

PD-APP-9/8/4-11851

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

C
A = Add
C = Change
D = Delete

Amendment Number
3

DOCUMENT CODE
3

2. COUNTRY/ENTITY

Inter-regional

3. PROJECT NUMBER

931-0045

5. PROJECT TITLE (maximum 40 characters)

Nutrition: Vitamin A Deficiency Program Support

4. BUREAU/OFFICE

Science & Technology Bureau
Office of Nutrition

S&T/N

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
09 30 88

7. ESTIMATED DATE OF OBLIGATION
(Under "B:" below, enter 1, 2, 3, or 4)

A. Initial FY 74 B. Quarter C. Final FY 87

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	THRU FIRST FY 82				LIFE OF PROJECT	
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AD Appropriated Total	4,600	-	4,600	8,132	-	8,132
(Grant)	(4,600)	(-)	(4,600)	(8,132)	(-)	(8,132)
(Loan)	(-)	(-)	(-)	(-)	(-)	(-)
Other U.S.						
1.						
2.						
Host Country						
Other Donor(s)						
TOTALS	4,600	-	4,600	8,132	-	8,132

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) FN	320	320		4,600	-	3,157		7,757	-
(2) HE	320	320		-	-	375		375	-
(3)									
(4)									
TOTALS				4,600	-	3,532		8,132	-

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code
B. Amount

13. PROJECT PURPOSE (maximum 430 characters)

To develop, test and implement programs to prevent blindness in pre-school children due to vitamin A deficiency.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
1 0 8 1 0 6 8 4 0 3 8 8

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment)

This PDS Amendment extends the authorized life of project from 9/30/82 to 9/30/88 and increases the life of project funding level from \$4,600,000 by \$3,532,000 to \$8,132,000.

17. APPROVED BY

Signature
Martin J. Forman
Title
Director, S&T/N
Date Signed
MM DD YY
06 15 82

18. DATE DOCUMENT RECEIVED IN AID/V, OR FOR AID/V DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

PROJECT AUTHORIZATION

PART II

ENTITY: SCIENCE AND TECHNOLOGY BUREAU
PROJECT: VITAMIN A DEFICIENCY PROGRAM SUPPORT
PROJECT NUMBER: 931-0045

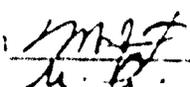
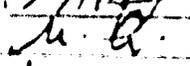
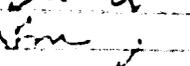
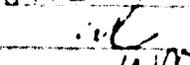
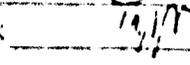
1. Pursuant to Section 103 of the Foreign Assistance Act of 1961, as amended, the Vitamin A Deficiency Program Support Project which is centrally funded was revised on February 16, 1979. That revision is hereby amended as follows:
 - a. The authorization is extended from FY1982 through FY1987.
 - b. The life-of-project cost is increased from \$4,600,000 to \$8,132,000.
2. The project will be carried out in accordance with the attached Project Paper revision number 3.



J.S. Robins
Agency Director for Food and
Agriculture
Bureau for Science and Technology

Date: 1982

Clearances:

S&T/N, M. J. Forman		Date	<u>6/15/82</u>
S&T/N, N. Luykx		Date	<u>17 JUN 82</u>
S&T/N, S. Mahone		Date	<u>6/15/82</u>
S&T/PO, B. Roche		Date	<u>7/25/82</u>
S&T/PO, B. Chapnick		Date	<u>7/27/82</u>

ACTION MEMORANDUM FOR THE AGENCY DIRECTOR FOR FOOD AND AGRICULTURE

FROM: S&T/N, Martin J. Forman *Martin J. Forman*
SUBJECT: Authorization of Extension of S&T/N's Nutrition: Vitamin A
Deficiency Program Support Project.

Problem: Your approval and authorization is needed in order to extend and increase the funding of the S&T/Nutrition: Vitamin A Deficiency Program Support Project (931-0045).

Discussion: S&T/N's Nutrition: Vitamin A Deficiency Program Support Project (931-0045) underwent a formal evaluation on August 26, 1981 by a review team comprised of representatives of the four A.I.D. Regional Bureaus, S&T/PO, and S&T/N. The results were strongly positive. The Project Evaluation Summary was reviewed and approved by all members of the review team in December, 1981. In April, 1982, the same individuals reviewed draft Project Paper Revision 3, which incorporated the recommendations made during the evaluation. The current document incorporates the changes suggested during the April review.

