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

QUARTERLY PROGRESS REPORT #5
JANUARY - MARCH, 1993

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

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APRIL 1993
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I. PROJECT SUMMARY

The following is the fifth quarterly report for the IEF project "Vitamin A For Child Survival" in Chikwawa District, Lower Shire Valley, Malawi, Cooperative Agreement No. PDC-0284-A-00-1123-00. The reporting period covers January 1st through March 31st, 1993.

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 breast feed 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 Schedule of Activities.
II. FIFTH PROGRESS REPORT, JANUARY - MARCH, 1992

A. Administrative

- The three IEF vehicles (Peugeot, Toyota Corolla, Toyota Cressida) are in good working order. The Toyota 4x4 waits spare parts from South Africa. The project took delivery of a Isuzu pick-up truck in February.

- Although renovations on the Nchalo office are in-complete, the new office is being occupied. The new address in Nchalo is P.O. Box 142, Nchalo, Telephone 428-295.

- The Malawi Kwacha is currently 4.3 MK = $US 1.

- Mr. Mkata assumed the position of Administrative Assistant in January. Mr. Mkata will be responsible primarily for general administrative activities and remaining drought relief activities.

- A revised organizational chart was made and is found attached.

- A new Health Surveillance Assistant, Mr. Lewis, was hired to provide services to Nsua Island in Elephant Marsh. To date, no health services have been provided to this population.

- Mr. John Barrows, IEF-Bethesda was in Malawi February 20-27 on a management visit.

- A revised motorcycle policy adopted from Save the Children UK was finalized.

- Ms. Jessica Duke, PCV, completed her service on March 25.

B. Monitoring and Evaluation

- The project information system is under review to refine data needed by indicator, quality of data gathered, the schedule for gathering and reporting data, and training needs of staff and volunteers.

- The services of a consultant will be hired to more fully review and develop the information system. The scope of work for this was drafted in April.

- IEF staff held a planning session on March 22 to develop plans for the remaining part of 1993. See attached.
C. Project Activities

1. Training/Supervision

- Village Health Volunteers (1989-1991): VHVs from the previous project are provided vitamin A every six months and ORS when available.

- Village Health Volunteers (1992-1995): The training of village health volunteers in the first three target areas is complete. IEF was asked by the Chikwawa District Commissioner in late February not to proceed with the training of health committees and volunteers in the three new project areas due to violence in the area. Training was resumed in March. See constraints below.

- The project expanded activities into three new Health Center Catchment Sites (HCCS) totally six HCCS. The new HCCS are Maperera, Ngabu, and Ndakwera. The remaining three HCCS of Chikwawa, Kakoma, and Gaga will be phased into the project in late 1993.

- Three new HSAs were hired in January for HCCAs Maperera (Mr. Lockie), Ngabu (Mr. Mosquito), and Ndakwera (Mr. Kavalo). Training for new HSAs was completed and each has started their area surveys. All new HSAs completed motorcycle training.

- By March end, village health committees had been formed in Ndakwera (25 villages); Maperera (38 villages); and Ngabu (16 villages). In Ngabu, an additional 20 village health committees were re-started.

- IEF and MOH health center staff are working to incorporate new IEF staff into the health center staffing and activities plan.

- IEF staff met with Montfort Hospital to formalize collaboration regarding Mr. Lewis, HSA, activities on Nsua Island. Montfort and IEF will share responsibilities for the survey of the island (north 5 villages/south 5 villages). IEF is assisting Montfort in the re-training of volunteers.

2. Vitamin A/ORT

- IEF has been forced to obtain ORS directly from the Regional Office as district supplies are erratic. IEF also provided 200 units of tetracycline eye ointment to Chikwawa District Hospital.

- Vitamin A capsules ordered in January from Map International were sent to Malawi in April.
- IEF is working with the MOH/South to modify the Hoffmann-LaRoche, Inc., Task Force "Sight and Life" Vitamin A Poster. The poster messages have been redefined, field tested and translated into Chichewa language. The posters will be printed in April with assistance from UNICEF. IEF will use this poster along with other information targeting village leaders, church elders and others to promote vitamin A as a child survival intervention. The purpose of the "campaign" is to encourage families to bring their children to Under-Five clinics for vitamin A supplementation. The campaign will be implemented through a series of meetings with church leaders and District Development Committee members.

3. Drought Relief

- The Health Sub-committee and Drought Relief meeting scheduled for February 17, was postponed.

- Mr. Mauzyscki, PCV, at the request of the Regional Health Office/South, worked with the Blantyre District Health Office to conduct a nutritional assessment of Blantyre District in February.

- Mr. Mauzyscki, PCV, at the request of the Regional Health Office/South worked with the Chiradzulu District Health Office and Project Hope to conduct a nutritional assessment of Chiradzulu District in February.

- The findings from the Blantyre and Chiradzulu surveys was presented in a Regional and District seminar on February 26.

- As part of the Chikwawa District nutritional assessment survey in December, all children identified as malnourished were given a referral form to take to the nearest MOH/CHAM health center for supplemental feeding. Follow up of these children in February was conducted to determine actual use of health facilities and food distribution, if any. These children were matched for age and sex to normal-nourished children to investigate the accuracy of referrals and targeting of children at greatest risk of death due to malnutrition. Data from all of the nutritional assessments (IEF-Nsanje, Chikwawa, Blantyre) and other NGOs in other districts (ARC in Machinga, Project Hope in Chiradzulu, Mulange, and Thyolo, ActionAid in Mwanza, and CRS/UNICEF in Mangochi) were requested in order to construct a larger analysis. This same process will be repeated in Chikwawa district in April to compare the baseline and follow-up data.

- In collaboration with the Regional Health Office/South, IEF is mapping the prevalence of kwashiorkor throughout the southern region districts using data from nutritional assessments (Chikwawa, Nsange, Thyolo, Mulanje, Machinga, and Mwanza). Kwashiorkor was shown not to be randomly distributed in the region. Mr. Mauzyscki, PCV, assisted the American refugee Committee nutrition assessment teams in Machinga district to reassess odema in their area. This map of the southern region will be finished in April.
- The final (4th) nutritional assessment for Chikwawa district will take place in April. The assessment will include evaluation of vitamin A capsule coverage through the EPI network, prevalence of bloody diarrhea, measles, and malaria. Coverage with VACs will be compared to the baseline survey data of April 1992.

- IEF HSAs assisted the MOH in the chlorination of village water supplies.

4. Breastfeeding

- IEF in conjunction with the MOH and support from UNICEF conducted a two day workshop on January 21-22. The purpose of the workshop "Promotion of Exclusive Breast Feeding in the Southern Region," was to discuss the problems associated with lack of exclusive breast feeding in Malawi and risk factors for diarrhea; the perception of "insufficient milk"; the practice of giving water to infants; and to discuss health worker training needs. See attachment.

- IEF staff and the district MOH were provided a workshop on February 22-23 and in March on exclusive breast feeding.

- IEF arranged a workshop for MOH/Chikwawa nursing staff on March 19 on exclusive breastfeeding. MOH staff acted as facilitators.

- Ms. Duke, PCV, assisted the MOH/Lilongwe to plan two additional workshops for the central and northern regions held March 8-9 and 18-19.

- Project Hope has expressed interest in conducting a similar series of workshops with nurse tutors from Kamuzu College of Nursing.

- A set of guidelines for the MOH/South to investigate the prevalence of exclusive breast feeding and diarrheal disease in all districts of the southern region was prepared. IEF, Project Hope, and the MOH worked together to conduct this assessment. The assessment consists of nine questions asked of mothers with children presenting at Under-Five clinics. Assistance to the central and northern regions to conduct similar assessments in April and May is being provided. See attached.

- The final revised report by Sarah Castle, PhD. on her investigation in Malawi was completed. A report entitled The Social Context of Breastfeeding and Early Supplementation in Chikwawa District, Malawi: A Report to Wellstart and IEF is available through IEF.

- A manuscript on the magnitude of early supplementation and diarrhea in Chikwawa District and methods of intervention is in preparation. An article on breastfeeding in Malawi was prepared for the EPI Bulletin Special Edition.
The Johns Hopkins University AIDS Project are collecting breast feeding behavior information from women enrolled in their project according to guidelines established by IEF. It is hypothesized that HIV infected women alter their breast feeding patterns. The information will be used to develop breast feeding and AIDS messages.

5. AIDS Education

- Ms. Laura Porter, PCV, responsible for assisting the project in developing AIDS education activities, completed a review of available AIDS information in Malawi. In preparation for intervention development, focus groups conducted with women and men began in March.

- Approval was given by the Health Sciences Research Committee to assess the potential for the use of traditional healers in AIDS prevention and counselling. This will be accomplished through a separate study on Traditional Practices for Eye Disease currently underway.

- A proposal to develop a Family Planning and AIDS Control Health Education Center in collaboration with Montfort Hospital was drafted. See attached.

- Plans are established to train IEF HSAs in AIDS control in May 19-21. IEF will also support the training of Montfort’s health inspector and HSA in AIDS control.

