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LAC Regional Results Package: Integrated Management of Childhood Illnesses (IMCI) 1997-2001

**A Proposal from the Pan American Health Organization (PAHO)
and Basic Support for Institutionalizing Child Survival (BASICS)**

to the

**Bureau for Latin America and the Caribbean
United States Agency for International Development**

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BASICS



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LAC Child Survival Target Countries



ACRONYMS

AMPES	PAHO's Planning, Programming, Monitoring, and Evaluation System
APB	PAHO's Annual Program Budget
ARI	Acute Respiratory Infections
BASICS	Basics Support for Institutionalizing Child Survival
BPB	PAHO's Biannual Program Budget
CARE	Cooperative Assistance Relief Everywhere
CDD	Control of Diarrheal Diseases
CRS	Catholic Relief Services
EAP	PAHO's Evaluation Tools to Assess Progress in Each Technical Unit
HCT	PAHO's Communicable Disease Program
HFQR	Health Facility Quality Review
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
LAC	Latin America and the Caribbean
M&E	Monitoring and Evaluation
MEDED	Medical Education
MIS	Management Information System
NGO	Nongovernmental Organization
ORS	Oral Rehydration Salts
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PTC	PAHO's Four Month Day-to-Day Work Plan for Every Unit
PVO	Private Voluntary Organization
RPM	Rational Pharmaceutical Management
TAG	Technical Advisory Group
TBD	To Be Determined
TIS	Technical Information System
USAID	United States Agency for International Development
UNICEF	United Nations International Children's Education Fund
WHO	World Health Organization

REGIONAL PLAN OF ACTION FOR THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

INTRODUCTION

Worldwide some 12 million children die each year before they reach their fifth birthday. Approximately 565,000 of those deaths occur in Latin America and to a large extent are preventable. The majority of these deaths are attributable to diarrhea, pneumonia, measles, malaria, and malnutrition, or a combination of these conditions.

Building on past experience and lessons learned from disease-specific control programs, the World Health Organization (WHO), in collaboration with UNICEF, has developed an integrated approach to the assessment, classification, treatment, and counseling of sick children and their caretakers. This approach is known as *Integrated Management of Childhood Illness (IMCI)* and forms the basis for new treatment guidelines at first-line health facilities. IMCI provides for integrated case management of the most common childhood illnesses (acute respiratory infections, diarrhea, malaria, measles, and malnutrition) which in the past were generally considered and treated separately. PAHO estimates that these conditions are responsible for the majority of child deaths in Latin America.

In response to the child survival challenge in Latin America and the Caribbean, staff from USAID, the Pan American Health Organization (PAHO), and the Basic Support for Institutionalizing Child Survival Project (BASICS) collaborated on the design of a five year LAC Regional IMCI strategy. It is expected that this strategy will serve to improve child health services thereby reducing the impact of the main causes of child mortality and morbidity in the LAC region.

The "Partners" (PAHO and BASICS) bring a wealth of experience to this regional initiative. Through collaboration with WHO, UNICEF, other international health organizations and private nongovernmental organizations, the Partners will be able to synthesize the evolving state-of-the-art in child health care and IMCI worldwide for adaptation and introduction into the LAC regional context.

Although the LAC Regional IMCI Initiative concept was launched at the Washington, D.C. headquarters level, activities will be implemented at the regional and subregional levels. Representatives from eight target countries will be asked to participate: Bolivia, Ecuador, Peru, El Salvador, Guatemala, Honduras, Nicaragua and Haiti—the USAID LAC Bureau Child Survival Target Countries. The IMCI Initiative activities are grouped into three phases: Design, Implementation, and Monitoring and Evaluation (see Results Framework, Appendix C). Each target country will begin participation at various points within the framework depending on the commitment and capacity of the country to implement the IMCI strategy.

Based on experience in several Latin American countries, PAHO and BASICS recognize that the private sector, and particularly nongovernmental organizations (NGOs), are an important ally in the provision of child health care services to the poorest of the poor. Governments in Latin

America are recognizing that they cannot meet the entire range of health needs—especially in child survival—solely through public resources. Therefore, alliances among government health ministries, medical associations, NGOs, commercial organizations, and international donors are increasing in the LAC region. NGOs bring local knowledge, talent, and experience. The commercial sector brings a business-like perspective that can help governments move forward. Thus, the Partners will encourage a strong private and commercial sector role in the introduction and implementation of IMCI in the target countries.

Funding is requested for a five-year period (1997-2001) to implement regional and subregional activities in support of the three stages of country IMCI activities: design, implementation, and monitoring and evaluation. PAHO proposes full five-year funding to satisfy its proposed level of effort. BASICS proposes full five-year funding, but segmented such that the first two years of funding support its level of effort through September 1998 (the end of the current BASICS contract) plus an additional three years funding to support proposed efforts under BASICS II, or other USAID-funded child survival implementation arrangement.

Funds allocated for regional activities in this proposal will not be used for country-specific IMCI activities. Therefore, close collaboration with the USAID/LAC and Global Bureaus, as well as USAID field Missions, PAHO Country Offices and other agencies interested in IMCI -NGOs among them- will be sought throughout implementation.

BACKGROUND

In the Region of the Americas, countries are working to improve health services within an evolving decentralized context. Some countries are already adapting an integrated service delivery approach recognizing that it is common for children to have two or more diseases at the same time. Throughout the region, sustainability of quality health services is an over-riding goal for both private and public health sector resources.

Within this context, many developing countries and international agencies (WHO, PAHO, UNICEF, USAID) are involved in the development and implementation of this integrated approach for both the technical and programmatic management of sick children. Studies have shown that children brought to health facilities often are ill from multiple causes; some acute, some underlying and often unrecognized. The World Development Report, published by the World Bank in 1993, estimates (page 114) that IMCI is one of the most cost-effective public health interventions that can be undertaken by developing countries. The WHO estimates that if high rates of health service use can be achieved, the majority of child deaths in high-mortality communities can be avoided using the IMCI approach and its support elements.

While the IMCI approach focuses on treatment for management of the sick child, it also directs the health worker to provide two of the most important preventive measures for child health—immunizations and nutrition counseling. Through the integrated approach, each child's immunization status is checked and vaccines given as needed; and nutrition counseling is provided to the child's caretaker in order to improve infant feeding—including the promotion of exclusive and continuing breastfeeding. The IMCI strategy addresses not a single disease but the child as a whole.

PROGRAM RATIONALE

As stated above, it is estimated that the majority of child deaths in high-mortality communities can be avoided using this integrated approach and is the most important rationale for implementation of the regional initiative. Additionally, integrated management can mean greater efficiency in training, supervision, developing policies and norms, and monitoring and evaluation from the community level to the health care facility. If the supporting infrastructure is in place, over time resources required may be reduced because children will be treated with cost-effective interventions for their condition, and the health system will be able to combine resources to treat the child in an integrated fashion. The IMCI approach can avoid the duplication of efforts that can occur in training and implementing parallel vertical control programs in ARI, CDD, nutrition, and vector borne disease.

Additional advantages of implementing this initiative at the regional level include:

- efficiency of using proven technical child survival tools and methodologies in multiple countries;
- positive complementarity of proposed activities with country-level child health care priorities;
- monitoring and evaluation of successful experiences for replication among the participating countries; and
- strengthening regional and subregional technical cooperation in child survival among the participating countries and with organizations such as PAHO, UNICEF, WHO, and USAID.

Although infant and under-five mortality rates have dropped significantly in Latin America since 1960, in the eight LAC Child Survival Target Countries covered by this proposal, mortality rates remain unacceptably high. For example, in 1994, the under-five mortality and infant mortality rates in Haiti were 127/1,000 and 74/1,000, respectively. In Bolivia rates were 110/1,000 and 73/1,000. And in Guatemala 70/1,000 and 51/1,000. The lowest infant and under-five mortality rates were recorded in Jamaica, Chile, and Costa Rica.¹

The impact of the prevalent childhood illnesses in Latin America is illustrated below.

Diarrheal and Acute Respiratory Infections

In the Region of the Americas, the severity of diarrheal diseases and acute respiratory infections has led to high levels of childhood morbidity, mortality, and associated patient costs. Diarrheal diseases and acute respiratory infections combined create the highest demand for health service consultations, are the most important causes of hospitalization, and use up scarce health sector resources. They represent the first to third causes of mortality in children less than five years of age.

In 1996, for example, approximately 140,000 children less than five years of age will die from acute respiratory infections (mostly pneumonia) and 80,000 from diarrheal diseases in Latin

¹ "The State of the World's Children - 1996", published for UNICEF by Oxford University Press

America, with an estimated 33,000 in the eight USAID LAC Child Survival Target Countries.² It is estimated that ARI also causes 60 percent of all consultations at health facilities and 40 percent of hospitalizations in pediatric services (see table at Appendix A).

Measles

Since the introduction of effective vaccines and program strategies, the incidence of measles in the LAC Region has been reduced by approximately 99 percent from 1990 levels. Moreover, PAHO, with support from the USAID/LAC Regional Bureau, has initiated a regional program to eliminate measles during the next 5 years. Continued success in the vaccination program, and specifically, in the effort to eliminate measles, will be contingent upon countries ability to maintain a high degree of coverage. This includes improved surveillance systems and providing vaccinations through routine service delivery thereby reducing the number of missed opportunities. The IMCI strategy supports systematic checking of the immunization status of each child that comes to a health facility.

Malaria and Other Vector Diseases

In 1995, the population of Latin America was estimated at 459 million. Many live in areas where ecological conditions are propitious to malaria and dengue transmission. The 1994 malaria incidence rate in LAC countries with active transmission was an estimated 146 per 100,000 inhabitants. Both the malaria parasite and mosquitoes that carry it have shown a remarkable ability to adapt to human eradication and control efforts. From a subregional point of view, Brazil reported the greatest absolute number of malaria cases (50.6 percent) followed by the Andean Region (Peru, Colombia, Ecuador, Bolivia) with 29.4 percent of cases³ reported in 1994. Malaria takes its highest toll among children.

While control of malaria is complex, in most cases life-saving, low-cost treatment is available. However, health workers must be able to differentiate the signs and symptoms of malaria from other common childhood illnesses. The IMCI strategy assists the health worker to distinguish the signs and symptoms of the most common childhood illnesses and leads them to the appropriate diagnosis and case management.

Malnutrition

One out of four children in the developing world suffers from malnutrition. In Latin America, severe malnutrition still exists throughout the region, particularly among indigenous populations. In 1996, UNICEF reported that in Guatemala 34 percent of under-fives were moderately to severely underweight and 58 percent suffered moderate to severe stunting. In Haiti 27 percent of under-fives were moderately to severely underweight and 34 percent suffered from moderate or severe stunting. Honduras registered 21 percent and 39 percent; Ecuador 17 percent moderate to severe underweight in under-fives and 34 percent stunting for the same age group. In comparison, Jamaica registered 9 percent moderate to severe underweight and 5 percent

² Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru

³ PAHO Statistics

moderate to severe stunting; Chile 3 percent and 10 percent; and Costa Rica 2 percent moderate to severe underweight and 10 percent stunting.⁴

In addition to the misery of constant hunger, these malnourished children are much more likely to succumb to infections. Almost one-third of childhood deaths occur among the malnourished. Often, owing to cultural shibboleths and preferences, children are deprived of the critical nutritional and protective benefits of breastfeeding. In Haiti, for example, only 3 percent of babies are breastfed exclusively from age 0-3 months. Exclusive breastfeeding for the same age group in Honduras is only 11 percent, El Salvador 20 percent, and in Ecuador 31 percent.⁵

The LAC Regional IMCI Initiative will encourage participating countries to focus on nutrition/growth promotion and prevention activities, including the adaptation and use of the food box, a methodology to strengthen nutrition communications and behavior change.

COUNTRY PARTICIPATION AND ACTIVITY PHASE-IN

The eight LAC target countries are not expected to participate in the proposed regional activities at the same pace. For example, outside of this proposed regional strategy, PAHO and BASICS are presently involved with various country-level activities to integrate IMCI into existing health programs, including Peru and Bolivia. Therefore, representatives from these countries will be asked to be early participants in the regional IMCI initiative and will quickly pass through the Design Phase to the country capacity-building Implementation Phase followed by activities in the Monitoring and Evaluation Phase. As part of a regional sharing approach, "early use" countries will be encouraged to share their evolving experience and lessons learned with their neighbors as they participate in regional and subregional activities.

In year one (1997) of implementation, representatives from five LAC target countries (Bolivia, Ecuador, Peru, El Salvador, Honduras) will concentrate on activities in the Design Phase. This includes reaching national consensus on IMCI, designing a strategy and plan, and beginning the adaptation of WHO, PAHO, and BASICS training materials. The design phase activities will set a sound foundation for the subsequent implementation phase of IMCI.

