

PD - ABCQ - 870
99212

BASICS ANNUAL REPORT



OCTOBER 1 1996 - SEPTEMBER 30 1997

 **BASICS**

PD-ABQ-870

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BASICS

The development of this document was an activity of BASICS (Basic Support for Institutionalizing Child Survival) BASICS is funded by the Office of Health and Nutrition of the Bureau for Global Programs, Field Support, and Research of the U S Agency for International Development (USAID) BASICS is conducted by the Partnership for Child Health Care Inc (contract nos HRN-C-00-93-00031-00 [formerly HRN-6006-C-00 3031-00] and HRN-Q-00-93 00032-00 [formerly HRN-6006-Q-00-3032 00]) Partners are the Academy for Educational Development John Snow Inc , and Management Sciences for Health Subcontractors are the Office of International Programs of Clark Atlanta University Emory University The Johns Hopkins University s School of Hygiene and Public Health Porter/Novelli and Program for Appropriate Technology in Health

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ACRONYMS

AFRO	African Regional Office (World Health Organization)
AHRTAG	Appropriate Health Resources and Technologies Group Action
AIDS	acquired immune deficiency syndrome
AIMI	Africa Integrated Malaria Initiative
AIN	Atencion Integral al Niño
ARI	acute respiratory infection
AVSC	Association for Voluntary Surgical Contraception
BASICS	Basic Support for Institutionalizing Child Survival
BCG	Bacillus of Calmette and Guerin (tuberculosis vaccine)
CAIDP	Central Asian Infectious Disease Program
CBC	communication and behavior change
CBoH	Central Board of Health
CCH	Community and Child Health Project
CDC	Centers for Disease Control and Prevention
CDD	control of diarrheal diseases
CSA	child survival advisor
DANIDA	Danish International Development Agency
DRC	Democratic Republic of Congo
DSFP	disease surveillance focal point
EPI	Expanded Program on Immunization
ESA	East and Southern Africa
FGM	female genital mutilation
FHA	Family Health and AIDS
FY	fiscal year
GPV	Global Program on Vaccines
HFA	health facilities assessment
HIV	human immunodeficiency virus
HMIS	health management information system
HP-IV	Health Project IV
HQ	headquarters (BASICS)
ICC	Interagency Coordinating Committee
IEC	information, education, and communication
IMCI	integrated management of childhood illness
INCAP	Institute for Nutrition for Central America and Panama
INTRAH	International Training in Health (USAID project)
LAC	Latin America and the Caribbean
LOP	life of project
MCH	maternal/child health
MECACAR	Mediterranean East, Caucasus, and Central Asia Republics

MIR	Management Information Report
MIS	management information system
MOH	Ministry of Health
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
NCR	national coverage survey
NGO	nongovernmental organization
NIPHP	New Initiatives for Population and Health Programs
NID	National Immunization Day
NIS	New Independent States
ORANA	Organisme de Recherche sur l'Alimentation et la Nutrition Africaine
ORS	oral rehydration salts
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
PATH	Program for Appropriate Technology in Health
PHN	population, health, and nutrition
PSI	Population Services International
PVO	private voluntary organization
PVOH	Private Voluntary Organizations for Health
PY	project year
QAP	Quality Assurance Project
QoC	quality of care
REACH	Resources for Child Survival Project
REDSO	Regional Economic Development Services Office
RCI	Republican Center for Immunoprophylaxis
SANAS	National Service for Feeding and Applied Nutrition
SCM	standard case management
SES	Sanitary and Epidemiological Service
STD	sexually transmitted disease
TACIS	Technical Assistance to the Commonwealth of Independent States
TAF	The Asia Foundation
TOT	training of trainers
TTM	time-temperature monitor
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	Urban Services Delivery
VCR	verbal case review
VOA	Voice of America
WACH	woman and child health
WCA	West and Central Africa
WHO	World Health Organization
ZCHP	Zambia Child Health Project

EXECUTIVE SUMMARY

Introduction

BASICS (Basic Support for Institutionalizing Child Survival) is a multidisciplinary five-year international public health project funded by the U S Agency for International Development (USAID). The project provides technical leadership and practical field programs for reducing infant and childhood illness and death worldwide. USAID continues to be a leading partner in the global effort to reduce infant and childhood death and to support practical and effective programs for improving child health. BASICS continues to be the largest USAID program in this field.

The project operates approximately 35 country and regional programs in Africa, Asia, Latin America and the Caribbean, and the New Independent States (NIS) of the former Soviet Union. BASICS works closely with local and national counterparts, both private and public, to increase access and to improve the quality of cost-effective child survival services. BASICS collaborates with a wide range of private voluntary organizations (PVOs) and nongovernmental organizations (NGOs), other donors, public health institutions, and such international organizations as the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the Pan American Health Organization (PAHO). BASICS also serves as a technical resource to those around the world who design and implement child survival health programs.

The project comprises four major functional components: country and regional programs, technical innovation and leadership, monitoring and evaluation, and information dissemination. Having identified the principal causes of childhood mortality and morbidity, including the epidemiological, institutional, and behavioral factors involved, the project during its fourth year continued to concentrate on six technical and programmatic priorities, each led by a cross-functional working group. These six areas are as follows:

- Sustaining immunization programs
- Integrating case management of childhood illness (including malaria)
- Incorporating nutrition fully into child health programs
- Identifying, promoting and sustaining key positive health behaviors, especially in the home and community
- Establishing innovative and effective public/private partnerships
- Improving techniques for monitoring and evaluation

The project is carried out through a five-year contract that ends on September 30, 1998. It is administered by the Partnership for Child Health Care, Inc., a joint venture of the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors to the Partnership are Clark Atlanta University, Emory University, The Johns Hopkins University School of Public Health, Program for Appropriate Technology in Health (PATH), and the Manoff Group, Inc.

Fourth Project Year

This report outlines the major activities and accomplishments of the fourth year of the BASICS project.

- Approximately 35 country and regional programs in Africa, Asia, Latin America, and the NIS were continued, many of the country programs were expanded. New regional programs were initiated in West Africa and in Latin America, new country programs were begun in Congo and El Salvador, and the country program in South Africa was completed.
- A comprehensive midterm evaluation of the BASICS project was completed, it concluded, "In summary, BASICS is an excellent program which plays a very vital role in USAID's continuing global effort to improve child survival and health."
- Continued progress was made toward production of end-of-project results and products for each of the technical working groups for each of the areas of technical leadership stated above.

The increasing accomplishments of the project during the year can be categorized as follows:

- Increasing the effectiveness of disease prevention
 - Strengthening the planning and management capabilities related to national immunization programs
 - Introducing strategies to reduce morbidity and mortality from vaccine-preventable diseases
 - Identifying and promoting a minimum package of proven nutrition behaviors
 - Implementing child feeding guidelines and strategies
- Improving health care at the community and household levels

- Developing, implementing, and evaluating interventions to improve caretaker behavior
- Strengthening efforts of NGOs/PVOs and community groups to improve home case management, disease prevention, and care-seeking behaviors
- Increasing access and improving case management at the health facility and practitioner levels, both public and private
 - Providing worldwide technical leadership in collaboration with WHO, UNICEF, and others in Integrated Management of Childhood Illness (IMCI), including widespread introduction of IMCI to ministries of health, development of training materials, development of national strategies and plans of action, and improvement of IMCI in the home and community
 - Improving the quality and effectiveness of care given to sick children by private health care providers
 - Helping to bring about sustainable production and distribution of public health-recommended products and promotion of appropriate behaviors for improving child health by involving commercial sector manufacturers
- Improving the policy environment and management of public health
 - Developing tools for advocacy and for measurement of the magnitude and analysis of the nature of evolving factors affecting child morbidity and mortality

COUNTRY AND REGIONAL PROGRAMS

Africa

The fourth fiscal year (FY97) of the BASICS project saw continued growth of country and regional programs in Africa. By the end of project year (PY4), BASICS was supporting long-term or periodic country programs in Benin, the Democratic Republic of Congo, Eritrea, Ethiopia, Kenya, Madagascar, Mali, Mozambique, Niger, Nigeria, Senegal, and Zambia. Regional programs were supported through project hubs in Ivory Coast (with REDSO/WCA), Senegal (BASICS regional office), and Kenya (with REDSO/ESA). A periodic country program is scheduled to come on-line in Guinea during PY5, while program activities in South Africa ended mid-year.

The extensive effort put into recruiting expert technical assistance teams during PY3 and early PY4 was successful—all the long-term country programs now have full teams of resident expatriate advisors, as well as highly qualified local staff. The presence of these teams, strong relations with USAID Missions and government agencies, plus the availability of adequate funding, all contributed to making PY4 the most active year yet for BASICS. The challenge in the final year of the project will be to maintain momentum in program activities and document the very real successes of the projects, while simultaneously planning for the orderly transition to different implementation mechanisms.

BASICS played a major role in supporting USAID's strategy of developing regional initiatives in Africa. In East Africa, BASICS provided the services of a child survival advisor attached to the Regional Economic Development Services Office/East and Southern Africa (REDSO/ESA) in Nairobi. The child survival advisor worked closely with USAID Missions to develop results packages for child health programs and to provide targeted technical assistance in numerous areas, including quality of care and the integration of maternal and child health/family planning (MCH/FP) services. The advisor's efforts dovetailed nicely with the Regional Health Networking Initiative that REDSO and BASICS have been developing for three years. This initiative promotes the sharing of experience and lessons learned in a number of technical areas among countries of the region. In support of this effort, BASICS provided the full-time services of the health network coordinator, an administrative assistant, and a regional health care finance advisor. Through the use of conferences, workshops, structured study tours, south-to-south consultation, and the development and dissemination of practical documentation, the network helps strengthen the skills, knowledge, and capacity of health practitioners and policy makers in the region.

Recognizing the success of the networking initiative in East Africa, USAID has launched a similar program from the REDSO offices in Abidjan. Late in PY4, BASICS placed a network coordinator in the REDSO/WCA office who will spearhead networking activities in the region. While the

decrease in the number of USAID Missions in the region is one of the underlying reasons for developing this type of regional program, it also poses one of the many challenges for successful implementation. Another exciting development this past year has been the progress made in the development of a regional strategy for the sustainable marketing of oral rehydration solution (ORS). With funding from the regional Family Health and AIDS (FHA) Project, BASICS has been collaborating with Population Services International (PSI) and the region's largest pharmaceutical company, Rhône Poulenc-Rorer, to develop this innovative approach that links the public and private sectors in pursuit of a sustainable public health objective.

Funding for BASICS programs in Africa comes from a number of sources. These sources include Mission delivery orders and field support funds, USAID Global Bureau funds, and a very significant contribution from the Africa Bureau. Spending in PY4 increased significantly over that of previous years, both in absolute terms and as a proportion of the project's total spending on country programs.

Benin

Introduction

USAID/Benin's strategic objective is to increase the use of family planning/maternal and child health services and STD/HIV preventive measures within a supportive policy environment. BASICS has been providing periodic technical assistance to USAID/Benin since FY97. Following a series of assessments requested by USAID/Benin, discussions were held with USAID/Benin in August 1997 on priority activities that BASICS could undertake in support of Mission objectives before BASICS ends in September 1998. Specifically, support has been requested from BASICS in nutrition, integrated management of childhood illness (IMCI), and malaria, with information, education, and communication (IEC) activities supporting these interventions when appropriate and feasible. In September 1997, USAID/Benin informed BASICS that it was considering the addition of an objective related to prevention/immunization sustainability and asked BASICS to suggest appropriate activities.

Accomplishments

- **Malaria** In July of PY4, BASICS participated with USAID and the Centers for Disease Control and Prevention (CDC) in an assessment visit for implementation of the African Integrated Malaria Initiative (AIMI) in the Oueme Department of Benin. To initiate implementation, BASICS carried out a workshop introducing the AIMI strategy to plan for the future program, it was attended by central- and departmental-level Ministry of Health (MOH) officials.
- **IMCI** An IMCI feasibility assessment was carried out in July 1997. MOH interest in IMCI has been strong, yet no firm commitment to this initiative has been made by the MOH to date. With Africa Bureau designated core funding, BASICS sponsored the attendance of three individuals from Benin in the regional IMCI food box adaptation workshop carried out by the BASICS and SANA projects in July 1997.

- Nutrition An analysis of the nutrition situation in Benin was carried out in March 1997 In August 1997, plans were developed for implementation of the Minimum Package of six nutrition interventions
- IEC Five individuals from Benin, representing public radio and health services, attended the BASICS/Family Health and AIDS Project Regional Radio Workshop in Ouagadougou in June The workshop trained a cadre of radio program trainers in planning, implementing, and evaluating radio spots for health All six radios in Benin are public, the rural public radios are fairly autonomous

Looking Ahead

In PY5, BASICS has a very ambitious program to implement Noted below are highlights of key activities planned in FY98 Concerning malaria, BASICS will continue to collect baseline data with CDC and Africare in Oueme and will provide technical updates to NGOs working in malaria in Borgou, the department chosen by USAID/Benin for health programming Concerning IMCI, Benin will complete the initial stages of introducing IMCI, with technical assistance from BASICS, and will reach agreement on the adapted IMCI materials In nutrition, BASICS will help develop an IEC strategy with counseling recommendations for child feeding and prenatal iron supplementation, and with recommendations for the use of traditional media and revised/existing materials In the Expanded Program on Immunization (EPI), BASICS will support vitamin A distribution linked with EPI, and help introduce surveillance of EPI by conducting a workshop on acute flaccid paralysis (AFP) and the testing of immunization sustainability indicators in conjunction with UNICEF In IEC, BASICS will work to maximize the skills of those who attended the regional radio programming workshop by helping local radio stations to develop and air programs in support of nutrition programs in the Borgou region BASICS help for this project will come in the form of technical assistance—for example, for conducting qualitative research, developing radio spots based on this research, and translating, pre-testing, and broadcasting health messages

Democratic Republic of Congo (DRC)

Introduction

In August 1997, UNICEF/DRC requested the assistance of USAID to support the LIDs (local immunization days) and NIDs (national immunization days) in major urban and high risk areas throughout the country as a means to quickly raise the vaccination coverage rate, to help prevent measles and polio epidemics, and to assist EPI/MOH in revitalizing routine EPI structures In response, a joint USAID/BASICS/WHO/UNICEF mission was undertaken in August Based on the mission findings, USAID awarded a \$3 million grant to UNICEF and \$600,000 to BASICS to assist UNICEF/DRC in planning and implementing the LIDs and NIDs, and to provide assistance in strengthening the capacity of the national EPI program in the delivery of routine immunization services BASICS works closely with USAID, the State Department, WHO, and UNICEF in support of these objectives

Accomplishments

Accomplishments in FY97 included the support of a consultant who traveled to DRC to assist the national EPI offices in preparing for the Kinshasa LIDs. He also assisted in inspecting the cold chain and in determining vaccination and supply needs for the LIDs.

Looking Ahead

BASICS will continue to provide technical assistance in the planning and implementing the NIDs and LIDs through the activities of expatriate and local consultants. The LIDs are planned to take place in the Kinshasa area in October and November 1997, in 440 sites, including health centers, schools, churches, and parishes. The NIDs will be held in June and July 1998. Results from both the LIDs and NIDs will be reported in the FY98 BASICS annual report. In addition, a resident technical advisor will be identified and posted in Kinshasa by December 1997. It is anticipated that this individual will share an office with the EPI program staff in the MOH until the BASICS project finishes on September 30, 1998.

Eritrea

Introduction

The USAID/Eritrea health project goal is to provide sustained improvement in the health status of women and children in Eritrea. To meet this goal, BASICS, in partnership with the Ministry of Health, is strengthening the health care delivery system to be more capable of delivering a basic package of integrated health and family planning services, as well as increasing the demand for, access to, and quality of these services for women and children. BASICS overall broad strategies include the promotion of health system decentralization and the introduction of technical input to enrich project objectives. At the national level, BASICS is building the capacity of the Ministry of Health to plan and implement quality health services, to establish a health management information system (HMIS) with health managers capable of utilizing data for planning and decision-making, to ensure that health facilities have sufficient health supplies and essential drugs, and to develop the capacity to train health workers. At the regional and community levels, BASICS is assisting health teams to deliver improved and expanded health care services based on national policies and guidelines, building the capacity of health teams to train health workers capable of diagnosing, treating, and counseling according to primary health care policies, and promoting appropriate management of sick children through key health messages.

Accomplishments

During the past year, BASICS helped the MOH to develop a national primary health care policy, national standard treatment guidelines, and a national drug policy. Guidelines and workshops for decentralized planning facilitated development of regional annual health plans by regional health management teams. A national HMIS was established, including health indicators, forms and registers, training, and instruction manuals. BASICS assisted with procurement in establishing the first national drug quality control laboratory. In addition, progress was made in the adaptation of IMCI materials in preparation for training, and an assessment of health financing alternatives and technical assistance needs was also conducted.

Looking Ahead

BASICS will assist the target regions to increase their capacity to undertake decentralized planning, to implement primary health care, and to use HMIS data for planning, monitoring, and evaluation. Operations research will be conducted to determine the feasibility of various options for health care financing. The HMIS will be fully functional, training will be completed and the plan for reporting operational. The drug quality control laboratory will be fully functional, with trained staff and a computerized inventory system in use for drugs and supplies. BASICS will focus on building capacity for training health workers in integrated child health care at the community level and in utilizing health messages to improve home care of children.

Ethiopia

Introduction

USAID/Ethiopia has become a major partner of the Government of Ethiopia in the health sector. The primary vehicle for USAID assistance is the Essential Services for Health in Ethiopia Project, ESHE. As the primary contractor responsible for the implementation of ESHE, BASICS collaborates with both the public sector and NGO groups to improve access to services and to strengthen health systems. Funding for BASICS comes through mission field support and Delivery Order 20, the effective dates of which are from April 1996 through September 1998. Through its national office in Addis Ababa and its regional office in the Southern Nations and Nationalities People's Region (SNNPR), BASICS provides long- and short-term technical assistance, in-country and U.S.-based training, commodities, and local program support for a wide range of activities geared to improving the health status of women and children.

Accomplishments

At the national level, the BASICS team has overseen the capacity building of human resources through the sponsorship of 43 participants who attended short-term training abroad in epidemiology, health economics and financing, health information, and the planning and management of service delivery. The chief of party, aided by consultant visits, has engaged the MOH in important policy discussions on the introduction of IMCI and support for national immunization days (NIDs) for polio eradication.

The arrival of the BASICS long-term health care financing advisor and the participation of a BASICS consultant in the Government of Ethiopia/World Bank Sector Investment Plan (SIP) mission signaled a significant increase in national-level policy support. Assistance has been provided to the MOH to develop alternative health care financing strategies and systems at both national and regional levels. In response to a review of budgeting and financing mechanisms of the MOH that identified a lack of coordination, technical assistance is planned to provide training to key MOH staff.

In the SNNPR, the BASICS project has been involved in strengthening basic and continuing education for primary health care. A national regional training center (RTC) workshop has been conducted to enable members of the RTCs around the country to share experiences and explore

methods of implementing distance (correspondence) education to upgrade the skills of health workers serving remote areas. To strengthen pre- and in-service training of health workers, training materials have been supplied to five health training institutions. In the area of systems support, a comprehensive approach to information-based planning through the use of health profiles and resource data bases has been developed. The regional health bureau (RHB) has been assisted in the design of a health management information system (HMIS) that was tested in 10 pilot woredas, and 60 participants have been trained in its implementation and use of data for monitoring. A participatory community planning process has resulted in the development of community health action plans in focus communities. These included the initiating or renewing of outreach and EPI sessions, refurbishment of community health posts, protection of springs and refresher training of community health workers and traditional birth attendants. A health education strategy has been developed that uses local resources to reach communities.

In addition, university students and health workers have received training in proposal development for operations research, and five studies have been developed and are currently being implemented.

Looking Ahead

Systems strengthening will continue, with support being provided at the national level in the development of enabling policies and alternative health care financing strategies. At the regional level, the development of a comprehensive HMIS will enable the RHB to better manage and forecast its resource needs. Innovative interpersonal health communication methods will be developed and evaluated at the community level. BASICS will continue to work with the RTC to improve its capacity to conduct long-term training. Experiences gained in the SNNPR are expected to inform policy actions at the central level, and policies developed at the central level will be tested in the SNNPR. Lessons learned from the implementation of the project will be disseminated through a variety of channels, including publications, national workshops, and collaborative training with NGOs.

Guinea

Introduction

While BASICS does not have a long-term program in Guinea, over the past four years BASICS has responded to a small number of requests for technical assistance from USAID/Conakry, principally for evaluation and planning activities. Over the past year, USAID/Conakry has placed a health and population team, developed its strategic objective for health, and awarded a contract to Management Sciences for Health (MSH) to implement the Guinea Family Planning and Health Project (GFPHP). With the initiation of USAID/Conakry's long-term health strategy, BASICS will work over the next year to identify technical areas for collaboration, both with the GFPHP and with PVOs working in child survival, and to plan and implement short-term technical assistance in areas in which BASICS has relative strengths.

Accomplishments

In March and April of 1997, the BASICS West Africa regional director worked with the International Training in Health Project (INTRAH) to complete a situation analysis on MCH, AIDS, and family planning in Guinea. He provided expertise on child survival issues during the assessment in March, and then returned in April to present on clinical training needs identified during the assessment. BASICS has kept lines of communication open with the Mission and with nongovernmental organization (NGO) implementors, such as Africare and Save the Children, while awaiting a green light from the Mission to initiate activity in support of child survival.

Looking Ahead

Within very limited time and resources over the next 12 months, BASICS will work with USAID/Conakry, MSH, Africare, and other implementing agencies to identify areas of collaboration and to define specific joint interventions that will strengthen the agencies' chances of achieving child survival program goals. In the short term, BASICS staff will meet with MSH and other US-based partners to discuss collaboration in preparation for a planning mission in early 1998. In January 1998, BASICS may also have the opportunity to assist Africare in Dinguraye by providing tools and expertise for the implementation of a health facilities assessment. Following negotiations with the Mission and other partners, the \$600,000 which USAID/Conakry provided in Mission field support funding may be programmed for activities like the following:

- Provide technical assistance in support of nutrition, EPI, and behavior change
- Work with PVOs to document and share their experiences within Guinea and the region
- Support participation of program managers in regional events, such as IMCI training, regional radio workshops, etc
- Help the Government of Guinea to implement their national polio eradication program

Through the end of FY98, BASICS hopes to be considered a technical resource in child survival and a partner to the GFPHP, PVOs, and the MOH.

Kenya

Introduction

The BASICS Kenya country program focused on the elimination of female genital mutilation (FGM) or female circumcision in the Nyamira District through appropriate information, education, and counseling around issues of FGM, early marriage, teenage pregnancy, education and other opportunities for girls. The project began in September 1994 and ended in November 1997. Project objectives were achieved through a subcontract to Program for Appropriate Technology in Health (PATH) and an implementing agency, Kenya Seventh Day Adventist Rural Health Services (SDA-RHS). SDA-RHS identified two local project officers, a sociologist and a nurse, who were responsible for planning and implementing project activities in Nyamira District.

A BASICS/PATH FGM Project Advisory Committee (PAC) was established to advise and support project activities

Achievements

To increase the number of community members advocating to end FGM through meetings, public statements, and IEC sessions, the following activities were implemented

- An exchange of information and lessons learned between Eritreans and Kenyans working on FGM projects
- Visits of local Kenya and Eritrean leaders to FGM project sites
- Mobilization of District Development Team to participate officially and actively in SDA FGM program activities, including District Advisory Committee, and District and National Dissemination Workshops

Education and mobilization of health professionals to encourage community efforts to reduce FGM in the target areas were the primary focus of activities this year. These activities included—

- Developing educational materials based on research findings
- Conducting training workshops for health professionals on Communication for Behavior Change and Materials Development
- Recruiting health professionals for client education and community outreach
- Planning and organizing training for religious leaders and teachers
- Advocacy training in three schools, four women's groups, one men's group, two chief barazas, and three church and community groups
- Adapting appropriate IEC materials for various target audiences
- Monitoring and documenting project activities

Madagascar

Introduction

The BASICS country program in Madagascar works to improve the quality and to increase the use of key child health and nutrition interventions. BASICS works at the national level on integrated management of childhood illnesses and nutrition policies, and also in two districts within USAID's two focus regions to build capacity to plan and implement child survival and nutrition activities. Activities are grouped into four major categories: (1) development of district capacity to

plan and implement child survival programs, (2) promotion of sustainable behavior change at the household and community levels around key child survival interventions, (3) development of national-level capacity to implement health policies in support of child survival, primarily in the area of IMCI, and (4) technical support to child survival partners to strengthen their design, implementation, and evaluation of child survival efforts

Accomplishments

A major accomplishment this year has been the community mobilization efforts in BASICS's two focus districts, which included the launching of an IEC strategy to increase vaccination coverage, a series of workshops for community leaders and village theater teams, production of IEC material kits to support vaccination, breastfeeding, and the reduction of ARI, and finalization of the health message guide, which was disseminated through radio spots and printed materials. Also, the national IMCI strategy was initiated and IMCI became a national policy, consensus was reached on IMCI training materials, and practical technical training was provided on elements of IMCI for district health workers. In the area of nutrition, research was conducted for the adaptation of the IMCI food box, and a collaborative nutrition program was developed as a basis for joint nutrition activities. In addition, five small grants for child survival field activities were implemented in two target districts with two NGOs and at the central level.