6. Investigations

a. Vitamin A Deficiency and Measles:

- All admission of measles cases admitted to the Queen Elizabeth Central Hospital (QUECH) have been enrolled in an investigation to determine risk factors for vitamin A deficiency and measles. Upon admission, conjunctival impression cytology (CIC) is performed and a questionnaire administered. Preliminary (confidential) analysis indicates that 40% of the measles cases are under 9 months of age; mortality is 11% reaching a peak among the 12-23 month age group; 70% of the mothers have treated their child prior to hospitalization (anti-malarials, aspirin, traditional remedies); only 17% received vitamin A supplementation prior to onset of symptoms and hospitalization. The activity is being conducted in conjunction with the Malawi College of Medicine and results will be used to generate discussion on whether a two-dose measles immunization policy is necessary.

b. Vitamin A Deficiency and Cerebral Malaria:

- All children with strictly defined cerebral malaria at the QUECH malaria ward are being enrolled. Upon admission, CIC and a questionnaire are administered. These children are matched by age and admission date to children admitted to QUECH for measles. Preliminary (confidential) analysis indicates that 41% of the children
admitted are deficient in vitamin A; children with abnormal CIC were more likely to have poor outcomes (neurologic sequelae or death); children with CM are 20 times more likely to have abnormal CIC than children with measles. This activity is being conducted in conjunction with the Michigan State University Malaria Research Project.

c. Village Health Volunteers:

- The interview form for the joint IEF/ADRA/SCF-UK study of village health volunteers was developed and field tested. Four HSAs were trained to conduct a series of interviews of new VHVs. A "control" woman will also be selected for each VHV and interviewed. This information will be used to track VHVs over time to assess characteristics of good VHVs, the selection process, and establish a baseline profile to assess drop-out and successful work experience.

D. Problems and Constraints

- In January there were three deaths in the Dolo Health Center area due to suspected RENAMO fighters from Mozambique. Due to these deaths and subsequent threats against the general population, the government has ordered all civil servants, and IEF staff, to leave the area. One of the IEF HSAs still supervises Dolo area volunteers with a motorcycle.

- In late February the District Commissioner lifted his temporary order on organizing and training village health committees and volunteers. Training resumed in March, delaying project activities in these areas by two months.

- Due to the increasing violence in Chikwawa District in general, all IEF staff have been instructed that driving at night is forbidden.

- Increased tensions arising from the national referendum scheduled for June 14, has generated considerable suspicion of any group organizing in villages. The Chikwawa District Commissioner asked IEF not to continue training of village health committees and community volunteers in the three new project areas until after the referendum.

- Incidents involving shootings have increased dramatically in the district. If violence and instability increases in the area project activities may continue to be delayed. The project is reevaluating project goals and objectives in light of the delays.
E. Sustainability

- Dr. Courtright met with USAID Lilongwe on February 10 to discuss sustainability of project health activities in the current political and economic climate in Malawi. IEF's sustainability objectives are becoming increasingly difficult to reach as the health services of the MOH are continuing to decline. For instance, the project has been unsuccessful to date in ordering vitamin A capsules through the Central Government Medical Stores due to GOM lack of hard currency; IEF is uncertain that IEF HSAs hired and trained will be absorbed into the MOH due to lack of direction by the MOH; and IEF is uncertain how well volunteers will be supervised by the MOH in the future as the health sector continues to experience budget cutbacks. USAID officials suggested that the sustainability objectives could be modified. Under consideration is closer relationships with the Christian Hospital Association of Malawi (CHAM). There are two CHAM hospitals in the project areas.

F. Other Meetings/Collaboration/Presentations

1. Meetings

   - The Prevention of Blindness meeting, scheduled for January 22, was postponed.

   - Mr. Chikhosi and Mr. Mauszycki attended the Chikwawa District Drought Relief meeting in January 27.

   - Mr. Chikhosi and Mr. M'Manga attended the Chikwawa District Drought Relief meeting March 17.

   - Dr. Nicholas Cohen, WHO EPI, Geneva, visited IEF on March 17.

   - IEF staff met with the Blantyre District Commissioner at the request of the WPF, on March 4, to discuss the nutritional assessment survey in Blantyre.

   - IEF staff attended an emergency annual meeting convened by CONGOMA on March 11 to discuss progress made by the DRCU.

   - Mr. M'Manga attended the DRCU meeting on post-drought mitigation and rehabilitation (water and agriculture) on March 23-24.

2. Collaboration

   - The fourth Program Advisory Committee (PAC) meeting was held on January 15, to discuss expansion of the project, development of a health education center, AIDS control, and the epidemic of post-drought bloody diarrhea.
- Mr. Friday Lewis, a new Health Surveillance Assistant (HSA) completed his training with IEF, Montfort Hospital, and the MOH. Mr. Lewis will be jointly supervised by IEF and Montfort Hospital and is assigned to Nsua Island.

- Ms. Porter, PCV, is working with Montfort Hospital to develop a community-based AIDS control program. See AIDS above.

- Ms. Porter, PCV, has made arrangements for the construction of two Under Five Clinics at Thendo and Nyasa using PCV funding. Construction will begin after the rainy season ends.

- IEF co-sponsored a workshop on cholera control (prevention and treatment) for HSAs February 22-23.

- Peace Corps Malawi has decided not to replace existing PCVs. This decision, based partially on a Peace Corps health sector evaluation, will apply to all PVOs in Malawi (Project Hope and others). Dr. Courtright met with Peace Corps Malawi to discuss the decision and inaccuracies in the evaluation report. A letter from IEF-Bethesda was also drafted and sent to Peace Corps Washington.

3. Presentations

- Dr. Courtright gave the January 25 QECH Journal Club presentation on the topic of trachoma.


- Mr. Henderson Chikhosi, Project Director, attended the XV International Vitamin A Consultative Group (IVACG) meeting in Arusha, Tanzania March 7-14. Mr. John Barrows, newly appointed Director of Programs, IEF, also attended the meeting and presented Vitamin A Supplementation in Chikwawa District: Mother’s Knowledge, Delivery Strategies, & Missed Opportunities, and International Eye Foundation: Report on Current Project Activities.

- IEF presented three talks at the Medical Association of Malawi meeting in March 27-28.

- IEF and the MOH continue to conduct training of village health committees jointly.
- IEF meet with Peace Corps health staff to evaluate Peace Corps health programs in Malawi.

- IEF is working closely with Montfort Hospital in the training of village health volunteers. One IEF Health Surveillance Assistant will be jointly supervised by IEF and Montfort Hospital staff. IEF is also working with Montfort Hospital on developing AIDS control messages.

- UNICEF will assist the project in developing computer generated maps of project areas.

G. Ophthalmologic Situation

- IEF and Vision Aid Overseas (VAO) will conduct a needs assessment of refraction in the southern region over the next six months.

- The 1992 surgery report was submitted. A total of 1,005 surgical procedures were performed or supervised during 1992 under the direction of Dr. Susan Lewallen.

- A proposal is being developed to support additional training in ophthalmology for a College of Medicine-trained Malawian physician. Currently there are no Malawians currently in ophthalmology training outside the country who are expected to return to Malawi.

III. APPENDIX

Organizational Chart
End of Year Plan
Breastfeeding Seminar Report
Diarrhea and Supplemental Feeding Investigation
AIDS Center Proposal
Monthly Reports
IEF Child Survival Project

Activities for Remainder of Project Period

Major Activities to be completed within remaining project period (December 1994)

Administrative

► Formalization of motorcycle policy/maintenance/supervision
► Negotiation for next project: Chikwawa and/or Blantyre
► Expansion into remaining health centres in Chikwawa District
► Budgeting: monitoring of salary & housing expenses
► Formalize cooperation with Montfort Hospital

Programmatic

► Mid-project evaluation
► Refinement of Health Information System
► Preparation and implementation of AIDS control & family planning activities
► Conduct assessment of verbal autopsy
► Expansion of breast feeding activities to MoH/Chikwawa and Nsanje (ADRA & MoH)
► Wrap up nutritional assessment programme
► Refine Nsua Island supervision
► Develop vitamin A promotion programme (poster, radio, etc)
✓► Map kwashiorkor throughout Southern Region
✓► Final Chikwawa nutrition assessment
► Assess risk factors for malnutrition in Chikwawa District
✓► KAP regarding breast feeding in the Southern Region
► MUAC manuscript
► Breast feeding and diarrhea manuscript
► Vitamin A supplementation manuscript
- Write new grant
- End of project survey
- End of project evaluation
- Sustainability workshop
- Drought Health Debriefing Workshop

**HSAs, VHV, VHCs**

- Continue training of Health Surveillance Assistants
- Incorporation of HSAs into MoH structure
- Review of HSA training and supervision
- Continue training of Village Health Volunteers
- Review of Village Health Volunteer training & supervision
- Collection of baseline & one follow-up information on VHV
- Continue training of Village Health Committees
- Include AIDS control and primary eye care in HSA, VHV, & VHC training
Staff Member & Area of Responsibility

Chikhosi

► Expansion of project to new health centre catchment areas in Chikwawa District (with Mmanga)
► Formalize cooperation with Montfort Hospital

Mmanga

► HSA Recruitment & Training
► Expansion of project to new health centre catchment areas in Chikwawa District (with Chikhosi)
► HIS data collection, review & analysis
► Vitamin A promotion programme (posters, talks)
► VHV in-service workshops (AIDS, etc)

Mkona

► Quarterly expense report (by line item #)
► Preparation of project training (VHV, HSA, VHC) budgets

Mekisini

► VHV baseline interviews & follow up interviews
► Completion of traditional healer interviews
► Training of traditional healers in primary eye care

Alifinali

► VHV Recruitment & Training
► Training of Village Health Committees
► Training of VHV in primary eye care

Makata

► Motorcycle maintenance & training
► Budgeting: monitoring of salary & housing expenses
Mauszycki

- Verbal autopsy training & follow up
- Wrap up nutritional assessment programme
- Final Chikwawa nutritional assessment
- Follow up of malnourished children from final Chikwawa nutritional assessment

Duke

- Breast feeding training & follow up
  MoH/Chikwawa and ADRA/MoH/Nsanje

Porter

- AIDS control & family planning programme
Vitamin A & Child Survival: Chikwawa District

YEAR PLAN FOR 1993

April

5-10 4th (Final) Nutrition Assessment (Chikwawa)
15 Quarterly expenses report
13 Traditional Healers & Eye Care: Videotape
15 Start Village Health Committee trainings (Ndakwera, Ngabu, Maperera)
26 Start contacting and interviewing newly selected VHV's (Ndakwera, Ngabu, Maperera)
30 Complete Traditional Healer interviews
23 Pay Day: Motorcycle training
30 Submit Aids proposal

May

17 Nsua Island: formalize agreement for HSA supervision with Montfort Hospital
17 All Vitamin A and ORS Health information system forms tabulated
17-18 Primary Eye Care training of HSAs
19-21 Aids training of HSAs
10 Vitamin A promotion
24 Start VHV training (to be completed end-June) (Ndakwera, Ngabu, Maperera)
24 Trimesterly Salary/Housing expenses
24-28 Malnutrition follow-ups
31 Complete information set on Traditional Healers & Aids

June

7 Start VHV in-service training on Aids & primary eye care
7 VHV interviews completed
14 Formalize Montfort cooperation plus other areas
21 Vitamin A promotion
July
8  Recruitment and start of training for new HSAs (Chikwawa, Kakoma, Gaga)
17  All breast feeding/nutrition Health information system forms tabulated
15  Quarterly expense report
8  Start Traditional Healer/Eye Care training
8  Complete compilation of nutrition assessment survey materials, guidelines, etc.