A five year extension of the project is being proposed, as recommended by the evaluation team, because:

- (1) the project is considered to be an essential S&T/N resource to backstop AID Regional Bureaus and Missions;
- (2) project progress has been rated as excellent to date;
- (3) recent developments relating to food sources of vitamin A indicate that this area requires major attention; and
- (4) six new countries began receiving assistance from the project during the year prior to the evaluation, and will need assistance for several years.

The project implementation plan contemplates a five-year extension of the Cooperative Agreement with the International Center for Epidemiologic and Preventive Ophthalmology (ICEPO), Johns Hopkins University, without solicitation of other proposals. This is proposed because when the Cooperative Agreement was initiated two years ago, ICEPO was found to be the only ophthalmological group in the United States specializing in international and preventive ophthalmology. In addition ICEFO's existing ties with other Departments at Johns Hopkins provided access to expertise required by the project in the areas of Public Health, Nutrition, Biochemistry and Biostatistics. Also, the commitments of AID support over several years is inherent in the Cooperative Agreement concept. This is necessary in order to achieve the objectives set forth, and is justifiable in view of significant cost sharing (which has amounted to \$90,000) by Johns Hopkins and stellar performance of ICEPO to date.

Recommendation: That you (1) approve the extension of the Nutrition: Vitamin A Deficiency Program Support Project (931-0045) through FY1987; and (2) authorize additional funding in the amount of \$3,532,000 by signing the attached Project Authorization Part II.

NUTRITION: VITAMIN A DEFICIENCY PROGRAM SUPPORT PROJECT (931-0045.14)

PROJECT PAPER REVISION No.3

I. Background

Vitamin A deficiency has been known for nearly 50 years to be an important cause of early childhood blindness in many developing countries. However, until very recently only sporadic attention was addressed to the problem. In the early 1970's, ST/N identified nutritional blindness as a major preventable disease for which effective and feasible interventions are available. This project was therefore proposed as a means for AID to provide resources needed to catalyze implementation of intervention programs on a worldwide basis and to coordinate the efforts of affected countries and donor agencies.

When the project was initiated in 1974, there was essentially no collaboration or coordination between the six donor agencies and six countries which were addressing some attention to xerophthalmia, which is the clinical manifestation of severe Vitamin A deficiency. Since then the situation has changed dramatically. There is now close coordination of strategies, resources and activities among fourteen donor agencies* and eighteen developing countries with ongoing or planned programs. The problem has been sufficiently reduced in three countries that intervention has been withdrawn. On the other hand, closer analysis has determined that, whereas 80-100,000 children worldwide were estimated to be blinded each year by xerophthalmia, at least 250,000 children in Asia alone are blinded annually in spite of rapidly expanding intervention efforts. In addition, during the past year studies sponsored by this project have determined that nutritional blindness is a serious preventable problem in at least eight African countries.

* - See pages 15-16 for discussion of cost sharing

The full magnitude has yet to be defined in that continent. Thus, although major advances have been made, the challenge is much greater than was known at the time this project was conceived and much remains to be done. A beachhead has now been established from which major advances can be made rapidly.

In January 1974, the Project Paper (PP) for this project was approved by the Director of the Office of Nutrition in the then Bureau for Technical Assistance (TA) and an initial funding level of \$4,074,000 was set for the first five years of project implementation. The project was designed to: (a) assist developing countries in implementing programs for alleviating vitamin A deficiency through (1) assessing the extent of vitamin A deficiency in approximately twelve countries, (2) developing appropriate intervention strategies for those countries, and (3) implementation of programs in at least five countries; and (b) coordinate efforts of donor agencies in implementing vitamin A programs in developing countries. In June, 1974 a PAF was approved for this project, providing initial funding of \$668,000. (See original PP and PAF at Annex I). In May, 1976 PAF Revision 1 was approved, increasing the funding level of the project to \$4,000,000. This was based on PP revision No.1 (See Annex II) which provided for an expansion of activities under the project in response to a pledge made by the U.S. Secretary of State at the 1974 World Food Conference.

In February, 1979, PP Revision 2 and PAF Revision 2 were approved which (1) extended the project implementation period for two years (through FY 82); (2) released \$1.4 which had been conditionally approved in PAF Revision 1; and (3) authorized an increase in life of project funding to \$4,600,000 (See Annex III). A total of \$3,586,000 has been obligated under the project to date.

