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Annual Report

Project start-up
through
December 31, 2000

BASICS II is a global child survival project funded by the Office of Population, Health and Nutrition of the Bureau for Global Programs, Field Support, and Research of the U.S. Agency for International Development (USAID). BASICS II is conducted by the Partnership for Child Health Care, Inc., under contract no. HRN-C-00-99-00007-00. Partners are the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include Emory University, The Johns Hopkins University, The Manoff Group Inc., the Program for Appropriate Technology in Health, Save the Children Federation, Inc., and TSL.



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List of Acronyms

ARI	–	acute respiratory infection
CA	–	Cooperating Agency
CBC	–	communication and behavior change
CBO	–	community-based organization
CDC	–	Centers for Disease Control and Prevention
C-IMCI	–	community IMCI
ENA	–	essential nutrition actions
EPI	–	Expanded Program on Immunization
FY	–	fiscal year
IACH	–	Integrated Approaches to Child Health
IEC	–	Information, Education, and Communication
IMCI	–	Integrated Management of Childhood Illness
IR	–	Intermediate Result
ITM	–	insecticide-treated material
KAP	–	knowledge, attitudes, and practices
LAC	–	Latin American and the Caribbean
MCH	–	maternal and child health
MinPak	–	minimum package of nutrition interventions
MOH	–	ministry of health
NGO	–	nongovernmental organization
NID	–	National Immunization Day
ORT	–	oral rehydration therapy
PVO	–	private voluntary organization
SO	–	Strategic Objective
TA	–	technical assistance
TFA	–	Technical Focus Area
UNICEF	–	United Nations International Childrens Fund
WARO	–	West Africa Regional Office
WHO	–	World Health Organization

Introduction

BASICS II (Basic Support for Institutionalizing Child Survival) is a five-year contract with the U.S. Agency for International Development, Bureau for Global Programs, Center for Population, Health and Nutrition (G/PHN). This report covers the period from program start-up (June 15, 1999) through December 31, 2000.

BASICS II is administered by the Partnership for Child Health, Inc., a joint venture of the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include Emory University, the Johns Hopkins University, The Manoff Group Inc., Program for Appropriate Technology in Health (PATH), Save the Children Federation, Inc., and TSL.

The project headquarters is based in Arlington, Virginia; a West Africa Regional Office (WARO) is located in Dakar, Senegal. During the reporting period the project also maintained offices in 13 country sites.

Background

BASICS II contributes directly to the G/PHN strategic objective of “increased use of effective, improved, and sustainable child health interventions” and supports the Agency’s strategic objective of “improving infant and child health and nutrition and reducing infant and child mortality.” The project is mandated to achieve the greatest possible child health and nutrition *impact* and provide *technical leadership* to advance the state of the art in policy and programming.

BASICS II assists G/PHN by carrying out three principle tasks:

Technical leadership. The project provides technical expertise to G/PHN to inform and influence global policy and program directions in key areas of child survival—immunization, nutrition, integrated approaches to child health (IACH) and peri/neonatal health. As part of this role, the project establishes working relations with other USAID cooperating agencies, key international organizations (e.g., the World Health Organization, UNICEF, the World Bank), PVOs/NGOs, private sector groups, and others.

Regional and global initiatives. The project enters into partnerships with G/PHN, other USAID bureaus (e.g., LAC and Africa), and other organizations to develop and implement regional or global initiatives related to achievement of results specified in the framework. (See below.) The project supports a Francophone Africa office with capabilities in the major technical focus areas and cross-cutting areas.

Country programs. The project works in partnership with other public and private groups to address key child survival problems in the country programs.

Results Planned for Life of Project

BASICS II is a performance-based contract and is expected to achieve results that represent changes in child health and nutrition service use and behaviors, measured on both a programmatic and a population basis. The specific strategic objective results, as outlined in the contract, are as follows:

1. increased immunization coverage (fully immunized child) among high-risk infants and children with present EPI vaccines in at least ten countries;
2. 90 percent measles immunization coverage achieved through sustainable methods in six countries;
3. introduction and establishment of agreed upon levels of coverage of new vaccines against major causes of morbidity/mortality of infants and children in four countries;
4. prevalence of appropriate breastfeeding through at least four months of age increased by 50 percent in five countries;
5. significant increases in appropriate child feeding (frequency, quantity, and/or quality of feeding) in five countries;
6. adequate intake of vitamin A (and/or other specified micronutrients) achieved for 80 percent of children among populations identified as deficient in six countries;
7. ORT use increased by 50 percent or sustained at 80 percent or greater of diarrhea episodes in at least ten countries;
8. 50 percent increase in appropriate care seeking and treatment of ARI in at least ten countries;
9. appropriate care seeking and treatment for children with febrile illness in malaria-endemic areas increased by 50 percent in at least five African countries;
10. significant increases in use by child caretakers of handwashing, food hygiene, and measures to maintain clean water at the household level in at least six countries; and
11. increased use of insecticide-treated materials in malaria-endemic areas in at least five African countries.

Note: With the approval and support of USAID, the contract performance targets are being modified on a country by country basis.

Strategic Results Framework

BASICS II interventions are organized according to four technical focus areas as follows:

- Increase effectiveness and sustainability of child immunization
- Integrated approaches to child health (IACH)
- Nutrition
- Perinatal and neonatal health

Expertise in cross-cutting technical areas critical to implementation is also supplied in training and supervision, communication and behavior change, liaison with private voluntary organizations, private/public partnerships, and community mobilization.

A description of work to date in the four technical focus areas (including contributions from the different cross-cutting areas) is included under Section II of this report.

Three technical support tasks are carried out in the areas of strategic documentation and transfer of experience; performance and results monitoring; and operations and evaluation research. A description of work in these areas during the reporting period is included in Section III of this report.

Figure 1 (see pages 6–7) depicts BASICS II intermediate results and main lines of work according to the project’s four technical focus areas. In this report, progress—within both technical and country program areas—is documented in terms of these intermediate results.

Progress in the individual country programs is described under Section IV of this report.

Strategic Program Designs

BASICS II developed a strategic program design to guide each country-level and regional program. Following the work planning process, each country team prepared an individual program design to assure “results-thinking” and assist with the process of programming at scale. (These designs are included as Annex A.)

Figure 1: BASICS II Strategic Results Framework

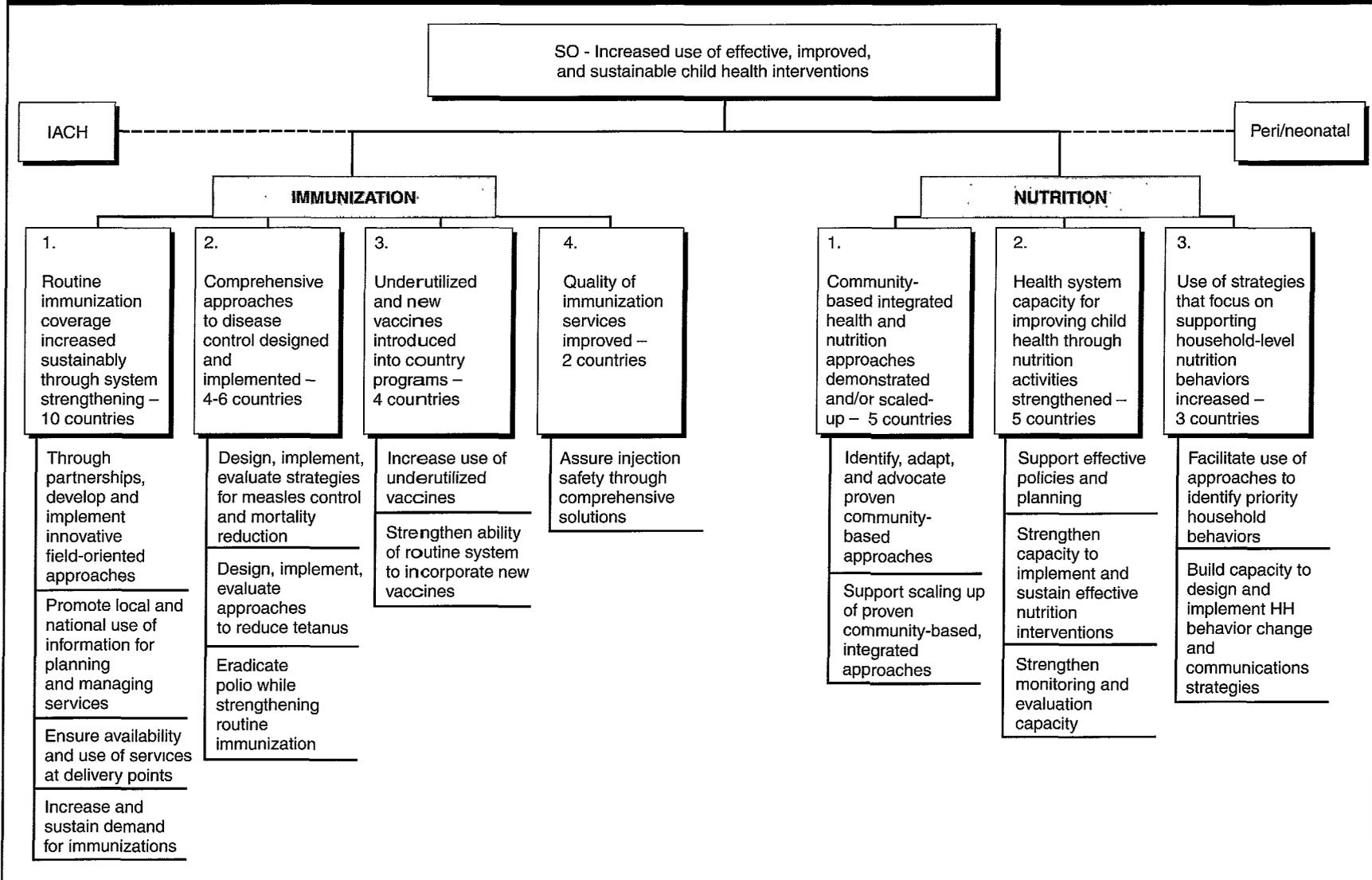
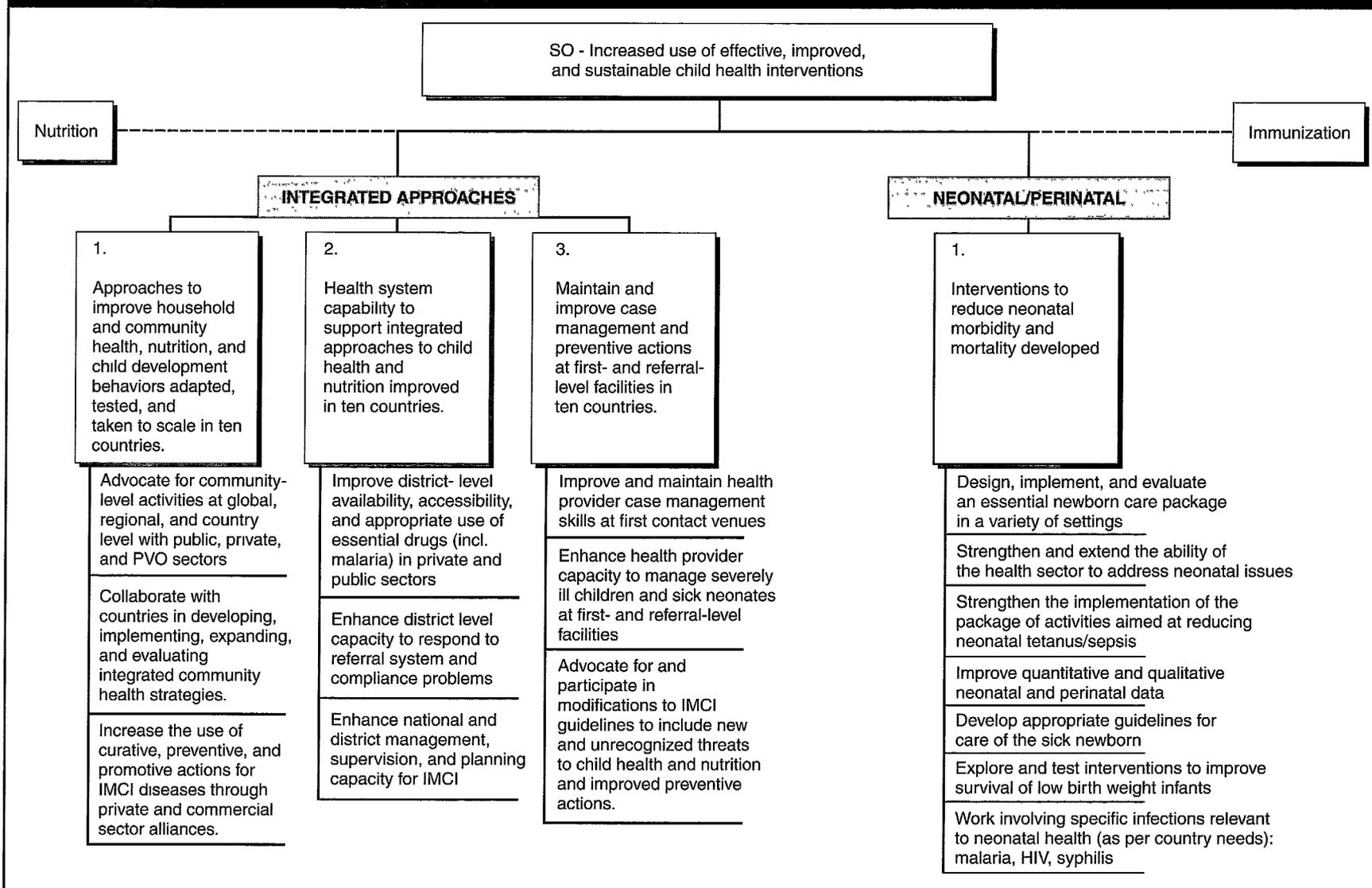


Figure 1: BASICS II Strategic Results Framework (con't)



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Overview

BASICS II interventions are organized according to four Technical Focus Areas (TFAs) that respond to critical program needs and child survival technical priorities, as follows:

- effective and sustainable child immunization;
- nutrition and growth promotion;
- integrated approaches to child health; and
- perinatal and neonatal health.

Sections B–E present overviews, priorities, progress to date, utilization of cross-cutting resources, and issues/constraints for each TFA.

In order to achieve the ambitious child health results specified by USAID, BASICS II's technical focus is strategically reinforced by efforts to ensure contextual compatibility with broader health sector reform and decentralization efforts underway in the individual countries. BASICS has established long-term partnerships that provide continuing support to Child Survival programming and state-of-the-art technical assistance in selected countries and regions to maximize public health impact. The status summaries for BASICS II country and regional programs are located in Section IV: Regional and Country Status Summaries.

Integrated Approaches to Child Health

During the period of performance, the Integrated Approaches to Child Health Technical Focus Area (IACH TFA) has strategically selected partners, countries, and technical interventions to mobilize collaboration with public, commercial, and other private and nongovernmental organization (NGO) sectors to achieve broad public health impact on three childhood diseases.

Overview

The IACH TFA is committed to attaining five strategic objectives (SOs) with regard to these diseases:

- prevention and treatment of diarrheal disease (use of oral rehydration therapy);
- treatment of acute respiratory infections, or ARIs (care seeking and treatment); and
- prevention and treatment of malaria (use of insecticide-treated materials [ITMs] and treatment).

Although IACH focuses on diarrheal disease, ARIs, and malaria, its activities are coordinated with other technical areas, most specifically nutrition, and to a lesser extent with immunization and peri/neonatal health. Beyond these disease-specific objectives, IACH contributes to the wider public health agenda by developing and disseminating a strategy for integrating resources and services along five different planes:

- an integrated approach to the major childhood diseases and child wellness Integrated Management of Childhood Illnesses (IMCI);
- an integrated engagement of the critical steps along the pathway to survival;
- building partnerships for broad public health impact with public, private, and NGO sectors;
- integration through communications and behavioral change; and
- integrated actions at the various policy and implementation levels.

Significant changes in morbidity and mortality require supportive national policies, systematic planning and management, skilled institutional and community health providers, and appropriate caretaker practices. Therefore, the IACH TFA concentrates on achieving the following three intermediate results (IRs), with 50 percent of its effort spent on IR 1:

- **IR 1:** Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale;
- **IR 2:** Methods and tools for improving health system capacity to support IACH and nutrition tested and disseminated; and
- **IR 3:** Health worker skills for case management and preventive actions strengthened at first- and referral-level facilities.

In target countries, BASICS focuses on improving home and community practices related to diarrheal disease, ARI, and malaria by working to strengthen public and private sector systems (particularly drug availability and compliance and national- and district-level management) and by improving the clinical skills of the most accessible care providers (either formal or informal providers or both, depending on each country's care-seeking practices).

BASICS often concentrates its implementation efforts in target districts or areas within countries, through partnership with the World Bank, USAID bilaterals, Roll Back Malaria (RBM), NGOs, and private voluntary organizations (PVOs), and through national-level technical assistance. However, the project now aims to leverage resources and greatly increase the scale and impact of its programs. Although there is evidence that community approaches to combating childhood diseases have been successful, few have been systematically documented at a larger scale. BASICS will assist its partners to work at scale and to document the impact of these community-focused interventions.

Priorities in the Use of Global Funds

The IACH TFA has used its global funds strategically to support country programs in target countries and to further global leadership and state-of-the-art work in integrated child health programming. To assist implementation efforts in the target countries, BASICS uses the majority of its resources on:

- increasing public, PVO/NGO, and private commercial commitment to and implementation of C-IMCI programs;
- developing, testing, and documenting strategies for increased appropriate preventive and curative child health services in the community; and
- incorporating IACH into routine ministry of health (MOH) systems.

Progress to Date

IACH activities in the first phase of BASICS II emphasized building partnerships with other agencies, orienting existing programs to become more focused on results, and identifying opportunities for working at scale. The following information summarizes key activities by intermediate result.

IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

Global Technical Leadership:

- BASICS worked with CORE and the Interagency Working Group on Community-IMCI to mainstream and support C-IMCI activities globally and in target countries.
- In collaboration with CORE and the Child Survival Technical Support Project, BASICS developed a C-IMCI Implementation Framework and supported CORE in organizing the workshop "Reaching Communities for Child Health and Nutrition" to garner PVO support for the framework and to promote C-IMCI within PVO programs.
- BASICS worked to develop joint plans and conceptual frameworks for expanding C-IMCI and RBM at global, regional, and country levels.
- BASICS initiated development of assessment and communication tools for C-IMCI: (a C-IMCI Implementation Options Paper, Community Assessment Guide, Mother's Reminder Material Guidelines, and C-IMCI Consultant Briefing Package.)

Chief Global Partners

The strength of BASICS II is its unique role of applying global innovations and experiences within the BASICS target countries and, in turn, bringing country-level lessons to bear on global policies. Examples of partnerships include:

World Health Organization (WHO) and UNICEF:

- BASICS collaborates with WHO and UNICEF at both global and regional levels (i.e., interagency working groups on Community Integrated Management of Childhood Illness [C-IMCI], and malaria) and within all of our target countries to coordinate activities and resources.

World Bank:

- BASICS works with the World Bank to incorporate IMCI and community-based child health programming into country loan programs (Bolivia, Nicaragua, Senegal, Uganda).

USAID projects, including Netmark, CHANGE (USAID's behavior change project), Johns Hopkins University, Support for Analysis and Research in Africa, and Rational Pharmaceutical Management:

- Particularly in Africa, BASICS collaborates closely with these projects to advocate for and implement activities related to behavioral change, use of ITMs, research, and drug availability and packaging (Senegal, Uganda, Ghana, Nicaragua).

PVOs/NGOs, including the Child Survival Collaborations and Resources Group (CORE), its member organizations, and other partners:

- PVOs are key partners for BASICS and serve as the primary implementers for C-IMCI. BASICS works with CORE at the global level to influence PVO programs and in many target countries (i.e., Uganda, Ghana, Nicaragua, Bolivia, Senegal, Guinea) as well.

- BASICS reviewed PVO proposals, participated in detailed implementation plan review meetings, and provided input for PVO technical reference materials.
- BASICS and Johns Hopkins University organized a meeting with cooperating agencies, PVOs, and others to review existing research and to propose a research agenda for C-IMCI.
- BASICS supported Uganda in establishing a national NGO network to promote community IMCI implementation.

Regional/Country Activities:

- BASICS initiated discussions in target countries to advocate for integrated community approaches to child health (Senegal, Guinea, Ghana, Bolivia).
- BASICS began linking global resources with field activities (for example, C-IMCI and RBM in Ghana and Uganda, or C-IMCI and the commercial sector in Senegal and Nigeria).
- BASICS analyzed existing data and/or planned additional research on care seeking and home care practices related to diarrheal disease, ARI, and malaria in target countries (Senegal, Uganda, Ghana, Nicaragua).
- BASICS collaborated with WHO's Africa Regional Office (WHO/AFRO) to conduct intercountry orientation meetings for Anglophone and Francophone African countries in C-IMCI (Ghana, Senegal, Mali, Democratic Republic of the Congo [DRC]).
- BASICS worked with WHO and UNICEF in Uganda to develop district guidelines for community-level implementation of C-IMCI.

IR 2: Methods and tools for improving health system capacity to support IACH and nutrition tested and disseminated.

Global Technical Leadership:

- In collaboration with global partners, BASICS initiated development and adaptation of management and planning tools for IMCI, including the IMCI Costing Tool (with WHO, and the World Bank), the COPE approach (client-oriented, provider-efficient services) for child survival (with WHO/AFRO and the Association for Voluntary Surgical Contraception), and the IMCI Short Program Review (with the Pan American Health Organization).
- BASICS and Johns Hopkins completed the OER (operations and evaluation research) study on referral barriers in Ecuador and are preparing the final results for dissemination.
- BASICS used information collection forms related to the Ecuador referral study to begin developing a rapid referral assessment tool.
- BASICS evaluated and distributed the public health impact results of the Central American handwashing campaign.

Regional/Country Activities:

- BASICS initiated a field test of IMCI Short Program Review in Nicaragua and Honduras.
- BASICS country teams consolidated and/or scaled up activities to set the stage for greater public health impact (i.e., district-level management in Bolivia, COPE adaptation in West Africa.)

IR 3: Strengthen health worker skills for case management and preventive actions strengthened at first- and referral-level facilities.

Global Technical Leadership:

- BASICS documented existing health care-seeking practices and the role of private practitioners in Nigeria and planned documentation efforts in Senegal to broaden MOH support for private providers.
- BASICS collaborated with Primary Providers' Training and Education Program and WHO to identify and adapt existing performance improvement strategies.
- BASICS identified and reviewed alternative strategies and materials for IMCI training in Latin America and the Caribbean and is preparing for dissemination of this information.
- BASICS participated with WHO on developing a protocol for testing the first 7-day training guidelines for IMCI.
- BASICS provided technical assistance to the World Bank to develop a tool kit for private physicians.

Regional/Country Activities:

BASICS supported IMCI materials adaptation and national facilitator training in Ghana, Senegal, and the DRC (malaria only).

Utilization of Cross-Cutting Resources

The IACH TFA relies heavily on PVO coordination to support our community IMCI approaches and household-level indicators. IACH has also contributed to integrated communications strategies in Honduras, Senegal, and Nigeria, and has looked for ways to integrate the private sector, looking primarily at community private providers and discussing ways to improve drug availability and full course of treatment (Ghana, Uganda, Senegal).

Issues/Constraints

- The principal constraint was the departure of the IACH TFA Leader and one Technical Officer who had been dedicated to Africa. This has led to slower-than-anticipated headquarters support for program implementation in the African countries.
- Although BASICS has shifted its focus to community-based approaches from broader programs in systems strengthening and capacity building, there is still debate about formal sector investment and community investment among partners at the country level.
- The BASICS IACH approach relies on partnerships with global initiatives, PVOs and NGOs, the commercial sector, and others to achieve its SO results. Because implementation is outside the project's mandate, BASICS does not have ultimate control over the outcome of its interventions, which reinforces the need to document BASICS inputs and impact.