Looking Ahead

The final year of the BASICS program in Madagascar will focus on the implementation of the many activities required to achieve results. IMCI will continue to be a national effort with joint leadership, and training will be launched for facilitators and health workers. The IEC strategy will expand to include "health friendly" community components on negotiating and coaching families for behavior change. A "child-to-child health program" will be developed and tested in 24 primary schools, in collaboration with the Ministry of Education. Continued development is planned for mothers' counseling cards and IEC kits, with special emphasis on the child survival themes of IMCI, EPI, and nutrition. Recipients of the five small grants mentioned above will complete and evaluate their child survival activities.

Mali

Introduction

BASICS's mandate in Mali for child survival assistance flows from the USAID/Mali Mission's youth strategic objective, which aims to reduce infant and childhood mortality rates. BASICS signed a delivery order with USAID/Mali on September 30, 1997, for a 12-month period, through September 1998. USAID/Bamako requested the following technical assistance:

- Review EPI strategies and training tools to improve immunization coverage rates, which were field-tested in two pilot districts
- Implement the integrated management of childhood illnesses (IMCI) initiative with WHO in three districts: Koulikoro, Djenne, and Bamako Commune 5

- Introduce nutrition advocacy and policy reform
- Expand the access and demand for quality child survival services through radio communication and community-based distribution services of child health products

Accomplishments

- EPI BASICS participated in the May 26–June 6, 1997 UNICEF/USAID review of USAID grants to UNICEF in support of EPI in Mali
- IMCI BASICS's regional and headquarter staff worked closely with the WHO African Regional Office (WHO/AFRO) and WHO/Mali to help the Government of Mali introduce IMCI in three districts WHO has agreed to take the lead with IMCI in Mali BASICS will provide important technical assistance
- Nutrition BASICS and Linkages staff introduced the PROFILES application, a nutrition computer advocacy tool, solidifying support from the Government of Mali multisector nutrition planning BASICS also helped MACRO International select the Malian team that is carrying out the secondary demographic and health survey (DHS) nutrition analysis Four key Malians participated in the regional IMCI food box adaptation workshop held in Dakar, Senegal, cosponsored by the BASICS/SARA/SANA projects, as well as ORANA
- Behavior change Sponsored by BASICS-designated core funds from the Africa Bureau, four Malian participants, representing public/private radio and health services, attended the BASICS/Family Health and AIDS Project Regional Radio Workshop in Ouagadougou in June The workshop trained a cadre of radio program trainers to plan, implement, and evaluate radio spots for health

Looking Ahead

Over the next 12 months, BASICS has a very ambitious program to implement More specifically, BASICS will work with the National Center for Immunization (CNI) and UNICEF to address missed opportunities for immunization and high drop-out rates BASICS will also provide technical assistance to the Ministry of Health in nutrition policy and advocacy, in the implementation of IMCI with WHO, and in radio communication and community-based distribution services of child health products

Health facility surveys will be carried out in the three new pilot districts Djenne, Koulikoro, and Commune 5 of Bamako City, and a final health facility assessment (HFA) will be carried out prior to the end of BASICS A private voluntary organization (PVO) IMCI orientation workshop will be carried out for key USAID-funded PVO partners that will focus on emphasis caretaker behavior messages and how to operationalize those messages in ongoing PVO activities Key nutrition activities will include the training of 15 senior-level Government of Mali technicians in

the development and use of the PROFILES application, the local adaptation of the IMCI food box, and the development of a nutrition program plan for USAID/Mali's consideration under their bilateral program

Concerning radio communication, two national radio program workshops will be hosted and an evaluation plan will be developed. Regional workshop participants from Mali will serve as members of the national facilitator team. Anticipated results include not only creating additional capacity for radio programming but also the formation of public/private partnerships through radio interventions for the first time in Mali. Messages will be translated into Bambara (spoken by 80 percent of the population), and cassettes will be pre-tested.

Mozambique

Introduction

The objectives of the program in Mozambique are to—

- Improve the effectiveness of district-level information, education, and communication (IEC) efforts
- Improve the cost-effectiveness of provincial IEC interventions through joint planning, implementation, and evaluation and to develop and test mechanisms for the coordination of provincial IEC efforts
- Improve access to IEC materials and methods by the Ministry of Health, NGOs, and international agencies

Accomplishments

In PY4, BASICS and the USAID/Mozambique Mission agreed on a revised program strategy to focus on IEC health communications capacity building. Working with the central Ministry of Health, BASICS selected the provinces of Gaza and Nampula as the two target areas. Due to its proximity to Maputo, Gaza was chosen as the focus province for the planning and implementation of a coordinated IEC effort by MOH and NGO staff. Accomplishments include the following:

- BASICS opened a Maputo office and recruited a country program manager and an IEC technical officer
- BASICS established close working relations with the Ministry of Health, the PVO/NGO community, and international donors in the health sector
- With the MOH, BASICS completed an inventory of existing IEC health communications methodologies and training materials

- In collaboration with the MOH and the German aid agency GTZ, BASICS conducted a national IEC forum for PVOs and MOH provincial staff

Looking Ahead

In PY5, BASICS will develop an IEC training curriculum and train 30 provincial MOH and NGO health communications specialists in basic behavior change principles and methods, and in formative research techniques. Then, working with NGO and MOH teams, BASICS plans to conduct formative research on key child health care practices in five districts, followed by work in developing local IEC strategies and materials. A national level IEC “lessons learned” workshop will be held in mid-1998. In Gaza Province, an IEC task force will be set up and charged with developing a comprehensive health communications strategy to change one more key behavior. BASICS staff will provide continuous monitoring and technical assistance in five selected districts in Gaza. An IEC collection center will be set up first in Gaza and then in other provinces to house existing IEC materials. IEC materials finalized under BASICS will be provided to all the collection centers. At the USAID Mission’s request, BASICS also is planning to assign an expatriate EPI technical officer to the Ministry of Health in PY5.

Niger

Introduction

Quality Assurance Project (QAP) and BASICS have long cooperated in their Nigerien technical work. With plans for the December 1998 closeout of USAID/Niger, it was decided that QAP and BASICS would merge their offices and work in the same geographic areas towards a shared set of results. Under the joint program, QAP/BASICS is working in two districts in Tahoua (Konni, Illela) and one district in Dosso (Boboye) to achieve the following two program-specific results:

- Result 1 Institutionalization of quality assurance in three districts: Konni and Illela in the Tahoua Region and Boboye in the Dosso Region
- Result 2 Refine, test, and disseminate in Niger and elsewhere in West Africa a district-based model for improving the quality of child health services using a quality assurance approach, with a focus on three districts where availability of drugs can be assured: Boboye, Konni, and Illela

The QAP/BASICS work plan is driven by the objective stated in USAID/Niamey’s closeout plan “to increase the use of maternal/child health and child survival services, disaster mitigation, and HIV/AIDS control practices.” Specifically, BASICS will work to achieve the following sub-results of the joint QAP/BASICS strategy:

- In target districts, health workers will demonstrate improved performance in the assessment and treatment of sick children and the counseling of caretakers

- The management capability of the district health management team (DHMT) will be strengthened at the decentralized district level
- Lessons learned and materials developed through this innovative program will be made available to other regions in Niger and to at least two other West African countries. This material will include the use of lessons learned during the adaptation and introduction of IMCI in Niger, which has already begun under WHO/AFRO direction

Accomplishments

During PY4, BASICS and QAP developed a joint work plan, a memorandum of understanding, and an operations research plan, all outlining an agreed-upon technical plan. Target project districts were selected and specific district-level interventions seeking to improve the care of sick children were developed. A Health Provider Performance and Caretaker Compliance Study was completed in May 1997. Results of the survey were shared with the districts in a participatory and problem-solving process. Steps were also taken to adapt BASICS's Rapid Health Facility Assessment (RHFA) tool for use by district health management teams. BASICS also supported Nigerien participation in the regional IMCI food box adaptation workshop sponsored by the BASICS/SARA/SANA projects and ORANA, and the BASICS country advisor participated in the working groups that planned the national introduction and adaptation of IMCI.

Looking Ahead

During PY5, on the regional level, the county advisor will participate in the regional Francophone WHO IMCI facilitator's course scheduled to take place in Niamey in January 1998. At the end of the course, Niger will have a cadre of six national IMCI trainers. Following soon thereafter, in March 1998, the national trainers will train a cadre of district-level IMCI trainers. Then, from April-June 1998, district health workers from the Konni and Tahoua districts of the Tahoua Region and from the Boboye District of the Dosso Region will be trained in IMCI. In collaboration with the Quality Assurance Project, the district health management teams (DHMT) will develop a monitoring and evaluation plan to monitor the performance of the trained health workers. Health worker performance after the training will be measured against the baseline data from the rapid health facility assessment.

In PY5, QAP and BASICS will document and disseminate lessons about combining a quality management approach with a technical public health intervention. The joint QAP/BASICS project will develop and submit to USAID/Niger in FY98 a proposal to finance unfunded "information and dissemination" activities in early 1998. For example, other districts/regions are interested in learning more about the quality assurance and IMCI joint effort in the Tahoua and Dosso regions. One proposal is to sponsor an information and dissemination meeting in Tahoua, inviting interested district staff and their key donor partners. A second and equally important proposal is to solicit assistance from the REDSO/BASICS Health Network Project to help organize a regional meeting for USAID population, health, and nutrition (PHN) staff and their MOH counterparts interested in learning successes of merging these two approaches.

Nigeria

Introduction

The Nigeria Private Sector Urban Health Program has developed an innovative model for coalition building and community action—the Community Partnership for Health (CPH). A CPH joins commercial and nonprofit health care providers with a multitude of religious, social, and occupationally oriented community-based organizations (CBOs). BASICS supports CBOs in their efforts to improve home care and care-seeking behavior, including use of immunization and other preventive and curative health services. At the health service level, BASICS trains providers to improve the quality of care, expand preventive activities, increase outreach to high-risk populations, and tailor services to community needs. Together, CBOs and health facilities (HFs) have tremendous potential for coverage because of the large CBO memberships. During the first two years of activity, BASICS worked exclusively in six local government areas of Lagos State. In 1997, at USAID's request, while continuing work in Lagos, BASICS expanded its work to form new CPHs to the northern city of Kano.

Accomplishments

By the end of September 1997, 11 CPHs had been established—6 in Lagos, with 13 private HFs and 42 CBOs, and 5 in Kano, with 5 HFs and 60 CBOs. During 1997, BASICS expanded the CPH network and improved the CPHs' capacity to plan and manage child health activities by developing health promotional materials, improving the quality of CPH health services through training, encouraging CPHs to establish links with traditional birth attendants, working with Technoserve to strengthen the women's empowerment committees of the Lagos CPHs through microcredit programs, and conducting highly successful democracy and governance workshops in both Lagos and Kano.

CPH network expanded Two new clusters of CBOs and health providers were incorporated into the existing Lagos CPH structure during the year. Early in the year, BASICS also established five new CPHs in the old city of Kano, in northern Nigeria. Kano's fledgling CPHs developed operating guidelines and action plans to address priority child health issues, including malaria, diarrheal disease, ARI, and vaccine-preventable diseases. In addition, Kano's CPHs embarked on adult literacy training and other special activities to address women's needs in a very traditional Islamic community.

CPH assessment and planning skills enhanced With BASICS assistance, CPH members participated in two separate health assessments in 1997. The first consisted of 100-household surveys around each of the health facilities in Lagos, while the second measured the quality of facility-based care at a number of CPH partner facility sites. This exercise provided useful information for community planning and for the development of training curricula.

CPH reproductive health, child health, and HIV/AIDS prevention activities conducted In FY97, all CPHs continued conducting environmental sanitation days to prevent malaria and diarrheal disease. New activities included mobilizing CPH families for routine immunization and for

national immunization days aimed at eradicating poliomyelitis. CPH members participated in breastfeeding support groups, and epidemic preparedness training was conducted for NGOs and HFs in Kano and Lagos. CPH youth groups participated in regional workshops during the year and subsequently initiated peer and community health education activities in all six communities in Lagos. Youth groups were active in health education, mobilization for routine immunization, and environmental sanitation.

Child health promotion materials completed Key health messages that can be delivered by CBO health promoters to caretakers were adapted, targeting preventive home health behaviors and curative practices for sick children. IEC materials were completed, as was a strategy for disseminating health education messages to CBO members and the surrounding communities. An accompanying curriculum was developed to train health promoters.

Quality of HF care and links with TBAs improved A baseline EPI assessment tool was developed and used to evaluate cold chain management in CPH health facilities. Subsequently, BASICS developed a training curriculum adapted to private sector needs and BASICS trained CPH partners in immunization and cold chain management. BASICS also distributed cold chain equipment and supplies provided by USAID and all Lagos CPH health facilities participated in national immunization days during the year. A trial of improved nutrition practices (TIPS) provided information for HF and TBA counseling, as well as health promotion in the communities. BASICS also conducted training to strengthen TBA practices and to encourage referrals between TBAs and HFs. Twenty-three nurses were trained by BASICS as state-level master trainers and will provide instruction to TBAs in CPH neighborhoods. Sixteen TBAs have completed two training sessions covering perinatal care, nutrition counseling, and other maternal/child health topics at this writing.

Women's empowerment and microcredit program The women's empowerment committees of six CPHs in Lagos identified scarcity of income and lack of decision-making power within the family as reasons why medical care is either delayed or not sought. Because delayed care-seeking is one of the principal causes of maternal and infant death in most low-income settings, BASICS hired the Nigerian affiliate of Technoserve to work with the CPHs to plan and carry out a microcredit program. To date, all Lagos CPH women's empowerment committees are actively involved in the planning of microcredit activities.

Democracy and governance training Some of the most visible and exciting events of the year were training workshops with the CPHs on democracy and governance. A total of 480 women and 120 men participated in the training, which focused on democratic participation and women's empowerment in the community. BASICS emphasized the role of community organizations in local governance, and exercises encouraged advocacy and community organization to improve child survival.

Documentation and dissemination strategy During the year, BASICS developed a strategy for documenting and disseminating lessons learned from the CPH experience in Lagos and Kano. Thus far, a documentation strategy and two technical papers have been drafted and a process documentation exercise is under way.

National IMCI adaptation begun Adaptation of the IMCI curriculum was initiated at the national level, with BASICS staff serving on the national IMCI technical working group and on the adaptation committee for public and private sector providers.

Looking Ahead

Activities planned in FY98 call for BASICS to expand the CPH model into additional neighborhoods in Lagos and Kano. Health promotion, immunization, TBA, IMCI, democracy and governance, and other reproductive and child health activities will continue with and through all CPHs. BASICS will produce an advocacy kit for CPH leaders, as well as curricula for training private sector providers in EPI and IMCI and associated IEC materials for use in the communities. In addition, BASICS will complete the ongoing process documentation exercise and use it and existing tools and materials to develop a set of guidelines for replication of the CPH strategy. As part of this effort, BASICS will produce a series of technical papers, case studies and a video describing the urban private sector inventory, the formation of the CPHs, their community health activities, the women's empowerment focus, and the approach to health advocacy through democracy and governance training. National workshops and an international conference are planned to disseminate lessons learned, materials, methodologies, and program systems to those interested in replicating the CPH strategy in other urban areas.

Senegal

Introduction

The goal of the BASICS project in Senegal is to reduce infant mortality from diarrhea/dehydration in the four regions sponsored by USAID (Fatick, Kaolack, Louga, and Ziguinchor). The Senegal program is a component of the Child Survival and Family Planning Project of USAID/Senegal, which will be completed on September 30, 1998. The BASICS plan of action focuses on strengthening control of diarrheal diseases (CDD) and nutrition programs, which are the responsibility of the National Service for Feeding and Applied Nutrition of Senegal (SANAS).

The six BASICS country program objectives were defined in conformity with those of the Mission's bilateral health program. These objectives are centered on preventing dehydration through proper case management of diarrhea at home and in health facilities, and preventing malnutrition by promoting exclusive breastfeeding and appropriate complementary feeding. BASICS's interventions focus on interpersonal communication, through health care and community personnel, and on mass communications, through modern and traditional media.

Accomplishments

A situation analysis related to the Minimum Package of nutrition interventions was carried out in two districts at the institutional and operational levels (Sokone and Koungueul). A guide on feeding and nutrition for health and social action personnel was developed by SANAS, BASICS, and the University of Dakar (Institute of Social Pediatrics, Institute of Food Technologies). A mid-term program review of the Senegal program was conducted by BASICS, SANAS, and USAID/Dakar. The review identified the strong and weak points of the program to date and proposed priority interventions and outcomes for the fifth year. A CDD health facility survey was conducted in four USAID regions (Fatick, Kaolack, Louga, and Ziguinchor). The purpose of the survey was to measure and compare results with those of the 1994 CDD health facility.

Looking Ahead

Nutrition interventions will be greatly accelerated in PY5. For example, printed materials (counseling cards) for community nutrition and Minimum Package activities will be developed, produced, and disseminated. Radio spots will be disseminated in the national languages on home case management of diarrhea, maternal nutrition, and child feeding in the four USAID-assisted regions. Quality and coverage of Minimum Package activities will be strengthened in two districts, and these activities will be introduced at different levels in three additional districts; moreover, the Minimum Package will be introduced to the district health teams in a total of 12 districts as well. The community-based growth promotion activities will be expanded to four additional districts. Lessons learned from the BASICS/Senegal country program will be shared in Senegal, as well as within the region. Effective approaches to overcoming the barriers to nutrition programming at the community and household levels will be the focus of program documentation.

Zambia

Introduction

BASICS is working with USAID, the Ministry of Health (MOH), the Central Board of Health, and a variety of USAID and international partners to implement the Zambia Child Health Project (ZCHP). ZCHP is a comprehensive 10-year bilateral program that works at the national and regional levels as well as in a number of target provinces and districts to contribute to sustainable improvements in child health. Specifically, ZCHP aims to—

- Increase demand for PHN interventions
- Improve access for PHN interventions through community partnerships
- Strengthen the public/private sector partnership for child health
- Improve health facility worker performance in preventive and curative services and management
- Strengthen the MOH central, provincial, and district technical capacity

The BASICS project is USAID's primary support to the Government of Zambia in child survival. BASICS makes its contribution on two levels: through national-level, systems-wide strengthening and policy dialog, and through demonstration activities in selected geographic areas. Although

BASICS's involvement goes beyond traditional child survival, the activities have implications for long-term sustainability of child survival. Some of the national systems strengthening activities to date have included the development, testing, and implementation of a national health management information system (HMIS), integrated supervision of health services, capacity building for policy formulation, and analysis for IEC, malaria, and IMCI through the establishment of technical advisory groups in each area. BASICS has collaborated with other donors, such as WHO, UNICEF, and DANIDA, for joint programming and implementation.

Accomplishments

Since 1996, BASICS has supported the Central Board of Health (CBoH) through the communication and behavior change (CBC) working group to draft a national IEC policy and to develop an implementation strategy in support of the country's essential health care package. Integrated IEC materials were developed, including a neighborhood health committee (NHC) booklet for community workers that has been field-tested in Kitwe. An integrated flip chart, nutrition counseling cards, and a growth monitoring and promotion manual were also developed.

To improve access to population, health, and nutrition interventions, BASICS staff have been working closely with the CBoH to develop the capacity of district and health center staff to undertake community partnerships in four districts. The BASICS role has been to strengthen the technical capacity of neighborhood health committees and to support the CBoH in developing a strategy for including NGOs in the national plan of action. In addition, the technical guidelines that were developed through BASICS have been adopted by the CBoH and are being used in other districts nationwide. The participatory rural appraisal/participatory learning appraisal (PRA/PLA) process used for facilitating the health system/community partnerships is being adopted by the CBoH as a planning tool for annual district plans of actions. The Government of Zambia is seeing the need to collaborate with NGOs as partners in the realization of health reforms.

Part of the goal of the health reforms is to increase participation of the private sector in the delivery and promotion of quality health services and products. In response, BASICS supports the National Food and Nutrition Council (NFNC) and its work with a sugar company to fortify sugar with vitamin A and to market the fortified product throughout the country. Technical assistance has been provided through the USAID OMNI project.

The IMCI approach was first introduced in Zambia through BASICS in 1996. Since then, the approach has been adopted by the CBoH as a strategy to promote the integration of previously vertical programs. To date, almost 300 health staff have been trained in 10 districts. Results of a health facility survey indicate increases in the clinical skills of participants even nine months after training. As a result, many districts beyond the BASICS focus districts are not only requesting but budgeting for cost-sharing of IMCI training workshops. All district workshops conducted by BASICS since May 1997 have been cost-shared with the districts. A multi-agency IMCI advisory group has been established, including both local institutions and donor agencies.

Four of nine public health practitioners (PHP) training modules have also been developed with BASICS support. In draft, these modules include water/sanitation and malaria, well child, growth monitoring and promotion, and IMCI. A complementary IMCI course has been developed and pre-tested for enrolled nurses and environmental health technicians. Extensive technical assistance has been provided to the CBoH for the development of the integrated technical guidelines that have now been used in 14 districts to train over 600 health workers.

Strengthened local capacity to assess, analyze, design, implement, and evaluate national health policies and programs has been called for with the decentralization of the health system that followed the health reforms in Zambia. BASICS has supported human capacity and systems development through HMIS development, technical policy and program development, training capacity development, and improved district-level supervision.

Looking Ahead

Zambia is at the forefront of a radical health reform process. The BASICS project has been successful at adapting to the changing environment and responding to the needs of the Government of Zambia. In this context, BASICS has supported improvements in the quality of child health services. BASICS will continue to support the CBoH in the five results areas, maintaining the spirit of the health reforms through integration and decentralization. Additionally, a major thrust will be made in the Eastern Province in malaria control. As malaria is a major cause of morbidity and mortality in Zambia, BASICS will be supportive of interagency collaboration, the main areas of intervention are improved case management of malaria within the context of IMCI at the health facility and community levels, promotion of insecticide-treated mosquito nets, and prevention of malaria in pregnant women. Lessons learned from the project will be documented and shared through publications and recommendations, and "best practices" will be handed over to the new Zambia Integrated Health Project that is to begin in late 1998.

Regional Programs

Regional Economic Development Services Office East and Southern Africa (REDSO/ESA)/Child Survival Advisor (CSA)

Introduction

From PY2 to PY4, BASICS provided a child survivor advisor (CSA) to REDSO/ESA. The CSA worked under the direction of the regional PHN office, providing technical assistance to many of the Missions supported by REDSO and overseeing the Quality of Care (QoC) initiative of the ESA health network.

Accomplishments

Over the past year, the child survival advisor provided assistance to USAID/Mozambique in designing their NGO child survival/family planning program and to USAID/Tanzania in revising the design of their child survival program. The CSA also played a key role in furthering the

development of the Quality of Care (QoC) initiative in the region. She participated in the annual meeting of health ministers, where a resolution was drawn supporting collaboration on QoC. Subsequent to this, the CSA had overseen the design and implementation of additional QoC activities, including a foundations course, conferences, and urban initiative meetings. Having completed her contract with BASICS on August 31, 1997, the CSA is continuing to work on the network's QoC initiative through a different funding mechanism.

REDSO/ESA Health Network

Introduction

BASICS and REDSO/ESA established a health care network in October 1994, with the primary goal of using networking to maximize the impact of Africa's successes in the areas of health care, integration of health services, and quality of care. By way of networking, lessons learned are shared, borrowed and adapted across borders of countries in the East and Southern Africa Region. Networking activities draw on what is working through a process of conferences, seminars, regional and national workshops, study tours, a regional newsletter, and dissemination of pertinent reports, guides, and articles. The network is proactive and responds to those issues and problems that are truly regional in scope.