In September-October, 1981 an extensive evaluation of this project was conducted by a team comprised of staff representatives from the four AID Regional Bureaus, S&T/PO and S&T/N. (See Annex IV for the scope of work for this evaluation). The team reviewed the project concept, its implementation history, constraints, and its substantial achievements to date. All members of the evaluation group reaffirmed the importance of this project as an S&T/N resource to backstop AID regional bureaus and USAIDs. The project design and activities embodied therein were considered to be adequate and likely to remain so for several years. In view of the adequacy of project progress, current momentum and provision of project assistance to six new countries during the previous year, the evaluation team recommended that a revised Project Paper and financial plan be prepared on the basis of a five year extension (through FY 87) with a moderate increase in base funding level so as to offset inflation and continue ongoing activities at their current level.

II. Current Status of Project Implementation

During the initial years of the project, each of the survey, training and research activities was developed and processed as a separate entity and funded under an individual grant or contract. This approach presented three serious problems (a) lack of institutionalization of vitamin A program expertise and training capabilities, (b) great administrative obstacles to assisting several country programs simultaneously, and (c) extended lead time was required in responding to country requests. A number of the recommendations made during the previous (June 1978) project evaluation related to these deficiencies. Shortly thereafter, the cooperative agreement mechanism became available to the Agency and was, after careful review, identified as being appropriate for implementation of methodology development and most technical assistance aspects of the project. Consequently, during

FY 1980 S&T/N and the Johns Hopkins University agreed to establish a Cooperative Agreement whereby A.I.D. was to assist the International Center for Epidemiology and Preventive Ophthalmology of Johns Hopkins (ICEPO) to further develop its resources as a "center of excellence" specializing in developing procedures for xerophthalmia control; and ICEPO was to collaborate closely with A.I.D. and other donors in developing theoretical and operational concepts for nutritional blindness prevention programs in developing countries. (See Annex V.) ICEPO is currently providing ongoing technical assistance to eight countries under the Cooperative Agreement.

The project has for the past six years provided the major funding for the International Vitamin A Consultative Group (IVACG), which catalyzes and coordinates international activities aimed at reducing vitamin A deficiency in the world. The 1978 project review team, in recommending continued support of IVACG, stated "Experience to date indicates that for problems comparable to vitamin A deficiency - which are worldwide, interdisciplinary in nature, of complex origin, and which fall within the mandate of a large number of national governments, international agencies and bilateral agencies - the creation of an informal advisory group such as IVACG provides an extremely effective planning and coordinating mechanism". The September-October 1981 Project Evaluation team noted the "growing awareness by the development world of the IVACG and its acceptance as a key advisory and coordinative body in the vitamin A field".

III. Activities to be Implemented during this Project Extension (FY83-FY87)

A. Under the Cooperative Agreement with Johns Hopkins University

The flexibility provided by the Cooperative Agreement arrangement and the recognized technical competence of ICEPO have contributed to a noticeable increase in momentum of this project during the past year. ICEPO is already

providing technical assistance to eight countries. These collaborative activities in turn provide ICEPO an opportunity to explore and develop in-country the theoretical and operational concepts of nutritional blindness prevention programs and training materials which are needed by this project. As one of only seven World Health Organization Collaborating Centers for the Prevention of Blindness, ICEPO is also in a unique position to assist in coordination of host government, A.I.D., WHO and other donor activities and resources within each country. ICEPO will continue the following types of activities as called for in the Cooperative Agreement:

1. Country Program Assistance

ICEPO provides both short-term consultant services and in-depth advisory assistance to countries considering or implementing nutritional blindness prevention programs. This may range from a few days consultation regarding very preliminary activities (e.g. is it feasible to piggy-back a vitamin A deficiency assessment onto an existing survey design?) through long-term involvement in all stages of developing and implementation of intervention programs, including evaluation, interpretation of results and preparation of reports on program impact. Frequently, definition of the best program strategy or intervention approach requires operations research. When this is the case, ICEPO is prepared to be involved, whether solely in an advisory capacity or on a collaborative basis, depending on the situation. This is a two-way street - the experience, information, and procedures emanating from country activities are channeled by ICEPO directly to other countries, into state-of-the-art documents, into manuals, to the IVACG membership and through a variety of dissemination channels into the world body of knowledge. (See subsequent sections). The following list of recipient countries and ICEPO assistance to each is descriptive of current and projected activi-

ties during the extension period:

