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**VITAMIN A FOR CHILD SURVIVAL  
Chikwawa District  
Lower Shire Valley, Malawi**

***QUARTERLY PROGRESS REPORT #1  
JANUARY - MARCH, 1992***

Cooperative Agreement # PDC-0284-A-00-1123-00

**Contacts:**

**Jack Blanks  
Director of Programs  
International Eye Foundation  
7801 Norfolk Avenue  
Bethesda, MD  
20814**

**John Barrows  
Child Survival/Vitamin A Coordinator  
International Eye Foundation  
7801 Norfolk Avenue  
Bethesda, MD  
20814**

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## **I. PROJECT SUMMARY**

The following is the first quarterly report for the IEF project "Vitamin A For Child Survival" in Chikwawa District, Lower Shire Valley, Malawi, Cooperative Agreement # PDC-0284-A-00-1123-00. The reporting period covers January 1st through March 31st, 1992.

### **A. Project Objectives**

The major project objectives are:

- 1) 95% of children 0-23 months of age will be completely immunized;
- 2) 50% of women 15-45 years of age will receive three or more doses of TTV;
- 3) 75% of children 0-35 months of age will receive ORT during episodes of diarrhea;
- 4) 60% of lactating women will exclusively breastfeed their children up to 4 months of age;
- 5) 80% of children 6 months to 6 years of age will receive vitamin A supplementation every six months;
- 6) 80% of women will receive vitamin A supplementation within two months of delivery;
- 7) 85% of women and their husbands can correctly identify the protective nature of condoms in AIDS prevention;
- 8) 80% of village health volunteers can correctly identify five signs of a healthy eye, and identify and refer children for treatment.

The schedule of events is attached as Appendix #1, Schedule of Activities.

## **II. FIRST PROGRESS REPORT, JANUARY - MARCH, 1992**

### **1. Administrative:**

- Personnel: All personnel are were hired and are currently in place including 1 Training and Supervision Coordinator; 1 HSA Trainer; 3 HSAs; 1 Interviewer; and 1 Secretary. A new Peace Corps Volunteer will arrive in April.

- Office space: New office space to house the project office was necessary and was investigated during this period.
  - Procurement: All major procurement was completed during this period including the ordering of vitamin A capsule through Central Government Medical Stores.
2. *Monitoring and Evaluation:*
- HIS: The 1991 volunteer roster books were retrieved for replacement with the revised roster sheets and to analyze mortality data from the 1990 through 1991 project cycle.
  - Baseline survey: All preparatory work was done in planning for the baseline survey including agreements with officials; communication with Bethesda on design; communication with Johns Hopkins University PVO Support Group on design; and establishing the sampling frame and sample size (78 selected clusters in 70 villages). The field testing, training of survey personnel, and execution of the survey began in March and will be completed in April.
3. *Training:*
- Training: A number of training exercises were conducted during this period including 1) 20 Volunteer Health Promoters (from the old project) in garden intervention in February; 2) the initial 3 week training of 3 new IEF HSAs conducted in February/March; 3) 9 IEF HSAs (from the old project) conducted in February; and 4) an in-house one day meeting on the potential impact of AIDs on child survival with project staff was completed.
4. *Service delivery:*
- Site selection: Staff visited three health centers (Chipwaila, Makhwira, and Dolo) that will serve as the sites of the first stage of project activities to discuss project plans with MOH staff and to collect necessary data for planning.
  - Preparatory meetings: Several meetings with MOH officials representing the District, Regional, and National levels were accomplished to discuss the previous project's accomplishments and recommendations, current project design, site selection, coordination, training issues, specific health policy issues, baseline survey, and sustainability issues. Agreements with the MOH to absorb the IEF-trained HSAs by the end of the project was established.

5. *Collaboration:*

- The 2nd informal Collaborative Group of American NGOs with USAID-supported Child Survival Activities met in January.
- The Chikwawa District Primary Health Care Technical Subcommittee met in February.
- Meetings with the ADRA Child Survival Advisory Group Meeting to discuss joint training of HSAs, provision of technical assistance in vitamin A, and provision of vitamin A capsules were made during this period.
- *A meeting with Family Health International to discuss infant and <5 mortality projections due to AIDS was held during this period.*

6. *Other:*

- **Studies:** A number of complementary research studies of interest in relation to vitamin A deficiency and or eye care (operationalized with other donor support funding) were either in planning stages or underway during this period including: 1) Investigation of Vitamin A deficiency and Other Disorders Among Measles Patients at QECH, 2) Is Vitamin A deficiency a Risk factor for Mortality in Cerebral Malaria? 3) Traditional Practices for Eye Disease in Malawi, 4) Operational research on Village Health Volunteers in Malawi: Investigation of Key Issues, and 5) Cultural Barriers to the Acceptance of Cataract Surgery.
- Meeting of the National Prevention of Blindness took place in February.
- Plans to co-host a second workshop on village health volunteers with Save the Children UK was formalized in February and scheduled for May.
- Abstracts were prepared for the XV International Vitamin A Consultative Group (IVACG) meeting scheduled to take place in Tanzania, March, 1993.
- A USAID child survival evaluation team spent one day with IEF staff in March.
- **Drought Relief:** It has become clear that Malawi has been affected by the drought. It was estimated that 92% of the crop was lost in the Lower Shire Valley. Informal meetings of NGOs were conducted to discuss the drought and the potential famine situation. IEF actively participated as a Task Force Member with the responsibility to organize other NGOs to form the Drought Response Coordinating Unit (DRCU) and secure funding from major donors (UNICEF, UNDP).

**III. APPENDIX**