August
27  Complete training of new HSAs
17  All AIDS/family planning Health information system forms tabulated
23  Start training of VHV in Verbal Autopsy
23  Start Breast Feeding Promoters Programme

September
6  Place HSAs in new catchment areas (Kakoma, Chikwawa, Gaga)
13  Salary/Housing expense report
13  Start of IEF/Montfort AIDS / Family Planning Centre

October
11  Quarterly expense report
11  Start of Village Health Committee training (to be completed end-October) (Chikwawa, Gaga, Kakoma)
29  Start evaluation of Breast Feeding Promoters programme
18  Start Mid-Project evaluation

November
8  Start Village Health Volunteer training (to be completed mid-December)

December
The International Eye Foundation (IEF) completed a baseline survey as part of its child survival activities in Chikwawa District in March and April of 1992. The survey of 2,173 mothers of children under six years of age showed that 22% of infants 1 month or younger were receiving supplemental foods. This increased to 60% of 2 month old infants (37/62) and 75% of 3 month old infants (51/68). For 4 month old infants 91% received supplemental foods (58/64). Furthermore, the incidence of diarrhoea in infants receiving supplemental foods was six times the incidence in exclusively breastfed infants. Additional investigations (September-November 1992) on breast feeding knowledge, attitudes and practices showed similar results. Most striking was that 70% of mothers interviewed felt that their breast milk was insufficient for their child. Of those women, 72% reported that their insufficiency was due to famine/shortage of food.

In the interest of food security, and improved infant nutrition and health, especially during times of drought, the promotion of exclusive breast feeding for at least the first four months of life should be a primary target of all child survival activities. To this end, the International Eye Foundation in collaboration with the Regional Health Office South sponsored a seminar on the Promotion of Exclusive Breast Feeding on 21-22 January 1993. Funding for the seminar was provided by UNICEF.

Objectives of the seminar were:

- To emphasize the importance of exclusive breastfeeding and the risk of diarrhoea in infants receiving supplemental foods too early.
- To respond to the perceived problem of insufficient/ inadequate breast milk.
- To discourage the giving of water to newborn infants.
- To provide participants with the tools needed to train others on the promotion of exclusive breast feeding.

All Malawi and CHAM hospitals in the Southern Region were invited to send participants (MCH Coordinators, TBA Trainers, and Public or Community Health Nurses). Representatives from NGOs carrying out Child Survival Activities were invited to participate. One representative from the Central Regional Health Office and one from the Northern Regional Health Office and Kamuzu College of Nursing students also attended.
Facilitators were: Ms. T. Banda, Ministry of Health Lilongwe, Nutrition Unit; Ms. G. Khunga and Ms. V. Kampose, Regional Health Office South Blantyre; Ms. L. Selenge, UNICEF Lilongwe. Others who presented sessions were: Prof. R. Broadhead, Professor of Pediatrics-College of Medicine Blantyre; Ms. A.E. Munthali, Paediatric Nurse-Queen Elizabeth Central Hospital Blantyre; Ms. Nadia Zaki, UNICEF Lilongwe. Ms. J. Duke of the International Eye Foundation Chikwawa was responsible for overall coordination of the seminar.

Sessions were designed to meet the objectives through lectures and small and large group discussions.

Participants came to the seminar wondering why they were invited to a seminar on breast feeding since "all Malawian women breast feed." Throughout the seminar, the importance of exclusive breast feeding for the first 4 - 6 months was emphasized. That exclusive breast feeding is not usually practiced in Malawi was discussed. At the end of the seminar, participants left knowing the importance of exclusive breast feeding and how it works. They also had better understanding of the health workers' role in the promotion of exclusive breast feeding.

Communication by telephone and meetings with the facilitators was very important in planning the seminar. All facilitators met the day before the seminar to finalize plans and prepare participant notebooks. This meeting was essential to the success of the workshop. It is important that facilitators arrive at the meeting with all their notes and teaching materials prepared. The role of the facilitator is to lead certain sessions and act as a resource person throughout the seminar. Facilitators must be certain to keep on the topic at hand and avoid unnecessary repetition. It is essential that facilitators encourage group participation at all times.

By the last day of the seminar, 63 people had attended. It was originally estimated that there would be 45 participants at most. While it is encouraging that so many people were interested in the promotion of exclusive breast feeding, the number of participants must be limited. People coming who were not originally invited caused teaching materials to be in short supply. If guests other than participants are invited to observe, they should be asked not to take any participant material (hand outs, folders, etc.) unless there is an excess supply.

Overall, the seminar went very well. Participant evaluations offered several good suggestions for improvement which will be taken into consideration when planning future seminars.

Several follow-up activities are being planned. The first is to repeat the seminar (with some revisions) in the Central and Northern Regions. In the Southern Region, Chikwawa District will be considered a pilot area for further seminars which will include: training of nurses at the district hospital, health centre staff briefings, and training of International Eye Foundation and Adventist Development and Relief Agency Health Surveillance Assistants. District Health Officers and District Matrons throughout the region will be informed of all promotion of exclusive breast feeding activities at their monthly meetings. Project HOPE is planning to sponsor a seminar for all nurse tutors in Malawi.
Additional investigations of breast feeding practices will be conducted throughout Malawi at the district level. The investigations will be simple interviews on breast feeding practices and history of diarrhoea with mothers of children under seven months who attend Under 5 Clinics. The Nutritionist based at the Regional Health Office will aid in data collection and analysis. Eventually, educational materials on exclusive breast feeding need to be developed, tested, and distributed.

It is known that children who are exclusively breastfed for at least the first four months of life have lower rates of morbidity and mortality. In order for breast feeding practices in Malawi to improve, it is important that the message of exclusive breast feeding reach all levels of Malawian society. The Southern Region Promotion of Exclusive Breast Feeding Seminar can be declared a success only after follow-up activities are carried out and attitudes of health workers and practices of mothers change. The ultimate goal of universal exclusive breast feeding to four months is years away. However, it is possible to work towards that goal in small increments. This is being done in the Southern Region of Malawi.
Investigation of Diarrhea & Supplemental Feeding among Infants <7 months of age

Background

It has been demonstrated in Chikwawa district that infants under 7 months of age who are given supplemental foods are six times as likely to have a recent history of diarrhea compared to children who do not receive supplemental foods, regardless of age or other factors associated with diarrhea. It is well-recognized (in both developed and developing countries) that infants with diarrhea in the first months of life have a higher mortality rate than older infants or children with diarrhea. Based on these findings an exclusive breast feeding initiative has been developed for the Southern Region of Malawi.

Need for Additional Information

While information from Chikwawa is crucial to our understanding of the relationship between diarrhea and supplemental feeding it is important to confirm these findings in other areas of Malawi. This will assist with the development of an appropriate regional (and possibly, national) programme.

Interviews to be Undertaken

Interviews should be carried out at static under-5 clinics over a one-month period. The interviews are very simple and can be carried out by any trained staff member. There are 9 questions to ask. Completed sheets should be sent to the RHO/South (stamped envelope included in packet). This information will be compiled and a report of the results sent back to each health centre/hospital.

Limitations

A review of the Chikwawa data, which was population-based; that is, collected in the villages and representative of the whole population, suggests there may be some limitations to this data. Only 38% of infants ≤1 month of age had been seen at an under-5 clinic. 62% of 2 month old infants had been seen and 80% of infants 3-6 months were seen at an under-5 clinic in the past month. The question we have to ask: how are infants seen at under-5 clinics different from infants not seen at under-5 clinics.

The most important questions are: 1) is diarrhea more/less common among infants seen at clinics than in infants not brought to clinics and, 2) is supplemental feeding more/less common among infants seen at clinics than in infants not brought to the clinics? In Chikwawa, there was no relationship between a history of recent diarrhea and whether an infant had been seen at an under-5 clinic or not. We should remember that the diarrhea episode was recent while the under-5 clinic visit may be either recent or not. Exclusive breast feeding also shows no relationship with under-5 clinic visit.

In Chikwawa boys are 2.4 times (age ≤1 month) to 4.3 times (age 2 months) as likely to attend an under-5 clinic than girls. From 3 months on there is an equal distribution of boys and girls, a
likely result of the importance placed on immunizations. Literate mothers were no more likely to have taken their infants to the under-5 clinic than illiterate mothers. Younger mothers were 1.6 times more likely to have taken their infants to an under-five; only children were also more likely to have been taken to an under-five clinic—these two characteristics are interrelated.

Steps to the Interview

1. In each district 3 facilities (static health centres or hospitals) should be randomly selected for this investigation. This will generate approximately 576 infants <7 months of age in the district. It should be recognized that there will be far fewer <3 month old infants seen (and interviewed) than 3-6 month infants. Also, more young male infants will be seen than young female infants.