Accomplishments

Major accomplishments of the network in FY97 include—

- A linkup with various partners in the ESA region, such as bilateral projects and donor groups that are also working in health financing and integration of health services. These linkages have led to better coordination of efforts, increased continuity in assistance, and longer-term sustainability.
- The completion of study tours, workshops, and conferences in collaboration with the MOH and private health facility personnel in neighboring countries. This open exchange of information on health care finance, insurance schemes, cost sharing and user fees has led several countries and private facilities to undertake health care finance reforms of their own.
- The establishment of a resource center within REDSO that includes a computerized database of African health care finance consultants and key health information and documents. Public and private sector health care providers not only have access to the information in the resource center, but also are encouraged to contribute to it.
- Publication and distribution of the *Regional HealthNet* newsletter.
- Implementation of several large conferences with host country national participants attending from numerous countries in the ESA region. These conferences on health care financing, consulting skills, quality of care, and health services contracting enabled health

care network participants to compile lists of high priority, follow-on activities which they hope to implement with donor support

Looking Ahead

The network will continue to provide assistance in FY98 by sponsoring study tours and conferences to “model” and share results of sustainable cost sharing and health insurance schemes. Conferences on consulting skills, service costing, and business development are planned. In addition, a workshop on decentralization is planned, with a tool kit (manual) on block grants for decentralization to be developed. Strengthening African consulting capacity through mentoring arrangements will continue. Further improvements to the resource center will increase the network’s ability to respond to health information requests. A study on drugs used for treatment of STDs will be undertaken in the coming year. This will provide baseline information necessary for the development of evidence-based policies and programs for sustainable STD control and family planning services in the ESA region. Findings will be presented to regional health ministers. Technical assistance will continue to be provided for implementation of country plans to improve quality of care. A compendium of better quality of care practices will be developed by year’s end. Efforts are also under way to conduct a quality of care diploma course in collaboration with Makerere University in Uganda.

West Africa Regional Programs (Includes REDSO/West and Central Africa (WCA) Family Health and AIDS Project)

Introduction

Since the inception of the BASICS project in 1993, the BASICS regional office in Dakar has been providing technical and program support to the countries of the region. BASICS’s priorities in West Africa have three overlapping agendas: (1) developing and supporting country programs, (2) developing the capacity of African institutions in the region to provide leadership and technical assistance, and (3) leveraging and complementing the resources of multilateral partners in the region. The mandate of the regional office includes technical assistance to West African countries in which BASICS has programs, both long term and periodic, as well as technical leadership for major regional initiatives in the areas of IMCI, nutrition, EPI/polio eradication, behavior change, private partnerships, and information dissemination.

The regional office has four senior technical advisors, an administrative team, and a two-person staff for the information center. The four technical experts include a regional director, an immunization/child survival advisor, a behavior change advisor, and a nutrition advisor. Over the past four years, these advisors have successfully served as technical resources to those in the region who design and implement child survival health programs. Clients and partners include MOHs, USAID Missions, and multilateral donors, as well as private sector organizations (commercial and PVOs) and public health institutions.

In fact, a key aspect of the success of this team has been its ability to work collaboratively with technicians from other regional agencies, such as UNICEF, WHO/AFRO, and the international

PVO community mentioned above. By working in a complementary fashion, resources are used more effectively, the potential target audience is expanded, and the ability to share experiences and lessons learned is enhanced. Partnerships with multilateral donors, PVOs, and private sector entities also enhance the prospects for sustaining the initiatives undertaken during the relatively short life span of a project such as BASICS.

In PY4, there was dramatic growth in country, regional, and technical program activities in West Africa. In addition, a significant achievement has been the increased merging of regional and country technical agendas (e.g., IMCI, EPI, nutrition, and behavior change). Greater involvement with the private/commercial and PVO communities has also taken place. For example, an important partnership was formed with PSI and a joint strategy was developed to support the sustainable supply of ORS and to generate market demand for ORS in the West Africa Region. Additionally, two workshops were held in Senegal and Burkina Faso with the PVO community to help them identify their best practices related to child survival. Meanwhile, consensus building with other donors (the Dutch Government, French Cooperation, and the World Bank) became an important priority. And the new focus for the BASICS Regional Information Center strengthened the regional capacity to document and disseminate technical products, as well as to support country programs and regional workshops.

Accomplishments

The following key accomplishments are for programs funded regionally by the Africa Bureau and REDSO/WCA. Refer to specific country program updates for additional accomplishments in the following technical areas:

Regarding Integrated Management of Childhood Illnesses (IMCI)—

- A complementary partnership with WHO/AFRO in implementing IMCI in West Africa was strengthened in PY4. BASICS contributions included taking the lead with the health facility assessments (HFA), food box adaptation approach, and quality assurance/supervision.
- In collaboration with WHO (through a regional workshop), BASICS sensitized regional decision-makers from 12 countries in the West Africa subregion to the process of introducing IMCI. Each country identified its status in terms of readiness to implement an IMCI strategy.
- IMCI orientation meetings were conducted in Senegal, Togo, and Mali, with the collaboration of WHO/AFRO. This led to a formal commitment by these countries to introduce the IMCI approach as a strategy to reduce childhood mortality.
- Baseline HFA studies were completed in Senegal and Niger. These studies will provide the necessary baseline data in order to assess a change in health worker performance following district-level training in IMCI.

Regarding the Expanded Program of Immunization (EPI), BASICS participated in numerous regional EPI activities organized by WHO. These activities have been vital opportunities for exchanging information, making valuable contacts, and exploring possibilities for follow-on technical assistance at the country level.

Regarding nutrition—

- Twenty-one nutrition/health professionals from Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Morocco, Niger, Senegal, and Togo were trained in consultative research methods for the adaptation of the IMCI food box. The 21-day training seminar held in Dakar, Senegal, was a collaborative activity with ORANA, the SARA/SANA projects, and WHO/AFRO.
- The ORANA focal point network was established, and BASICS assisted with the ORANA strategic plan that resulted in approval for two new ORANA staff positions (nutritionist and epidemiologist).
- In Senegal, community nutrition activities were implemented and the Minimum Package was introduced in two districts, in Mali, a country assessment, a policy analysis, and the food box adaptation were carried out, and in Benin, a country- and a district-level Minimum Package assessment was carried out.

Regarding behavior change—

- Approximately 40 representatives from six countries participated in two regional radio programming workshops. The workshops provided training in the systematic and rational development of radio spots, utilizing, among other tools, the WHO radio guide. Forty-eight radio spots were developed. All 12 radio spots for Burkina Faso were translated into local languages and pre-tested during the workshop in that country. All radio workshop participants were to submit plans for follow-up application at the national level. BASICS's regional partnership for radio programming was expanded to include institutions such as PANOS (radio institution), CIERRO (training institution), IRESCO (research institution), and BDA (market research company).
- BASICS and FHA carried out an IEC training needs assessment of regional institutions and of country needs, as well as an assessment to determine how media might be used in different countries for strengthening IEC initiatives. Institutions based in Côte d'Ivoire, Cameroon, Togo, and Benin were interviewed.

- In collaboration with FHA and SARA, BASICS sponsored a summit for IEC training institutions that was carried out to better coordinate and plan activities, with the further goal of avoiding duplication in the region
- Two workshops were conducted in Senegal (seven PVOs) and Burkina Faso (eight PVOs) to identify the best practices related to child survival and to identify their technical assistance needs. Products of this activity include a set of lessons related to community and health facility child survival strategies, as well as district-level strategies that target district MOH teams

Regarding information dissemination, in FY97, the BASICS Regional Information Center continued to support the information and dissemination needs of regional staff, country program staff, and consultants through research and information sharing, including the dissemination of child survival technical updates by BASICS and other partners (e.g., WHO). In addition, the regional information center continues to translate and disseminate AHRTAG's *Child Health Dialogue*. In FY97, three issues of AHRTAG were translated and 12,000 copies disseminated to a list of 5,500 recipients. Three African supplements for AHRTAG's *Child Health Dialogue* were written by the information center, with guidance from BASICS regional technical advisors.

Looking Ahead

In the area of integrated management of childhood illnesses (IMCI)—

- BASICS will cofacilitate the WHO regional facilitators' workshop in Niger in January 1998 in which five out of nine BASICS West Africa Region target countries will participate. Also, the BASICS regional director will cofacilitate the national facilitators' workshop in Madagascar in February 1998.
- A cadre of regional counterparts will receive practical training in conducting health facility assessments. BASICS expects to have five regional researchers from three countries working within the region.
- In Togo, BASICS will manage and fund the planning workshop to initiate the IMCI adaptation process, a mid-term evaluation of adaptation of IMCI materials, and a workshop to formalize consensus on the training materials. First-line health worker training is tentatively planned prior to the end of BASICS. In Mali and Niger, health worker IMCI training will be conducted in targeted districts.

In the area of the Expanded Program of Immunization (EPI), BASICS plans include the following—

- A document will be prepared that summarizes key lessons from the implementation of NIDs in West Africa and describes the following key processes: national-level planning, regional

and district microplanning, mobilization of local resources, use of volunteers, vaccine and support material logistics, social mobilization, choice and preparation of vaccination sites, NID campaign implementation, and monitoring of NIDs

- Country-level EPI activities will be implemented in Mali, Niger, Benin, and Guinea that include the following interventions: EPI strategy and health worker training activities in pilot districts, problem-solving EPI workshop, testing of immunization sustainability indicators, and strengthening of surveillance of targeted vaccine-preventable diseases

The following include the planned activities in the area of nutrition—

- BASICS will finalize the training manual for nutrition policy and advocacy and organize a regional nutrition policy analysis and advocacy workshop
- BASICS will cosponsor a regional training on nutrition policy, analysis, and advocacy, including PROFILES
- BASICS, SANA, and ORANA will provide follow-up technical assistance for consultative research and IMCI food box adaptation (local training-of-trainers), cosponsor the annual focal point meeting, and host a regional meeting on lessons learned from community activities in collaboration with the World Bank

Planned behavior change activities include the following—

- BASICS will provide technical assistance to Mali, Senegal, Burkina Faso, Togo, and Benin in the planning and implementation of radio communication programs. This includes support for pre-testing and dissemination of radio messages in Burkina Faso, hosting two national radio program workshops in Mali, and the development of a protocol to evaluate the effectiveness of the radio message developed in CDD/nutrition in Senegal
- Case studies will be written on exemplary community health strategies of two PVOs (World Vision in Senegal, Save the Children/Holland) in Burkina Faso. A qualitative case study methodology will be used
- BASICS will cosponsor a follow-up meeting for regional IEC institutions to review and disseminate IEC capacity-building tools
- BASICS anticipates disseminating the French versions of the HEALTHCOM *Behavior Change Toolbox* and BASICS's *Emphasis Caretaker Behavior Guide*. BASICS will also prepare a supplement to the WHO radio guide to address elements such as how to manage the translation of radio spots into local languages and field-testing them

Due to the importance of documenting the many successes in West Africa, emphasis will be placed on documentation and dissemination in FY98. Some important products scheduled to come out this year include the following—

- BASICS will work with WHO to prepare a document describing the following key processes in the implementation of NIDs: national-level planning, regional and district microplanning, mobilization of local resources, use of volunteers, vaccine and support material logistics, social mobilization, choice and preparation of vaccination sites, NID campaign implementation, and monitoring of NIDs
- BASICS will prepare a paper describing lessons learned during three years of IMCI introduction and implementation in Francophone West Africa and host a regional workshop to discuss this experience
- BASICS will prepare a synthesis paper on lessons learned from the Nutrition Minimum Package assessment and implementation in four countries
- BASICS will document its radio communication program training and implementation experiences in West Africa as part of an overall BASICS product addressing similar experiences in Latin America and the NIS
 - BASICS will document its experience with the innovative regional ORS marketing initiative

REDSO/WCA Health Network

Introduction

BASICS and REDSO/WCA established a networking activity to promote the sharing of information and lessons learned in family planning, HIV/AIDS prevention, and child survival in West Africa. With US\$1.04 million in core funds, the network will seek out best practices, lessons learned, and state-of-the-art interventions, and document and disseminate these through partnerships with media, multilateral organizations, and USAID Missions. In a region where many countries no longer have USAID Missions, the network can play a critical role in facilitating the sharing of promising practices and innovative approaches to common health-related problems among USAID Missions, implementing organizations, and partner organizations within the region.

Accomplishments

During PY4, the health network proposal was developed and approved by USAID. The health network manager was recruited and fielded to REDSO/WCA in Abidjan in August 1997. During the last two months of the fiscal year, the network office was set up, recruitment of an administrative assistant was under way, and the network manager completed her orientation to REDSO/WCA and the regional FHA project. The manager participated in a regionwide planning

meeting for PY5 activities of BASICS and began the critical process of conducting a needs assessment for the network

Looking Ahead

During PY5, the network manager will conduct a needs assessment of client organizations in seven countries of the region to determine their information needs and the resources for documentation, dissemination, and receipt of information that are available to them. Guided by the results of this assessment, the network manager, USAID PHN officers in the region, and FHA and BASICS regional office advisors will design a health network strategy and plan that prioritizes the technical areas of focus and a selection of promising mechanisms for sharing of information and lessons learned among the countries. The remainder of PY5 will be devoted to implementation of health network activities determined during the strategy development process. Potential activities include development of a web site, study tours, and skills building workshops.

Asia and the Near East

The Asia and Near East Region includes countries along the north coast of Africa, the Near East, the Asian subcontinent, and Southeast Asia. BASICS has active programs in six countries within this region. The six country programs respond to requests from the USAID Missions and the MOH. In four countries, BASICS activities are directly connected to long-term USAID bilateral projects. When possible, BASICS links its technical assistance to programs of other donors to enhance results. BASICS's main technical priority is to improve the effectiveness of interactions between the public and private sectors' efforts to increase child survival. Much of BASICS's work that affects the private sector is innovative.

Bangladesh

Introduction

The Bangladesh country program has two purposes: to strengthen the EPI delivery system in cities and to give the municipalities the capability to manage urban health programs, beginning with EPI. Achievement of both purposes is needed to sustain the urban EPI system.

Accomplishments

The Mission strategic objective for Bangladesh is reduced fertility and infant, child, and maternal mortality. BASICS's program to date has been limited to urban immunization. The national immunization program has dramatically expanded its services within the last decade and is now reaching 2.2 million children under the age of 5 in the 88 municipalities and city corporations, with special efforts being made to increase services to hard-to-reach families in urban slums. The gap between slum and non-slum areas has been narrowed, with slum areas now having immunization rates closer to those of non-slum areas.

1993—gap in measles coverage by age 1=slums 29% lower

1995—gap in measles coverage by age 1
 in Chittagong slums=21.4% lower
 in Khulna slums =1.2% lower
 in Rajshahi slums =7.1% lower

National immunization day (NID) coverage has always been very high for nationwide polio immunization campaigns, but has even improved over a three-year period. Urban coverage rates were initially below national coverage figures, but in the most recent year were higher than national NID coverage rates.

Coverage	1995 NID		1996 NID		1997 NID	
	Mar	Apr	Apr	May	Dec 96	Jan 97
National	90%	88%	95%	97%	95%	92%
Urban	81%	90%	84%	91%	96%	95%
Differential	-10.0%	+2.3%	-11.6%	-6.2%	+1.1%	+3.3%

The capacity (technical and managerial) of host country institutions has been improved to deliver better services. A large number of urban health workers (total =2,629) have received refresher training through the BASICS project, building capacity and improving performance. Human resources in support of urban immunization have increased. Critical urban immunization positions have been filled (increasing the percentage of sanctioned positions filled from 26 percent to over 43 percent). New medical officer positions, which are responsible for health services in their municipality, are especially important and will contribute significantly to the sustainability of the urban immunization effort. Half of the municipalities and city corporations have now appointed medical officers who are currently in place and responsible for the immunization efforts in their jurisdictions.

Along with the increase in health personnel in place in the urban centers, a significant percentage of municipalities and city corporations have budgeted resources to support immunization activities. They are no longer dependent on BASICS to provide the local recurrent costs to fund immunization activities, the percentage of municipalities/city corporations reliant on BASICS funding to pay for immunization operational costs has been reduced from almost 34 percent to less than 10 percent. BASICS's financial inputs to supporting EPI recurrent costs (vaccinator transportation plus kerosene and supplies) have decreased by over 95 percent. In two divisions, no BASICS funds for operational costs of immunization were allocated in the current year. Municipality and city corporation contributions to operational costs of immunization more than doubled from 1993-94 to 1996-97 as BASICS financial inputs were decreased.

Disease surveillance focal points (DSFPs) and local surveillance officers have been selected and over 80 percent of them have been trained, putting in place a functioning disease surveillance system. In its first six months of operation (January–June 1997), the disease surveillance system identified a portion of the expected AFP cases. The performance in the urban areas is significantly better than in Bangladesh as a whole.

There is a discrepancy between immunization coverage rates for 1997 as established from the national coverage survey (NCS) and the DHS figures. For several antigens, the coverage rates are very close (e.g., BCG=94% for NCS versus 92% for DHS, DPT-3=74% for NCS versus 75% for DHS). However, in the case of measles, there is a significant unexplained disparity, with the NCS reporting 63 percent and the DHS giving 80 percent. Given the difference in measles coverage, it is hard to understand why the fully vaccinated rates are the same (58%). The Dhaka office has been asked to look into this matter. The TT2+ coverage figures are also higher in the DHS (90% versus 81% in the NCS). It is important that these disparities be explained so that the program can ascertain whether it has been able to improve immunization coverage in the urban areas of Bangladesh.

Antigen	National Coverage Surveys (Urban)			DHS 1997
	1993	1995	1997	
BCG	92%	94%	94%	92%
DPT-3	76%	80%	74%	75%
Measles	68%	68%	63%	80%
Fully Vaccinated	61%	64%	58%	58%
TT2+	82%	86%	81%	90%

Looking Ahead

In PY5, BASICS activities are governed by the performance work statement for delivery order 803, within the context of the Mission's new seven-year program, from 1997 to 2004, New Initiatives for Population and Health Programs (NIPHP) Note that the previous urban immunization objectives are included within the broader scope of NIPHP

BASICS will continue to strengthen municipal health management capabilities, support national polio campaigns and disease surveillance, and seek effective means to connect with hard-to-reach slum families BASICS is moving beyond immunizations, however, towards integrated management of the sick child through the leadership of the Child Survival Task Force, which brings together the NIPHP partners with the government and other donors BASICS is working on a team with the Urban Services Delivery (USD) Project awarded to John Snow, International (JSI) USD will channel USAID funds directly to NGOs for urban family planning and health services BASICS will improve the quality of the child survival services of these NGOs, working particularly through AVSC and World Vision to give technical assistance to the NGOs At the national level, the Child Survival Task Force will ensure the appropriateness of national child survival policies that can be implemented through NIPHP in rural and urban areas In the communications area, BASICS has begun developing program plans with the lead NIPHP organization, Johns Hopkins Population Communications Services Project Working with PSI, the social marketing contractor, BASICS will give attention to the commercial private sector, exploring opportunities for NGOs and municipalities to improve the quality of services provided by private practitioners and drug sellers

Cambodia

Introduction

At the request of USAID/Phnom Penh and the MOH, BASICS has joined SEATS (Service Expansion and Technical Support Project) and AVSC (Association for Voluntary Surgical Contraception) to design and implement a two-year maternal and child health program within the framework of a Mission strategy The Mission provided \$2,472,000 to BASICS as field support in FY96

Accomplishments

Joint teams were sent by the three organizations to Cambodia in June and September 1996 to develop a statement of work for the program, a work plan, a staffing and organization plan, and a budget These documents for the two-year program were jointly produced To meet the October 1996 start-up date, a joint office was established, including the lease of office space and procurement of equipment The two long-term BASICS technical advisors—a planning and management advisor and a child survival advisor—were proposed to the Mission and accepted BASICS manages the child survival aspects of the program, with an emphasis on diarrheal diseases and acute respiratory infections (CDD/ARI) The BASICS technical team has been working with counterparts to plan and coordinate activities at the national and provincial levels, to establish provincial training capability, and simultaneously to strengthen referral care, to train

public and private sector health providers, to strengthen supervision, to develop communication strategies to address home care and care-seeking behavior, and to monitor service delivery and community interventions

At the beginning of July 1997, the Mission suspended the RACHA program because of political conflicts in Cambodia, and requested RACHA staff, along with other international staff being funded by USAID, to depart. The RACHA international staff were still in evacuation status at the end of FY97, except for the BASICS administrative officer, who was allowed to return to bring financial reports for the three cooperating agencies up to date and to oversee safeguarding of RACHA property.

Looking Ahead

At the request of the Mission director in September, the RACHA team developed a plan to resume RACHA programs without providing assistance to the government at the national level. The Mission has recommended to the Department of State that RACHA be allowed to resume program activity as part of the humanitarian assistance effort, however, no decision has been made. The FY98 work plan will be revised if the program is allowed to resume.

India

Introduction

BASICS has been providing technical and administrative assistance to the USAID bilateral project known as PVOH (Private Voluntary Organizations for Health) II, which supports delivery of primary health care services by NGOs. The 10-year PVOH II project will end in 1997. BASICS was asked to improve the chances of the NGOs' being able to sustain delivery of effective primary health care services after PVOH II ends. BASICS is helping to organize operations research to better understand the determinants of sustainability.

Accomplishments

Beginning in PY3, BASICS provided technical and administrative assistance to PVOH II, with an emphasis on working with private practitioners in rural areas, typically untrained and unlicensed "village doctors." In these efforts, BASICS transferred a methodology developed in Indonesia for work with private practitioners, the Private Practitioner Treatment Improvement (PRACTION) approach, to test its use by NGOs working at the community level. BASICS received operations research proposals from two Indian NGOs, one in Rajasthan and one in Bihar. The aim of the operations research was to assess the current role of existing private practitioners in the community and then to engage them in a community-sponsored effort to improve the quality of their medical services. The collaboration with private practitioners who are already sustaining themselves in the community avoids the problems inherent in establishing new cadres of health workers who have to be sustained from outside the communities. By improving the quality of services that the people are already using, there is no need to steer the community to new and not necessarily better practitioners. BASICS provided the questionnaires and survey methods that it developed with the University of Gadjah Mada in Indonesia, followed up by review and

comments on their adaptations of the methods to the situations in the Indian communities BASICS then helped the NGOs to develop locally appropriate interventions to improve quality The two NGOs conducted an assessment of home and practitioner case management of the key childhood illnesses using the verbal case review (VCR) methodology and then, in PY4, carried out a four-part intervention (INFECTOM) and assessed its impact Results from one of the PVOs indicated significant improvements in case management by practitioners, the other PVO has not yet submitted its final report USAID/Delhi sponsored a final workshop for PVOH II in August 1997

In PY3, BASICS was asked to work with other organizations and the Mission to design the Women's and Children's Health (WACH) Project, slated for the State of Madhya Pradesh BASICS, in collaboration with the MotherCare Project, INTRAH/Prime, and the Population and Health Resources Project, designed surveys and information-gathering tools for use during the development of the WACH project In August 1997, USAID/Delhi decided to suspend further development of WACH activities Reinstatement of WACH is dependent on an agreement being reached by USAID/Delhi and the Government of Madhya Pradesh (GOMP) on the mechanism for implementing the project The GOMP agreed in principle to having the project implemented through an international NGO, but wanted to maintain a degree of control that was unacceptable to the Mission

BASICS has been providing technical and administrative assistance to the Program for the Advancement of Commercial Technology-Child and Reproductive Health (PACT-CRH) Project in its efforts to reach the following objectives (1) expand commercial distribution of ORS in India, (2) increase commercial marketing and promotion of ORS, (3) increase commercial sales of ORS in India, (4) convince ORS producers to position ORS with breastfeeding and food, and (5) introduce new products that may meet the needs of various segments of the population To this end, BASICS has contracted with two firms in India, with the first to undertake a situational analysis of the supply of ORS and antidiarrheal drugs for children, government and other procurement, the commercial sector, social marketing, distribution patterns and availability, the role of mass media, prescriber/client interactions, and the decision-making process in obtaining diarrhea products for children, and with the second firm to purchase existing data about sales and prescriptions for antidiarrheals and rehydration products

Looking Ahead

To provide greater validity to the results of the work with private practitioners, BASICS plans to conduct a validation study to (1) determine how closely information from mothers on standard case management guidelines using the VCR compares with the information obtained from observations, and (2) determine if mothers' recall of events during the encounter changes significantly 2 days, 7 days, and 15 days after the encounter Funds for the study are being requested from WACH funds or from funds remaining from the BASICS program in Yemen

Although the WACH project is not going ahead at this time, USAID/Delhi has asked BASICS to continue with the literature review, as it has broader application outside of Madhya Pradesh. MotherCare has been asked to conduct the neonatal symposium, and INTRAH/Prime a protocol review, the BASICS technical director will attend the neonatal symposium, and other BASICS staff will review the child health portions of the protocol.

For PACT-CRH, BASICS will provide support to three workshops (marketing, quality control, and detail men), the development of an advertising council, review of proposals submitted for PACT-CRH funding, and other activities pertaining to the generic campaign.

Indonesia

Introduction

The Indonesia country program consists of two related projects: the Central Java Private Sector Health Services Project, approved in August 1995, and technical assistance to Health Project IV (HP-IV), approved in October 1995. The purpose of the Central Java project is to develop analytic methods and district-level program activities that improve the effectiveness of private sector services for child survival. The purpose of the technical assistance to Health Project IV is to improve district-level planning and management of primary health care, including improvements of private sector services, for the five provinces included in the Government of Indonesia and the World Bank's loan project. BASICS's involvement in HP-IV enables application on a larger scale of the data collection and activity design methods developed in Central Java by the University of Gadjah Mada (UGM) and BASICS.

