrition, focus on combatting micro-nutrient deficiency and increasing consumption of fat	Provide technical input in training core personnel in social marketing technique and management	
Center for Social Marketing	West Java South Sulawesi	Pilot Project Social Marketing for Iron funded by UNDP	Provide technical input in formative research	Provide technical input to draft the communication strategy
Lembaga Bina Potensia	South Kalimantan	Project Health, Food & Nutrition funded by NOVIB	Provide technical input and analyse the baseline survey, drafting & reviewing the DIP.	Monitoring the progress of the project
Sintesa	SE Sulawesi	Village Health Post Project funded by CIDA	Review new proposal Encourage CIDA to fund the project	provide materials and technical assistance as requested
PCI - Maluku	Maluku	Pilot Project supplementation of VAC to delivering mother thru trained TBAs	Provide materials & technical input	Provide more materials, to expand the pilot project to whole Prov. of Maluku
World Vision International	Irian Jaya	Project WATCH funded by AIDAB	Provide materials & technical input	Provide materials on vitamin A, and health program in general, and technical input
	West Kalimantan	Child survival VIII by USAID	Provide technical input for the DIP	Orientation session on VA programs training core personnel
Yayasan Kesehatan Bethesda	Irian Jaya	PHC support and development	Provide technical input and help them to solicit their proposal to CIDA	Provide materials on vitamin A, and health program in general, and technical input

**VITAMIN A TECHNICAL
ASSISTANCE PROGRAM
HKI - PHILIPPINES**

ANNUAL REPORT

OCTOBER 1992 - SEPTEMBER 1993

EXECUTIVE SUMMARY

This year, October 1992 -September 1993, VITAP, Philippines focused on strengthening Vitamin A component of the PVO's health and nutrition program. Major achievements include

- **Allocation of budget for vitamin A activities by some PVOs.**
- **The conduct of impact assessment by 2 external consultants.**
- **The production of an innovative recipe comic book and vegetarian recipes in the local dialect.**
- **The translation of the VAD-IDA-IDD Flare Manual into 3 major dialects (Tagalog, Ilonggo and Cebuano)**
- **Enhancement of Nutrition Education through the weaning moments approach.**
- **Training of church teachers and village health promoters to provide extension service on VADCP.**
- **Expansion of Vitamin A project to other project affiliates.**
- **Conduct of consultative workshops to assess status of VADCP.**
- **Participation of PVO's in National health events like the National Immunization Day.**
- **Exchange of valuable lessons in implementing VADCP and expanding current vitamin A efforts to elimination of iron deficiency anemia and iodine deficiency disorder.**
- **PVO's networking has also broadened in scope. Alliances among NGO/PVO have been established and other government institutions like the Philippine Information Agency and Department of Agriculture have also been tapped for technical assistance.**

As VITAP takes its exit from the Philippine scene, the seeds that it has imbedded in the 1990 orientation workshop have not only developed into a sturdy tree but have borne flavors and fruits that have benefited a multitude of Filipino families.

Summary of PVO VITAP; accomplishments are found in Table 1.

**Table 1 - Summary of PVO Accomplishments
1992-1993**

ACTIVITIES	ADRA	CARE	CCF	CRS	SCF	MAP
1 Training						
1.1 No. of trainings conducted	14	4	16	8	8	2
1.2 No. of PVO workers trained	70	86	980	355		42
2 Vitamin A Assessment						
2.1 No. of VAD Cases identified			30	89	8	328
2.2 No. of High Risk cases identified		770	1804	14561	124	4038
3 Vitamin A Supplementation						
3.1 No. of VAD cases given VAC			30	89	8	328
3.2 No. of High Risk cases given VAC		434	1804	3500	124	8354
4 Nutrition Education						
4.1 No. of mothers classes organized	4	108	16	7	27	14
4.2 No. of mothers reached		465	1788	45707	538	4490
4.3 No. of radio broadcast						
4.4 No. of information campaigns		5	618		2	14
5 Home Food Production						
5.1 No. of families producing GLV		32	622	4248	70	
6 Follow up/ Home Visits						
6.1 No. of VAD cases referred for follow-up dose		434	1834	394	15	1330
6.2 No. of home visits /household visited		24	4508			
7 Development of IEC materials						
7.1 No. of materials developed	3	1	1		1	2
No. of materials printed	5,000	11,000			2,000	

MAJOR ACTIVITIES

I. Implementation of Action Plans Formulated During Consultative Workshops and Trainings

A tangible proof of the institutionalization of Vitamin A concerns in the PVO programs is the allocation of funds to support vitamin A activities. ADRA, CCF, CRS and SCF have made vitamin A a part and parcel of their health and nutrition programs. Assessment is now integrated in growth monitoring activities. Supplementation is provided during free clinics, and food distribution. Vitamin A concepts are integrated in monthly meetings, mothers classes and radio broadcast programs. Information campaigns are also conducted during church crusades and barangay saturation drives. Families are also encouraged to plant green leafy and yellow vegetables in their backyard. PVO Supervisors monitors their activities in their field visits and regular conferences.

II. Improving Quality of Nutrition Education Through the Weaning Education Program

VITAP have advocated the Weaning Education programs developed by VITEX project. A number of CRS and SCF project staff and workers have been trained on the weaning moments technology using the experiential learning approach. Favorable feedbacks have been received from the field on the use of weaning moments. ADRA and SCF have also been given access to these weaning moments materials.

III. Development of Education Materials to Support Nutrition Education Activities

An innovative recipe comic book featuring vitamin A recipes for preschoolers have finally been printed by SCF. Two thousand copies have been printed and fifty percent of their copies have been distributed to CCF, ADRA, CRS and MAP. An initial evaluation on the impact of the material have been conducted. Results reveal a high degree of acceptability of the recipes contained in the comic book.

The VAD-IDA-IDD Flane kit has been pre-tested and translate into 3 major dialects (Tagalog, Cebuano and Ilonggo). CARE will be producing 11,000 copies of this material for the DOH midwives.

ADRA's union office in Southern Philippines has also taken initiative to translate the VAD reference poster in Cebuano. Five thousand copies have been printed by ADRA's publishing office and distributed to the different missions in Central and Southern Philippines. A recipe booklet featuring high protein-high vitamin A recipes was also developed by the Task Force composed of local staff from the DOH, PIA and ADRA's field offices. This collaboration was facilitated by VITAP

IV. Participation of Some PVO's in National Health Events

The National Immunization Day of the DOH have provided an opportunity for CCF, ADRA, SCF and MAP to get involved. Some of ADRA's health institutions have served as patak centers during the NID and actually administered vitamin A capsules. MAP, CCF and SCF workers participated by mobilizing their communities to avail of the NID service.

PROBLEMS AND CONSTRAINTS

The PVOs identified major problems that hampered VADCP integration.

1. Chronic shortage of VAC

Some local health centers often ran out of the high dose VAC resulting in low compliance to the follow-up dose of VAD and high risk cases. DOH claims that procurement of VAC takes about six months. With the manufacture of the high dose VAC by local pharmaceutical firm, this problem would be minimized.

2. DOH field staff not trained on VADCP

In most areas where PVO operates, their DOH counterpart have not undergone any training on VADCP. This often led to non-action of requests made by PVOs and loss of interest in the program.

3. Limited information and education materials to support education activities

The growing awareness on VAD had created a demand for information on nutrition. Although PVO workers have been provided with some of these materials and developed some new ones, it was felt that clients' needs were not adequately met.

4. Inadequate monitoring due to limited manpower

The integration of VADCP had increased workload of staff trained on VADCP. The non-provision of additional staff and funds for monitoring field activities also affected VADCP implementation. In some instances, management didn't consider VADCP a priority.

2. Technical Staff Seminars/Orientations

Expected Output: Key technical staff of PVO/NGOs headquarters, regional offices & field programs have been exposed to the technical and programmatic issues related to vitamin A deficiency control.

Planned activities (FY92 - FY94): VITAP plans on conducting at least 2 technical seminars for key technical staff. In addition, VITAP will provide further orientation or training as part of a PVOs ongoing staff meetings or training activities. In general, VITAP will provide a resource person (consultant or staff) and the PVO will organize the session.

Technical Staff Seminars

Rather than a second technical seminar for PVOs headquarters, select PVO field offices and headquarters training staff will be actively involved with the pretesting when a final draft of the training guide is completed. This is the preference of the HKI Training Unit staff who are responsible for all training related VITAP activities.

PVO Orientations

Adventist Development and Relief Agency (ADRA) - During August VITAP Deputy Director provided update on joint activities and overview of new information on vitamin A to technical staff at ADRA HQ. Also received feedback on VITAP collaboration from ADRA.

Africare - During August VITAP Deputy Director provided update on joint activities and overview of new information on vitamin A to technical staff at Africare HQ. Also received feedback on VITAP collaboration from Africare.

Christian Children's Fund - VITAP Deputy Director met with CCF staff on 26 May 1993 at their request to discuss vitamin A related issues and future collaboration.

PLAN International - Due to scheduling conflicts this activity has been canceled. Discussions are planned with Plan International staff during April 1994 to continue collaboration after VITAP.

Project Concern International - Due to scheduling conflicts this activity has been canceled.

Project Hope - VITAP Deputy Director provided update during visit to Project Hope on 27 May 1993. Also received feedback on VITAP collaboration from Project Hope.

World Relief Corporation - VITAP Deputy Director provided update and orientation on dietary assessment method during meeting at WVRD during May 1993. Also received feedback on VITAP collaboration from World Relief.

World Vision Relief and Development - VITAP Deputy Director provided update and orientation on dietary assessment method during meeting at WVRD 14 June 1993. Also received feedback on VITAP collaboration from World Vision.

Indonesia PVOs - VITAP/HKI Indonesia hosted the 7th annual International PVO Workshop from 21 to 24 September 1993. The topic was integrating vitamin A interventions into child survival programs. The entire proceedings, written Indonesian and English, are available upon request. (see the following four pages for an overview)

I. IPVO Workshop VII: Vitamin A & Child Survival.

Background

The International Private Voluntary Organization Child Survival Network has been established on April 3, 1990, aimed at sharing information and knowledge on the technical implementation, accomplishment, lessons learned of CS projects among mid-management staff. One of the activity of the network is to conduct workshops on CS program activities.

Six topics were discussed in the previous workshops:

First Workshop : Cadre Incentive (SCF)

Second Workshop : Survey Techniques (CARE)

Third Workshop : CS Management Information System (PCI)

Fourth Workshop : Income Generating Activities to Support CS Program
(CRS)

Fifth Workshop : Women in Health (ADRA)

Sixth Workshop : Sustainability of Child Survival Program (WVI)

Vitamin A was decided as the topic of the seventh CS Workshop, and at the same time Vitamin A guideline has been introduced by USAID for child survival program. In the mean time, at Children Summit Meeting at Montreal (1991), UNICEF and WHO has declared to end the hidden hunger, micronutrient malnutrition (Vitamin A deficiency, iron deficiency anaemia, and iodine deficiency disorders). Indonesia at the children summit meeting, has been asked to act as a lead country in ending the hidden hunger, because of the success of Indonesia in combatting vitamin A deficiency. The workshop was hosted by Helen Keller International in Bandung, September 21-24, 1993.

Objectives of Seventh CS-IPVO Workshop:

General Objective:

To expand the CS program by integrating/including Vitamin A intervention in the existing CS program.