2. The responsible individual will select a start date within 7 days and continue interviewing mothers of infants for a one-month period or until the 12 data collection sheets (per health centre/hospital) are completed.

3. Health staff (and growth monitoring volunteers, if appropriate) will be instructed to ask mothers if their infant is <7 months of age. Mothers of these infants will be asked to see the responsible individual who will conduct the interview.

4. The interview will take about 90 seconds to complete.

5. The questions (Chichewa version only) should be read out to the mother—the interviewer is not allowed to change the wording, delete part of the question, or add any additional words or phrases. If necessary, the question can be repeated. This is necessary to facilitate comparison of results from different districts in the Southern Region.

6. The question sheet should be kept in a safe place. Answers should be recorded on the separate recording sheet. Only the recording sheet should be sent to the Regional Health Office.

7. The questions must be read and answered in the order given. Never change the order.

8. Thank the mother for answering the questions.
Questions:

1. Age of the infant (in months)
   
   This should be recorded as &lt;1, 1, 2, 3, 4, 5 or 6 months. Do not record as 1½ months or 6 weeks. An infant who is 3 weeks would be listed as &lt;1; an infant who is 7 weeks will be listed as 1.

2. Sex of the infant
   
   This should be recorded as "M" for male or "F" for female.

3. Age of the next oldest child
   
   This should be recorded in months. If there is no older sibling, write "none". If the mother does not know the age of the older child, try to estimate.

4. Growth monitoring
   
   Ask the mother to seek the infant's under-5 card. If the mother has no under-5 card, circle "no card". Be sure to issue the mother a card.

   Look at the infant's under-5 card. Has the child been weighed in the past month? If the child has been weighed in the past month circle "yes". You may circle "yes" if it was up to 1 month and 7 days. If the child has never been weighed or was weighed more than one month ago, circle "no".

5. Supplemental foods given
   
   Ask the mother if she feeds the child foods other than breast milk. If the child is receiving any other foods other than breast milk, circle "yes". If the child is not receiving any other foods other than breast milk, circle "no". Do not ask the mother about water.

6. Belief that pregnancy indicates a need to stop breast feeding
   
   Ask the mother whether she feels that a pregnant woman with a breast feeding infant should continue breast feeding. If the mother says yes, a mother should continue breast feeding, even if pregnant, circle "yes". If the mother says no, a pregnant woman should stop breast feeding, circle "no".

7. Ask the mother if the child has had diarrhea in the past 2 weeks.
   
   It is important that you define what diarrhea is to a mother. If the mother says that the child has had diarrhea, ask her if the child has had 3 or more consecutive loose stools. If the child has had 3 or more consecutive loose stools, circle "yes". If the mother says that the child did not have 3 consecutive loose stools, circle "no" (even if the mother said the infant had diarrhea).
the mother said the infant had diarrhea).

8. Most important action for the management of diarrhea

Ask the mother what she feels is the most important action to be taken if her infant has diarrhea. Do not list out the choices; instead select the one on the attached list; put the letter that identifies that one in the box.

9. Knowledge of ORS

Ask the mother if she has seen ORS before. When you are asking this question, be sure to show the mother an ORS packet. If the mother says yes, she has seen an ORS packet before, circle "yes". If the mother says no, she has never seen an ORS packet before, circle "no"

You may ask additional questions at this time. Some possible questions are:

1. How to prepare ORS

You may want to ask the mother how to prepare the ORS to learn if she knows the correct method.

2. How to prepare sugar-salt solution

You may want to ask the mother how to prepare sugar-salt solution to learn if she knows the correct method.
Questions:

1. Age of infant (take from Road to Health card)
2. Sex of infant
3. English What is the age (in months) of this child's next oldest sibling?
   Chichewa
4. Growth monitoring (look at the Road to Health card)
5. English Does this child receive any other foods other than breast milk?
   Chichewa
6. English Should a breast feeding mother continue to breast feed if she becomes pregnant with another child?
   Chichewa
7. English Has this infant had diarrhea in the past two weeks?
   (if the answer is yes) Did the infant had three or more consecutive loose stools?
   Chichewa
8. English What is the most important action you can take to treat diarrhea?
   O = ORS
   S = Sugar salt solution
   H = Take the child to a hospital/health centre
   T = Give the child traditional herbs
   Z = Other
   Chichewa
9. English Have you seen these ORS packets before?
   Chichewa
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Budget

Transportation

1 Overnight

Central Region

Regional Health Nurse (69 MK) 69.00
Driver (57 MK) 57.00

Northern Region

Regional Health Nurse (69 MK) 69.00
Driver (57 MK) 57.00

Lunch allowances

Central Region

Regional Health Nurse (5 x 15 MK) 75.00
Driver (5 x 15 MK) 75.00

Northern Region

Regional Health Nurse (4 x 15 MK) 60.00
Driver (4 x 15 MK) 60.00

Petrol

Central Region (400 liters x 2.95) 1,180.00
Northern Region (250 liters x 2.95) 737.50

Office expenses

Photocopy

2 reams photocopy paper (2 x 50 MK) 100.00

Sub-total 2,539.50

10% Contingency 253.95

Total 2,793.45 MK
FAMILY HEALTH EDUCATION AND COUNSELLING CENTRE

Introduction

As the family is the crux of Malawian society, anything which threatens the health and welfare of the family also upsets the social and economic stability of the country. Increasingly gaining the attention of the health sector, the government, and non-governmental organizations (NGOs) in Malawi are two issues which threaten the health and welfare of mothers and children—the AIDS epidemic and burgeoning population growth. To address this problem, community volunteers can be trained in health education and counselling so that responsibility is delegated to the rural community and prevention, rather than treatment, is emphasized. This method is particularly effective with AIDS control and family planning.

The International Eye Foundation, Montfort Hospital and Child Survival

The International Eye Foundation (IEF) promotes child survival activities in the Lower Shire Valley. IEF has developed and supports a network that includes IEF-trained health surveillance assistants (HSAs) posted to health clinics as well as village health volunteers (VHVs) who are responsible for monitoring maternal and child health, educating mothers about basic health care issues, distributing Vitamin A and Oral Rehydration Therapy and reporting any serious problems to the Ministry of Health (MoH) or IEF. As the AIDS epidemic is expected to cause a significant increase in infant mortality, one objective of IEF is to incorporate AIDS education and prevention into its child survival activities. Another objective of IEF is to reduce infant and maternal mortality through the promotion of family planning activities. IEF has worked closely with Montfort Hospital (Nchalo) in the pursuit of these activities.

Montfort Hospital is a mission hospital and a member of the Christian Hospital Association of Malawi (CHAM). The hospital's catchment area has an estimated population of 100,000 people, living in approximately 80-90 villages. At present the hospital has an AIDS Committee comprised of health professionals as well as an AIDS drama group. There are 8 trained counsellors at the hospital, but often they counsel in all areas, not just AIDS, so they are usually overworked. Montfort holds a weekly STD clinic for bar-girls in the Nchalo market area, testing for and treating for STDs and providing education and condoms. The hospital has facilitated meetings of local leaders as well as religious leaders to encourage communication about AIDS. There are 3 nurses at Montfort trained in child spacing and family planning, but they are often too busy to adequately promote family planning.

Project Goal

The IEF, in conjunction with Montfort Hospital, proposes to establish a FAMILY HEALTH EDUCATION AND COUNSELLING CENTRE (FHECC) near the Nchalo boma and Montfort Hospital. The centre would have two sections, one to promote AIDS control and the prevention of STDs, and the other to promote family planning.
Since the two areas are inextricably related through sexual behavior, by coordinating the efforts of the two sections at a central location, resources can be combined to maximize efficiency and effectiveness in promoting safe sexual practices. The purpose of the centre would be to provide centre-based education and counselling, outreach education and counselling through the training of community volunteers, marketing and distribution of condoms for STD/AIDS control, referral to hospital and monitoring and evaluation of AIDS control and family planning activities. Publicity would be necessary in order to sensitize the community to the need for AIDS control and family planning and to educate them about the use of the centre.

The location of the centre makes it accessible by many segments of the general population. Referral to the hospital would be simple. The centre would work in conjunction with the present system of health care providers throughout Chikwawa District by providing educational training in STD control and family planning to the HSAs and VHVAs already in place at hospitals and health centres and by training community volunteers as educators and counsellors in STD/AIDS control and family planning.

**Activities of the Centre**

Activities of the centre can be summarized as follows:

1. Behavioral Research and Development of Education Materials
2. Sensitization of the Community for Need and Use of Centre
3. Establish Education and Counselling Services at the Centre
4. Establish Outreach Education and Counselling Services
5. Establish Condom Distribution
6. Establish an Effective Referral Programme
7. Establish a Monitoring and Evaluation System

**Requirements for Establishment and Maintenance of the Centre**

1. Personnel
   a. Administrator
   b. Community Educators & Counsellors Trainer/Supervisor
   c. Community Family Planning Trainer/Supervisor
   d. Assistants (short-term)
   e. Community Volunteers
2. Physical Structure & Staff Houses
3. Supplies
4. Training Expenses

External support will be sought.
MONTHLY REPORT  JANUARY 1993

Administrative Issues & Personnel

The 3 IEF vehicles (Peugeot 305, Toyota Corolla & Toyota Cressida) are in working order. Our Toyota 4x4 is still not in working order; we are awaiting the arrival of spare parts from South Africa. We have ordered an Isuzu 4x4 from a local car dealer.

Due to increasing violence in Chikwawa District all IEF staff have been instructed (as of 15 January) that driving at night is forbidden.

Renovations of the IEF/Nchalo office are still in progress, 3 months after the expected completion date. There is no phone connection with the office.

At the end of January the Malawi kwacha stood at 4.3 MK = $US 1.