In year two of implementation, these five target countries will be invited to participate in a series of technical workshops. Each will participate in regional and subregional workshops offering new tools and methodologies needed to implement IMCI successfully. They include IMCI management, drug logistics, the health facility assessment, mortality survey and surveillance, IEC/behavior change, and complementary training in IMCI for health auxiliaries and community health workers. Concurrently, a new group of three countries (Guatemala, Nicaragua, Haiti) will be invited to participate in phase one design and planning activities in 1997-1998.

It is expected that field testing of promising tools and methodologies such as the Health Auxiliaries Course and the Community Health Workers Course will be carried out by the second and third years of the Regional Initiative. The results will then be evaluated and packaged for

⁴ "State of the World's Children, 1996"

⁵ "State of the World's Children, 1996"

subregional technical workshops to enable subsequent replication by the target countries.

Under the Monitoring and Evaluation Phase, participating countries will contribute epidemiological data to a Regional Management Information System. Country program managers will participate in subregional IMCI management workshops to review and critique implementation experience and strengthen their Management Information Systems. An Operations Research agenda will also be developed for each sub-region with participating countries encouraged to contribute.

It is expected that all eight target countries will be participating in some aspect of the Regional IMCI Initiative by the second year of implementation. Other countries⁶ may participate in subregional workshops on a space available basis. Follow-up assistance, including monitoring and evaluation, will be focused on the eight target countries.

To accommodate the gradual phase-in of participating countries, a division of roles and responsibilities by sub-region between PAHO and BASICS has been delineated, and joint work plans will be prepared accordingly. It is expected, for example, that of the eight IMCI target countries, PAHO will be the lead Partner in first-phase design and implementation of subregional activities in Peru in early 1997, El Salvador and Nicaragua later in 1997, and Haiti in 1998. BASICS will take the lead with subregional activities in Bolivia and Ecuador starting in 1997, and Guatemala and Honduras by 1998.

PAHO AND BASICS ORGANIZATIONAL PROFILES

PAHO's mission is to foster and coordinate health programs in the Western Hemisphere, to cooperate technically with Member Countries, and to stimulate cooperation among them to sustain human development and achieve *Health for All*. PAHO works closely with all 33 member countries, Ministries of Health, social security agencies, NGOs, and other national institutions in planning, implementing, training, and evaluating technical cooperation in health. The Pan American Sanitary Bureau (PASB) officially began operations in 1902 and the Pan American Health Organization, Regional Office of the World Health Organization, began activities in 1948. PAHO has developed and implemented action-oriented activities for the control of acute respiratory infections and diarrheal diseases for over 10 and 15 years, respectively.

The BASICS project is an innovative international public health project funded by the United States Agency for International Development and implemented by the *Partnership for Child Health Care, Inc.*⁷ BASICS provides technical leadership and practical field programs to reduce infant and childhood illness and deaths worldwide and is the largest USAID-funded program in child survival.

⁶ Brazil, Mexico, Argentina, Chile, Colombia, Venezuela, Uruguay, Paraguay, Panama, Costa Rica, Dominican Republic, Surinam, Belize, English and French-speaking Caribbean

⁷ The Academy for Educational Development, John Snow, Inc., Management Sciences for Health

The BASICS project also collaborates with nongovernmental organizations, international donors, and public health institutions to promote and implement cost-effective child survival interventions.

BASICS, with the collaboration of the U.S. Center for Disease Control and Prevention and USAID, has developed a paradigm called the *Pathway to Survival*. It is a conceptual framework to analyze caretaker and health provider behavior in child survival and to identify where behavior change and treatment interventions can be targeted. The Pathway will be useful in identifying complementary aspects of IMCI (Appendix B).

PAHO AND BASICS ROLES AND RESPONSIBILITIES

Because of its permanent intergovernmental nature in the region, PAHO will assume the overall coordinating role for this LAC Regional IMCI Initiative. In terms of the activities envisioned under this proposal, PAHO and BASICS will share implementation responsibility, according to each partner's technical and organizational strengths. This sharing of roles and responsibilities should maximize the comparative advantage that each agency can provide.

The Partners will create a project management and technical team unique in the region—a leading partnership in the effort to meet the challenges of child survival. Based on the USAID/LAC Regional IMCI Initiative Strategic Framework (Appendix C) developed collaboratively to define the results package implementation, a lead agency has been agreed upon by PAHO and BASICS for each proposed activity or group of activities. All activities will foster joint PAHO/BASICS participation; the roles might be different but complementary. For example, PAHO might sponsor a training-of-trainers course in a particular region or sub-region, for which PAHO will have the primary organizing role and resources. In this case, funds will be budgeted by BASICS for participation of BASICS technical personnel.

In the results package proposal, PAHO/BASICS regional activities are targeted at strengthening country-level IMCI capacity. A clear distinction must be made between regional activities funded under this proposal and country activities funded from other sources (e.g. PAHO country program funds, USAID Mission funds). Regional funds will not be used to support implementation of country-specific IMCI activities.

CRITICAL ASSUMPTIONS

The LAC Regional IMCI Results Package will begin implementation in a dynamic environment where conditions are not static and often outside the control of the Initiative, may either support the success of the IMCI strategy or serve as impediments to implementation and attainment of anticipated results. In the context of democratization and empowerment now spreading throughout the LAC Region, among the most important of these working assumptions are:

Decentralization: that the process of decentralization is strengthened and/or continues. Decentralization is occurring to some extent in each of the eight target countries. The degree to which local governments and community organizations are “empowered” to negotiate a planning and oversight role with health authorities could determine the extent of support for integration

of child health services and IMCI. The delegation by central bureaucracies of the necessary resources and decisionmaking authority to district health management may differ from country to country.

Integrated Service Delivery: that integrated services is the preferred service delivery model as opposed to vertical programs. As such, political commitment and resources (human and financial) will gradually be shifted from vertical programs (e.g., ARI, CDD, malaria control, nutrition) towards providing service delivery through an integrated care model. These vertical programs have developed constituencies within ministries of health who may not readily embrace the integrated delivery model. Child care services at the facility level must also be “integrated” with curative/preventive services at the community level.

Sustainability: that if IMCI is to be an effective approach for treating the sick child and counseling caretakers, the quality of care needs to be improved and sustained. IMCI will show positive results if it is implemented within the correct technical, administrative, and logistics support environment. In addition to ministries of health and local governments assuming recurrent costs, health facilities need to be well-organized, staff oriented and trained, drugs and supplies on the shelf, referral systems in place, IMCI materials available, strong supervisory systems in place, and continuing education a reality.

GOAL, STRATEGIC OBJECTIVE AND RESULTS

Goal

The USAID Goal for the population and health sector is: *Stabilizing World Population and Protecting Human Health in a Sustainable Fashion*. This initiative will contribute to achieving that goal by fostering a reduction in infant and child mortality in the LAC region.

Mortality rates from diarrhea and ARI as well as the nutritional status of children under 5 years of age in target countries will indicate the eventual contribution of this results package to USAID’s goal of protecting human health.

Strategic Objective

The LAC Regional Strategic Objective, of which the IMCI initiative is a component, is: *More Effective Delivery of Selected Health Interventions* (see LAC Regional Framework in Appendix C).

In this case the selected health intervention is IMCI and the Strategic Objective for the IMCI initiative is: *More Effective Delivery of Child Health Services in Response to CDD, ARI, and Malnutrition*.

The indicators to be used to measure progress in achieving the Strategic Objective for IMCI are the number of target countries—

- with 100 percent of facilities in pilot districts delivering IMCI services; and
- with 10 percent of facilities delivering IMCI services.

The development of an improved system for providing comprehensive child health care, including IMCI, is a long-term undertaking in the region. While the potential benefits and cost-effectiveness of an integrated approach to case management are important and promising, the implementation of this initiative will be accomplished in a carefully staged fashion to achieve the intermediate results outlined below.

Intermediate Results

In the context of the critical assumptions described earlier, the LAC Regional IMCI Initiative will utilize the technical capabilities and experience inherent in each Partner organization in tandem to help achieve the Strategic Objective and the following Intermediate Results:

- Intermediate Result #1 (IR1): Country Health Leaders Have Information for IMCI Adoption;
- Intermediate Result #2 (IR2): Country Plans and Strategies in Place for Introduction and Implementation of IMCI;
- Intermediate Result #3 (IR3): Improved Country Capacity to Implement IMCI Services; and
- Intermediate Result #4 (IR4): Monitoring and Evaluation Used to Adjust IMCI Program Plans.

It is expected that baseline values and annual targets will be negotiated by the Partners with USAID and reported officially to USAID no later than two months after funds are provided to the Partners. A performance indicator matrix is included as part of this proposal (Appendix E).

PROPOSED SCOPE OF ACTIVITIES BY INTERMEDIATE RESULT

Each activity has been assigned to a lead Partner for primary responsibility for organization and implementation. The monitoring of specific tools in target countries will be undertaken by PAHO Country IMCI specialists and BASICS Country Advisors as part of their routine operational duties, in coordination with PAHO and BASICS program staff in Washington, D.C. An ongoing follow-up process will provide valuable information and assistance to determine the success of the activities, status of the development of new tools, and the dissemination of information regionally.

IR1 - Country Health Leaders Have Information for IMCI Adoption

In order to achieve the IMCI Strategic Objective it is apparent that one of the first steps will be to provide policymakers in the Ministries of Health in each target country, sufficient information for them to make an educated decision on whether to implement IMCI. They will require information about the commitments in terms of time, manpower, and funds which are necessary in order to implement the IMCI strategy.

The indicator identified to monitor the achievement of IR1 is:

the number of target countries where country leaders have adequate (having had informational visits and participated in orientation workshops) information regarding IMCI.

PAHO will take the lead role under IR1 to advocate implementation of the IMCI strategy. To ensure that national authorities are familiar with the benefits of the IMCI strategy, resources will be programmed for two types of activities: informational visits and orientation workshops.

BASICS program staff will provide technical visits to target countries and support PAHO through its relationships with USAID Missions and USAID-funded projects.

1.01 Informational Visits

Through on-the-ground visits by PAHO and BASICS program staff, this activity is intended to build advocacy for IMCI by ensuring that national authorities are familiar with the benefits of the IMCI strategy and the type of resources required to achieve results. Regional specialists and PAHO and BASICS program staff will outline and describe to target countries' ministries of health and participating private sector representatives, the strategy and country requirements for implementation (e.g. existence of a functioning drug supply system, review of IMCI clinical course content, associated tools such as monitoring, evaluation, review of current national health policies, and existing child health care guidelines).

1.02 Orientation Workshops

Once countries have decided to adopt IMCI, this activity is intended to provide adequate detailed information to country decisionmakers, and nascent IMCI technical working groups, on the IMCI strategy, its potential benefits and implications on budget, staffing, training, and coordination with ongoing health programs. PAHO and BASICS program staff and consultants will hold four, four-day orientation workshops organized on a subregional basis for senior country health sector representatives (program managers and high-level individuals in the ministries of health, UNICEF, USAID, and private sector) to review the LAC Regional IMCI Initiative, course modules and country requirements, and commitments necessary for full participation. Workshops are envisioned for the sub-regions (composed of a set of countries in a geographic area) of Central America, Southern Cone, and the Caribbean. In 1996, the initial Andean subregional (Peru, Bolivia, Ecuador) workshop was conducted.

IR2 - Country Plans and Strategies in Place for Introduction and Implementation of IMCI

Once the target country representatives have received all the requisite information on IMCI and make the decision to provide services using the IMCI strategy, the next step will be to assist country decisionmakers and managers in developing operational plans and strategies for implementation.

IR2 will assist in the achievement of the Strategic Objective by ensuring that target countries have strategies and realistic plans in place to begin the IMCI implementation process.

The indicator identified to monitor the achievement of IR2 will be:

the number of target countries with IMCI plans and strategies adopted including identification of resource requirements.

Two activities will be carried out in order to attain IR2— a situation assessment, and development of an IMCI strategy, operational plan, and norms.

Specific activities for each of the Partners will be delineated during development of the detailed implementation plan and yearly workplan.

2.01 Situational Assessment

PAHO is working with BASICS to develop a prototype "situational assessment guide." The guide will include a checklist to assist country IMCI managers and planners analyze carefully the infrastructure and the organizational and financial implications of adopting IMCI as a child health care strategy. PAHO and BASICS plan to test the guide in Bolivia in February 1997, then provide it to each target country for adaptation based on national operational capacity. A series of workshops is planned to train target country participants how to conduct a situational assessment using the guide developed.

The assessment guide will include many of the elements contained in the PAHO "Early Use Implementation Guide" and the USAID "Guide for the Introduction of Integrated Case Management," both of which examine coordination and management, drug availability, communications, training, and monitoring and evaluation. It will include information to meet the intermediate results outlined in the Design and Implementation Phase of the Initiative. PAHO HCT (Communicable Disease Program) and IMCI country consultants, and BASICS Country Advisors can also provide follow-up and technical assistance to target countries.