- Indonesia - (a) development of vitamin A deficiency surveillance procedures based on sentinel clinics and early diagnostic tools;
- (b) ongoing guidance regarding technical, management and evaluation aspects of expanding intervention into new areas of the country;
- (c) developing and testing new recognition/treatment booklets for use by field workers;
- (d) design and supervision of large study in Aceh province for critical evaluation of intervention program impact;
- (e) processing and analysis of histopathology samples from Aceh project;
- (f) promotion of increased use of available vitamin A-rich foods.

- Tanzania - (a) definition of vitamin A program strategy;
- (b) developing locally appropriate training materials;
- (c) conducting training workshops;
- (d) develop a surveillance mechanism;
- (e) intervention program data management, processing and interpretation;
- (f) explore relationship between measles and xerophthalmia;
- (g) biochemical and histopathology laboratory support for the measles study.

- Malawi and - (a) further description of the vitamin A deficiency problem;
- Zambia (b) etiology of vitamin A deficiency;
- (c) definition of country program strategy;
- (d) design and implement training component;

- (e) devise surveillance mechanism;
- (f) trouble-shoot intervention program;
- (g) operational research, if required;
- (h) laboratory backstopping, if required.

Mali, Up- Assistance similar to that given to Tanzania, Malawi and Zambia,
per Volta, will be provided. ICEPO will insure that each new country will
Benin, Togo, benefit from prior African experience.
Senegal

India (a) periodic advisory services to the joint GOI/Royal Common-
wealth Society for the Blind Intervention Program;
(b) periodic epidemiologic and program management advisory
services to joint GOI National Nutrition Institute/U.S.
National Eye Institute research project;
(c) development of Indian xerophthalmia recognition/treatment
booklets.

Bangladesh (a) interpretation of national vitamin A deficiency prevalence
survey results;
(b) definition of country program strategy;
(c) development of training materials and xerophthalmia recogni-
tion/treatment booklet;
(d) intervention program trouble shooting.

Philippines- (a) review of country program strategy;
and
Nepal (b) development/testing of xerophthalmia recognition/treatment
booklet;
(c) intervention program trouble shooting;

- Haiti - (a) refine vitamin A deficiency surveillance system;
(b) intervention program evaluation;
(c) intervention program trouble shooting.
- Bolivia - (a) determine interim intervention guidelines and procedures;
(b) define etiology of vitamin A deficiency;
(c) define intervention program strategy;
(d) trouble shoot intervention program.
- Mexico - (a) planning for vitamin A deficiency component of trachoma
survey in urban slums and disadvantaged rural areas;
(b) interpretation of survey results;
(c) design of intervention program, if needed.

One criterion for ICEPO assistance to each country is that the host government be responsible for funding of the vitamin A program. The ICEPO contribution is restricted to providing technical assistance and training. Also, in countries where there is comprehensive involvement, ICEPO provides some equipment or supplies for operational research purposes.

2. Training

ICEPO training activities will continue to be directly supportive of host country vitamin A programs. In keeping with the concept of the Cooperative Agreement, training experience from one country will be transferred to others, as will training materials and procedures. For example, experience from field programs and clinical studies carried out in India and Indonesia have provided the base for development of recognition/treatment booklets for use in five Asian countries. That experience, in turn, is facilitating the development of similar booklets for African countries.

Ongoing training activities (involving ICEPO staff in the field and at Johns Hopkins) which will be continued during the extension period include: (a) preparation of guideline-type materials for use in decision making, record-keeping, etc, particularly in the field; (b) training and development of reference documents for use by field supervisors, laboratories supporting field activities, data management, etc; and, (c) training of supervisors, management - level staff and policymakers. Short-term training at Johns Hopkins will be provided occasionally to impart specific expertise to host country staff responsible for assuming key operational or management roles in the national vitamin A program. ICEPO staff will also assume an appropriate role in the planning and implementation of a series of regional training workshops which are being organized by donor agencies. Two are currently being planned for Africa - one in FY1983 for Francophone countries and another in FY1984 for English - speaking countries. It is likely that a workshop for review of program experience in the Asian countries would be held in FY 1985. Follow-on workshops in Africa would be timely in FY1986 and FY1987.