Immunization

The first year and a half of BASICS II concentrated on three activities: building on existing BASICS I country interventions in Nigeria and the Democratic Republic of the Congo (DRC); developing new opportunities for technical assistance with immunization at the country level, especially in Africa; and working at the global level with USAID and other partners, such as the World Health Organization (WHO), UNICEF, the World Bank, and the Global Alliance for Vaccines and Immunizations (GAVI), to design and refine broad technical and financial strategies affecting immunization in developing countries.

Overview

During this period, BASICS began immunization activities in several new countries (Guinea, Mali, Senegal, and Uganda) and refined its approach in its two largest interventions, Nigeria and the DRC. The Immunization Technical Focus Area (TFA) will continue to emphasize support for its country interventions in order to achieve four strategic objective-level (SO) results:

- **SO 1:** Increased immunization coverage (fully immunized child) among high-risk infants and children with present vaccines;
- **SO 2:** 90 percent measles immunization coverage achieved through sustainable methods;
- **SO 3:** Introduction and establishment of agreed-upon levels of coverage of new vaccines against major causes of morbidity/mortality of infants and children in four countries; and
- **SO 6:** Adequate intake of vitamin A (and/or other specified micronutrients) achieved for 80 percent of children among populations identified as deficient in six countries (in conjunction with the Nutrition TFA).

There have been dramatic, global-level changes in immunization. The creation of the GAVI and the Global Fund for Children's Vaccine (GFCV), the addition of new players, especially the Gates Children's Vaccine Program (CVP), and the increased interest of other donors such as the World Bank, have led to a substantial expansion of resources as well as a mix of technical agendas. At the same time, disease control initiatives—such as the end stages of polio eradication and regional measles elimination goals affecting the global measles strategy—have intensified. These developments can be contrasted with the current poor performance of immunization programs in many developing countries.

A critical shared need of these multiple agendas—whether they entail full “routine” immunization, disease control, new vaccine introduction, health sector reform, or poverty reduction—is a health system that can safely deliver potent vaccines to all segments of the population. Building such a system and the local capacity to manage it in a sustainable way is the core of the BASICS

approach to immunization. At the country level, the hallmark of this approach is to build the skills of national and subnational health staff in updating and introducing policies and in collecting, analyzing, and interpreting data in order to improve the management of vaccination services, the availability of vaccination services and supplies, the safe and effective administration of vaccines, and the practices of health workers. This approach also includes more effective linking of community demand with the supply and availability of services. During the project's second year, BASICS continued to adapt this approach to country-level interventions in Africa and Asia.

Priorities in Use of Global Funds

The availability of BOOST (Immunization Services Action Plan) funds has put the Global Bureau in a good position to negotiate with the USAID missions about multiyear immunization technical assistance and program support through BASICS (e.g., Uganda and Guinea). The process of identifying activities and implementing them during the first and second project years has drawn on global funds and leveraged mission commitments for longer-term support. Other high priorities for use of global funds include:

- Global leadership in areas where new approaches need to be developed and tested (e.g., tetanus serology and use of UNIJECT, a prefilled, single-use injection device, for tetanus toxoid administration).
- Global leadership for contributions to global strategies (e.g., to support development of GAVI and GFCV approaches and strategies, initial testing of GAVI assessment tools in Tanzania and Nepal, and review of country applications to the GAVI Secretariat).
- Dissemination of information on general topics in which BASICS has played a leading role (e.g., impact of health sector reform, and active monitoring systems).

In addition, BASICS will continue to program polio earmark funds in ways that support the interruption of poliovirus transmission and the development of health system infrastructure (e.g., development of a checklist, distributed by WHO and UNICEF, for program managers to identify practical ways to ensure that national immunization day activities strengthen routine immunization).

Progress to Date

IR 1: Routine immunization coverage increased sustainably through system strengthening systems.

Global Technical Leadership:

- BASICS advised World Bank (poverty reduction strategy, India loan), WHO, and UNICEF.
- BASICS disseminated information on its experiences through presentations, cooperatively produced tools and reports, and journal articles (on HSR, vaccine procurement, active monitoring, disease control).
- BASICS developed with USAID the BOOST results package to increase investment in immunization.
- BASICS created a WHO Headquarters/Africa Regional Office guide on communication and advocacy approaches to immunization.

Chief Global Partners

WHO and UNICEF:

- BASICS provides technical input to WHO and UNICEF at global, regional, and country levels.

World Bank:

- The Immunization TFA seeks opportunities to collaborate with the World Bank globally and at country level (e.g., Nigeria, Uganda).

Gates CVP:

- BASICS works with Gates CVP at the global and country levels (e.g., immunization country assessments, supply issues, capacity building, training).

Centers for Disease Control (CDC):

- The Immunization TFA provides technical input to the CDC on global initiatives in disease control and system strengthening.

GAVI Secretariat:

- BASICS reviews every country application submitted for funding from the GFCV.

Safe Injection Global Network (SIGN):

- BASICS helps SIGN develop technical tools.

Abt Associates:

- BASICS provides Abt with input and historical perspectives on immunization funding.

Program for Appropriate Technology in Health (PATH):

- BASICS collaborates with PATH on technological issues and on tetanus elimination initiatives.

USAID's CHANGE (Behavior Change) Project:

- BASICS works with CHANGE on GAVI procedural assessments of the "GAVI process."

Bilateral donors:

- Policy documents are exchanged with bilateral donors.

Bilateral projects:

- BASICS develops joint programs (e.g., Madagascar) and provides technical input to bilateral projects.

Private voluntary organizations and nongovernmental organizations (PVOs/ NGOs):

- BASICS explores the application of the Positive Deviance methodology to immunization and the involvement of PVOs/NGOs at country level.

Regional/Country Activities:

- BASICS developed, tested, and introduced a new module on program communications for immunization reviews.
- BASICS developed programs (staffing, policies, strategies, tools, capacity building) in Uganda, DRC, Nigeria, Senegal, Mali, Guinea, and began process in Madagascar, Nepal, and India.

IR 2: Comprehensive approaches to disease control designed and implemented.

Global Technical Leadership:

- BASICS advised USAID, WHO, and UNICEF on strategies for global and regional measles mortality reduction (including reinsertion of vitamin A), polio, hepatitis B, and tetanus.

Regional/Country Activities:

- BASICS developed a practical checklist (with WHO) to assure that polio eradication (PE) contributes to strengthening of routine immunization systems.
- BASICS produced a multiagency handbook for program communications for PE and immunization.
- BASICS developed and implemented policies and control strategies for polio (including quality indicators), measles, and tetanus (DRC, Uganda, Nigeria, Senegal).

IR 3: Underutilized and new vaccines introduced into country programs.

Global Technical Leadership:

- BASICS shaped design and operationalization of GAVI processes and tools as a member of several GAVI task forces.
- BASICS served as member of an independent review panel to review all countries' applications to GAVI for funds from GFCV and participated in subregional GAVI working groups.

Regional/Country Activities:

- BASICS participated in immunization assessments and multiyear planning as part of GAVI applications (Uganda, Guinea, Senegal, Cameroon, Cambodia, Nepal, Tanzania).

IR 4: Quality of immunization services (i.e., safe injections) improved.

Global Technical Leadership:

- BASICS developed a health facility tool to assess injection safety for SIGN.

Utilization of Cross-Cutting Resources

- Social mobilization, communications, and behavior change activities have all been critical in BASICS immunization activities, especially at regional and country levels (e.g., development and implementation of a communication module for inclusion in immunization country assessments). The Immunization TFA collaborated with NGOs/PVOs, primarily Save the Children/United States, to explore the application of Positive Deviance to immunization in BASICS countries.

Issues/Constraints

- It is critical to proceed with intensified country-level activities if the program is to demonstrate results within the timeframe of BASICS II. Standard coverage survey methods (which are likely to be used for post-intervention measurement) reflect levels of activity 12 to 23 months prior to the survey date, so evidence of improvements will be needed well before the final year of the project (2004).

- Of concern is the availability of national counterpart staff, given competing priorities (e.g., PE).
- The specified SO-level results do not include polio, even though BASICS receives earmarked funding for PE. Care must be taken to ensure that polio activities, to the extent possible, are coordinated with our technical agenda of routine system strengthening.
- The specified SO-level results also do not include maternal and neonatal tetanus reduction, which has attracted considerable global attention and finance since the creation of BASICS and for which BASICS II has considerable expertise. BASICS II will seek appropriate country program sites.
- The issues that contribute to poor immunization performance (e.g., political instability and underpayment of health workers) transcend the technical, managerial, or financial efforts to support immunization.
- The GAVI process potentially obscures the need for countries to develop immunization systems that are integrated within the health context and are suitable for low-resource environments.

Nutrition

The period of performance covered by this report is the first phase of a multiyear strategy that builds on **BASICS I** experiences. It focuses on integrating priority nutrition interventions into the mainstream of health services and moving integrated child health/nutrition to the community level.

Overview

Inappropriate infant feeding practices, poor growth, and inadequate micronutrient intake contribute to about one-half of all childhood deaths in developing countries. **BASICS II**'s strategic objectives (SOs) for nutrition target three behaviors: exclusive breastfeeding, appropriate complementary feeding, and adequate intake of vitamin A.

In order to achieve improvements in these and other nutrition indicators, **BASICS** acts at three levels. These actions are identified as intermediate results (IRs) in the **BASICS II** strategy and work plans:

- **IR 1:** Community-based integrated health and nutrition approaches are demonstrated or scaled up.
- **IR 2:** Health system capacity for improving child health through nutrition activities is strengthened.
- **IR 3:** Use of strategies that focus on supporting household-level nutrition behaviors is increased.

To support the work of implementing agencies and to ensure effective programs, **BASICS** selected approaches that help integrate nutrition with child health intervention and support the rapid expansion of activities at various levels identified under the three IRs. The main approaches are:

- Growth Monitoring and Promotion (GMP) at the community level: Community-based integrated health and nutrition interventions are linked with growth monitoring and counseling activities.
- Essential Nutrition Actions/Nutrition Minimum Package (ENA/MinPak) integrated into health systems: A core set of six proven behaviors is promoted through three strategies: community mobilization, improved quality of nutrition interventions in health services, and communications and behavior change (CBC). The development of post–National Immunization Days (or NIDs) vitamin A strategies is part of the nutrition minimum package.
- Positive Deviance (PD)/Hearth Model at the community level: Community mobilization aimed at reducing the prevalence of severely and moderately malnourished children is supported through participatory assessments, supervised feeding using local foods, and monitoring of growth.

The expected public health impact of promoting adequate intake of vitamin A, exclusive breastfeeding, and complementary feeding initiated during this annual report period is a 20 percent to 30 percent reduction in under-five deaths. The program expects to achieve these reductions through peri/neonatal interventions—such as early initiation of breastfeeding and use of colostrum, vitamin A supplementation, breastfeeding (which reduces deaths from diarrhea and acute respiratory infections, or ARIs), and improved feeding of sick and well children—combined with

disease control interventions to improve nutritional status, which will lower case fatality rates from diarrhea, measles, and ARIs.

To achieve substantial public health impact, BASICS strategically selected countries with high rates of infant and child mortality, high prevalence of underweight/stunting and vitamin A deficiency, large populations, and the presence of partners who can work at scale. Countries that met these criteria included Nigeria, India, Senegal, Uganda, and Ghana.

As USAID's flagship global leadership project in child survival, BASICS emphasizes expanding the use of nutrition actions with proven impact on child mortality and pushing the state of the art forward in integrating nutrition into child survival/health systems. This work is planned and implemented largely in partnership with other agencies. In this initial phase, BASICS is conducting baseline measurements and identifying the data sources to monitor key indicators of public health impact. The project also reassessed and refined activities started in BASICS I to make them more results oriented. Under BASICS II, the project's role is shifting from implementing projects to facilitating and promoting the work of other agencies.

Priorities in the Use of Global Funds

BASICS uses global funds selectively to capture lessons learned across countries, to monitor and evaluate interventions in different country settings, and to advocate the allocation of resources for adopting key nutrition actions. Major areas for global funding of nutrition activities include:

- countries where partnerships with other agencies are promising and where USAID mission funds for BASICS II were not available, including Uganda, Honduras, and Madagascar;
- operations research aimed at synthesizing multicountry experiences, such as experience with GMP and ENA;
- transfer of experiences in PD, GMP, and other approaches across regions and countries; and
- advocacy and collaboration with global partners, including the World Bank, the World Health Organization (WHO), and PVOs/NGOs.

Progress to Date

Nutrition activities in the first phase of BASICS II emphasized building partnerships with other agencies, orienting existing programs to become more focused on SO-level results, and identifying opportunities for scaling up programs and interventions. The following summarizes key activities by intermediate result.

IR 1: Community-based integrated health and nutrition approaches demonstrated or scaled up.

Global Technical Leadership:

- In FY99, BASICS Headquarters (HQ), in collaboration with regional institutions, other USAID projects, ministries of health (MOHs), and NGOs, held capacity-building workshops for rapid scaling up of our three main approaches (for example, a Latin America and Caribbean workshop on GMP and the Integrated Care of the Child approach, known by the Spanish acronym AIN).
- BASICS/HQ and the project's West Africa Regional Office (WARO) coordinated the documenting and packaging of key nutrition approaches to facilitate rapid adoption across regions (e.g., English-language translations of AIN and ENA tools).

Chief Global Partners

Global partners help to expand the reach of BASICS, foster sustainability beyond BASICS II through joint ownership of programs, and build capacity to support quality programs. Examples of partnerships include:

World Bank and UNICEF:

- In Central America and Uganda, BASICS provides technical support in GMP to World Bank projects. In West Africa, BASICS partners with UNICEF to support ENA.

African regional institutions:

- Through the OCCGE (Organisation de coordination et de coopération pour la lutte contre les grandes endémies) Nutrition Focal Points Network in West Africa, the Institut Regional de la Santé Publique (IRSP) in Benin, and Makerere University's regional Quality of Care Center in Uganda, BASICS reaches a broader audience of countries in the region with the ENA package.

USAID projects, including LINKAGES (for breastfeeding support), Micronutrient Operational Strategies and Technologies (MOST), and Sustainable Approaches to Nutrition in Africa/Support for Analysis and Research in Africa (SANA/SARA):

- In Africa, BASICS collaborates closely with other USAID projects to advocate and implement priority nutrition actions in Madagascar, for example, and through regional networks.

Private voluntary organizations and nongovernmental organizations (PVOs/NGOs), such as Save the Children (SCF):

- SCF is a key partner for expanding the adoption of the PD/Hearth model. Other PVOs are partners in implementing GMP and ENA programs in Central America and Africa.

Regional/Country Activities:

- Country teams consolidated or scaled up activities to set the stage for greater public health impact (e.g., GMP/AIN in Honduras).
- BASICS began developing community-based activities in Ghana, Uganda, Ecuador, and Benin.

IR 2: Health system capacity for improving child health through nutrition activities strengthened.

Global Technical Leadership:

- BASICS/HQ and WARO staff participated in UN-sponsored workshops and conferences to represent the state of the art in operationalizing proven nutrition approaches (e.g., ENA/MinPak and GMP/AIN). These included various capacity-building and policy seminars at the World Bank, an Africa nutrition leadership conference in Senegal with the United Nations University, an Africa Focal Points meeting in Mali with UNICEF, and infant feeding and HIV/AIDS counseling training in Nigeria with WHO.
- With BASICS support, regional institutions held ENA/MinPak training sessions in Benin with IRSP, in Mali with SARA/SANA, and an ENA regional course and study tour (through LINKAGES) to Madagascar for the Greater Horn of Africa Initiative countries.
- BASICS/HQ supported USAID and other projects, such as MOST and Food and Nutrition Technical Assistance (FANTA), in developing guidelines for achieving high coverage of vitamin A supplementation and also contributed to the development of practical indicators for tracking improvements in complementary feeding practices.

Regional/Country Activities:

- BASICS country teams consolidated or scaled up activities to set the stage for greater public health impact (e.g., ENA/MinPak in Senegal and Benin).
- Country teams supported vitamin A supplementation activities through NIDs in Senegal, Benin, the Democratic Republic of the Congo (DRC), and Nigeria and beyond NIDs in the DRC, Benin, and Senegal.
- BASICS led MOH and NGO efforts to develop a national nutrition policy for the DRC.
- BASICS/HQ facilitated a review of new or underutilized breastfeeding interventions (e.g., MADLAC monitoring for sustainability of Baby-Friendly Hospital Initiative impacts and community-based counseling) to revitalize breastfeeding programs in Bolivia, Ecuador, and El Salvador.
- The BASICS/WARO team, in collaboration with SARA/SANA, supported state-of-the-art presentations, discussions, and information exchanges with nutrition representatives from African countries through the Focal Points Network.

IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

Global Technical Leadership:

- Trials of improved practices were used as an approach to adapt infant and young child recommendations in Ghana for both facility- and community-based counseling.

Regional/Country Activities:

- BASICS/Senegal, with SCF support and in partnership with NGOs, took the first steps to adapt the PD/Hearth approach for West Africa.
- Country teams conducted CBC activities in Nigeria and Honduras and started adapting tools for community workers in Nigeria, Uganda, and Ghana.

Use of Cross-Cutting Resources

PVO/NGO experts from BASICS helped transfer the PD/Hearth model from Vietnam to BASICS/ West Africa programs. In addition, CBC experts at BASICS provided technical expertise for information, education, communication and CBC activities in Ecuador, Honduras, Benin, the DRC, Nigeria, and Uganda.

Constraints/Problems

The Nutrition TFA encountered several constraints during the first months of implementation. Delays in implementing BASICS results activities occurred in Senegal and Nigeria due to restructuring of the programs and/or lack of BASICS staff. Evolving USAID mission strategies and BASICS II role definition limited our activities in India and Benin. In addition, the requirements for measuring results and the operations and evaluation research (OER) priorities and plans were delayed until performance, results, and monitoring and OER staff members were in place.

Peri/Neonatal Health

Peri/neonatal health and survival have become increasingly important as the percentage of deaths occurring in the first month of life has risen in some developing countries to between 40 and 70 percent of total infant mortality. In many nations this represents more than 30 percent of deaths of children under five years of age—a proportion that is likely to increase in the future as under-five mortality rates decrease.

Overview

Organized newborn care programs are relatively new or nonexistent in many developing countries. Ministries of health (MOHs), bilaterals, cooperating agencies (CAs), nongovernmental organizations (NGOs), and organizations concerned with maternal and child health are often primarily involved with maternal issues. Even child survival programs commonly deal with infants and children after the peri/neonatal period. As a result, the short but crucial newborn period—especially the first two weeks of life—tends to be ignored. Therefore, BASICS II is committed to advocating at all levels for peri/neonatal health care issues. More specifically, the Peri/Neonatal Technical Focus Area (TFA) works to achieve the intermediate result (IR), to develop interventions to reduce neonatal mortality and morbidity.

Technical strategies and interventions are designed to address the health needs of the following groups of newborns:

- All newborns: All new babies need a fundamental level of services, especially preventive care, i.e., essential newborn care.
- Sick newborns: These infants require timely recognition of illness and access to services for appropriate care and management.
- Special vulnerable groups: Babies in this category are primarily “larger” low-birth-weight infants who need additional preventive and curative care.

Following BASICS I’s original Pathway to Survival, BASICS II has emphasized household- and community-level care. Worldwide, more than 60 percent of deliveries take place at home. In many poor regions the rate of home deliveries is much higher. Few sick newborns are taken to health facilities for treatment. BASICS gives priority to home- and community-based programs that include community mobilization and participation, behavior change, and other appropriate community-based management strategies.

Priorities in Use of Global Funds

Global funds have been programmed for the following activities:

- carrying out operations research elements of in-country newborn programs, including collecting baseline data and designing and evaluating newborn programs;

- collaborating with partners to produce essential generic training materials on newborn care for health workers;
- developing the initial step in the specific advocacy tool or approach for this relatively new technical area;
- making exploratory visits to target countries for assessments, data collection, and in-country discussions with USAID missions, MOHs, and other stakeholders and partners prior to program planning; and
- contributing to key technical working groups, international meetings, and regional workshops to foster exchange of information, sharing of experiences, and action-oriented advocacy.

Progress to Date

Global Technical Leadership:

- BASICS collaborated with WHO to investigate steps for including the early neonatal period (0–6 days) in the IMCI strategy. At a WHO workshop held in May 2000 in Dhaka, Bangladesh, technical experts from BASICS and other academic institutions created a protocol for identifying sick infants under 60 days old who require referral to a health facility. WHO will field test this protocol in four countries and has requested additional technical input from BASICS.
- The Peri/Neonatal TFA has been working with partners such as MNH and WHO to produce training manuals on aspects of newborn care for health workers. The manuals address normal or essential newborn care as a routine part of care during pregnancy and childbirth and also the care of sick newborns. These publications are meant to serve as generic models that can be adapted if required for individual country conditions.
- BASICS drafted a list of evidence-based preventive components of essential newborn care.
- BASICS, AED, SARA, and SFC discussed potential models and approaches for developing a global tool for advocacy of peri/neonatal health care issues. This tool is initially aimed at producing a module based on the PROFILES model for nutrition (a data-based approach to

Chief Global Partners

In order to achieve effective implementation and sustainability for peri/neonatal programs, BASICS has been involved with NGOs and private voluntary organizations (PVOs) in advocacy efforts at global, regional, and country levels. These global partners include:

Global international agencies:

- World Health Organization (WHO), UNICEF, Pan American Health Organization (PAHO), and the World Bank.

USAID CAs:

- Maternal and Neonatal Health Project (MNH), LINKAGES (for breastfeeding support), MotherCare, and Support for Analysis and Research in Africa (SARA).

PVOs/NGOs:

- NGO Networks for Health, Save the Children (SCF), Cooperative for American Relief Everywhere (CARE), World Vision, PLAN International, Siggel Jigeen, and others.

nutrition policy development and advocacy). Participants gave technical inputs for some of the components to be included in the model.

- BASICS has participated in meetings to strengthen advocacy, provide technical inputs, share information, and promote linkages among groups interested in interventions for newborn care (e.g., USAID, WHO, the Monitoring, Evaluation, and Design/Assessment Support Project, CARE, MNH, SCF).
- BASICS is a part of the Malaria and Pregnancy Working Group, which advocates prevention and management of malaria not only because of its impact on maternal health, but also because of the link between malaria and low birthweight. The working group developed an advocacy brochure.
- The Peri/Neonatal TFA provided information and important technical inputs at other international meetings, including “Supporting Breastfeeding by Evidenced-Based Practice.” Aspects covered included support for breastfeeding normal- and low-birthweight infants and the use of human milk. The TFA also contributed technical information and research data to a Columbia Presbyterian Medical Center group involved in research on feeding of infants born to HIV-positive mothers.
- BASICS participated in a meeting of the Nigerian Applied Research on Child Health group at its national seminar on “Priorities in Child Health Research in Nigeria,” held in September 2000. BASICS contributed to outlining priorities in research on child health, including newborn care and breastfeeding, and also explored links with a pilot newborn care project in Kano, Nigeria.
- The Peri/Neonatal and Immunization TFAs provide technical support to the international working group for UNICEF’s Maternal and Neonatal Tetanus Program.

Regional/Country Activities:

- As the newest component of the global child survival program, the Peri/Neonatal TFA does not have a specific strategic objective (SO). The IR for this technical area is to “develop interventions to reduce neonatal mortality and morbidity.” It may not be possible to demonstrate the impact of the intervention on neonatal mortality. Neonatal morbidity is even more difficult to document. Because of time constraints it may only be feasible to work at increasing community awareness and improving maternal practices related to essential components of newborn care and care seeking. The Peri/Neonatal TFA will also work in collaboration with the other TFAs to support other results of BASICS II and, more specifically, it will be actively involved in promoting breastfeeding and tetanus prevention through immunization.
- BASICS staff made exploratory field visits to several countries (Nigeria, Senegal, Bolivia, Bangladesh) to examine program options for newborn care and to identify potential partners for such programs. At the country level, priority is being given to preventive essential care for normal newborns to ensure that the health of that group improves. The BASICS work plan includes the introduction of interventions proven to be effective (e.g., breastfeeding, promotion of clean deliveries, temperature maintenance, and training of birth attendants, including traditional birth attendants, or TBAs). At the community level some mothers do seek aid from TBAs, but others are assisted in this critical period by relations and friends, and some women have no help at all. For this reason, BASICS has plans to support both communication and behavior change (CBC) activities and community mobilization to promote better household newborn care practices and improved careseeking behavior.