Specific Objectives:

1. Sharing experience on Child Survival Project among IPVO members on Vitamin A program.

2. Enabling IPVO networking among members, to increase IPVO awareness and concern of the importance of Vitamin A Program within their CS project.
3. Improving knowledge and understanding in the implementation of Vitamin A program.
4. Sharing experience of social marketing vitamin A.

The participants:

AED, ADRA, Fatayat NU, Muslimat NU, PATH Lombok, PCI, Plan (Yogyakarta, Ujung Pandang), PCI Maluku, PKBI, World Vision International, YKSSI, Yayasan Gizi Persagi. Total participants were 26 persons.

IPVO representatives were middle managers, some IPVOs sent two persons to the workshop.

The Dates

The workshop was conducted at Hotel Rawa Pening Eltricia, Bandungan, Ambarawa, Central Java on September 21 - 24, 1993.

II. Agenda of IPVO Workshop VII: Vitamin A & Child Survival

September 21,	September 22,	September 23	September 24
08.00 - 0.900 Opening Ceremony	08.00 - 09.30 Using Kindergarten to expand the point of distribution: Muslimat NU:Susi Tosari & PKBI: Inne Sylviane	07.00 - 16.00 Field Visit to Pekalongan	06.30 - 08.30 Tracking for fun Gedung Songo
09.00 - 09.30 Coffee break	09.30 - 10.00 Coffee Break		09.00 - 12.00 Social Marketing Vitamin A an Unfinished Agenda, HKI: Steven Wilbur
09.30 - 12.00 Overview of Vitamin A and Child survival DR. Satoto	10.00 - 12.00 Vitamin A and urban Nutrition: Fatayat NU: Lisa Saiful		12.00 - 12.30 Closing Ceremony
12.00 - 13.00 Lunch	12.00 - 13.00 Lunch		
13.00 - 15.00 GOI Policy and its implementation strategy Ir. Herno Sukirno	13.00 - 15.00 Penelitian Kualitatif tentang Posisi Vitamin A, AED: Tjep Marku		
15.00 - 15.30 Coffee Break	15.00 -15.30 Coffee Break		
15.30 - 17.00 IPVO sharing	15.30 - 17.30 IPVO & NGO Net- working - Lessons learned VITAP Indonesia, HKI: Roy Tjong		
17.00 - 18.30 IPVO sharing	17.30 - 18.30 Field Visit Preparation	17.00 - 18.30 Feed back, discussions. IPVO Planning meeting	
18.30 - 20.00 Dinner	18.30 - 20.00 Dinner	18.30 - 20.00 Dinner	

3. National/Regional-level meetings

Expected Output: *PVO participation facilitated in governmental vitamin A deficiency control efforts.*

Planned activities (FY92 - FY94): *VITAP plans on supporting at least 2 national or regional-level meetings.*

VITAP has completed this activity. No more National or regional level workshops will be coordinated except as part of a collaborative project.

However, VITAP training staff will continue to participate in the FAO Regional Nutrition Communication Programme. The final meeting is scheduled for December 1993 in Bamako, Mali and will be attended by the VITAP Deputy Director.

As part of the Philippines Collaborative Project, VITAP convened a 2 day workshop and symposium from 23 to 25 August 1993 for representatives from ADRA, CARE, CCF, CRS, SCF and MAP. Government, university and USAID representatives also participated. See the following *Executive Summary* for more information. A complete proceedings is available, in English, upon request.

EXECUTIVE SUMMARY

Since 1990, Helen Keller International has been privileged to collaborate with 5 PVO's and 2 NGO's on Vitamin A Deficiency Control and Prevention through its Vitamin A Technical Assistance Program (VITAP).

On August 23-25, 1993, HKI convened a 2 day conference workshop wherein 16 delegates from ADRA, CARE, CCF, CRS, SCF and MAP gathered together to share their experiences in integrating vitamin A activities in their health programs and discuss the effects of these efforts in their organization and the communities they serve. Particular attention was also given to the expansion of these efforts to the other micronutrient malnutrition problems of iron deficiency anemia and iodine deficiency disorder. This is in response to global and national call to work towards hidden hunger elimination.

The first part of the workshop was a presentation of each PVO experience in integrating VADCP in their health program. This was followed by a workshop identifying significant changes that resulted in the integration of VADCP and planning for the expansion of VADCP for the next 3 years.

Key Insights gained from this exchange of experiences and discussions:

- Collaboration with DOH was established but needs to be strengthened.
- Integration of VADCP in PVO health programs have strengthened its impact in the community.
- PVO's in-house capability in training and managing vitamin A program have been enhanced.
- Community awareness on VAD resulted in higher coverage for VAD assessment and VAC supplementations.

The workshop concluded with a symposium on Hidden Hunger Elimination. Key persons from DOH, NCP, USAID and partner PVOs participated in this symposium.

CONFERENCE WORKSHOP FOR SELECTED PVOs ON VADCP

RATIONALE

In 1990, IIKI Philippines introduced Vitamin A Technical Assistance Program (VITAP) to selected PVO's as a mechanism to engage their support in the National Vitamin A Program of the DOH. VITAP's initial approach was to create in each PVO a core group of trainers who could then proceed to develop vitamin A related activities that could be integrated in their existing health and nutrition programs. After three years, ADRA, CARE, CCF, SCF, MAP and DMSF have created a cascade of activities related to vitamin A. As a culminating activity of VITAP, there is a need to gather valuable lessons learned by the PVOs in integrating vitamin A as a key for developing strategies to improve its integration.

OBJECTIVES

General: To share experiences in integrating VADCP in health programs and formulate plans for next three years.

Specific:

1. To share experiences in integrating VADCP from 1990-1993
2. To identify significant changes and critical factors in VADCP implementation
3. To plan future actions to sustain/expand current vitamin A activities
4. To locate organization's current efforts within the context of national and global VADCP initiatives

CONTENT

1. Sharing of experiences in implementing VADCP
2. Identification of significant changes and critical factors affecting VADCP implementation
3. Planning for sustenance and expansion for the next three years
4. Update on VADCP national and local initiatives vis-a-vis the organizations current efforts

PARTICIPANTS

5 representatives from ADRA, CARE, CCF, CRS, SCF, MAP, DMSF

DATE August 23-25, 1993 (live in)

VENUE Imus Sports Center, Cavite

**ASSESSMENT/PLANNING WORKSHOP ON VADCP
AUGUST 23-25, 1993**

TIME	AUGUST 23	AUGUST 24	AUGUST 25
8:00 am	Arrival of Participants	Opening Program	Presentation of Plans
8:30		Sharing of Experiences in VADCP Implementation <ul style="list-style-type: none"> • ADRA • CARE • CCF • CRS • SCF • MAP • DMSF 	
10:00	BREAK		
10:15		Workshop: Identification of Significant Changes and Critical Factors in VADCP Implementation	
12:00 pm	LUNCH BREAK		
1:30	Assembly (III)	Presentation of Workshop Outputs	Closing Program
3:00	BREAK		
3:15	Departure for Imus	Workshop: Planning	
5:00	Workshop Orientation		
7:00	SUPPER		
	Socials		

4. Technical advice, information and materials

Expected output: The needs of the PVO community and other organizations for technical advice, information and materials on vitamin A deficiency are met.

Planned activities (FY92 - FY94): Fulfill requests from the PVO community & other organizations for technical advice, information and materials. Edit selected VITAP consultancy reports for widespread distribution. Maintain inventory and distribution system for HKI/VITAP publications and reports available on a cost sharing basis. Maintain computerized vitamin A library of key resources.

This reporting period, VITAP fulfilled 342 requests for technical advice, information, research, materials and other services. The following table, TABLE III: Technical Advice, Information & Materials Provided by VITAP, lists the types of requests and the services provided to PVO's, collaborating agencies, and individuals during the year.

TABLE III: Technical Advice, Information & Materials Provided by VITAP

Technical Advice - In-depth technical review & guidance provided by VITAP staff

Organization	Technical Advice Provided
CARE PLAN International World Relief	Target groups for vitamin A supplementation Indicators for nutrition ed & gardening program Use of VITAP dietary assessment in Nicaragua
Fed. of American Societies for Experimental Biol. General Injectable & Vaccine Harvard School of Public Health INOSA/INESA South Africa International Center Research on Women Nepal	Use of MSG as a vehicle for fortification Dosage for chewable vitamin A capsules Review proposed validation of dietary assessment Proper dosing, how to cost-effectively assess Advice on micronutrient survey

Informational Research - In depth research to answer inquiries

Organization	Research Provided
La Leche League La Leche League Zambia World Relief	Rate of exclusive breastfeeding in Mali Vitamin A and breastfeeding Documentation of homegardens increasing vitamin A

ACC/SCN United Nations	Evaluation of vitamin A interventions
Cessiam Guatemala	Backup copy of results from Rabinal
Cornell University	Nurtitional surveillance in Bangladesh
Johns Hopkins University	Ethnographic analyses related to nightblindness
Johns Hopkins University	Supplementation in Northern Ghana
ORANA Senegal	Article on mortality
Oregon Institute of Technology	Background materials on nutritional blindness
WHO	Vitamin A deficiency in Yemen
Individual	Nutritional status of women & public policy
Individual	Vitamin A & women's health
Individual Norway	Vitamin A deficiency in Bolivia

Information - Routine answers provided by VITAP staff

Organization	Information Provided
ADRA	Example of HKI assistance re: vitamin A manual
CCF	Background on Vitamin A & VITAP
Minnesota International Health Volunteers	Resources available on vitamin A deficiency
ACC/SCN	Use of photograph for SCN news
APHA - Clearinghouse	Copies of Bellagio Brief to review in newsletter
American Friends of Action Internationale Somalia	Assistance with vitamin A in Somalia
Brown University	Key field studies on vitamin A mortality/morbidity
CDC	Information on simplified dietary assessment
Colufifa Senegal	Briefing on activities to control VAD
Davao Medical School Foundation Philippines	Using HKI dietary assessment methodology
Deemed University India	Background on HKI & vitamin A deficiency
Gill University, Montreal Canada	How to obtain CIC kit
Help the World to See	VACs for Bolivia, training materials
INOSA/INESA South Africa	Scientific information appropriate to South Africa
IVACG	Reprint of Vitamin A NewsNote table
International Committee of the Nutrition Society UK	Update of sources for training materials
Mickey Leland Center on World Hunger & Peace	Order for vitamin A publications
National Association for the Blind India	Availability of VAC and other supplies
PAMM	Copy of lessons Learnt in Bangladesh and Indonesia
Results	Contacts in Phillipines for USAID study
Rotary Eye Hospital India	How to obtain vitamin A capsules
UNICEF	Report on assessment in Southern Iraq
UNICEF Uganda	HKI food frequency method
USAID Niger	Question on folic acid
USAID Office of Health	Background on USAID-funded projects in Burkina
University of Rhode Island Library	Copy of "Vitamin A Deficiency in Bangladesh"
VITAL	Best source of data on USAID vitamin A projects

VITAL	Sample of available Spanish language materials
VITAL	Samples of national vitamin A policies
Worldview/GLONA Sri Lanka	Assistance with GLONA newsletter
Individual	Vitamin A deficiency in Uganda
Individual India	Update for "Clinical Dietetics & Nutrition"
Individual Micronesia	How to obtain vitamin A capsules

VITAP Materials - Publications, training materials & other resources provided by VITAP