2.02 IMCI Strategy, Plans, and Norms

PAHO and BASICS will organize three subregional workshops and provide technical assistance to country representatives to develop country-specific IMCI operational action plans and norms.

PAHO and BASICS will develop a "regional IMCI national plan format." They will disseminate and discuss the "plan" with country representatives during the subregional workshops. PAHO and BASICS consultants will assist target country representatives to make country-specific modifications to the "regional IMCI plan" before it is integrated into the overall country plan (health care plan) and before implementation occurs.

In addition to subregional workshops, directed technical assistance will be provided by PAHO and BASICS to some of the eight target countries to "kick-start" country-specific replication. Such technical assistance will be considered in the non-target countries only under extraordinary circumstances. Country PAHO consultants and BASICS country advisors will provide follow-up and technical assistance.

2.03 Rapid Assessment of Health Worker Performance

This assessment methodology has been developed by BASICS to collect information on case management of the principal causes of childhood morbidity and mortality. The assessment instrument is designed to help countries which are trying to integrate child health services. As a diagnostic tool, it can help health planners prioritize those program elements essential for integration, and later IMCI, including: health worker training, supervision, drug supply, availability of essential equipment, availability of normative and reference materials, and overall health facility management.

The assessment methodology has the following characteristics:

- it is rapid; a total duration of three weeks, including training of surveyors, data entry, and analysis;
- it is designed to be carried out before IMCI has been implemented;
- it is an important tool for preparing for IMCI but doesn't measure all the components of the IMCI training course (see HFQR below); and
- it is designed as a local level planning tool; lower level health staff can use the survey instrument to evaluate health care services and devise strategies and plans to improve services. Survey instruments and training materials have been developed and field tested in Africa with support from USAID's Global Bureau.

BASICS will translate these survey instruments and training materials into Spanish and invite representatives from the target countries to be trained in the methodology. BASICS staff will then work with PAHO to make necessary adaptations for field testing in one or more IMCI early use districts in one target country. The field test experience, methodology, and training materials could then be packaged and made available to other participating countries.

IR3- Improved Country Capacity to Implement IMCI

Once country-specific IMCI plans have been developed, the next step will be to strengthen the capacity of the target countries to carry out implementation. The activities planned in IR3 comprise the most substantial section of the LAC Regional Initiative.

The indicators identified to monitor the achievement of the IR3 will be:

the number of target countries with more than 10 percent ambulatory health facilities which have: IMCI norms available; service providers trained in IMCI; IMCI essential drugs available at least 75 percent of time; and district plans that include IMCI at this level.

the number of target countries with more than 100 percent of pilot districts which have: IMCI norms available; service providers trained in IMCI; IMCI essential drugs available at least 75 percent of time; and district plans that include IMCI at this level.

PAHO and BASICS have agreed to collaborate closely in the planning, development, and

implementation of activities in four technical areas under IR3: management, training and supervision, drugs, and caretaker demand and compliance. Human resource development through pre-service and in-service training will provide the requisite skills to develop, implement, and sustain the IMCI strategy in the target countries.

3.1 Management

3.1.1 IMCI Program Managers Course

PAHO will take the lead in the development, testing, training of course facilitators, and translation of materials for the IMCI Program Managers Course. Implementing IMCI successfully will require that all support elements including infrastructure, drugs/supplies/logistics, staffing/organization, training, and finance be in place, and that national and district level health managers monitor them regularly. Likewise, health managers must include these elements in annual plans and budgets. These efforts must be effectively managed and implemented. Recognizing that health managers are often clinicians working at the central, provincial, or district level with little experience in planning and budgeting, a comprehensive Program Managers Course will be offered to target countries' IMCI managers and trainers who can then replicate training in their own country.

The course will be field tested at the regional level with country representatives (training-of-trainers), revised accordingly, and then distributed to the countries for final national modifications. PAHO country consultants and BASICS country advisors will provide follow-up and technical assistance.

3.2 Training and Supervision for Service Delivery Personnel

A number of pre-service and in-service training activities are proposed in this component which will strengthen countries' human resource capacity to implement IMCI. They range from training district level staff in the clinical aspects of IMCI and the use of the Health Facility Assessment tool, to community level health programs and IEC/behavior change.

3.2.1 Strengthening IMCI Regional Training Capacity

PAHO Regional ARI and CDD programs have considerable experience in providing training to replicate health strategies at the country level. This regional capacity will assist with the subregional IMCI training burden in clinical case management and the introduction of new training tools and monitoring methodologies. This will also facilitate linkage with major teaching hospitals as sites where IMCI practical "hands-on" training is to be introduced. The objective of this activity is to certify *Centers of Excellence* at which health workers from hospitals and other health facilities throughout the country can be trained in an environment with adequate resources in place.

PAHO will take the lead to integrate IMCI components into existing ARI/CDD materials and prepare new monitoring and evaluation instruments. The training methodology used by PAHO in earlier ARI and CDD capacity-building will be adapted by PAHO program staff and consultants to produce new IMCI guidelines and materials. These will be field tested and a subregional training course held for Unit Directors. PAHO will conduct a two-week subregional

field test of the materials, and monitoring and evaluation instruments, and provide training in the methodology.

Training videos will be developed to disseminate and reinforce clinical skills in health facilities and other training settings where clinical trainers may be limited.

3.2.2 In-service Training for Physicians and Nurses

3.2.2.1 Subregional Training of Trainers for Clinical Case Management

PAHO will take the lead in developing, organizing, and presenting four, two-week subregional Training-of-Trainers courses and five, two-week clinical case management training courses. Training is aimed at first-level health facility workers (physicians and nurses) assigned to major health services. PAHO and BASICS program staff and subregional facilitators will hold courses at the subregional level to train selected country representatives on how to implement and replicate clinical training at the country level. To adapt the case management training course to participating countries' priority health requirements, organizational capacity, and epidemiological profile, four, one-week training courses will be organized. This training will create a cadre of planners, clinical instructors, adaptation specialists, and monitoring and evaluation specialists. These specialists will be expected to replicate training at the country level.

3.2.3 In-service Training for Health Auxiliaries and Community Level Health Workers

3.2.3.1 IMCI Training for Health Auxiliaries

Much of the under-five prevalent disease pathology in rural areas is seen and treated by nurse auxiliaries and other auxiliary health personnel, many of whom do not have full literacy and regular reading habits. The Global Bureau of USAID, recognizing this reality, has given funds to BASICS to develop with World Education a "complementary IMCI course" targeted at lower-level, auxiliary health staff. Development and field testing of the course should be completed in Africa by March 1997. Since a significant amount of child health care services is provided by auxiliaries in the LAC target countries, this IMCI course should prove valuable in the LAC region.

Following the development and testing of the IMCI for Auxiliaries course in Africa, BASICS proposes to replicate the experience in Latin America by inviting trainers and previous IMCI course participants from the Central American countries, Bolivia, and Ecuador to a technical adaptation workshop at which a LAC version of the course can be developed. It is anticipated that the LAC IMCI for Auxiliaries course will retain the use of the principal existing IMCI materials while focusing on less print-dependent learning, self-assessment and peer learning techniques. Following the adaptation workshop, a Facilitator's Guide will be available for field testing in one target country with significant numbers of auxiliary health personnel.

The results of the adaptation workshop and field tests will be disseminated to the other target countries through a series of subregional technical workshops for country trainers. BASICS staff currently involved in the development and testing of the course with World Education will analyze the results of the Africa experience and coordinate the LAC workshop and field tests with PAHO headquarters and regional personnel, and BASICS field staff. Follow-up technical

assistance may be provided by BASICS technical staff to operationalize training in target countries if needed. PAHO will also participate.

3.2.3.2 Community Health Worker Training

The need for training courses and materials for volunteer community health workers with limited literacy skills is also a major requirement of the overall strategy to implement IMCI in the LAC Region. PAHO will develop community level health worker training materials which complement the IMCI approach. Resources from the Regional IMCI Initiative may be used by PAHO to contract with FIOCRUZ, or similar organization, to refine, translate, and field test materials being developed.

In addition, there are other on-going community-level health programs in the LAC region which USAID is supporting and which will be examined closely by PAHO and BASICS program staff and country representatives to enrich the materials. The results will then form the basis for the design and implementation of subregional workshops for participating country representatives. Some technical assistance will be provided to the target countries to adapt the community health methodology and materials for country training.

3.2.4 Pre-service Training

3.2.4.1 IMCI Training for Physicians and Nurses

It is important when introducing a complex and comprehensive health strategy like IMCI to the LAC Region to develop pre-service training modules for physicians and nurses as part of their formal medical education. IMCI clinical training during medical school and a refresher course just before mandatory rural service can educate young physicians and nurses in the use of IMCI protocols. PAHO and BASICS program staff and subregional consultants will utilize the joint ARI/CDD Medical Education (MEDED) experience in the LAC region to design, introduce, and field test IMCI training modules in selected participating countries, and then use the results in subregional technical workshops. The end objective is to enable physicians and nurses in key positions at the clinical, management and academic levels to fully adopt the principles of IMCI and include this concept in pre-service training classes. A similar pre-service training tool for health auxiliaries is not being considered under this Initiative because the Partners believe that the two proposed community level training courses (health auxiliaries and community health workers) for those with limited literacy skills is more appropriate in the in-service setting.

Specific activities for each Partner under this subresult will be defined in the workplans.

3.3 Drugs

3.3.1 Strengthening Drug Management and Logistics Systems

The IMCI model requires that health workers and consumers have access to about a dozen drugs in the health facility. If these products are not available, IMCI will not work. Ministries of Health may assume that drugs are on the shelf when in reality they are not. The Rational Pharmaceutical Management (RPM) project, with financing from USAID, has developed an indicator-based assessment guide for measuring performance of pharmaceutical management

systems. The guide was developed in collaboration with the PAHO Essential Drugs Program (EDP) and is available in Spanish. It has been used in Ecuador and has played a major role in improving drug management and logistics capacity in that target country. BASICS and PAHO propose to adapt these existing materials to the IMCI context for replication in the LAC region.

BASICS expects to execute a subcontract for services under the RPM project to collaborate with BASICS and PAHO to develop and test an IMCI Drug Management Assessment Module which can be integrated into IMCI training. The drug management module will be developed jointly with the PAHO Essential Drugs Program staff and field tested in one target country. Based on the results of field testing, the drug assessment module and methodology will be packaged and presented in a series of technical workshops for trainers and responsible officials from the target countries.

BASICS will take the lead in organizing and conducting a one-week regional and subregional course on drug logistics and provide technical assistance for course implementation; and conduct a one-week regional and subregional course on drug management at the health facility level and provide technical assistance.

Drug management performance indicators include:

- average percentage of IMCI recommended drugs at storage and clinical facilities;
- average percentage of IMCI recommended drugs available in nearby retail pharmacies;
- percentage of clinical facilities with Standard Treatment Guidelines on hand;
- profiles of drugs actually prescribed for IMCI treatment, including products, therapeutic category and cost.

The above indicators can help determine if a lack of a specific drug is a constraint to IMCI treatment and what messages are appropriate to discourage inappropriate drug use.

3.4 Caretaker Demand and Compliance

In order to improve country capacity to implement IMCI (IR3), BASICS and PAHO believe that caretaker demand for quality services and compliance with counseling are integral elements which must be given high priority. Caretakers need to know when and where to seek care; and what care should be provided at home. In addition, caretakers need to comply with instructions given to them by health providers as part of the IMCI protocol, which provides a number of key health messages about danger signs and home care. What are not clear sometimes are the potential barriers or behavioral disincentives that caretakers face when trying to seek care in a timely way or to implement the recommendations.

Both PAHO and BASICS have considerable experience in IEC/behavior change and communications. This joint experience and evolving tools and methodologies will be adapted for subregional replication.

3.4.1 Communications and Behavior Change for Caretakers

BASICS will take the lead on this activity to work with USAID, PAHO, NGOs, and others to analyze the LAC experience to define behavioral barriers and develop communications strategies

appropriate to IMCI. The focus will be on developing community-level approaches to caretaker education and behavior, utilizing community health workers or other village organizational resources. Together with PAHO, BASICS will develop a technical workshop for Ministry of Health and NGO representatives to examine the cumulative LAC behavior change experience and the IEC issues countries must confront if IMCI is adapted as a national child care strategy. BASICS already has available from a predecessor project the "Tool Box for Developing Health Communications Capacity," a course and materials in Spanish for health communicators which can be useful in designing the technical content of the workshops.

BASICS will adapt the IEC Tool Box for IMCI and will organize and conduct two, one-week subregional workshops on the Tool Box, and conduct operations research on the use of the Tool Box in two target countries and disseminate results to all countries.