Utilization of Cross-Cutting Resources

The Peri/Neonatal TFA has utilized resources relevant to social mobilization, CBC, and training/ performance improvement. The first two technical areas are of prime importance because many mothers remain at home with their babies and do not avail themselves of existing services. Plans for community involvement have been initiated to define problems, identify remedies, and improve essential newborn care at home and appropriate care seeking for illnesses.

Issues/Constraints

- Operations and evaluation research inputs in the country program were delayed pending the arrival of the full staff.
- Recent prioritization exercises have focused attention on achieving SO-level objectives established by USAID. The Peri/Neonatal TFA does not have a specific SO-level objective and, because of other, more pressing contractual requirements, as well as budget and managerial problems, country peri/neonatal programs have generally been dropped (Bolivia) or postponed (Nigeria, Senegal). Delays in beginning the program may be detrimental because they reduce the time available for implementation and evaluation.



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Performance and Results Monitoring

BASICS II is a performance-based project that focuses significant USAID investment on public health impact. The primary objective of the Performance and Results Monitoring Unit (PRM) is to assist the project in determining whether and to what extent its intended results have been accomplished.

Goals and Objectives

The PRM Unit has played a significant role in developing a strategic approach for the project. During the first year, priority activities of the PRM Unit were aimed at defining results, generating a sense of ownership of the results among all parties involved, and establishing the pathways the project would follow to achieve these results.

By the end of BASICS II, the PRM Unit seeks to have accomplished the following:

- BASICS will have objective and verifiable information to assess the impact of its efforts on the increased use of child health interventions.
- BASICS will apply a systematic approach and framework to monitor performance, including common understanding and widespread use of indicators of relevant results, processes, and quality.
- BASICS programs will be guided by plans that identify results, indicators that measure progress, measurement tools, milestones in implementation, timelines, and resource requirements.
- BASICS will establish and successfully conduct periodic performance reviews to compare actual and anticipated performance and to make decisions on program direction.
- BASICS will contribute to the understanding of the status of and trends in child survival, health, and nutrition by producing analyses that use project information and other data sources.
- BASICS will integrate information on progress in implementation and results with associated management information, including information on resource utilization and personnel inputs.

Activities

BASICS uses a phased approach to monitor its performance and results. These phases represent major elements in the overall sequence of measuring and acting on performance data. In general terms the phases are: setting the stage for performance and results monitoring (Phase 1), creating realistic and useful performance monitoring plans (Phase 2); implementing data gathering for baseline values of selected performance indicators (Phase 3); reviewing performance in a routine manner and acting on data to improve programs (Phase 4); and using a final set of data gathering and analytical activities to report on progress toward strategic objective—and intermediate-level results (Phase 5). This sequence of activities is depicted in the figure that follows.

Figure 2: Timeframe for BASICS II performance and results monitoring

<i>Phases and activities</i>	<i>Project Year</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Phase 1: Define strategy and results a) Results framework with strategic objective–level results described b) Five year program overviews and annual benchmarks developed c) Country strategy for achieving scale determined					
Phase 2: Prepare performance and results monitoring plans a) Indicators selected b) Data needs identified and existing data sources reviewed c) Performance targets established d) Data collection methods planned and costs determined					
Phase 3: Collect data a) Baseline data collected b) Routine monitoring data collected, analyzed, and reported c) Existing data analyzed for results monitoring					
Phase 4: Review performance and improve programs					
Phase 5: Follow-up data collection and results analyses					

Timeframe for BASICS II performance and results monitoring:

The PRM Unit played a central role in the strategic planning process by developing tools and processes for “results-thinking” among the technical staff and by creating the results framework for the project. BASICS technical staff at project headquarters and in country offices were introduced to the concepts of results frameworks, performance monitoring, and the requirements of the new performance-based contract. Performance indicators for the project’s strategic objective–level results were identified (see Annex B).

One tool developed to help achieve the intended results is the five-year overview. Five-year overviews depict the sequence of activities that need to occur over each year of the project in order to bring about the desired end point. All country programs and technical focus areas now have a five-year overview. In the first BASICS II performance review, these five-year overviews were cited by USAID as a “planning approach linking activities to results [that] is likely to substantially focus these activities in the second year of the project...”

During the first year, the project also addressed the need for a common language and approach regarding issues of “scale.” With the support of a consultant, a framework was developed that has been used throughout the project. In particular, the scale framework has aided the project in recognizing that scale will not be achieved through a direct implementation role for BASICS, but rather that the project is entirely dependent on its partners to work at scale. In addition, the scale framework provides the project with an overview of different levels that must be addressed

simultaneously to achieve scale. The PRM Unit planned the activity, identified a consultant, and guided the work. The framework and programming approaches for achieving scale are now used in all BASICS country programs, and USAID found that the scale framework had “substantial potential for supporting development of effective technical and country programs and plans.”

An integrated child health survey was developed to measure the strategic objective—level indicators where needed in BASICS country programs. This instrument generates data on the project’s performance indicators in a uniform manner across countries and is strictly comparable to other major data collection efforts (e.g., MICS, DHS). Accompanying materials to implement the survey were also developed, including training materials for interviewers, quality control forms, and a data entry manual and program.

Population-based data collection for results monitoring was conducted in Nigeria and Honduras, while surveys were being designed in the DRC and Ghana. In Nigeria, the baseline survey also examined the effectiveness of a community-based model to bring about increased use of child health interventions.

Although not finalized in the first year, annual benchmarks (measures of reasonable progress towards those results that cannot be measured on an annual basis) were drafted and discussed with USAID. Performance and results monitoring plans were outlined for country programs in Nigeria, Senegal, Ghana, and the DRC. Available data for all countries were compiled and summarized for all relevant strategic objective-level indicators. Secondary analysis was planned for Ecuador to ascertain results accomplished under the BASICS I project and continued into BASICS II.

During the first project year, BASICS met with USAID-funded projects designed to collect and use data for the population, health, and nutrition sector (Measure/Evaluation, MEDS, Measure/DHS+) to identify areas of potential collaboration. Data sets for the Demographic and Health Surveys were acquired for analyses to inform the project as well as global policy and programming.

BASICS played an important role in the Inter-Agency Working Group (IAWG) for monitoring and evaluating the Integrated Management of Childhood Illness (IMCI) by contributing to a new proposed structure and clarified functions for the IAWG.

Issues/Constraints

The project was given the opportunity to determine performance targets on a country-by-country basis. This is an important step because it allows BASICS to work closely with country teams, USAID missions, and host country counterparts to create a common understanding for performance and results monitoring, assess program inputs in relation to anticipated results, and set performance targets according to best-practice recommendations.

Perhaps the greatest issue for PRM was the difficulty of the task set out for the project. Developing a results orientation, as well as a sense of ownership of those results, required months of intense effort. The ambitious nature of the contractual performance targets actually impeded development of a results orientation among the technical staff. Considerable time was spent discussing the strategic objective-level results, the nature of the new performance-based contract, and in particular, the performance targets. Staff were concerned with the numeric aspect of the targets, which slowed discussion on the steps required to achieve measurable change in the use of child health interventions.

In addition, the PRM function has been hindered by a lack of program focus and definition. Although the country programs made progress in redirecting existing programs toward a results orientation (or in developing new results-oriented programs), there is more work to be done in this area.

Finally, when compared with the intended staffing level, the PRM Unit operated with only a 26 percent staff complement in the first year.

Strategic Experience Transfer

The Strategic Experience Transfer Unit (SET) works with the four technical areas (and the regional/country programs) to capture best practices and lessons gained through direct involvement in child health programming and synthesize these into “products” that advance global policy and programs.

Goals and Objectives

Effective dissemination under the BASICS II Project is linked contractually with the design of strategies (for assessing audiences, selecting channels, obtaining feedback, and so forth) rather than completion of deliverables. The project is tasked with developing both document-based and non-document based approaches (conferences and workshops, videos, electronic media, and so forth) for influencing policies and programs of countries, USAID itself, and others.

As a secondary activity, the project maintains a reference library (including some of USAID’s archival child survival resources from BASICS I, Pritech, HEALTHCOM, and others) and provides the project, USAID, and its partners with information relevant to improving child survival programming.

Activities

Staffing Plan Approved. The Unit has had two team leaders since project start-up. The current team leader arrived in April 2000. A staff plan based on a review of other project dissemination structures and a cost analysis of projected activities was approved in July of 2000. A half-time library specialist was hired in October. During the reporting period the Unit also had the help of a temporary dissemination assistant. Two additional staff were recruited to begin work in the following calendar year.

Strategic Planning Initiated. A three-part review and planning process was initiated with each TFA. The Unit also completed the design and pretesting of a planning tool for individual products/activities that links these to specific SOs, audiences, expected behavioral outcomes, and possible feedback mechanisms.

Collaboration with Other CAs/Donors Units. SET initiated collaboration with dissemination professionals involved in LINKAGES, the SARA Project, FANTA, MNH/JHPIEGO, EHP, CSTS, Measure, and with the Profiles Project. A series of meetings on advocacy strategies was held with Profiles, SARA, MMP, and others to consider areas for collaboration, particularly in the new area of peri/neonatal health. During the initial year of BASICS II joint activities constituted a major part of SET efforts. At the end of BASICS I, many newly started SET activities were also taken over by other partners or CAs.

Refocus on Health Impact and the Field. A participatory session on SET at the all-staff retreat (October 2000) introduced a behavioral approach to SET—focusing on proven approaches and policies and key target audiences. The shift from a purely HQ-based dissemination strategy to plans emerging from identified field needs and results will be a challenge. During the FY01

workplanning process, only two country programs included funds for dissemination. The SET team leader therefore proposed specific products/activities to each country results team.

Coordination with WARO. Improved communication and coordination with the WARO Information Specialist has been a high priority for SET. Joint review of the TFA and country plans was initiated during the October retreat and a number of complementary audience research activities have begun.

Refurbishing/Updating of Information Center Services. The physical condition of the Information Center required a massive overhaul beginning in May of 2000. Several short-term consultancies (especially from partner organizations) have helped bring the Center up to date with cost-effective services and tracking systems. Newly launched services include the Institute for Scientific Information (ISI) Alert (a bi-weekly search of professional journals by key words); access to the Online Commercial Library Center (OCLC); online access to selected peer review journals; and a regular acquisitions report to HQ and the field.

Website Updating. Uploading of all new documents was completed and a major revision of the nearly 800-page site begun. More than 50 “lost” BASICS documents (both collaborative products and peer reviewed articles) have been added to the publications section. Subscription links to the project’s two Listservs (to be launched in the Winter and Spring of 2001) will also be included in the new site.

Monitoring and Responsiveness to Target Audiences. An Access database to track incoming requests was completed in FY00 and data reporting and analysis has begun. Reports will provide the project one means of analyzing categories of audiences, channels of communication, and source of knowledge about the project. During the reporting period, the project received requests for 92 different titles from 80 countries. Detailed breakdowns are also available by regions of the world and types of organizations.

Cost Monitoring and Control. Reports from the new Access databases will allow for an extensive cost analysis of dissemination under the project. Given the high volume of requests from developed countries (up to 49 percent) and from the commercial sector (up to 30 percent), the Unit has proposed a cost-reimbursement plan for domestic audiences. A more active, self-supporting domestic dissemination program (for example, to schools of public health) can then be considered.

Highlights of Global, Regional, and Country-Based SET Activities

Annex C includes a listing of document-based and non-document-based dissemination during the reporting period. Highlights, organized by technical focus area, are as follows:

Integrated Approaches to Child Health

- Drafted “Community Health Workers Incentives and Disincentives: How They Affect Motivation, Retention, and Sustainability.” (to be finalized Spring 2001).
- With CSTS and CORE, drafted “Reaching Communities for Child Health and Nutrition: NGO Contributions to Community IMCI.” (to be finalized Spring 2001).
- Draft report, “New Partnership for Participatory Action in C-IMCI: Identification and Assessment of NGOs / CBOs and other CSOs in Uganda” by Bakirya Judith.
- Participated in the planning and the execution of the Second International Congress for Insecticide Treated Materials in Dar es Salaam (October 1999) and the meeting for the WHO Global Strategy for Dengue Fever/Dengue Haemorrhagic Fever Prevention and Control (October 1999).

- Continue to advise RBM Partners on strategies for malaria control and safe use of pesticides through participation in the RBM Resource Support Network and WHO Pesticide Evaluation Scheme forums. Provided funding for the secretariat for the Malaria in Pregnancy Interagency Working Group. Participated in preparations for the Abuja Malaria Summit (April 2000).
- Contributed to “The Informal Consultation on Maintaining Performance of Health Workers in Integrated Management of Childhood Illness (IMCI).” Organized by WHO, Department of Child and Adolescent Health and Development. Discussing further collaboration with WHO in the development of a package of interventions designed to maintain performance after the IMCI course.
- Member of the USAID Performance Improvement Consultative Group of the Communications, Management & Training Division.
- Collaborating with World Bank and UNICEF Water and Sanitation division to document BASICS PPP experience in handwashing in Central America. (final document anticipated Summer 2001)
- Co-facilitated or presented at various meetings regarding the LAC handwashing initiative including: for the Society for International Development Annual Conference (December 1999); Ninth International Congress of World Federation of Public Health Associations (Beijing, September 2000); Subregional workshop on IEC for IMCI, PAHO (Nicaragua, July 2000).
- Presented at several conferences on Public-Private Partnerships in the area of Malaria, including to staff of the Roll Back Malaria Initiative (WHO, Geneva, May 2000) and Global Health Council, Annual Meeting (June 2000)

Immunization

- A total of seven peer review articles were accepted for publication in the following: *WHO Bulletin* (Winter 2001), *Journal of Infectious Diseases* (three articles, February 2000); *Health Policy and Planning* (two articles, 2000), *American Journal of Public Health*. Additional articles published in *Global Health Link* and *MotherCare Matters*.
- Organized, hosted, and facilitated international workshop in conjunction with the Safe Injection Global Network (SIGN) on the development of injection safety assessment tools. March 2000. (Rebecca Fields)
- Wrote guidance paper on immunization issues for teams from the World Bank who are conducting country assessments as part of the Bank’s poverty reduction strategy. (Requested by the Bank as part of a series on poverty reduction—currently under review by the Bank.) May 2000. (Rebecca Fields)
- Contributed to USAID’s technical statement on support for measles control/prevention programs. Presented by USAID at WHO/Geneva meeting on Measles Control and Elimination. (May 2000.)
- Participation at numerous workshops and conferences including: Meeting on Priority Health Interventions: The Case of Immunization Services. PAHO, Washington, DC. (November 1999); WHO Polio Technical Consultative Group (May 2000); and Global Health Council, Annual Meeting (June 2000).

Nutrition

- With UNICEF and WHO, jointly produced *Nutrition Essentials: A Guide for Program Managers*. Draft translation (by WARO) into French completed and under review.

- With the SARA Project, joint publication of *Pour un programme de nutrition communautaire durable: pratiques prometteuses et leçons tirées de l'expérience*. (French translation of: *Best Practices and Lessons Learned for Sustainable Community Nutrition Programming*) (August 1999).
- With the SARA Project, LINKAGES, HKI, and O.C.C.G.E., joint publication of *Les Pratiques prometteuses et les leçons apprises dans la lutte contre la carence en vitamine A dans les pays de l'Afrique subsaharienne*. (August 2000).
- Through WARO, continued support to the "Nutrition Focal Group," a network of representatives from 16 African nations and focusing on nutrition issues.
- Developed a "package" of products and activities on the AIN growth promotion model to promote scaling up of the model and transfer from the LAC region to the Africa region (through a regional workshop, an advocacy video with the World Bank, and a training manual).
- Collaborating in producing two videos with the LINKAGES Project and the JSI-bilateral in Madagascar (on an integrated approach to community nutrition and on IEC program implementation, respectively).

Peri/Neonatal

- Collaboration with PAHO in the compilation and publication of a bibliography on peri-neonatal S&R literature, for dissemination in the LAC region. (underway)
- With MotherCare, drafted "Evidence-based Review of Five Elements of Essential Newborn Care."
- Collaborating in the joint production of a manual on *Care of the Normal Newborn* with JHPIEGO/MNH and a manual on *Care of the Sick Newborn* with JHPIEGO/MHP and WHO.
- Contributed to a CD-ROM training module on Care of the Newborn with CDC and CARE.
- Collaborating with other CAs (including SARA and MNH) and Save the Children in developing a computer-model/advocacy tool for policy makers and program designers that demonstrates the public health importance and cost effectiveness of investing in approaches to reduce peri-neonatal mortality.
- Participated as a member in several Technical Advisory Groups and working groups, including: UNICEF's TAG on Clean Delivery Practices (June 1999) UNICEF's TAG on UNIJECT (June and March, 2000); working group on Malaria in Pregnancy, at The John's Hopkins University, (April 2000); UNICEF working group on infant feeding and HIV (ACC-SCN meeting, April 2000).
- Delivered various presentations and lectures including: joint presentation with LINKAGES Project and CARE on Neonatal Mortality and Morbidity and Postnatal Care of the Infant at CORE meeting in Nairobi (May 2000); workshop on Strategic Planning for the Saving Newborn Lives Initiative, Save the Children (June 2000); and lecture on Controlled Randomized Trials on Use of Human Milk for Prevention of Infections in Low Birthweight Infants and Evaluation of Alternate Methods of Feeding High Risk Infants at Columbia Presbyterian Medical Center (June 2000).

Issues/Constraints

- Going into its second year of operation, the SET Unit suffers from the combined effects of the collapsed systems and staffing in the last year of BASICS I and inadequate staffing under BASICS II. Although a staff plan was approved in July 2000, recruitment has been slow and is confounded by competing staffing priorities.
- The lack of continuity of systems or staff between BASICS I and BASICS II meant that many valuable draft documents were handed over to other projects or partner organizations during transitional months. Only some of the products were completed and these gave varying degrees of credit to the project and to USAID for the work carried out.
- In the absence of the more traditional deliverables requirement for dissemination, integration of the Strategic Experience Transfer Unit as a priority within the BASICS II workplanning and budgeting process has been a challenge.

Operations and Evaluation Research

The purpose of Operations and Evaluation Research (OER) in BASICS II is to develop and evaluate new approaches, influence global policy and programming, and maximize the impact of country programs.

Goals and Objectives

OER assists the technical focus areas (TFAs) in identifying and resolving critical constraints on use, quality, and sustainability of key child health and nutrition interventions; developing innovative child survival policy and program approaches; and testing their feasibility, effectiveness, efficiency, and cost.

Activities

During the reporting period the following activities were carried out in this area:

- Recruited OER leader (February 2000).
- Identified OER priorities for TFAs and drafted list of possible OER topics for BASICS II (February–March 2000).
- Developed draft concept papers and prioritization framework for external OER proposals (April–July 2000).
- First draft of Community Health Worker Incentives review of literature and experiences circulated and reviewed; identified STTA to complete final draft (April–July 2000).
- Designed tetanus sero-surveys and conducted surveys in Togo and Namibia in collaboration with UNICEF (August–October 2000).
- Secondary analysis of the Latin America and the Caribbean region’s handwashing data (August–October 2000).
- Inventoried possible OER activities in BASICS II countries during October 2000 retreat.
- Distributed guide for development of OER proposals (October 2000).
- Developed Manual of Framework of OER Operating Procedures for discussion with USAID (October–November 2000).
- Organized and held, with Johns Hopkins University and the CORE Group (for child survival collaborations and research), a community Integrated Management of Childhood Illness research workshop (January 2001).
- Developed draft OER 2001 work plan (January 2001).
- Drafted evaluation of Ecuador Centers of Excellence (March 2001).
- Prioritized OER activities according to newly developed global technical leadership strategy (March 2001).
- Drafted concept papers for OER activities (March 2001).

Issues/Constraints

Three major constraints existed for OER: slow recruitment of OER technical officers; competing priorities for headquarters technical and country staff (which limited their time and attention during program start-up); and repeated country work plan revisions and efforts to focus and prioritize activities (which delayed development of detailed OER studies).

IV. Regional and Country Status Summaries

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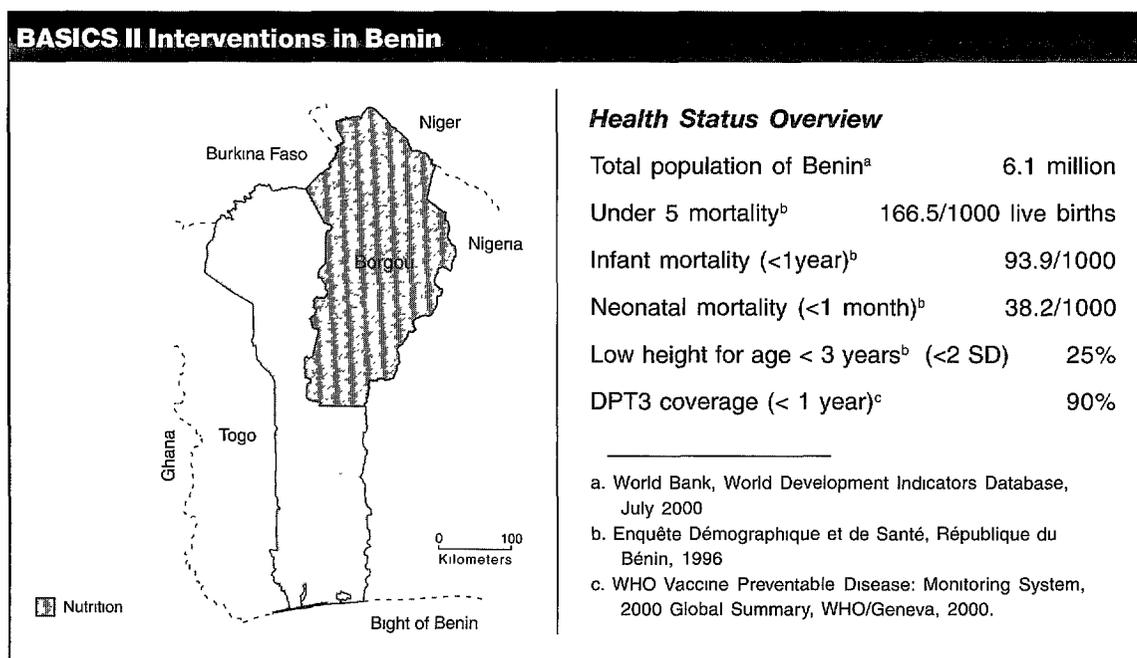
Benin Country Program

BASICS II in Benin focuses on achieving two of the project's strategic objectives: appropriate breastfeeding and increased consumption of vitamin A. BASICS I activities began in the Borgou Department in 1998. The BASICS II office will close at the end of FY 2001. However, global micronutrient and Africa Bureau funds will continue to support project work at the national level.

Program Context

In response to the USAID mission's invitation to develop a child survival component for its family health program, BASICS I conducted a series of assessments in 1998. These investigated the roles and scope of activities carried out by other partners and donors working on child survival in Benin and also the feasibility of implementing immunization, integrated management of childhood illness, and nutrition activities. Based on these analyses and on direction given by USAID and the Ministry of Health (MOH), the project focused on nutrition as a priority area.

USAID selected Borgou as its main region for work in family health, including BASICS work in child survival, and a memorandum of understanding was signed with the Directeur Départemental de la Santé (DDS) and Préfet du Borgou in 1998. Joint assessments and planning activities undertaken early in program development led to DDS adoption of the MinPak approach in Borgou. This approach has three main components: health systems strengthening, community mobilization and community-based activities, and communication (using a multimedia strategy).