Organization	VITAP Materials Provided
ADRA	Copy of Vitamin A Content...
ADRA	Vitamin A Kit for Ethiopia office
ADRA Israel	NewsNotes
Africare	More copies of Qualitative Assessment, Bellagio
Africare	VITAP assessment reports
Africare Burkina Faso	Qualitative Assessment Guide
CCF	Copies of the Bellagio Brief
CCF	Qualitative Assessment Guide... NewsNotes
CCF	Zambia drought assessment report
CRS Ecuador	Educational or training material on vitamin A
FSP Solomon Islands	Reference material on vitamin A
IEF	Malawi drought assessment report
IEF	Order for vitamin A materials
IEF Colombia	Copies of Conducting Qualitative Assessment
IEF Guatemala	Vitamin A publications
IEF Honduras	Additional copies of Bellagio Meeting & Brief
La Leche League	Additional copies of Qualitative Assessment
Minnesota International Health Volunteers	Additional copies of Bellagio Brief
PATH Indonesia	Reports on vitamin A and breastfeeding
PLAN International	Copy of Preliminary Assessment Manual
PLAN International India	Publications on vitamin A related issues
Project Concern	Copy of VITAP assessment report
Project Hope	Additional copies of the Bellagio Meeting
Project Hope	Back issues of NewsNotes
Project Hope	Copy of VITAP dietary assessment
Project Hope	Vitamin A bibliography
Project Hope Brazil	Copy of Qualitative Assessment Guide
SCF	Additional copies of Bellagio Meeting & Briefs
World Relief	Additional copies of Bellagio Meeting, Briefs
World Relief	Copies of vitamin A flipcharts
World Relief Burkina Faso	Flipcharts developed in Burkina Faso
ACORD Namibia	Bellagio Brief
AED	Copies of Qualitative Assessment, workshop reports
AED	Copy of Foods rich in Vitamin A - Niger
AED	Qualitative Assessment
AED-Healthcom	Country reports from library

AHRTAG UK	Update of publications for Middle East guide
AMG International Guatemala	NewsNotes
APHA - Clearinghouse	Review copies of Bellagio Proceedings, Qualitative
AVDRC Indonesia	Reports on vitamin A programs
Academic Book Center	Order for Bellagio Meeting
Accion Ecumenica Venezuela	Vitamin A materials for center
Aga Khan Foundation	Copy of Bellagio Brief
Aga Khan University Pakistan	Qualitative Assessment Guide
Anglo American Book Co	Order for Vitamin A Kit
Arusha International Conference Center Tanzania	Proper use of vitamin A supplements
Asociacion para el Desarrollo Campesino Colombia	NewsNotes, materials on vitamin A
Baker & Taylor Books	Order for Qualitative Assessment
Bangladesh German Technical Cooperation Bangladesh	NewsNotes
CDC	Yemen Survey report
CMDT Mali	Flip chart
California State University	Copy of Bellagio Brief, Bellagio Meeting
Centro de Investigacion en Alimentacion, Sonora Mexico	Bellagio Brief in Spanish
Chipata General Hospital, Eye Clinic Zambia	NewsNotes
Christian Health Association of Liberia Liberia	NewsNotes
Christoffel-Blindenmission	Slide sets for Marie Adelaide Leprosy Center
Clark Atlanta University	PO for Qualitative Assessment
Comite de Sante Mbuga Rwanda	Educational materials on vitamin A deficiency
Cooperation Universitaire Benino Neerlandaise Benin	Kits for training
Council of Churches Sudan	Bellagio Brief - english
Dana Center for Preventative Ophthalmogy	10 copies of Bellagio Meeting
Department of Agriculture, Chuuk State Micronesia	Additional vitamin A kits for health workers
Department of Agriculture, Chuuk State Micronesia	Training materials for health workers
EDC - International Programs	Qualitative Assessment Guide
ENI Ethiopia	Training materials on vitamin A
Episcopal Church Center	Bellagio Brief - english
Episcopal Church Center	ICN Briefing packets
FAO	Additional copies of Bellagio Meeting
FAO Vietnam	Additional copies of Bellagio Meeting
Faculte Libre de Medecine France	Bellagio Brief in French
Fatayat NU Lombok Indonesia	Posyandu consultation chart on vitamin A
Federal University of Technology Nigeria	Materials on vitamin A
Florida International University	Bellagio Brief
Florida State, Dept of Nutrition	Back issue of Vitamin A News Notes
Food Technology Guide Indonesia	Materials on fortification
Gadjah Mada University, Clinical Epidemiology Indonesia	Copy of Bellagio Meeting, Qualitative Assessment
George Washington University	Vitap Assessment report

German Institute for Medical Missions Germany	Need script that goes with slides
Ghana United Nations Association Ghana	NewsNotes
Global Missionary Health Foundation Nigeria	Bellagio Brief and other materials on vitamin A
Gonoshahajjo Sangestra Bangladesh Gujarat Blind Relief & Health Organization India	Conducting Qualitative Assessment Guide Bellagio Brief
Health for All Iraq	Background on preventing VAD
Health for All Bureau Iraq	Materials for refernce library
HelpAge UK	20 copies each training materials
ICDDR,B Bangladesh	Back issues of NewsNotes
IDN International	Information on nutritional blindness
IDRC - Micronutrient Initiative	Qualitative Assessment Guide
IDRC - Micronutrient Initiative Canada	Subscription NewsNotes
INCAP Guatemala	NewsNotes
IOTA Mali	Qualitative Assessment Guide (2 copies)
Ibn Al-Baladi Hospital Iraq	Bellagio Brief & other literature
Indeco de Unie Indonesia	Vitamin A kit, and other materials
Independence Regional Health Center	Publications for Health Resource Center
IndianExpress Newspapers India	Background materials on vitamin A deficiency
Indonesian Planned Parenthood Indonesia	Recent policy documents on vitamin A
Inner Wheel Nigeria	Training materials, audio visuals
Institut fur Ernährungswissenschaft Germany	NewsNotes, how to obtain UNICEF video
Institute for Scientific Information	Bellagio Meeting for index
Institute of Nutrition at Mahidol University Thailand	Additional copies of Bellagio Meeting
International Child Health Unit, Uppsala Sweden	Copy of Conducting Qualitative Assessment
International Rescue Committee	Subscription to NewsNotes and back issues
Jawaharlal Rohatgi Smarak Netra Chikitsalaya India	Bellagio Brief
Johns Hopkins University	Order for Conducting Qualitative Assessment
Kilimanjaro Christian Medical Center Tanzania	Slides on xerophthalmia
Koninklijk Instituut Voor de Tropen The Netherlands	Available publications
Konrad-Adenauer-Stiftung Namibia	Flip chart
Lady Irwin College India	NewsNotes
Leaf for Life	Copy of Bellagio Brief
Leaf for Life	NewsNotes, other information on vitamin A
Lembaga Bina Potensi Indonesia	Vitamin A kit, JHU field guide
Lilongwe School for Health Science Malawi	Posters on eye health & vitamin A deficiency
London School of Hygiene and Tropical Medicine	Samples of HKI/VITAP workshops
Lukona Rural Health Center Zambia	General materials on vitamin A
MOH/USAID Zimbabwe	Order for 1500 Health Workers Find-Treat-Prevent
Macha Hospital Zambia	Teaching guides & slide sets

Makere University, Medical School Uganda	Bellagio Brief and other publications
Makerere University, Dept. of Paediatrics Uganda	Qualitative Assessment
Manoff	Bellagio Brief - Spanish
Manoff Group	Qualitative Assessment Guide
Marie Adelaide Leprosy Centre Pakistan	Educational materials on vitamin A
Mbarara University Uganda	NewsNotes
Michigan Project Nepal	"Epidemiology & Statistics" A. Sommer
Ministry of Food, Food & Nutrition Board India	Vitamin A materials featured at IVACG
Ministry of Health Ghana	Bellagio Brief
Ministry of Health Namibia	Training materials on vitamin A
Ministry of Health Uganda	Copy of Conducting Qualitative Assessment
Ministry of Health Zambia	Slides, educational materials on vitamin A
Morgenster Hospital Zimbabwe	Vitamin A materials - NewsNotes
National Food and Nutrition Commission Zambia	New Vitamin A Video
National Institute of Nutrition Vietnam	Additional copies of Bellagio Meeting
National Institute of Nutritional Researches Iran	NewsNotes
National Institute of Nutritional Sciences Iran	Bellagio Brief and other on vitamin A deficiency
National Library of Medicine	Subscription NewsNotes
National Research Center Egypt	Vitamin A materials featured at IVACG
Natural Resource Development College Zambia	Vitamin A kits, video
Nutrition Foundation	Copy of ICN packet
Nutrition Society of the UK UK	List of training materials available
OBPC Belgium	Bellagio Brief
ORANA Senegal	1,000 copies of Bellagio Brief in French
Operation Health 2000 India	Copy of Bellagio Brief
Orrisa Voluntary Health Association India	Materials on vitamin A for resource center
Oxfam India	NewsNotes and slide set on vitamin A
PAHO	Additional copies of Bellagio Meeting
PAMM	Article on water iodization
PAMM	Kits and other materials from library
Peace Corps	Qualitative Assessment Guide for ICE
Peace Corps Micronesia	NewsNotes
Peace Corps Niger	Materials on vitamin A
Peace Corps Senegal	Sample of flipcharts developed for Burkina & Mali
Pediatric Associates	Bellagio Brief
Permanent Representative to FAO Iraq	ICN Action Packet
Pritech	Order for Bellagio Meeting
Program for International Training in Health-UNC	Materials in French and Spanish
Project Health Philippines	NewsNotes, other publications
Rajasthan Agricultural University India	NewsNotes
Royal Tropical Institute - Central Library The Netherlands	Order for vitamin A publications
Rulenge Hospital Tanzania	Funding and support re vitamin A

SCF (UK)	Bellagio Brief
Save the Children - UK Nepal	Bellagio Brief for PHC Training Resource Center
School of Hygiene, Tamale Ghana	Materials on preventing nutritional blindness
Sevr Foundation	3 additional copies of Bellagio Meeting
Shahid Behestri University Iran	Qualitative Assessment Guide
Sierra College	Background materials on vitamin A deficiency
Sight Savers	NewsNotes
Sight Savers Kenya	NewsNotes
Sight and Life, Hoffmann LaRoche	Additional copies of Bellagio Brief
Sir Vithaldas Thackersey College of Home Science India	NewsNotes
Smarak Netra Chikitsalaya India	Copy of Conducting Qualitative Assessment
Society for Developmental Action India	Book titled "Bellagio Brief"
Somali NGO Coordinating Association Somalia	Background materials on vitamin A
Summer Institute Indonesia	Vitamin A kit, cadre manual, newsnotes
Swiss Red Cross Mali	Didactic materials for blindness prevention
Tahanang Walang Rehas Foundation Philippines	NewsNotes
Task Force Sight and Life	Additional copies of Bellagio Meeting, Briefs
Task Force: Sight & Life	Bellagio Proceedings
The Book House	Order for Conducting Qualitative Assessment
The Taft Group	News Notes
Tropical Diseases Research Centre Zambia	Copies of Conducting Qualitative Assessment
Trust for Human Resource and Unity Development India	NewsNotes
Tufts University	Copy of Nepal Workshop report
UNICEF	Bellagio Brief
UNICEF	Bellagio Brief & background materials for speeches
UNICEF	Bellagio Brief - english
UNICEF	Bellagio Meetings for Unicef library
UNICEF	Copies of Bellagio Meeting for all Unicef offices
UNICEF	Copy of Bellagio Meeting & Heyward lecture
UNICEF	Copy of Qualitative Assessment Guide
UNICEF	Copy when available of Bellagio Proceedings
UNICEF Bangladesh	Additional 20 copies of Bellagio Meeting
UNICEF Brazil	Additional copies of Bellagio Meeting
UNICEF India	ICN Action Packets
UNICEF India	Order for 50 Vitap kits
UNICEF India	Order for Vitamin A Kits (and ICN packets)
UNICEF India	Several ICN packets
UNICEF Indonesia	Pamphlets from Bangladesh
UNICEF Iraq	Materials in arabic
UNICEF Kenya	Additional 30 copies of Bellagio Meeting
UNICEF Mozambique	Flip chart
UNICEF Uganda	30 copies of Find Treat Prevent
UNICEF Zambia	Materials on vitamin A deficiency
UNICEF - Regional Library Thailand	Bellagio Brief
USAID Chad	NewsNotes subscription
USAID Peru	NewsNotes in Spanish for 33 organizations
Universite de Montreal Canada	Qualitative Assessment
University of Jordan Jordan	Recent materials on vitamin A, Indonesia paper