Based on the workshop experience, BASICS will then identify and support some limited, targeted IEC/behavior change interventions in two early-use target countries. With PAHO, BASICS will then design and carry out subregional follow-on technical workshops for additional LAC Target Countries, to replicate the experience, lessons-learned, and materials developed.

3.4.2 A Behavior Change Strategy for Providers

From experience we know that doctors and nurses sometimes gloss over the need for proper counseling of caretakers. For cultural reasons, communications between providers and caretakers can be garbled. Health messages are sometimes misunderstood by mothers, and compliance with doctors' and nurses' advice becomes problematic. Since caretaker preventive and curative home care, and knowing when to seek outside treatment is often critical, BASICS will take the lead in conducting operations research on the reasons or barriers for non-compliance of health providers with recommended IMCI protocols. The LAC Regional IMCI Initiative proposes such research in two target countries, the results of which will form the basis for refinement of the IMCI counseling protocol in subregional technical workshops.

IR4 - Monitoring and Evaluation Used to Adjust IMCI Program Plans

The indicator identified to monitor the achievement of IR4 will be:

the number of target countries with IMCI annual plans that reflect findings from monitoring and evaluation.

Information obtained from the application of the Health Facility Quality Review, Rapid Assessment Health Worker Performance methodology, and the Mortality Survey/Surveillance tools, will be used as a source of information on health worker case management compliance and will help to identify accomplishments, problems, and constraints in the implementation of IMCI. Such information will assist countries to make policy changes and identify operations research topics to find solutions. To complement research topics identified as a result of implementing the specific tools mentioned above, PAHO will also develop an IMCI operations research guideline with proposed research studies.

4.01 Early Use Evaluation Tools

IMCI cannot be adopted and implemented successfully by a participating country without a management plan that addresses critical support elements and a Management Tracking System to monitor them. For example, no matter how good the clinical skills training, IMCI cannot work if infrastructure, drugs and other supplies, staffing, and finances are not adequate. A Management Tracking System can monitor these management elements to identify problems for which corrective actions should be taken. The Partners will design, field test, and through subregional workshops, implement the monitoring and evaluation tools "Early Use Implementation Guide" and the "Guide for the Introduction of Integrated Case Management" for the analysis of IMCI implementation in early-use countries.

4.02 Regional Reporting System

PAHO and BASICS will collaborate with Ministries of Health and USAID Missions to introduce a simple IMCI Country Reporting System that can help participating countries monitor IMCI activities, evaluate feedback, and strengthen implementation. Building on its long experience in the region, PAHO program staff and country consultants will take the lead in strengthening participating country's official reporting systems. PAHO will develop standard reporting guidelines, indicators, and an operational manual for distribution to participating countries. Specialized computer software will also be developed and distributed. Information will be shared with all countries and published quarterly in PAHO's "Child Health Dialogue" bulletin. The operational manual will form the basis for a series of subregional workshops. Follow-up technical assistance is also planned to LAC Target Countries.

4.03 Regional Information Exchange

To strengthen IMCI management and evaluation, PAHO will coordinate a series of subregional program managers workshops to exchange evolving IMCI implementation experiences with the aim to provide annual IMCI updates, technological advances, share experiences in implementation, and assess program progress. Representatives of PVOs and NGOs will also be invited.

4.04 Mortality Survey and Surveillance Methodology

BASICS has developed a mortality survey and surveillance system methodology and utilized it successfully in El Alto, Bolivia, a new city of 500,000 indigenous migrants located near La Paz. Distilling the El Alto experience, BASICS developed a manual for district level health workers which is being field tested in selected rural districts of Bolivia. The manual can help district staff identify the type, place, time, and the causes of infant and child mortality occurring in their communities. The tool also helps managers detect breakdowns in care-seeking and care-providing behaviors. Through mortality surveillance, managers in countries and regions with high infant mortality rates will be better able to monitor the implementation and impact of IMCI. BASICS and PAHO will replicate the use of the mortality survey manual through subregional workshops and follow-up activities to help country personnel learn the mortality survey and surveillance methodology.

4.05 Regional Management Information System

Building on its long experience in the region, PAHO will take the lead in strengthening participating countries' Management Information Systems. An MIS guide will be developed and form the basis for a series of subregional workshops. Some technical assistance is planned to the LAC Target Countries.

4.06 Utilizing Health Facility Quality Review

Using the Health Facility Quality Review (HFQR) methodology already developed by BASICS and WHO/CHD, the Partners will translate materials into Spanish, field test the methodology in selected countries, and synthesize results for use in a series of subregional technical workshops. Health workers trained in the IMCI clinical skills course will face many challenges in using the case management approach. A particular concern is their ability to apply the complex skills they learn in the course to their routine clinical responsibilities. Gains achieved through training may be lost without adequate follow-up of health workers after the course.

A series of two to three day subregional workshops will be conducted to plan for effective follow-up of health workers after training and for adapting the generic methodology to meet particular country requirements. Participants in these workshops will be selected from those involved in the implementation of IMCI activities at the country level. This activity will provide national decisionmakers with an evaluation tool to identify accomplishments and problems which require immediate attention. PAHO country consultants and BASICS country advisors will provide follow-up and technical assistance. Participating LAC Target Countries will receive additional technical assistance in the use of the HFQR methodology.

4.07 Operations Research

The Partners will develop an agenda and topics for operations research studies and investigative tools, which will be carried out jointly or by either Partner. Research results will be distilled, published, and made available to participating countries and the international health community. The dual objective is to learn more about important research topics such as health worker performance, costs and benefits, and reaching indigenous communities, as they affect IMCI implementation and to mentor participating countries in developing their own operations research agenda. A subregional seminar will be conducted with representatives from the research community and national IMCI program managers to introduce the guidelines and broach potential research topics for implementation.

Some potential research topics are described below:

IMCI Effectiveness Studies

Although some health planners may assume great savings once IMCI is introduced, such an outcome may prove elusive, at least in the short-term. The costs of training, personnel shifts, improving drug supply, establishing an IMCI referral system, and developing community linkages may actually increase. As the quality of child health care improves, increased demand for services could also have direct staffing and budget implications. Thus, direct cost/benefit analysis is not practical until IMCI is firmly in place for a sufficient period of time. What can be measured in

the short-term is health worker performance in the use of the IMCI treatment protocol. For example, the Health Facility Quality Review (HFQR), developed by WHO, is being adapted by PAHO and BASICS and can be tested in one or two LAC Emphasis Countries. This instrument examines how a health worker, trained in the IMCI algorithm, actually performs the treatment and counseling functions.

Reaching Indigenous Populations With Health Care

Indigenous populations have higher child morbidity and mortality rates and traditionally have been underserved by government health programs. BASICS proposes to undertake operations research aimed at defining a strategy and methodology for reaching such vulnerable groups with appropriate child health care. In LAC Child Survival Target Countries such as Guatemala and Bolivia, indigenous indians comprise a sizeable portion of the population. In other LAC countries such as Brazil, Mexico, and Paraguay, serious health problems need to be addressed among the indigenous. With the positive change in attitude and policy toward the indigenous in some countries, it is appropriate to invest some time and effort to this type of research. Design and implementation will be done jointly by BASICS and PAHO, and may include linkages to one or more local NGOs or research groups with indigenous research and health care experience.

PROGRAM MANAGEMENT AND COORDINATION

Development of Indicators

A set of performance indicators is submitted to the LAC Bureau as part of this proposal. The indicators are intended to track country performance toward the four Intermediate Results from the regional level. A definitive baseline and annual targets will be agreed to among the Partners program staff, specialized consultants, and USAID within two months of placement of resources for this program with PAHO and BASICS.

PAHO/BASICS Headquarters Management

To co-manage and implement the activities envisioned under this new Initiative, PAHO and BASICS will create a LAC Regional IMCI Technical and Management Group in Washington, D.C. to plan and monitor implementation and coordinate with USAID. Recognizing that each Partner has its own internal management and personnel requirements, the Technical and Management Group will coordinate closely, including activity planning, monitoring and evaluation, reporting, and donor liaison. Regular meetings will be held and staff will coordinate all aspects of implementation as a virtual team by e-mail, phone, and fax on a daily basis. Roles and responsibilities within the LAC Regional IMCI Technical and Management Group will be delineated in a Memorandum of Understanding to be developed and signed by PAHO and BASICS.

Annual joint workplans and timelines will be developed in a collaborative fashion, detailing proposed activities, levels of effort, expected results, proposed travel, and costs. Since most proposed activities require the participation and coordination of both Partners, well-coordinated PAHO/BASICS work plans are essential to ensure the appropriate and timely implementation of proposed activities.

As IMCI is adopted by participating LAC countries, the need for a cadre of consultants in clinical training, behavior change and communications, community health, and monitoring and evaluation becomes critical. Recognizing such a need, a roster of international and regional consultants will be maintained and circulated to participating countries. It is hoped that the majority of technical assistance needs can be met within the LAC region.

PAHO and BASICS will share duties in the analysis of IMCI implementation in early use countries. An assessment tool will also be developed jointly. PAHO will assume main responsibility for the design and implementation of a Regional Management Information System (MIS), including the dissemination of epidemiological data to and from participating countries. The MIS system will build on existing PAHO reporting systems, and a data bank at PAHO Headquarters will be established for easy reference. Presently, a PAHO Technical Information System (TIS) collects data annually and analyzes it for official reporting in the LAC region. BASICS specialists may assist in the development of the MIS.

Several sources of feedback are contemplated:

- regional and country staff will provide direct feedback to countries while on duty travel;
- an IMCI Epidemiological Bulletin produced by PAHO will be developed and disseminated in December 1996 and thereafter;
- the Child Health Dialogue bulletin will be distributed four times annually with information on country IMCI experience, the results of operations research, and IMCI worldwide; and
- PAHO/BASICS duty travel reports, annual and quarterly reports, and evaluations.

PAHO/BASICS Coordination with USAID

The PAHO/BASICS LAC Regional Technical and Management Group will meet with USAID's LAC and Global Bureaus monthly for the first six months, and less frequently thereafter, to review the progress of activities, discuss implementation issues, and agree on future priorities. To ensure smooth implementation, it is essential that PAHO and BASICS have the authority and flexibility to adjust plans as necessary, in collaboration with USAID.

Both PAHO and BASICS will designate a Partner representative from the Technical and Management Group with whom USAID can coordinate LAC Regional IMCI policy, guidelines, and workplans. Other PAHO/BASICS virtual team members can be contacted on technical and management matters as needed.

Coordinated annual workplans and budgets will be submitted by PAHO to the LAC Bureau with a copy to the Global Bureau and by BASICS to the Global Bureau with a copy to the LAC Bureau. Such an arrangement should be reflected in the terms of the grant to PAHO by the LAC Bureau.

BASICS/PAHO Regional IMCI Planning with USAID's Global Bureau

Using established systems, BASICS, in coordination with PAHO, will prepare an annual joint LAC Regional IMCI workplan for submission to the USAID Global Bureau, with a copy to the LAC Bureau. The workplan will contain activities, levels of effort, a timeline, and budget details.

Subsequently, BASICS will submit Technical Directives for Global Bureau concurrence for specific consultancies and travel, and to initiate country clearances, if required. BASICS will prepare, with PAHO, semi-annual and annual reports, including technical and financial reports, which will be provided to the Global and LAC Bureaus. A formal progress review will be conducted on a biannual basis. BASICS and PAHO field staff will ensure that IMCI country-specific activities are planned so as to take advantage of regional activities and to prevent duplication.

PAHO/BASICS Regional IMCI Planning With USAID's LAC Bureau

Using established systems, PAHO, in coordination with BASICS, will prepare an annual joint LAC Regional IMCI workplan for submission to the USAID LAC Bureau, with a copy to the Global Bureau. The workplan will contain activities, levels of effort, a timeline, and budget details. PAHO will prepare, with BASICS, semi-annual and annual reports, as well as periodic technical and financial reports, which will be provided to the LAC and Global Bureaus. A formal progress review will be conducted on a biannual basis. PAHO field staff will ensure that IMCI country-specific activities are planned so as to take advantage of regional activities and to prevent duplication. Annual reports which will normally be due o/a February 15th, will include reporting on IMCI Initiative indicators identified in this proposal.

Both Partners expect that USAID will devolve implementation authority to the two Partners to the extent possible. In return, both Partners will endeavor to keep USAID fully apprised of plans, activities in progress, accomplishments, and problems as they arise. Specific activities described in the proposal will be managed and implemented within the parameters of each Partner's management system and coordinated through the PAHO/BASICS Regional IMCI Technical and Management Group. The Partners' management structure and proposed staffing are described below.