Accomplishments

The Central Java project has been achieving objectives roughly on or ahead of schedule. Following successful development and testing of survey instruments, an additional step was introduced to speed up application of these tools. UGM has been refining and simplifying the data collection instruments to ease their use in large-scale programs. (The initial and successful applications by community-level NGOs occurred in India during FY97.) BASICS had anticipated another tranche of field support funds in FY97, which would carry the testing and application of the interventions to completion. The Mission decided to reduce its workload in the health sector; the expected \$350,000 in 1997 was dropped from the Mission's budget, and the Mission wanted BASICS to complete by September 1997 any activities using Mission funds. BASICS requested reconsideration of this decision and submitted a plan for visits to Indonesia in PY5, using a small amount of funds from the Mission after September 1997, with most of the funding coming from the Global Bureau for working group activities. USAID/Jakarta has approved the requested extension.

As recommended by the Mission, BASICS contracted with Project Concern for further development of its local area monitoring system. The MOH has agreed to introduce the local area monitoring system into the national health system through HP-IV.

Looking Ahead

In Central Java, UNICEF has agreed to help support the implementation of the private practitioners interventions in FY98. UNICEF has committed \$50,000, sufficient for the cost of implementing the interventions in one district. BASICS requested additional funds to allow UGM staff to simplify and improve the instruments and to capture the results of the interventions by UGM. BASICS costs in FY98, including supervision by a BASICS technical officer and administrative support, will be about \$110,000, of which about \$25,000 is available from field support funding provided by the Indonesia Mission in FY95.

Although we had understood that all planning workshops and technical assistance for Health Project IV would be canceled due to the August 1997 financial crisis in Indonesia, the Ministry has now informed us that the second planning workshop, with the initial 11 districts from the five provinces, will proceed in March 1998. The BASICS technical officer for Indonesia will be in-country at that time and will introduce the methodology for working with private practitioners at the district level. There will not be time for implementation of the full cycle of information gathering and contracting with private practitioners. There should be a follow-up of this activity in FY99 by the organization that succeeds BASICS.

Morocco

Introduction

The Morocco Mission provided \$250,000 to BASICS for short-term technical assistance in two child survival areas: (1) assessment of cold chains for vaccine and (2) assessment of the social marketing strategy for ORS. At the end of PY3, the Mission provided an additional \$300,000 as field support for technical assistance in the area of IMCI and for additional opportunities in marketing.

Accomplishments

The BASICS program in Morocco is now centered around the development of an Integrated Management of Childhood Illness (IMCI) initiative. This initiative was introduced through two trips by the BASICS technical director, in April and October 1996. Program implementation began in January 1997, with the establishment of integrated technical and national committees and the selection of two provinces, Agadir and Meknes, for the implementation of a pilot project. The technical committee and the BASICS former Morocco country advisor prepared a draft version of the clinical algorithm, which will be reviewed during a meeting with WHO/EMRO in November 1997 and finalized at a consensus meeting shortly thereafter. During April, the country advisor and the chief of the Maternal and Child Health Division, Ministry of Public Health (MOPH), participated in the 11-day IMCI course in Zambia to gain a better understanding of IMCI and the complexity of organizing the training program in Morocco. In August the rapid health facilities assessment was completed, which indicated that facilities were adequately equipped and staffed but that physicians misclassified illnesses in 50 percent of cases in children under age 5 and have inadequate counseling skills.

In its aim to introduce a “new” ORS into Morocco, BASICS has fulfilled its commitment by introducing Cooper-Maroc to the U S company that developed and licenses cereal-based ORS. In the area of food fortification, it has been agreed with USAID/Rabat that the next step is to wait for the Opportunities for Micronutrients Initiative (OMNI) to produce an options paper on the nutrition situation in Morocco, including fortification, supplementation, and staple foods. The paper is expected by mid-October. In addition, the MOPH will prepare a scope of work for an OMNI consultant to assist with both technical and political issues related to food fortification in Morocco. Based on the options paper, outcome of the OMNI trip to Morocco, and the MOPH’s interest in continuing activities in this important area, BASICS is prepared to undertake a study on consumption patterns in children under age 5 and, if time permits, provide marketing assistance to the selected company or companies. Finally, the MOPH has stated that they cannot grant an exclusivity agreement to the largest soap producer in Morocco—Lesiur-Cristal—in the promotion of handwashing with soap. The MOPH has been encouraged to work with Lesiur-Cristal since it holds 85 percent of the market, and it is expected to make a final decision shortly. If requested, BASICS is prepared to assist with a study of consumer hygiene behaviors and to work with soap manufacturers in the development and launching of a handwashing campaign.

Under EPI activities, during FY97, in response to a request by the national immunization program (PNI), BASICS provided technical assistance in the development of a vaccination reference guide for health workers. The completed guide is expected to be published in October and disseminated during training for the next round of NIDs. BASICS also provided consultants to select, install, and train PNI staff in the use of software for computerizing the stock management of immunization commodities. Though BASICS has not been requested to provide any further assistance in this area, it will continue to follow these activities.

Looking Ahead

By the end of the IMCI pilot project in September 1998, it is anticipated that an evaluation will show improvements in several key areas, particularly an increase in correct classification by practitioners and in their counseling skills. Following participation in a food box adaptation workshop in Senegal by two MOPH staff, adaptation of the food box began in mid-September and is expected to be completed by mid-November. The nutrition information gathered will be utilized in the development of the mother’s card as part of the IEC activities.

During FY98, BASICS will begin activities to integrate IEC with the IMCI initiative. The aim is to increase the communities’ involvement in the management of their own health care and in the counseling skills of practitioners. Activities under IEC include the organization of an IEC/IMCI task force, which will include provincial IEC officers, to develop the IMCI mother’s card and an *aide-memoire* for health workers, and to plan exercises within both provinces to involve the communities in the management of their own health. Since counseling is a key part (two modules and integration into other modules) of the IMCI training program, MOPH/IEC staff will be involved in the adaptation of the IMCI training course.

BASICS activities in the private sector for FY98 remain in question. OMNI will continue its inquiries to determine the feasibility of vitamin A fortification. If a feasible strategy is identified, BASICS may be requested to work with Moroccan industry to help develop promotion and marketing activities that are consistent with public health policies and objectives.

Pakistan

Introduction

The USAID bilateral assistance program has been closed. USAID funds for health programs are being provided only to private organizations in Pakistan, through The Asia Foundation (TAF) and the Aga Khan Foundation. TAF has received funds (\$3 million) that are to be distributed to Pakistani NGOs. The MotherCare Project has been asked by the Office of Health and Nutrition to coordinate technical assistance from MotherCare, Wellstart, and BASICS, through TAF, to the Pakistani NGOs. In PY2, BASICS received a \$250,000 buy-in to pay for technical assistance.

Accomplishments

BASICS is providing short-term technical assistance to improve services for infant and child health. During FY96, BASICS technical assistance focused on strengthening the technical capacity of NGOs in autodiagnosis and health facilities assessment to better understand the needs of the communities they serve and to assess the availability of quality services. BASICS also supported Wellstart's development of breastfeeding counseling cards/tapes as a means to improve counseling skills within NGOs. During FY97, BASICS planned to build on this through the development of counseling cards/tapes focusing on child health. Through a subcontract with MotherCare, Manoff is providing technical assistance to strengthen the counseling groups and in the development of counseling cards for infant care, child feeding, and home management of diarrhea.

Looking Ahead

Based on initial results from the implementation of the private practitioner treatment intervention (PRACTION) in Bihar, India, in FY98, BASICS will expand its portfolio in Pakistan to work with the Aga Khan University-Community Health Sciences Department (AKU-CHS) in gaining further experience with PRACTION in urban and peri-urban settings.

Latin America and the Caribbean

BASICS has a resident country advisor and staff in Bolivia, Ecuador, Guatemala, and Honduras, supported by BASICS headquarters, and a regional advisor in Tegucigalpa.

In PY4, BASICS used USAID Mission field support funds to provide periodic or long-term child survival technical assistance in five of the eight USAID Latin America and the Caribbean (LAC) child survival emphasis countries: Bolivia, Ecuador, El Salvador, Guatemala, and Honduras.

Using funds of USAID’s Latin America and Caribbean Bureau, BASICS and the Pan American Health Organization (PAHO) provided technical assistance to seven of the eight emphasis countries, including Peru and Nicaragua, for the adoption of integrated management of childhood illness

In close collaboration with USAID Missions, BASICS in Latin America continues to help Ministries of Health and NGOs face the challenges of morbidity and mortality in children under 5 years of age by developing, testing, and strengthening local capacity to implement child survival interventions that can—

- Change the behavior of mothers and caretakers for better home care of childhood illnesses such as pneumonia, diarrhea, and malnutrition, and for seeking outside care at signs of danger
- Provide quality treatment of childhood illnesses in health facilities and in the community
- Collaborate with PAHO and other agencies to promote adoption of IMCI
- Promote wider use of community-based interventions, including mortality surveillance, nutrition, and growth promotion
- Support interventions to reduce neonatal and perinatal mortality
- Continue work with the private sector and NGOs to expand access to child health care and health products such as soap for handwashing and oral rehydration salts for treatment of severe dehydration

On a regional basis, BASICS and PAHO began implementation of the LAC Regional IMCI Initiative. Of the eight LAC emphasis countries, Bolivia, Ecuador, Peru, El Salvador, Honduras, and Nicaragua have adopted IMCI as their national child health care policy, completed operational plans, adapted WHO generic materials, and begun establishing a critical mass of health professionals trained in IMCI.

The Central America Handwashing Initiative saw commercial soap producers launch marketing campaigns in El Salvador, Nicaragua, Guatemala, and Honduras. Using LAC Bureau funds, BASICS began implementation of the Central America Micronutrient Initiative jointly with two other USAID-funded projects: OMNI and SUSTAIN. Under the initiative, BASICS will help private sector millers fortify corn flour with iron and other micronutrients.

Under the LAC Regional Child Survival Project, BASICS began implementation jointly with MotherCare of a Perinatal/Neonatal Research Initiative in Bolivia and Central America. Perinatal mortality studies have been done and workshops conducted with Ministries of Health and NGO

partners BASICS also provided the facilitators for a USAID Central America Health Officers Conference in Guatemala City

Bolivia

Introduction

The objectives of the Bolivia country program are to—

- Increase the proportion of caretakers who regularly practice behaviors to prevent childhood diseases, provide appropriate home care, and seek care at facilities when needed
- Improve the use of community/family level data for decision-making and development of interventions that have an impact on infant mortality
- Increase the proportion of health providers at first-level facilities who practice IMCI for children under 5, and increase the proportion of caretakers leaving health facilities who understand the appropriate management of the health of their child at home
- Increase the availability, delivery, and use of diarrheal disease/ARI/standard case management products and services by mobilizing the private sector

Accomplishments

Among BASICS achievements in PY4 were the following

- The innovative radio drama *El Zambo Angolita* began broadcasting the first 15 of 50 planned episodes using the life and travails of a mythical soccer star to influence child care behavior through key messages aimed at mothers and caretakers
- Child survival radio spots were broadcast in 11 MOH and USAID priority health districts
- A simplified mortality surveillance instrument is now in use in six districts, and in three focus districts, BASICS is now implementing a combined package of IMCI training, the use of the mortality survey, and IEC radio spots
- The Government of Bolivia adopted IMCI as a national child health care policy, a national strategy and operational plan was developed, WHO materials were adapted, a core of regional IMCI clinical trainers was trained, and health facility staff training began in three districts
- With PAHO, BASICS continued efforts to introduce IMCI training into the medical school curriculum

- After a five-month lapse in production, BASICS, PAHO, UNICEF, the private sector, and the MOH relaunched the promotional campaign for *Suero de la Vida* a brand name of ORS

Looking Ahead

During PY5, BASICS and its partners will complete IMCI clinical training in three priority CCH districts and IEC/behavior change efforts in six districts. Country IMCI efforts will be linked with the regional IMCI initiative. On the community side, BASICS and CCH will continue efforts to extend the use of the mortality survey, the surveillance system, and the nutrition food box in district health plans. Pre-service IMCI training is expected to be introduced in the medical schools, and the *Suero de la Vida* ORS activity will be evaluated. The next 35 episodes of *El Zambo Angolita* will be developed and broadcast, and the series will be evaluated. Finally, a complementary IMCI course for nurse auxiliaries will be adapted and field-tested.

Ecuador

Introduction

The objective of the Ecuador country program is to improve public and private sector primary health care services through the design of an appropriate, attractive, and cost-effective integrated package of IMCI services.

Accomplishments

BASICS accomplishments in PY4 included the following:

- BASICS successfully collaborated with the Ministry of Health, UNICEF, PAHO, and provincial counterparts to achieve consensus on the adoption of IMCI as a national child health care policy.
- A national IMCI strategy and operational plan were completed, WHO materials were adapted, clinical trainers were trained, and in Imbabura Province, training was completed of 140 doctors, nurses, and auxiliaries.
- BASICS conducted two seminars for medical school faculty in Quito and Cuenca on the technical basis of IMCI.
- BASICS assisted UNICEF in conducting formative research and establishing a national steering committee to develop a national health communications strategy in support of IMCI.
- BASICS hosted a regional field test of the rapid assessment of health worker performance methodology.

Looking Ahead

IMCI clinical skills training will continue at the national level in Imbabura Province and at the medical schools of Azuay and Loja. In collaboration with the Rational Pharmaceutical

Management (RPM) Project, BASICS will develop and test a drug management assessment manual in Imbabura Province. BASICS will work with national and provincial counterparts to develop an IMCI health worker supervision system, guidelines, and materials. BASICS also plans to complete, with the MOH, UNICEF, PAHO, and other partners, a national health communications strategy and to provide assistance for its implementation in Imbabura.

El Salvador

Introduction

BASICS objectives in El Salvador include the following: (1) adapt community-level integrated management of childhood illness (IMCI) materials, and (2) reduce perinatal mortality.

Accomplishments

BASICS began work in El Salvador late in PY4. Initial accomplishments include—

- A three-day workshop conducted for the MOH and NGOs to introduce IMCI.
- The collection and review of existing Salvadoran community health worker training materials preparatory to the adaptation in PY5 of an improved health worker training course.

Looking Ahead

In PY5, BASICS will help the MOH and NGOs adapt and test an IMCI community health worker training methodology and its materials. A core of trainers will be formed, and at least one cadre of community health workers trained. BASICS will also help PROSAMI adapt its current monitoring and supervision systems to the IMCI model. An epidemiological analysis of perinatal mortality will be done, and the Salvadoran MOH and NGOs will be invited to participate in a Central America perinatal mortality workshop in Antigua, Guatemala, in mid-1998. BASICS will also carry out a number of regional activities in El Salvador in PY5, including the LAC Regional IMCI Initiative, the Central America Handwashing Initiative, and the Central America Micronutrient Initiative.

Guatemala

Introduction

The objectives of the BASICS country program in Guatemala include the following activities:

- Improve home care for early childhood illness, growth promotion practices, and care-seeking behavior outside the home by developing and testing a community-focused health behavior change strategy, methodology, and materials in selected Mayan health areas.
- Improve community-level health practices through the design, development, and/or adaptation of a strategy, methodology, and materials for assessing and meeting health needs.

- Improve the quality and integrated nature of child health care at health facilities in the Mayan Highlands
- Improve the management of health programs in the Mayan Highlands by providing USAID with an assessment of health area-level management and by developing competency-based management training for area- and district-level personnel, aimed at the principal constraints to improving child health in the five USAID health areas

Accomplishments

BASICS accomplishments in PY4 include—

- Completion of a literature search of indigenous child care practices
- With the collaboration of several local NGOs, a lessons-learned study of community health needs assessment methodologies
- With INCAP, the formation of integrated standard case management (SCM) training teams in four health areas, and the training of at least one health staff professional in IMCI in 100 percent of health facilities in Totonicapan, Solola, San Marcos, and Quetzaltenango
- With the MOH, completion of moral leadership and teamwork training in five health areas, plus organizational climate assessments aimed at solving administrative problems locally
- An assessment of LAPROMED's ORS production, marketing, and distribution capacity
- Launching of the private sector handwashing campaign

Looking Ahead

In PY5, BASICS will carry out a trials of improved practices (TIPS) to test child feeding IEC interventions among indigenous caretakers IEC messages, materials, and a guide book with counseling cards will be completed for community health workers A field test of an improved community health needs assessment methodology and its instruments will be carried out, and a study of community health worker training methodologies will be completed, followed by a field test of its improved training materials Assuming MOH interest, SCM training will be completed in Solola, San Marcos, Totonicapan, and Quetzaltenanago and will begin in Chimaltenango Also, a food and nutrition component will be grafted into the SCM training Under the MOH's permanent education program, additional competency-based training will be conducted for district health staff Through PATH, BASICS will provide continued technical assistance to LAPROMED

Honduras

Introduction

The BASICS/Honduras country program has the following objectives

- Increase access to perinatal care at the community level and improve caretaker behavior
- Strengthen community capacity to manage ARI/CDD and nutrition growth promotion
- Assist the MOH with the integration of health services

Accomplishments

In PY4, accomplishments included the following

- With MotherCare, BASICS completed a neonatal mortality literature search and held a workshop for participating NGOs
- A community-based quality investigation of newborn baby household beliefs was completed
- A study of infant feeding practices for developing mother counseling cards was carried out, and the “food box” was incorporated into IMCI training
- A set of community integrated child health (AIN/C) materials was finished, including mother counseling cards, monitor manual, implementation guide, and training guides
- The Ministry of Health formally adopted IMCI as its national child health care strategy, an operational plan and materials adaptation workshops were completed, and a core group of MOH staff were trained in IMCI clinical skills
- With BASICS assistance, private sector soap producers launched a handwashing marketing campaign

Looking Ahead

In PY5, BASICS plans a workshop in November 1997 to analyze the results of the Perinatal Mortality Study and to develop a list of key behaviors and a strategy for intervention. Materials and manuals will then be developed to operationalize the strategy with MotherCare. AIN/C training in nutrition/growth promotion will be completed in 730 communities in the USAID target health areas. Complementary training modules will be developed in breastfeeding and weaning, pneumonia and diarrhea management, immunization, and child development. A Baseline Impact and Evaluation Study of AIN/C will be carried out in the spring of 1998. BASICS will also help the MOH adapt IMCI into its child health norms and will assist in designing and carrying out IMCI clinical skills training for facilities staff in the USAID priority health areas. An alternative

to the present 11-day IMCI course will be developed and tested. Finally, BASICS will conduct an IMCI Baseline Study to help USAID and the MOH assess the impact of IMCI on quality of child health care.

Peru

Introduction

BASICS had no country-specific objective or activities identified in Peru during PY4, but it did support some regional activities.

Accomplishments

- Through its Behavior Change Working Group, BASICS helped the Ministry of Health and *Proyecto 2000* translate and adapt the HEALTHCOM Tool Box.
- BASICS supported the Pan American Health Organization (PAHO) Regional Health Communications Initiative, COMSALUD, in which the University of Lima is playing a key role.
- Under the PAHO/BASICS LAC Regional IMCI Initiative, IMCI training continued and an alternative seven-day course was developed and tested.

Looking Ahead

BASICS will continue to cooperate with PAHO on regional IMCI and health communications activities in Peru. BASICS is also ready to respond to any child health care requests from the USAID/Peru Mission.

Regional Programs

LAC Regional Integrated Management of Childhood Illness (IMCI) Initiative

Objectives

There are four intermediate results that support the LAC Bureau's strategic objective of "more effective delivery of child health services in diarrheal disease and acute respiratory infection"

- Informed country decisions regarding how and when to adopt IMCI
- Country plans and strategies in place for introduction and implementation of IMCI
- Improved country practices to implement IMCI
- Improved IMCI country implementation through feedback from monitoring and evaluation

Accomplishments

PY4 was the first year of implementation of the joint PAHO/BASICS LAC Regional IMCI Initiative Accomplishments included—

- Six of the eight LAC child survival emphasis countries adopted IMCI as their national child health care policy—Bolivia, Ecuador, Peru, El Salvador, Guatemala, Honduras—and have IMCI plans and strategies in place
- An IMCI adaptation workshop for Central American participants was held in El Salvador, and participants from El Salvador, Nicaragua, and Honduras attended clinical skills training in the Dominican Republic
- A field test was conducted in Ecuador of the rapid health facilities assessment methodology, later replicated in Bolivia

Looking Ahead

In PY5, the second year of implementation, PAHO and BASICS plan IMCI orientation missions to Guatemala and Haiti, followed by necessary technical assistance to those two countries to adapt IMCI materials and prepare for clinical training. Several sub-regional training-of-trainers and clinical courses will be conducted in Central and South America. A complementary IMCI health auxiliaries course will be developed and field-tested in Bolivia. Likewise, a community health worker training course will be developed and tested in El Salvador. A drug management assessment manual will be field-tested in Ecuador, followed by at least one technical workshop in another region and technical assistance follow-up. Finally, a generic communications and behavior change strategy in support of IMCI will be designed and tested in Ecuador.

LAC Regional Child Survival

Introduction

This program has the following objectives

- Carry out child survival program development and provide limited technical assistance to USAID Missions in the region
- Develop a perinatal/neonatal strategy
- Develop a strategy for strengthening linkages with LAC public/private institutions involved in indigenous health care research

Accomplishments

- In PY4, the BASICS regional technical advisor based in Tegucigalpa, Honduras, made several trips to Guatemala, El Salvador, and Nicaragua to assist and monitor district management skills training and community health and IMCI activities

- BASICS technical assistance helped shape a new community health worker activity with USAID/El Salvador
- A Community Perinatal Mortality Study was completed in Honduras, followed by two workshops, as part of a regional BASICS/MotherCare perinatal/neonatal research project
- Scopes of work were completed for community perinatal mortality studies in El Salvador, Guatemala, and Nicaragua
- Contacts were made with PAHO to identify LAC institutions involved in research on indigenous health care

Looking Ahead

In PY5, the BASICS regional technical advisor will continue to make periodic visits to the Central American countries as needed to follow up on district management training, IMCI, and perinatal/neonatal research. Perinatal mortality studies will be completed in Guatemala, El Salvador, and Nicaragua, the results of which will be discussed in a Central America perinatal workshop in Antigua, Guatemala, in the spring of 1998. BASICS plans to identify an LAC institution to help formulate an indigenous health care research strategy.

LAC Central America Micronutrient Initiative

Introduction

The objective of this initiative is to increase the demand for fortified foods.

Accomplishments

PY4 was the first year of implementation of this joint BASICS/OMNI/SUSTAIN micronutrient initiative. Accomplishments included the following activities:

- A market analysis for "nixtamalized" corn flour, used for tortillas, was carried out in El Salvador, Nicaragua, Guatemala, and Honduras
- High-level meetings were held with corn flour producers in Central America to discuss fortification with iron and other micronutrients

Looking Ahead

In PY5, BASICS will work with MASECA and other corn flour producers to achieve consensus on fortification, while OMNI will work at the policy level to garner support. SUSTAIN will provide guidance on the fortification compound. BASICS will identify a regional market research agency to collect baseline data on the use of commercial corn flour and then develop a generic advertising strategy for fortified corn flour that can be used by private corn flour producers to stimulate demand.

New Independent States

Central Asia Infectious Disease Program Kazakhstan, Kyrgyzstan, and Uzbekistan

Introduction

The Central Asia Infectious Disease Program (CAIDP) is being implemented jointly by BASICS, CDC, and the Rational Pharmaceutical Management Project (RPM) in three countries: Kazakhstan, Kyrgyzstan, and Uzbekistan. Initial funding permitted a time frame of only 12 months (October 1996–September 1997) for CAIDP, although it has since been extended through June 1998, with provision of additional funds from the Central Asia Regional Mission. Under the Mission's strategic objective 4.0 titled "Special Initiatives," CAIDP contributes to the achievement of Intermediate Result 1 "Modern management techniques and clinical practices introduced." Although the larger program also includes activities related to control of tuberculosis and hepatitis, BASICS's role in implementation has been focused on CAIDP's first program objective: To improve the capacity of health workers to manage acute respiratory infections and diarrheal disease in children, including communication with caretakers on home care and prevention.

To achieve this objective, the following strategies are being employed: (1) concentrate activities in one model oblast per country, while promoting full participation of national-level counterparts and an extension of CAIDP experience and materials throughout each country, (2) utilize health facilities assessment and qualitative research to gather baseline data, and routine monitoring to assess progress, for the purposes of advocacy and policy reform at the local and national levels, as well as for program evaluation, (3) emphasize the clinical component of case management training, requiring that all trainees complete a full four-day course that includes hands-on assessment, and classification and treatment of children with diarrhea and ARI, (4) adapt existing WHO materials for training, supervision, and communication, including their translation into national languages and the development of supplementary materials as needed for wide distribution and use in and beyond model oblasts, (5) initiate reforms in monitoring and supervision to maintain quality of health worker performance in diarrhea and ARI case management, (6) integrate preventive interventions, particularly promotion of breastfeeding and improved lactation management practices, into CDD/ARI training and communications activities, and (7) strengthen health workers' skills in direct communication with caretakers and in leadership of social mobilization activities within their communities.