3. Vitamin A Support Unit

The ICEPO Vitamin A support unit backstops the technical staff and components of country programs in the areas of biochemistry, histopathology, data processing, data management, and clinical classification of xerophthalmia. The unit will provide training, advisory services and "hands-on" assistance in matching appropriate techniques to individual country situations and resources, initiation of these support components within the country program structure and trouble-shooting of operational problems as encountered. The respective ICEPO laboratories and facilities at Johns Hopkins will fulfill a triple function of training, analysis of samples/data from countries

which do not have that capability and serving as reference laboratories to assure adequate quality control within host government programs.

4. Information Dissemination

The activities, experience and results of the ICEPO country program assistance, training and vitamin A support unit will produce much information which can make a valuable contribution toward the worldwide effort for prevention/control of vitamin A deficiency if effectively disseminated. Initial dissemination of results will usually be made informally through ICEPO representation to the IVACG and World Health Organization (WHO) Advisory Committee on Blindness Prevention at the annual meetings of these groups. As previously indicated, training handbooks, field methodology manuals, recognition/treatment booklets and similar materials will be developed and made available to interested governments and donor agencies. Results of country surveys, program evaluations and operations research will be published in appropriate scientific and technical journals and will contribute to WHO Technical Reports and the IVACG Guideline Report Series. In addition, ICEPO will prepare a major state-of-the-art paper annually. For example, a document based on a comprehensive review of current knowledge of relationships between measles and xerophthalmia is in preparation. ICEPO is also assisting WHO in updating of a basic reference field manual on xerophthalmia control. The earlier version was developed under an S&T/N grant to HKI, then printed by WHO. It is anticipated that a state-of-the-art paper will also evolve from the forthcoming regional training workshop for Francophone African countries. A major element of this training effort will be maximizing of collaboration between countries, including standardization of country problem identification and program management procedures in view of the fact that vitamin A deficiency in Northern Africa is related to an ecological belt stretching across several countries.

B. Under the International Vitamin A Consultative Group (IVACG)

IVACG was created in 1976 to provide guidance to and coordinate the international activities of donor agencies and countries concerned with vitamin A deficiency. Since then, the effectiveness of IVACG in facilitating information exchange and catalyzing interest and action through its annual meetings has become widely acknowledged.

1. Annual Meetings of Country and Agency Representatives

Six developing countries and six donor agencies were represented at the first IVACG meeting. Representatives of eighteen developing countries and fourteen donor agencies attended the November, 1981 meeting.

The most recent meeting of IVACG was arranged to also provide a forum for discussion of the results of nine preliminary vitamin A assessment surveys recently carried out in Africa. (Eight of these country surveys had been sponsored by WHO, under an S&T/N grant.) As a result of this initial contact, the representatives of the African countries prepared an excellent set of recommendations to the donor agencies and IVACG (See Annex V). Among these is a request that the next IVACG meeting also be held in Africa to provide guidance to countries initiating Vitamin A programs and to assist them in promoting collaborative activities. Thus, the coordinative and advisory function of IVACG will be even more important for the next several years with the advent of country programs in Africa and need for transfer of experience and procedures from Asian and Latin American countries to African countries. There will be a concurrent need associated with initiation of new programs in other regions (possibly Bolivia, Egypt, Jordan, China, Thailand) and addition of new dimensions to ongoing programs (India, Bangladesh, Indonesia). For example, the U.S. National Eye Institute and the National Institute of Nutrition of India have recently initiated a large

collaborative program containing eight projects which relate to major outstanding research questions which were identified in the report of the fifth IVACG Task Force. IVACG will serve as a means for timely transfer and discussion of the results with managerial and technical vitamin A program staff from all other countries.

2. Guideline Reports

IVACG has gained international recognition in the world scientific and development communities by the quality, timeliness and authoritative recommendations in the group's series of guideline reports. This is evidenced by the great demand which has been experienced for each report and their being regularly quoted by and the recommendations incorporated into United Nations Agency Technical reports and scientific journals throughout the world. They have been translated by other agencies into Spanish, Japanese, Indonesian and Russian.