University of Leeds, MPH Warm Climates UK University of North Carolina, INTRAH	NewsNotes Sample of materials related to vitamin A
University of Washington, International Health	Copy of VITAP assessment
Uppsala University, Department of Nutrition Sweden	Selected publications on vitamin A deficiency
VITAL	Child Survival brochures and other materials
VITAL	Materials for training local health workers
VITAL	Order of 50 Health Workers Find Treat Prevent
VITAL	Order of Sarnish materials
VITAL	Order of Training Materials for Uganda
VITAL Nepal	Order for 200 Health Workers Find Treat Prevent
Vaturona Secondary School Fiji	NewsNotes, Rehap manual
WHO	25 copies of Conducting Qualitative Assessment
WHO	Copies of HKI reports, studies in Sudan
WHO	Copy of Bangladesh Nutritional Blindness Study
WHO	Copy of Bellagio Brief
WHO	Copy of Conducting Qualitative Assessment
WHO	Emergency supply of vitamin A capsules for Somalia
WHO Philippines	Additional copies of Bellagio Meeting
WHO Zambia	Additional copies of Bellagio Brief
Wellstart	Copy of Alan Bergs 1991 Forman Lecture
World Bank	Copy of audio recording of Forman Lecture
World Concern Kenya	Order for training materials
World Concern Somalia	Need info on measles and blindness
World Food Program Malawi	Samples of materials for workshop
World Food Programme Malawi	Additional training materials for workshop
Individual	20/20 video
Individual	Action packet on micronutrients
Individual	Background information on vitamin A
Individual	Background on vitamin A and HKI
Individual	Bellagio Brief
Individual	Causes of blindness in developing world
Individual	Copy of French guidelines
Individual	Copy of Qualitative Assessment Guide
Individual	General info
Individual	Info on combatting vitamin A deficiency
Individual	Information on vitamin A & medicinal foods
Individual	Materials on vitamin A deficiency
Individual	Recent policy statements on micronutrients
Individual	Research on VAD & children in NYC
Individual	VITAP Bibliography
Individual	Vitamin A deficiency in Yemen
Individual Bangladesh	Copy of Bellagio Brief
Individual Bolivia	Request for donation of 3,000 capsules
Individual Ethiopia	Teaching aids on preventind vitamin A deficiency
Individual Ghana	Information on preventing blindness
Individual Ghana	Materials on vitamin A (and a bicycle)
Individual India	NewsNotes & Bellagio Brief
Individual India	Vitamin A NewsNotes

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Individual Indonesia	Materials on fortification
Individual Iran	Bellagio Meeting
Individual Iraq	NewsNotes
Individual Kenya	Materials on preventing nutritional blindness
Individual Kenya	Order of Vitamin A publications
Individual Kenya	Teaching slides and other materials
Individual Mexico	Bellagio Brief - spanish
Individual Nigeria	Bellagio Brief
Individual Nigeria	Materials on preventing vitamin A
Individual Nigeria	Materials on vitamin A
Individual Nigeria	Materials on vitamin A
Individual Nigeria	Materials on vitamin A deficiency
Individual Nigeria	NewsNotes
Individual Nigeria	NewsNotes
Individual Nigeria	NewsNotes and other publications
Individual Nigeria	Vitamin A publications
Individual Pakistan	Vitamin A publications
Individual Philippines	Background info on vitamin A deficiency
Individual Singapore	Bellagio Brief
Individual Sri Lanka	NewsNotes & Bellagio Brief
Individual Swaziland	NewsNotes
Individual Tanzania	Bellagio Brief
Individual Tanzania	Copy of Bellagio Brief
Individual Tanzania	NewsNotes
Individual UK	VAC distribution in Indonesia, Philippines etc
Individual Zambia	Training aids for use in district hospital

Referrals - Directed organization to other agencies better able to meet requested need

Organization	Referral Provided
Project Hope	Individuals w/ experience in MCH
EVARD Malawi	Additional assistance with drought assistance?
Ets de l'Est Zaire	Funding
IMPACT	Review of proposal for Shinyanga province
Macha Mission Hospital Zambia	Sources of funding for vitamin A program
National Food and Nutrition Commission Zambia	How to obtain IVACG publication
Individual Ghana	Capsules and supplies for program

5. Newsletter, country profiles and other documents

Expected output: Vitamin A-related activities by PVOs, governments and other organizations are summarized and exchanged through a semi-annual newsletter and other publications.

Planned activities (FY92 - FY94): Produce and distribute 4 semi-annual newsletters, Collect information and produce at least 8 country specific profiles and other summaries. Coordinate and produce with WHO a vitamin A bibliography.

Vitamin A News Notes: Two issues - Spring 1993, Number 9 and Fall 1993, Number 10 - were completed.

The Spring Issue highlighted innovative program activities of Africare, Save the Children, IEF, HKI, Project Hope, Project Concern, World Vision, and PLAN. It also featured the role vitamin A supplementation and other vitamin A deficiency control interventions can have in mitigating the effects of famine. The Fall Issue highlighted program activities of CARE, IEF and HKI. It also covered new developments in vitamin A related research. A readership survey, in anticipation of the final evaluation, was also sent to each subscribing organization.

For each issue, Over 2,500 copies of all 3 language editions were mailed to over 900 agencies and interested individuals in 90 countries. A Spring 1994 issue will also be produced due to VITAP's extension to March 1994.

Country profiles: Three summaries are currently available: Philippines, Tanzania, and Indonesia. Draft summaries for five additional countries are still planned including: Cambodia, Nepal, India, Zambia, Burkina Faso and/or Niger. These country profiles summarize the national programs to control vitamin A and other micronutrient deficiencies and which agencies state which organizations are involved in program activities. Comments and input regarding the country profiles will be solicited from PVOs.

6. **HKI/VITAP manuals, guides and other publications**

Expected output: Expanded knowledge base and resources available for vitamin A programming, through the development and publication of HKI/VITAP methodologies, curricula, guides, manuals and articles.

Planned activities (FY92 - FY94): VITAP plans on publishing at least 5 HKI/VITAP guides, curricula or manuals. When possible, VITAP will submit articles to newsletters and journals.

Publications

VITAP dietary assessment methodology. Results indicate that the HKI Food Frequency Method is an effective and valid tool for assessing communities at risk for vitamin A deficiency. The validation article was revised and will be submitted to an academic journal. An article, based on the assessment/validation exercise done in the Philippines, was accepted for publication by an academic journal. Articles for the Guatemala and Tanzania assessments are being written.

A guide entitled "How to conduct the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency" was finalized and field tested by PVOs/NGOs in India during July 1993 (This activity was also part of the Aravind/India collaborative effort to train PVOs/NGOs on assessment). A report from the India assessment was prepared (and is available) and will be written as a case study for inclusion in the manual. Another case study will be developed from a Niger assessment for the French version of the manual (if adequate funds are available). Edits were incorporated into the "How to" manual based on the field test. The guide will be printed and disseminated to PVOs by March 1994.

Conducting a Qualitative Assessment of Vitamin A Deficiency: A Field Guide for Program Managers. This Field Guide was finalized, published and widely disseminated during this reporting period. The field guide was introduced to participants at the IVACG meeting in Tanzania.

We continue to receive requests from the PVO community, UNICEF and governments for the two above mentioned manuals, for training on their use and for assistance with undertaking assessments.

Controlling Vitamin A Deficiency: A Practical Guide. VITAP staff will review the draft and make final edits. Due to a shortage of staff time, publication has been delayed until March 1994.

The draft document, initially developed for Plan International by VITAP, was used by SCF to write a similar manual adapted for use by SCF Program Managers. ADRA would like to include this manual as a chapter in their Project Director's Briefing Book.

Poster of West African Foods Rich in Vitamin A. The VITAP TAG recommended that the poster not be developed but re-worked into a handout (see annual report dated October 1992 for more information). To date no progress has been made on this material and it was decided by Project Management to cancel the further development of this under VITAP.

Vitamin A Training Activities for Community Health and Development. 23 learning/training activities, developed during VITAP/HKI collaborative projects, have been adapted for possible inclusion in the Vitamin A Training Manual. The purpose of the manual is to instruct primary health care workers on vitamin A deficiency and case management using participatory, experiential learning techniques. Most of the activities were translated and pre-tested during this year. Pre-testing will continue in five different countries in Africa, Asia and Latin America with various PVOs until November 1993. Final production will begin fall/winter 1993. The manual should be ready for distribution to PVOs by January 1994.

Resumen de una Investigacion Formativa y su Papel en el Diseno de Actividades Contra la Deficiencia de la Vitamina A en Guatemala. This document is an output of the Guatemala Collaborative Project. It is, in essence, a "how to" manual of how to undertake effective formative and ethnographic research in order to collect ample information for the development of a nutrition communication strategy. The manual illustrates, as a case study, the recent work done in Guatemala. It will be available only in Spanish by March 1994. Eventually, the manual may be produced in English as well. During this reporting period, the formative research strategy was designed and data collection completed. A draft manual is based on this process and the results thus far.

Guide to Vitamin A Content of Indigenous Plants Used for Medicine and Food. Based on an in-house review of the manuscript, VITAP re-did the layout and made it available as a VITAP report. Copies were distributed to all PVO/NGO partners. The response has been very positive.

Spanish edition of *A Field Guide for Adding Vitamin A Interventions to PVO Child Survival Projects*. At the request of USAID FHA/PVC, VITAP is managing some funds for the translation and reproduction of this JHU PVO Child Survival Support Program publication. Some revisions were made in text this reporting period. Progress has been slow. Translation and publication will be coordinated with JHU after revisions are finalized by JHU. We are also exploring the possibility of translating the publication into French dependent on available resources.

Q & A On Vitamin A: How Much is Too Much? Based on a request for information from HKI/Indonesia, a series of questions and answers on the safe usage of vitamin A and toxicity was made into a small booklet. This booklet, whose target audience is clinical care providers, will be printed and disseminated during FY94. Final revisions were made during this reporting period.

Submission of articles to newsletters and journals

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7. Consultant Referrals/Development

Expected output: Pool of experts qualified in vitamin A deficiency.

Planned activities (FY92 - FY94): Involve host country nationals in collaborative projects and other activities in order to enhance their skills. Refer vitamin A experts to PVOs and other organizations. Maintain consultant roster.

Consultant roster maintained. PVOs have utilized the roster to search for needed staff at headquarters and in the field.

The consultant guidelines were updated.

A copy of Vitamin A NewsNotes was sent to active consultants.