Accomplishments

During the first year of the program, remarkable progress has been achieved in all three countries. Considering that each country and each of the model oblasts (Dzambul in Kazakhstan, Osh in

Kyrgyzstan, and Fergana in Uzbekistan) was at a different stage at the inception of CAIDP one year ago, each with its own potentialities and constraints, it is not surprising that the quality and the extent of results vary among them. Kazakhstan remains well ahead of its neighbors in the introduction of reforms. However, there is a well-recognized need for, and a strong commitment to, further improvement in each place. After the first year of implementation, CAIDP's most significant accomplishments include—

- **Health facilities assessment** A health facilities assessment (HFA) was conducted in a representative sample of clinical facilities in each of the CAIDP model oblasts during November 1996. BASICS consultants trained teams composed of field staff and counterparts to use standard HFA methods and instruments that had been developed by BASICS for use in other regions. Preliminary findings were presented to MOH and oblast-level health officials during meetings in December, and they proved to be effective in gaining consensus on the need for reform of national CDD/ARI programs and on the specific changes necessary. Participation of counterparts in the collection and analysis of the data helped to ensure their “ownership” of the findings and has provided an experienced cadre of health workers in each oblast who have subsequently contributed to qualitative research, training, and monitoring activities. HFA instruments, already translated into Russian, have been adapted and are in routine use for monitoring and supervision.
- **Training** An intensive series of four-day clinical courses in ARI and diarrhea case management for trainers and for health workers were conducted over the past eight months. For ARI case management, 14 oblast- and 27 rayon-level trainers were trained, and they in turn trained 191 physicians and 115 feldshers during the month of March. For diarrhea case management, 12 national- and oblast-level and 40 rayon-level trainers and 950 physicians, nurses, and feldshers were trained in the three model oblasts during August and September. Subsequent performance monitoring found that most of the trained health workers were managing cases according to WHO guidelines, using oral rehydration and avoiding antibiotics and IV solutions on a consistent basis, with markedly reduced hospitalization and increased recovery rates in many facilities, despite a severe increase in diarrhea incidence during the hottest summer in recent memory.
- **CDD/ARI training centers** CDD/ARI training centers have been established and are functioning effectively at the oblast level and in a number of rayons in all three model oblasts. National training centers have also been organized and are being equipped, with BASICS support, in each country. WHO manuals and other materials, for case management training were adapted and translated into the Kazakh, Kyrgyz, and Uzbek languages by BASICS. These materials have been approved for national use by the Ministry of Health in all three countries and are being reproduced for wider distribution by UNICEF and/or the World Bank in each country.

- **Interagency collaboration and partnership** Other encouraging examples of interagency collaboration and partnership include the following In Kyrgyzstan, the World Bank has agreed to cover the costs of renovating and furnishing the national-level training facility UNICEF has provided ORS and antibiotics for all three CAIDP model oblasts during the past year and recently agreed to continue this support through 1998 At the MOH's request, UNICEF sponsored a CDD/ARI program managers' course in Dzambul Oblast this September, with participants from all 16 oblasts of Kazakhstan, in order to demonstrate and extend the use of CAIDP strategies and materials to the rest of the country A similar course is now being planned for Fergana Oblast, with participants representing all oblasts of Uzbekistan The USAID Zdrav Reform Project in Kazakhstan and Kyrgyzstan, and World Bank Health Sector Reform projects in Kyrgyzstan and Uzbekistan, are using CAIDP strategies and materials to extend CDD/ARI training to their respective model oblasts as well
- **Lactation management training** In addition to case management training, three senior clinicians (two chief obstetricians and one chief pediatrician) from CAIDP model oblasts attended an 18-day, Russian-language course in lactation management education at Wellstart in San Diego, California, with BASICS sponsorship Upon their return, they joined the CDD/ARI training teams in each oblast to integrate breastfeeding promotion as a preventive intervention into the case management curriculum They also trained a total of 56 physicians in lactation management and introduced or strengthened "baby-friendly" policies in maternity facilities throughout their respective oblasts
- **Supervision** The CAIDP Workshop on CDD/ARI Training Strategy, held in Almaty last February, produced an extensive list of recommendations, including nine on monitoring and supervision Several of those recommendations have already been implemented in the model oblasts, including the introduction of routine monitoring of health workers' performance using observation and simple checklists At the workshop on monitoring and supervision for CDD/ARI held in May, also in Almaty, representatives of each Ministry of Health agreed to the adoption of a new paradigm for supervision, moving away from enforcement of punitive controls and introducing a system that provides for active support and joint problem-solving To that end, a manual on supervision for CDD/ARI has been developed specifically for Central Asia, with the participation of CDD/ARI national coordinators from the three CAIDP countries and support from BASICS The Russian-language manual will be field-tested, finalized, and distributed for use in model oblasts and elsewhere in CAIDP countries later in 1997 As the first of its kind, the manual may also be adapted for use elsewhere in the NIS, and perhaps in other regions as well
- **Communications** Qualitative research on health worker and caretaker beliefs and practices related to diarrhea and ARI was conducted in Dzambul Oblast during January of this year From this research and complementary work carried out by UNICEF in Kyrgyzstan and

Turkmenistan, a series of recommendations on communications between health workers and caretakers was developed. These recommendations have been utilized in the design and adaptation of training and communications materials. The research also provided local illness terminology and sample histories for use in CDC's Mortality Surveillance Study, which also employs methodology developed by BASICS in other countries.

BASICS field staff assisted in the design and production of leaflets and posters containing key health messages related to diarrhea and ARI in each of the model oblasts. In May, Dzambul Oblast demonstrated outstanding commitment and initiative in planning and conducting an oblast-wide Oral Rehydration Therapy (ORT) Week social mobilization campaign. BASICS assisted in planning the campaign and provided 11,500 leaflets for distribution to families with young children in all rayons. The campaign mobilized all sectors of each community (including oblast and rayon *hukumyats*, all pediatric and obstetric facilities, school, police, and transport workers, and print and broadcast media) to inform parents of the dangers of diarrhea and dehydration in children and the importance of home care, including oral rehydration therapy. Noting the success of this initiative in Dzambul, the Ministry of Health issued a decree requiring that all 16 oblasts of Kazakhstan conduct ORT Week mobilization during the months of June and July. Building on ORT Week experience, a similar ARI Week campaign is now planned for December–January in each of the CAIDP model oblasts, with corresponding possibilities for countrywide implementation.

Looking Ahead

CDD/ARI training, supervision, and communications activities will continue during the coming year in the three model oblasts, under the direction of counterparts. BASICS will provide training manuals and other materials, and advice as needed, through field staff. However, the primary emphasis of CAIDP follow-on activities in PY5 will be evaluation of program results. Evaluation is being conducted in three stages: (1) assessment of progress in diarrhea case management training and the process of monitoring and supervision, (2) assessment of progress in communications-related training and materials development, and (3) follow-up health facilities assessment using data gathered in the course of routine monitoring, focused particularly on the results of ARI case management training. Recommendations from each stage of the evaluation will be directed toward further strengthening of model oblasts and National Training Centers in order to support and promote countrywide adoption of CAIDP strategies and materials in Kazakhstan, Kyrgyzstan, and Uzbekistan, as well as their introduction elsewhere in the NIS region.

Immunization: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, and Moldova

Introduction

The overall goal of the NIS/immunization program is the reduction of disease, death, and disability from vaccine-preventable diseases through the development of sustainable national

immunization and disease control programs. The program contributes to the fulfillment of the strategic objectives of the USAID Regional Mission for Central Asia (SO 4 0 special initiatives), through “increased delivery of preventive services” (IR 3 2 2 1 1) and “introduction of modern management techniques and clinical practices” (IR 3 2 2 1 3), and of the USAID Regional Mission for Western NIS, which includes Moldova (S O 3 1 reduced human suffering and negative consequences of crises), through “protection of the population against emergency health problems and epidemics” (IR 3 1 3) and “improved surveillance and delivery systems” (IR 3 1 3 2). Specific objectives of the program include—

- Building sustainable national immunization programs through reform of immunization policy, comprehensive operational planning, and more effective advocacy and donor coordination
- Strengthening institutional capacity for implementation of national immunization programs through training in essential management and technical skills, and the design of appropriate systems
- Reducing the incidence of priority vaccine-preventable diseases

Accomplishments

Program objective 1 Build sustainable national immunization programs through reform of immunization policy, comprehensive operational planning, and more effective advocacy and donor coordination

- National immunization program for Uzbekistan. The national workshop on child immunization policies and practices was held in Tashkent on March 25–26, 1997, to finalize Uzbekistan’s national immunization program for 1998–2002. Sponsored by BASICS, the workshop brought together senior pediatricians, epidemiologists, and other MOH officials with international experts from the University of Rochester School of Medicine, the Russian Academy of Medical Science, UNICEF, and WHO, as well as BASICS. The MOH agreed on further revisions to the immunization schedule and simplified their list of medical contraindications.

The new schedule eliminates unnecessary third and fourth doses of BCG, along with one of two oral polio vaccine boosters given during the second year of life, resulting in a potential savings of \$400,000 per year, in addition to the estimated annual savings of \$119,000 from reforms brought about by the USAID/REACH project in 1993.

With momentum gained from the March workshop, an operational plan for the national immunization program was finalized by the MOH in April and formally approved by the Council of Ministers in early May. Since then, the MOH has introduced the plan and begun countrywide implementation, with continued advice and support from BASICS. The

importance of these steps was reflected in the publication of the article “Immunoprophylaxis According to the New Vaccination Schedule,” which appeared in the May 21 issue of *Medicinskaya Gazeta*, the region’s most widely-read medical publication, with circulation throughout Russia and in 14 other countries of the former Soviet Union

- Regional seminar on immunization curriculum and policy reform The seminar, also sponsored by BASICS, was held in Tashkent, March 27–29, 1997, with representatives from the five republics of Central Asia, plus Ukraine, and the international experts who participated in the Uzbekistan national workshop (above) The seminar introduced practical tools and materials for pre-service and in-service training of physicians, including model curricula, lists of true and false contraindications, recommendations of WHO and other international advisory groups, as well as documents related to U S immunization policies and standards Particular emphasis was given to implementing reduced lists of contraindications, strengthening the role of medical faculties in teaching and promoting child immunization, and developing the role of professional associations in reform of immunization policies A large volume of scientific literature and other resource materials, translated into Russian by BASICS for use in medical training institutions, was distributed to all participants
- Republican Center for Immunoprophylaxis (RCI) established in Tajikistan The center was established in Dushanbe, Tajikistan late in 1996 by decree of the Ministry of Health Two Oblast Centers of Immunoprophylaxis were created in Khojant and Kurgan-Tyube at that time as well The role of these integrated management units at national and oblast levels was mandated in the national immunization program (1994–2000), developed with the assistance of BASICS and other partners in May 1994 and approved in July of that year Persistent civil disruption and severely limited resources have impeded full implementation of the national program ever since Despite many constraints, however, staff of the RCI have taken decisive steps toward the introduction and implementation of WHO recommendations, improved disease surveillance and monitoring of immunization activities, and implemented of corrective measures when problems were found BASICS has provided advice, as well as limited financial assistance, to the center since its inception and supported periodic monitoring in the oblasts through our country coordinator (resident in Dushanbe) and regional technical officer (based in Almaty)
- National Center for Scientific and Applied Epidemiology and Hygiene in Moldova BASICS has assisted in strengthening the management capacity of staff in the center’s immunization unit, responsible under the Ministry of Health for implementation of Moldova’s national immunization program In October 1996, BASICS sponsored the participation of Dr Oleg Benes, chief epidemiologist, in the technical briefing of the WHO Global Program on Vaccines (GPV), held October 18–26, 1997, in Geneva Dr Benes, who has been influential in immunization policy reform and development of the national program, gained further understanding of WHO recommendations and received extensive

resource materials on immunization and control of vaccine-preventable diseases. Since returning to Moldova, he has imparted this experience to others through training and dissemination of materials.

- International coordination of donors and technical agencies. The BASICS immunization coordinator participated in several regional meetings addressing issues of immunization policy and donor coordination in the NIS. These meetings included the European Advisory Group on Immunization Meeting in Copenhagen (November 1996) concerning polio surveillance and certification procedures for eradication, as well as diphtheria booster dose strategy, the Fifth Meeting of the Inter-Agency Immunization Coordinating Committee (IICC) for the NIS, held in Copenhagen (also November 1996), and the Sixth Meeting of the IICC, held in Oslo, Norway (May 1997), in which the coordinator served as technical advisor to the U.S. delegation.

At the Oslo meeting in May, participants from USAID and BASICS gave a presentation on vaccine procurement that heightened awareness and support for vaccine self-sufficiency among the donor representatives present. In response to interest expressed in this issue by donors, a similar presentation will be given at a regional conference on the sustainability of immunization programs in the NIS, which will be held in Berlin in November 1997 for MOH representatives from 15 NIS countries. The chairman of the IICC and representatives from WHO and UNICEF acknowledged the usefulness of BASICS's work in the region and their strong desire for its continuation.

Program objective 2: Strengthen institutional capacity for the implementation of national immunization programs through training in essential management and technical skills, and design of appropriate systems.

- Vaccine logistics and cold chain management training in Turkmenistan. Over 450 physicians and epidemiologists responsible for managing vaccines and immunization activities throughout Turkmenistan participated in an intensive series of training completed over the past year—in Ahal and Balkan velayats (oblasts) in November, Dashowuz Velayat and Ashgabat City in February, and Mary and Lebap velayats in May. These sessions were organized and led by the chief epidemiologist and staff of the Republican Sanitary-Epidemiologic Service (RSES), with technical and financial support from the BASICS regional technical officer for immunization, the country coordinator for Turkmenistan, and a consultant. UNICEF also participated in and covered some costs for training sessions in Dashowuz and Mary velayats.

The training curriculum was based on the draft of *Safe Vaccine Handling, Cold Chain and Immunizations: A Manual for the NIS*, developed jointly by BASICS, UNICEF, and WHO. This manual was field-tested during the training, with comments and questions from participants providing input to the revision process. Along with training in each velayat, a

number of follow-up visits to health facilities in remote locations were undertaken to introduce the most crucial aspects of cold chain management into practice

- Vaccine logistics and cold chain management training in Kyrgyzstan A similar training series was conducted throughout Kyrgyzstan in June and July, led by staff of the MOH and the Republican Center for Immunoprophylaxis (RCI), with support from the BASICS country coordinator for Kyrgyzstan and a consultant A total of over 350 physicians and epidemiologists were trained in all six oblasts of the country, as well as Bishkek City Most of the participants were from primary-level clinical facilities The training curriculum was again based on the draft of *Safe Vaccine Handling, Cold Chain and Immunizations A Manual for the NIS*, which underwent further testing, review, and revision Deputy Minister of Health V M Glinenko expressed appreciation for BASICS assistance, noting that this work would greatly help in improving the safety of vaccines and immunization in Kyrgyzstan
- Vaccine logistics and cold chain management training in Uzbekistan Training was also conducted in Fergana and Andijan oblasts and in Tashkent City, under the direction of epidemiologists from the Ministry of Health and Republican Sanitary and Epidemiological Service (SES), with the BASICS regional technical officer and a consultant A senior counterpart from Turkmenistan who led the training conducted there earlier in the year also participated A total of approximately 120 health staff were trained during four sessions Content of the training was again based on the draft of *Safe Vaccine Handling, Cold Chain and Immunizations A Manual for the NIS*, with comments from participants fed into the revision process Deputy Minister of Health Nyazmatov indicated the Ministry's intention to carry out similar training in all oblasts of Uzbekistan, and emphasized the need for BASICS's continued assistance in this area
- Improved vaccine stock management and cold chain maintenance and repair in Moldova In June, staff of the Republican SES, with assistance from a BASICS consultant, made further progress toward implementation of a sustainable national vaccine stock forecasting, control, and distribution system for Moldova They also conducted an analysis of data collected from time-temperature monitors (TTMs) installed in selected health facilities to determine the extent and nature of vaccine-freezing and cold chain equipment problems The consultant also provided further advice to officials of the Kishinev Refrigerator Factory on production and international approval of their freezer designed for vaccine storage

The senior cold chain engineer of the Republican SES participated in a WHO CFC-Free Refrigeration Repair and Maintenance Course, held in Mombasa, Kenya, March 14–23, 1997, with BASICS sponsorship He will apply the new information and skills obtained from the course in directing the maintenance of Moldova's cold chain system and as a facilitator for subsequent Russian-language training planned by WHO for the entire NIS region

- Time-temperature monitoring study in Kazakhstan Time-temperature monitoring of selected cold room facilities was initiated in February by staff of the Republican Committee for Immunoprophylaxis, with support from a BASICS consultant and the regional technical officer, in order to determine the extent and nature of cold chain equipment problems and freezing of vaccines during cold weather Findings of this study are being applied through recommendations included in the *Manual on Safe Vaccine Handling, Cold Chain and Immunizations in the NIS* Counterparts and field staff have been trained in methods of data collection and analysis using TTMs, and the units will be available for continuation of the study in other oblasts of Kazakhstan and in subsequent periods of temperature extreme (summer and winter)
- National implementation of management information system (MIS) for immunization in Kyrgyzstan Following the successful introduction of the MIS in Alamudun Rayon over a one-year period, the Ministry of Health issued a decree in July 1996 that mandated its implementation in all oblasts of Kyrgyzstan, beginning January 1, 1997 Training was conducted and the new forms introduced in each oblast during the fall of 1996 by staff of the Republican Center for Immunoprophylaxis, with BASICS financial assistance and participation of the BASICS country coordinator

Assessment of progress in implementation was conducted in March by RCI staff, with both the BASICS country coordinator and technical officer involved with its design All facilities visited had MIS training manuals and a supply of the revised recording and reporting forms Although the new forms were in general use, errors in calculating rates and in reporting procedure were found Corrections and remedial training were provided at the time of each visit, when feasible Recommendations of the assessment team included the need for follow-up training of all health staff using the forms and the importance of strengthening routine supervision

- National seminar on practical issues in immunoprophylaxis in Kazakhstan Held in Almaty, April 3-4, 1997, the seminar was organized by the Republican Committee for Immunoprophylaxis, with technical and financial support from BASICS The 80 participants included chief pediatricians and chief epidemiologists from all oblasts of Kazakhstan and the City of Almaty, plus immunization specialists from the Kazakhstan Research Institute of Epidemiology, Microbiology, and Infectious Diseases, as well as other institutions Particular attention was given to the introduction of new forms for reporting and monitoring immunization coverage (adapted from those designed in Kyrgyzstan), as well as improved diphtheria control measures based on WHO recommendations The BASICS immunization coordinator gave presentations on the Kyrgyzstan MIS experience and the cost-effectiveness of immunization
- Regional seminar on vaccine procurement and quality assurance in Kazakhstan The seminar, held in Almaty during June 30-July 3, 1997, was sponsored jointly by the Ministry

of Health and BASICS, completing a series of vaccine procurement activities initiated in 1995. The purpose of the seminar was to increase awareness and understanding of international methods and practices of vaccine procurement, identification and evaluation of suppliers, competitive tender and bid process, and standards, procedures, and tools for quality assurance. Presentations were given by officials of the Kazakhstan Ministry of Health and international experts from BASICS, WHO, UNICEF, and the USAID/Zdrav Reform Project.

Participants included 36 representatives from the five republics of Central Asia, all participants having responsibility for vaccine procurement in their respective countries. A comprehensive set of Russian-language materials, including three volumes of documents pertaining to vaccine procurement and quality assurance developed by BASICS and WHO, was provided to participants. Included in these documents was information from the joint BASICS/PATH/WHO vaccine procurement manual, which was further tested and is being revised for publication.

BASICS objective 3 Reduce incidence of priority vaccine-preventable diseases

- National campaign for diphtheria control in Moldova. In April–May, as follow-up to earlier support in planning and implementing the national diphtheria control campaign in Moldova, a BASICS consultant assessed current immunization activities, the use of antibiotics, and the MOH plans to continue and sustain diphtheria control efforts. The success of the campaign in bringing the diphtheria epidemic under control is documented by MOH counterparts and the consultant in a paper being submitted to a supplement to the *Journal of Infectious Diseases*. The consultant and BASICS country coordinator also met with MOH officials and representatives of USAID, TACIS, the World Bank, and UNICEF to develop recommendations on further development and sustainability of Moldova's immunization and disease control programs.
- National immunization days (NIDs) for polio eradication in Central Asia. Continuing BASICS support for polio eradication in the region over the past three years, a long-time consultant represented BASICS at the Third Annual Meeting on Coordination for Operation MECACAR held in Tashkent during October 1996. BASICS's experience with vaccine logistics and other practical aspects of implementation was presented and discussed. In Kyrgyzstan and Tajikistan, at the MOH's request, BASICS again provided assistance for two-round NIDs held during March and April 1997.

In Kyrgyzstan, staff of the RCI conducted three-day NID planning workshops in all six oblasts and in Bishkek City, with technical and financial support provided through the BASICS country coordinator. In Tajikistan, BASICS and UNICEF jointly provided assistance to the Ministry of Health in conducting seminars on "Preparation and Implementation of Operation MECACAR 97" for pediatricians and epidemiologists in three

oblasts and Dushanbe City. The BASICS country coordinator worked closely with the RCI in planning and monitoring for NIDs and played an active role in designing and carrying out social mobilization activities. These activities included both national and oblast television and radio broadcasts of public service announcements and round-table discussions, posters and leaflets developed in Tajik and Russian, printed, and then distributed in each oblast, and speeches delivered by the President and the Minister of Health of Tajikistan, which were also broadcast on television prior to the NIDs.

Looking Ahead

Further progress anticipated during the coming year, contributing to end-of-project results includes the following

Program objective 1—

- **Exchange of experience.** A Central Asia immunization technical exchange will be conducted in late April 1998 with immunization program managers from all five countries. The exchange will include a review of the achievements of each national immunization program over the past six years, as well as MOH plans for the continuation and sustainability of these programs. A delegation from Tajikistan will travel to Kyrgyzstan to visit the Republican Center for Immunoprophylaxis and to investigate the immunization MIS developed there. A Kyrgyzstan delegation will travel to Moldova to visit the National Center for Scientific and Applied Hygiene and Epidemiology to compare experiences in developing and implementing their respective national immunization and disease control programs (the most progressive in the region), as well as their management information and disease surveillance systems.
- **Donor coordination.** BASICS will continue to facilitate communication among Ministries of Health, donors, and technical agencies involved with immunization in the NIS, including further participation in regional meetings for donor coordination, to promote further strengthening and sustainability of national immunization programs.
- **Evaluation of progress toward self-sufficiency.** Evaluation of the MOH and oblast health departments' progress toward vaccine self-sufficiency will continue, it will include documentation of experience with vaccine procurement exercises, cold chain and vaccine logistics system strengthening, plans for improved surveillance of vaccine-preventable diseases, and development of management information systems.
- **Adaptation of IMCI training materials.** At the request of WHO/EURO and the MOH of Kazakhstan, the BASICS regional technical officer for immunization will continue to participate in the adaptation of training materials for integrated management of childhood illness (IMCI) in Kazakhstan, helping to ensure appropriate incorporation of immunization issues.

Program objective 2—

- Cold chain management training Assistance will be provided to the MOHs in Uzbekistan, Turkmenistan, Kyrgyzstan, and Moldova in conducting further cold chain training activities, with an emphasis on evaluating progress and planning for sustainability of cold chain improvements In Kazakhstan and Tajikistan, where systematic cold chain management training has not been introduced, BASICS assistance has been requested by the MOHs for planning and carrying out this training Finalization, dissemination, and evaluation of *Safe Vaccine Handling, Cold Chain and Immunizations A Manual for the NIS* will be done in collaboration with UNICEF and WHO
- Central cold store and vaccine stock management in Moldova A BASICS consultant will assist the National Center for Scientific and Applied Hygiene and Epidemiology (NCSAHE) in the installation of modern cold and freezer rooms (obtained through the international tender and bid exercise, also supported by BASICS) Evaluation of the revised vaccine stock management system and a review of other aspects of Moldova's immunization and disease surveillance systems will also be conducted at that time
- Immunization management information system in Kyrgyzstan Evaluation of countrywide implementation of the Kyrgyzstan MIS will be conducted by members of the working group responsible for its development, with support from the BASICS country coordinator, regional technical officer, and a consultant MIS forms and a series of four training manuals developed in Kyrgyzstan are also being adapted for use in the USAID-funded program "Health Information Systems and Management Reform" in Ukraine, and will be introduced in a pilot oblast from January 1998
- Communications and social mobilization in Kyrgyzstan A one-week communications strategy workshop will be held in Bishkek during December 1997, building on training and qualitative research conducted with BASICS assistance in November 1994, as well as experience gained during national immunization days for polio eradication and the national campaign for diphtheria control carried out over the intervening three years With the support of the BASICS country coordinator, regional technical officer, and a consultant, participants will develop a comprehensive national strategy, social mobilization plans for individual oblasts, and materials for use in future communications activities
- Cost analysis of immunization services in Moldova A BASICS consultant will complete the cost analysis of immunization services under the Moldova national immunization program and will conduct a seminar on cost-analysis and cost-effective management for MOH and district-level health officers
- Vaccine self-sufficiency A presentation on vaccine self-sufficiency by the BASICS immunization coordinator and a consultant will be included in the WHO-sponsored meeting

on sustainability of immunization programs in the NIS, which will be held in Berlin during November 1997, with representatives from all countries of the region. Amalgamation of the vaccine procurement manual will be completed by BASICS, PATH, UNICEF, and WHO for subsequent publication by WHO and distribution in the NIS and beyond.