Mr. Makata assumed the position of Administrative Assistant on 4 January.

Dr. Courtright gave the 25 January QECH journal club on the topic of trachoma.

We are still having problems with our FAX line; requests to repair the line have not been fulfilled.

IEF has been notified that Mr. Mmanga has been accepted to attend the 29 March-2 April Africa Child Survival Initiative: Combatting Childhood Communicable Diseases meeting in Senegal, presenting a talk on Weaning practices and the risk of diarrhea in Malawi: Implications for child survival.

IEF has submitted 4 abstracts to be considered at the next Medical Association of Malawi meeting (27-28 March). They are:

1. Corneal ulcers and the use of traditional eye medicines in Malawi (presenter: Mr. Divala, OMA/Mulanje)
2. Barriers to the acceptance of cataract surgery in Malawi (presenter: Mr. Kanjaloti, OMA/Chikwawa)
3. Weaning practices and risk of diarrhea in Chikwawa District (presenter: Ms. Porter, PCV/Chikwawa)
4. Vitamin A supplementation in Chikwawa District: Mother's knowledge and missed opportunities (presenter: Mr. Mmanga, IEF/Nchalo)

Meetings

The Prevention of Blindness meeting, scheduled for 22 January, was postponed.

Mr. Chikhosi and Mr. Nauszycki attended the Chikwawa District Drought Relief meeting on 27 January.

IEF conducted its 4th Programme Advisory Committee (PAC) meeting on 15 January. The topics discussed were expansion of the project, the development of health education centres, AIDS control, control of bloody diarrhea, etc.
Ministry of Health/Chikwawa & IEF Collaboration

IEF has been forced to obtain ORS directly from the Regional Office as district supplies are erratic. IEF has provided tetracycline eye ointment (200 tubes) to Chikwawa District Hospital.

ADRA/IEF Collaboration & Montfort Hospital/IEF Collaboration

Mr. Friday Lewis completed his training with IEF, Montfort, and the MoH. He will be jointly supervised by IEF and Montfort Hospital.

Ms. Porter continues to work with Montfort to develop a community-based AIDS control programme. We hope to have the outlines of the programme by the end of February.

Village Health Promoters (1989-1991)

IEF continues to monitor these volunteers providing vitamin A every six months and ORS when available.


Village health volunteer training has been completed in the first three target areas. For the month of January IEF was asked not to continue with training of village health committees and village health volunteers in the three new project areas at the request of the Chikwawa District Commissioner. Increased tensions arising from the upcoming national referendum (originally scheduled for 15 March and subsequently postponed till 14 June) has generated considerable suspicion of any organizing group in the villages. The next phase of the project has had to be put on-hold.

On the 28th and 29th of January there was shooting in Dolo Trading Centre, the centre of one of IEF's catchment areas. The deaths of three people and subsequent threats against the lives of people in the area prompted the MoH to withdraw their staff from the area. IEF followed suit and withdrew its two HSAs in the area. One HSA (with a motorbike) travels in and out of Dolo on a daily basis to supervise his VHVs but the second HSA, without adequate transport, has been relocated to Ngabu and will assist in the conduct of upcoming breast feeding workshops. We will monitor the situation following the lead of MoH in placement of staff.

The increasing violence and instability in the area will continue to cause delays in project activities and result in a re-assessment of project goals and objectives.

IEF HSA Trainees

HSAs will continue to supervise existing volunteers. Three HSAs have moved to the new project areas (Ndakwera, Maperera, and Ngabu) and have started area surveys.

Training in motorcycle riding and maintenance was done by Mr. Mauszycki. Mr. Makata will assume all responsibilities related to motorcycle policy, maintenance, and training.

Under-Five Clinic & Health Education Centre

Ms. Porter continues to make arrangements for the construction of Under-5 Clinic/Health Centres in Thendo and Nyasa. Construction will not begin until after the rainy season ends.
Expansion of the Project Site

IEF officially started project expansion to three additional health centre catchment areas in January. The placements are as follows:

Maperera Mr. Lockie (from Makhwira)
Ngabu Mr. Mosquito (from Dolo)
Ndakwera Mr. Kavalo (from Chipwaila)

Our new HSAs moved to their new posts on 29 January (as follows):

Makhwira Ms. Mepher Moyo
Dolo Mr. Charles Bonya (assisting with nutritional assessment for the time being)
Chipwaila Mr. Erick Navaya

Exclusive Breast Feeding: Developing an Effective Programme

With support from UNICEF the IEF, in collaboration with MoH, conducted a two-day workshop in Lunzu on 21-22 January. A workshop report is given as an appendix. An evaluation (done by the participants) as well as the participant list can be obtained from IEF/Blantyre.

As stated in the report, the workshop is only the first step to addressing the problem. Ms. Duke is working with Mr. Mmanga and Miss Washa (IEF/HSA) to conduct a workshop for IEF staff on 22-23 February and again with MoH staff in early March. This will be followed by a workshop for ADRA staff.

We are pleased that Project HOPE has decided to take the lessons learned from this workshop and conduct a similar series of workshops with nurse tutors from Kamuzu College of Nursing. Ms. Duke has continued to work with the MoH/Lilongwe and UNICEF and will assist with two additional workshops, planned for early March in the Central Region and Northern Region.

IEF is also preparing a set of guidelines for the MoH/South to investigate the prevalence of exclusive breast feeding and diarrheal disease in all districts of the Southern Region. The DRCU has agreed to provide support for these investigations.

Ms. Duke and Dr. Courtright are preparing a manuscript detailing the magnitude of the problem in Chikwawa District and possible methods for intervention.

The Johns Hopkins AIDS Project staff have started to collect breast feeding behavior information from women enrolled in their project according to guidelines established by IEF.

AIDS Control

Ms. Porter continues to collect information in Malawi regarding community based approaches to AIDS control. It has been unfortunate that the MoH AIDS Control Programme has proved to be useless in this regard. The AIDS Secretariat has had no information regarding AIDS control programmes and initiatives being conducted by NGOs, CHAM institutions, communities, or church groups.

Ms. Porter will start conducting focus groups with both men and women in Chikwawa in February. We plan to have a proposal ready by the end of February.
PCV Activities

Mr. Mauzyscki continued as the coordinator of IEF's nutrition assessment activities. At the request of the Regional Health Office he worked with Blantyre District Health Office to conduct a nutritional assessment of Blantyre District. The Blantyre assessment, in collaboration with Project HOPE is planned for 1-6 February.

Ms. Duke spent most of January planning, conducting and evaluating the Promotion of Exclusive Breast Feeding: Southern Region Seminar.

Ms. Porter has devoted most of her time to AIDS control programme development.

Drought & Impending Famine: Nutritional Assessment

As part of the December Chikwawa survey children who were malnourished were given a referral form to take to the nearest MoH/CHAM health centre for supplemental feeding. Plans were set up in January to follow up all malnourished children in February to determine use of health facilities, food distribution, etc. To provide the most accurate interpretation each child will be matched to a normal-nourished child for investigatory purposes. This information will be extremely useful to all NGOs and the MoH in order to develop mechanisms that target those children at greatest risk of death due to malnutrition.

In collaboration with the Regional Health Office IEF will try to map out the prevalence of kwashiorkor throughout the districts of the Southern Region. Review of data from existing surveys (Chikwawa, Nsanje, Thyolo, Mulanje, Machinga, Mwanza) has indicated that kwashiorkor is not distributed randomly throughout the Southern Region but concentrated in certain areas in the central and northern tracts of the region. All of these investigations are essential to our understanding of malnutrition in Malawi.

Drought & Impending Famine: Vitamin A Supplementation

Based upon discussions with MoH/South, IEF has decided to assist with the preparation of posters aimed at village leaders, church elders, and others to promote vitamin A as a method for child survival. The aim of the promotion campaign will be to stimulate these leaders to encourage villagers to bring their children to under-5 clinics for vitamin A supplementation.

Traditional Practices for Eye Disease in Malawi

Ophthalmic medical assistants in Chikwawa and Mulanje (and Dr. Lewallen at QECH) continue to enroll corneal ulcer patients in this study. We will continue patient enrollment until March 31. Interviews of traditional healers are progressing well; healers continue to be willing to discuss their practices and patients and sell some of the products they use for treatment. We will be approaching the National Herbarium in Zomba for plant identification.

Investigation of Vitamin A Deficiency and Other Disorders in Measles

Enrollment of cases will continue until 1 March giving us a 12 month period of QECH measles admissions. Professor Broadhead, College of Medicine, will present data from this work at the next Medical Association of Malawi meeting to generate discussion on the need for a two-dose measles immunization programme. At present, about 40% of the measles patients enrolled in this study are under 9 months of age.
IEF awaits a response by the HSRC to our letter regarding our proposal *Response to measles vaccine with and without vitamin A supplementation*. The HSRC is due to meet on 19 February.

**Vitamin A Deficiency and Cerebral Malaria**

Enrollment of cases resumed again on 4 January, 1993.

**Barriers to the Acceptance of Cataract Surgery**

Data analysis and report writing will start in February. A paper on the problem of blinding cataract in the Southern Region, recently published in *Malawi Medical Journal*, is attached as an appendix.

**Prevalence Survey of Onchocerciasis in Mwanza District.**

The prevalence survey started on 17 January and will be completed on 6 February. Two IEF HSAs were assigned to assist in this work, gaining knowledge and experience in a disease that they would not receive as part of their usual training and job responsibility. Data will be analyzed in February and March and a report submitted to the MoH as soon as possible. It was noted that in the first few villages the prevalence of onchocerciasis exceeded 50%. As a result IEF started distribution of ivermectin, the recommended anti-helminth drug.

**Plans for February**

Distribution of ORS and vitamin A will continue as needed.

