



## Saving Lives Through A2Z

JANUARY '07

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

### FROM THE DESK OF AME STORMER PhD, MONITORING AND EVALUATION SPECIALIST

The A2Z Project has a variety of Monitoring and Evaluation (M&E) activities being conducted at both the country and global levels of the project. The overall M&E plan relies on establishing monitoring indicators for each activity as well as methods for measuring impact, results, and documenting successes. This issue of the A2Z Bulletin spotlights the Micronutrient Baseline Survey being carried out this year in Uganda, a review of the micronutrient cost literature, and the recent M&E developments within the Child Blindness and Eye Health Grants Fund.

### MONITORING AND EVALUATING MICRONUTRIENT INTERVENTIONS IN UGANDA

In 2006, A2Z carried out a rapid review of the current micronutrient activities in Uganda. The review revealed several key micronutrient interventions underway. For example, salt iodization began in 1995 at a national scale. Promotion of orange-fleshed sweet potato began through the Ministry of Agriculture in 2000. The National Anemia Policy was finalized in 2002, and a public/private partnership was initiated for fortification in 2000. A 'Child Days Plus' strategy for twice-annual vitamin A supplementation was initiated in all districts in 2003.

Despite these interventions, Uganda still experiences high levels of malnutrition among its children. The effects of such levels of malnutrition have been observed through surveillance activities measuring

indicators of health and the nutritional status of the population. The most recent Uganda Health Demographic survey (UBOS, 2006) reveals that 32 percent of children 6-59 months are stunted for their age, 12 percent are severely stunted, 5 percent are wasted (too thin), and 20 percent are underweight. Almost two-thirds of the children under five years of age (64 percent) are anemic while a third of them (28 percent) are vitamin A deficient. There are no simple indicators for zinc assessment but indicators suggest zinc deficiency is widespread in young children based on stunting at 39 percent and the low intake of zinc containing foods, such as meat.

Women of childbearing age also have been identified as being particularly vulnerable to malnutrition in Uganda. Ten percent of women of reproductive age are underweight while 30 percent are anemic. There are serious gaps in anemia interventions and delivery of iron/folic acid supplements to pregnant women has reached only 52 percent.

The A2Z project aims to produce results in the following areas in Uganda:

- Expand coverage of fortified foods at the household level
- Assist the Ministry of Health (MOH), UNICEF, and others to introduce zinc therapy in conjunction with oral rehydration salts.
- Develop and introduce implementation guidelines for reducing anemia.
- Increase and maintain coverage of vitamin A supplementation to over 75 percent in conjunction with local partners and UNICEF

As part of these efforts, A2Z will conduct a Micronutrient Baseline Survey in two districts in Uganda this year. The results of the survey will guide the planning of effective A2Z interventions over the next few years and set a baseline for the project to measure successes. The program will promote essential nutrition activities. This will involve integrating nutrition into several health activities and programs linked with appropriate community organizations to ensure widespread, consistent coverage and prevent malnutrition among children and women. A rapid assessment conducted in the districts of Kiboga and Kanungu revealed that district data on essential nutrition activities is lacking. More detailed baseline information will help to highlight the picture of the general nutrition status in the districts as well as identify the critical nutrition activities A2Z interventions need to address.

The sampling frame of the A2Z core survey will take into consideration district, village, and household units. The target populations include pregnant women and mothers/caregivers of children from 0-59 months of age. The survey will be administered to mothers or caregivers with questions focusing on prenatal care, delivery services, breastfeeding and complementary feeding practices, feeding of sick children, maternal nutrition, and mass media messages.

The questionnaire being administered in Uganda represents a core questionnaire that can be used in any country or program to measure a range of child and maternal health and micronutrient issues. A2Z has already shared this core questionnaire with UNICEF and other agencies for application in other countries and settings. In addition, A2Z has received IRB ethical approval to administer the questionnaire in multiple countries.

The survey will be carried out by a team composed of A2Z, Uganda Chartered Healthnet, who will be assisting with conducting the survey and collecting the data, and the Department of Nutrition at the Ministry of Health.