8. Impact Assessment

Expected output: Estimation of the impact of VITAP technical assistance at the community level in selected countries.

Planned activities (FY92 - FY94): Undertake an assessment of select VITAP activities at the field level in order to assess impact on the beneficiary. Coordinate activities with USAID and PVO; Adjust VITAP Budget; Develop scope of work and terms of reference; Develop Protocol; Select team; Undertake assessment based on protocol; Submit detailed report; Debrief HKI, USAID, PVOs; Act on recommendations.

VITAP conducted an external mid-term evaluation during March/April 1991. At that time, due to travel restrictions, the evaluators did not undertake field visits to look closely at VITAP's affect on vitamin A programming at the PVO field office and/or community level. Later, because of the overwhelming positive evaluation findings, the field visits were canceled. Subsequently, USAID/FHA/PVC requested in April 1992 that VITAP free up funds to undertake an impact assessment. After discussion, it was decided that an impact assessment of selected technical assistance provided by VITAP to PVOs was to be conducted as a joint USAID/HKI activity in order to assess how well VITAP technical assistance was translated by PVOs into effective vitamin A programming at the community (beneficiary) level. The team began assessment activities immediately following the October team planning meeting. Two to three weeks were spent on the U.S. based interviews and VITAP document review. Both teams went to the field during November - December. The Asia team assessed impact in the Philippines and Indonesia while the Africa Team conducted an assessment in Burkina Faso, Niger and Mali. Data analysis and preliminary report preparation were undertaken during December. VITAP and HKI field staff provided support and time to this activity.

The team finalized the report. The impact assessment report consists of an overall summary and five individual country reports. A debriefing for PVO collaborators and USAID staff was held at Interaction on 16 June 1993. An article in *Monday Developments* by Interaction follows on the next page.

The report concluded that VITAP has had an impressive effect in motivating and enabling PVOs, NGOs, and MOHs to undertake and sustain activities to address vitamin A deficiency. Factors that either support or constrained VITAP were also identified. Copies of this report are available from VITAP.

This activity is completed.

HKI Assesses Vitamin A Technical Assistance Program

At a recent meeting held at InterAction, Helen Keller International (HKI) presented the findings of an impact assessment of its unique PVO-to-PVO Vitamin A Technical Assistance Program (VITAP), funded by USAID/FHA/PVC. The debriefing session was held for USAID representatives, PVO collaborators and other interested groups.

The five-year Vitamin A Technical Assistance Program was initiated by HKI in 1988. Its overall purpose is to motivate and engage other organizations in joining HKI and host governments in efforts to reduce preventable blindness, morbidity and mortality associated with vitamin A deficiency.

The assessment was undertaken to learn the results of VITAP's collaboration with PVOs and NGOs at the field level. Five countries and two workshops were chosen for in-depth study. Field visits

were conducted in Burkina Faso, Niger, Mali, the Philippines and Indonesia. Questionnaires were sent to all Africa-based participants of the two major workshops. The assessment team was comprised of Margaret Ferris-Morris, Dr. Mary Ruth Horner, Carol Valentine and Alice Willard.

The team concluded that: 1) VITAP has had an impressive effect in motivating and enabling PVOs, NGOs and Ministries of Health (MOHs) to undertake and sustain activities to address vitamin A deficiency; 2) VITAP has developed into an effective and flexible model for PVO-to-PVO technical assistance; and 3) While VITAP has already stimulated and assisted many PVOs and NGOs to develop and implement their own activities to control vitamin A deficiency, there is still a demand and need for VITAP's services to maintain and expand efforts to reduce blindness,

morbidity and mortality due to vitamin A deficiency.

The team identified factors which either supported or constrained VITAP in its implementation. Among the many components which worked in a positive manner to facilitate success were VITAP's ability to create demand and its ability to respond in a flexible fashion to this demand. Seven factors were identified as exerting a limiting influence on VITAP, including the chronic shortage of vitamin A capsules, the pervasive antiquated approach towards nutrition education and the inability to meet the demand for VITAP's services in West Africa.

The assessment team produced an overall summary report and five separate country reports. Contact Helen Keller International, VITAP, 90 Washington Street, New York, NY 10006.

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APPENDIX 2

Vitamin A News Notes, Issue # 10, Fall 1993



NGO Activities in Vitamin A



Asyik illustrated by Yank Joerriswh

Asyik Promotes Vitamin A

CARE International / Indonesia

Indonesian children use the word "asyik" to express great excitement. It is similar to the expression "fantastic!" For thousands of primary school children, "Asyik" is also the name of their favorite cartoon character, who appears in his own children's magazine, *Asyik*.

In a country where the overwhelming majority of the population receives six years or less of education, high quality primary education is paramount. The Government of Indonesia recognizes that quality primary education is a prerequisite for achieving its short- and long-term development goals. Through the Environmental Education Teaching Materials (EETM) Project, CARE, the Government, and an Indonesian private voluntary organization—LP3ES, are collaborating to improve the standard of environmental and health education in primary schools. The EETM Project's main tools are the magazine *Asyik* and related materials.

Every two months, Asyik the cat and his friends appear in hundreds of classrooms on 24 colorfully illustrated pages. Currently, more than 50,000 primary school children from grades 4 to 6 in three subdistricts of Lombok, Nusa Tenggara Barat, receive a copy of the magazine. *Asyik* is theirs to keep. Parents, family members, and friends not attending school also have the opportunity to read and learn from *Asyik*.

Using an extensive variety of creative methods, *Asyik* communicates simple and appropriate environmental and health messages directly to its readers. Comics, short stories, essays, games, puzzles, quizzes, and do-it-yourself practical home experiments transform lessons into interesting and lively activities. Each issue features an overall theme which the editorial staff weaves into the many features.

The ninth issue of *Asyik* features the importance of vitamin A for good health and "bright eyes." On the magazine's cover, Asyik and his friend Cici carry a basket filled with fruits and vegetables rich in vitamin A. Inside, simple lessons related to nutrition and eyecare appear in short stories, comics, and games.

For example, in the short story "Save Energy, Save Money," Suprin, a young boy, learns that for his family to eat nutritiously, he does not need to ride his bicycle to the market and spend money. His friend Baban shows Suprin

In this issue:

- **NGO Activities in Vitamin A** 1
Asyik Promotes Vitamin A
Vitamin A and CHILD
Instant Sweet Potatoes
Non-governmental Support...
- **Vitamin A Events** 5
ASAP: National Micronutrient Day in the Philippines
Call for Abstracts — IVACG Meeting October 1994
India Workshop for PVCs
West African Meeting on Vitamin A Deficiency
USAID Announces Award of OMNI
- **Vitamin A Resources** 7
Vitamin A Newsletters
Vitamin A: Preventing Blindness, Saving Lives
Have We Become Surrogates for Failure?
Research Update
- **Program Tips and Ideas** 10
The Proper Use of Vitamin A Supplements
Breastmilk: Invaluable source of vitamin A for infants

how he can grow delicious green leafy vegetables at home—much to the delight of Suprin's mother.

A comic strip helps readers to understand and recognize one of the first symptoms of serious vitamin A deficiency. Asyik and his friends, Kukuk and Tobi, play the children's game of hide and seek in the early evening. When Kukuk gets her turn she can find everyone easily. But not so for Tobi. He admits to his friends that he could not see them in the dim light. Kukuk remembers the lesson at school about vitamin A and encourages Tobi to have an eye check-up at the Public Health Center.

In the Quiz and Game section, children must solve a puzzle. They must fill in each blank square with a letter to spell the names of certain fruits and vegetables. The letters in the already completed squares spell out the clue, "Contains Vitamin A."

A two-way communication channel between the *Asyik* editorial team and its young readers encourages critical feedback. Each issue features creative

contributions from young readers. Since Asyik the cat is a personable and accessible figure, many children write letters to him in care of the magazine. They ask Asyik about his family or inquire about his own progress in school.

A special teacher's edition, *Edisi Guru*, accompanies each new issue of *Asyik*. This edition provides teachers with activities related to the issue's theme, suggestions on how to use *Asyik* in the classroom, and recommendations for teaching methods. It also offers creative ways to use *Asyik* to generate after school or extra-curricular activities. These activities are all based on the principles of the Active Student Learning Methodology, the national teaching methodology developed by the Ministry of Education and Culture.

More than 1,000 teachers are using *Edisi Guru*. In addition, the EETM Project also conducts ongoing training of principals and teachers on how to use *Asyik* materials as effective teach-

ing and learning tools. For the vitamin A issue, one suggested lesson illustrates how teachers can help students experiment with growing vegetables in containers—either at home or at school.

Asyik is having a significant impact on the learning of primary school children. These children have the potential to become environmental and health messengers, introducing new ideas about these concepts to their families and communities. As future parents, their knowledge and attitudes will have a crucial influence on the attitudes of their own families and communities towards the environment and health, including the food habits that will eliminate the risk of vitamin A deficiency.

Gerda Wulandari contributed this article on Asyik. She is the Project Coordinator for Environmental Education Teaching Materials of CARE International in Indonesia.

Vitamin A and CHILD

CARE International / Bangladesh

CARE implements the Child Health Initiatives for Lasting Development or CHILD project in a total of five *thanas* in the Sylhet district of Bangladesh. Over 430,000 children under the age of 6 and women of reproductive age benefit from CHILD's four major interventions: EPI, ORT, Vitamin A and Nutrition, and Family Planning. Since October 1991, USAID has funded CHILD as part of its Child Survival Program. One strategy of the project is to strengthen the existing services of the Ministry of Health and Family Welfare (MOHFW) through an intensive "on-the-job training" approach. Another strategy is to use social mobilization activities which increase the knowledge of community members on basic health topics, and to

increase the demand for and use of Government health services.

The vitamin A component of the CHILD project focuses on vitamin A supplementation and on health education about vitamin A and nutrition-related issues. Vitamin A deficiency is still a major public health problem in Bangladesh—almost 100 children go blind each day. According to the MOHFW policy, the vitamin A supplementation has two strategies for different age groups. Children under age one are covered during their EPI contact. At each contact (*i.e.*, the three DPT doses and measles vaccine) the child is given 2 drops of vitamin A (50,000 IUs). Children between the ages of 1 to 6 receive one full vitamin

A capsule (200,000 IUs) every six months through a "vitamin A round" by home to home distribution.

CARE has been active in helping the MOHFW staff to plan, organize, conduct, and monitor the vitamin A rounds in the CHILD project area. CARE also trains MOHFW field staff to conduct health education sessions among various community members such as mothers' groups, school children, and teachers. During these sessions, the field workers diffuse messages about locally available vitamin A-rich foods, appropriate breastfeeding and weaning practices, early signs of vitamin A deficiency, and the role and importance of vitamin A capsules for the prevention and treatment of nightblindness.

At the start of the project, CARE conducted a baseline survey in the CHILD project area using the USAID recommended questionnaire for all Child Survival projects. After the first pilot year of operations, the survey was repeated with the same questionnaire and methods. In both surveys, CARE interviewed approximately 300 mothers with children under the age of 2. The very encouraging results obtained after only one year of intervention show that CARE is using an effective strategy in the CHILD project. Some highlights of the results include:

- As reported by mothers of children under 2 years old, there is a substantial change in nutritional practices related to vitamin A. 26% of children aged 6 to 8 months had green leafy vegetables added to their food, compared to only 5% in the baseline survey. Among children aged 9 to 11 months, the addition of green leafy vegetables increased from 27% at baseline to 54% one year later.
- Mothers were asked which type of food should be given in addition to breastmilk at the time of weaning. This year, 70% of the mothers mentioned "giving vitamin A-rich food," compared to only 23% the previous year.
- When asked which type of food helps to prevent nightblindness, 37% of the mothers mentioned green leafy vegetables, compared to 24% at baseline. 17% mentioned yellow fruits, compared to 9% at baseline.
- Lastly, mothers were asked if their child had received a vitamin A capsule in the last seven months. This year 35% of children had received a capsule, compared to only 16% the previous year.