During the Project extension period, IVACG will continue to develop, print and disseminate guidelines on subjects identified and agreed upon by the membership as representing major knowledge gaps or obstacles to country program development. The existing series includes:

- I. Assessment of Vitamin A Status
- II. Selection of Intervention Strategies
- III. Evaluation of Selected Vitamin A Intervention Strategies
- IV. Research Needs in Present and Future Vitamin A Programs
- V. Recommendations of IVACG Concerning Research and Development Needs
- VI. Recent Advances in the Metabolism and Function of Vitamin A and Their Relationship to Applied Nutrition.
- VII. The Safe Use of Vitamin A
- VIII. The Symptoms and Signs of Vitamin A Deficiency and Their Relation-

ship to Applied Nutrition.

IX. Control of Vitamin A Deficiency and Xerophthalmia (1981). This document was prepared jointly with WHO and appears as a WHO Technical Report, printed in English, Spanish, French and Russian.

Reports in progress include (a) Guidelines for Vitamin A Program Management, and (b) A Laboratory Manual on Biochemical Methods for Determining Vitamin A Status.

3. Vitamin A Program Support Functions

Through its secretariat based in the Nutrition Foundation, IVACG will continue to carry out several functions and services which promote activities for the prevention of nutritional blindness in a worldwide context, sustain the coordinative and advisory services of IVACG on a continuing basis and provide highly specialized consultant services to country programs.

These include:

- (a) worldwide distribution of the IVACG reports to qualified requesters at no charge. Over 30,000 copies have been distributed to date;
- (b) organizing IVACG meetings, preparation, review and distribution of the meeting reports;
- (c) support IVACG Task Force activities;
- (d) preparation, review and printing of the IVACG guideline reports;
- (e) translation and printing in French the previous IVACG reports;
- (f) distribution of abstracts of published reports on vitamin A field projects and research as a supplement to the Xerophthalmia Club bulletin which is distributed worldwide to project directors, government officials and scientists. This is a collaborative activity between IVACG, the Royal Commonwealth Society for the Blind, U.K. and the Netherlands Foundation for the Prevention of Blindness.
- (g) provision of highly specialized consultant services to country programs;

(h) serving as secretariat to the IVACG officers and steering committee.

IV. Project Implementation

A. Implementation Plan

All field activities under the project will be initiated either at the request of, or with concurrence of the respective USAID and Regional Bureau. Regional Bureau and USAID staff will be kept fully informed of all ongoing field activities by the Project Manager. Also, contract staff will adequately brief and debrief USAID officials in each country while on TDY. Regional Bureau and USAID staff will continue to receive IVACG reports and other materials developed by the project as these become available.

The extension period provides for continuation of developing country vitamin A program support which is already underway in several countries and initiation of support to several new countries, some of which are yet to be identified. Insofar as possible, comprehensive ICEPO support to a given country will be restricted to a maximum of three years. One possible exception is Indonesia, which has an extremely large, multi-faceted program based in a great variety of settings. The implementation timetable (See Table 1) for the project allows for phasing in of comprehensive collaboration in new countries as ongoing in-depth involvement is phased out. While five-year projections can usually not be carried out exactly as planned, considerable flexibility is available to the project, due to existing liaison and collaboration between AID, ICEPO, and IVACG with the numerous donor agencies which also support country programs. While ICEPO and IVACG operations are completely independent, the activities and resources of ICEPO and IVACG complement those of the other agencies in a number of ways which are extremely relevant to achievement of project objectives and to the broader

goal of supporting worldwide efforts to prevent nutritional blindness.

B. Cost Sharing and Joint Funding

As indicated in Table 2, Annex IV, the budget projections for ICEPO activities are based on a substantial contribution from the Johns Hopkins University to the project in keeping with the principle of cost-sharing inherent in Cooperative Agreements. In addition, by virtue of being a WHO Collaborating Center, ICEPO is in a position to obtain partial support of activities carried out on behalf of AID and/or tap other funding sources to facilitate initiation of each country program or help assure that once initiated, it will continue to be effective. For example, WHO is funding development of the recognition/treatment booklets for Asian countries. Once these have been adequately field tested, WHO will underwrite printing and distribution of the required number for each country. ICEPO has assisted the Government of Tanzania in obtaining equipment and supplies from the Royal Commonwealth Society for the Blind (UK), and transportation and staff assistance from the Christoffel Blinden Mission, a German PVO. In addition to AID (USAID and ST/N) the Indonesia program receives assistance from WHO, UNICEF and Helen Keller International. All costs, except for limited ICEPO staff time, of the Mexican project input have been funded by the host government and PAHO. The India program, which also is receiving only limited technical assistance from ICEPO, receives substantial support from the Royal Commonwealth Society for the Blind, USAID/India, the U.S. National Eye Institute, and WHO.