The Blantyre nutritional assessment survey is scheduled for 1-6 February. The Chiradzulu nutritional assessment survey is scheduled for 15-20 February.

Mr. John Barrows, IEF/Bethesda, will be in Malawi from 19-27 February.

Dr. Courtright will be meeting with US Peace Corps on 2 February to review the findings of the report prepared by Ms. McCharen.

Dr. Courtright and Ms. Morag Reid (SCF-UK) will be meeting with USAID on 10 February in Lilongwe to discuss the sustainability of existing health programmes given the deterioration of Ministry of Health.

Follow up of malnourished children in Chikwawa District will be completed in February.

District workshops on breast feeding will be started in February.

Mr. Chikhosi will travel to Arusha, Tanzania to attend the International Vitamin A Consultative Group meeting from 6-14 March.

The continuing cholera outbreak has stimulated IEF and MoH to put on short workshop for IEF HSAs to familiarize them in recommended approaches to control and treatment.

**Financial Report**

The financial report is attached. Time sheets for Drs. Lewallen and Courtright are attached.
MONTHLY REPORT FEBRUARY 1993

Administrative Issues & Personnel

The 3 IEF vehicles (Peugeot 305, Toyota Corolla & Toyota Cressida) are in working order. Our Toyota 4x4 is still not in working order; we are awaiting the arrival of spare parts from South Africa. We took delivery of an Isuzu 4x4 from a local car dealer in February.

Renovations of the IEF/Nchalo office are, we hope, nearing completion. The phone line to Mr. Chikhosi's house is now connected to the Nchalo office. The Ngabu office will be vacated in March.

Note: IEF's new phone number in Nchalo is 428-295

IEF's new address in Nchalo is:
International Eye Foundation
P.O. Box 142
Nchalo

No mail should be directed to Ngabu.

At the end of January the Malawi kwacha stood at 4.3 MK = $US 1.

Dr. Courtright and Dr. Jacka (RHO/South) joined Mr. Mauszycki's nutrition assessment team in Chiradzulu district on 17 February.

Mr. John Barrows, IEF/Bethesda, was in Malawi from 20-27 February.

Mr. Kavalo and Mr. Lockie (HSAs) were formally posted to Ndakwera and Maperera in February.

We are still having problems with our FAX line; requests to repair the line have not been fulfilled.

Meetings

The health sub-committee meeting (scheduled for 16 Feb) and drought relief meeting (scheduled for 17 Feb) were both postponed.

Ministry of Health/Chikwawa & IEF Collaboration

IEF co-sponsored a workshop on cholera control (skills in prevention and treatment of cholera) for IEF HSAs on 22-23 February.

MoH/Chikwawa is assisting IEF in working with health staff at Ndakwera and Maperera health centres to incorporate IEF staff into these health centres and start local leaders meetings (village health committee training).

IEF and MoH are planning for a series of meetings with church leaders and DDC members on the importance of vitamin A supplementation for children under 6 years of age. IEF and MoH/Southern Region are preparing a poster that will be duplicated in large numbers to help promote vitamin A supplementation. The activities are geared to encourage mothers to take their children to existing health facilities for supplementation rather than use health workers to find children in need of supplementation.
ADRA/IEF Collaboration & Montfort Hospital/IEF Collaboration

Ms. Porter continues to work with Montfort to develop a community-based AIDS control programme. An outline of the programme is given as an appendix.

Village Health Promoters (1989-1991)

IEF continues to monitor these volunteers providing vitamin A every six months and ORS when available.


For the month of January IEF was asked not to continue with training of village health committees and village health volunteers in the three new project areas by the Chikwawa District Commissioner. Increased tensions arising from the upcoming national referendum has generated considerable suspicion of any organizing group in the villages. In late February the District Commissioner granted permission to continue with organizing and training of village health committees. These will start again in March, delaying our project activities by 2 months.

As reported in the January report the deaths of three people and subsequent threats against the lives of people in the Dolo area prompted the MoH to withdraw their staff from the area. There has been no change in this situation and we have not been able to send IEF staff back to live in this area.

It is unfortunate that the increasing violence and instability in Malawi continues to cause delays in project activities. In March plans for the remainder of 1993 will be prepared; these plans will include a re-assessment of project goals and objectives.

IEF HSA Trainees

IEF HSAs attended a cholera control workshop arranged by MoH/Chikwawa from 24-26 February and an exclusive breast feeding workshop on 22-23 February. They were also trained in follow up of malnourished children on 14 February.

Mr. Makata has prepared a motorcycle policy which will be finalized in March. IEF appreciates the assistance of Save the Children-UK in this regard.

Mr. Mmanga is refining the health information system to efficiently and effectively assist IEF (and the HSAs and VHVs) in achieving the goals and objectives of the project.

"Sustainability"

Morag Reid (SCF-UK) and Dr. Courtright met with Carol Peasley, Laura Kerns, Chris McDermott, and Sam Smith of USAID in Lilongwe on 10 February to discuss sustainability of health activities in the current political and economic climate in Malawi. USAID felt that NGOs are justified in revising their project goals and objectives given the current situation. USAID also felt that NGOs should consider working more closely with the CHAM facilities integrating activities within the CHAM structure. This will, in essence, shift emphasis away from the MoH due to the MoH's increasing incapacity to assume project activities. IEF is considering organizing a workshop of NGOs and the MoH/Southern Region to discuss sustainability in the current political and economic climate.
Ophthalmologic Situation at QECH

The 1992 surgery data is given as an appendix.

Vision Aid Overseas (VAO) conducted a series of short visits to QECH and the district hospitals to provide spectacles in February. VAO has assigned a staff person to remain in Malawi to help re-start the spectacle workshop at QECH. Dr. Lewallen will work with VAO to conduct a needs assessment of refraction in Malawi over the next 6 months.

Under-Five Clinic & Health Education Centre

Ms. Porter continues to make arrangements for the construction of Under-5 Clinic/Health Centres in Thendo and Nyasa. Although construction will not begin until after the rainy season ends the villages have already started preparing bricks and sand for construction. Arrangements for the purchase of additional supplies are being made. Transportation will likely be problematic, especially to Thendo.

Exclusive Breast Feeding: Developing an Effective Programme

Ms. Duke, Mr. Mmanga and Miss Washa (IEF/HSA) conducted a workshop for IEF staff on 22-23 February on exclusive breast feeding. A summary report of the workshop is given as an appendix.

Ms. Duke continued to work with the MoH/Lilongwe and UNICEF and assisted with the preparation of two additional workshops, planned for early March in the Central Region and Northern Region. Mr. Mmanga is arranging a workshop for MoH/Chikwawa nursing staff for 19 March, preceded by a facilitators meeting on 11 March.

IEF prepared a set of guidelines for the MoH/South to investigate the prevalence of exclusive breast feeding and diarrheal disease in all districts of the Southern Region. Project HOPE and IEF will work together with MoH to conduct this assessment. This activity will be funded through Project HOPE's nutritional assessment grant from UNICEF and IEF's drought grant from the DRCU. A description of the investigation is given as an appendix.

Dr. Jacka (RHO/South) has agreed to work with Ms. Duke and Dr. Courtright on the preparation of a manuscript detailing the magnitude of the problem of early supplementation and diarrhea in Chikwawa District and possible methods for intervention. The manuscript should be completed by early April.

The Johns Hopkins AIDS Project staff have started to collect breast feeding behavior information from women enrolled in their project according to guidelines established by IEF. IEF met with JHU (including Dr. Rebecca Stoltzfus, a visitor to the JHU project) on 26 February to review the format of collection and set up methods for review. As expected, the advent of AIDS has also affected breast feeding patterns in HIV+ women. The information collected by JHU and IEF will be used to develop appropriate breast feeding and AIDS messages.

AIDS Control

Ms. Porter has prepared a proposal to establish an AIDS control/family planning programme with Montfort Hospital. The proposal will be finalized and submitted for funding in April. In the meantime arrangements have been made for an AIDS training of IEF HSAs on 19-21 May in Nchalo. IEF will also support the training of Montfort's health inspector and health surveillance assistant.
Ms. Porter will start conducting focus groups with both men and women in Chikwawa in March. We have received approval from the Health Sciences Research Committee to assess the potential for the use of traditional healers in AIDS prevention and counselling. An abstract of the work is given as an appendix. We have started the investigation and hope to be able to generate results by the end of April. Ms. Porter will set up focus groups discussions with some healers to help “flesh out” our understanding of their perception of AIDS.

**PCV Activities**

Dr. Courtright met with Ms. Bobbye Pickett, Peace Corps Country Director, and Mrs. Daina Thyangathyanga, Peace Corps Health Programme Director on 2 February. To our shock and disappointment, Peace Corps/Malawi has decided not to replace our existing volunteers. After investigation it has become clear that the decision to not provide PCVs to IEF was not based on an accurate picture of IEF's PCVs. The report prepared by Ms. McCharen has proved to be very superficial in nature and has some glaring inaccuracies regarding IEF PCVs (IEF has not given a draft of the document for comment prior to final submission). IEF will be appealing to Peace Corps/Washington and USAID to change the current decision by Peace Corps/Lilongwe.

Mr. Mauszynski continued as the coordinator of IEF’s nutrition assessment activities. At the request of the Regional Health Office he completed the Blantyre Nutritional Assessment (short report attached) and Chiradzulu Nutritional Assessment (short report attached) in collaboration with Project HOPE. Mr. Mauszynski also presented and discussed the findings at a regional and district seminar on 26 February. On 14 February Mr. Mauszynski taught IEF HSAs how to follow up on the progress of children found to be malnourished in the December Chikwawa survey. Mr. Mauszynski will organize the final (4th) Chikwawa Nutritional Assessment to start on 5 April.

