



Saving Lives through A2Z

To save and improve the lives of vulnerable people through state-of-the-art micronutrient and child blindness programs

A2Z: The USAID Micronutrient
and Child Blindness Project
July 2006

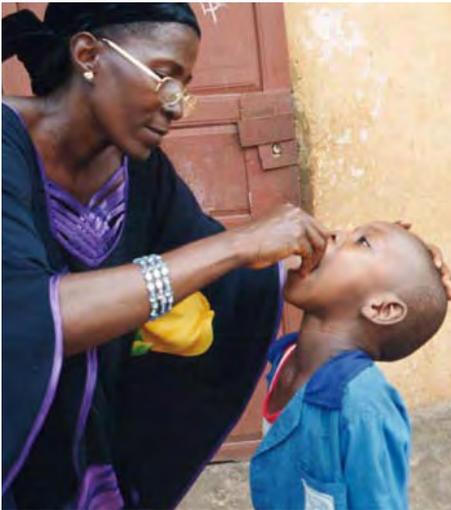


Photo courtesy of Laura Lartigue, USAID/Guinea

Madame Aissata Konaté, Director of Elizabeth Nursery School in Koulewondy, Guinea helps distribute vitamin A to the children in her nursery school.

Welcome to the first monthly bulletin of the A2Z Micronutrient and Child Blindness Project. A2Z will be addressing deficiencies in micronutrients such as vitamin A, iron, iodine, and zinc. We know these deficiencies pose a significant health threat for individuals in developing nations, affecting the overall development of communities and nations. A2Z is funded by the United States Agency for International Development under a cooperative agreement to support this five-year project. The A2Z Project strives to increase the use of key micronutrient and blindness interventions to improve child and maternal health. It will be implemented in three ways: (1) country programs, (2) global technical leadership, and (3) child blindness prevention and treatment. This monthly bulletin will provide updates on the A2Z Project as well as the latest in the field of micronutrient delivery and health.

FROM THE DESK OF... Jean Baker, A2Z Project Director

A2Z was officially launched in October 2005. One of our greatest challenges, as well as opportunities, is to combine the three areas of country programs, global technical leadership, and child blindness into a single, unified program. Our concerted efforts thus far have yielded cohesive workplans that incorporate partnerships, monitoring and evaluation, and evidence-based approaches. Together, we have established a vision for A2Z to save and improve the lives of vulnerable people through state-of-the-art

micronutrient and child blindness programs. As workplans unfold, A2Z staff are establishing programs in ten countries, engaging private sector companies, and collaborating on applying the latest science and technology for micronutrient delivery. Critical funding for eye health programs targeting children is being provided through grant funds made available by the USAID child blindness program. As A2Z progresses we are eager to build effective and sustainable programs that impact lives in measurable ways.

For more information about the A2Z program,
Call: 202-884-8970,
E-mail: a2z_info@aed.org
or visit www.a2zproject.org

COUNTRY PROGRAMS

It is anticipated that A2Z activities will support USAID Missions in 20–30 countries to establish sustainable vitamin A programs, treat and prevent anemia, and mainstream micronutrient delivery in health care systems, such as zinc in diarrhea treatment. A2Z will also engage private sector partners for food fortification programs. In 2006, A2Z will work in ten countries on a range of micronutrient activities. This month's bulletin highlights A2Z's work in India.

A Focus on Anemia in India

A situational analysis of the micronutrient status in India's population was conducted by reviewing the literature and an in-country assessment of opportunities to develop an effective program. The results of the analysis showed that the population of India still suffers from micronutrient deficiencies, most notably anemia. Anemia affects the largest proportion of the population, is present in all regions regardless of the stage of development, and exists in both rural and urban areas in most age groups (Micronutrient Profile of India Population, ICMR 2005). Geographically the prevalence is highest in the northern and eastern regions of the country. Three-quarters of young children and about half of adolescent girls (and possibly boys as well) are affected. The ICMR Multi-Center Study (2001) shows that 85 percent of pregnant women are anemic and that all regions have at least 60 percent prevalence. Dietary intake data show that infants, young children, adolescents, and pregnant women have low intakes—less than 50 percent of recommended levels.