Instant Sweet Potatoes: A vitamin A-rich weaning food

International Eye Foundation / Guatemala

"Vitamin A-rich foods available to families throughout the year." This goal, critical to the successful elimination of vitamin A deficiency, is the motivation behind the International Eye Foundation's effort to create a new food product: "instant" sweet potatoes. Potentially marketed or distributed to mothers as a vitamin A-rich weaning food, the processed sweet potatoes have the potential to significantly contribute to the vitamin A needs of Guatemala's most at-risk group.

With funding from the Vitamin A Field Support Project (VITAL) of USAID, the International Eye Foundation (IEF) has been working on this project in conjunction with North Carolina State University, the Center for Studies of Sensory Impairment, Aging, and Metabolism (CeSSIAM), and Mahler Sucesores & Cia Ltda, a private food processing company.

To make these instant sweet potatoes, an industrial process is used to pulverize and dry a sweet potato grown widely in Guatemala. The process retains most of the beta-carotene found in the sweet potato, creating a final product naturally high in vitamin A. The product can be made "instantly" into cooked and mashed potatoes by boiling with water.

One of the project's tasks was to develop and define a market that would further the product's potential contribution to public health goals. As in many countries, young children are at the greatest risk of vitamin A deficiency, especially when they are being weaned. At this critical time, it is essential that their new diet include vitamin A-rich foods. "Atols," dry porridge-like mixtures available for sale in shops, are already popular weaning foods throughout Guatemala. Mothers cook the atol with a little water to form either a porridge or a puree. They may also add milk, sugar, or other foods to the mixture. Test

groups of mothers found the instant sweet potatoes to be as acceptable as other commercial atols. They liked its taste, ease of preparation, and appearance. Asked to experiment, they created numerous recipes often adding the processed sweet potatoes to dishes prepared for the entire family. The project is testing several distribution and marketing strategies in 4 rural communities based on the mothers' input.

The project continues to refine the product. Already, several varieties of sweet potatoes of varying color and beta-carotene content have been tested. When the product is made from sweet potatoes with a brown skin and deep-orange pulp, one serving contains 290 mcg RE of vitamin A, almost 3/4 of the recommended daily intake for children 1 to 10 years old. The project is now exploring the most cost-effective industrial processing, packaging, and storage alternatives to preserve vitamin A content over time and increase shelf-life. For example, the choice of packaging material greatly influences the long-term nutritional value of the product. They are testing plastic, foil, laminated paper, and vacuum packaging. In the future, they would also like to investigate fortifying the product with other micronutrients such as iron.

"Instant" sweet potatoes are not yet available to consumers in stores or markets, but the project is confident that one day they will be. IEF hopes that this food product will be a year-round option, even for families with the lowest incomes, to add needed vitamin A to their diet.

Laine Isaacson and John Barrows of IEF contributed this summary. Parts were previously reported in Hablemos de Vitamina A, the newsletter of Unidad Pro-Vita-A.

Dr. Florence Durandin contributed this article. She is the CHILD Project Coordinator for CARE International in Bangladesh.

Non-governmental Support to a National Vitamin A Strategy

Save the Children / USA-Nepal

In February 1992 the Ministry of Health, all related Ministries, and non-governmental agencies met to prepare guidelines for a national program for the prevention and control of vitamin A deficiency in Nepal. This meeting initiated the National Vitamin A Program. The program is currently conducted through the Child Health Section of the Family Health Division, MOH. It has two major strategies:

- bi-annual distribution of vitamin A capsules
- dietary modification through vitamin A nutrition education

It calls for a multisectoral approach led by the MOH with the cooperation of PVOs/NGOs and donor agencies. USAID, UNICEF, and WHO are providing support with assistance from Nepal Netra Jyoti Sangh, the leading national NGO in prevention of blindness, and VITAL. Following criteria established by a Vitamin A Task Force, 33 districts were selected as national priority areas and 8 districts were selected from these to be targeted for the first capsule distribution campaign, planned for October 1993.

Save the Children, as part of their "Child Survival Project" in Siraha District (one of the 8 selected districts), already had a vitamin A component in place. The Program Coordinator, the District Health Officer, and an Auxiliary Health Worker from the Ministry of Health had received vitamin A training in Gorkha the previous year. This training was conducted by the Vitamin A Technical Assistance Program of Helen Keller International. The Save the Children staff were eager to launch the capsule distribution program that they had already planned in accordance with the National Vitamin A Program criteria. These criteria specify that the District Health Officer coordinate the activity, that Female Community Health

Volunteers (FCVHs) administer the capsules, and that National protocols be followed.

As the first National Distribution was scheduled for the Nepali month of Kartik (October-November), Save the Children suggested that they could train and coordinate FCVHs throughout their impact area in 24 Village Development Communities (VDCs) of Siraha district and conduct an earlier vitamin A capsule distribution in May, thus immediately reaching the children at risk in two *Ilaka*, or sub-districts. April-May is one of the times scheduled for the bi-annual campaign.

Save the Children staff organized a vitamin A training for FCHVs. When they taught record keeping, they realized that the task was quite difficult and required good literacy skills. Plus, in those wards that have more than 400 children, the task would be burdensome. For these reasons, FCVHs recruited a helper who was literate and able to help with record keeping. Staff also arranged for microphone announcements (or *miking*), pamphlets, and messages to advertise dates for the May capsule distribution. Vitamin A capsules, a technical support person, materials, and a vehicle were provided through the National Vitamin A Program's Technical Assistance Group (TAG). Among other roles, the TAG facilitates inter-disciplinary cooperation.

During the May campaign, the FCVHs were assisted by their "helper" and administered a proper dose to all children 6 months to 5 years old. All Save the Children staff were available and supervised a majority of sites, assisting with organization, motivation, and nutrition education. Nepal Netra Jyoti Sangh supplied posters for display at each site. Families received information on the importance of eating dark green leafy vegetables and yellow fruits and vegetables—all locally available. To estimate coverage, denominator figures were taken

from a census conducted by Save the Children in January 1992 for under 5 year olds in their two *Ilaka* project areas. The total target population of children aged 6 to 60 months was 14,644. A total of 13,650 children were recorded as having received a vitamin A capsule. Save the Children staff were extremely pleased with the coverage, an estimated 93% of the target population.

From their experience during this first campaign, Save the Children project staff recommended the following:

- FCHVs were excellent for informing the children from their wards. *Miking* may not be necessary;
- It was not necessary to mark children's hands as they received their capsule because mothers were alerted to the risks of double dosing;
- Deworming could be included in the campaigns;
- Most of the dosing had been completed by lunchtime, so instead of a snack, a gift of soap and container is a better incentive for FCHVs and their helpers.

Note: The first National distribution campaign was successfully conducted throughout 8 of the priority districts on October 18 and 19, 1993.

Dana Malla and Dale Davis provided this summary. Dana Malla is the Project Coordinator of the Child Survival Program of Save the Children in Siraha. Dale Davis is the Country Liaison of Helen Keller International in Nepal. She also serves as the NGO Coordinator for the National Vitamin A Program Technical Assistance Group. Reference: "Eat Leaves - Save Sight & Life" by Dr. Chet Raj Pant, Nepal Vitamin A News, October 1993. ©

Vitamin A Events

ASAP: National Micronutrient Day in the Philippines

On October 16, 1993, World Food Day, the Philippine Department of Health began a three-year nationwide campaign against micronutrient malnutrition from the lack of vitamin A, iodine and iron in the Filipino diet. An annual Micronutrient Day, "Araw ng Sangkap Pinoy," will be one activity to address this national health emergency As Soon As Possible.

The annual ASAP campaign is but one activity in an overall strategy to eliminate micronutrient deficiency. ASAP increases overall awareness and produces an immediate impact which can be sustained through food fortification, food production, and dietary improvement. All agencies in a position to contribute to this effort have come together as part of a multi-sectoral National Micronutrient Team. The team is also tapping into the private sector to accomplish these national goals. Salt producers are committed to iodizing their product. Procter & Gamble have fortified *Star* margarine with vitamin A, a product widely consumed throughout the Philippines.

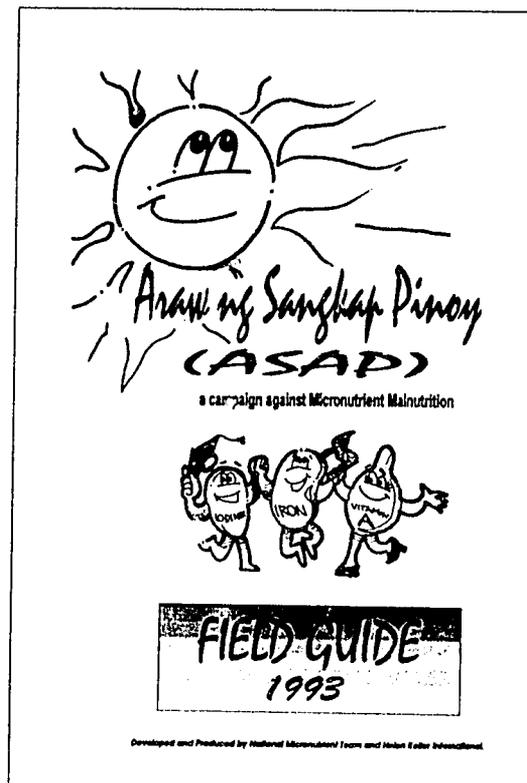
During ASAP, health workers provided a unique package of services designed to impact all three micronutrient deficiencies. At all *Sangkap* Centers—health centers, health stations, schools, clinics, churches, and other designated places—they distributed:

- One vitamin A capsule to each child aged 1 to 4 years old;
- A capsule of iodized oil and packet of vegetable seeds and cuttings to each pregnant woman;
- *Mulunggay* cuttings or other vegetables rich in vitamin A, C and iron to all families.

Children 1 to 4 years old also receive vitamin A during the National

Immunization Day, making the distribution of vitamin A a bi-annual event.

Many voluntary and community organizations lent their support to the campaign. They often assisted in



ASAP Field Guide 1993, developed and produced by National Micronutrient Team and Helen Keller International

publicizing the activity through the local media and communication channels: churches, schools, community associations, and clubs. In many areas, community volunteers helped prepare master lists of children, and on the campaign day, encouraged mothers or caretakers to come to the *Sangkap* Center.

Months before the actual ASAP date, the National Micronutrient Team and Helen Keller International prepared an ASAP Field Guide for all health personnel involved in these activities at every level: provincial,

city, and municipal. The Field Guide explained the critical need for the ASAP campaign and how to plan and conduct it. This 28-page guide emphasized practical information: how to obtain supplies, recruit and train

volunteers, administer vitamin A and iodine capsules, and provide basic training and orientation. It provided a "countdown" schedule of tasks, planning checklists, sample reporting forms, and practical tips. The same group also prepared a smaller version of the ASAP Field Guide for volunteer groups.