PAHO Activities Management Structure

LAC Regional IMCI Management: PAHO management and evaluation will be based on the following tools and mechanisms:

AMPES (Planning, Programming, Monitoring and Evaluation System): This system tool establishes the foundation for monitoring and evaluation by PAHO; for interaction with national counterparts and other agencies; and it defines the level of responsibility assumed by each party in technical cooperation;

PTC: PAHO's four-month day-to-day work plan for every unit;

Four-month Progress Report and Annual Evaluation of Technical Cooperation Program (EAP): Evaluation tools to assess progress in each technical unit;

APB (Annual Program Budget): An annual programming tool approved internally by the Director. Each activity is identified with one out of six functional approaches, which provides systematic information on the utilization of financial resources;

BPB (Biennial Program Budget); The expected results and the purpose of each Unit's projects are outlined. The BPB produces estimates of resources required to achieve each project result.

Technical and Management Staffing

The PAHO headquarters HCP/HCT/IMCI Technical and Management Unit comprises two regional professionals; three support staff members; and one Regional IMCI Specialist (funded from this Proposal). Each professional has extensive background in international public health and inter-agency technical cooperation in Latin America. Support for the two professional staff is covered with contributions from WHO and PAHO. (see detail in PAHO budget Appendix F). In addition, PAHO will use funds from the Proposal to hire one Subregional IMCI Consultant to augment existing national level IMCI Country Specialists on board in the eight target countries and funded from PAHO's own budget.

Regional Advisor (Benguigui - approx. 75% of time): Responsible for the coordination and supervision of technical and administrative issues relevant to IMCI within PAHO, including management and coordination of the LAC Regional IMCI Initiative;

Regional Technical Officer (Drasbek - approx. 75% of time): Responsible for supporting the Unit in IMCI programming, planning, monitoring and evaluation;

Regional IMCI Specialist (Valenzuela - full time): Funded under this Proposal, this person will support activities related to specific IMCI plans and operations at the headquarters level, e.g. administrative meetings, special presentations, documentation review, writing of proposals, and training activities wherever needed in the LAC Region;

Subregional IMCI Specialist (TBD - full time): Funded under this Proposal, this person will be based in one of the Andean or Central American countries and will provide technical support and coordination with local health authorities, PAHO, USAID and BASICS representatives.

National IMCI Country Specialists (on-board): Funded from PAHO's own budget, at the subregional and country levels, there are four national PAHO specialists responsible for specific IMCI activities -dedicating approximately 50% of time- in five of the target countries: Bolivia (Mejia), Peru (Guibovich), Ecuador (Noboa), and El Salvador (Romero). In the other four target countries, (Guatemala, Haiti, Honduras, Nicaragua) there are national specialists responsible for IMCI duties.

Administrative Staffing: To support the IMCI Technical and Management Unit at PAHO headquarters, and funded from PAHO's own budget, there are three office assistants to perform all clerical and secretarial work (Riveralainez, Lalinde, TBD). A financial unit is staffed by three staff members; an office technician acts as the general administrator for the Communicable Disease program, and there are two office assistants (Kanashiro and Clavijo, approx. 25% of time). All administrative matters related to the LAC Regional IMCI initiative are carried out by the IMCI Program Manager, including planning meetings, work plans, project deliverables, travel reports, and country clearances as needed.

Justification for Regional and Subregional IMCI Consultants: As noted above, to accomplish the extra work required under this Regional IMCI Initiative, PAHO intends to hire two full-time IMCI Specialists, one who will be based at PAHO Headquarters and one based in an LAC Target Country, with subregional coverage, most likely in the Andean Sub-region. These specialists will have a medical/pediatrics and public health background, with experience in inter-

country negotiations, program implementation and donor coordination. They will coordinate closely with the PAHO Program Manager, as well as BASICS field staff (See PAHO budget Appendix F).

BASICS Activities Management Structure

Each of BASICS four divisions; Technical, Operations, Finance and Administration, and Monitoring and Evaluation will support the LAC Regional IMCI Initiative. At the headquarters level, BASICS senior management group, which monitors BASICS activities worldwide, delegates program management responsibility to Regional and Country Clusters composed of Operations and Technical Division staff, as well as to Technical Working Groups. Regional and Country Clusters and Technical Working Groups coordinate closely with USAID's Global Bureau. Technical Working Groups include: IMCI, Behavior Change, Nutrition, and Private Sector. In addition to the expertise of its Information Center, BASICS also can also draw on the experience of the Monitoring and Evaluation (M&E) Division in tracking and evaluating IMCI worldwide.

BASICS Technical and Management Staffing: At the headquarters level, BASICS will establish a LAC Regional IMCI Technical and Management Cluster to be staffed as follows, which will coordinate closely with PAHO and USAID:

LAC Operations Officer: (Nelson - approx. 15% of time): In charge of overall work planning, management, and coordination with USAID's Global and LAC Bureaus, in coordination with PAHO.

Senior Technical Officer: (Salgado - approx. 50% of time): Will manage all the technical aspects of IMCI activity design and implementation and coordinate closely with PAHO.

IMCI Technical Officer: (McCarthy - full-time): Owing to the projected increase in workload, BASICS will contract a full-time IMCI Technical Officer who will work closely with PAHO counterparts in the design and implementation of regional and subregional clinical training courses, as well as other technical workshops. (See BASICS' budget Appendix F)

Operations Coordinator (Cervantes - approx. 15% of time): Will track work plans with USAID's Global Bureau including preparing Technical Directives and clearance requests. Will work with BASICS' F&A Division to prepare financial reports and contracting actions.

Program Assistant (TBD - approx. 50% of time): A new full-time Program Assistant will be hired with funds under this Regional Initiative to assist with work plan documentation, editing and distributing trip reports, travel, conferences, meetings, and other work as required. (See BASICS' budget Appendix F)

At the field level, BASICS can draw on the technical expertise of its resident team in Bolivia, which includes four medical doctors and an IEC/health communications expert, plus its Regional Advisor in Central America who is a medical doctor with extensive public health experience. BASICS Country Advisors in Guatemala and Ecuador will also be available.

Interagency Coordinating Committees (ICC)

PAHO will take the lead in strengthening the Regional and Country *Interagency Coordinating Committees (ICC)*, considered crucial for providing political and technical support to the implementation of IMCI. A Regional ICC meeting will be held in Washington each year to allow the international organizations (PAHO, BASICS, World Bank, UNICEF) a chance to review the evolving LAC IMCI experience and suggest improvements in the design and implementation of Initiative activities.

Country ICC's will be encouraged to obtain the resources necessary from donors or other country sources needed for in-country IMCI implementation and replication of activities. It is envisioned that, based on country operational plans, nongovernmental organizations (NGOs), World Bank, Country UNICEF and PAHO Offices, and USAID Country Missions, among other bi-lateral and international donors, could be an excellent source of possible country funding. PAHO will also be responsible for coordinating regional IMCI activities with the Regional Committee on the World Summit for Children.

Technical Information Exchange and Management Meetings

Throughout the life of the five-year LAC Regional IMCI Initiative, there will be a need to maintain technical excellence and oversight, and to engender wide multi-donor support for IMCI. In addition to the collaborative coordination and oversight of USAID, several other coordination and technical exchange fora are proposed, including regular technical information exchange and management meetings.

Technical Advisory Group

A Technical Advisory Group (TAG) will be appointed by the Partners and USAID, with a rotating membership of leading experts in child care. As IMCI evolves in the LAC region and worldwide, the TAG will provide a forum for the exchange of relevant scientific and technical information and experience. A Regional Technical Advisory Group (TAG) meeting of experts and country representatives with experience in IMCI will be conducted three times during the life of the five-year Initiative to exchange information. Representatives of other donors will be invited to participate as observers.

Other Donors

Project coordination mechanisms will be established and strengthened with UNICEF, other country institutions, and nongovernmental organizations (NGOs), such as Plan International, CARE, Catholic Relief Services (CRS), and Save the Children. Existing relationships with the World Bank and the InterAmerican Development Bank will also be strengthened.

LEVELS OF EFFORT AND PROPOSED BUDGET

The levels of effort required of each partner to implement activities under this Regional IMCI Initiative are described in Appendix F. Each partner will propose its own budget to USAID, based on the joint proposal and the collaborative mix of effort defined for each activity. The

level of resources needed from the LAC Bureau for implementation of this proposed Regional IMCI Initiative will be approximately \$1 million annually for a period of five years (\$5,000,000). Recognizing that the actual availability of LAC Bureau funds may be less or exceed \$1 million per year, the proposed budget of each Partner has been structured accordingly.

Over the 5-year life of the results package, BASICS will require up to \$2,189,694 to carry out start-up activities and PAHO up to \$2,810,281. Budget estimates are based on the phased entry of new participating countries into regional IMCI activities, the need to field test evolving IMCI methodologies and tools, the pace of activities, and the role of each partner. In Appendix F, the proposed joint budget is presented by intermediate results and project years. BASICS has prepared a five-year budget for technical assistance, but to coincide with time remaining in its present contract with USAID, it is requesting funding for the first two years only. Subsequent funding would be appropriate for whatever implementing arrangement USAID uses to succeed BASICS. The detailed budget for year 1 implementation will be prepared by the Partners based on agreement with the USAID LAC Bureau and the availability of FY 1996 and 1997 funds.

APPENDICES

**Appendix A: Table: Mortality caused by prevalent childhood illnesses
in children less than 5 years of age
in the eight USAID LAC Child Survival Target Countries**

**Mortality caused by prevalent childhood illnesses
in children less than 5 years of age
in the eight USAID LAC Child Survival Target Countries
Circa 1994**

COUNTRY	Estimated IMR ¹	Mortality caused by prevalent childhood illnesses ²					
		One week to 11 months			One to 4 years		
		Nº	Rate ³	% ⁴	Nº	Rate ⁵	% ⁴
PERU	59	4101	561.78	61.56	2619	127.69	63.15
NICARAGUA	53	1416	1008.92	78.23	447	79.59	64.22
GUATEMALA	51	7380	2364.67	51.28	8456	776.56	79.65
BOLIVIA ⁶	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ECUADOR ⁷	44	N/A	N/A	N/A	1640	144.19	55.50
HONDURAS	44	1349	837.78	65.84	1091	209.82	64.75
EL SALVADOR	43	650	429.87	33.13	318	49.09	49.38
HAITI ⁸	N/A	N/A	N/A	N/A	N/A	N/A	N/A

¹ Estimates calculated for 1994 by the Health Situation Analysis Program, Division of Health and Human Development, Pan American Health Organization, World Health Organization, Washington, D.C.

² Prevalent childhood illnesses include deaths caused by pneumonia and influenza (ICD-9: 480-487); intestinal infectious diseases (ICD-9: 007-009); nutritional deficiencies (ICD-9: 260-269); meningitis (ICD-9: 320-322); septicemia (ICD-9: 038); immunopreventable diseases (ICD-9: 032, 033, 037 y 055); and malaria (ICD-9: 084).

³ Rate per 100,000 live births;

⁴ Percentage over the total of deaths by defined causes, excluding deaths classified as symptoms, signs and ill-defined conditions (ICD-9: 780-799).

⁵ Rate per 100,000 inhabitants 1-4 years of age;

⁶ There is no available data for Bolivia -from the same source or comparable- to be included along with the countries of this table.

⁷ There is no available data on mortality in children less than 1 year of age divided in infants less than 7 days and from 1 week to 11 months;

⁸ There is no available data for Haiti.