There is likewise a significant element of cost sharing practiced by IVACG, which is consistent with the principle of coordination of activities and resources by the participating agencies. ST/N funding to IVACG has remained stable for the past four years, in spite of a major increase in costs

and scale of operations. Although the number of participants at IVACG meetings has grown steadily, the number funded under the ST/N grant has been reduced to twenty-five and will be held to that level for the extension period. Other donor agencies and host governments are expected to fund travel for all other participants and to contribute an increasing portion of total resources required to carry out IVACG activities. WHO has funded the preparation and printing of 30,000 copies of Report No.IX in four languages. Hoffman La Roche, a private pharmaceutical firm, is contributing the translation of two IVACG reports into Spanish and two into French, and has agreed to subsidize the printing of these reports. The governments of Japan and Indonesia have funded translation into their languages, printing and distribution of IVACG reports. The U.S. National Eye Institute (NEI) is sharing with IVACG the costs of the literature searches, control laboratory testing of procedures, task force meetings and publishing costs of the Laboratory Manual on Biochemical Methods. NEI will also sponsor appropriate IVACG representation in a continuing education course on xerophthalmia at the 1982 International Ophthalmological Congress and a workshop on nutritional blindness at the 2nd General Assembly of the International Agency for the Prevention of Blindness. WHO has funded the salary (approximately 4 months per year) and travel expenses of the previous Chairman of IVACG. The current IVACG chairman is a UNICEF staff member. His services and travel for IVACG business are thus contributed by UNICEF. Finally, the countries hosting IVACG meetings usually contribute meeting space and supporting services.

C. Evaluations and Management Reviews

Presently, it is anticipated that a formal evaluation of the project should be held late in FY 1984. Budget projections (See Table 1. Annex VII) include funds for consultant services for experts from outside the Agency (including travel to project sites in at least two collaborating countries) in

conjunction with this mid-point evaluation. The budget also provides for advisory services in FY 1985 of two-three independent experts to the project manager and Principal Investigator of the Cooperative Agreement in resolving any particular problems which might be identified during the evaluation, or for a possible in-depth analysis of project impact. Use of these funds early in FY 1985 would allow ample time for appropriate follow-through prior to termination of the project at the end of FY 1987.

D. End of Project Status

Table 1 displays graphically the series of major activities which will be carried out under this project during the extension period. It is projected that the project will contribute substantive technical assistance to development/implementation of national vitamin A intervention programs in ten countries. ICEPO comprehensive assistance will be provided directly to six countries and to four Sahelian countries through a regional institution, which will concurrently be strengthened in the process. At least eight additional countries will receive vitamin A program assistance through short-term consultancies by ICEPO staff. Several short term consultancies will be provided to some of these countries.

An average of two short term consultancies will be provided annually through IVACG, of which one-half will be to additional countries. Thus, it is estimated that twenty-three countries will receive direct assistance from the project during the extension period.

All countries contemplating or conducting vitamin A interventions, all donor agencies and members of the development community concerned with the prevention of nutritional blindness will benefit from the series of miscellaneous activities which will be jointly sponsored/stimulated by

the project. This will include five annual IVACG meetings, four IVACG Task Forces addressing attention to priority issues, five IVACG Guideline reports, five state-of-the-art papers and a series of country program planning/operational/training guidelines prepared by ICEPO, developing and testing of Identification/Treatment booklets for several countries (jointly with WHO) and IVACG-ICEPO participation in three-five regional training workshops during the project extension period. This project will thus have served as the primary catalyst to and will have (through IVACG) provided a mechanism for coordination of significant advances in the body-of - knowledge and major expansion of vitamin A intervention programs throughout the world. It is anticipated that the contribution of this project in collaboration with efforts of host governments and other donor agencies, building on the momentum which has already been established, will during the next five years bring about a noticeable reduction in the incidence in xerophthalmia and blindness in young children in the developing countries.