Ms. Duke spent most of February involved in exclusive breast feeding promotion activities. This involved compiling an evaluation of the Southern Region workshop and preparing a report of the workshop. Ms. Duke also helped plan the workshops planned for the Central Region and Northern Region and well as worked with Mr. Mmanga and Miss Washa to conduct the seminar with IEF staff. Ms. Duke helped in the preparation of an EPI Bulletin Special Edition on the topic although it is not expected that the edition will be out for a couple months. Ms. Duke will complete her Peace Corps service on 25 March.

Ms. Porter has devoted most of her time to AIDS control programme development, focus group discussions with traditional healers and planning for workshops of IEF staff.

**Drought & Impending Famine: Nutritional Assessment**

IEF completed nutritional assessments in Blantyre and Chiradzulu districts in February in collaboration with Project HOPE and the Blantyre District Health Office. The short reports are given as an appendix. Copies of the full reports are available from IEF/Blantyre. Dr. Courtright and Mr. Mauszynski conducted a briefing for regional and district health personnel on the findings.

As part of the December Chikwawa survey children who were malnourished were given a referral form to take to the nearest Moh/CHAM health centre for supplemental feeding. In February all children identified as malnourished were visited by an HSA to determine use of health facilities, food distribution, illness, etc. To provide the most accurate interpretation each child was matched to a normal-nourished child for investigatory purposes.
This information will be extremely useful to all NGOs and the MoH in order to develop mechanisms that target those children at greatest risk of death due to malnutrition. Interviews will be completed in March and analysis will be completed in April. If there are insufficient numbers to draw definitive conclusions we will repeat the exercise with the next (last) Chikwawa nutritional assessment in April.

In collaboration with the Regional Health Office IEF is mapping the prevalence of kwashiorkor throughout the districts of the Southern Region. IEF has data for conducting the mapping of Msanje, Chikwawa and Blantyre and NGOs involved in nutritional assessments in other districts (ARC in Machinga, Project HOPE in Chiradzulu, Mulanje, and Thyolo, ActionAid in Mwanza, and the CSR/UNICEF in Mangochi) are being requested to assist by submitting the appropriate information regarding their districts.

Vitamin A Supplementation

Mr. Mmanga has tested the applicability of a poster prepared by Hoffmann LaRoche, Ltd regarding vitamin A supplementation. While the pictures were quite good the messages were either inappropriate or confusing. Messages were redefined and translated into Chichewa. The IEF will jointly fund the production of posters for the Southern Region. The posters should be available by the end of March. IEF and MoH/Chikwawa will conduct a series of seminars with church leaders and others using the posters to encourage mothers to bring their children under 6 to health facilities or village health volunteers for supplementation.

Traditional Practices for Eye Disease in Malawi

Ophthalmic medical assistants in Chikwawa and Mulanje (and Dr. Lewallen at QECH) continue to enroll corneal ulcer patients in this study. We will continue patient enrollment in the districts until March 31 and at QECH until December 1993. Interviews of traditional healers are progressing well; healers continue to be willing to discuss their practices and patients and sell some of the products they use for treatment. The National Herbarium in Zomba has agreed to identify the plants.

Dr. Lewallen will be reviewing the contribution of traditional eye medicines to corneal ulceration at the 16 March QECH Clinical Session. Mr. Divala will present the findings from the districts at the next Medical Association of Malawi meeting.

Investigation of Vitamin A Deficiency and Other Disorders in Measles

Enrollment of cases will continue until 1 March giving us a 12 month period of QECH measles admissions. Professor Broadhead, College of Medicine, will present data from this work at the next Medical Association of Malawi meeting to generate discussion on the need for a two-dose measles immunization programme. At present, about 40% of the measles patients enrolled in this study are under 9 months of age.

IEF still awaits a response by the HSRC to our letter regarding our proposal Response to measles vaccine with and without vitamin A supplementation. The HSRC met on 19 February.

Vitamin A Deficiency and Cerebral Malaria

Enrollment of cases is proceeding well.
Barriers to the Acceptance of Cataract Surgery

Preliminary data analysis has been completed and Mr. Steve Kanjaloti will be presenting these results at the next Medical Association of Malawi meeting. The patient satisfaction forms have been completed.

Prevalence Survey of Onchocerciasis in Mwanza District.

The prevalence survey started on 17 January and was completed on 6 February. Two IEF HSAs were assigned to assist in this work gaining knowledge and experience in a disease that they would not receive as part of their usual training and job responsibility. Preliminary data analysis has shown that onchocerciasis is a significant public health problem in Mwanza District. Of the 2215 people sampled in 62 villages 24.7% were found to have onchocerciasis. The disease was more common in people who had lived in Thyolo at one time (32.7%). Nevertheless, people who had never lived in Thyolo had a prevalence of 22% and 2/3 of the positive snips came from people who had never lived in Thyolo. IEF will be working with the MoH to establish an ivermectin distribution programme in Mwanza.

Plans for March

Distribution of ORS and vitamin A will continue as needed.

Mr. Chikhosi and Mr. Mmanga will attend the Chikwawa District drought relief meeting at the DC's office on 17 March.

Mr. Chikhosi, Mr. Mmanga, and Mr. Luhanga (MoH/Chikwawa) will visit Maperera, Ndakwera, and Ngabu to assess the status of the IEF HSA placements at these three sites.

Mr. Chikhosi will attend the 15th International Vitamin A Consultative Group meeting in Arusha, Tanzania from 8-12 March.

Mr. Mmanga will attend the USAID-sponsored child survival meeting in Dakar, Senegal from 29 March to 3 April, provided that his passport has been issued.

IEF will be presenting 3 talks at the 27-28 Medical Association of Malawi meeting in Lilongwe. Since Mr. Mmanga will be in Senegal for the USAID-sponsored meeting he will not be able to present his talk on Vitamin A supplementation in Chikwawa District: Mother's knowledge and missed opportunities. Dr. Courtright will be giving the talk on Weaning practices and risk of diarrhea in Chikwawa District since Ms. Porter will be on leave.

Financial Report

The financial report is attached. Time sheets for Drs. Lewallen and Courtright are attached.
MONTHLY REPORT MARCH 1993

Administrative Issues & Personnel

4 of the 5 IEF vehicles (Peugeot 305, Toyota Corolla, Toyota Cressida, and Isuzu 4x4) are in working order. Our Toyota 4x4 is still not in working order; it is at Montfort Garage for repairs.

Renovations of the IEF/Nchalo office are, as yet, incomplete.

At the end of March the Malawi kwacha stood at 4.2 MK = $US 1.

Dr. Christine Witte, IEF/Bethesda, was in Malawi from 23 March (departing 6 April) to review IEF's onchocerciasis programme in Thyolo and findings from our recent prevalence survey in Mwanza.

Dr. Nicholas Cohen, WHO Expanded Programme of Immunization, Geneva, visited with IEF on 17 March.

We are still having problems with our FAX line; requests to repair the line have not been fulfilled. The Blantyre phone is also in need of repair.

Meetings

At the request of World Food Programme, Dr. Courtright attended a meeting with the Blantyre District Commissioner on March 4. The IEF/Project HOPE nutrition assessment, which showed higher malnutrition rates in the northern reaches of the district as compared to the southern reaches, was used by WFP to promote the idea of targeting of food resources. By the end of the meeting it was clear that the DC was not going to target food supplies. IEF found it educational to note that the Blantyre DC (and probably most other non-health officials) have little grasp of the severity of health indices in Malawi. For future reference, it should not be assumed that district officials have been briefed adequately about causes of morbidity and mortality in Malawi.

Mr. Chikhosi attended the 15th International Vitamin A Consultative Group meeting in Arusha, Tanzania (8-13 March) for the International Eye Foundation/Malawi. Mr. Chikhosi found this meeting very informative. A copy of his report can be obtained from IEF/Nchalo. Mr. Barrows (IEF/Bethesda) presented results from IEF's baseline survey. A copy of his presentation Vitamin A Supplementation in Chikwawa District, Malawi: Mother's Knowledge, Delivery Strategies, & Missed Opportunities can be obtained from IEF/Blantyre.

CONGOMA convened an "emergency annual general meeting" on 11 March, which Dr. Courtright attended. While IEF has been pleased with the progress made by the Drought Response Coordination Unit to consolidate activities by NGOs during the drought, CONGOMA remains ineffectual. It is hoped that a new CONGOMA general secretary will stimulate activity.

Mr. Mmanga attended the DRCU organized meeting on post-drought mitigation and rehabilitation (water and agriculture) on 23-24 March. Mr. Mmanga continued on to Senegal on 25 March for the USAID supported meeting on child survival. Mr. Mmanga presented a paper on Early Supplemental Feeding & Diarrheal Disease in Malawi at this meeting.

IEF had three presentations at the March 27-28 Medical Association of Malawi meeting. We are pleased that two ophthalmic medical assistants, Mr. Steve
Kanjaloti (Chikwawa) and Mr. Dighton Divala (Mulanje) had the opportunity to present their work on cataract and traditional healers, respectively. Dr. Courtright presented work on diarrhea and early introduction of supplemental foods. Abstracts from the three presentations are given as appendices.

Ministry of Health/Chikwawa & IEF Collaboration

As stated in February's report MoH/Chikwawa is assisting IEF in working with health staff at Ndakwera and Maperera health centres to incorporate IEF staff into these health centres and start local leaders meetings (village health committee training). By the end of March village health committees had been formed in Ndakwera (25 villages), Maperera (38 villages), and Ngabu (16 villages). In the Ngabu area an additional 20 moribund village health committees were re-started.

Mr. Mmanga had good collaboration with the MoH/Chikwawa on the staging of a workshop for staff on exclusive breast feeding on 19 March. Staff from Chikwawa District Hospital and the Regional Health Office/South acted as facilitators.

The poster on vitamin A supplementation, prepared in February, has not been printed yet. Once printed, IEF will work with the MoH/Chikwawa to conduct a series of seminars with church and other leaders on the importance of encouraging mothers to bring their children for vitamin A supplementation.