The use of MinPak has resulted in increased awareness about the role of nutrition in child health. After three years of implementation, more than 80 percent of mothers surveyed in BASICS intervention areas were able to cite key messages about early initiation of breastfeeding, colostrum, and the introduction of complementary feeding at four to six months. Over half of infants under four months were exclusively breastfed, up from 19 percent (as reported in the 1996 Demographic and Health Survey for the same region), and more than 60 percent of children were receiving vitamin A supplements regularly.

DDS involvement and participation in Borgou's MinPak activities from the beginning led to government ownership of the approach and its quick adoption by the regional health department as the official child nutrition program. MinPak has been introduced in all 14 subprefectures in the department. Most recently, Benin's MOH/Division of Nutrition adopted MinPak as the national nutrition strategy. The MOH has developed an action plan and is leveraging funds from other donors to sponsor workshops to adapt package materials from Borgou for use nationwide.

The success of the approach has, in turn, led other donors in the region to adopt and implement MinPak. BASICS regional advisors serve as visiting faculty at Benin's institute for public health professionals, the Institut Régionale de la Santé Publique (IRSP), and have used the Borgou MinPak experiences as a basis for transfer of skills and capacity building. In FY02, IRSP is expected to use the BASICS program in Benin as a Community Active Learning Center, benefiting professionals from Benin and other countries in West Africa.

BASICS is now working to transfer key activities in Borgou to the USAID mission's bilateral project, PROSAF (Program de Promotion intégrée de la Santé Familiale). For FY02, the BASICS role will be to focus on national expansion of MinPak. With limited global and regional funds, the project will provide technical support to the MOH in Cotonou and to UNICEF, the World Bank, and other bilaterals for taking strategies to scale. This year will serve as a transition period in which BASICS will transfer approaches and tools to PROSAF in Borgou and plan work at the national level.

The USAID/Benin mission looks to BASICS to assist its SO-level result of increased use of family health services (family planning, maternal and child health, sexually transmitted infections/HIV) and preventive measures within a supportive policy environment.

Main Lines of Work and Progress to Date

Nutrition IR 2: Health system capacity for improving child health through nutrition activities ICC strengthened.

- The MOH, with BASICS support, implemented MinPak in all public (and some private) health facilities in Borgou/Alibori. This included training 567 social health workers in MinPak.
- A BASICS consultant carried out an assessment of MinPak message penetration (mothers' awareness of messages).
- With the MOH, the project evaluated and reviewed MinPak implementation in eight subprefectures. Based on the evaluation results, BASICS worked with partners (including MOH subprefecture teams) to develop a reinforcement plan for health facilities.
- PROSAF (with BASICS support) conducted a department-wide survey of child survival/family health knowledge, attitudes, and practices.
- Individual country and West Africa Regional Office staff documented a case study of MinPak implementation (approach and tools) at Sansoro health facility.

Key Partners

MOH: key implementation partner at local and national levels

- DDS Borgou/Alibori
- Centres de santé de sous-préfecture ou de circonscription urbaine
- Équipes d'encadrement des Zones sanitaires
- Direction de la Santé Familiale, mainly Service de Nutrition

USAID bilateral: partner in transferring BASICS approaches

- PROSAF

DDS Borgou: partners at the local level through support from other donors

- Population and Health Project (funded by the World Bank)
- Projet d'Appui au Développement Sanitaire (funding from Swiss Cooperation; mainly in Borgou)
- Projet bénino-allemand des soins de santé primaires (funded by Deutsche Gesellschaft für Technische Zusammenarbeit; mainly in Alibori)
- Catholic Relief Services and local nongovernmental organizations

National/regional partners: collaborating partners in the West Africa Region

- IRSP

- BASICS reached a formal agreement with department partners to integrate provision of vitamin A into the community drug financing system.

Nutrition IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

- Working with MOH counterparts, the project developed and implemented a multimedia IEC strategy to convey MinPak messages.
- Project partners held mini-workshops in a series of pilot communities to develop community-based approaches. BASICS designed a methodological approach to community activities based on lessons learned in the four pilot subprefectures.
- With the MOH, BASICS trained health facility personnel in supervising and reinforcing MinPak activities.

Issues/Constraints

With field support funding ending in FY01, BASICS is focusing on achieving its two SO-level results and bringing about a smooth transition of selected activities and approaches to PROSAF in the Borgou Department. BASICS hired a new country advisor for the remainder of the project and is committed to ensuring that programs continue at the national level.

Program Design

A detailed program design for Benin is included in Annex A.

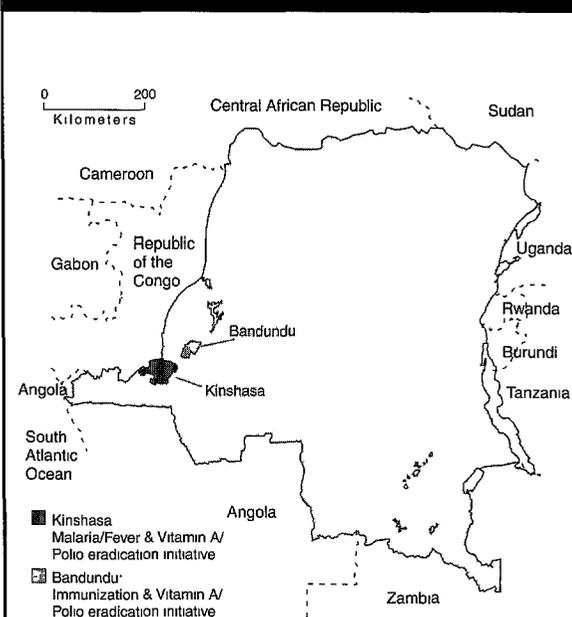
The Democratic Republic of the Congo (DRC) Country Program

BASICS II in the Democratic Republic of Congo (DRC) focuses on achieving three of the project's strategic objectives: increased consumption of vitamin A; increased immunization coverage (fully immunized child); and increased measles coverage. BASICS I began working in the DRC in August 1997, and BASICS II activities are expected to continue through the end of the project in June 2004.

Program Context

BASICS has been working with partners in the DRC since 1997 to revitalize routine immunization services within the country. Efforts have been focused on increasing program effectiveness through interagency collaboration; developing needed immunization policies, multi-agency plans, and strategies to conform with global standards and country programmatic needs; and adapting training materials to the local context. BASICS has been a key player in National Immunization Days (NIDs) with an emphasis on the technical, organizational, and information, education, and communication (IEC) components. Although the primary goal for BASICS has been immunization system strengthening, the project also provides TA in health planning, management of information systems, national nutrition policies, micronutrient supplementation, and malaria prevention and case management.

BASICS II Interventions in the Democratic Republic of the Congo (DRC)



Health Status Overview

Total population of D.R. Congo ^a	49.8 million
Under 5 mortality ^b	220/1000 live births
Infant mortality ^c	102/1000
Low height for age < 3 years ^d (<2 SD)	21%
DPT3 Coverage (< 1 year) ^e	18%

a. World Bank, World Development Indicators Database, July 2000

b. DR Congo *Narrative*, July 1999-September 2001, page 1. Year: Not Stated

c. IDB Summary Demographic Data for Congo Kinshasa (Demographic Indicators: 2000). Year: 2000

d. UNICEF et Gouvernement de la République de Zaire (1996) *L'Enquête sur la Situation des Enfants et des Femmes au Zaire en 1995*. Kinshasa: Ministre du Plan et Reconstruction Nationale, Year. 1995

e. Source: EPI Data reported on page 2 of the DR Congo *Narrative*, July 1999-September 2001. Year 1998

BASICS nutrition interventions began in January 2000 and are currently centered in Kinshasa Province, with piloting of activities with partners (notably UNICEF and PRONANUT, the DRC's national nutrition program) in three Kinshasa health zones in 2000 and plans for expanding to all 22 of the province's health zones. The total population for Kinshasa Province is approximately 6 million, with an estimated 1.1 million women of childbearing age and 884,000 children under 59 months of age.

The malaria component of the project began in March 2000. BASICS staff have been working with the PNL (Programme National de Lutte contre le Paludisme, the National Malaria Control Program) and other partners to develop and disseminate a national malaria drug treatment policy to be followed across all political boundaries. BASICS spearheaded the development of a task force to oversee activities related to the Roll Back Malaria (RBM) program. Community-focused activities for treatment and insecticide-treated materials are concentrated in two Kinshasa health zones—Barumba and Kingansani—with potential roll-out to other zones in Kinshasa. Barumba and Kingansani may also serve as models for implementing partners throughout the country. The scope of activities related to clinical management of malaria is currently being examined.

BASICS is working through USAID's Child Survival Initiative to increase use of effective, improved, and sustainable child health interventions. The USAID/DRC Mission adopted a humanitarian emergency assistance approach in 2000 and the strategic objectives are currently being revised.

Main Lines of Work and Progress to Date

Immunization Intermediate Result (IR) 1: Routine immunization coverage increased sustainably through system strengthening.

BASICS provided key technical input and guidance to the MOH/expanded program on immunization (EPI) and interagency coordinating committee (ICC) partners for the following activities:

- BASICS spearheaded the development of the national EPI policy, measles strategy, annual action plans for routine immunization, and an integrated timetable of ICC partner activities for routine EPI, NIDs, and surveillance.
- The project completed the first phase of restructuring the national EPI program with recommendations to streamline the organizational structure and improve efficiency of its operations.
- Project staff provided technical assistance (TA) that led to the production of the first epidemiological annual report released by the 4^{me} Direction (Department of Epidemiology) in 24 years.
- BASICS revised EPI training modules and *Fiches Techniques* for midlevel EPI managers (*chefs d'antennes*) and health zone staff.
- The project organized interagency public and private sector partners in Bandundu Province to develop a provincial EPI action plan for 2000–2001.
- BASICS conducted computer training in software packages of particular importance to the EPI for a selected group of staff from the EPI, 4^{me} Direction, and Institut National de Recherche Biomédicale (INRB, the National Institute of Biomedical Research).
- BASICS assisted with the creation of a National IEC Task Force and with the development of an integrated communication strategy for national EPI, NIDs, and surveillance. The project staff also conducted training and orientation of provincial and zonal communication focal persons.
- BASICS sponsored technical and management training seminars for central EPI staff and malaria staff of control programs (MCPs).

Immunization IR 2: Comprehensive approaches to disease control designed and implemented.

Line of work 2.1: Design, implement and evaluate comprehensive strategies for long-term measles control and mortality reduction.

- BASICS initiated the development of a national measles strategy.
- Staff provided TA in drafting and disseminating guidelines and criteria for selecting health zones for measles vaccination campaigns as part of the 1999 and 2000 NIDs. The campaigns led to coverage rates of 76.6 percent (3,843,436 children vaccinated) and 69.0 percent (1,328,952 children), respectively.
- BASICS conducted measles situation assessments in Bandundu and Kinshasa Provinces as a part of an ongoing initiative to enhance national strategies and strengthen the routine system and measles control approaches.

Line of work 2.3: Eradicate poliomyelitis while strengthening routine immunization systems.

- BASICS provided TA to all aspects of the 2000 NIDs: microplanning, implementation, supervision, and reporting for polio, vitamin A, and measles. Reported oral polio vaccine coverage for 1999 was 76.0, 86.5, and 79.5 percent, respectively, for each of the three rounds and 96.0, 97.4, and 84.9 percent for 2000.
- The project assisted with revision and tracking of NIDs quality indicators, which were presented as a model for countries at the World Health Organization/Africa Regional Office (WHO/AFRO) Task Force for Immunization meeting.
- BASICS developed reporting systems and provided training for provincial and zonal staff to improve polio eradication efforts and increase impact on routine EPI.
- BASICS provided organizational support and TA for annual EPI coordination between representatives from the DRC's rebel-held provinces and interagency colleagues from Kinshasa.
- The project staff developed the following IEC materials with partners: a planning guide, a communication guide for media professionals, an advocacy guide, a guide for community mobilizers, and community messages for polio, vitamin A, and measles.
- BASICS staff trained personnel at INRB to manage and generate reports from the database for acute flaccid paralysis.
- BASICS initiated an ICC working group to address issues of data collection and quality at all levels.

Nutrition

National vitamin A supplementation efforts reported coverage of 68.9 percent during 2000 NIDs.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated or scaled up.

- BASICS worked with partners to develop and test a comprehensive approach for introducing a sustainable vitamin A supplementation program in three pilot zones in Kinshasa. Protocols, IEC messages, and strategies were developed.
- The project initiated activities to enlarge the scope of vitamin A supplementation activities to include the remaining 19 health zones in Kinshasa.

Nutrition IR 2: Health system capacity for improving child health through nutrition interventions strengthened.

- BASICS coordinated the elaboration of the first national nutrition policy in the history of the country and developed an action plan for nutrition strategies with partners.
- Reorganized the Ministry of Health's nutrition departments to create the unified national nutrition department PRONANUT.
- Project staff assisted PRONANUT in developing an annual action plan.
- BASICS organized a task force of key interagency nutrition partners (both national and international organizations from the public and private sectors) to address nutritional issues in the DRC.

Nutrition IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

- Messages were developed and training provided to outreach workers to improve household behaviors related to vitamin A intake.
- BASICS initiated television broadcasts and worked with the Ministry of Health and nutrition partners to disseminate messages to educate mothers on proper methods for selecting and preparing vitamin A-rich foods found locally.

Malaria

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

- BASICS assisted partners in developing instruments for a survey on caretaker recognition and response in the two pilot health zones in Kinshasa.

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- BASICS spearheaded the organization of the malaria task force.
- The project sponsored *in vivo* drug resistance testing at four sites as part of a multi-agency partnership to revise national malaria treatment protocol.
- BASICS collaborated with PNLP, the Centers for Disease Control and Prevention (CDC), and other partners in the development of rational treatment and prevention policies to use in facility and community activities supported by missions, nongovernmental organizations (NGOs), and other private organizations.

IACH IR 3: Strengthen health worker skills for case management and preventive actions at first- and referral-level facilities.

- BASICS sponsored training for a PNLP staff member on vector control methods and provided support for personnel from the INRB and the PNLP to attend laboratory training at the CDC in Atlanta.
- The project provided support to the situation analysis study conducted by the School of Public Health in Kinshasa.

Key Partners

MOH:

- Offices for EPI and Control of Childhood Diseases (known as PEV/LMTE), 4me Direction, Minister of Health and cabinet, MIPs/MCPs and Antenna and Zonal Chief Doctors (immunization policy revision/implementation, immunization system strengthening, and infectious disease surveillance and reporting)
- PNLP
- 1re-3me Direction, 5me Direction (hospitals, pharmaceuticals, PHC) as appropriate
- nutrition branches: PRONANUT (CEPLANUT, TDCI)

School of Public Health and School of Medicine in Kinshasa

- technical collaboration on updating curricula; training; operations research for immunization, malaria, child survival initiatives

WHO/Kinshasa and AFRO (Harare)

- immunization system strengthening, improving demand and service delivery, cold chain logistics and vaccine handling
- surveillance and health management information system (particularly for vaccine-preventable diseases, including polio)
- polio eradication
- nutrition interventions

UNICEF

- immunization system strengthening, cold chain logistics and vaccine handling, polio eradication, improving demand and service delivery
- IEC for immunization and child health initiatives
- nutrition interventions
- malaria interventions

CDC

- surveillance, health management information system development (in partnership with 4me Direction and PEV-LMTE), measles strategy
- malaria interventions

SANRU (Sante Rurale): USAID bilateral project

- partner in implementing primary health care activities at the health zone level

Rotary International

- polio eradication
- support to Kinshasa province PEV office

NGOs

- Congo Church of Christ, BOM, Diocesan Bureau for Medical Works, Doctors Without Borders, Association of Nutritionists and Dieticians of the Congo, Cooperation Belge, Catholic Relief Services, Population Services International, and others
- collaboration on community-based, decentralized approaches and delivery of services involving health system, private sector, community groups, and others for integrated child health initiatives

Community groups/Private voluntary organizations

- potential TA at national/subnational levels on child health interventions in partnership with: council of churches, ACSA, Muslim and other religious organizations, missionary groups, women's groups, others
- collaboration on community-based child health initiatives in potential focus provinces/health zones

Issues/Constraints

Geographical and logistical constraints, the lack of a national health infrastructure, and ongoing armed conflict in the DRC present a great challenge for coordination and implementation. The DRC also suffers from a dearth of reliable health information, and health personnel are generally unpaid and poorly trained. In addition, international pressure has led the country to make polio eradication a national priority, thus diverting scarce human resources from other urgent health problems. The absence of a stable government has led to frequent shifting of inputs and management (which affects donor and partner roles and functions) and to an artificially low exchange rate, which diminishes the value and impact of monetary inputs.

Program Design

A draft program design for the DRC is included in Annex A

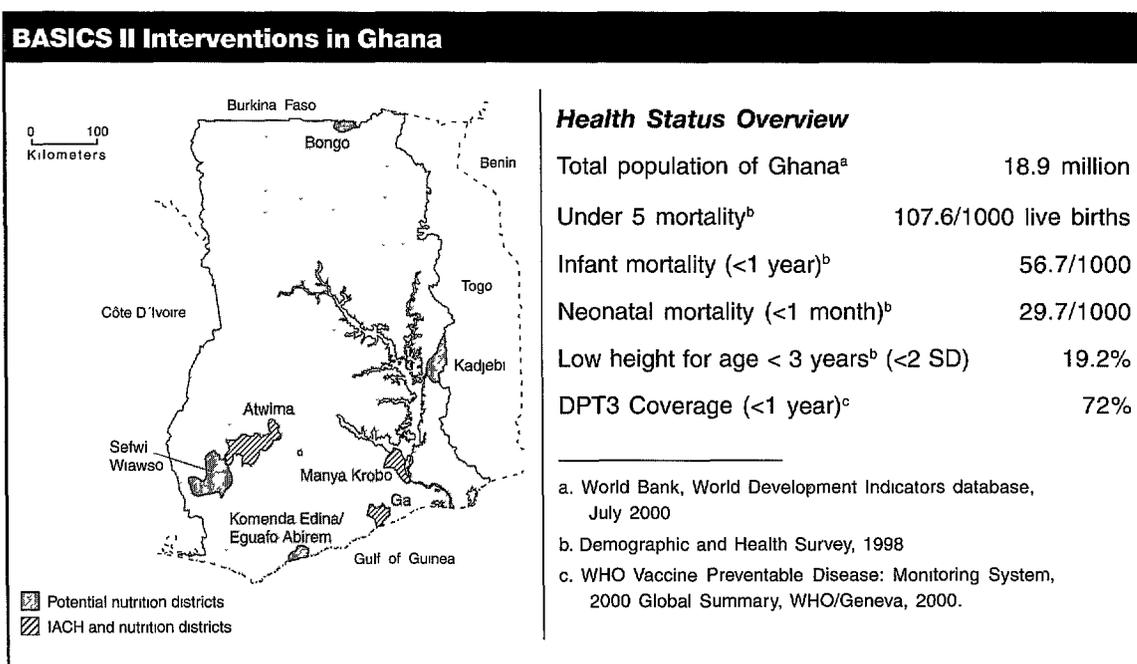
Ghana Country Program

BASICS II in Ghana focuses on achieving five of the project's strategic objectives: increased ORT use; appropriate care seeking for ARI; appropriate care seeking/treatment for febrile illness; appropriate handwashing/home hygiene; appropriate child feeding; and increased immunization coverage (fully immunized child). The project hired a country team leader in October 2000. BASICS II expects to work in Ghana through the end of the project (June 2004).

Program Context

Toward the end of BASICS I, the project provided technical assistance to Ghana's Ministry of Health (MOH) to formulate a child health strategy. By the first year of BASICS II, Ghana's government had decided to adopt the integrated management of childhood illness (IMCI) approach, and the MOH was in the process of adapting it. BASICS, in collaboration with the World Health Organization (WHO) and UNICEF, provided technical assistance (TA) to the MOH for the adaptation process. At the request of the MOH, BASICS II is providing TA in nutrition, integrated approaches to child health (IACH), and immunization to improve the quality of child health services and increase access to and demand for these services.

BASICS supports the MOH at the national level to develop all three components of the IMCI approach. Activities include adapting materials, defining the strategy for community IMCI, and



strengthening the links between health facilities and communities. The project is also providing technical support to partners in developing communication activities on home-based treatment of malaria and use of insecticide-treated materials (ITMs).

BASICS is assisting the MOH in improving integrated child care at health facilities by ensuring quality of training, adequate health worker supervision, and strengthened referral systems from the community to first-line facilities to secondary care facilities. The project's emphasis, however, is to strengthen early detection of acute respiratory infections, fever, and diarrheal disease and encourage appropriate preventive and care-seeking behavior. The MOH has selected four districts in different regions for the initial implementation of IMCI: Manya Krobo, Tolon, Atwima, and Ga.

In these four districts, nutrition activities are being integrated with disease prevention and treatment through monthly community-based growth promotion sessions at which trained community volunteers offer counseling in feeding and disease prevention. Other community-based agents, including trained traditional healers and chemical sellers, members of existing community-based organizations and nongovernmental organizations (NGOs), and relevant agents in governmental sectors such as agriculture and community development, will also offer services and deliver messages.

BASICS is expected to assist the MOH Nutrition Unit in community-based growth promotion activities in four more districts—Kadjebi, Bongo, Sefwi-Wiawso, and Komenda-Edina—which are also sites for a proposed Learning and Innovation Project funded by a World Bank loan. BASICS will also work with the MOST Project (Micronutrient Operational Strategies and Technologies) and the MOH to explore periodic distribution of vitamin A to children six- to 59-months old through routine outreach services.

BASICS assistance in immunization consists of helping to develop interagency collaboration regarding policies and planning—with a focus on communication and social mobilization strategies, planning, and implementation at national, regional, and selected district levels. The project will collaborate with district health management teams to review routine EPI (Expanded Program on Immunization) and polio plans, to apply a communication-planning methodology, and to coordinate information, education, communication (IEC) and social mobilization activities with other sectors, most notably nutrition. The resulting model may be applied nationally and will have implications for other countries as well.

Main Lines of Work and Progress to Date

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

- BASICS/Ghana held a workshop for district personnel on examples of existing in-country community-based child health programs.
- The project initiated an orientation to IMCI and planning in Ga district for district and regional staff.
- IMCI team members revised the IMCI curriculum for traditional healers.
- BASICS assessed local NGOs' potential to achieve child survival results.
- BASICS provided technical support to a planning workshop held to develop a national communication strategy for home-based treatment of malaria.
- BASICS staff organized a workshop to orient national managers to community IMCI.

Key Partners

MOH:

- Maternal and Child Health/Family Planning Unit: Center for planning and implementation of IMCI activities
- Nutrition Unit: Counterpart for nutrition activities; member of IMCI committee
- EPI Unit: Counterpart for national-level immunization activities
- Health Education Unit: Responsible for national-level communication and behavior change (CBC) strategy formulation and development
- District health offices: Partners in planning activities at the district level

MOST Project: collaborating partner in testing sustainable approaches to vitamin A distribution

LINKAGES: Collaborating partner in consultative research on child feeding, CBC

WHO: Partners in IMCI development and implementation at the national level

UNICEF: Partner in IMCI development, C-IMCI implementation

PLAN International: Potential partners in community-based growth promotion activities

- The project provided technical support to the Ghana Social Marketing Foundation and National ITM Task Force.

IACH IR 3: Strengthen health worker skills for case management and preventive actions at first- and referral-level facilities.

- BASICS adapted, edited, and produced IMCI clinical materials.
- The project completed research on local terms related to child health and illness.
- BASICS conducted the first training of national IMCI training facilitators and also the training of health workers in IMCI.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

- BASICS advocated with the MOH and private voluntary organizations for community-based growth promotion with improved counseling.
- The project initiated the adaptation of growth promotion materials (manual for implementers, training guide, and counseling cards).
- The project advocated community-based growth promotion during the district IMCI orientation in Ga.