At this time, the number of children, pregnant women, and families who participated appears to be quite high. A post-ASAP randomized cluster survey was conducted November 9th and 11th to provide a reliable estimate of coverage. Follow-up interviews are also being conducted with mothers. They are being asked: What did they think of ASAP services? Why did they participate? The Department of Health, UNICEF, and Helen Keller International are documenting the planning process, results, and lessons learned from this first ASAP.

Part of ASAP's success is due to the high level of visibility and support given to the Micronutrient Team. In June, at an advocacy meeting on the hidden hunger of micronutrient malnutrition at the Malacanang Palace, Philippine President Fidel V. Ramos emphasized that good nutrition is essential to the country's health. The President said that in the year 2000, "I want us to say proudly, that we had prevented blindness and other forms of disabilities among millions of our children; and confidently, that we raised the production of our work force not merely by improving work conditions but by ensuring proper nutrition among our people."

Call for Abstracts —

IVACG Meeting October 1994

Through its meetings, the International Vitamin A Consultative Group provides a forum for new ideas, recognizes important research findings, and promotes action programs. The next meeting will be held the 24th to the 28th of October, 1994, in Chang Rai, Thailand. IVACG invites those interested in presenting to submit an abstract on one of the following topics:

- **Dietary approaches to combat vitamin A deficiency** including assessment, dietary diversification, fortification, food composition, food production through home gardens, appropriate food preservation technology, home food preservation, and intra-household determinants of diets.
- **Education and communication strategies to promote change in vitamin A-related behaviors** including person-to-person communications, group interactions, print media, audiovisuals, songs, broadcast media, and multi-media.
- **New human research related to vitamin A** including childhood morbidity, immune response, detection, consequences of sub-clinical deficiency, and safety issues.

Abstracts must be submitted by January 31st, 1994, for consideration. For detailed instructions on how to submit an abstract, please contact the IVACG Secretariat, in care of the Nutrition Foundation, 1126 Sixteenth Street NW, Washington DC 20036, USA. Fax: 202-659-9024.

India Workshop for PVOs: Conducting a community assessment of vitamin A deficiency

In July 1993, at Aravind Eye Hospital in Madurai, India, a workshop for select PVO and NGO staff trained managers in how to conduct a community assessment of vitamin A deficiency using existing data sources and, if necessary, the HKI Food Frequency Method. The workshop served to strengthen the assessment and survey skills of staff from select PVOs and NGOs working in India; to pre-test the manual, *How to Use the HKI Food Frequency Method to Assess Community Risk of Vitamin A Deficiency*; and to assist a local NGO to assess vitamin A deficiency in a project area.

The practical ten-day workshop was attended by 25 representatives from CARE, CCF, World Vision, Helen Keller International, ASSEFA (Association of Sarva Seva Farms), Plan International, Agriculture College and Research Institute/Madurai, Women's University/Bombay, Avinashilingham Deemed University/Coimbatore, and Aravind Hospitals. Workshop participants actually conducted a survey in six randomly selected communities of a nearby ASSEFA project area.

The survey results suggest that vitamin A deficiency is a serious problem of public health importance in the project area. ASSEFA, with technical assistance from Aravind Children's Hospital and support from the Vitamin A Technical Assistance Program of Helen Keller International, has subsequently taken steps to design a nutrition education component to increase consumption of vitamin A-rich foods as part of a balanced diet in the surveyed and nearby project areas.

West African Meeting on Vitamin A Deficiency

Over 100 participants gathered from the 9th to 11th of August 1993 in Accra, Ghana, for a West African conference on vitamin A deficiency. For the representatives of 13 countries, the conference provided an opportunity to learn about the latest research and program developments in the region. The results of the field trials in Ghana on vitamin A supplementation and child health were one of the conference's highlights. The trials demonstrated that improved vitamin A nutrition results in substantial improvements to the health of children — including risk of death and severity of illness. As the Honorable Minister of Agriculture of Ghana, Mr. Ibrahim Adam, noted in his closing address, vitamin A "can no longer be an afterthought of health and agricultural programs."

The Ghana Ministry of Health convened and hosted the conference in collaboration with the London School of Tropical Medicine with joint funding from USAID (Office of Nutrition), Micronutrient Initiative (Canada), IRDC, UNICEF and ODA.

USAID Announces Award of OMNI

In October, the United States Agency for International Development (USAID) announced the award of its new five-year field support and technology transfer contract, *Opportunities for Micronutrient Interventions (OMNI)*. Developed by USAID's Office of Nutrition, OMNI is an important part of the United States' effort to improve the quality of life of individuals by reducing micronutrient malnutrition. OMNI was awarded through a competitive process to John Snow, Inc. and subcontractors: Helen Keller International, Emory University (PAMM), The Manoff Group, Johns Hopkins University, International Life Science Institute (ILSI/Nutrition Foundation), Program for Appropriate Technology in Health (PATH), the University of Arkansas, and the University of California at Davis.

OMNI provides four main areas of support: long-term Micronutrient Program Development; Field Support in the form of short-term technical assistance; Information Dissemination; and Training. USAID awarded a separate contract to ILSI for the operational research component of OMNI. USAID Missions have been requested to indicate to the Office of Nutrition their need and interest in OMNI activities in their respective host-countries. OMNI management has begun the development of its detailed workplan based on the responses received to date.



"Vitamin A: Preventing Blindness, Saving Lives"

Project Orbis and Helen Keller International have jointly developed a video entitled *Vitamin A: Preventing Blindness, Saving Lives*. The video, filmed in Niger, the Philippines, and Guatemala, presents a compelling look at vitamin A deficiency, its causes, the devastating consequences, and solutions to the problem.

Designed to motivate governmental and non-governmental organizations to act, the video highlights the environmental and socio-economic factors that combine to leave small children more vulnerable to vitamin A deficiency. It portrays three families and three small children, in three different, yet similar circumstances of poverty. Each of these children is at high risk of mortality from childhood infections because their bodies are deficient in vitamin A. The video illustrates how each of these children can be protected from the consequences of vitamin A deficiency by various interventions including changes in the family's diet.

The video, in either English, French, or Spanish, can be purchased from Helen Keller International, 90 Washington Street, New York, NY 10006, USA. Please indicate language and video system. US\$10.00 each.

"Have We Become Surrogates for Failure? Proposing a New Nutrition Education"

The "Provita Plan" is but one initiative proposed by Richard Manoff for establishing a new nutrition education in this year's Martin J. Forman Memorial Lecture. By mobilizing the private and commercial sector, the Provita Plan serves to fortify foods with essential micronutrients, including vitamin A.

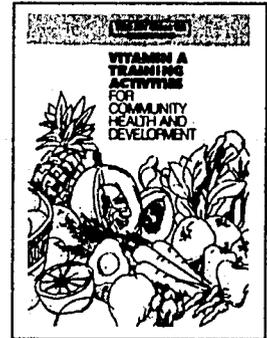


To obtain a copy of the lecture, please contact Helen Keller International, 90 Washington Street, New York, NY, 10006 USA. US\$ 7.00 a copy.

News Flash: "Vitamin A Training Activities for Community Health and Development"

Helen Keller International announces the forthcoming publication of a manual for trainers. Field tested in a total of six countries in Africa, Asia, and Latin America, this manual presents eighteen structured learning activities that cover a wide range of skills related to reducing vitamin A deficiency.

Contact Helen Keller International, 90 Washington Street, New York, NY 10006, USA.



Research Update:

"Vitamin A supplementation in northern Ghana: effects on clinic attendances, hospital admissions, and child mortality." *The Lancet* 342 (3 July 1993): 7-12. Ghana VAST Study Team.

"Improving the vitamin A intake of young children in populations where xerophthalmia exists, even at relatively low prevalence, should be a high priority for health and agricultural services in Africa and elsewhere." This conclusion is based on the results of two double-blind, randomized, placebo-controlled trials of vitamin A supplementation in adjacent populations in northern Ghana.

The first trial, the Survival Study, assessed the impact of vitamin A supplementation on childhood mortality. Every four months, trained field workers visited the homes of children and administered either a placebo or vitamin A. During the two years of the study, the field workers thus followed up on 21,909 children aged 6 to 90, reaching, on average, 89.5% each distribution round. Compared to the placebo group, vitamin A supplementation resulted in a 19% reduction in overall mortality.

The second trial, the Health Study, assessed the impact of vitamin A supplementation on childhood morbidity. Every week for one year, trained field workers visited the homes of the 1,455 children aged 6 to 59 months and conducted a detailed

interview about the occurrence of 21 signs, symptoms, and conditions for each day of the week. The use of a pictorial daily health diary aided mother's recall. Field workers referred all ill children, based on specific criteria, to a weekly mobile clinic. As in the Survival Study, field workers administered either a placebo or vitamin A every four months, reaching, on average, 94.7% of the study children each round. Morbidity data were collected for 94.3% of the weekly follow-up visits. At the end of the Health Study, analysis showed no significant differences between the vitamin A and placebo groups in the daily prevalence of diarrhea or acute respiratory infections. However, vitamin A-supplemented children had significantly fewer attendances at clinics, hospital admissions and deaths than children who received the placebo. The researchers are preparing a second paper on the severity of any reported diarrhoeal or respiratory illness.

"Increased mortality associated with vitamin A deficiency during human immunodeficiency virus type 1 infection." *Archives of Internal Medicine* 153 (27 September 1993): 2149-2154. Richard D. Semba, et al.

As researchers learn more about the role of vitamin A in the human immune system, they are examining how a person's vitamin A status affects the outcome of specific infec-

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tions, including AIDS. In this study, researchers documented that among patients positively infected with HIV-1, low plasma vitamin A levels — below the point consistent with deficiency — were associated with decreased circulating CD4 T cells and increased mortality.

“Vitamin A supplementation and increased prevalence of childhood diarrhoea and acute respiratory infections.” The Lancet 342 (4 September 1993): 578-582. Sally K. Stansfield, et al.

Researchers with years of experience in the vitamin A field are questioning the validity of this research’s conclusion that vitamin A supplementation increased the prevalence of diarrhea and symptomatic respiratory infections. This judgement is based on the poor quality of this study’s design and analysis. Dr. Nicholas Cohen of the World Health Organization notes that “There are a number of major inconsistencies in both the implementation of this study and its analysis, which make it extremely hazardous to use these conclusions in any way as a basis for policy decisions.”

The researchers conducted a double-blind, placebo controlled trial in northwest Haiti. Every 4 months, health workers administered either a placebo or vitamin A to study children who came to a “rally” session. Assigned by house number into red or green group, children received a corresponding color-coded capsule. Four to six weeks after each rally, health workers visited each study household and interviewed the child’s caretaker to assess whether there had been any episodes within the last two weeks of 5 conditions for which a Creole term existed. Through a baseline census, the researchers identified 11,124 eligible children aged 6 to 83 months. At the end of the year, 38% had received a capsule in all three distribution rounds. After each round, health workers interviewed, on average, 28% of the eligible children who had received a study capsule.

See side column for a critique of the trial. ©

Why reviewers find the results of the Haiti morbidity study invalid

Well-designed research clearly indicates that vitamin A supplements to children in vitamin A-deficient areas decrease the *severity* of measles and diarrhea *as well as death* from these diseases. Vitamin A supplements have not yet been shown to decrease the *prevalence* (or proportion) of children who get these and other diseases. It makes sense that children who are well-nourished do fall ill, but are not as severely ill as children who are poorly nourished.