Annex VII Table 1

Nutrition: Vitamin A Deficiency Program Support (931-0045.14)

Projected Budget - Total AID Project Costs for FY 1983 through FY 1987

Activity	FY 1983	FY 1984	FY 1985	FY 1986	FY 1987	Cumulative
International Center for Epidemiologic and Preventive Ophthalmology	440,000	483,000	532,000	585,000	644,000	2,684,000
International Vitamin A Consultative Group	129,000	142,000	156,000	172,000	189,000	788,000
Consultant Services for Midpoint Management Review		25,000				25,000
Special Expert Advisory Committee			35,000			35,000
Total A.I.D. Costs	569,000	650,000	723,000	757,000	833,000	3,532,000
Johns Hopkins University Cost Sharing	133,000	146,000	160,000	176,000	191,000	809,000

ANNEX VII - Table 2

Projected ICEPO Budget: FY 1983 - FY 1987

FY 1983

A. Salaries and Benefits

<u>Position</u>	<u>Months</u>	<u>Salary</u>	<u>Fringe</u>	<u>Total</u>
Principal Investigator, M.D.	6	30,000	6,000	36,000
Co-Principal Investigator, M.D.	3	15,000	3,000	18,000
Program Manager, Ph.D	12	35,000	7,000	42,000
Biostat/Epidemiologist, M.S.	6	17,500	3,500	21,000
Nutritionist, M.S.	10	19,000	3,800	22,800
Laboratory Director, M.S.	6	15,000	3,000	18,000
Research Technician	6	4,000	800	4,800
Computer Programmer	6	8,400	1,680	10,080
Data Entry Clerks (2)	24	22,000	4,400	26,400
Secretary	12	16,000	3,200	19,200
Secretary	12	14,500	2,900	17,400
Consultant Services		9,000	0	9,000

Subtotal 205,400 39,280 244,680

B. Supplies

10,000

C. Equipment

20,000

D. Staff Travel

1. Overseas, 14 trips
 avg. airfare 2,100
 avg. per diem 22 days @ \$75 = 1,650
 14 X 3,750 = 52,500

2. Domestic, 5 trips
 avg. airfare 240
 avg. per diem 4 days @ \$60 240
 5 X 480 = 2,400

Subtotal 54,900

E. Country Program Support

1. Supplies and equipment 9,900
 2. Data processing 13,000
 3. Workshops 5,000
 4. In-country logistics 3,000
 5. Short term training at ICEPO
 4 persons: avg. airfare = 2100
 avg. per diem 60 days @ \$50= 3000
 4 X 5100 = 20,400

Subtotal 51,300

F. Overhead: 16% of Salaries, Fringe benefits and supplies used at ICEPO; 14% on all other costs: 58,420

Total AID Funding - 439,300

Estimated Johns Hopkins Univ. Cost Sharing 133,000

Total Project Cost 572,300

FY 1984

Total AID Funding \$483,230

Based on FY 1983 budget, plus 10% inflation. Principal Investigator's time will be reduced to 3 months, Laboratory Director's time will be reduced to 3 months, Clinical Director will be added to staff on one-half time basis. Also, equipment purchases will start phasing down, with corresponding increase in supply costs.

FY 1985

Total AID Funding 531,550

Equipment purchases continue phasing down with corresponding increase in supplies. No change in level of other categories.

FY 1986

Total AID Funding 584,700

Equipment purchases continue phasing down, with corresponding increase in supplies. No change in level of other categories.

FY 1987

Total AID Funding 643,170

No equipment purchased. No change in level of other categories.

ANNEX VII - Table 3

Projected IVACG Budget: FY 1983 - FY 1987

<u>FY 1983</u>	<u>AID Funding</u>	<u>Other Agency Funding</u>
A. Annual IVACG Meeting Travel + Per Diem, 25 persons	75,000 (25 persons)	75,000
B. Task Force Meetings Travel Per Diem 6,000	13,500	3,000
C. Communications	3,000	1,000
D. Reports and Publications	6,000	5,000
E. Editorial + Secretarial Services	5,500	3,000
F. Documentation	3,500	
G. Consultant Services, Travel and per diem	10,000	
SUBTOTAL	116,500	87,000
H. Overhead @ 11%	12,500	(20%) 17,400
TOTAL	\$129,000	104,400

FY 1984 - FY 1987

Budget for each year is estimated on basis of 10% annual increase from preceding year

FY 1984	142,000	114,000
FY 1985	156,000	124,000
FY 1986	172,000	135,000
FY 1987	189,000	147,500