Nutrition IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

- BASICS adapted feeding recommendations for infants and young children through consultative research (trials of improved practices) and incorporated them into IMCI materials.

Immunization IR 1: Routine immunization coverage increased sustainably through system strengthening.

- BASICS co-facilitated national and regional workshops to support EPI and health education units (HEUs) and to promote IEC components for routine immunization (beyond polio eradication).
- Project staff trained regional EPI and HEU staff members in communication planning (including advocacy, social mobilization, and program communication), and participants submitted regional EPI communication plans.
- BASICS oriented regional and district EPI staff in five regions on the communication components of Ghana's five-year EPI plan and the components included in the district and regional immunization and polio eradication plans submitted to central EPI.

Issues/Constraints

The long period of time that Ghana's MOH needs to develop community-based activities may limit the project's reach into enough communities to have a public health impact. Budgetary constraints, both from BASICS and in districts, may limit the provision of monitoring and supervision needed to make community-level programs successful, and community volunteers may not be sufficiently motivated to provide services. In addition, the emphasis on polio eradication will make strengthening of routine immunization services a challenge.

Program Design

A detailed program design for Ghana is included in Annex A.

Guinea Country Program

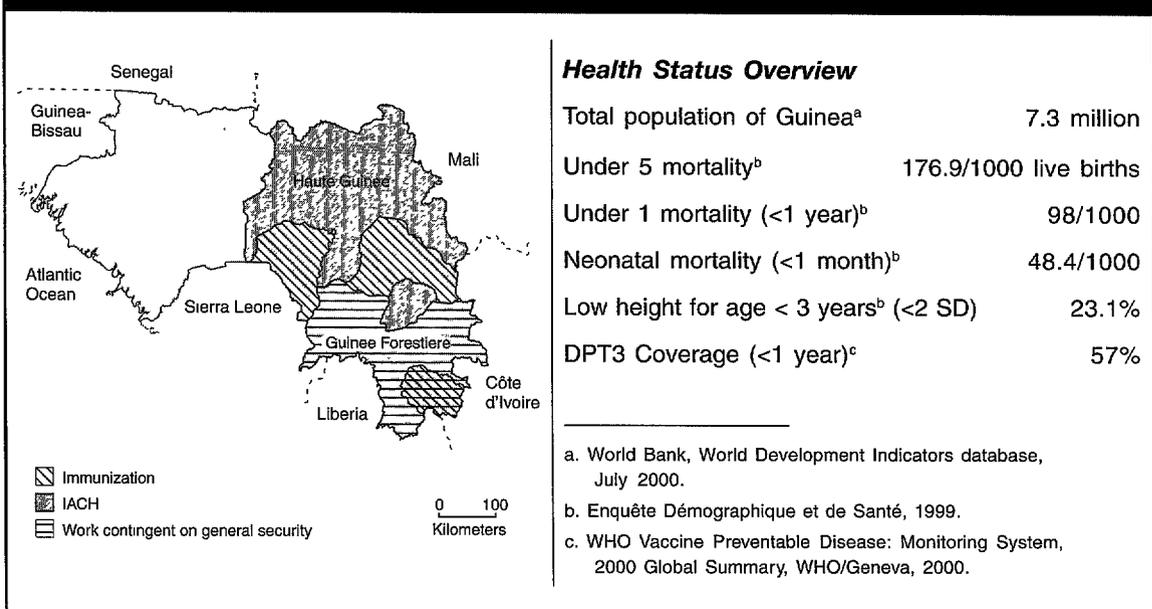
BASICS II in Guinea focuses on achieving two of the project's strategic objectives: increased immunization coverage (fully immunized child); and increased measles coverage. BASICS II hired a country team leader in the third quarter of FY 2000. BASICS II immunization activities are expected to continue through the end of the project. Support for IMCI activities is expected to end in FY 2002.

Program Context

BASICS supports Ministry of Health (MOH) efforts to strengthen systems for routine immunization services and expand measles immunization coverage, and to institutionalize child survival strategies by establishing community- and facility-based IMCI. Interventions and support are targeted at the two USAID regions of Haute Guinée and Guinée Forestière. These initiatives contribute to achieving USAID/Guinea's strategic objective of increasing use of essential preventive services and practices for family planning, maternal and child health, and sexually transmitted infections and AIDS.

The goal of BASICS immunization support in Guinea is to expand routine immunization coverage (particularly the number of fully immunized children) with conventional vaccines and to expand measles immunization coverage using sustainable strategies. In addition, the introduction of new and underutilized vaccines will be considered once approved by the Global Alliance for Vaccine and Immunization (GAVI). Although Guinea is not actually eligible for the introduction of new vaccines

BASICS II Interventions in Guinea



(DPT3 less than 50 percent), it is expected that GAVI might reconsider its position and assist Guinea in incorporating the yellow fever vaccine into routine EPI because of the widespread yellow fever epidemic. Advocacy at the October 2000 Ouagadougou conference of EPI managers for the West Africa Epidemiology Block highlighted this issue.

BASICS assists the MOH in developing a strategy for partner collaboration to update and implement the five-year plan based on the results of the EPI review. A focus of the program is to strengthen managerial capacity for EPI activities at district level as well as to improve performance in the areas of EPI/primary health care/essential medicines training and integrated supervision.

The goal of BASICS IACH support in Guinea is to improve child survival through the three components of the childhood illness management strategy. With a strategy of partner collaboration and technical assistance, BASICS assists the MOH in increasing use of oral rehydration therapy, appropriate care seeking and treatment of acute respiratory infections, and appropriate care seeking and treatment for children with febrile illness in malaria-endemic areas.

IACH activities focus on the national, district, and community levels and targets policymakers and decision makers (both from the MOH and nongovernmental organizations, or NGOs), district management teams, health center personnel, community workers, volunteers, and caretakers in an effort to improve overall performance of the health system in managing child health.

Main Lines of Work and Progress to Date

Immunization IR 1: Routine immunization coverage increased sustainably through system strengthening.

- The BASICS West Africa Regional Office (WARO) immunization advisor made exploratory trips to Guinea to determine the role of assistance within the context of the Operational Plan.
- BASICS/WARO immunization and behavior change advisors played a key role in EPI review.
- Project staff prepared the Five-Year Overview and 2001 Action Plan (which lays down the direction BASICS will follow in supporting the EPI in Guinea) based on the findings of the EPI review.
- BASICS provided assistance in preparing a memo of understanding to guide the various partners supporting immunization activities.
- A memorandum for the record was prepared for USAID/Global, USAID/Guinea, and BASICS outlining the project's technical role in strengthening immunization.

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- BASICS and the World Health Organization (WHO) provided technical assistance to an IMCI Orientation and Strategy Planning workshop.
- The project hired and oriented a country team leader/IACH advisor to assist the MOH in implementing the IMCI strategy.
- BASICS provided assistance to the MOH and partner organizations in preparing a memorandum of understanding for IMCI implementation.

Key Partners

MOH:

- National Directorate of Public Health (Key implementing partner at the national level)
- Regional Health Inspection Teams (Key implementing partners at the regional level)
- District Management Teams (Key implementing partners at the district level)

USAID-funded partners:

- PRISM (Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA): Key bilateral partner
- Adventist Development and Relief Agency (Key partner at national and community levels)
- Africare (Key partner at the district and community levels)
- Save the Children (Key partner at the community level)
- Helen Keller International (Key partner at the national level)

International NGOs:

- WHO (Key partner at global and national level)
- UNICEF (Key partner at global and national level)
- World Bank/Projet Population et Santé Genesique (Key partner at global and national level)

Foreign Government Donor Agencies:

- Japanese International Cooperation Agency (Indirect partner providing related funding to MOH)
- European Development Fund (Indirect partner providing related funding to MOH)

Issues/Constraints

Since September 2000, areas where BASICS conducts interventions have been the sites of armed attacks from neighboring warring countries (Sierra Leone and Liberia). This poses an ongoing threat for the program. Other issues that will likely be resolved in the first six months of 2001 are related to the MOH. First, the MOH has neither hired nor identified a counterpart for the BASICS IACH advisor. Second, the MOH is overcommitted in other areas and therefore has limited resources and time to focus on IACH. Finally, the MOH's Coordination Unit for Immunization is understaffed. In spite of these constraints, the country team leader/IACH advisor has developed excellent relationships with the MOH and other partners during this start-up phase, strengthening BASICS position—which is viewed by the MOH as a that of a key partner for child survival activities.

Program Design

The program design for Guinea is under development.

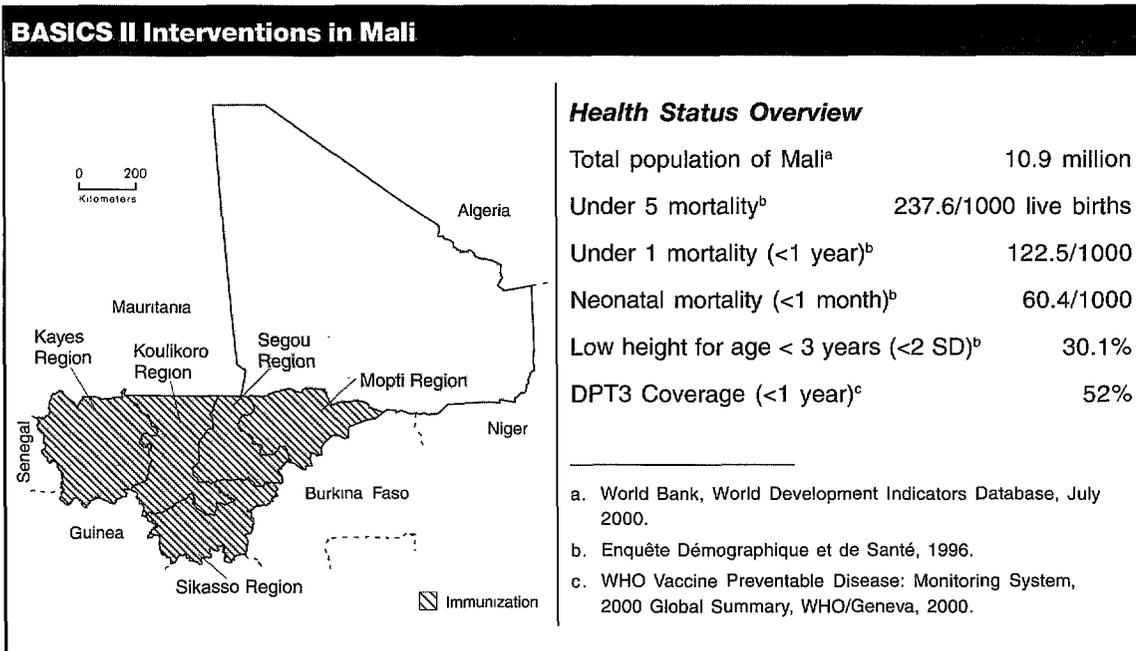
Mali Country Program

BASICS II in Mali focuses on achieving two of the project's strategic objectives: increased immunization coverage (fully immunized child); and increased measles coverage. BASICS I operations in Mali transitioned to the new project in FY 2000. Implementation began FY 2001. USAID/Mali has made a commitment to the Centre National d'Immunisation (CNI) to provide limited financial support to BASICS II through FY 2002.

Program Context

In December 1998 an external EPI (Expanded Program on Immunization) review indicated that 31.5 percent and 46 percent of children (verified versus recall, respectively) were fully immunized. In April 2000 a preliminary assessment was conducted by a team of BASICS staff and Malian counterparts to review child health programs, identify gaps and constraints, and develop a preliminary plan to address identified needs. The team's assessment validated information gleaned from evaluation reports and other documents and helped underscore the need to strengthen the technical and programmatic capacities of the Mali EPI.

BASICS proposed recruitment of a long-term technical advisor to work with the CNI and its partners to implement a strategy that would improve coverage and quality of immunization services. An advisor was hired and began work at the CNI in FY01. Although BASICS program



work is based at the central level at the CNI, its focus includes the most populous regions of Mali, which are the districts of Bamako, Kayes, Koulikoro, Mopti, Segou, and Sikasso. As the program was developed, key immunization partners have emphasized that the need in Mali is for high-quality technical immunization assistance.

Various donors provide adequate funding, but several key constraints contribute to low levels of immunization coverage and quality: a lack of collaboration among partners, a dearth of trained personnel at all levels, and inadequate absorptive capacity for program money. The BASICS strategy addresses the shortfalls in technical capacity and seeks to bring partners together for a more collaborative approach that will maximize the use of resources and limited national technical capacity.

BASICS, in collaboration with partners, seeks to strengthen and support the CNI Operational Program to achieve the following results:

- increased immunization coverage (fully immunized child) among high-risk infants and children under the present EPI; and
- 90 percent measles immunization coverage achieved through sustainable methods.

In order to achieve these results, BASICS and the CNI, along with other partners, have set the following goals:

- Initiate and strengthen routine immunization microplanning capacities through a peer-teaming strategy in six regions.
- Develop and implement innovative approaches and strategies to reduce dropout rates.
- Develop and disseminate a communication and behavior change strategy, including advocacy and social mobilization tools, to increase and sustain demand for immunizations.
- With partners, support an accelerated measles initiative, with a focus on routine system strengthening; document and disseminate the experience nationwide.
- Participate in implementation of the High Risk Approach for maternal and neonatal tetanus elimination and document and disseminate the experience in the West Africa region.
- Support development of plans, procedures, and standards for improved immunization safety.

Main Lines of Work and Progress to Date

Immunization Intermediate Result 1: Routine immunization coverage increased sustainably through system strengthening.

- The BASICS West Africa Regional Office immunization advisor made exploratory trips to Mali with emphasis on determining the role of BASICS activities within the context of the Ministry of Health (MOH) Operational Plan. The advisor assisted with revision of the CNI Plan of Operation while ensuring that BASICS activities were consistent with USAID/Mali and MOH priorities.
- BASICS established a work plan and, with its partners, developed a five-year overview and one-year activity timeline for immunization activities.

Key Partners

Ministry of Health: partner at national, regional, district, and community levels

- CNI (key implementing partner at the national, regional, and district levels)
- CSCoM (Centres de Santé de Commune; key partner at the community level)

Nongovernmental organizations (key partners at global, national, and regional levels;

BASICS provides technical input to these organizations):

- UNICEF
- World Health Organization
- World Bank
- Japanese International Cooperation Agency

John Snow, Inc./Youth Fulfillment Program: USAID bilateral and implementing partner at the regional level

- BASICS assisted the CNI in disseminating the EPI results at the regional and district levels.

Issues/Constraints

Interagency collaboration with CNI needs to be strengthened, which requires a commitment to meet regularly and coordinate activities with all immunization partners.

Program Design

A detailed program design for Mali is included in Annex A.

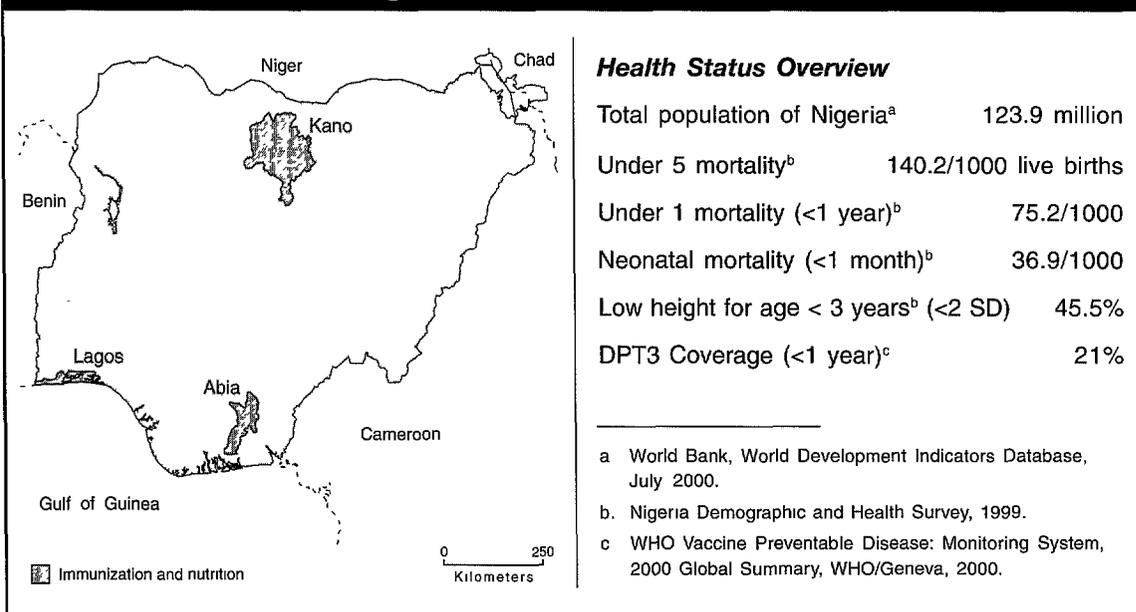
Nigeria Country Program

BASICS II in Nigeria focuses on achieving three of the project's strategic objectives: appropriate breastfeeding; increased consumption of vitamin A; and increased immunization coverage (fully immunized child). BASICS I operations began in Nigeria in 1993 and transitioned to BASICS II in June 1999. Activities in Nigeria are expected to continue through the life of the project (June 2004).

Program Context

Although BASICS II encountered political constraints after the fall of General Sani Abacha's government, the project retained its commitment to USAID/Nigeria's Strategic Objective Three, which is "to improve maternal and child health through the development of child health and nutrition programs." Initial BASICS activities focused on extending the community-based private sector health care delivery model developed by BASICS I into 20 Local Government Areas (LGAs) in Lagos, Kano, and Abia states. This community-based model, known as the Community Partnerships for Health (CPHs), was developed in the slums of Lagos to promote active collaboration between community residents and a number of community-based organizations and members of the private and commercial health sectors. Through 1999 and into 2000, BASICS II continued to contribute technical assistance, training, and organizational management to assist these nascent nongovernmental organizations (NGOs) in mobilizing their communities to improve health services, empower women, and carry out participatory decision making. The CPH program, which has 86,000 subscribing members, extended health and social benefits (such as microcredit

BASICS II Interventions in Nigeria



and women's empowerment initiatives) to over three million Nigerians. The beneficiaries of CPH programs include an estimated 600,000 children under five years of age.

The change in government in 1999 has allowed for greater collaboration between BASICS and the Federal Ministry of Health (FMOH). As a result, BASICS (through support from USAID) has changed strategies and expanded its activities beyond the community to the LGA, state, and national levels. At the end of 2000 BASICS developed a plan for CPH independence. Other changes included focusing activities on immunization and nutrition and strengthening the project's management and technical team. The change in strategy also involves greater emphasis on collaboration with other development partners and the private sector in order to achieve greater public health impact.

Within the reporting period BASICS has:

- assisted the National Program of Immunization (NPI) in conducting rounds of national immunization days (NIDs) to immunize Nigeria's under-five population against polio;
- developed a microplanning process to prepare LGAs and communities for routine immunization and vitamin A distribution;
- conducted a comprehensive survey and a study of the knowledge, attitudes, and practices (KAP) of more than five thousand mothers and children in the project area;
- assisted the NPI in developing a training plan to include vitamin A distribution and polio eradication as part of NIDs;
- developed women's empowerment and democratization components for implementation at the community level;
- formed breastfeeding support groups (BFSG) and Women's Empowerment Committees (WECs) in the three states where BASICS works;
- developed Rapid Advocacy Tools (for Nigerian policymakers) regarding routine immunization and;
- assisted the FMOH in developing strategies for its Roll Back Malaria (RBM) and community integrated management of childhood illness (C-IMCI) programs.

Main Lines of Work and Progress to Date

Immunization Intermediate Result (IR) 1: Routine immunization coverage increased sustainably through system strengthening.

- After training State Ministry of Health (SMOH) staff, BASICS and the SMOH conducted health facility assessments in all 20 of the LGAs where BASICS works.
- BASICS designed a Rapid Advocacy Tool for policymakers on routine immunization.
- With SMOH, USAID, and NPI, BASICS held advocacy meetings with CPH and non-CPH LGAs to promote routine immunization. Over 320 participants were involved.

Immunization IR 2: Comprehensive approaches to disease control designed and implemented.

- Working with the FMOH, NPI, USAID, UNICEF, the British Department for International Development (DFID), and the World Health Organization (WHO), BASICS collaborated in

interagency coordinating committees and NIDs-related activities. This included regular interagency coordinating committee (ICC) meetings, as well as subcommittee meetings to review and finalize training materials.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

- BASICS worked with CPHs to strengthen the role of WECs and BFSGs in Kano and Lagos with regard to child health activities. This involved CPHs collaborating with LGAs to plan and implement activities, such as street drama, health talks, and rallies during National Breastfeeding Week.

Nutrition IR 2: Health systems capacity for improving child health through nutrition activities strengthened.

- With WHO/Geneva, BASICS conducted two training-of-trainers (TOT) sessions on breastfeeding counseling with 31 individuals from the government, and WECs, as well as community health workers.
- BASICS, USAID, WHO, NPI, FMOH, UNICEF, and Polio Plus became members of the newly formed ICC Subcommittee on Vitamin A.

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

- Malaria rapid assessments were conducted among 900 children under five in the Lagos area.
- BASICS began to explore the need for increasing demand and access to insecticide-treated materials for the control of malaria.
- BASICS worked with the FMOH National Malaria Control Program, WHO, UNICEF, DFID and World Bank to develop the Nigerian RBM strategy.
- BASICS continued its involvement in the National C-IMCI Working Group's development of a nationwide strategy.

Peri/Neonatal IR 1: Interventions to reduce neonatal morbidity and mortality developed.

- The project examined the current role and skills of TBAs to assess potential involvement in future activities.
- Peri/Neonatal components were developed for the knowledge, attitude, and practices baseline study and the information, education, and communication strategy.

Activities related to CPH independence:

- Promoting CPH autonomy involved initiating the process of registering Aba CPHs as NGOs in Abuja and at state and LGA levels; developing a draft MOU between CPHs and LGAs; clustering CPHs into manageable population sizes for volunteers to work in; and developing a CPH Procedural Manual and Personnel Policy.
- BASICS provided CPHs with skills to ensure sustainability, including leadership and management training for CPHs in Kano (40 representatives); three-day training for Aba CPHs

Key Partners

FMOH, particularly the Department of Community Development and Population Activities and the National Immunization Program:

- Major partners in community development and immunization activities

SMOHs: Partners at the LGA and state levels

- Collaborators in nutrition and immunization activities

Johns Hopkins University/Center for Communication Programs:

- Collaborating partner for CBC activities

UNICEF/DFID:

- Co-implementers of nutrition and immunization programs

Rotary International/Red Cross:

- Partners in polio eradication and routine immunization

World Bank:

- Co-participant in routine immunization planning

CEDPA/Family Health International/Johns Hopkins University:

- Co-participants in the Joint Services Management Board

in financial management and sustainability (140 people); a proposal writing workshop for Kano CPHs (25 participants); a conflict resolution meeting in the Amukoko CPH, Lagos (12 CPH participants); strengthening cooperatives and microcredit activities in Lagos and Aba CPHs; appraising Kano and Lagos cooperatives; and assisting CPHs in addressing constraints.

- BASICS worked with CPHs on issues related to community mobilization such as promoting community mobilization for post-NIDs activities (100 participants from Lagos, 140 from Kano, 75 from Aba); conducting deliberation meetings on “Health Subsidy and Use of CPH Members as Consultants”; and meeting with 200 participants from all six Lagos CPHs to discuss methods of influencing a broader audience and future modalities of operation.
- BASICS/Nigeria promoted democracy and governance (D&G) by establishing a constitution review and monitoring elections in the Kano and Aba CPHs; holding an information sharing forum in Lagos with the SMOH for linking CPHs with public sector activities; running a TOT workshop on D&G (with emphasis on children’s right to be fully immunized and exclusively breastfed) for 50 participants from all five Aba CPHs; conducting a mass training using the TOT participants from Aba with 100 people per CPH (500 total); conducting D&G training with women and youth in Kano CPHs; holding a mock parliament exercise in Aba (attendees included community members, the Executive Governor of Aba State, the Commissioner of Health, and the Aba South LGA Chairman); and strengthening Women’s Empowerment Committees among CPHs in all three regions.