There is evidence that anemia levels in pregnant women have not improved since independence, despite the launching of a national anemia control program in 1970.

The etiology of anemia in India is complex and involves several factors. The most important causal factors include several

A2Z In Action

In Jharkhand, India, A2Z staff have established collaborations with local partner organizations and state representatives to conduct a variety of field activities. Field staff are developing operation plans that include guidelines, training activities, and strategies to incorporate behavioral change activities in social mobilization. In addition, a coverage evaluation was carried out in December 2005 to determine the extent of coverage for vitamin A supplementation and routine immunizations. The evaluation showed 64 percent coverage for vitamin A and 39 percent for complete immunization.

micronutrients, mainly iron, folate, B12 and others, as well as intestinal parasites. Additionally, severe anemia is associated with malaria in some areas. Like many nutritional deficiencies, the roots of anemia go back to maternal anemia and pre-pregnancy as well as poor bio-availability of iron. Bio-availability is the degree to which a nutrient is absorbed or becomes available to the

body. Reducing anemia levels will require interventions for adolescent girls, pregnant and lactating women, and children 6–24 months of age.

Program delivery options to control anemia are complex since multiple interventions are needed. The current program in India relies mainly on iron/folic acid supplements to control anemia in the population. However, the time is ripe for scaling up a package of interventions including iron/folic acid supplements, hookworm and malaria control where necessary, iron fortified food supplements for children six months to six years of age, and dietary diversification.

There is evidence available to show that the Integrated Child Development Services supervisors and Aganwadi Workers can be mobilized through training to deliver iron/folic acid supplements to pregnant women. The delivery of iron tablets once a month to women of reproductive age can be linked with the home visits that the Aganwadi workers perform. The home visit can be utilized to counsel the mothers on the importance of regular prenatal check ups, iron/folic acid supplement consumption, treatment of malaria and hookworm, identification of high risk pregnancy, and safe delivery. This model is feasible when the health and Integrated Child Development Services systems are fully operational and functional.

Another possible model emerges from experiences of a district in Jharkhand. There, health staff linked up with a strong non-government organization (NGO). The NGO staff, along with village health workers, delivered the iron/folic

acid supplements and promoted compliance. An evaluation of this project is expected to take place in the near future, providing more insights on the success of this model.

GLOBAL TECHNICAL LEADERSHIP

The A2Z Project will consolidate and expand upon USAID's established leadership in micronutrients. A2Z will facilitate professional exchange between researchers and practitioners, initiate global policy development, and establish monitoring and evaluation approaches.

The Micronutrient Forum

The Micronutrient Forum will build upon the work of the International Vitamin A Consultative Group (IVACG) and the International Nutritional Anemia Consultative Group (INACG), both of which were founded in 1975 by the United States Agency for International Development (USAID). The Forum will replace IVACG and INACG and focus on the micronutrient deficiencies of public health significance, particularly vitamin A, iron, folate, iodine, and zinc. It will serve as a stimulus for policy-relevant science and as the internationally recognized catalyst for moving the global community towards consensus around evidence-based policies and programs that reduce micronutrient deficiencies around the globe.

CHILD BLINDNESS PROGRAM

A2Z implements the Child Blindness and Eye Health Grants Fund which makes available grants for the direct delivery of eye care services focused on children. The Grants Fund supports high impact and sustainable projects which address the causes of avoidable blindness. The USAID

Save the Date!

The Micronutrient Forum will hold an international meeting in Istanbul, Turkey on 16–18 April 2007. The theme of the meeting is “Consequences and Control of Micronutrient Deficiencies: Science, Policy, and Programs-Defining the Issues.”

Meeting participants will represent a wide diversity of relevant disciplines such as maternal and child health, nutrition, biochemistry, agriculture, horticulture, education, communications, and development. Participants are expected to include representatives from international agencies, national ministries, educational and research institutions, food and chemical industries, and non-governmental organizations.