The researchers who conducted the trial in northwest Haiti defined episodes of morbidity as symptoms reported by mothers that occurred any time during the last 2 weeks; severity and duration of illness were not reported and symptoms were not validated by independent diagnosis. As the researchers themselves noted: “maternal reports are relatively non-specific indicators of the presence of ARI and diarrhea.”

In addition to its imprecise assessment of morbidity, the trial’s poor coverage and extremely poor follow-up make it impossible to draw valid conclusions from its data. As one reviewer noted, the trial’s low interview rate to assess morbidity creates “an extraordinary opportunity for selection bias.”

Lost or missing subjects from the original sample affects the validity of comparing placebo and treatment groups, hence the importance of follow-up on all children randomly selected and assigned to either group. Missing morbidity data on 75% of the children in the original sample introduce a large unknown; one which in other studies has produced results which later were demonstrated invalid.

The researchers’ failure to thoroughly collect morbidity data, the major purpose of the trial, also does not reflect well on its overall management and implementation. Nor does the data presented in the paper, inconsistent from one table to the next, inspire confidence in the analysis. Keith West, Associate Professor, Johns Hopkins University, observes that “the trial appears to ignore a number of basic principles in the design and conduct of a clinical trial.” Among the principles noted by reviewers are:

- Groups should be assigned randomly. Trial used sequential assignment.
- Groups should be indistinguishable from each other. Trial used color-coding.
- Design should enhance quality control. Trial selected children by household, but treated at rally post.

A well-designed morbidity trial is complex and costly. The Ghana VAST team have mentioned that their morbidity trial involving 1,455 children cost approximately the same as their mortality trial, which involved more than 15 times the number children, 21,906. Given what is known today about the importance of vitamin A for children’s health, researchers have an ethical obligation to make the investment that will produce valid results and minimize the risk to children.

This review was compiled from critiques which have been submitted to the Lancet from: Dorothy Mackerras, University of Sydney; Richard Semba, Johns Hopkins University; Greg Hussey, University of Capetown; Alfred Sommer, Johns Hopkins University; Keith West, Johns Hopkins University; Kenneth Brown, University of California, Davis; Joanne Katz, Johns Hopkins University; Jon Rohde, UNICEF; Nicholas Cohen, WHO.

Program Ideas and Tips

The Proper Use of Vitamin A Supplements: How much is too much?

Vitamin A is essential for normal sight, health, and survival. Without sufficient vitamin A in the diet, a child is more likely to die from infections or lose her sight. A large dose of vitamin A every three to six months has proven to be an effective strategy to diminish the severity of disease and the risk of nutritional blindness. While the health consequences of too little vitamin A are devastating, too much vitamin A can cause adverse reactions.

To insure that children have neither too little nor too much, all health workers should take care that they use vitamin A supplements properly. Program managers with experience in successfully implementing periodic distributions of vitamin A suggest the following:

- Keep records. Growth monitoring cards, clinic registrations, and other systems have all been used to successfully monitor vitamin A supplementation.
- Adopt protocols that reinforce a periodic distribution. Many countries have vitamin A months. Outside of supervised clinics or secondary care facilities, high dose capsules are only available at health posts during this time.
- Only allow trained personnel to administer vitamin A. Train health workers on the correct dosages for infants, children, and lactating women. They should know both preventive and treatment dosages.
- A simple message like "One capsule is sufficient!" in reference to the 200,000 IU capsule helps health workers, mothers, and the community understand how supplements should be used. Some programs capitalize on the unique shape of a capsule in communication and education strategies.



"*CAREFUL! One capsule is sufficient, two or more can cause harm.*"

Ministerio de Prevision Social y Salud Publica/Departamento Nacional de Nutricion Bolivia and UNICEF

Helen Keller International, in conjunction with Johns Hopkins University, has prepared a handout to answer common questions about the proper use of vitamin A supplements. In an easy to read question and answer format, the handout is written for medical and other health personnel. It emphasizes the correct dosages in different circumstances for infants (under 12 months), children (12 to 72 months), and lactating women. The questions are based on actual ones posed to Helen Keller International staff over the years. Here are two examples related to supplementing children 12 to 72 months old in areas where vitamin A deficiency is a public health problem:

Q. What happens if, during a mass distribution campaign for all children, a child happens to receive two 200,000 IU vitamin A capsules within a 24-hour period or two within one month?

A. If a child received two 200,000 IU capsules within 24 hours, she would have received a dose of 400,000 IU. Some children receiving this amount may develop headaches, nausea, and

vomiting. These symptoms will subside within 1 to 2 days.

If a child received two 200,000 IU capsules within a month, she is even less likely to experience any of these side effects, since the child's body would have had time to metabolize the first dose.

Note that sick children with either measles or signs of xerophthalmia are severely deficient in vitamin A. As part of their treatment, several doses of 200,000 IU of vitamin A may be safely administered within days of each other. For example, a child with corneal xerosis needs 200,000 IU of vitamin A immediately, followed by a second dose the next day, and a follow-up dose one to four weeks later.

Q. If a child is consuming an adequate amount of vitamin A-rich foods, will receiving a 200,000 IU capsule be harmful?

A. No. A single dose of 200,000 IU of vitamin A is less than the maximum storage capacity available in a child's liver. For this reason, a 200,000 IU dose given every three to six months will not cause adverse reactions even if the child is relatively well-nourished with vitamin A.

Will it help? Yes. This dose increases the child's liver stores of vitamin A and provides a reserve should her diet change and she no longer is eating vitamin A-rich foods. Growing children constantly need vitamin A. Without an adequate reserve, a child can become severely deficient following a period of reduced vitamin A intake or episodes of infectious disease like measles, acute lower respiratory disorders, or acute or prolonged diarrhea.

Q & A on Vitamin A: How Much Is Too Much? Helen Keller International, 1993. For copies please contact any Helen Keller International office.

Breastmilk: A truly invaluable source of vitamin A for infants

A mother's breastmilk is the best source of vitamin A for her newborn child. Both colostrum and mature milk contain vitamin A which is essential to the infant's continued health and growth. Promoting good breastfeeding practices and improving the nutrition of lactating mothers are the best ways to protect very young children from the severe health consequences associated with vitamin A deficiency.



Weaning Moments Lessons, by Nutrition Service, Philippine Department of Health and Helen Keller International, UNICEF

Colostrum, the "milk" secreted during the first few days after giving birth, is especially rich in vitamin A. In addition to pre-formed vitamin A, colostrum contains significant amounts of beta-carotene, which contributes to its yellowish color. Colostrum is also high in protein and antibodies which help protect the infant against infection. Over the first two weeks of lactation, breastmilk has its highest concentration of vitamin A. As lactation continues, this concentration gradually decreases with the greatest decline occurring during the first month.

The high concentration of vitamin A in the first few weeks of lactation plays an important role in an infant's health. Most children, in both developing and developed countries, are born with low stores of vitamin A in their livers. They need a significant intake of vitamin A from their diet to meet the immediate needs of their growing bodies and to build up a reserve. Without an adequate reserve of vitamin A, a body's ability to fight infections is severely compromised.

Good breastfeeding practices ensure that an infant is adequately nourished with vitamin A. Within a few hours after delivery, a mother should begin breastfeeding her infant. This practice of **immediate breastfeeding** provides the child with the benefits of her mother's colostrum. From birth until the child is 4 to 6 months old, a mother should nurture her child with only breastmilk. With this **exclusive breastfeeding**, no juices, formulas, teas, other beverages, or foods are given to the child. No foods can match

the nutrients available in breastmilk from a healthy mother.

However, a mother's own health and nutritional status does affect the amount of vitamin A in her breastmilk. If she herself is deficient in vitamin A, her breastmilk will not contain an adequate amount of vitamin A for her child. Her child's and her own health will be in peril. A diet rich in vitamin A during her pregnancy and while she is nursing is essential.

Dr. Laxmi Rahmathullah of the Aravind Children's Hospital in Madurai, India, reports that she has been concerned by the number of cases of corneal ulceration, a serious clinical sign of vitamin A deficiency, in "breastfed" infants just 3 to 6 months old. If not immediately treated with vitamin A supplements, blindness or death is highly probable. She believes that these cases are linked to non-exclusive or poor breastfeeding habits combined with the poor nutritional status of the mother. A recent summary of data on vitamin A in breastmilk by Vicki Newman of Wellstart International supports Dr. Rahmathullah's observations. Ms. Newman notes that, on average, in

countries with a high child mortality, the amount of vitamin A in mothers' breastmilk is not adequate to continue to build up the growing child's liver stores after 6 months of age. In a forthcoming revised definition of when vitamin A deficiency is a public health problem, WHO and UNICEF are expected to include the concentration of vitamin A in breastmilk as an indicator.

In areas where vitamin A deficiency is a public health problem, a single 200,000 IU dose of vitamin A provided to mothers within one month of delivery protects both mother and infant for 3 to 6 months. A recent randomized, double-blind trial in Indonesia confirmed the long-suspected benefits to mother and child. In this trial, one oral high dose of vitamin A given to mothers at 1 to 3 weeks after delivery significantly increased both the mother's and her breastfed child's vitamin A status for at least six months. It also increased the concentration of vitamin A in breastmilk

continued next page

Steps to make sure breastmilk can do its job...

- promote a diet high in vitamin A-rich foods for pregnant and lactating women.
- provide 200,000 IU of vitamin A to mothers within the first month after the birth of their child.
- promote immediate breastfeeding and the use of colostrum.
- promote exclusive breastfeeding until a child is to 4 to 6 months old.
- promote vitamin A-rich weaning foods and the continuation of breastfeeding from the age of 6 months to 24.

Breastmilk continued

until at least eight months post-partum. At 6 months of age, children of supplemented mothers had a 2/3 lower chance of low liver stores.

Many health programs already provide vitamin A as part of health services to post-partum women. In Indonesia, Helen Keller International's Vitamin A Technical Assistance Program has been helping PATH and the Indonesian Ministry of Health test different models of providing vitamin A to mothers within the first month of their delivery. In one model, traditional birth attendants administer the vitamin A capsule. This intervention will be part of Project Concern International's child health program in Maluku, Indonesia.

Breastmilk can continue to be an important source of vitamin A and other nutrients well through a child's second year of life. For example, in rural Bangladesh a study showed that during the months when fruit was not in season, breastmilk was the most important source of vitamin A for young children up to 27 months. However, when children are 4 to 6 months old, they are ready to start eating other foods in addition to breastmilk. It is critical for the child's health that these foods also be rich in vitamin A.

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High Dose Vitamin A Supplementation of Breast-Feeding Indonesian Mothers: Effects on the vitamin A status of mother and infant, *Am J Clin Nutr* (1993): 666-675. Stoltzfus, R. *et al.*

Mother's and children's intakes of vitamin A in rural Bangladesh, *Am J Clin Nutr* (1992): 136-147. Zeitlin, M.F., *et al.*

Other resources:

Chapter volunteers of *La Leche League International* help mothers to successfully breastfeed and are an excellent source of locally appropriate advice. In addition, *La Leche League International* sells publications on breastfeeding for health professionals. To obtain a current catalog, write to *La Leche League International*, PO Box 1209, Franklin Park, IL 60131-8209, USA.

WABA, *World Alliance for Breastfeeding Action*, distributes action folders and other materials on issues related to breastfeeding including the *Baby-friendly Hospital Initiative*. For more information, contact WABA Secretariat, PO Box 1200, 10850 Penang, Malaysia.

Vitamin A News Notes is a bi-annual publication available in English, French, and Spanish serving the NGO community. Let's hear from you for the next issue. Send news, letters, and articles to the editor.

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