Appendix B: BASICS Pathway to Survival

Pathway to Survival

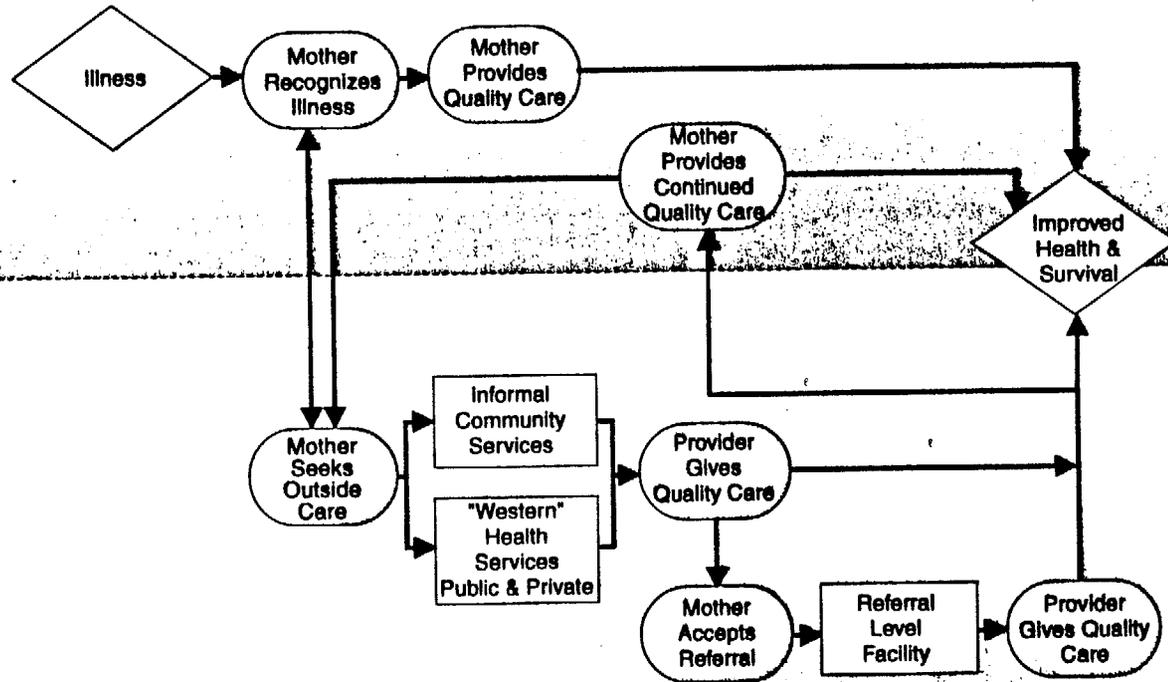
INSIDE THE HOME

OUTSIDE THE HOME

Breastfeeding,
Weaning, Hygiene,
and other
Preventive Caretaker
Behaviors

Wellness

Immunization,
water/sanitation,
and other
Preventive
Services in
Community



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**Appendix C: LAC Regional IMCI Initiative Results Package
Framework**

11/20/96

LAC REGIONAL IMCI INITIATIVE



CRITICAL ASSUMPTIONS

- ▶ DECENTRALIZATION
- ▶ INTEGRATED SERVICE DELIVERY
- ▶ SUSTAINABILITY

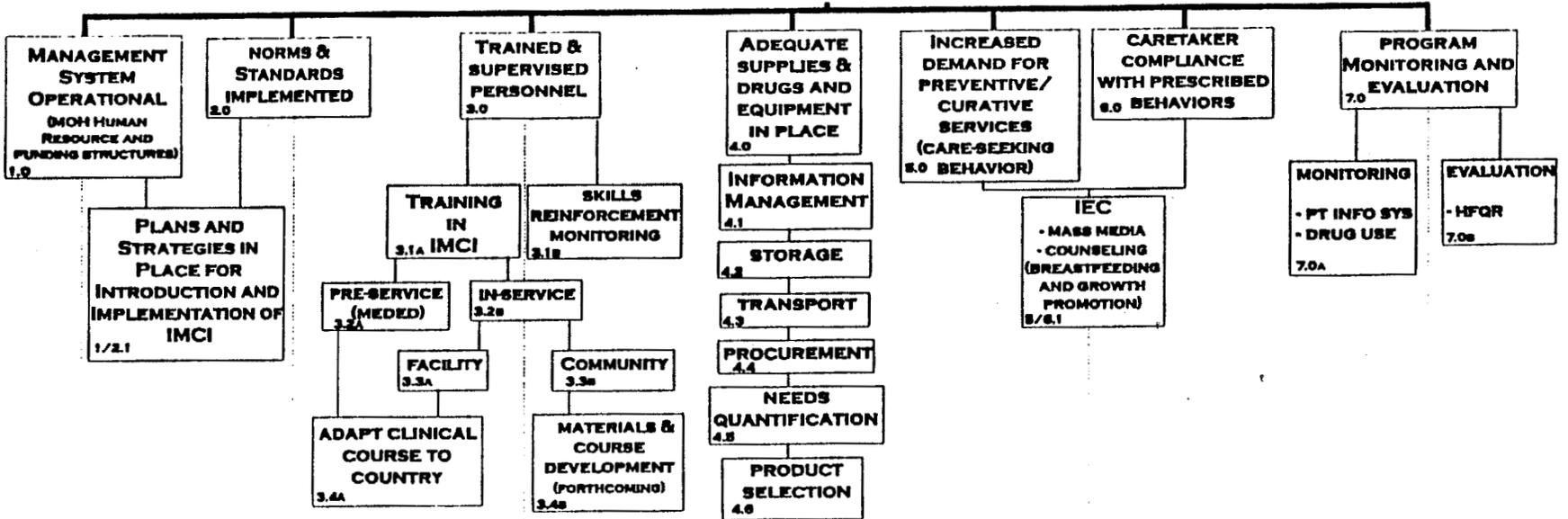
GOAL - PROTECTING HUMAN HEALTH

STRATEGIC OBJECTIVE - MORE EFFECTIVE DELIVERY OF CHILD HEALTH SERVICES IN RESPONSE TO DD, ARI, AND MALNUTRITION

DESIGN PHASE

IMPLEMENTATION PHASE

M & E PHASE



SITUATION ANALYSIS: - PROGRAM PLANS - POLICIES - TNG NEEDS - DRUGS/EQUIPMENT - KAPS - HIS/MIS

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 07/10/96
 01

LAC REGIONAL IMCI INITIATIVE



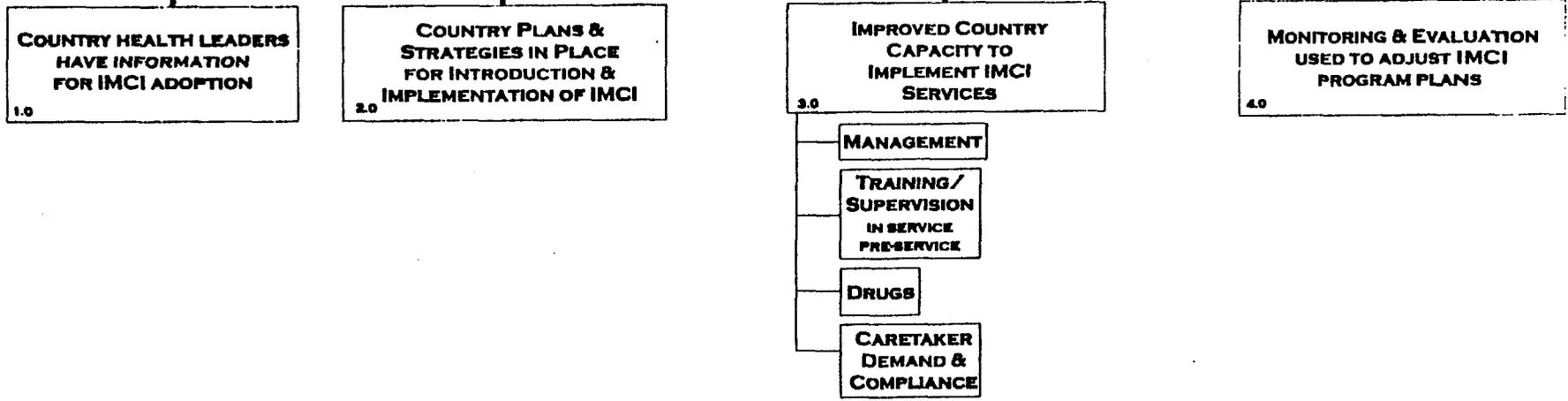
309

SEE COUNTRY LEVEL GOAL, SO, AND IR

DESIGN PHASE

IMPLEMENTATION PHASE

M & E PHASE



Region in eval

Appendix D: LAC Regional Strategic Objective

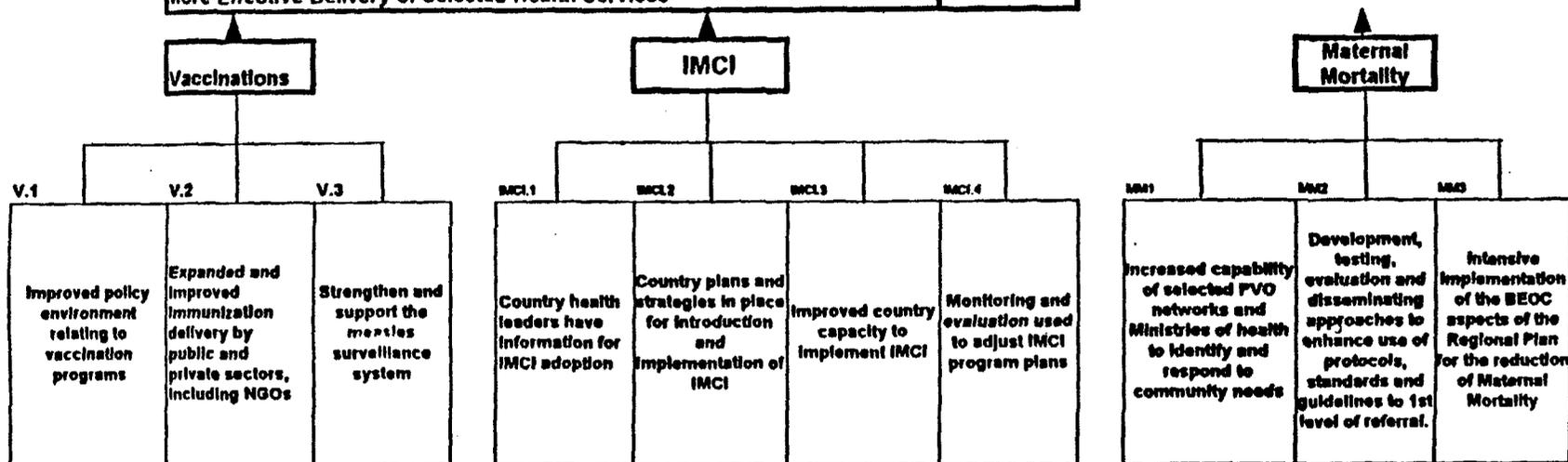
Agency Goal:

Stabilizing World Population and Protecting Human Health

LAC Strategic Objective:

More Effective Delivery of Selected Health Services

Intermediate Results:



Time frame: 1996-2000

Partners: PAHO

Time frame: 1997-2001

Partners: PAHO and Basics

Time frame: 1997-2001

Partners: PAHO, MotherCare, Quality Assurance Project

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**Appendix E: Strategic Objective and Performance Indicators by
Intermediate Result**

**PAN AMERICAN HEALTH ORGANIZATION (PAHO) AND
BASICS SUPPORT FOR INSTITUTIONALIZING CHILD SURVIVAL (BASICS)**

LAC REGIONAL IMCI INITIATIVE

STRATEGIC OBJECTIVE PERFORMANCE AND CUMULATIVE INDICATORS

GOAL: World population stabilized and human health protected in a sustainable fashion.

STRATEGIC OBJECTIVE: More effective delivery of child health services in response to DD, ARI, and malnutrition.

Indicator 1: Number of target countries* with 100% of facilities in pilot districts delivering IMCI services.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	0	5	3	8

Source: PAHO and BASICS reports

Indicator 2: Number of target countries with 10% of facilities delivering IMCI services.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	0	5	3	8

Source: PAHO and BASICS reports

*USAID LAC Bureau Child Survival *target countries* are Bolivia, Ecuador, Peru, El Salvador, Guatemala, Haiti, Honduras, Nicaragua. In addition, other LAC countries will participate in some aspects of this Initiative.

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Under the LAC Regional IMCI Results Package, PAHO and BASICS will offer participating countries IMCI technical information; state-of-the-art technical training, tools and methodologies; and evaluative feedback to increase their capacity to implement IMCI successfully. Implementation is dependent on participating country commitment to IMCI as a priority and to put in place the required resources. As a result, the fulfillment of the Intermediate Results indicators is dependent on country-level performance. Critical assumptions concerning decentralization, integrated service delivery and sustainability, which are described in the proposal, will help determine final outcomes.

Intermediate Result 1: Country health leaders have information for IMCI adoption

Indicator 1: Number of target countries where country leaders have adequate* information regarding IMCI.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	2	3	3	8

Source: PAHO and BASICS reports

* *adequate* is defined as having conducted informational visits and participated in orientation workshops.

Indicator 2: Number of target countries with official decision to adopt IMCI.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	2	3	3	8

Source: PAHO and BASICS reports

Intermediate Result 2: Country plans and strategies in place for introduction and implementation of IMCI services.

Indicator 1: Target countries with IMCI plans and strategies adopted including identification of resource requirements.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	3	5	0	8

Source: PAHO and BASICS reports

Intermediate Result 3: Improved country capacity to implement IMCI.

Indicator 1: Number of target countries with more than 10% of ambulatory health facilities which have: IMCI norms; service providers trained in IMCI; IMCI essential drugs available at least 75% of time; and district plans that include IMCI at this level.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	0	3	5	8

Source: PAHO and BASICS reports

Indicator 2: Number of target countries with 100% of pilot districts which have: IMCI norms available; service providers trained in IMCI; IMCI essential drugs available at least 75% of time; and district plans that include IMCI at this level.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	0	3	5	8

Source: PAHO and BASICS reports

Intermediate Result 4: Monitoring and evaluation is used to adjust IMCI program plans.