Program objective 3—

- Polio eradication. BASICS staff will participate in the MECACAR meeting to be held in Rome during November 1997, to review progress toward polio eradication in the NIS and neighboring countries, and to determine possible future assistance needs with regard to health information and monitoring systems, including AFP surveillance. Further assistance in mopping-up activities and evaluation of national immunization days in Kyrgyzstan and Tajikistan will also be provided during the coming year.

TECHNICAL QUALITY ASSURANCE

The Technical Division has continued to grow through PY4, with certain areas broadened and others refined. Perinatal health emerged as an area for special study, to identify better care for perinatal health (28th week of pregnancy through the 1st week of life). Recognizing that there are an estimated 8 million deaths per year in this age band, and that this is an area that sometimes falls between maternal health and child care efforts, BASICS formed a group of experts from several international organizations involved in areas related to perinatal health.

Improving child health by working through communities also received special emphasis over the course of this year. International meetings in Santo Domingo and at UNICEF/New York stimulated discussions to define and formulate strategies for a community component of IMCI. The Community Behavior Change Working Group conducted a workshop on increasing the impact of child health programs at the community level. The AIN model using community-level volunteers to do growth monitoring, and an evaluation exercise "Community Assessment Planning for Maternal and Child Health Programs: A Participatory Approach," further exemplify the undertakings during this 12-month period.

Countries in which there are new or reinstated BASICS activities include Cambodia, the Democratic Republic of Congo, and Ukraine, adding to the 40 countries in which activities under BASICS are ongoing. Working groups with staff added this year are Community Behavior Change (two technical officers), the Public Private Sector, and Immunization. The Febrile Illness subgroup expanded and became an independent working group this year to address malaria and other fever-related illnesses. At year's end, the division is composed of seven technical working groups, with 27 technical officers. A brief summary of the work carried out by each group follows.

Communication and Behavior Change

Introduction

The main objective of the Communication and Behavior Change (CBC) Working Group is to develop, implement, and evaluate interventions to improve caretaker behaviors essential to child survival. In addition to media interventions that directly influence caretakers, the group has sought to develop and test approaches to mobilize community support for child survival and to improve the counseling skills of health workers. To achieve these objectives, the CBC group has also emphasized the development of tools and training to strengthen capacity for implementing effective behavior change interventions.

Accomplishments

The CBC working group has continued its development and testing of the emphasis behavior approach. Based on a set of 16 child and reproductive health behaviors most directly associated with childhood mortality, the approach provides a "menu" from which communities and

Ministries of Health may choose priorities to work on. The approach is being field-tested in Ethiopia and Zambia and has been documented in two technical reports, most recently in "Community Assessment and Planning for Maternal and Child Health Interventions: A Participatory Approach."

Large media-based communication programs assisted by the CBC working group were continued in Russia (diphtheria) and Bangladesh (polio), and a new program was launched in Madagascar (ARI, EPI, and breastfeeding). CBC staff are helping the Madagascar program develop a child-to-child component to complement its use of counseling cards and community theater groups. In the Russia program, BASICS developed and conducted a pioneering study to evaluate the communication intervention in one of the regions served (Novgorod), and has been invited by the Centers for Disease Control and Prevention (CDC) to submit the study to a special forthcoming issue of the *Journal of Infectious Diseases* on diphtheria that CDC is preparing.

Work has continued on the development of innovative uses of radio in several countries. In Bolivia, BASICS's radio serial drama, *Los Angelitos*, has been launched with cosponsorship from UNICEF and ERBOL, a network of private radio stations. BASICS extended its collaboration with the Voice of America (VOA) to Russia, Kazakhstan, and Kyrgyzstan, sponsoring a VOA reporter to travel to the region and record programs for broadcast over VOA's international service. BASICS and VOA are conducting a joint evaluation of this effort. In West Africa, CBC staff are working with the BASICS regional communication advisor to expand the use of private radio in broadcasting child health messages. BASICS conducted training in the development of radio spots on child health topics for broadcasters from six West African countries at a regional workshop in Burkina Faso, and is conducting follow-up activities in Mali, Senegal, and several other countries to ensure that programs are broadcast and evaluated.

In the area of community support, the CBC working group has assisted in the development of community-based approaches in several countries. In addition to Ethiopia and Zambia, where the emphasis behavior approach is being tested, innovative community programs have been developed by BASICS in Nigeria, Honduras, Madagascar, Bangladesh, and India. The CBC working group conducted a two-day review meeting in Washington in September to review those programs and has written a summary report. The group has also taken the lead for BASICS in working with UNICEF on defining and developing the community component of IMCI, including giving a major presentation at a UNICEF/WHO planning meeting in New York in October. Partnerships with PVOs and NGOs are a critical component of BASICS community work, and the CBC working group has played a leading role in developing relationships with these groups. Of particular note was a CBC-sponsored assessment in West Africa (Senegal and Burkina Faso) of the best practices of groups of NGOs in each country.

Looking Ahead

In PY5, the CBC working group will focus on evaluation, documentation, and dissemination. Key products planned include a volume of case studies (including evaluations) of innovative uses of

media, a manual on applying the emphasis behavior approach at the community level, a set of process evaluations of BASICS community-based approaches, and a joint publication with UNICEF on participatory communication methods

Febrile Illness (Malaria)

Introduction

BASICS is one of the agencies¹ collaborating with the Africa Integrated Malaria Initiative (AIMI) to implement a package of interventions aimed at reducing malaria-related morbidity and mortality. Implementation is targeted at selected districts within each participating country to enable easier evaluation of impact indicators and to allow a flexible strategy in response to process indicators. While the focus is on the district, the activities and experiences are expected to serve as models to guide subsequent national strategies. The Febrile Illness Working Group was formed in mid-1997 to pull together these AIMI activities, which were previously split between the IMCI and Communication and Behavior Change working groups.

Activities are ongoing in Zambia, Kenya, and Benin. In early 1998, BASICS will also be collaborating with malaria activities in Nigeria and Mozambique. These activities support five areas: (1) malaria prevention and control policy, (2) facility-based case management (IMCI), (3) community-based case management, (4) malaria in pregnancy, and (5) insecticide-treated mosquito nets.

Accomplishments

In Zambia and Kenya, BASICS has worked with national authorities to revise national antimalarial drug policies in response to changing resistance patterns. District planning activities for malaria were carried out in Zambia, Kenya, and Benin. BASICS carried out formative qualitative research on caretaker response to febrile illness, including interaction with health facility staff, in Zambia, and will conduct similar work in Kenya, Benin, and Mozambique in 1998. Community assessment training has been carried out and action plans have been developed in three districts of Eastern Province, Zambia. A community assessment training curriculum was written and the methodology used in urban Zambia, they have been modified for use in Kenya. BASICS also worked with the national authorities in Zambia, to develop national strategies for insecticide-treated mosquito nets and a revised structure for the National Malaria Control Center. Additionally, BASICS played a major technical role in planning and facilitating a USAID-sponsored international conference on insecticide-treated materials in October 1997.

Looking Ahead

The Febrile Illness Working Group will begin work in two new countries in 1998: collaboration with an urban malaria project in Lagos, Nigeria, in January, and formative research for improved

¹ Other agencies collaborating in AIMI include the Centers for Disease Control and Prevention (CDC), the Environmental Health Project (EHP), the Quality Assurance Program (QAP), MotherCare, and Population Services International (PSI).

caretaker practices regarding malaria in Mozambique in April. There will be continued support for capacity building of the Tropical Disease Research Center (TDRC) and the National Malaria Control Center in Zambia, including assistance with the final production of district guidelines for malaria control planning. BASICS will also continue to play a major role in antimalarial drug policy in Zambia, Kenya, and possibly Mozambique. A large number of activities are slated for Zambia's Eastern Province, where BASICS is coordinating the AIMI intervention package. Kenya, likewise, will see a great deal of activity, with most of the BASICS focus on community management of malaria and the development of an IEC program. In Benin, BASICS will conduct formative research on caretaker response to febrile illness and will participate with CDC in household and health facility baseline surveys in Oueme Department. Finally, the Febrile Illness Working Group has begun a new collaboration with the Public/Private Sector Working Group to develop partnerships with private companies dealing with insecticide-treated mosquito nets; target countries have not yet been selected, but may include Zambia.

Sustainability of Immunization Programs

Introduction

BASICS continues to work closely with USAID, UNICEF, and WHO to develop effective and efficient programs to increase the management, delivery, and utilization of immunization services and to develop effective and balanced approaches to the control of vaccine-preventable diseases. This is carried out by—

- Strengthening planning and management capabilities, improving the quality of immunization services, and increasing and sustaining demand
- Working collaboratively to develop and introduce epidemiologically and programmatically sound activities to reduce morbidity and mortality from vaccine-preventable diseases
- Working with both public and private sectors to ensure that funding, technical support, and necessary commodities are available for immunization programs

Accomplishments

During the fourth year of the project, BASICS immunization activities in the NIS focused on revisions in the medical curriculum on immunization, vaccine finance and procurement training, including continued development of a vaccine procurement manual, and strengthening donor coordination and immunization self-sufficiency. A regional seminar on immunization curriculum policy reform was held in Uzbekistan in March 1997 to improve the effectiveness of pre- and in-service training on immunization, especially taking into account the newly shortened list of contraindications and the potential roles of professional associations and medical faculty in supporting immunization. In June 1997, a regional seminar on vaccine procurement and quality assurance was conducted in Kazakhstan, which informed participants from the Central Asian Republics on aspects of international procurement practices and vaccine quality assurance. This seminar also served to field-test the vaccine procurement manual, which a BASICS/PATH

consultant is further developing in cooperation with WHO, the International Children's Center, and the World Bank. Key products of both seminars were current immunization technical documents and articles that were translated into Russian and disseminated to participants through BASICS's initiative and coordination.

During PY4, BASICS strengthened its collaboration with other global partners in supporting sustainable immunization. Building on work initiated in PY2 and PY3, BASICS convened two meetings on the development of sustainability indicators for immunization, inviting participation from USAID, UNICEF, WHO, the Canadian Public Health Association (CPHA), and other organizations. Following the first meeting in October 1996, BASICS proposed a draft set of indicators that were presented at the African Task Force for Immunization in December. BASICS and WHO subsequently presented and discussed these draft indicators with representatives from over 20 African countries during EPI managers' meetings in early 1997. The sustainability indicators, with some variations, will be introduced on a pilot basis in at least one country in PY5. This same set of indicators was used during a joint review of a series of USAID grants for immunization to UNICEF field offices in 18 African countries. The grant review process entailed carrying out four case study visits, with BASICS participating in the studies in Mali, Tanzania, and Uganda. These studies, plus one in Zambia that BASICS undertook jointly with DANIDA at the request of WHO/GPV, investigated the impact of health sector reform and decentralization on immunization programs and explored modes of future support that could reinforce both the effectiveness and the new structure of immunization services.

BASICS also continued to contribute to the global initiative to eradicate polio. In countries such as Bangladesh, Uganda, and the Democratic Republic of Congo (formerly Zaire), BASICS has sought to apply the human and financial resources targeted at polio to technically support both polio-specific activities, such as national immunization days and surveillance for acute flaccid paralysis, and the management of routine services. BASICS activities in disease surveillance, for example, focus on such operational issues as increasing the detection of cases and establishing systems to ensure that cases are actually reported and investigated. In the Democratic Republic of Congo, a first planning visit in August 1997 resulted in a joint USAID/UNICEF/WHO/MOH plan of action that focuses on local immunization days (and later in 1998, polio national immunization days) as an initial step toward reinvigorating immunization services.

Looking Ahead

In PY5, BASICS will continue to work with health authorities at the global, regional, and country levels to improve the effectiveness, efficiency, and sustainability of immunization programs, especially as they face the dual challenges of disease control and health sector reform. BASICS will provide targeted technical assistance to address specific issues at the country level, especially in African countries such as Mali, the Democratic Republic of Congo, Madagascar, and Benin. The proposed sustainability indicators will be introduced and evaluated on a pilot basis in at least one country. A "harmonized" vaccine procurement manual for use by countries will be finalized in conjunction with WHO, the Interagency Coordinating Committee (ICC), and possibly the

World Bank BASICS will continue to contribute to efforts to control diseases, including the Polio Eradication Initiative and global discussions on measles control and approaches to eliminate neonatal tetanus. Finally, the working group will document and disseminate the most important and replicable of its findings and produce related reports, manuals, and articles for publication.

Information Dissemination

Introduction

BASICS serves as a technical resource in child survival, maternal and child health, and related fields. The project's Information Center seeks to advance the cause of child survival through the publication and dissemination of technical information to policy-makers, public health officials, health practitioners, international donors, specialists in development and international health, journalists, and researchers and academicians.

The Information Center library maintains a catalogued collection of more than 8,000 primary and secondary reports, periodicals, videos, and other material on child survival and related health topics. This collection is made available to the officers, staff, contractors, and affiliates of BASICS, USAID, NGOs, and multilateral agencies around the world.

The Information Center publishes technical information about the work of the BASICS project in newsletters, policy briefs, technical reports, training manuals and guidebooks, and other publications. These publications are disseminated through print and electronic means. A list of the project's major distributable publications to date appears in Appendix A.

Accomplishments

During the past year, the Information Center provided technical information to developing country health practitioners, BASICS field staff, USAID Missions and bureaus, and the broader international health community. The center acquired 417 new materials for the collection and catalogued 3,342 new child survival materials, including scientific and technical literature, social science and behavioral research reports, and materials used in health education and communications. Nearly 400 articles were borrowed from the library, and 80 bibliographies were prepared. Information Center staff fulfilled 911 requests (conducting 990 database searches) for information and research assistance to overseas research institutes and libraries, policy-makers, and private voluntary organizations throughout the developing world.

Staff provided editorial and graphic support to the project's technical officers.

Additional activities included—

- Writing, designing, and publishing the newsletter *Child Survival BASICS*, published in three languages, that reports on the technical achievements of the project in each of its six priority

areas, and a newsletter of the Public/Private Sector Working Group, *Social Marketing Matters*

- Continued to produce 47 issues of *What's New?*—a weekly update of recent literature on child survival topics that is sent via e-mail to project headquarters and field staff
- Published more than the required number of deliverables, including manuals and other publications

Manuals

IMCI (French/generic) wall charts
IMCI (French/generic) chart booklets
IMCI (Spanish/generic) modules
IMCI (Spanish/Ecuador) chart booklets
Controlling Cholera A Checklist for Planners
Control del Colera
Lutte Contre le Cholera

Publications

Accomplishments in Child Survival Research and Programs
Review of Child Survival Funding 1980–1995
The Recent Evolution of Child Mortality in the Developing World
BASICS (general brochure, French)
BASICS (general brochure, Spanish)
Social Marketing Matters #4
Child Survival BASICS #3 (immunization)
Sobrevivencia Infantil BASICS (CSB #3, Spanish)
Survie Infantile BASICS (CSB #3, French)
Gender Bias in Health Care Among Children 0–5 Years Opportunities for Child Survival Programs
Sustaining Health Worker Performance in Burkina Faso
The Hearth Nutrition Model Applications in Haiti Vietnam and Bangladesh
A Guide to Emphasis Caretaker Behaviors
Community Demand Study for the Essential Services for Health in Ethiopia Project
Improving Child Health Through Nutrition The Nutrition Minimum Package

Highlights

Using Indicators to Monitor the Sustainability of Immunization Programs
Malawi Tea Estates and Project HOPE
Study Identifies Barriers That Impede the Poor's Access to Health Care in Developing Countries
Emphasis Behavior' Messages Promote Positive Behaviors to Improve Children's Health
Innovative Radio Programming in Bolivia Focuses on Child Health Messages
Community Health Needs Study Guides Strategies for Ethiopia Project
Handwashing Campaign Benefits Both Central American Communities and Soap Producers
In the Developing World Young Boys Receive Better Health Care than Girls Study Indicates
Child Deaths in Bolivia Are Preventable Survey Shows
PSAs Help Stem Diphtheria Epidemic in Moldova

1996–97 BASICS ANNUAL REPORT

Indigenous Private Groups Help Improve Community Health Services in India
Medicine for You World Wide Web Page Launched in Russia

Reports

Quarterly Report first quarter
Quarterly Report second quarter
Quarterly Report third quarter
Annual Report 1995–1996

Journal Articles

“Cost-Effectiveness of Oral Cholera Vaccine An Analysis in Stable Refugee Populations at Risk for Epidemic Cholera and Populations With Endemic Cholera,” by John Murray, Deborah MacFarland, and Ronald Waldman, *Bulletin of the World Health Organization* (submitted)
“The Public Health Aspects of Complex Emergencies and Refugee Situations,” by M J Toole and R. J Waldman, *Annual Review of Public Health*, 1997, 18 238–312

- Developed, with the Legislative and Public Affairs Office, the BASICS site on the USAID World Wide Web Home Page, and developed a mirror site at www.basics.org
- Began the PHN officer information needs assessment, which will guide product development in the future The project will be completed in PY5
- Continued to edit trip reports averaging 60–80 pages each, the total produced by the end of PY4 was more than 900
- Added to the database of writers, editors, translators, printers, graphic designers, and other vendors and instituted a new procurement mechanism, the blanket purchase agreement, which cuts down on time and paperwork in the acquisition of services for editing/writing, translating, and printing
- Expanded and refined the mailing list for BASICS publications (now 7,000+ names)
- Revised the publication tracking and review/approval process for better efficiency
- Conducted a comprehensive evaluation and restructuring of the BASICS library collection, which, with the addition of new software, permits staff officers to have access to the BASICS library catalog through their personal computers
- Began preparations for development of a CD-ROM archive of trip reports and publications to be produced in PY5 The activity in PY4 was to conduct a pilot test for the product in the field
- The Information Center supported a VOA reporter to travel to the NIS to prepare and air a number of radio reports on child survival, an evaluation of the project was launched at the end of PY4

- The unit also provided graphic and other support to the project in the areas of developing overheads for projection equipment, supporting workshops, inventory control, word processing, and routine and special mailing services

Looking Ahead

During the next project year, the BASICS Information Center will continue to fulfill its mission to serve as a technical resource in child survival, maternal and child health, and related fields and to advance the cause of child survival through the publication and dissemination of technical information. The Information Center takes an integrated approach that uses traditional and emerging communication strategies and technologies.

The unit has begun to explore and exploit, where appropriate, new electronic and Internet dissemination media. The Information Center will work closely with other organizations in the child survival field to leverage resources and increase impact. It will continue to maintain its expansive collection of technical resources and to provide research assistance and information on child survival and related topics. In PY5 a massive project documentation effort will be supported by the Information Center, in addition, the unit will address a more proactive marketing effort of products and messages to diverse audiences.

Integrated Management of Childhood Illness

Introduction

The Integrated Management of Childhood Illness Working Group focuses on four strategic objectives: supporting preparations for IMCI, developing training in management of childhood illness, developing and supporting strategies beyond training to sustain improved management of childhood illness, and improving management of childhood illness in the home and communities. Through collaboration with 15 Ministries of Health and development assistance agencies such as WHO, PAHO, WHO/AFRO, UNICEF, and other bilateral organizations, members of the working group made numerous accomplishments in PY4.

Accomplishments

BASICS has continued supporting preparations for IMCI in Zambia, Madagascar, Morocco, Eritrea, Cambodia, Bolivia, Ecuador, Peru, Guatemala, El Salvador, Haiti, Honduras, and Nicaragua. The *Guide for the Introduction of the Integrated Management of Childhood Illness* has been promoted in Madagascar, Zambia, Morocco, Bolivia, and Haiti. National workshops on preparations for IMCI were initiated in Morocco, Madagascar, and Niger, and IMCI advisory groups are meeting regularly in Zambia and Madagascar. In addition, BASICS supported participation of eight headquarters and field staff in an international conference on IMCI, sponsored by WHO, in Santo Domingo, Dominican Republic. Also, two BASICS headquarters staff made presentations on IMCI at an Asian regional conference held in Yogyakarta, Indonesia. A regional food box adaptation workshop was held in Senegal for representatives of West African countries preparing for IMCI.

Training activities focused largely on the development of three courses: the IMCI complementary course suited for health workers with limited formal education, including a course development seminar in Zambia and development of draft materials for field-testing, a course on drug management for first-level health facilities, and a five-day IMCI facilitator training manual. Support continued for including IMCI in pre-service education in Indonesia. Two additional BASICS staff were trained to support the technical adaptation of IMCI, particularly in Francophone countries. In addition, the IMCI materials were translated into Spanish and printed, and the bulk of the French translation was completed.

Strategies to sustain improved management of childhood illness have included support in Zambia for the development of a supervisory system that aims to improve the quality of facility-based services. A checklist was developed, and district health management team members in Lusaka were trained in its use; they have subsequently conducted regular supervisory visits. In addition, four to six weeks after each IMCI training, follow-up visits are conducted in each country where BASICS is supporting IMCI, not only to assess health worker performance but also to observe the application of the IMCI process in the clinic setting, where support can be offered in problem-solving. These data also allow managers to track health worker performance following IMCI training. In addition, a supervisory approach was developed for CDD and ARI programs in Kazakhstan, Kyrgyzstan, and Uzbekistan, and a corresponding manual was drafted. Although these republics are not implementing IMCI, this related work—which may eventually lead to the use of IMCI—was supported by one of the IMCI working group members.

To address the need for improving management of childhood illness in the home and community, BASICS has been collaborating with UNICEF and WHO to develop a strategy for IEC and behavior change approaches that complement IMCI. In addition, BASICS sponsored a workshop on IMCI for representatives from 25 private voluntary organizations (PVOs) who receive funding from the USAID Bureau for Humanitarian Response.

Looking Ahead

As more countries complete their initial IMCI adaptations, we will document the benefits and meet the challenges. With these experiences, in the final year of BASICS, the IMCI working group will produce a comprehensive document on IMCI implementation, from the adaptation process to the involvement of families and communities in the management of sick children. In addition, we will revise and finalize the IMCI complementary course and use it to train health workers in Bolivia.