Activities illustrating progress towards CPH autonomy:

- A grant was awarded to the Makoko CPH in Lagos from the Office of Transition Initiatives to conduct a D&G seminar, attended by key community leaders, LGA councilors, the Director of Primary Health Care, Lagos SMOH, medical officers, and others.
- Jas CPH in Lagos won the U.S. ambassador’s grant for an income-generation project to partition a container into shops (partitions have already been rented out to shopkeepers).

- Two Lagos-based CPHs collaborated with the ENABLE project (Center for Development and Population Activities, or CEDPA) in distributing family planning supplies.

Issues/Constraints

The time and resource demands of the national polio eradication effort tend to divert attention of BASICS staff away from planned work in the areas of routine immunization and nutrition. Although the goals of the National Immunization Days Program are extremely important, building a sustainable delivery system for immunization and nutrition services will be essential in the long term.

In its first 18 months, BASICS/ Nigeria has undergone a significant change in orientation and direction, moving from a community-based, private sector focus to a broader scope and working with the FMOH and other implementers at the LGA, state, and national levels. This change was necessary to achieve greater public health impact, but it is important that the accomplishments of the CPH not be lost.

Program Design

A draft program design for Nigeria is included in Annex A.

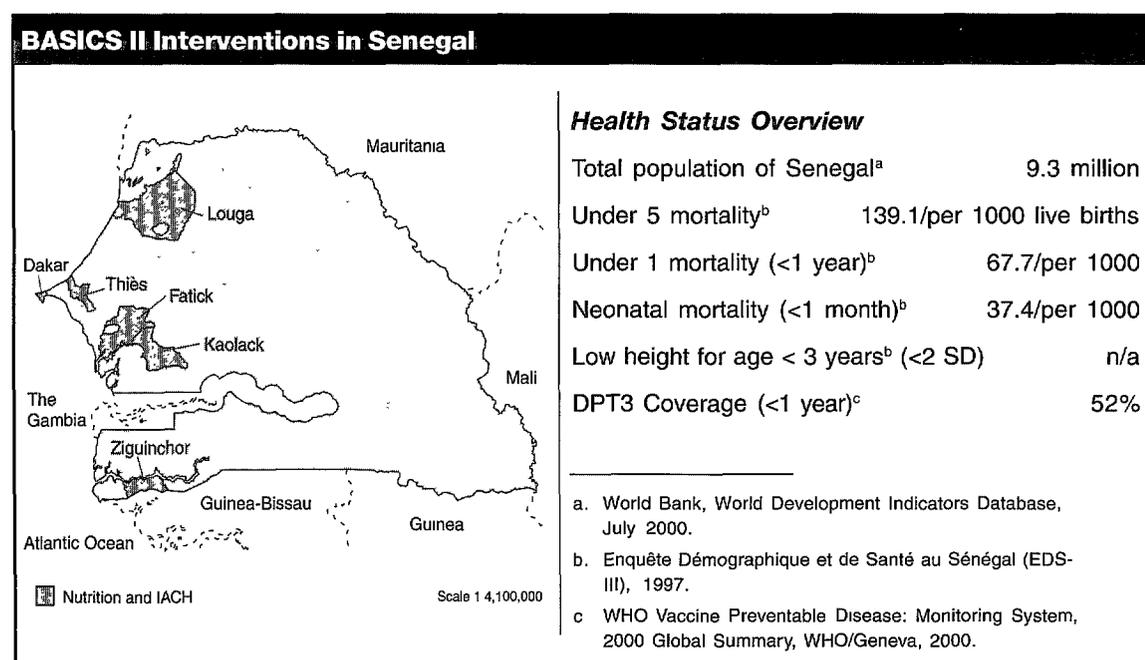
Senegal Country Program

BASICS II in Senegal focuses on achieving seven of the project's strategic objectives: increased ORT use; appropriate care seeking for ARI; appropriate care seeking/treatment for febrile illness; increased use of insecticide treated materials; appropriate breastfeeding; appropriate child feeding; increased consumption of vitamin A; increased immunization coverage (fully immunized child); increased measles coverage; and introduction of new/underutilized vaccines. BASICS I activities in Senegal started in 1993. Activities under BASICS II in Senegal are expected to continue through the life of the project (June 2004).

Program Context

At the request of USAID, the BASICS I program in Senegal was designed to strengthen the Nutrition and Control of Diarrheal Diseases (CDD) programs implemented by *Service National de l'Alimentation et de la Nutrition (SNAN)*, with priority given to upgrading the skills needed to plan and manage those programs.

In 1999 and 2000, USAID reoriented its support for maternal and child health, family planning, and HIV/AIDS control in Senegal through a series of bilateral procurements. In September 2000, USAID and BASICS II reached agreement on a program that builds on and expands the work carried out under BASICS I. The program is congruent with the priorities of the Ministry of Health



(MOH) as laid out in the National Health Development Program. It is based on the principles of decentralization, collaboration with the private sector, and an integrated approach at community level. The program covers the following areas: immunization, integrated approaches to child health (IACH)—including malaria—nutrition, and peri/neonatal care. It is the first time that USAID is involved in the areas of immunization and malaria control.

BASICS II interventions in Senegal will expand to cover six regions, 29 of the country's 52 districts, and 237 of 378 local communities (Regional Council, Commune, Rural Community).

At the national level, BASICS II works with and through the following National Services of the MOH to strengthen the country's capacity to plan, implement, and evaluate child health services.

- Service National de l'Alimentation et de la Nutrition (SNAN)
- Service National des Grandes Endemies (SNGE)
- Service National de l'Education pour la Santé (SNEPS)
- Service National de la Santé de la Reproduction (SNSR) and
- Service National de l'Hygiène (SNH)

Public sector partners at the regional, district, and community levels include six regional and 29 district health teams and about 300 head station nurses in child survival. These nurses, in turn, work with community *relais* in selected areas. The project also supports integrated activities for information, education, and communication (IEC), communication and behavior change (CBC), and social mobilization. BASICS also promotes activities conducted by community associations or community-based organizations (CBOs; especially groups that involve women) and by local nongovernmental organizations (NGOs).

Main Lines of Work and Progress to Date

Nutrition Intermediate Result (IR) 1: Community-based integrated health and nutrition approaches are demonstrated and/or scaled up.

- BASICS organized workshops (60 participants from 15 districts in the Fatick, Kaolack, and Louga regions) to identify opportunities, constraints, and gaps related to further expansion of the Paquet d'Activités Intégrées de Nutrition (PAIN) program. Facilitators successfully used a tool/checklist developed by BASICS to guide discussions.
- Plans developed at the workshops by the district teams will be integrated with plans being developed through assistance from other USAID cooperating agencies (CAs).
- BASICS introduced the heads of private Catholic dispensaries (23 nurses) from Dakar and Fatick to PAIN. The orientation covered the underlying rationale, technical content, required resources, supervision, communications approaches, and other aspects of PAIN.
- BASICS participated in a workshop organized by Kebemer district to harmonize BASICS and World Vision interventions. The project also participated in a Christian Children's Fund (CCF)/Community Action for Nutrition and Health (CANAH) workshop on involvement of grandmothers in IEC.
- Group discussions with representatives of local communities were organized in eight districts (Louga, Kebemer, Darou Mousty, Darah, Linguère, Kaolack, and Thiadiaye) in three regions (Louga, Kaolack, and Thiès) by USAID and its CAs (Development Associates Incorporated/

Abt Associates, Family Health International, BASICS, Management Sciences for Health). The meetings were used to present the health strategies and activities being proposed. The eight districts are those targeted for matching grants from USAID. The main activities proposed by BASICS were strengthening and extension of nutrition activities, community integrated management of childhood illness (C-IMCI), and immunization.

Nutrition IR 2: Health system capacity for improving child health through nutrition activities strengthened.

- BASICS and SNAN finalized and disseminated a Feeding Guide (*Guide Alimentaire*) outlining appropriate nutrition practices. One thousand copies were distributed to the ten regional medical teams and the 52 district teams by SNAN and the rest were given to about 20 partner organizations (i.e., World Vision, International Plan, etc.)
- Project staff, in collaboration with SNAN, organized an orientation workshop on PAIN for newly appointed health staff in the Kaolack, Fatick, and Louga regions.
- BASICS trained 18 medical doctors, 18 primary health care supervisors, 18 health education supervisors, 15 maternal health supervisors, 3 alimentation supervisors, and 41 nurses from regional and district teams in the regions of Kaolack, Fatick and Louga. Training covered the use of IEC counseling cards.
- One workshop per region was organized by SNAN and BASICS to share the results of the PAIN evaluation. Each district team examined problems related to different components (training, tools, equipment, implementation) and proposed solutions. Teams included medical doctors, primary health care supervisors, maternal health supervisors, health education coordinators, and nurses, all of whom are in charge of implementation and supervision of PAIN.

Nutrition IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

- Almost 500 community workers were trained in the use of IEC counseling cards for PAIN by the health workers in their regions and districts.
- Radio spots with messages on nutrition (pregnant women and child) and home management of diarrhea were developed by BASICS in collaboration with national and regional health education staff and broadcast for 90 days in three regions (Louga, Kaolack, and Fatick).
- An evaluation of the radio spots performed by a private agency, with support from BASICS, showed that 45 to 65 percent of people interviewed said they had heard the messages. Of that group, 70 to 90 percent said they had adopted the recommended behavior changes.
- BASICS helped develop technical guidelines for vitamin A supplementation. BASICS staff supervised this activity in the Dakar region with SNAN staff. Contrary to expectations of the health staff, the experience showed that community workers were capable of providing vitamin A under health staff supervision.
- After vitamin A distribution was successfully incorporated in the NIDs, SNAN with support of its partners (UNICEF, BASICS, World Health Organization [WHO], NGOs) organized National Micronutrient Days in May 2000. BASICS participated in technical and IEC/social mobilization committees and developed and printed guidelines and training and IEC materials.
- UNICEF, BASICS, and the MOH supported an evaluation of the Micronutrient Days that showed 95 percent of children six to 59 months old received vitamin A.

- SNAN, with technical support from BASICS, UNICEF, the National Committee on Breastfeeding, NGOs, the MOH, and local organizations and individuals worked with five district teams to organize Breastfeeding Week in the region of Louga. Social mobilization activities (group sessions, preaching, theater) were carried out by women's groups, youth organizations, and religious and political leaders. BASICS supported IEC activities, including radio and television broadcasts, development of messages, and printing of posters.

Immunization IR 1: Routine immunization coverage increased sustainably through system strengthening.

- BASICS assisted in an Operational Planning exercise for districts.
- BASICS helped to formulate the national plan for long-term measles control and mortality reduction.
- BASICS participated in planning, IEC material development, and promotion of NIDs.
- BASICS supported supervision in 15 districts assisting the MOH in the evaluation of the NIDs.

IACH IR 2: Strengthen health worker skills for case management and preventive actions at first- and referral-level facilities.

- BASICS participated in a workshop on adaptation and finalization of IMCI tools in Mbour. The project also assisted in the production of IMCI tools.
- BASICS organized an IMCI baseline survey in Kaffrine and Kebemer districts. Three workshops for 69 health workers, partners, and members of international organizations and NGOs were organized to analyze the results of the survey, finalize the adaptation of modules, and prepare for training of health workers in Kebemer and Kaffrine.
- BASICS trained 30 IMCI trainers from national services, regions, and districts at the National School of Nurses and Midwives.
- Two rounds of IMCI training were held for 70 health workers in Kaffrine district.

Key Partners

MOH: partner at national, regional, and district levels.

- National level: SNAN, SNGE, SNEPS, SNSR
- Regional and district levels: six regional health teams in Fatick, Kaolack, Louga, Thiès, Dakar, Ziguinchor and 29 district health teams within these six regions

NGOs: World Vision International, PLAN International, CCF/CANAH, Dispensaires Catholiques (Catholic Health Posts), Rotary International, Siguil Jiggen (women's group)

CBOs: women's groups, youth groups, health committees, local governments

Multilaterals: partners at the national level in malaria, EPI, and IMCI

- Projet de Nutrition Communautaire (a World Bank-funded project)
- WHO
- UNICEF

USAID CAs: MSH, Agence Pour le Développement du Marketing Social, FHI, DAI/Abt Associates

Public/private partnership: with Colgate-Palmolive

Issues/Constraints

- BASICS has redefined its collaboration with the MOH from implementing partner to technical assistance resource. Although accepted in principle, the specific implications of this changed relationship will demand close attention throughout the life of the project to ensure success.
- The Senegal program also faces structural constraints, including lack of personnel (especially at the peripheral level in regions targeted by specific interventions). It is hoped that the MOH can solve the personnel shortages in the target districts.

Program Design

A detailed program design for Senegal is included in Annex A.

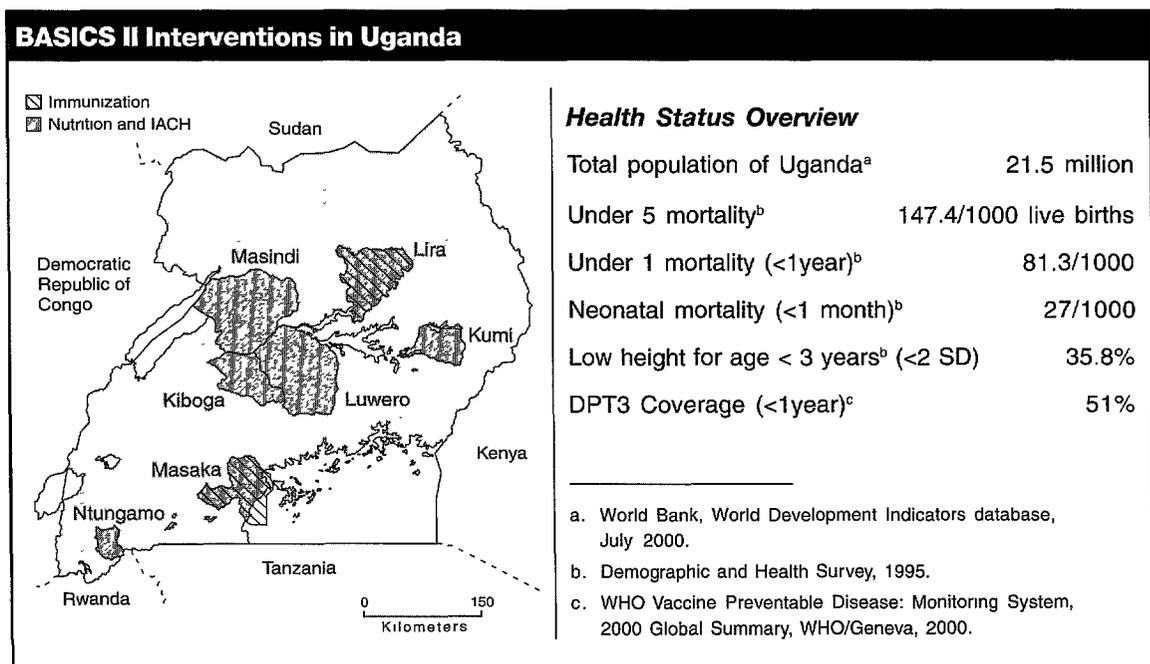
Uganda Country Program

BASICS II in Uganda focuses on achieving seven of the project's strategic objectives: increased ORT use; appropriate care seeking for ARI; appropriate care seeking/treatment for febrile illness; appropriate child feeding; increased immunization coverage (fully immunized child); increased measles coverage; and introduction of new/ underutilized vaccines. The program opened an office in August 2000. Activities in Uganda are expected to continue through the life of the BASICS II Project (June 2004).

Program Context

In Uganda, BASICS supports MOH activities to revitalize and strengthen routine immunization services and to accelerate the MOH's Community IMCI (Integrated Management of Childhood Illnesses) program by focusing on key family practices related to disease prevention, appropriate care seeking, appropriate home care, and growth promotion.

The objective of BASICS immunization assistance in Uganda is to develop affordable strategies and approaches for rejuvenating and sustaining immunization services. BASICS uses a bifurcated approach that includes developing and testing methods to strengthen district- and community-level capacity while working with the national team to mainstream these strategies. BASICS will work through the Uganda National Expanded Program for Immunization (UNEPI) headquarters and at



district and community levels to address key areas, such as: policies and guidelines in the light of health sector reform; routine microplanning at appropriate operational levels to develop local strategies for mobilizing communities and increasing the number of fully immunized children; and routine use of information by districts and health facilities for monitoring performance. BASICS has hired a Ugandan immunization advisor who will work within UNEPI. The project is also in the process of selecting the first two districts for testing immunization approaches in 2001 before additional phased expansion is implemented nationwide.

The goal of BASICS integrated nutrition and integrated approaches to child health (IACH) work is to accelerate and strengthen interventions for the implementation of C-IMCI. BASICS supports its partners at:

- policy level, for advocacy and guidelines development to ensure appropriate implementation of C-IMCI and growth promotion;
- district, health center, and community levels to build capacity for preventing common childhood illness, improving home care of sick children and care-seeking behavior for diarrhea, ARI, and malaria; and for promoting active participation to improve health care for children; and
- multiple levels to support a communication and behavior change strategy that will support quality of care from community resource persons.

BASICS works to strengthen the linkage between the Ugandan Ministry of Health and its districts and nongovernmental organizations and community-based organizations (NGOs/CBOs) in order to promote greater NGO/CBO involvement in implementing C-IMCI.

As with its immunization strategy, BASICS takes a twofold approach to nutrition and IACH. It supports partners in establishing community health activities in six districts identified for early C-IMCI implementation (Kiboga, Kumi, Luwero, Masaka, Masindi, Ntungamo), while also working with several national teams (the IMCI interagency committee, the World Bank's Nutrition and Early Childhood Development Project [NECD], and a network of NGOs) to mainstream these tools and activities nationwide. BASICS hired an advisor in IACH and nutrition who also serves as the country team leader.

Uganda is one of Africa's most advanced countries in implementing a facility-based IMCI health worker training and systems support strategy and in developing a household and community component. Lessons learned from Uganda will be shared internationally to help accelerate C-IMCI in other countries.

Main Lines of Work and Progress to Date

Immunization Intermediate Result (IR) 1: Routine immunization coverage increased sustainably through system strengthening.

- USAID and BASICS developed work plans for strengthening immunization systems in conjunction with UNEPI, USAID/Kampala, the World Health Organization (WHO), and UNICEF.
- USAID/Global, USAID/Uganda, and BASICS signed a Memorandum for the Record on Immunization, which outlines the BASICS technical role in strengthening immunization and specifying support from these parties.
- The project recruited a local immunization advisor who began work with BASICS in early 2001 to assist UNEPI, both centrally and in the districts.

- BASICS/HQ staff made five short-term technical assistance visits to support UNEPI.
- BASICS coordinated all activities with WHO, UNICEF, other Immunization Interagency Coordinating Committee (ICC) partners, and with the USAID mission and other projects involved in immunization.

Immunization IR 2: Comprehensive approaches to disease control designed and implemented.

- BASICS initiated efforts to design a long-term, sustainable, and comprehensive strategy for controlling neonatal tetanus, in conjunction with UNEPI and UNICEF.

Immunization IR 3: Underutilized and new vaccines introduced into country programs.

- The Global Alliance for Vaccine and Immunization application was completed, submitted, and unconditionally accepted.
- BASICS completed guidelines for preparing the plan to introduce the hepatitis B vaccine.

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

- BASICS completed its assessment, strategy development, and work plan for Uganda.
- The project led and participated in several IMCI ICCs.
- C-IMCI general orientation and planning meetings were conducted in all six C-IMCI districts.
- BASICS conducted sensitization and orientation to C-IMCI for CBOs and NGOs in Kumi district.
- BASICS co-hosted an NGO Meeting on C-IMCI with the CORE Group that resulted in a consensus to form an NGO Steering Committee.
- The project co-hosted and facilitated a regional meeting with WHO's Africa Regional Office, for orientation and scaling-up of C-IMCI. Representatives from ten countries participated along with representatives from five of the six C-IMCI early implementation districts in Uganda.
- BASICS conducted an assessment of NGOs and other CBOs active in the six early implementation districts.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

- BASICS initiated development of manuals for growth promotion, training, and training of trainers in collaboration with the MOH (Nutrition Department and IMCI Department), NECD, and other partners such as the Delivery of Improved Services for Health Project (DISH) and the WHO Country Office.

Key Partners

MOH: Key implementing partner at local and national levels

District Local Government: Key implementing partner at local level

WHO, UNICEF, British Department for International Development: Key coordination partners

NGOs/CBOs: Key implementing partners at local levels

DISH: Key bilateral partner

World Bank/NECD: Key partner for growth promotion

Johns Hopkins University/Makerere University: Key partners for household and community IMCI studies

Uganda Red Cross: Key partner for measles activities

Micronutrient Operational Strategies and Technologies Project: Key partner for nutrition activities

Issues/Constraints

The country team leader was highly successful in jump starting technical activities during this period while simultaneously learning about BASICS, establishing an office, forging relationships, and developing country protocols. An Ebola outbreak in November and December demanded full MOH attention and delayed C-IMCI activities and participation from partners in Masindi district. Discussions were initiated to expand BASICS programming for malaria.

Program Design

A detailed program design for Uganda is included in Annex A.

West Africa Regional Office

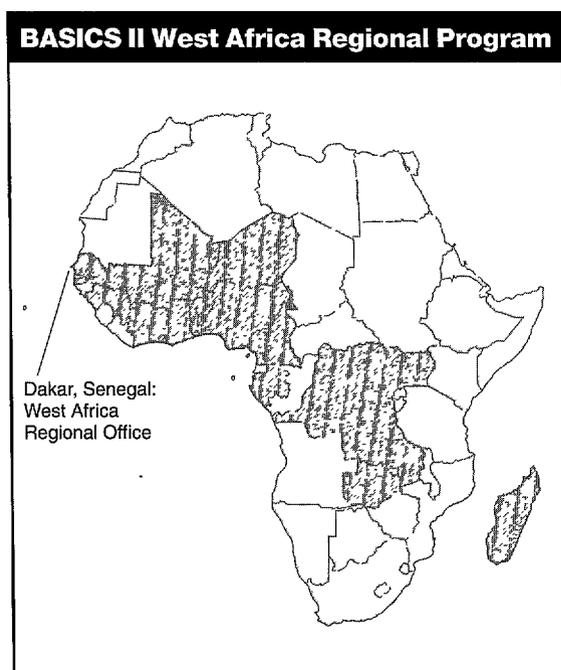
Regional initiatives in Africa have been an integral part of both the BASICS I and II projects. Activities are developed and coordinated by the West Africa Regional Office of BASICS (WARO) and will continue for the life of project (through June 2004).

Program Context

The BASICS II West Africa Regional Office in Dakar, Senegal, is staffed with African technical experts, each with extensive experience working with and through public and private structures to achieve sustainable improvements in child health. Team members work in collaboration with African regional institutions, the regional offices of the World Health Organization (WHO), UNICEF, USAID missions, networks of nongovernmental organizations (NGOs) and private voluntary organizations (PVOs), host country ministries, and bilateral project staff. WARO staff provide technical expertise in integrated approaches to child health (IACH), immunization, nutrition, communication and behavior change (CBC), training and supervision, strategic experience transfer (SET), and program development. The technical team is supported by financial, administrative, and logistics staff.