The data from the questionnaires will be collected using personal digital assistants (PDAs), an effort supported by AED-SATELLIFE, part of the AED Center for Health Information and Technology. The use of PDAs will allow for expedited data collection and analysis. A2Z is among the first projects at AED to collaborate with AED-SATELLIFE through use of the PDAs for survey data collection. This is a positive

example of using current information technology to assist with international public health efforts in developing nations.



## EVALUATING GLOBAL TECHNICAL LEADERSHIP EFFORTS

Cost effectiveness analyses are powerful tools for decision making. However, the full potential for these analyses remains unrealized since few programs track their costs related to impact. In order to gauge whether specific programmatic interventions are appropriate and optimal and to determine if a program is using resources efficiently, there is a need to conduct cost analyses.

In order to ascertain the cost effectiveness of micronutrient programs, A2Z conducted a review of the cost literature. The review showed that micronutrient interventions overall are among the most cost-effective public health interventions. However, there is enormous variation in the estimated costs of different interventions. Factors such as the types of platforms used to deliver micronutrients and other country- and program-specific characteristics, together with differences in costing methodologies, all contribute to the variability in cost estimates found in the literature.

For example, there is inadequate discussion of intervention characteristics that have important policy,

program design, and cost implications. The major cost reviews refer to the cost of supplementation programs without distinguishing between supplementation programs that are routine service-based, campaign-based, or in-facility versus outreach-based. Supplementation program approaches are not standardized. The role and significance of personnel also vary substantially by the type of supplementation program. Moreover, there are many country-specific variables that can affect costs.

Cost estimates also can be affected by country characteristics, such as prevalence, composition, rural/urban distribution, and geographic clustering of a micronutrient deficiency. Other important factors include: key population characteristics, geographic and climatic conditions that affect logistics, packaging and storage requirements, and the programs and treatment protocols of the Ministry of Health, including the definition of target populations, the specific ways in which a particular program was structured and implemented, and its regulatory capacity.

As a result, it is often not useful to generalize cost estimates across different types of programs and countries. It is important that estimation techniques be specific in describing the programs, the methods used, and the results. Despite factors that can affect cost reviews, they are still valuable tools for program managers to use in order to determine the efficient use of program resources and highlighting areas that may need to be changed in subsequent interventions.

A2Z has issued a technical brief on this topic, titled “The Costs of Micronutrient Interventions: Policy Issues and Interventions.” The brief can be found under A2Z Resources at [www.a2zproject.org](http://www.a2zproject.org).



## EVALUATING CHILD BLINDNESS PROGRAM GRANTEES

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

M&E of the service delivery projects carried out by the Child Blindness Grant recipients consists of:

An established list of recommended common indicators, developed in collaboration with the grantees and the Child Blindness and Eye Health Grants Fund team, and based on existing WHO standards.

Working collaboratively with each organization to ensure their monitoring and evaluation plans adhere to a high standard of reporting.

Collecting data in a standardized reporting format which allows for easy data entry and analysis

When reporting on activities, the grant recipients are strongly encouraged to incorporate the common indicators established for the project. These common indicators are a powerful tool, allowing the Grants Fund to consolidate and report the result of field work across projects.

A wide diversity of projects are funded through the grants program. In order to ensure local needs are met, each is given substantial flexibility with regard to how projects are designed and implemented within grant guidelines. The projects screen, refer, and treat those with refractive error, provide surgery and other medical treatment to those with cataract and other eye diseases, and provide education and rehabilitative services to children with low vision or blindness.

In the first grant cycle, four organizations were funded. After only six months of project implementation these organizations have provided 12,004 screenings and 2,330 eyeglasses. Close to 100 persons have received much needed cataract surgery. Ten additional grants were awarded under during the second cycle of the program, and these new grant recipients are beginning to launch their activities.

For more information on the Child Blindness and Eye Health Grants fund and future requests for proposals, please go to <http://www.a2zproject.org/childblindness.cfm>.



**USAID**  
FROM THE AMERICAN PEOPLE



Academy for Educational Development