Abstracts must pertain to the micronutrient deficiencies of primary interest to the Micronutrient Forum, namely vitamin A, iron, folate, iodine, and/or zinc. Program managers and researchers are encouraged to submit abstracts for oral and poster presentations describing new data on the following topics:

- Defining “Deficiency Disorders”
- Systems for increasing multiple micronutrient status
- Health consequences of micronutrient deficiencies
- The relevance of micronutrient-micronutrient interactions on micronutrient intervention design
- Cost, coverage, sustainability, and impact of micronutrient intervention programs
- The science base needed for national policy formulation and program commitment
- The interactions of micronutrients with infectious diseases

Preference will be given to abstracts describing well-designed studies, providing new and potentially important findings with data that relate to the above topics. **Abstracts must be received by 15 August 2006.** For more information, go to: <http://www.a2zproject.org/forum.htm>

Child Blindness Program originated through a Congressional earmark developed in 1991. Since then, the Child Blindness Program has worked through eye care and health NGOs to deliver treatments to thousands of children to help them see and to ensure their participation in their communities. USAID provides support to a wide range of eye care programs, from clinical treatment to reverse blindness to rehabilitation services for blind children.

The Need to Address Child Blindness and Eye Health

Worldwide there are 1.5 million children who are blind; 75 percent of these children live in developing countries with limited access to treatments and rehabilitative services. In total, there are more than 45 million people who can not read this page because they are blind.

- Every minute, one child in our world goes blind
- People who are blind are at

increased risk of death, injury, and depression

- Eighty percent (80%) of blindness is preventable or treatable
- The treatments available for preventing blindness are among the most cost-effective of all health interventions
- Preventing and treating blindness and low vision ensures children have the ability to reach their full potential

Through the Child Blindness and Eye Health Grants Fund, organizations provide direct services to those in need. Some recent grantee activities include:

The International Center for Eyecare Education (ICEE) will screen 2.5 million students in two provinces of South Africa and treat over 36,000 children for refractive error and eye disease. In addition, the project will conduct a re-assessment of all children in the blind schools of the two target provinces to determine if

these children have been properly diagnosed. Children who have been misdiagnosed will be supplied with spectacles and/or low vision devices and ICEE will facilitate their admission to regular schools.*

Helen Keller International (HKI) will work in partnership with the Ministry of Health and local eye care organizations in Nigeria to screen, refer, and treat approximately 10,000 children and deliver integrated eye care services. The program builds upon previous funding from the Child Blindness Program which helped to develop the capacity of these organizations to deliver high quality surgical care to children. The program also strengthens the capacity of field level workers including traditional birth attendants and midwives to provide basic services and to refer patients for more complicated care.

Scojo Foundation will train and support 200 Vision Entrepreneurs (VEs) in three districts of India over two years. As a result 240,000 people in these communities will

be screened, 60,000 people will be able to purchase glasses, and 60,000 people will be referred for advanced eye care services. In addition, the project will create at least 200 jobs for local VEs, adding an estimated \$30 additional income per VE household, per month. By improving eye care services and awareness of eye health at the village level, by improving referral networks and by increasing household income, Scojo contributes to sustainable improvements in eye health for adults and children.

Consejo de Salud Rural Andino (CSRA/Andean Rural Health Care) will screen and treat approximately 7,942 children in sixteen low-income neighborhoods in rural Bolivia. The project is based out of CSRA's eye clinic, which is the only public eye care facility available to over 250,000 people in the area. The clinic has provided services for over a decade as an integrated part of CSRA's primary health care services. The program will work through schools, community level workers, the clinic, and a partner organization where complicated cases will be referred.

*Please note that published data shows a large proportion of children in schools for the blind in the developing world have been improperly diagnosed and simply need glasses to correct their vision.

The Child Blindness and Eye Health Grants Fund is the central activity of the A2Z Child Blindness Program. The Grants Fund was specifically created to engage a broad variety of NGOs to deliver high impact and cost effective eye care services to populations in need.

The priorities of the Child Blindness and Eye Health Grants Fund are:

- Providing direct services (including screening, treatment and rehabilitation)
- Relevance to children's eye health needs
- Delivery of high impact, cost-effective eye care interventions with a focus on public health approaches
- Demonstrated sustainability of services

For more information, go to: www.a2zproject.org/childblindness.