The WARO team provides the following range of services:

- technical assistance in child health to USAID missions, USAID bilateral projects, host country ministries, and other partners;
- technical and administrative support to BASICS programs in Benin, the Democratic Republic of the Congo (DRC), Guinea, Mali, and Senegal;



- technical leadership through participation in regional conferences, joint programming and evaluation exercises, regional strategy development, and the design and dissemination of new approaches, methodologies, and tools;
- advocacy for child health through interaction with missions, ministries, and donors and participation in joint initiatives with multilateral donors;
- capacity building and institution strengthening through curriculum development, co-training, supportive supervision, and “mentoring” and “partnering” arrangements;
- development of regional strategies, initiatives, and networks in presence and non-presence USAID countries;

- dissemination of health care innovation through centers of learning, study tours, documentation and sharing of promising practices, and participation in conferences and colloquia; and
- identification of opportunities, trends, and constraints related to child health programs in the region.

Over the course of this reporting period, additional staff have been hired, computer and communications systems have been made current, and more efficient operating procedures and management systems have been adopted. In addition to these improvements, responsibility for regional program development, technical oversight, program monitoring, and administration has been gradually shifted from BASICS headquarters to the WARO team, as appropriate.

Country and Regional Initiatives

Technical staff from the WARO office provide direct support in their areas of expertise to BASICS country programs in Benin, the DRC, Guinea, Mali, and Senegal. Immunization programs in Guinea and Mali were developed following WARO staff visits to design child survival interventions for those USAID missions. Under BASICS I, programs were carried out in Benin, the DRC, and Senegal; those programs now serve as entry points for the performance-based programs under BASICS II.

WARO technical staff have launched important regional initiatives that help share and extend innovation and state-of-the-art programming to additional countries. Networks and regular forums for technical experts ensure a dynamic exchange of experience; there is considerable evidence that key policies and approaches are being adopted, adapted, and applied by participating countries.

Summary of Funding Situation

USAID/Africa Bureau financial support is critical to WARO and its regional initiatives. These funds support a large proportion of staff time, regional activity costs, SET activities, office costs, and communications.

Main Lines of Work and Progress to Date

IACH Intermediate Result (IR) 1: Approaches to improve household and community health, nutrition, and child development adapted, tested, and taken to scale.

- In collaboration with WHO, WARO provided technical assistance in June 2000 to Guinea's Ministry of Health (MOH) to develop a strategic plan (five-year work plan and annual work plan) that includes all three components of the integrated management of childhood illness (IMCI). This plan has been used in orienting the MOH and key partners to IMCI, developing capacity in strategic planning, advocating for Integrated Management of Child Illnesses (IMCI), and mobilizing resources.
- WARO facilitated the first intercountry Community IMCI (C-IMCI) orientation meeting in Bamako, Mali, in August 2000. This orientation allowed participants to review the first draft of the C-IMCI briefing package that uses country experiences (Senegal, Mali, Benin, DRC, Burkina Faso, Niger). A first draft of a Plan of Action for C-IMCI has also been developed by six countries.
- WARO participated in a Roll Back Malaria (RBM) and community IMCI (C-IMCI) scaling-up meeting organized by WHO and USAID in Harare, Zimbabwe, in November 2000. Outcomes included a common definition for scaling-up and review of the framework for RBM and IMCI implementation at country level using inputs from four countries (Uganda, Tanzania, Zambia and Senegal). This framework will be used to advocate for effective collaboration between RBM and IMCI, especially for community actions.

- WARO staff participated in the intercountry C-IMCI orientation meeting in Uganda in December 2000. Uganda's experience has been used to orient participating countries (South Africa, Tanzania, Zambia, Nigeria, Ghana, Botswana, Zimbabwe, Ethiopia, Eritrea) and key IMCI partners in C-IMCI implementation. Methods and tools developed and tested for C-IMCI implementation have been shared and used to develop a West Africa C-IMCI strategy. The briefing package will incorporate key lessons learned from Uganda's experience.

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- In collaboration with WHO and CESAG (Centre d'Etudes Supérieur en Administration et Gestion, a regional training institution based in Dakar), WARO participated in July 2000 in documenting and learning from Guinea's experience with the COPE methodology (client-oriented, provider-efficient service) for child health. Lessons and tools from COPE for child health and from quality assurance experience in Niger will be used to develop methods and tools to improve IMCI supervision on a routine basis. In order to strengthen the link between IMCI training and routine supervision, quality improvement methods and tools will be incorporated to reinforce follow-up visits after training.
- WARO participated in the WHO work plan exercise. This meeting focused on IMCI implementation issues, including the preliminary assessment of health facilities, alternative training methods, and supervision. As a result of this planning exercise, a joint mission formed by BASICS, CESAG, and WHO went to Guinea to evaluate the COPE methodology, which is being tested for eventual scale-up throughout Africa.

IACH IR 3 : Strengthen health worker skills for case management and preventive actions at first- and referral-level facilities.

- WARO staff participated in a course in Malawi on follow-up training and then co-conducted the West Africa regional course with WHO to train ten consultants from West African countries (including Senegal, Mali, Niger, and Togo). This pool of consultants will now be drawn upon to conduct follow-up on IMCI in the region.
- BASICS/WARO facilitated the first intercountry training course on follow-up after training in Dakar, Senegal, in October 2000. Specific outcomes of the course include capacity building for follow-up visits in Senegal, Mali, Niger, and Togo; follow-up results in one of the two pilot districts implementing IMCI in Senegal (Kaffrine); country plans for follow-up training; and identification of technical assistance needs.

Other

- At the request of the Africa Bureau, BASICS developed a West Africa IMCI Regional Strategy paper.

Nutrition IR 1: Community-based integrated health and nutrition approaches are demonstrated and/or scaled up.

- Save the Children (SCF) implemented rapid evaluation of the Positive Deviance (PD) strategy in Bougouni, Mali. Experimentation with PD is planned for other sites.
- WARO provided support to a PD/Hearth workshop in November 2000 to provide technical assistance for integrating PD/Hearth into the Paquet d'Activités Intégrées de Nutrition (PAIN) model in Senegal.

- WARO held a workshop with SCF, Cooperative for American Relief Everywhere (CARE), the MOH, and other NGOs in November 2000 to develop an expansion plan for PD/Hearth in Mali and West Africa.

Nutrition IR 2: Health system capacity for improving child health through nutrition activities strengthened.

- BASICS/WARO introduced the PROFILES advocacy tool to support nutrition activities in Mali. (PROFILES is a data-based approach to nutrition policy development and advocacy.)
- BASICS/WARO held a training workshop with LINKAGES (for breastfeeding) for nine West Africa country teams to prepare a work plan for the use of PROFILES (Benin, Burkina Faso, Cote d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, Togo).
- WARO staff organized a steering committee for the October 2000 meeting of the African Nutrition Leadership Initiative in Dakar, Senegal. The meeting's objective was to draft a ten-year plan of action for implementing human and institutional capacity building in the area of food and nutrition in sub-Saharan Africa.
- WARO staff held a National Nutrition Workshop in the DRC (March 2000). The objectives were to obtain a consensus on a national strategy for integrating vitamin A capsule distribution into the routine activities of the health zones, and to develop work plans for introducing the nutrition minimum package (MinPak) approach in DRC. Participants included officials from the MOH, NGOs, local teaching facilities, and community organizations.
- WARO established formal ties (through a memorandum of understanding) with interested institutions. For example, the IRSP (Institut Regional de la Santé Publique/Regional Institute for Public Health) has agreed to participate in and host a regional workshop to disseminate tools and approaches used by BASICS for nutrition programming. IRSP will also be involved as a training institution for the Regional Active Learning Center in Benin.
- Project staff participated in the annual meeting of the Administrative Committee on Coordination/Subcommittee on Nutrition (ACC/SCN) in Washington, DC (April 2000). The meeting's theme was "Why Capacity Building?" and a ten-year plan of action for implementing human and institutional capacity building in the area of food and nutrition in sub-Saharan Africa was drafted and submitted to the ACC/SCN in an attempt to secure funding.
- BASICS/WARO took part in the Regional Nutrition Focal Points annual meeting in Mali (July 2000) and provided an orientation on MinPak. This meeting resulted in the integration of the MinPak into development programs in Niger, Mali, Sierra Leone, Ghana, Burkina Faso, Ivory Coast, and The Gambia (eight of the 15 member countries of the Economic Community of West African States).
- WARO attended the conference "Improving Quality of Health Care: State of the Art 2000" (February 2000) in Entebbe, Uganda, and staff presented MinPak experience from West Africa and discussed joint regional activities with partners.
- WARO repackaged Mali Nutrition Modules (MinPak, Essential Nutrition Actions) for regional use. The project then began to adapt the Mali modules, which will be validated and the results used to improve existing modules.

Nutrition IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

- BASICS prepared a community nutrition document with the projects Support for Analysis and Research in Africa and Sustainable Approaches to Nutrition in Africa (SARA/SANA) and disseminated it to appropriate organizations.

Immunization IR 1: Routine immunization coverage increased sustainably through system strengthening.

- BASICS participated in the inaugural Global Alliance for Vaccine and Immunization (GAVI) Africa Region Working Group meeting in Nairobi. This was the first regional working group for GAVI, and BASICS was one of the only non-United Nations participants invited.
- WARO helped design an expanded program on immunization (EPI) restitution process (review of results) in Mali for regional and local health workers. The exercise gave field people the opportunity to use district microplan data generated by situational analysis.
- WARO supported the use of the EPI assessment tool to assist in the adaptation of microplanning tools to improve the skills of district managers and to stimulate development of strategies and action plans that improve delivery of routine services (including the communication component).
- In Guinea, WARO immunization and behavior change advisors played a key role in design, development, and analysis of the national EPI review. The findings of the review were used to support preparation of the Five-Year Overview and 2001 Action Plan, which lays down the directions BASICS and other partners will follow in supporting EPI in Guinea. This review also enables Guinea to reapply for GAVI funding.
- Project staff participated in the Task Force on Immunization and the African Regional Immunization Coordination Committee meetings in Pretoria, South Africa, which allowed for the sharing of BASICS experiences from WARO and the DRC.
- BASICS/WARO contributed to sharing USAID strategies on measles control and elimination, and vitamin A delivery at country level.
- WARO staff assisted West African countries (Mali, Senegal, Cameroon, Guinea) in the development of proposals through GAVI to the Global Fund for Children's Vaccinations.
- With CESAG, WARO assisted students and facilitated training sessions on polio eradication, surveillance, and routine immunization.
- WARO participated in the Central African EPI managers meeting, providing technical guidance, making presentations on BASICS support for routine immunization, and facilitating group work.
- BASICS/WARO was invited to develop the communication and behavior change module used in the EPI assessment in Cameroon. This module is now used in Senegal, Guinea, and Mali, and a social mobilization expert (WARO) is an integral part of the review teams.
- WARO provided assistance for the preparation and signing of Memoranda for the Record with the USAID missions in Mali and Guinea and their respective ministry partners.
- At the request of the Africa Bureau, WARO developed a strategic plan for strengthening immunization activities in West Africa.

Key Partners

WHO:

- Partner in training of trainers or consulting for IMCI implementation
- Reviewed IMCI briefing package
- IMCI and EPI strategy development for West Africa
- Supported national- and district-level IMCI evaluation
- Partner in developing IMCI network at regional level
- Partner in reviewing and evaluating alternative training
- Joint implementation of national EPI reviews

UNICEF:

- Participating partner in regional meetings on C-IMCI in the Bamako Initiative (to define C-IMCI strategy for West Africa)

SARA/SANA:

- Partner for developing advocacy strategy for C-IMCI
- Partner for developing strategy to improve community private practitioners (Senegal)
- Supports Quality Improvement activities
- Collaborating partner in development of IMCI training alternatives

Association for Voluntary Surgical Contraception:

- Exploring how COPE methodology can improve supervision skills and facilitate the integration of IMCI in routine supervision

Quality Assurance (QA) Project:

- Explore how QA can improve supervision skills and facilitate the integration of IMCI in routine supervision

Rational Pharmaceutical Management:

- Training of consultants in Drug Management for Childhood Illness (DMCI) methodology
- Carrying out DMCI survey in Senegal

IRSP (Benin):

- Curriculum strengthening in nutrition and behavior change
- Support for Community Active Learning Centers in Benin

WHO/RBM:

- Participate in joint Task Force meeting in IMCI/RBM
- Collaboration in monitoring antimalarial resistance
- Develop intervention to improve IMCI and antimalarial drugs (DRC)
- Participation in the assessment of care-seeking and home care for fever (DRC)
- Participation in the adaptation of protocols for improving case management of severe malaria (DRC)

NetMark:

- Developing CBC strategy for increasing demand creation of insecticide-treated materials in Senegal

CESAG:

- Participation in the dissemination of IMCI strategy tools, results, and successes
- Collaboration in developing alternatives for IMCI training

Immunization IR 2: Comprehensive approaches to disease control designed and implemented.

- In Senegal, BASICS participated in community mobilization activities related to national immunization days (NIDs). As a result, the quality of the program improved. (Senegal is a polio-endemic country.)
- WARO successfully advocated for integrating vitamin A into the polio NIDs in Senegal, and assisted with its introduction.
- The BASICS EPI advisor to the DRC went to Goma to coordinate with international partners to strengthen NIDs and external/internal coordination between the Eastern and Western regions of the DRC.

Immunization IR 3: Underutilized and new vaccines introduced into country programs.

- WARO participated in discussions aimed at strengthening underutilized vaccines (yellow fever) in the context of GAVI proposals (Guinea, Mali).

Issues/Constraints

- BASICS is continuing to clarify WARO technical and administrative support roles and responsibility for the BASICS West Africa country programs. The objective is to strengthen working relationships among the technical officers.
- The project is working to focus and prioritize WARO regional program activities to ensure that they are in alignment with BASICS global technical priorities and performance results.
- Often times difficulties inherent to partnering with other international organizations, such as communications and logistics, require creative solutions.

Program Design

A draft program design for the West Africa region is included in Annex A.

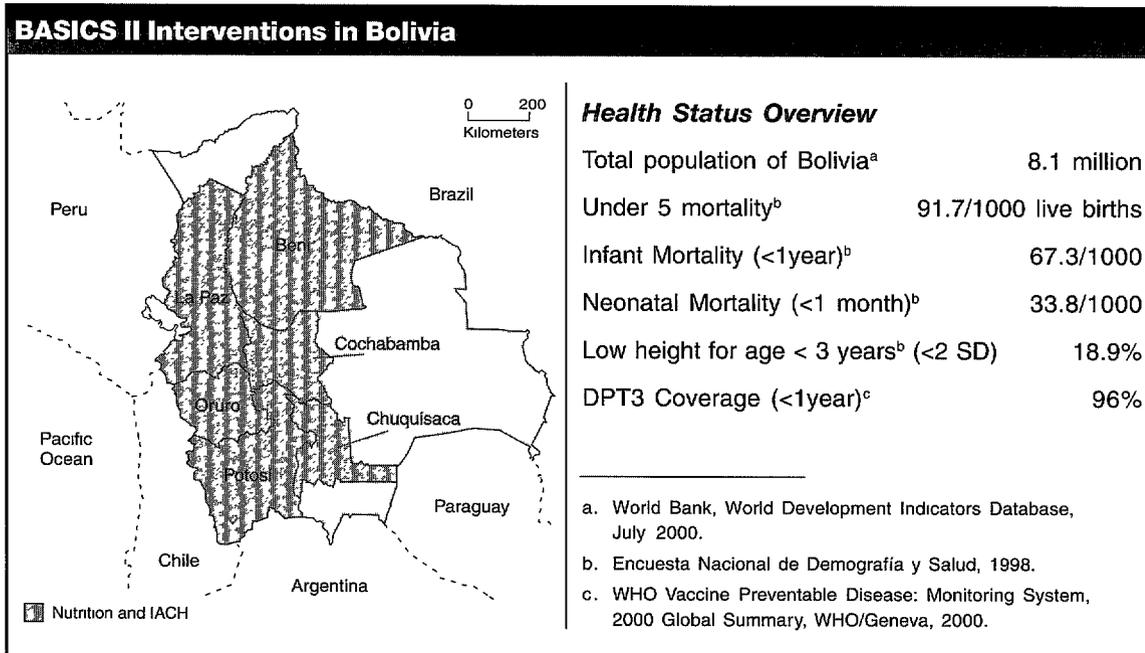
Bolivia Country Program

BASICS II in Bolivia focuses on achieving three of the project's strategic objectives: increased ORT use, appropriate care seeking for ARI, and appropriate breastfeeding. BASICS I began working in Bolivia in 1993. BASICS II activities in the country are expected to continue until the end of the project in June 2004.

Program Context

The BASICS project has been addressing child health issues in Bolivia since 1993. Its activities evolved from assisting vertical programs, such as control of diarrheal disease and acute respiratory infections, to helping Bolivia become the first country in Latin America to implement the integrated management of childhood illness (IMCI) approach. Institutions using the IMCI strategy to provide health services receive financial support from the National Basic Health Insurance (Seguro Básico de Salud).

In 1996 BASICS conducted a child mortality study that found that caregivers of children who had died were unable to recognize the symptoms of serious illness and, in most cases, the children had never reached a health care facility. Those findings led government policymakers to support interventions at the community and household levels. Subsequently, BASICS began collaborating with organizations working at the community level, such as private voluntary organizations (PVOs) and nongovernmental organizations (NGOs), to begin to understand how to work with caretakers. BASICS works with these partners to promote practices known to prevent childhood illness and to



teach caretakers how to recognize when a child is ill, how to treat a sick child at home, and when and where to seek help.

BASICS currently focuses on three areas of work in Bolivia: implementing IMCI at the community level, strengthening IMCI at the facility level, and carrying out breastfeeding interventions at the facility level. All three areas of work contribute to the USAID/Bolivia strategic objective for health, which is “improved health of the Bolivian population.”

BASICS works in the 17 Ministry of Health (MOH) priority districts, which are in six of the country’s nine departments. The project works to achieve population-level public health results at scale and significant changes in program and/or policy in Bolivia. The districts where BASICS works cover about 50 to 60 percent of the population of the six departments and about 25 percent of Bolivian children under five. The project provides technical assistance (TA) to other institutions, drawing upon lessons learned, materials developed, and approaches validated under BASICS I and II to contribute to these implementation and health policies. BASICS II relies on its strong partnerships with other international, national, and local organizations, many of which have been partners since the first phase of the project began in 1993. In addition to providing TA within Bolivia, BASICS/Bolivia field staff and consultants have served as a resource for TA throughout Latin America, assisting other countries with implementation of IMCI.

Main Lines of Work and Progress to Date

Area of Work 1: IMCI at the Community Level

This area of work is related to the following BASICS intermediate results (IRs):

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

Peri/Neonatal IR 1: Interventions to reduce neonatal morbidity and mortality developed.

- BASICS participated in community IMCI (C-IMCI) committees and provided support to coordinate C-IMCI with NGOs and the PROCOSI network (Collaborative Program for Integrated Health/Programa de Coordinación en Supervivencia Infantil).
- The project adapted the IMCI course for community health workers (CHWs) for the Bolivian context.
- Working with PLAN International, BASICS began an operations research study to examine the effects of C-IMCI training and implementation for CHWs on their work with children under five.
- BASICS staff visited Honduras to learn about its experience with and key concepts of the Integrated Care of the Child approach (known by the Spanish acronym AIN, Atención Integral a la Niñez), a community-level child health and growth promotion program.
- The project conducted qualitative studies of oral rehydration therapy, quality of care, and newborn care, using the Haceres, Pensares y Sentires (HPS) methodology in three districts of Bolivia. Results of the HPS studies were presented to PROCOSI, other NGOs, and the MOH.
- The findings obtained in the HPS studies were used to develop materials for dissemination to districts and organizations interested in developing local information, education, and communication plans and to increase awareness of the findings among district and health facility managers.

Area of Work 2: IMCI at the Facility Level

This area of work is related to the following BASICS intermediate result:

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- BASICS initiated mortality surveillance of children under five in districts two and three of El Alto, with the support of the Reform Unit of the MOH.
- BASICS participated in the IMCI interagency committees, contributing to policy decisions and approaches regarding facility and community IMCI, breastfeeding, nutrition and growth promotion, and peri/neonatal health.
- The project took part in the Pan American Health Organization's (PAHO) launching of the Healthy Children Initiative, Meta 2002 (Goal 2002).
- BASICS produced and disseminated a report on the state of child health in Bolivia.
- Project staff presented the mortality surveillance methodology developed under BASICS I to divisions of the MOH. Mortality surveillance has now been institutionalized using BASICS methodology and is housed under the MOH's Division of Epidemiology.
- The project supported quality control of IMCI training courses and formed regional- and district-level supervision teams, incorporating IMCI training facilitators, for monitoring and supervision after IMCI training.
- BASICS worked with the IMCI Interagency Committee to establish a policy for incorporating IMCI training in medical education at public universities. BASICS oversaw IMCI pre-service training in the Department of Santa Cruz and other agencies supervised pre-service training in the other departments.

Area of Work 3: Breastfeeding Interventions at the Facility Level

This area of work is related to the following BASICS intermediate result:

Nutrition IR 2: Health system capacity for improving child health through nutrition activities strengthened.

- BASICS was a member of the National Quality Control Committee's subcommittee on breastfeeding, which worked to incorporate a monitoring system to measure hospital compliance with the Baby-Friendly Hospital Initiative's program to encourage and monitor postpartum breastfeeding counseling. The subcommittee agreed that the monitoring system would be tested and validated with BASICS TA at two tertiary-level hospitals and, based on that experience, would be expanded to all nine tertiary-level maternity hospitals in Bolivia.

Other Accomplishments:

- The program introduced the concept of the District Management Module (DMM). Work for the DMM is now being transferred to the Management, Leadership, and Development project.
- BASICS developed a protocol to identify barriers to referral.
- BASICS supported the creation of the National Neonatal Health Committee.
- Project staff developed a maternal/neonatal "risk map" with the Maternal and Neonatal Health (MNH) Project and the MOH. BASICS provided information for the neonatal component.

- The program developed the methodology and instruments for “functional evaluation of health centers in neonatal care,” which examines equipment, pharmaceuticals, knowledge, and abilities. BASICS subsequently conducted and documented an evaluation of health center functionality in neonatal care in three districts of El Alto.

Key Partners

MOH: key implementation partner at local and national levels

- Leads the national IMCI Interagency Committee
- Oversees child health through the Unidad de Atención a las Personas, the Servicios Departamentales de Salud, and the health districts

UNICEF: partner in the IMCI Interagency Committee

- Also covers material production and other costs for several BASICS activities

PAHO: partner in the IMCI Interagency Committee

- Also covers material production costs for several BASICS activities
- Funds a study on the status of CHWs and implementing C-IMCI with the Red Cross in some districts of Bolivia

PLAN International: partner in implementing C-IMCI in four districts of Bolivia

- Also conducts a longitudinal study to look at the impact on health practices of C-IMCI with CHWs

MNH Project: Implementation partner for maternal and neonatal health activities

- MNH also has organized the Social Networks groups at the community level, which will be key actors in the implementation of C-IMCI

PROSIN (Integrated Health Project): USAID bilateral partner

- Covers material production costs

COTALMA (Technical Breastfeeding Support Committee)

- Local NGO that provides TA in breastfeeding consulting

LINKAGES:

- Provides nutrition and breastfeeding expertise and educational material for C-IMCI

World Bank

- Provides TA to facility-based breastfeeding activity

PROCOSI PVOs and NGOs: Key implementing partners in the 17 BASICS priority districts

- Supports training and supervision of CHWs, coordination with the Social Networks, and other human and material resources.
- PROCOSI organizations include:
Asociación de Programas de Salud del Área Rural, CARE, Caritas International, Centre de Investigaciones y Estudios de la Salud, the Equitable Rural Economic Growth project (known as CRECER), Catholic Relief Services, ESPERANZA, NUR Project, Pro Mujer, PROSALUD, Proyecto de Salud Rural Andino, Save the Children, SERVIR, Project Concern International.

Issues/Constraints

During 1999 and into the year 2000, Bolivia experienced a severe economic crisis accompanied by high-level political corruption. Both problems exacerbated the high levels of poverty that afflict most Bolivians and created a great amount of social unrest that manifested itself in violent civil outbreaks for several months in the year 2000. Another factor that may affect BASICS work is the national elections in 2002.