ADRA/IEF Collaboration & Montfort Hospital/IEF Collaboration

Ms. Porter continues to work with Montfort to develop a community-based AIDS control programme. The proposal will be finalized by the end of April and submitted for funding.

Mr. Chikhosi and Mr. Alifinali have met with Montfort staff to formalize collaboration regarding activities on Nsua Island. To expedite activities on Nsua, Montfort will sent their HSAs to conduct the survey of the "south island" (5 villages) and Mr. Lewis (IEF HSA) will survey the "north island" (5 villages). IEF will also assist Montfort with a re-training of Montfort VHVs on vitamin A distribution, roster preparation, and exclusive breast feeding. IEF will ensure that all Montfort VHVs have adequate vitamin A and record keeping materials.

Village Health Promoters (1989-1991)

IEF continues to monitor these volunteers providing vitamin A every six months and ORS when available.


The training of village health committees in the three new catchment areas (Ngabu, Ndakwera, and Maperera) started in March.

As reported in the January report the deaths of three people and subsequent threats against the lives of people in the Dolo area prompted the MoH to withdraw their staff from the area. There has been no change in this situation and we have not been able to send IEF staff back to live in this area. Incidents involving shooting have increased dramatically throughout Chikwawa District.

IEF held a 1993 planning session for staff on 22 March. Plans for the remainder of 1993 were prepared and IEF staff feel they can keep to the basic set of "outputs" in the project proposal and implementation plan. The major
area of reassessment of objectives falls under the heading of institutional sustainability. For a wide range of reasons (insufficient funds being allocated to MoH, insufficient staffing at MoH units, deteriorating transportation capacity, etc) IEF will not be able to turn over project activities to the MoH as originally designed.

Mr. Mekisini trained 4 HSAs in the conduct of a series of interviews of new VHVs. A "control" woman will also be selected for each VHV and interviewed. This information will be used to assess what kind of woman villagers are likely to be selected to become a VHV. The information will also serve as a baseline set of indices about the VHVs so we can assess characteristics of the VHVs that lead to both good working experience and volunteer drop-out.

**IEF HSA Trainees**

Mr. Makata has finalized a motorcycle policy. This will go into effect in early April.

All IEF HSAs have assisted the MoH in the chlorination of village water supplies. Mr. Lewis, (IEF HSA), the first health staff person ever assigned to Nsua Island, has held a series of meetings with village chiefs and elders to educate them regarding the current cholera epidemic.

**Ophthalmologic Situation at QECH**

Dr. Lewallen is preparing a proposal to seek support for additional training in ophthalmology for a College of Medicine-trained Malawian physician. There is no Malawian currently in ophthalmology training overseas expected to return to Malawi.

**Under-Five Clinic & Health Education Centre**

Ms. Porter continues to make arrangements for the construction of Under-5 Clinic/Health Centres in Thendo and Nyasa. Meetings have been held with the district construction teams to finalize arrangements.

**Exclusive Breast Feeding: Developing an Effective Programme**

Ms. Duke continued to work with the MoH/Lilongwe and UNICEF and assisted with the preparation of two additional workshops. A workshop was held in Mzuzu on March 8-9 and in Lilongwe on March 18-19. Mr. Mmanga conducted a meeting for Chikwawa MoH, CHAM, and SUCOMA nursing staff on 19 March; this was preceded by a facilitators meeting on 11 March. We are pleased to note that these workshops have generated a lot of discussion on breast feeding and the early introduction of supplemental foods throughout Malawi.

IEF prepared a set of guidelines for the MoH/South to investigate the prevalence of exclusive breast feeding and diarrheal disease in all districts of the Southern Region. In March Project HOPE and IEF worked together with MoH to conduct this assessment. All results will be tabulated at the MoH/South and communicated back to the districts upon completion. This activity was funded through Project HOPE's nutritional assessment grant from UNICEF and IEF's drought grant from the DRCU. IEF received funds from UNICEF through the DRCU to assist the Northern Region and Central Region to conduct similar assessments; these will be conducted in late April, early May.

In April IEF will submit a manuscript authored by Dr. Courtright, Ms. Duke, and Dr. Jacka detailing the magnitude of the problem of early supplementation and diarrhea in Chikwawa District and possible methods for intervention. The manuscript abstract is attached.
**AIDS Control**

Ms. Porter has prepared a proposal to establish an AIDS control/family planning programme with Montfort Hospital. The proposal will be finalized and submitted for funding in April.

Ms. Porter started conducting focus groups with both men and women in Chikwawa in March. Ms. Porter has also set up focus groups discussions with some healers to help "flesh out" our understanding of their perception of AIDS.

**PCV Activities**

As reported in the February report IEF was dismayed to learn of US Peace Corps plans for no new PCVs once Mr. Mauzyscki and Ms. Porter complete their service (September 1993). IEF has set a letter of appeal to Peace Corps/Washington and USAID to change the current decision by Peace Corps/Lilongwe.

Mr. Mauzyscki continued as the coordinator of IEF's nutrition assessment activities. From 14-19 March he joined one of the American Refugee Committee nutrition assessment teams in Machinga District for a reassessment of oedema. The reassessment arose from problems with one ARC team in oedema assessment. Mr. Mauzyscki set up plans for the 4th (and last) nutrition assessment scheduled for Chikwawa District from 5-10 April. This assessment will also include evaluation of vitamin A coverage (after 6 months of UNICEF-sponsored distribution of vitamin A capsules through the EPI network) and receipt of supplemental foods through health facilities. As in previous assessments, diarrhea, bloody diarrhea, and measles are included. Malaria has also been added to this final assessment.

Ms. Duke spent all of March involved in exclusive breast feeding promotion activities. Ms. Duke assisted with the planning for the workshops planned for the Central Region (17-19 March) and Northern Region (8-10 March). Ms. Duke completed her Peace Corps service on 25 March.

Ms. Porter has devoted most of her time to AIDS control programme development, focus group discussions with traditional healers and planning for workshops of IEF staff. She also worked with Mr. Nyamizinga (MoH HSA) to brief Nsua Islanders of the role of Mr. Friday Lewis, IEF HSA for Nsua Island. Ms. Porter has assisted Mr. Alifinali and Mr. Nyamizinga establish an supervisory programme for Nsua Island.

**Drought & Impending Famine: Nutritional Assessment**

IEF will complete its nutritional assessments in April. As described in the February report Chikwawa survey children who were malnourished (December 1992) were given a referral form to take to the nearest MoH/CHAM health centre for supplemental feeding. In February all children identified as malnourished were visited by an HSA to determine use of health facilities, food distribution, illness, etc. We will repeat this process for the last nutritional assessment in April and combine the two data sets.

At present we have kwashiorkor maps for Chikwawa, Blantyre, Mulanje, Chiradzulu, Nsanje, and Machinga. Maps for the remaining districts should be available in April.

**Vitamin A Supplementation**

The vitamin A supplementation posters are currently being printed. UNICEF has decided to print even larger quantities and will be providing most, if not all, of the funding. These should be available in April. IEF and
MoH/Chikwawa will conduct a series of seminars with church leaders and others using the posters to encourage mothers to bring their children under 6 to health facilities or village health volunteers for supplementation.

ARC reported that vitamin A supplementation coverage in Machinga District, measured in their March nutrition assessment, has remained low. IEF will be measuring coverage in Chikwawa District in April. We will compare this with baseline (April 1992) coverage to assess the increase in the district (project and non-project areas).

**Traditional Practices for Eye Disease in Malawi**

Ophthalmic medical assistants in Chikwawa and Mulanje (and Dr. Lewallen at QECH) continued to enroll corneal ulcer patients in this study. District patient enrollment was concluded on March 31. Interviews of traditional healers are progressing well. We anticipate completion of interviews by the end of April.

Dr. Lewallen reviewed the contribution of traditional eye medicines to corneal ulceration at the 16 March QECH Clinical Session. Mr. Divala presented the findings from the districts at the next Medical Association of Malawi meeting on 27-28 March.

**Investigation of Vitamin A Deficiency and Other Disorders in Measles**

Enrollment of cases was concluded on 1 March giving us a 12 month period of QECH measles admissions. Professor Broadhead, College of Medicine, presented data from this work at the 27-28 March Medical Association of Malawi meeting. A shortened form will be used to keep track of measles patients for the next 12 months.

IEF still awaits a response by the HSRC to our letter regarding our proposal Response to measles vaccine with and without vitamin A supplementation. The HSRC met on 19 February. Communication from the HSRC is problematic.

**Vitamin A Deficiency and Cerebral Malaria**

Enrollment of cases is proceeding well.

**Barriers to the Acceptance of Cataract Surgery**

Mr. Steve Kanjaloti presented results from this work at the 27-28 March Medical Association of Malawi meeting. More detailed data analysis and report writing is underway.

**Prevalence Survey of Onchocerciasis in Mwanza District**

With the visit of Dr. Witte, IEF/Bethesda, a programme for ivermectin distribution in Mwanza was prepared. Based on the survey it is estimated that 20,000 people will need to be targeted. Distribution will take approximately six weeks; the IEF Thyolo crew will start distribution in July. Dr. Johnston, Thyolo project manager, will be departing Malawi at the end of May. IEF will be looking for a replacement.

**Plans for April**

Distribution of ORS and vitamin A will continue as needed.

The Chikwawa District nutrition assessment will be conducted from 5-10 April.
Dr. Courtright will be meeting with Mr. John Niewoehner, American Refugee Committee water engineer, on 8 April to establish areas of collaboration in water supply activities in Chikwawa District.

Training of village health committees and selection (and interview) of village health volunteers will continue in April.

Financial Report

The financial report is attached. Time sheets for Drs. Lewallen and Courtright are attached.