Indicator 1: Number of target countries with IMCI annual plans that reflect findings from monitoring and evaluation.					
	YEAR				
	1996 Baseline	1997	1998	1999	2000-2001 Target
Number of Countries (Planned)	0	0	5	3	8

Source: PAHO and BASICS reports

**Appendix F: Levels-of-Effort and Proposed Budgets for PAHO
and BASICS (1997-2001)**

PAHO's Proposed Budget

DESCRIPTION OF ACTIVITIES BY INTERMEDIATE RESULT		TIMELINE					BUDGET ¹	
		FY 97	FY 98	FY 99	FY 00	FY 01	PAHO In-kind contribution	USAID/LAC (requested funds)
INTERMEDIATE RESULT N° 1: Country health leaders have Information for IMCI adoption								
1.01	Informational visits Conduct up to four joint PAHO/BASICS regional 1-week visits to inform national authorities of IMCI strategy. Up to five regional visits by PAHO.	X	X					\$20,000.
1.02	Orientation workshops Organize up to four 4-day sub-regional orientation workshops: Central America, Southern Cone, Mexico, and the Caribbean. The Andean workshop already took place.	X	X					\$60,000.
PAHO IN-KIND CONTRIBUTION FOR PERSONNEL:		X	X	X	X	X		
a) 1 Regional Advisor (1 x 25% of time x 60 months)							\$155,685.	
b) 1 Technical Officer (1 x 15% of time x 60 months)							\$80,847.	
c) 10 National Advisors (10 x 15% of time x 60 months)							\$300,000.	
d) 3 Office Assistants:								
d.1) Staff (2 x 15% of time x 60 months)							\$53,784.	
d.2) Temporary (1 x 15% of time x 60 months)							\$31,200.	
e) <i>Administrative Support Unit (ADFI):</i>								
e.1) 1 Office Technician (HCT Administrator) (1 x 5% of time x 60 months)							\$14,751.	
e.2) 1 Administrative Officer (1 x 5% of time x 60 months)							\$23,262.	
e.3) 2 Office Assistants (2 x 5% of time x 60 months)							\$17,928.	
INTERMEDIATE RESULT N° 1 SUBTOTAL:							\$677,457.	\$80,000.
INTERMEDIATE RESULT N° 2: Country plans and strategies In place for introduction and implementation of IMCI								
2.01	Situation assessment tool Hold 5-day regional workshop to develop and test a situation assessment tool. Five 5-day subregional workshops will follow to train on how to conduct a situation assessment using the tool developed.	X						\$63,000.

DESCRIPTION OF ACTIVITIES BY INTERMEDIATE RESULT		TIMELINE					BUDGET ¹	
		FY 97	FY 98	FY 99	FY 00	FY 01	PAHO In-kind contribution	USAID/LAC (requested funds)
2.02	IMCI strategy plans and norms Regional and subregional advisors visits to provide technical assistance in developing and monitoring prototypes of IMCI operational action plans, and IMCI norms.	X	X	X				\$60,000.
2.03	Rapid assessment health worker performance studies Participation of two HQ and four regional participants at two workshops.		X					\$15,000.
PAHO IN-KIND CONTRIBUTION FOR PERSONNEL:		X	X	X	X	X		
a) 1 Regional Advisor (1 x 25% of time x 60 months)							\$155,685.	
b) 1 Technical Officer (1 x 15% of time x 60 months)							\$80,847.	
c) 10 National Advisors (10 x 15% of time x 60 months)							\$300,000.	
d) 3 Office Assistants:								
d.1) Staff (2 x 15% of time x 60 months)							\$53,784.	
d.2) Temporary (1 x 15% of time x 60 months)							\$31,200.	
e) Administrative Support Unit (ADFI):								
e.1) 1 Office Technician (HCT Administrator) (1 x 5% of time x 60 months)							\$14,751.	
e.2) 1 Administrative Officer (1 x 5% of time x 60 months)							\$23,262.	
e.3) 2 Office Assistants (2 x 5% of time x 60 months)							\$17,928.	
INTERMEDIATE RESULT N° 2 SUBTOTAL:							\$677,457.	\$138,000.
INTERMEDIATE RESULT N° 3: Improved country capacity to Implement IMCI								
MANAGEMENT								
3.01	IMCI program managers course a) Technical support for regional consultants to assist in course development; b) Conduct 2-week subregional test and train course facilitators; c) Conduct three 4-day subregional courses; d) Translate all materials into French.	X	X					\$75,000.
TRAINING AND SUPERVISION FOR SERVICE DELIVERY PERSONNEL								
3.02	Strengthening IMCI regional training capacity a) Integrate IMCI components into existing ARI/CDD Training Unit materials and prepare new monitoring and evaluation instruments; b) Conduct 2-week subregional field-test of new materials, monitoring and evaluation instruments, and train in methodology; c) Produce and print new prototype guidelines; d) Develop, reproduce and distribute two videos on IMCI promotion and training; e) Translate all materials into French.		X	X	X	X		\$60,000.

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DESCRIPTION OF ACTIVITIES BY INTERMEDIATE RESULT		TIMELINE					BUDGET ¹	
		FY 97	FY 98	FY 99	FY 00	FY 01	PAHO In-kind contribution	USAID/LAC (requested funds)
3.03	<i>In-Service training for physicians and nurses:</i>							
	Subregional Training-of-Trainers for clinical management							
	a) Conduct up to four 1-week subregional adaptation training courses (core PAHO and BASICS FS funds will be used for replicating national courses and activities will be divided by subregions);	X	X	X				\$180,000.
	b) Conduct up to four 2-week regional "Training-of-Trainers" activities (facilitator courses);	X	X	X				\$200,000.
	c) Conduct up to five 2-week clinical management activities including the following: advocacy and country planners, course facilitators, clinical instructors, course directors, adaptation consultants, and monitoring and evaluation consultants.	X	X	X				\$90,000.
	Item 3.03 subtotal							\$470,000.
3.04	<i>In-Service training for health auxiliaries and community level health workers</i>							
	IMCI Training for Health Auxiliaries a) Participation of four regional participants at field test (2 HQ and four regional at workshops)		X	X				\$25,000.
3.05	Community health workers training		X	X				\$250,000.
	a) Establish a contract to develop and print course modules;							
	b) Conduct 2-week subregional field-test and translate into Spanish;							
	c) Conduct three 2-week training subregional facilitators and provide follow-up; d) Distribute course materials and diskettes to countries.							
3.06	<i>Pre-Service training:</i>							
	IMCI training for physicians and nurses (medical education course) a) Adapt and translate materials into French and hold subregional field-test.		X	X				\$93,000.
DRUGS								
3.07	Strengthening drug management and logistics system Participation of two HQ and four regional participants at two workshops.	X	X	X				\$20,000.
CARETAKER DEMAND AND COMPLIANCE								
3.08	Communication and behavior change for caretakers Participation of two HQ and four regional participants at two workshops.		X					\$20,000.
3.09	A behavior change strategy for providers Participation of two personnel from HQ and the regional level.		X					\$10,000.

DESCRIPTION OF ACTIVITIES BY INTERMEDIATE RESULT		TIMELINE					BUDGET ¹	
		FY 97	FY 98	FY 99	FY 00	FY 01	PAHO In-kind contribution	USAID/LAC (requested funds)
PAHO IN-KIND CONTRIBUTION FOR PERSONNEL: a) 1 Regional Advisor (1 x 25% of time x 60 months) b) 1 Technical Officer (1 x 15% of time x 60 months) c) 10 National Advisors (10 x 15% of time x 60 months) d) 4 Office Assistants: d.1) Staff (2 x 15% of time x 60 months) d.2) Temporary (2 x 15% of time x 60 months) e) <i>Administrative Support Unit (ADFI):</i> e.1) 1 Office Technician (HCT Administrator) (1 x 10% of time x 60 months) e.2) 1 Administrative Officer (1 x 10% of time x 60 months) e.3) 2 Office Assistants (2 x 10% of time x 60 months)		X	X	X	X	X	\$155,685. \$80,847. \$300,000. \$53,784. \$62,400. \$29,502. \$46,524. \$35,856.	
INTERMEDIATE RESULT N° 3 SUBTOTAL:							\$764,598.	\$1,023,000.
INTERMEDIATE RESULT N° 4: Monitoring and evaluation used to adjust IMCI program plans								
4.01	Early-use evaluation tools Joint design, modify and implement monitoring and evaluation tools for the analysis of "early-use countries".	X						\$12,000.
4.02	Regional reporting system (Costs incorporated into other planned visits and activities)	X	X	X				
4.03	Regional information exchange Conduct one 1-week regional workshop and three 1-week subregional workshops to exchange IMCI information and experiences.	X	X					\$67,000.
4.04	Mortality survey and surveillance methodology (coordinate with activity 4.05) Participation of two HQ and four regional participants at two workshops.		X	X				\$20,000.
4.05	Regional management information system a) Support consultants for system development; b) Conduct up to two subregional 4-day workshops to orient countries in system implementation; c) Prepare, translate, edit, print, and distribute biannual bulletin and prototype operational guidelines.	X	X	X	X	X		\$97,000.

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DESCRIPTION OF ACTIVITIES BY INTERMEDIATE RESULT		TIMELINE					BUDGET ¹	
		FY 97	FY 98	FY 99	FY 00	FY 01	PAHO in-kind contribution	USAID/LAC (requested funds)
4.06	Utilizing Health Facility Quality Review (HFQR) a) PAHO to translate document into Spanish and French (+ editing); b) PAHO to conduct 2-week subregional field-test and train consultants in methodology (Perú); c) PAHO to establish subregional teams to collate, analyze and disseminate monitoring information; d) PAHO to develop, test, edit, and print a prototype IMCI supervisory guide; e) PAHO to conduct three 4-day subregional workshops, with BASICS participation, to plan and organize monitoring of health workers after training and follow-up; f) PAHO to adapt "training activity" software to track and monitor activities.		X	X	X	X		\$90,000.
4.07	Operations research a) Conduct one 1-week regional workshop to review and develop operations research protocols; b) Translate into French, edit, print, and disseminate operations research protocols.	X	X	X	X	X		\$85,000.
PAHO IN-KIND CONTRIBUTION FOR PERSONNEL: a) 1 Regional Advisor (1 x 10% of time x 60 months) b) 1 Technical Officer (1 x 25% of time x 60 months) c) 10 Country Consultants (10 x 15% of time x 60 months) d) 3 Office Assistants: d.1) Staff (2 x 15% of time x 60 months) d.2) Temporary (1 x 15% of time x 60 months) e) <i>Administrative Support Unit (ADFI):</i> e.1) 1 Office Technician (HCT Administrator) (1 x 5% of time x 60 months) e.2) 1 Administrative Officer (1 x 5% of time x 60 months) e.3) 2 Office Assistants (2 x 5% of time x 60 months)		X	X	X	X	X	\$62,274. \$134,745. \$300,000. \$53,784. \$31,200. \$14,751. \$23,262. \$17,928.	
INTERMEDIATE RESULT N° 4 SUBTOTAL:							\$637,944.	\$371,000.
TOTAL FOR INTERMEDIATE RESULTS N° 1, 2, 3 & 4:								\$1,612,000.
ADDITIONAL HQ AND REGIONAL PERSONNEL NEEDS: In addition to the in-kind contributions of staff salary listed under each intermediate result, PAHO intends to hire 2 full-time regional specialists to be funded with the requested Grant to work for the project (see PROGRAM MANAGEMENT AND COORDINATION section, PAHO's <i>Technical and Management Staffing</i> subsection at the proposal's text).		X	X	X	X	X		\$840,000.

DESCRIPTION OF ACTIVITIES BY INTERMEDIATE RESULT		TIMELINE					BUDGET ¹	
		FY 97	FY 98	FY 99	FY 00	FY 01	PAHO In-kind contribution	USAID/LAC (requested funds)
PROGRAM MANAGEMENT AND COORDINATION								
	Development of Indicators Develop intermediate process and target audience indicators (development costs).	X						\$1,475.
	Technical information exchange/management meetings	X	X	X	X	X		\$33,500.
	a) PAHO and BASICS to jointly organize and conduct five 1-day regional Interagency Coordinating Committee (ICC) meetings in Washington, D.C.;		X	X				
	b) Convene up to three joint 2-day subregional ICC meetings to strengthen ICC collaboration with involvement of other public and private health sectors;		X		X			
	c) Conduct two joint 2-day regional Technical Advisory Group (TAG);				X			
	d) Conduct regional bi-annual PAHO/BASICS management support meetings in Washington, D.C.;	X	X		X			
	e) Prepare a regional IMCI consultant roster in coordination with BASICS.							
	PROGRAM MANAGEMENT AND COORDINATION subtotal							\$34,975.
TOTAL ACTIVITY COSTS							\$2,757,456.	\$2,486,975.
Allocable costs @ 13% (Program Support Costs)								\$323,306.
GRAND TOTAL OF REQUESTED FUNDS								\$2,810,281.