Monitoring and Evaluation

Introduction

The monitoring and evaluation component of the BASICS project aims to increase the capacity of developing countries to plan, implement, and sustain effective public health programs. By the end of the project, it expects to have done the following—

- Developed, in conjunction with WHO and others, monitoring and evaluation methods that are both rapid and cost-effective and that provide the most essential information for local health staff and community groups
- Completed, field-tested in BASICS countries, and made available manuals/guidelines to Ministry of Health (MOH) staff, USAID, WHO, UNICEF, and NGOs that assist with monitoring, evaluating, and planning primary health care programs

Accomplishments

- A rapid integrated health facility assessment (RIHFA) is used to collect facility-based information on the quality of case management of child survival (CS) interventions and to plan programs using local data. This methodology has been field-tested in at least eight BASICS countries—Eritrea, Madagascar, Ethiopia, Senegal, Morocco, Kazakhstan, Kyrgyzstan, and Uzbekistan—and versions of it have been utilized in another seven: Mali, Niger, Togo, Zambia, Bolivia, Ecuador, and Guatemala
- A health facility quality review provides supervisors with immediate feedback on quality of IMCI services (diagnosis, treatment, counseling) after training. This methodology has been field-tested in Uganda and Tanzania
- Participatory community assessment and planning. A rapid integrated household survey (RIHS) provides information on household behavior regarding the prevention and treatment of childhood illness and on care-seeking behavior when a child becomes ill. This allows improved local public health planning and is a means of evaluating the effectiveness of local IMCI efforts. This instrument has been field-tested in two BASICS countries: Ethiopia and Zambia
- The community-based mortality surveillance methodology (CBMSM) is used to systemically collect information at a number of points along the “pathway to survival” and the data used to train local health workers to design IMCI interventions tailored to local situation. It has been field-tested in three BASICS countries: Bolivia, Uzbekistan, and Cambodia
- The preceding birth technique provides local public health program managers with a relatively simple and cost-effective methodology for monitoring infant and child mortality over time. This technique has been field-tested in two BASICS countries: Mali and Senegal
- A model to estimate the cost-effectiveness of the IMCI. This model will use data from field tests in Latin America

Looking Ahead

Activities to be carried out include—

- Participatory community assessment and planning rapid integrated household survey—field test in Eritrea (January 1998)
Key products Manual and guidelines for participatory community assessment and planning, BASICS technical reports (two), article in a peer-reviewed journal (two)
- Health Facility quality review—field tests in Eritrea (May 1998) and Ethiopia (March 1998)
Key products Manual and guidelines for monitoring IMCI programs (with WHO), BASICS technical report (one), article in a peer-reviewed journal (one)
- Rapid integrated health facility survey
Key products Manual and guidelines for conducting HFA translations into French and Spanish, BASICS technical report (one), article in a peer reviewed journal (one)
- Community-based mortality surveillance methodology—field test in the Central Asian Republics (to June 1998) and Cambodia (to July 1998)
Key products Manual and guidelines for conducting the mortality surveillance method, BASICS technical report (one), article in a peer reviewed journal (one)
- Preceding birth technique—final analysis of field data from Mali and Senegal
Key products Training manual for health workers and a supervisors' manual, BASICS technical report (one), article in a peer reviewed journal (one)
- A model to estimate the cost-effectiveness of IMCI—concept paper and model prototype developed and tested with data from Latin America country programs
Key products Paper summarizing the development and application of the model, BASICS technical report, Child Survival BASICS
- General Products
 - Monitoring and evaluation “tool box”
 - Technical advisory group meeting to review monitoring and evaluation methods summary report of method review meeting summarizing strengths, weaknesses, and potential applications
 - Technical training in health facility and household assessment methods for BASICS country staff, key consultants and representatives, NGOs, and multilaterals cadre of trained consultants established, summary report of training activities conducted and evaluation of training by participants HFA training with Save the Children U S , World Vision, and Africare scheduled for January 1998

- Workshop(s) on monitoring and evaluation techniques and the use of information for action (in a region, i e , Francophone West Africa), summary reports of workshop(s), describing discussion and potential applications of methods

Nutrition Working Group

Introduction

The BASICS nutrition strategy involves promoting key nutrition activities in the context of child survival programs. The activities focus on six key nutrition behaviors and interventions as defined in the BASICS Minimum Package for nutrition: (1) exclusive breastfeeding for about six months, (2) appropriate complementary feeding plus breastfeeding for children from age 6–24 months, (3) adequate vitamin A intake in infants and young children, (4) appropriate nutrition during and after illness, (5) iron/folate tablets for all pregnant women, and (6) regular use of iodized salt by all families.

The BASICS nutrition strategy calls for implementing programs that promote these key activities at all levels of the health care system, including caretakers, households, communities, first-level health facilities, second- and third-level health facilities, and policies at higher levels, such as the district and national, so that the efforts in the different levels are mutually reinforcing. Although strong scientific evidence exists about what behaviors support improved nutritional status, less is known about how to bring about these behaviors at the various levels. Some interventions are well developed and tested across different conditions, while others are not. The BASICS strategy aims to implement well-tested interventions as widely as possible, and to develop and test better approaches where less is known.

Accomplishments

When the Nutrition Working Group was originally formed partway through PY2, only one BASICS country program (Senegal) had nutrition as a component, because nutrition was not included in the original plans for BASICS and was not built into the original designs of BASICS country programs. The first objective of the working group was to change this by building nutrition activities and objectives into as many of the BASICS country programs as possible. By the end of PY4, after two years of hard work, 29 of 37 BASICS countries had nutrition activities, including all 7 of the BASICS emphasis countries. Table 1 summarizes this remarkable accomplishment.

Table 1 Number of BASICS Countries with Nutrition Activity by Type of Activity

Item	All BASICS Countries			Emphasis Countries	
	Start of WG (PY2)	End of PY4	Planned	End of PY4	Planned
Some nutrition activity	1 (3%)	29 (78%)	33 (89%)	7 (100%)	7 (100%)
Community models		7 (19%)	9 (24%)	3 (43%)	4 (57%)
Nutrition in IMCI		5 (14%)	12 (32%)	4 (57%)	6 (86%)
Health worker training (not IMCI)		7 (19%)	8 (22%)		
Assessment and policy development		14 (38%)	17 (46%)	4 (57%)	4 (57%)

Note The 37 Basics countries include 8 from East Africa Eritrea, Ethiopia, Madagascar, Malawi, Mozambique, Nigeria, South Africa, and Zambia, 11 from West Africa Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Guinea, Mali, Mauritania, Niger, Senegal, and Togo, 6 from Asia/Near East Bangladesh, Cambodia, India, Indonesia, Morocco, and Pakistan, 6 from LAC Bolivia, Ecuador, Guatemala, Haiti, Honduras, and Peru, and 6 from the NIS Armenia, Kazakhstan, Kyrgyzstan, Russia, Ukraine, and Uzbekistan The seven emphasis countries include Bangladesh, Bolivia, Ethiopia, Honduras, Madagascar, Senegal, and Zambia

Next, consider the accomplishments of the Nutrition Working Group and BASICS in taking leadership with respect to questions about the *why*, *what*, and *how* of nutrition. These developments have occurred, as they need to, at all levels, from household behaviors to national and international policies. Although BASICS has made contributions to all three questions, the greatest development has gone into answering the question of *how* to achieve good nutrition once the *why* and *what* are known. Table 2 lists 13 nutrition activities of BASICS that address the *why*, *what*, and *how* questions.

Table 2: BASICS Activities Aimed at the Why, What, and How of Nutrition	
WHY (Why nutrition is important for child survival)	
1	“Malnutrition and Child Mortality” (brochure and dissemination)
2	PROFILES (models, software, and applications)
WHAT (What practices will solve the problem of malnutrition)	
3	“The nutrition Minimum Package” (special report, dissemination, implementation)
4	IMCI nutrition component, including the food box and mother’s card (methods, documentation, applications, workshops)
HOW (How the practices can be widely achieved)	
IN HOUSEHOLDS	
5	TIPS method, including “Designing by Dialogue” (document, workshop, and applications)
IN COMMUNITIES AND DISTRICTS	
6	“AIN” model (demonstration, evaluation description Honduras and Senegal)
7	“Hearth” model (evaluations, planning tools, workshop Bangladesh, Haiti, and Mozambique)
8	La Leche League self-sustaining network of volunteer mothers (evaluation documentation and dissemination Guatemala)
IN HEALTH FACILITIES AND HEALTH DELIVERY SYSTEMS	
9	Report on relationship of IMCI in facilities and community nutrition
10	In-service training of health workers in nutrition (evaluations, curricula, workshops, and materials, e g , DMD in C A , BF in NIS)
AT NATIONAL LEVEL	
11	Minimum Package assessments and policy (Eritrea, Madagascar, Senegal, and Zambia)
12	Data-based policy and advocacy (PROFILES in Senegal, Zambia, and Ghana)
MULTIPLE LEVELS	
13	“Nutrition Essentials” (special publication)

The activities of the Nutrition Working Group are aimed at achieving three strategic objectives, termed the Minimum Package, development, and information objectives. The accomplishments in PY4 by objective follow:

- Strategic objective #1 (*Minimum Package Implement a minimum package of proven best nutritional practices and interventions as an integral part of all BASICS country programs*)
 - (1) Based on the suggestions and critical review of nutritional experts, BASICS identified six “best practices” that form the basis for the Minimum Package.
 - (2) Some nutrition activities were integrated in 14 BASICS country programs, plus two regional programs West Africa and LAC. A fairly broad array of the Minimum Package components at

different levels of the system were addressed in three BASICS countries: Madagascar, Senegal, and Zambia. (3) The Minimum Package was integrated into the BASICS emphasis behaviors framework and into the health facilities assessment guide.

- Strategic objective #2 (*Development: Strengthen, test, and evaluate processes and activities to improve the implementation of nutrition actions in child survival programs*) (1) Implementation of the IMCI "food box" was completed in one country (Zambia) and initiated in one additional country (Bolivia). (2) Plans for regional training on adaptation of the IMCI food box were completed in Central America, Eritrea/Ethiopia, and West Africa. (3) The working group began strengthening the IMCI nutrition training curriculum in one country (Zambia). (4) *Designing by Dialogue* was used to develop child feeding research in two countries (Bolivia and Madagascar). (5) The groundwork was completed for the development of improved child feeding in six countries (Bolivia, Honduras, Madagascar, Nigeria, Pakistan, and Senegal); some of these activities may lead to the opportunity to test process models for including child feeding in community programs. (6) The working group was involved in helping two community child survival programs build strong nutrition components that include active growth promotion, which can act as a guiding force for the programs (Honduras and Senegal). (7) Community nutrition projects were evaluated in Haiti (Hearth Model, Schweitzer Hospital, and World Relief Corp.) and Guatemala (mother-to-mother support groups, La Leche League).
- Strategic objective #3 (*Information: Inform and persuade decision-makers at all levels of the importance and feasibility of reducing malnutrition, and test and promote methods to enhance the availability of nutrition information and other data-based approaches to nutrition policy development and advocacy*) (1) The PROFILES process was initiated in Ghana, Senegal, and Zambia, with a local team trained and performing the implementation in Ghana and Senegal. (2) The one-day PROFILES training curriculum was developed and tested with several BASICS field and headquarter staff. (3) PROFILES was translated into French. (4) The brochure on malnutrition and child mortality was completed and disseminated. (5) Many documents were completed or are near completion in preparation of printing and dissemination or for submission for publication: a brochure on malnutrition and child mortality, a technical report on the Minimum Package, *Designing by Dialogue* in English, French, and Spanish, a technical report on the Hearth Model, a technical report on mother support groups, and a publishable chapter on Haitian Hearth evaluation for a book on scaling up.

Looking Ahead

In the final year, the Nutrition Working Group plans to consolidate the gains made in the country programs where specific efforts have been launched to incorporate Minimum Package programs in the health system, to continue to build the nutrition component of IMCI, to complete the baseline evaluation of the AIN programs, and to develop the openings created by PROFILES.

nutrition advocacy efforts. Also, additional publications will document and disseminate the BASICS work in nutrition.

Public/Private Sector

Introduction

The Private Sector Working Group seeks to develop and test approaches that will enhance the contribution made by private sector entities—private practitioners, nongovernmental organizations, and producers and distributors of critical health products—to child survival. During PY4, accomplishments were made in efforts related to each of the three private sector entities, as well as government and global leadership related to the private sector.

Accomplishments

Relative to private practitioners, studies of methods for assessing and improving the care provided by private practitioners to sick children were completed in three locations in India, and moved from assessment to intervention in Indonesia. Reports of the field results are in various stages of completion, revision, and review. A literature review of experience in influencing practitioner treatment practices was completed, and a summary report is in press as part of a BASICS newsletter. The Guatemalan/INCAP distance learning program assessment and assessment method validation studies were completed, and reports and related journal articles are being prepared for publication. An urban private sector inventory of health facilities (allopathic and traditional) and pharmacies, as well as of community-based organizations, was completed in two cities in Nigeria. Community-based organizations and community practitioners identified by the approaches have formed Community Partnerships for Health (CPHs), and intervention activities to improve urban immunization and child survival are being carried out through these partnerships and are being evaluated. Detailed descriptions of the inventory and partnership formation methods used are in final revisions.

With regard to efforts related to PVOs and NGOs, a tool for inventory and assessment of local NGOs was developed and used in Nigeria. A participatory method for identifying, documenting, and sharing NGO promising practices was developed and applied for 15 NGOs in Burkina Faso and Senegal. Effective and innovative techniques from four U.S. PVOs were evaluated and documented, and the evaluation and documentation process was initiated for two more U.S. PVOs and up to 15 West African NGOs. Technical assistance was provided to approximately 25 PVOs through workshops and individual assistance. In addition, indirect assistance was provided to PVOs through technical support to the USAID child survival grants program.

Regarding efforts related to commercial manufacturers, marketers, and distributors of critical health products, a Central American handwashing campaign was developed in collaboration with the major soap producers in the region. The marketing strategy was based on market research to document baseline attitudes and practices of mothers and children regarding handwashing and the use of soap. Promotional concepts were tested, and promotional material was finalized. In Bolivia,

a new ORS product was successfully launched, with the participation of 19 partnering organizations from the public sector, professional associations, NGOs, donor agencies, and the commercial sector. USAID/REDSO and USAID/Senegal requested an initiation of efforts aimed at sustainable ORS marketing. The BASICS approach of involving a selected partner from the commercial sector (Rhône-Poulenc Rorer) was adopted by PSI, the implementing organization. An issue of *Social Marketing Matters* was distributed to a growing list of recipients. In new areas of activity, discussions with private sector companies regarding the development of partnerships in micronutrient fortification of corn flour in Central America (iron) and oil in Morocco (vitamin A) were initiated. Also, contacts were established between a U.S. supplier of cereal-based ORS and a Moroccan distributor, laying the groundwork for a collaboration between them to market a cereal-based ORS in Morocco.

With regard to efforts related to government's role in dealing with the private sector, the Equity Study, an assessment of the effectiveness of mechanisms used to ensure equity of care services during implementation of user fees as part of the "privatization of health services," was finished during PY4, with all five country case studies completed—Kenya (July 1995), Indonesia (October 1995), Guinea (February 1996), Ecuador (March 1996), and Tanzania (August 1996). Two workshops for African policy-makers on the results of the five case studies were held, and five individual case studies were published by BASICS and distributed widely. An article on government actions related to each of the three private sector components was completed and will be published early in PY5, as well as expanded into a technical report providing additional detail.

Regarding global leadership relative to the role of the private sector in child survival, results of the Indian studies with private practitioners were presented at a national workshop in New Delhi, with interest expressed by some of the attending organizations at using the methods elsewhere. The BASICS newsletter on commercial sector activities in child survival, *Social Marketing Matters*, was distributed to a widening audience. The manual on mobilizing the commercial sector was published and distributed to UNICEF and USAID health officers and other donor agencies. Various working group members attended significant conferences to promote BASICS private sector efforts. These conferences included the following:

- A working group technical officer attended the Asian Development Bank (ADB) conference on the private sector in health in Manila (March 1996), presenting and promoting BASICS's concerns for private sector quality of care and assessment and intervention strategies and methods to Asian attendees and ADB staff.
- A technical officer attended a multi-PVO conference in Chicago on community-based feeding of malnourished children, presenting an analysis of the Hearth Program of Schweitzer Hospital, which led to the formation of a PVO network to implement the approach in multiple sites.

- A working group member presented findings from 1995 grants assessing PVO activities in Indonesia, Malawi, Haiti, and Guatemala at the annual Millwood meeting of PVOs having USAID child survival grants
- Two working group officers participated in a micronutrient meeting in Montreal, leading to joint efforts to use the BASICS commercial sector mobilizing approach for vitamin A and other micronutrients

MONITORING AND EVALUATION

Program Evaluation and Management Information Systems

During PY4, the Evaluation/Management Information Systems (MIS) Division continued to support the activities of the Operations, Technical, and Finance and Administration divisions of BASICS. Progress was made in the following areas:

- The Evaluation/MIS Division was responsible for preparing for and coordinating the three-month interim evaluation. Information was collected on 33 country and six regional activities, including strategy statements, latest narrative/work plans, budgets, monitoring and evaluation plans, delivery order(s), progress reports, and a list of technical reports for each country.
- The division assisted in the development of a new annual reporting format (following USAID guidelines) and helped the major BASICS country and regional programs prepare their submissions. The reports consist of a narrative, current status of key indicators, and a financial summary. A total of 15 annual program reports were prepared and submitted to USAID Missions. In addition, the division worked with the clusters to prepare for both their program reviews and planning for PY5.
- The division continued its work to develop a list of child survival indicators. After reviewing the list of over 250 indicators included in the original draft, a decision was made to focus on the 100 or so most commonly utilized or core indicators, which would then be developed in greater depth. The format for each indicator was expanded to include definition (including spelling out the numerator and denominator), terms (defined), discussion, data source(s), sample questions, level of use (national, district, facility), and USAID results framework.
- The division initiated an effort to track all the assessments that BASICS will carry out prior to its completion in September 1998. The health facility assessment is the most numerous, scheduled to be conducted in 16 countries, with follow-up in all but a few cases. Verbal case reviews and household/caretaker surveys will each be carried out in five countries. In addition, several countries will complete other data collection efforts to determine program effectiveness (e.g., mortality surveillance surveys and radio/social marketing evaluations).

Cumulative results of the Management Information Report for PY4 are presented below

Summary Management Information Report for PY1 through PY4

According to the latest Management Information Report, \$72,934,207 has been spent from the beginning of the project through September 30, 1997. Key aspects of the BASICS project's spending are highlighted below:

- Cumulatively, from PY1 to PY4, program management costs have been declining, while the share of field and technical programs have been increasing.
- Over half (61 percent) of the cumulative costs were spent on country programs. Technical programs, including the Information Center, accounted for 15 percent of total spending to date.
- Cumulative program management expenditures, including finance and administration and evaluation/MIS, were 23 percent of total costs. Start-up costs accounted for 2 percent of the cumulative total.

When comparing life of project (LOP) with PY4 expenditures, a number of similar trends are apparent:

- A much greater portion of expenses comes from the country programs— 71 percent in PY4 compared with 60 percent LOP and 63 percent in PY3, activities focus more on the Africa region, which accounted for 62 percent and 65 percent, PY4 and LOP, respectively, of these country costs.
- Costs associated with technical programs and the Information Center were 15 percent LOP and 12 percent in the current year, indicating that more of the technical activities are paid for through country program resources than through global core funds.
- Program management including evaluation/MIS costs accounted for only 17 percent during PY4, but 23 percent LOP.

Table 1 Comparison of Current Year and Life of Project (LOP) Expenditures by Percentage of Program Activities

	Prior Years' Expenditures	Current Year's Expenditures	LOP Expenditures
Expenditures	\$46,439,356	\$26,494,538	\$72,934,207
Country Program	57%	71%	61%
Africa	55%	62%	65%
Asia/NE	14%	16%	17%
LAC	14%	10%	14%
NIS	17%	11%	17%
Technical Programs	13%	10%	12%
Information Dissemination	3%	2%	3%
Conferences	1%	0%	0%
Program Management	26%	17%	23%
Evaluation/MIS	6%	4%	5%
F&A and Division Management	20%	13%	17%
Start-up Costs	2%	0%	1%

All BASICS activities are assigned an activity designator that identifies the following

- The technical focus of an activity
- Whether the counterpart/client is the public or private sector
- Which capacity of the counterpart/client was strengthened
- Whether an activity supports treatment or preventive health interventions
- Which USAID/PHN-Center child survival results package was supported

Based on each designator, a report is generated that summarizes expenditures by the designator category. The project's technical focus, according to the designators' cumulative expenditures, is presented in the tables below.

According to the designator reports, almost one-third of all resources since the beginning of BASICS have been spent on activities related to case management (34% in PY4). For both LOP and PY4, activities related to IMCI accounted for most expenditures. EPI activities account for 22 percent of total cumulative expenditures, (15% in PY4). Forty-one percent of LOP expenditures funded general child survival efforts, or activities that touched on all technical areas of child survival (44% in PY4). This large share in general child survival is due to two factors: BASICS's large country programs, which cover child survival in general rather than vertical programs, have increased spending, and designator information for activities has been revised to better reflect the type/focus of spending.

About 70 percent of LOP resources directly related to BASICS field activities were focused on counterparts or clients in the public sector, while 18 percent of cumulative expenditures were related to activities involving the private sector, mostly NGOs. For PY4, the public sector accounted for 72 percent, while the private sector accounted for 17 percent.

Twelve percent of the project's total spending built IEC capacity, aiming at behavior change of caretakers and health workers, with an increase in PY4 to 13 percent. Capacity building in other areas accounted for about 87 percent of expenditures.

In the first quarter of PY4 a new designator was added, based on BASICS's *Pathway to Survival*, to present an analysis of type of intervention method—by prevention or treatment. Prevention-related activities were divided into general prevention, immunization prevention, and nutrition prevention. For LOP, 48 percent of the resources were spent on prevention, and immunization prevention utilized 29 percent of the resources. In the current year, prevention decreased to 41 percent overall expenditures, with immunization dropping the most, to 17 percent.

A classification of spending by child survival results package presents a more detailed picture of BASICS's achievements. The results package strategic objectives were modified in the fourth quarter of PY3 to reflect changes made by the USAID Global Bureau. The revised combinations included four broad areas of child survival: research, advocacy and global leadership, behavior change and communication, and service delivery, which includes access, monitoring and evaluation, and commodities. For the length of the project, research accounted for 11 percent of all expenditures (10% in PY4), mostly related to the development of integrated methods to prevent and treat childhood illnesses. Global leadership activities that include advocacy, policy, and sustainability had a cumulative share of 33 percent for LOP and 33 percent in the current year. Activities that aim at changing caretaker behavior by increasing knowledge amounted to 15 percent of LOP costs, 17 percent in PY4. Finally, changes in the behavior of health workers that are covered under activities that support program implementation and service delivery showed the largest share of all expenditures, with 41 percent for LOP and 40 percent in PY4. In PY4, the major emphasis, at least regarding expenditure, was placed on the improvement of health worker performance (15%) and program planning, monitoring, and evaluation activities (20%).

Table 2 Expenditures by Designator Category

Designator Categories *	Expenditures		LOP
	Prior Years	Current Year	
<u>Technical Report</u>			
Case Management	31%	34%	32%
Acute Respiratory Infections	5%	6%	5%
Control of Diarrheal Diseases	11%	9%	10%
Malaria Control	1%	3%	2%
IMCI	14%	16%	15%
Expanded Program on Immunization	26%	15%	22%
Nutrition/Breastfeeding	2%	5%	3%
General Child Survival	39%	44%	41%
Other	2%	2%	2%
<u>Client Report</u>			
Activities Involving the Private Sector	19%	17%	18%
NGOS Involved in Health	13%	12%	12%
Commercial Sector	3%	2%	3%
For-Profit Health Care Providers	3%	2%	3%
Activities Involving the Public Sector	69%	72%	70%
Collaboration with International Organizations	12%	11%	11%
<u>Capacity Building Report</u>			
Activities Related to Behavior Change (IEC, Public Health Communication, and Social Marketing)	12%	13%	12%
Other Capacity-Building Activities	88%	87%	88%
<u>Prevention vs Treatment Report</u>			
Treatment	48%	59%	52%
Prevention	52%	41%	48%
General Prevention	17%	16%	16%
Immunization Prevention	31%	17%	26%
Nutrition Prevention	4%	8%	6%

*The percentage of expenditures for BASICS activities involving various counterparts and clients reflects only the total amount spent on field-related activities, all others are based on total project expenditures, with nonspecific categories allocated

Table 3 Expenditures by USAID Global Bureau Results Framework

<u>Results Report</u>	<u>Expenditures</u>		
	Prior Years	Current Year	LOP
Subtotal for PO 3 1 Research	12%	10%	11%
3 1 a — New Child Survival Technologies and Products	<1%	0%	0%
3 1 b — New Approaches for Child Survival	12%	10%	11%
Subtotal for PO 3 2 Global CS Leadership/ Advocacy	32%	33%	33%
3 2 a — Strengthened Commitment for Sustainable CS	18%	19%	18%
3 2 b — Improved Finance Approach & Resource Handling	7%	9%	8%
3 2 c — Optimized Public/Private Partnerships	7%	5%	6%
Subtotal for PO 3 3 Behavior Change and Communication	14%	17%	15%
3 3 a — Knowledge & Use of Effective Preventions Behavior	10%	13%	11%
3 3 b — Identify & Seek Appropriate Health Care	34%	03%	3%
3 3 c — Client-Provider Relationship Improved	0%	0%	0%
3 3 d — IEC Synthesized, Adapted, & Disseminated	<1%	<1%	1%
Subtotal for PO 3 4 Service Delivery	42%	40%	41%
3 4 a 1 — Improve the Performance of Public Health Workers	7%	15%	10%
3 4 a 2—Improved Planning, Organization, and Management	28%	19%	25%
3 4 b— Increase Access to High Quality Services	4%	3%	4%
3 4 c —Drugs Vaccines, Food/Nutrition Commodities	2%	2%	2%
Total	100%	100%	100%

Monitoring of BASICS Activities and Information Technology Support/MIS

During PY4, MIS maintained the focus of user support and productivity activities at headquarters (HQ) and in the field, while strengthening monitoring and reporting capabilities through BMIS (BASICS Management Information System) enhancements. These enhancements included the creation of several new reports, the modification of existing reports, and the creation and implementation of an objectives module. This new module allows the production of reports based on country/program objectives rather than just summary or activity-level reports. MIS also expanded HQ's office space and network systems to accommodate the project's growing staff.