¹ BUDGET NOTE: PAHO personnel cannot bill their time to projects. As a result, the PAHO budget estimates for LAC Bureau funds do not contain salary estimates; rather, these are contained under PAHO core (in-kind contribution).

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PAHO/BASICS LAC Regional IMCI Initiative: BASICS Budget

Obj. #	Act. #	Description of Activities	T I M E L I N E B					U D	G E T
			FY97	FY98	FY99	FY00	FY01		
Intermediate Result 1: Country Health Leaders Have Information for IMCI Adoption									
	1.01	Informational Visits Conduct up to 4 joint PAHO/BASICS regional 1-wk visits to inform national authorities of IMCI strategy. Up to 5 regional visits by PAHO only.**	X	X				\$25,958	
	1.02	Orientation Workshops Organize up to 4 4-day sub-regional orientation workshops (Central America, Southern Cone, Mexico, and Caribbean). BASICS would participate in only the Central American workshop. (Andean wkshop already took place)	X	X				\$16,734	
Intermediate Result 1 Subtotal:								\$42,692	\$0
Intermediate Result 2: Country Plans and Strategies in Place for Introduction and Implementation of IMCI									
	2.01	Situational Assessment BASICS to send regional participants to PAHO-sponsored 5-day regional workshop to develop and test a situation assessment tool, and to five 5-day subregional workshops which will follow to train on how to conduct a situation assessment using the tool developed.	X					\$6,490	
	2.02	IMCI Strategy, Plans, and Norms Joint PAHO/BASICS regional consultant visits to provide technical assistance in developing and monitoring prototypes of IMCI operational action plans, and IMCI norms. Program monitoring visits will also be undertaken.	X	X	X			\$89,700	\$25,000

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Obj. #	Act. #	Description of Activities	T I M E L I N E B					U	D	G	E	T
			FY97	FY98	FY99	FY00	FY01	BASICS/LAC		BASICS IN-KIND CONTRIB.		
	2.03	Rapid Assessment of Health Worker Performance		X								
		a. BASICS will test study in two countries.										
		b. BASICS will conduct one 1-week regional workshop with participating countries. PAHO will send participants to both events.										
		Intermediate Result 2 Subtotal:							\$197,153		\$25,000	
Intermediate Result 3: Improved Country Capacity to Implement IMCI												
		MANAGEMENT										
	3.01	IMCI Program Managers Course		X								
		a. Technical support for PAHO regional consultants to assist in course dev.										
		b. PAHO to conduct 2-week sub-regional test and train course facilitators with BASICS participation.										
		c. PAHO to conduct three 4-day sub-regional courses with BASICS participation.										
		d. PAHO to translate into French.										
		TRAINING AND SUPERVISION FOR SERVICE DELIVERY PERSONNEL										
	3.02	Strengthening IMCI Regional Training Capacity		X								
		a. PAHO to integrate IMCI component into existing ARI/CDD training unit materials and prepare new monitoring and evaluation instruments.										
		b. PAHO to conduct 2-wk sub-regional field-test of new materials and monitoring and evaluation instruments, and train in methodology, with BASICS participation.										
		c. PAHO to produce and print new prototype guidelines.										
		d. PAHO to translate into French.										
		e. PAHO to develop, reproduce, and distribute 2 videos on IMCI promotion and training.										

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PAHO/BASICS LAC Regional IMCI Initiative: BASICS Budget

Obj. #	Act. #	Description of Activities	T I M E L I N E B					U D BASICS/LAC	G E T BASICS IN-KIND CONTRIB.
			FY97	FY98	FY99	FY00	FY01		
		In-Service Training for Physicians and Nurses							
	3.03	Subregional Training of Trainers for Clinical Case Management	X	X	X			\$96,564	
		a. PAHO to conduct upto 4 1-week subregional adaptation training courses, with BASICS participation.							
		b. PAHO to conduct up to 4 2-week Regional "Training-of-Trainers" (facilitators course) activities and 5 2-wk clinical management activities including the following: advocacy and country planners, course facilitators, clinical instructors, course directors, adaptation consultants, and monitoring and evaluation consultants, with BASICS participation.							
		In-Service Training for Health Auxiliaries and Community Level Health Workers							
	3.04	IMCI Training for Health Auxiliaries		X	X			\$170,560	
		a. BASICS to develop, translate, format, and print course materials.							
		b. BASICS to hold 2-wk field test course in one target country and make adaptations, with PAHO participation.							
		c. BASICS to distribute course materials and diskettes to countries.							
		d. BASICS to conduct 3 2-wk regional workshop of course with follow-up courses each year, with PAHO participation.							
	3.05	Community Health Worker Training		X	X			\$32,198	
		a. PAHO to establish a contract to develop and print course modules.							
		b. PAHO to conduct 2-wk sub-regional field-test and translate into Spanish, with BASICS participation.							
		c. PAHO to conduct 3 2-wk training subregional facilitators and provide follow-up, with BASICS participation.							
		Pre-Service Training							
	3.06	IMCI Training for Physicians and Nurses			X			\$11,731	
		a. PAHO to adapt, translate materials, and hold sub-regional workshops and sub-regional field-test, with BASICS participation.							

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Obj. #	Act. #	Description of Activities	T I M E L I N E B					U	D	G	E	T
			FY97	FY98	FY99	FY00	FY01	BASICS/LAC				
		DRUGS										
	3.07	Strengthening Drug Management and Logistics Systems		X	X							\$110,136
		a. BASICS to develop, adapt to IMCI needs, and test guide in coordination with PAHO/HSP and AID/RPM.										
		b. BASICS to conduct 1-wk regional and sub-regional course on drug logistics and provide technical assistance for course implementation, with PAHO participation.										
		c. BASICS to conduct 1-wk regional and subregional course on drug management at the health facility level, with PAHO participation, and provide technical assistance.										
		CARETAKER DEMAND AND COMPLIANCE										
	3.08	Communications and Behavior Change for Caretakers		X								\$125,861
		a. BASICS to adapt IEC Tool Box for IMCI										
		b. BASICS to conduct up to 2 1-wk sub-regional workshops on the IEC Tool Box, with PAHO participation.										
		c. BASICS to conduct Operations Research on the use of the Tool Box in 2 target countries; disseminate results to all countries.										
		d. BASICS to develop and implement behavior change strategy for caretakers in 2 target countries.										
	3.09	A Behavior Change Strategy for Providers		X								\$46,925
		a. BASICS to conduct operations research on the reasons or barriers for non-compliance of health care providers with IMCI protocols in 2 target countries, with PAHO participation.										
		b. BASICS to develop and implement behavior change strategy in 2 target countries.										

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PAHO/BASICS LAC Regional IMCI Initiative: BASICS Budget

Obj. #	Act. #	Description of Activities	T I M E L I N E B					U D	G E T
			FY97	FY98	FY99	FY00	FY01		
		BASICS IN-KIND CONTRIBUTION							
		BASICS will contribute the development costs for the Health Auxiliary Auxiliary Course (3.04), and the IEC Tool Box (3.08)							\$190,500
		Intermediate Result 3 Subtotal:						\$631,374	\$190,500
Intermediate Result 4: Monitoring and Evaluation Used to Adjust IMCI Program Plans									
	4.01	Early-Use Evaluation Tools PAHO and BASICS to jointly design, modify and implement monitoring and evaluation tools for the analysis of "early-use countries".	X					\$11,731	
	4.02	Regional Reporting System Costs will be incorporated into other planned visits						\$0	
	4.03	Regional Information Exchange PAHO to conduct one 1- week regional workshop and 3 1-wk subregional workshops, with BASICS participation, to exchange IMCI information and experience between countries and private sector.	X	X				\$27,955	
	4.04	Mortality Survey and Surveillance Methodology (coordinate with activity 4.05) a. BASICS to implement mortality surveillance as part of IMCI and conduct up to 2 subregional one-week courses on mortality surveillance, with PAHO participation; provide follow-up TA.		X	X			\$88,005	
	4.05	Regional Management Information System a. Support PAHO consultants for system development. b. PAHO to conduct up to 2 sub-regional 4-day workshops, with BASICS participation, to orient countries in system implementation. c. PAHO to prepare, translate, print, and distribute biannual bulletin and prototype operational guidelines.	X	X	X	X	X	\$18,970	

WJ

PAHO/BASICS LAC Regional IMCI Initiative: BASICS Budget

Obj. #	Act. #	Description of Activities	T I M E L I N E B					U	D	G	E	T
			FY97	FY98	FY99	FY00	FY01	BASICS/LAC		BASICS IN-KIND CONTRIB.		
	4.06	Utilizing Health Facility Quality Review		X	X	X	X		\$48,246			
		a. PAHO to translate document into Spanish.										
		b. PAHO to conduct 2-wk sub-regional field-test and train consultants in methodology (Peru), with BASICS participation.										
		c. PAHO to establish subregional teams to collate, analyze and disseminate monitoring information.										
		d. PAHO to develop, test and print prototype IMCI supervisory guide.										
		e. PAHO to conduct 3 4-day sub-regional workshops, with BASICS participation, to plan and organize monitoring of health workers after training and follow-up.										
		f. PAHO to adapt "training activity" software to track and monitor activities.										
	4.07	Operations research	X	X	X	X	X		\$21,705			
		a. PAHO to conduct one 1-wk regional workshop to review and develop operations research protocols, with BASICS participation.										
		b. PAHO to translate print, and disseminate operations research protocols.										
		c. PAHO and BASICS to jointly conduct operations research studies, disseminate result and conduct workshops	X	X	X	X	X		\$25,000			
		d. BASICS to conduct cost-effectiveness study, with PAHO participation.		X	X				\$88,390			
		BASICS IN-KIND CONTRIBUTION										\$190,500
		BASICS will contribute the development costs for the Health Facility Quality Review (4.06), Mortality Survey/Surveillance (4.04)										
		Intermediate Result 4 Subtotal:							\$330,002			\$190,500
		Program Management and Coordination										
		DEVELOPMENT OF INDICATORS	X						\$1,040			
		Develop intermediate process and target audience indicators.										

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PAHO/BASICS LAC Regional IMCI Initiative: BASICS Budget

Obj. #	Act. #	Description of Activities	T I M E L I N E B					U	D	G E T	
			FY97	FY98	FY99	FY00	FY01	BASICS/LAC		BASICS IN-KIND CONTRIB.	
		BASICS HQ SUPPORT	X	X	X	X	X		\$539,011		
		BASICS intends to fund one IMCI specialist to work on this project. In addition, this amount includes BASICS HQ Support for management of the planning, implementation, and monitoring of activities. Note: Personnel costs for travel time are included in the budget amount for the specific activity.									
		BASICS IN-KIND PERSONNEL CONTRIBUTION	X	X	X	X	X				\$1,000,000
		BASICS will provide an in-kind contribution of field staff time in Bolivia Ecuador, Guatemala, and Honduras over the five year period. In addition, BASICS will use approximately \$1,000,000 in field support funds in FY97 to implement in-country IMCI activities, which will complement the regional workplan.									
		TECHNICAL INFORMATION EXCHANGE/MANAGEMENT MEETINGS	X	X	X	X	X		\$10,483		
		a. BASICS and PAHO to jointly organize and conduct 5 one-day Regional Interagency Coordinating Committee meetings (Washington, DC); b. Jointly convene up to 3 2-day sub-regional ICC meetings to strengthen ICC collaboration with involvement of other public and private health sectors; c. Jointly conduct three 2-day Regional Technical Advisory Group (TAG) scientific meetings, to review implementation and state-of-the-art issues.									
Management and Coordination Subtotal									\$550,534		\$1,000,000
TOTAL ACTIVITY COSTS:									\$1,751,755		\$1,406,000
Allocable costs @ 25% BASICS									\$437,939		
TOTAL OF REQUESTED FUNDS									\$2,189,694		

Program Note #1 PAHO is the lead agency in twelve countries. El Salvador, Nicaragua, Brazil, Paraguay, Peru and the Dominican Republic in 1996, in 1997, Venezuela, Colombia, Argentina and franco-phone countries will be added (Haiti, Martinique, Guadeloupe and French Guiana), and in 1998, activities will be negotiated in the English-speaking Caribbean and Mexico. BASICS is lead agency in four countries, Bolivia, Ecuador, Guatemala and Honduras, with possible involvement in El Salvador and Nicaragua, depending on USAID commitment

Budget Note #1 BASICS budget estimates contain estimates for staff time under each activity
Budget Note #2 BASICS budgets per activity include staff travel time