MIS achievements during the most recent program year were as follows:

- Office productivity and support included the following
 - Set up additional graphics/desktop publishing workstation to handle expanding Information Center needs in-house. Set up color laser printer to handle draft and small presentation and publication printing jobs in-house, thus reducing BASICS's dependence on vendors and significantly cutting costs.
 - Converted several human resources and finance and administration databases to a newer version of Microsoft Access. This enhanced productivity and reporting capabilities through program enhancement and also conformed to the BASICS current standard of Microsoft Access 97.
 - Set up a fax server that allows HQ personnel to send and receive faxes from their desktops. The fax server integrates with HQ's e-mail system, simplifying fax routing and distribution. The fax server has greatly reduced the delivery time for HQ faxes and increased staff productivity by allowing them to send and receive faxes, as well as distribute and reroute faxes, without leaving their workstations.
 - Extended the MIS staff's network support capabilities through industry certification (CNE [Certified Novell Engineer] and CNA [Certified Novell Administrator]).
- Hardware/software/network activities included the following
 - Continued planning, procurement, installation, configuration, and distribution of HQ and field hardware, software, and network equipment. This has eliminated the need for rental equipment, reduced costs, and significantly enhanced productivity at HQ and in the field.

- Expanded HQ's computer and network systems to accommodate more than 30 new workstations on the second and fifth floors. These new workstations were necessary due to continued staff growth throughout PY4 and projected staff growth during PY5. All of these workstations are connected to the HQ network and fully capable of all standard applications, including GroupWise (e-mail), WordPerfect, and Lotus 123.
- Upgraded all HQ network servers from NetWare 3.12 to NetWare 4.11. This upgrade dramatically increased the stability of the HQ network while decreasing administration requirements.
- Set up a new network server to support advanced database needs, as well as Internet and Intranet sites.
- Upgraded and migrated the HQ network backup to a new file server. This increased the stability and fault tolerance of the entire HQ network system.
- Communication activities included the following:
 - Created a BASICS Intranet site. This site has the potential to revolutionize the way we communicate as much as e-mail did during PY2 by creating a central library of resources and discussion forums. By adding encryption and security, we have made the Intranet accessible to any BASICS staff member with Internet access anywhere in the world. This is particularly useful to field staff, traveling HQ staff, and telecommuters who have never had access to these information resources before.
 - Continued distribution of GroupWise Remote to HQ users as a remote e-mail solution. This allows HQ users to access their e-mail from home and thus increases communication and productivity, especially after local business hours and on weekends.
 - Upgraded Internet connection from a partial T1 (384k frame relay) to a full T1 (1.5m frame relay). This upgrade was necessary due to increased HQ dependence on the Internet for e-mails and file transfers with field offices and external organizations, as well as increased use of the World Wide Web as an information resource. This upgrade also supports both the BASICS Internet site (www.basics.org) and the BASICS Intranet site (intranet.basics.org).

FINANCE AND ADMINISTRATION

The Finance and Administration (F&A) Division is directly responsible for the BASICS Project's finances and accounting and for administering the project's contracts and subcontracts. The division also administers consultants, procurement, office services, financial reporting, and human resources for the project and oversees the administration and accounting of BASICS field offices (see Appendix B for a list of field offices). During 1997, the F&A Division processed \$29 million for the core and requirements contracts (an increase of 45 percent from \$20 million in 1996). The cumulative total to date billed for the life of the project is \$75.0 million. A description of accomplishments is listed below.

Finance and Administration Overview

F&A acts as liaison to USAID contract officers, in Washington and the Missions, for the core contract and delivery orders under the requirements contract. F&A oversees field administration and the day-to-day F&A operations at headquarters: accounting, financial reporting, contract administration, procurement, human resources, and office services.

General Accomplishments

- Negotiated and executed a \$15 million expansion to the core contract. Additional contract clauses were modified to clarify and streamline contracting approvals.
- Conducted compliance reviews for field offices in six countries (Cambodia, Eritrea, Ethiopia, Kazakhstan, Kenya, and Senegal). Financial reviews, overseen by F&A, were performed by independent firms in two field offices: those of Bangladesh and Nigeria.
- Executed five new delivery orders: Bangladesh (# 21 and # 803), LAC/IMCI (#22), Mali (# 800), and Ukraine (# 802).
- Closed four delivery orders: Mali (# 1), INCAP /Guatemala (#2), Bangladesh (# 7), and REDSO/Child Survival Advisor (#12).
- Administered the opening of five new offices and closed two offices, leaving a total of 22 field offices.

Accounting and Financial Reporting

Accounting and Financial Reporting maintains and reconciles financial data for invoicing to USAID and for financial reporting on the automated accounting system. Accounting and Financial Reporting is the liaison during the annual A133 audit. The Solomon Accounting System is used to process all expenditure data generated from the joint venture partners, subcontractors, consultants, expense reports, field accounts, and monthly invoices to USAID. All financial data are verified, reconciled, and downloaded to BMIS for project reporting.

Accomplishments

- Financial reporting capacity was expanded to meet USAID requirements to report on over 70 separate sources of funds
- Conducted two training sessions for staff on the field office accounting system

Contract Administration and Procurement

Contract Administration and Procurement ensures compliance with all terms and conditions of the BASICS core and requirements contracts, and the BASICS team subcontracts with Clark Atlanta, Emory, Johns Hopkins Universities, PATH, and Porter/Novelli. Furthermore, Contract Administration and Procurement coordinates all short-term technical recruitment through joint venture partners, manages contract approval for all initial salaries, negotiates subcontracts, grants, purchase orders, and consultant agreements, and oversees all field procurement actions.

Accomplishments

- Submitted 132 new approval requests to the Contracting Officer, for a total of 447
- Increased the number of individuals in the BASICS consultant roster skills database (Appendix C) from 342 at the end of 1996 to 431 at 1997 year end
- Issued over 250 new procurements, 150+ at headquarters and over 100 through the field offices

Human Resources and Office Services

Human Resources recruits and hires all designated BASICS personnel, manages employee evaluation process, acts as liaison to the Human Resources departments of partner companies, and oversees office administration

Accomplishments

- Started 35 individuals on the project and continued recruitment for 1 other position, this includes hiring and relocating 7 field staff
- Added temporary office space to accommodate staffing levels and expanded all facilities systems (telephone, security, computer, etc)

The F&A Division works closely with the technical, operations, and evaluation and MIS divisions. If there are not field offices in countries where technical assistance is needed, F&A supports the Technical Division by developing special processes to implement grants and subcontracts as well as recruit and hire consultants. The Operations Division coordinates with the F&A Division to hire and train host country staff in BASICS administrative and financial systems, as well as to help field staff interpret and execute the project's financial and administrative guidelines, including standard accounting practices and compliance with federal USAID regulations. The F&A Division also coordinates with the Operations Division in designing and reviewing field office personnel policy, salaries, and benefits. F&A works closely with the Evaluation/MIS Division in coordinating and developing BMIS reports for the project.

Core and Requirements Contract Financial Status

BASICS consists of two contracts, Core and Requirements, by which USAID accesses technical support, consultants, and additional program needs. The BASICS Core Contract is an \$88 million award from USAID's Office of Health to provide child survival assistance on a global basis. Core funds traditionally are the "general funds", however, portions may be "claimed" or designated by various bureaus, task forces, or interventions as "field support" or other reserved funds. The total obligated funding is presently \$81 million.

Total level of effort	4,325 person months
Fourth quarter level of effort	358 person months
Cumulative level of effort	3,063 person months
Unused level of effort	1,262 person months

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Total estimated cost	\$88 2 million
Fourth quarter expenditures	\$ 7 2 million
Cumulative expenditures to date	\$58 0 million
Remaining unexpended balance	\$30 2 million

The Requirements Contract provides a mechanism for BASICS to receive “delivery orders” or “buy-ins” from overseas USAID Missions. Each delivery order has a separate scope of work, is negotiated with the Mission and contracts office separately, and requires separate reporting. Currently, BASICS has 11 active delivery orders out of a total of 23 awarded for \$34.9 million.

Total level of effort	1,120 person months
Fourth quarter expenditures	58 person months
Cumulative level of effort	634 person months
Unused level of effort	486 person months

Total estimated cost	\$34 9 million
Fourth quarter expenditures	\$ 3 2 million
Cumulative expenditures to date	\$17 6 million
Remaining unexpended balance	\$17 3 million

Appendix A. Major Distributables List

Communication for Child Survival

Date June 1988

Produced by HEALTHCOM/AED/USAID

Authors Mark R. Rasmuson, Renata E. Seidel, William A. Smith, Elizabeth Mills Booth

Focus This manual presents a systematic public health communication methodology for child survival programs (includes several examples, charts, etc.)

Communication for Health and Behavior Change: A Developing Country Perspective

Date 1993

Produced by HEALTHCOM/AED/USAID

Authors Judith A. Graeff, John P. Elder, Elizabeth Mills Booth

Focus In this book, several aspects of the planning, monitoring, and analysis of behavior change are covered (available in English, French, and Spanish)

Community Demand Study for the Essential Services for Health in Ethiopia Project

Date September 1997

Produced by BASICS/USAID

Authors Karabi Bhattacharyya, Paul Freund, Wondimu Amde, Dargie Teshome

Focus Results of a study conducted in nine villages in the Southern Nations and Nationalities People's Region to determine community demand for curative and preventive health services

Controlling Cholera: A Checklist for Planners

Date 1996

Produced by BASICS/USAID

Focus This checklist is for health care workers who plan and implement activities to control cholera (available in English, French, and Spanish)

Equity in the Provision of Health Care: Ensuring Access of the Poor to Services Under User Fee Systems

Case Study

Ecuador

Case Study

Indonesia

Case Study

Kenya

Case Study

Tanzania

Case Study

Guinea (French only)

Date 1996

Authors Various

Emphasis Behaviors in Maternal and Child Health Focusing on Caretaker Behaviors to Develop Maternal and Child Health Programs in Communities

Date May 1997

Produced by BASICS/USAID

Authors John Murray, Gabriella Newes Adeyi, Judith Graeff, Rebecca Fields, Mark Rasmuson, Rene Salgado, Tina Sanghvi

Focus A technical report describing the process of applying the emphasis behaviors framework for bottom-up program planning

Gender Bias in Health Care Among Children 0-5 Years

Date June 1997

Produced by BASICS/International Center for Research on Women/USAID

Authors Kathleen Kurz, Charlotte Johnson-Welch

Focus A health-oriented survey of gender bias among children under the age of 5, and its subsequent impact on girls

The Handbook for Excellence in Focus Group Research

Date 1988, reprinted 1995

Produced by AED/HEALTHCOM/USAID

Author Mary Debus

Focus A practical guide to using focus groups, including case studies and strategies (available in English, French, and Spanish)

Hearth Nutrition Model Applications in Haiti, Vietnam, and Bangladesh

Date June 1997

Produced by BASICS/World Relief/USAID

Editors Olga Wollinka, Ern Keeley, Barton Burkhalter, Naheed Bashir

Focus Survey of Hearth programs in the context of growth monitoring and counseling and micronutrient supplementation

Improving Child Health Through Nutrition The Nutrition Minimum Package

Date September 1997

Produced by BASICS/USAID

Authors Tina S Sanghvi, John Murray

Focus Document surveying the six most important nutrition behaviors (the Minimum Package of nutrition interventions) that should be implemented by all primary health care programs

Learning to Listen to Mothers A Trainer's Manual to Strengthen Communication Skills for Nutrition and Growth Promotion

Date 1993

Produced by Nutrition Communication Project, AED/Office of Nutrition, USAID

Authors Jane Vella, Valerie Uccellani

Focus Contains several activities and samples designed to assist field supervisors of growth monitoring and promotion programs in the training of community health workers

Malnutrition and Child Mortality—special publication on malnutrition research findings (Fall, 1995) (available in English, French, and Spanish)

Mobilizing the Commercial Sector for Public Health Objectives A Practical Guide

Date 1996

Produced by BASICS/USAID/UNICEF

Authors Sharon Slater, Camille Saade

Focus How the private sector can save children's lives, identifying possible public/private sector partnerships, case study in launching a partnership

Notes from the Field Communication for Child Survival

Date April 1993

Produced by HEALTHCOM/AED/USAID

Editor Renata E Seidel

Focus A collection of field notes and case studies that demonstrates problems and solutions in the process of changing health services and practices

Results & Realities A Decade of Experience in Communication for Child Survival

Date January 1992

Produced by HEALTHCOM/AED/USAID

Focus Features summaries and country-by-country reports on how HEALTHCOM communication strategies have affected child survival

Sustaining Health Worker Performance in Burkina Faso

Date May 1997

Produced by BASICS/USAID

Authors Karabi Bhattacharyya, Lonna Shafritz, Judith Graeff

Focus Observations of and lessons learned from health worker performance during the USAID-sponsored Measles Initiative in Burkina Faso

A Tool Box for Building Health Communication Capacity (2nd edition)

Date August 1996

Produced by HEALTHCOM/AED/USAID

Focus Designed to help managers of health communication programs improve their organization's credibility and strengthen their personnel's communication skills

Unlocking Health Worker Potential. Some Creative Strategies from the Field

Date March 1995

Produced by. HEALTHCOM/AED/USAID

Authors Barbara L Boyd, Willard D Shaw

Focus Using examples from specific field activities, HEALTHCOM explores creative, practical ways to help improve health worker effectiveness

SERIES

Accomplishments in Child Survival Research and Programs—the second issue of the Current Issues in Child Survival Series, this publication offers a survey of child survival research (Fall, 1996)

Overcoming Remaining Barriers The Pathway to Survival—the first issue of the Current Issues in Child Survival Series, this publication is designed to assist in the development and monitoring of integrated case management programs (Fall, 1996)

The Recent Evolution of Child Mortality in the Developing World—the fourth issue of the Current Issues in Child Survival Series, this edition reviews levels and trends in child mortality since 1960, changes in age patterns in child mortality, and changes in cause patterns of child mortality (Spring, 1997)

Review of Child Survival Funding—the third issue of the Current Issues in Child Survival Series reviews sources of external assistance in child survival during 1980-1995 (Spring, 1997)

NEWSLETTERS

Child Survival BASICS—BASICS quarterly technical newsletter featuring technical literature updates, country reports, guest commentaries

Number 1, October 1995 BASICS Pathway to Survival, country report on Honduras

Number 2, Spring 1996 behavior change in child survival, handwashing campaign, public health communications/diphtheria control in Russian Federation (available in English, French, and Spanish)

Number 3, Fall 1996 challenges in immunization, urban immunization services in Bangladesh, beyond immunization to disease control (available in English and Spanish)

Social Marketing Matters—a communication resource for marketers of health products and services worldwide

Volume 1, Number 1, November 1995 Handwashing with soap as a business opportunity, naming an ORS product in Malawi, steps to achieving private/public alliances

Volume 1, Number 2, May 1996 The four stages of behavior change, public/private partnership case study from Bolivia, food industry/public sector target micronutrient malnutrition

Volume 1, Number 3, September 1996 Developing and implementing a marketing strategy for ORS, A report from the second annual conference on social marketing, social marketing of mosquito nets in coastal Tanzania

Volume 1, Number 4, May 1997 Seven principles of social marketing for business, combating hidden hunger, selling soap by promoting handwashing

BASICS HIGHLIGHTS

Balancing Science and Practice for Immunization in Russia and the United States The Novgorod Seminar

Child Deaths in Bolivia Are Preventable, Survey Shows

Community Health Needs Study Guides Strategies for Ethiopia Project

Creative Radio Soap Opera Delivers Health Messages to Save Children's Lives

"Emphasis Behavior" Messages Promote Positive Behaviors to Improve Children's Health

Eritrea Reaches Consensus on Primary Health Care Policy Building a Strong Foundation for the Future

Handwashing Campaign Benefits Both Central American Communities and Soap Producers

Health Staff Partner with the Community for Better Maternal and Child Health in Ethiopia

In the Developing World, Young Boys Receive Better Health Care than Girls Study Indicates

Indigenous Private Groups Help Improve Community Health Services in Tanzania

Innovative Radio Programming in Bolivia Focuses on Child Health Messages

"Medicine for You" World Wide Web Site Launched in Russia

Moldova Health Officials Learn to Procure Vaccines, Strengthening the New Nation's Capacity to Control Disease

Preventive Health Care Program for Families on Malawian Tea Estates Benefits Both Employees and Employers

PSAs Help Stem Diphtheria Epidemic in Moldova

Study Identifies Barriers That Impede the Poor's Access to Health Care in Developing Countries

Using Indicators to Monitor the Sustainability of Immunization Programs

Appendix B. BASICS Field Offices

BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E-Mail
BANGLADESH	Bangladesh/BASICS Home #15, Road #103 Gulshan, Dhaka Bangladesh	Youssef Tawfik, Chief-of- Party Urban EPI Program Bob Weirbach Rokeya Khanam Iqbal Hossain Mohamed Lutfullah Clement Gomes	880-9-886-992-5	880-9-886-229	ytafwik@citechco net or ytafwik@basics org BobW%bscdac@Pradeshta net Krokeya%bscdac@Pradeshta net H1qbal%bscdac@Pradeshta net Mlutfullah%bscdac@Pradeshta net Cgomes%bscdac@Pradeshta net
BOLIVIA	BASICS Calle Goitia 136 La Paz, Bolivia	Ana Maria Aguilar, Country Advisor Dilberth Cordero, Tech Advisor (TA), IMCI Carmen Casanovas, TA, Training and MIS Ruth Alvarado, TA, mortality surveillance Gigi Kuncar, TA, IEC	591-2-376-331	591-2-351-938	maguilaar@utama bolnet bo Or aaguilar@basics org

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BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E-Mail
CAMBODIA	Cambodia/BASICS No 30 , Street 360 Khan Chamkarmon Phnom Penh, Cambodia evacuated out of office	Carl Hasselbrad, PHC Planner Sally Stansfield, CS Advisor	855-12-80-2123 cellular phone	855-23-721-440	vkeo@mch forum org kh
D R CONGO					
ECUADOR	BASICS/Ecuador Oviedo S77Y Sucre Oficina 306 Ibarra, Ecuador	Teresa Armas de Tapia, Country Advisor	593 9 6640 582	593 9 6640 582	basic-ec@ns1 impsat net ec

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BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E-Mail
ETHIOPIA	BASICS/ESHE P O Box 265 251-6-201676 Awassa, Ethiopia	Paul Freund, Deputy Chief-of-Party Sjoerd Postma, Preventive and PHC Manager	Awassa 251-6-200-063	Awassa 251-6-201-676	Awassa e-mail BASICS-ESHE@telecom net et
	BASICS/ESHE P O Box 16559 251-1-614343 Addis Ababa, Ethiopia	Vincent David, Chief-of- Party Akhlu Mulugetta, Logistics Consultant Habtamu Wudneh, Accountant Abebaw Mehari, Admn Manager Admassu Gebre Michael, Program Liaison Officer	direct line 251-1-610-773 Addis Ababa 251-1-614-343	Addis Ababa 251-1-614-343	Fedex/DHL Address BASICS/Addis or BASICS/Awassa c/o USAID/Ethiopia P O Box 1014, Addis Ababa Ethiopia Addis Ababa e-mail BASICS@telecom net et Or vdaavid@basics org
ERITREA	BASICS 18 Fit Ghebremeskel Woldu Street P O Box 5815 Asmara, Eritrea	Nosa Orobato, Country Advisor Jeremy Clark, HMIS Sam Iyasu, Office Admn Aisha S Idris, Accountant	291-112- 6652/7420	291-112-6615	nosa@basics gemel com er or norabato@basics org jeremy@clark eol punchdown org samuel@basics2 eol punchdown org aisha@basics2 eol punchdown org

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BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E-Mail
FRANCOPHONE REGIONAL OFFICE/ SENEGAL	BASICS/Senegal 2 X Boulevard De L'Est Point E B P 3746 Dakar, Senegal	Adama Kone, Regional Advisor Mutombo wa Mutombo, CDD/ARI Regional Advisor Mamadou Sene, Senegal Country Advisor Yaya Drabo, IEC Regional Advisor Serigne Diene, Nutrition Regional Advisor	221-8-24-46-04 or 221-8-25-30-47	221-24-24-78	BASICS@Sonatel Senet Net mmutombo@basics.org msene@basics.org ydrabo@basics.org sdiene@basics.org
GUATEMALA	Guatemala/BASICS 1 Calle 7-66 Zona 9 Edificio Plaza 1, 2do nivel Guatemala Ciudad, Guatemala	Roberto Aldana, Country Advisor Carlos Quan Technical officer Claudia Morales, Sec/Rec Carmen Morales, Bookkeeper	502-332-0376	502-332-0358	basics@guate.net

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BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E-Mail
KAZAKSTAN	Kazakstan/BASICS 13 Makataev Street Almaty, Kazakstan 480002	Natasha Ibraeva, Office Manager Aigul Kuttumuratova, Tech Coordinator Bibigul Alimbekova, Tech Coordinator Zhan Utkelov, Logistics Coordinator	7-3272-50-01-26	7-3272-301-425	basics@sovam.com
LAC REGIONAL OFFICE/HONDURAS	BASICS Edificio Palmira Planta Baja Frente de Hotel Honduras Maya Tegucigalpa, Honduras	Barry Smith, Regional Advisor Carminda de Taylor, Office Assistant	504-32-52-96	504-39-40-17	bsmith@hondutel.hn or bsmith@basics.org
MADAGASCAR	BASICS Madagascar Immeuble Santa Antanimena 2 eme Etage BP 8462 101-Antananarivo, Madagascar	Mary Carnell, Country Advisor Peter Gottert, CBC Coordinator	261-20-223- 4474	261-20-223- 4409	basics@dts.mg or mcarnell@basics.org pgottert@basics.org

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BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E Mail
MALI	BASICS/Mali B P E 1668 Bamako, Mali	Aminata Diawara	223-23-29-36	223-23-29-36	Diawara@basics malinet ml
MOROCCO	BASICS c/o Maye Olivola 5 Rue Beni Mtr Souissi Rabat, Morocco	Maye Olivola, Country Advisor Helene Cholay	212-7-68-21- 49/50	212-7-62-21-51	mcholley@elan net ma
MOZAMBIQUE		Carolien, Albers, Country Advisor	258-1-49-76-97		
NIGER	BASICS/Niger Niamey, Niger	Colette Geslin, Country Advisor	227-75-25-34	227-75-25-64	shaded e-mail address (please write to the attention of on the subject line) paqchs@intnet ne
NIGERIA	BASICS/Nigeria 248 Muri Okunola Street (Off A Jose Adeogun Street) Victoria Island, Lagos	J Olu Ayodele, Country Advisor	234-1-261-4716	234-1-262-1762	jayodele@basics org

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BASICS Field Offices					
Office	Address	Staff/Title	Office Phone	Fax	E-Mail
REDSO/WCA OFFICE/COTE D'IVOIRE		Lorraine Lathen,	225-41-45-28	225-41-35-44	
REDSO OFFICE/ KENYA	BASICS/REDSO USAID Towers Parklands, Crescent Road Nairobi, Kenya	Melinda Wilson, Child Survivor Advisor Sophia Ladha, BASICS Coordinator Dan Kraushaar, Health Finance Advisor	254-2-751613 ext 2527 254-2-751613 ext 2327 ext 2248 h-254-2-581639	254-2-751083	mwilson@usaid gov sladha@usaid gov dkraushaar@usaid gov
ZAMBIA	BASICS/Zambia Plot 11296 Nchoncho Road Villa Elizabetta Lusaka, Zambia	Remi Sogunro, Chief-of- Party Abdikamal Ali Salud, CS Coordinator Michael McGunnigle, Office Administrator Elizabeth Burleigh, Community Mobilization Advisor	260-1-239-190 260-1-239-191 260-1-239-192 260-1-239-193 260-1-239-194	260-1-239-195	basicszm@zamnet zm rembascs@zamnet zm akbasics@zamnet zm mmbasics@zamnet zm ebbasics@zamnet zm

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Appendix C. Consultant Database

THE BASICS PROJECT Summary of Project Consultants As of September 30, 1997

Total Number of Consultants in BASICS Roster: 431

Technical Experience Grouping	
Area	No
CMD	177
HIS	206
IEC	141
KDC	285
PMT	521
RES	218
TRG	180
War Victims	17

Geographical Experience				
Area	1	2	3	4
LAC	17	10	5	8
Asia	26	30	52	144
Africa	32	24	32	83
Eastern Europe	22	30	35	64
Near East	16	17	17	18
NIS	9	7	8	4

Language Proficiency		
Lang	1	2
Arabic	14	13
French	118	98
Port	36	14
Russian	6	8
Spanish	75	58
Other	72	38

Legends

Technical Expertise Grouping

CMD	Community Development
HIS	Health Information Systems
IEC	Information, Education, and Communication
KDC	Key Disease Control
PMT	Project Management
RES	Research
TRG	Training
War Victims	Consultant for War Victims Project

Geographical Experience

- 1 Less than 3 months in region
- 2 Three months to 1 year
- 3 More than 1 year
- 4 Residential Experience

Language Proficiency

- 1 Demonstrated capability of speaking, writing and working in technical areas
- 2 Fluency of native speaker

Breakdowns

The breakdowns show only the total number of consultants with experience or proficiency in any one area. Since a consultant may have expertise or experience in more than one breakdown area—e.g., he or she may have experience in Key Disease Control and Training, or may speak French and Arabic—the totals within the breakdown groupings will exceed the actual number of consultants in the roster.