Program Design

A detailed program design for Bolivia is included in Annex A.

Ecuador Country Program

BASICS II in Ecuador focuses on achieving two of the project's strategic objectives: increased ORT use and appropriate breastfeeding. BASICS I activities in Ecuador began in 1996. The BASICS II program is anticipated to end in March 30, 2001.

Program Context

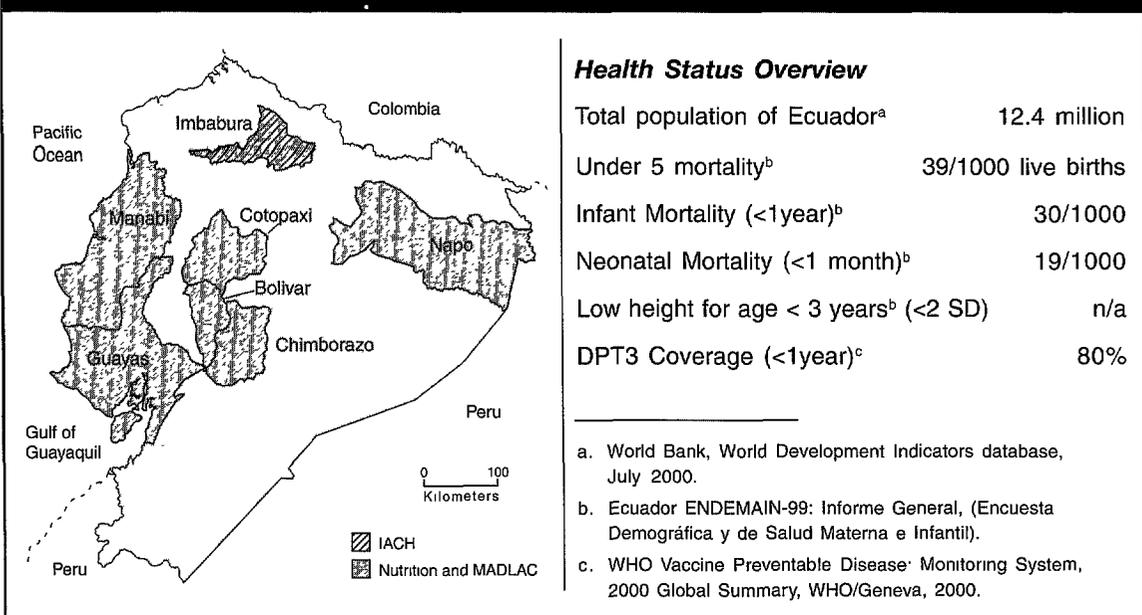
In 1999, USAID discontinued its support for the health sector but extended implementation of BASICS II Fiscal Year 2000 funds through 2001. The USAID mission's strategic objective was aimed at achieving increased use of effective, improved, and sustainable child health interventions, expanding access to primary health care services, and strengthening nongovernmental organizations (NGOs) through technical assistance and training.

BASICS II strategic objectives for Ecuador include:

- significantly increasing the prevalence of exclusive breastfeeding through six months of age;
- sustaining the use of oral rehydration therapy in cases of diarrhea; and
- increasing early initiation of breastfeeding.

BASICS focused on scaling up interventions previously developed and implemented in Imbabura Province. Imbabura was used strategically as a learning site for assisting the Ministry of Health (MOH) and other partners in achieving large-scale implementation of a set of child health and nutrition interventions. During the period of performance, BASICS II completed work in Imbabura in two technical areas:

BASICS II Interventions in Ecuador



- implementation of community- and facility-based integrated management of childhood illness (IMCI); and
- promotion of exclusive breastfeeding through use of the MADLAC tool (Spanish acronym for Monitoreo de Apoyo Directo a la Lactancia Materna).

Ecuador was one of the early implementation countries in IMCI. BASICS I had assisted the country in fully implementing the facility-based component of IMCI in the province of Imbabura. Currently, Imbabura is the only site in Ecuador, and one of very few sites in Latin America, that has been able to fully implement both facility- and community-based IMCI. BASICS worked in partnership with the MOH, other cooperating agencies, and private voluntary organizations (PVOs) and NGOs to make Imbabura a “center of excellence” for facilitating expansion of IMCI implementation to other provinces.

BASICS continued to implement MADLAC—a hospital-based self-monitoring tool for improving breastfeeding counseling—by training a cadre of hospital and primary health care professionals from Imbabura. The project then expanded MADLAC to seven additional provinces in Ecuador, training local and national facilitators to strengthen institutional capacity for MADLAC.

In preparation for the closing of BASICS II in 2001, project staff also began to gather information to use in documenting and assessing program impact based on a selected group of indicators.

Main Lines of Work and Progress to Date

Area of Work 1: IMCI

This area of work is related to the following BASICS intermediate result:

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- BASICS worked in collaboration with the MOH, the Pan American Health Organization (PAHO), the Pediatric Society, and nursing and medical schools in making final changes to the IMCI course that will be used as part of doctors’ and nurses’ training curricula.
- BASICS and other IMCI partners trained national facilitators in Imbabura Province. Training included field visits to observe community IMCI at work.
- BASICS, in collaboration with the MOH, PAHO, UNICEF, and other IMCI partners, assisted in developing national norms for the inclusion of IMCI as national policy.
- BASICS provided technical assistance to various NGOs in the implementation of IMCI outside of Imbabura Province.
- BASICS assisted the National Task Force for IMCI in the analysis and prioritization of key household and community practices to promote in the country.

Area of Work 2: Promotion of Exclusive Breastfeeding

This area of work is related to the following BASICS intermediate result:

Nutrition IR 2: Health system capacity for improving child health through nutrition activities strengthened.

- Tools for training and counseling on breastfeeding were developed, including a nurse auxiliary training manual for promoting breastfeeding and a didactic game for group counseling.

Key Partners

MOH and PAHO: key partners for IMCI implementation at the national level

Jambi Huasi, Jambi Mascaric, Ayuda en Acción, PLAN International, World Vision, CARE, Fundación Adelanto Comunitario en el Ecuador, and Catholic Relief Fund: key partners for IMCI implementation at the regional, district, and local levels

UNICEF: key partner for design and implementation of MADLAC

- BASICS assisted with the training and implementation of MADLAC in two hospitals in Imbabura and in seven hospitals in seven other provinces.

Other Work: Project Documentation and Transition

- BASICS completed data gathering for conducting process and quantitative evaluation. Staff also finished documentation of interventions carried out in Ecuador under BASICS I and II.
- The project initiated work for establishing FUNBBASIC, an NGO to sustain the activities begun under BASICS I and II, which is composed of former BASICS staff and other maternal and child health professionals.

Issues/Constraints

The initial BASICS project operated under a moderate level of USAID financing during the IMCI implementation in Imbabura. Toward the end of 1999, USAID discontinued its support for population, health, and nutrition projects. At that point, BASICS began the transition to closing its office, which took place at the end of March 2001. However, BASICS will continue to follow the next steps FUNBBASIC takes in order to learn lessons on sustainability and expansion that may be incorporated into phase-out strategies in other BASICS countries.

Program Design

No program design is included for Ecuador because the program was completed in March 2001.

El Salvador Country Program

BASICS II in El Salvador focuses on achieving three of the project's strategic objectives: increased ORT use, appropriate care seeking for ARI, and appropriate breastfeeding. BASICS I activities in El Salvador began in 1998. BASICS II provides technical assistance to the bilateral SALSA (or Salvadoreños Saludables) Project, which is scheduled to end September 30, 2002.

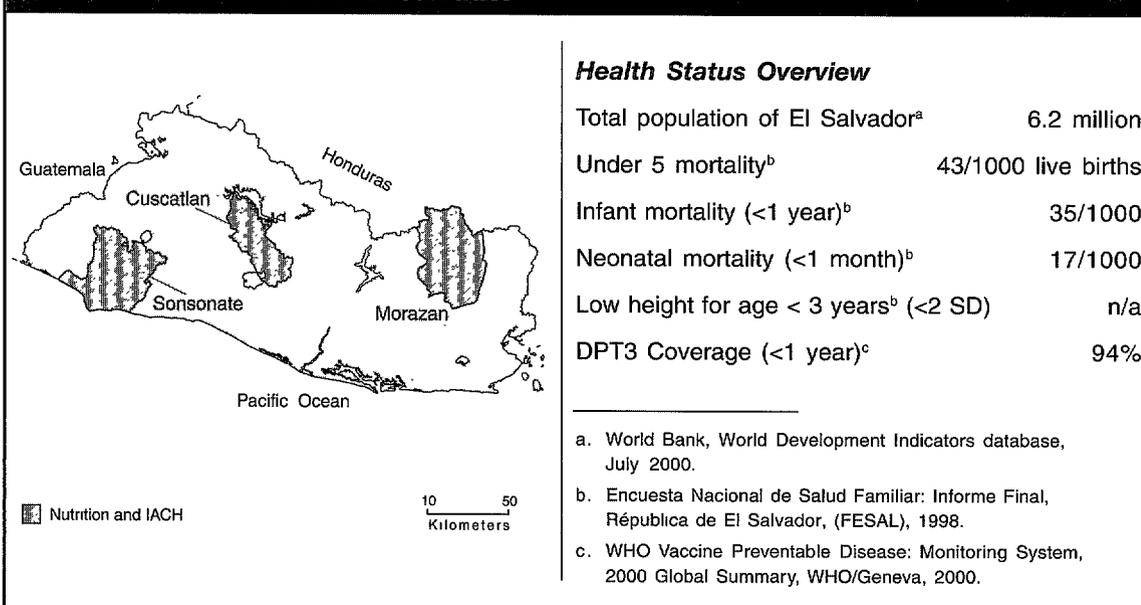
The BASICS II work plan for El Salvador was developed with USAID and El Salvador's Ministry of Health (MOH) to assist the country in achieving a significant impact on child health through a package of interventions that target three strategic areas:

- growth promotion through monthly monitoring of adequate weight gain and counseling;
- standardized management of childhood illness; and
- promotion of exclusive breastfeeding.

BASICS selected three early implementation departments: Sonsonate, Morazán, and Cuscatlán. These departments were strategically chosen to serve as learning sites for future expansion to the national level. Implementation plans were developed in collaboration with district-level health managers, local nongovernmental organizations (NGOs), and community-based organizations (CBOs).

The MOH is working closely with NGOs to simultaneously implement the same interventions in four other departments. BASICS is providing TA to the MOH to support that work.

BASICS II Interventions in El Salvador



Program Context

USAID's strategic objective for health is to achieve sustainable improvement in the health of women and children, with special attention to poor women of childbearing age and children under five in rural areas. To this end, USAID and the MOH initiated a three-year bilateral project known as SALSA in October 1999. The project has three major components: child health, maternal health, and health sector reform. BASICS provides TA to the MOH in planning and implementing the child health component of SALSA.

When BASICS II commenced operations in El Salvador, a new government had been elected just three months earlier. BASICS worked with the new administration to set key priorities for child health and nutrition that would be accomplished with BASICS TA. The new management team for the MOH's Integrated Child Health Care Unit defined childhood as the period lasting from the 22nd week of pregnancy until age nine, which opened opportunities for BASICS collaboration in the peri/neonatal technical area.

Infant and child mortality rates in El Salvador have decreased in the past two decades. Much of this success is due to a decline in the number of deaths among older children from the two leading causes of child mortality, diarrhea and acute respiratory infections (ARIs).

Little progress, however, has been achieved in improving malnutrition rates since 1993. Malnutrition is considered the underlying cause of more than 50 percent of child deaths in developing countries. Another challenge for the future is to decrease mortality in the peri/neonatal period.

BASICS expects to achieve the following improvements in health indicators for El Salvador:

- After one year, the children enrolled in the Integrated Care of the Child program (known by the Spanish acronym AIN, Atención Integral a la Niñez) at an early age will have a greater average weight for age than those enrolled at an older age.
- Increased fluids will be offered to more children with diarrhea (three departments).
- Use of oral rehydration therapy for children with diarrhea will be increased (three departments).
- There will be increased appropriate care seeking for ARIs (three departments).
- Exclusive breastfeeding rates will increase among children under four months and children under six months of age (three departments).
- The proportion of women who initiate breastfeeding within one hour of delivery will increase in hospitals that have followed MADLAC (hospital-based monitoring system for breastfeeding) guidelines for at least one year.

Main Lines of Work and Progress to Date

Area of Work 1: Community-based Interventions improved and expanded.

This area of work is related to the following BASICS II intermediate results (IRs):

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

- The MOH adopted as its national strategy the AIN community-based growth promotion program implemented by the MOH in Honduras with BASICS TA.
- The MOH, in collaboration with BASICS, developed an implementation plan for AIN in the initial three BASICS and four MOH departments. Future expansion to the national level is planned in cooperation with the World Bank, UNICEF, and PLAN International.
- BASICS and the MOH conducted preliminary visits to key partners in the three BASICS early implementation departments, including meetings with the district health management team, local NGOs, and community organizations.
- The MOH, with BASICS TA, started to adapt the AIN approach, including AIN training materials, for volunteer community nutrition counselors.
- BASICS conducted an assessment of health promoters' occupational profile including constraining factors for conducting growth monitoring of children under five.
- The MOH, assisted by BASICS, started to review and adapt tools for monitoring the activities of health promoters.

Area of Work 2: Health systems interventions improved and expanded.

This area of work is related to the following BASICS II IRs:

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

Nutrition IR 2: Health system capacity for improving child health through nutrition activities strengthened.

- Working with members of the national task force for integrated management of childhood illness (IMCI), BASICS completed national adaptation of community IMCI materials and prepared a first draft of the training package for health promoters on the standardized management of childhood illness.
- BASICS presented the MADLAC strategy to the MOH and the national task force for the promotion of breastfeeding (comprised of staff from UNICEF, USAID, BASICS, the Pan American Health Organization [PAHO], the MOH, the Salvadoran Institute for Social Security, and several other NGOs). The government adopted MADLAC as a management tool for promoting breastfeeding in public hospitals across the country.
- The national task force adopted and developed the BASICS plan for early implementation of MADLAC in three departments, with future expansion to the national level expected.
- BASICS/EI Salvador started to adapt tools for implementing MADLAC.
- Advocacy meetings were conducted to introduce MADLAC in the four hospitals in the departments of Morazán, Cuscatlán, and Sonsonate.
- BASICS II, the MOH, and a group of NGOs selected a set of key household practices to change based on the expected impact and adaptability of each practice. They outlined various components of an information, education, communication strategy for control of diarrheal disease, ARIs, and breastfeeding, including key behaviors, target audiences, channels, and communication materials.

Key Partners

Salvadoran Institute for Social Security: key partner for implementation of facility-based IMCI and MADLAC. Also provides operational assistance.

MOH: key implementation partner at local and national levels.

World Bank:

- BASICS assisted the World Bank and the MOH in the adaptation for El Salvador of the Honduran AIN model.
- The World Bank will develop a basic package of preventive and curative services to be delivered through contracts with local NGOs.

PAHO: key partner at the central level in IMCI implementation; also provides TA.

PLAN International and Catholic Relief Services: key partners in C-IMCI; provide technical and operational assistance.

UNICEF: key partner in design and implementation of MADLAC.

Issues/Constraints

Recent delays by the MOH in executing financial procedures have slowed the implementation of activities under the SALSA project. These constraints led the MOH to request that BASICS assume a limited implementation role for a number of key strategic activities of SALSA. Consequently, some implementation funds were transferred from SALSA to BASICS for FY01, though it is anticipated that BASICS II will close out in 2002 when the SALSA project is completed.

Program Design

A detailed program design for El Salvador is included in Annex A.

Honduras Country Program

BASICS II in Honduras focuses on achieving four of the project's strategic objectives: increased ORT use, appropriate care seeking for ARI, appropriate child feeding, and appropriate breastfeeding. The BASICS II program in Honduras builds on work begun under BASICS I in 1995 and is expected to continue until the end of the project in June 2004.

Program Context

The infant mortality rate in Honduras is 36 per 1000 live births, despite a significant decline in the last decade. (ENESF 1996) Half of those deaths occur in the first month of life.

Infants who survive face a serious threat of poor nutrition. A 1998 BASICS I household survey found that, in the health areas covered by the AIN program, 13.5% of children under two were underweight and 29.3% were stunted (< -2 z-score). The national rate of stunting, about 24 percent, has remained stagnant over the past decade. Diarrhea with dehydration and acute respiratory infections (ARIs) are the two leading causes of child deaths, and diarrhea-related deaths increased in Honduras after a period of being stabilized.

Basic health services are provided principally by the Secretary of Health (SOH). Although public services are more accessible to the population than in several neighboring countries, coverage remains low and is of questionable quality due to a shortage of well-trained staff and grossly insufficient operating budgets.

BASICS II Interventions in Honduras



Health Status Overview

Total population of Honduras ^a	6.3 million
Under 5 mortality ^b	48/1000 live births
Under 1 mortality (<1 year) ^b	36/1000
Neonatal mortality (<1 month) ^b	19/1000
Low height for age < 3 years ^b (<2 SD)	n/a
DPT3 Coverage (<1 year) ^c	95%

a. World Bank, World Development Indicators database, July 2000.

b. Encuesta Nacional de Epidemiología y Salud Familiar: Informe Final, (ENESF), 1996.

c. WHO Vaccine Preventable Disease: Monitoring System, 2000 Global Summary, WHO/Geneva, 2000.

The SOH, through the Department of At-risk Populations, gives high priority to programs addressing the needs of women and children, particularly their access to services. Three national programs include Integrated Care of the Child (known by the Spanish acronym AIN, Atención Integral a la Niñez), Integrated Care of Women (Atención Integral a la Mujer), and the Expanded Program on Immunization. Each program aims to decentralize service provision networks for the hard-to-reach to achieve more efficiency, equity, and participation; to improve the capacity of health personnel in the system; to increase community participation in health sector planning; and to diversify health sector funding.

Since 1995, a major focus of USAID has been its support of the SOH's national AIN program through the Health Sector II and III projects and with technical support from BASICS I and II. AIN has been implemented in nine of Honduras' most populated health areas—with expansion now to other areas. It has become a model for targeting services to those most in need, for focusing services on preventing health problems as well as treating them, and for supporting community management with occasional external consultations from health centers.

BASICS has been working in Honduras since 1995 with the goal of providing technical assistance to the SOH and other institutions in their child health programs. Initial assistance was targeted to strengthening diarrheal disease and ARI case management, but by 1996 BASICS assistance was primarily dedicated to bolstering the SOH's AIN program at both the health center and community levels.

BASICS support responds to the USAID/Honduras strategic objective three, which is “Sustainable improvements in family health.” For USAID and the Honduran government, the main focus of work under this objective is increasing access to and equity in health services utilization. As a way to reach communities with poor development indicators, the government chose to move some services to the community level and to focus on keeping the under-two population growing adequately through proper breastfeeding support, appropriate child feeding guidance, and case management and referral of diarrheal disease and ARIs. BASICS has greatly assisted this process of community health program development through community AIN, while working specifically on the Integrated Management of Childhood Illness (IMCI) strategy—also known by the Spanish acronym AIEPI (Atención Integrada a las Enfermedades Prevalentes de la Infancia)—to ensure that health centers are able to meet the demands of sick children. Recently, BASICS has also assisted in designing a communications program that reinforces some key household behaviors.

Specifically, the BASICS II/Honduras strategy is to:

- Expand and sustain AIN by consolidating the early work done on the community program and ensuring that all of the tools and processes are developed to allow AIN to function nationwide as the health prevention program for under-two-year-olds and as the first line of consultation for all sick children under five years of age. BASICS collaborates with country partners and promotes information sharing and capacity building with institutions adopting AIN-type programming. BASICS will help AIN expand beyond the original nine areas to areas affected by Hurricane Mitch that are receiving support for a limited time only. Other goals include expanding AIN to other implementing agencies (specifically, a variety of nongovernmental organizations [NGOs]) and to the poorest parts of Honduras (Health Sector III).
- Improve the quality of AIN by monitoring the program and making adaptations to the program process as it expands to the second, third, and fourth generations of communities. This includes adding an illness care module and strengthening the planning for community action.

- Improve the quality of IMCI implementation by strengthening IMCI work in the health centers, particularly in the development of tools and methods for use in planning for the expansion of IMCI.
- Strengthen household practices related to AIN/IMCI themes by developing and implementing the COMSAIN 2000 program (Comunicación en Salud Infantil, or Communication in Child Health), which reinforces key family practices for improved outcomes and mobilizes important but uninvolved community agents, such as religious leaders and radio broadcasters.
- Provide technical global leadership by providing assistance to other countries and organizations that are using, or are interested in using, community-level strategies for child growth promotion.

From its inception, the AIN program has been envisioned as a national program. However, the initial opportunity to implement AIN arose in nine of Honduras's health areas. Since that time, BASICS II has provided the SOH and NGOs with technical assistance (TA) in implementing AIN in 11 areas most affected by Hurricane Mitch and is now providing TA to partners in new areas under the Health Sector III agreement between the SOH and USAID/Honduras. BASICS support through the AIN program will reach approximately 60 percent of Honduran children under two.

Main Lines of Work and Progress to Date

Area of Work: Expand and Sustain AIN

This area of work is related to the following BASICS intermediate results (IRs):

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

National Level

- Through an SOH decree, AIN was institutionalized as the national community-level child health strategy.
- As of the end of the year 2000, the SOH had instituted the AIN approach in 20 health areas. Of these 20, 11 were added during 2000.
- An inter-institutional committee for AIN/AIEPI was consolidated. It is led by the SOH and comprised of USAID, BASICS, UNICEF, the Pan American Health Organization (PAHO), American and Honduran Red Cross, NGOs (CARE, Mercy Corps, Save the Children, World Neighbors), Programa de Asignaciones Familiares (Family Allowance Program, or PRAF), National Autonomous University of Honduras (UNAH), and students from schools for nurse auxiliaries.
- In 2000, implementation of AIN was initiated; area and health center staff were trained in 11 areas of Honduras that were struck by Hurricane Mitch. The AIN approach had not been used in these areas prior to the hurricane.
- BASICS gave TA to the NGOs working to implement AIN.

International Level

- BASICS developed a curriculum for an international course in AIN programming.

- The first international course on AIN was held in Honduras in July 2000. Course participants included representatives from the SOH and other key policymakers and implementers from El Salvador, Nicaragua, Honduras, and the Dominican Republic.
- BASICS and the World Bank jointly produced an AIN promotional video that was aired at the Bank's Health Sector Reform meeting in Costa Rica. BASICS also took initial steps toward developing an AIN technical video and information packet.
- Many agencies and country teams, including a nine-member group from a World Bank–financed community nutrition program in Madagascar, have visited AIN implementation sites.

Area of Work 2: Improve the Quality of AIN

This area of work is related to the following IRs:

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

- BASICS developed a disease detection and treatment module for AIN and began training in disease management in the nine original areas.
- Preventive and curative components of AIN were integrated within a new AIN manual to be utilized in the 11 hurricane-affected areas added in 2000 and at a national level by NGOs.
- The project trained UNAH nursing professors and their students in the AIN program as a way of initiating revision of the professional nursing curriculum, establishing a relationship with the university, and introducing the AIN approach to the Universities of San Pedro Sula and la Ceiba and to nurse auxiliary schools.
- Field work for the midterm evaluation and initial analysis of the results for AIN were completed in 2000.

Area of Work 3: Strengthen Household Practices Related to AIN/IMCI Themes

This area of work is related to the following IRs:

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

Nutrition IR 3: Use of strategies that focus on supporting household-level nutrition behaviors increased.

- BASICS formed a technical committee for COMSAIN 2000 that was led by the SOH and composed of many of the same participants from the AIN/AIEPI inter-institutional committee.
- The committee determined which household-level behavior changes to emphasize in the child health campaign.
- Materials for the first phase of the campaign were designed, including a radio soap opera with 18 one-minute chapters, two musical jingles, and two promotional messages; five posters (one for each intervention area); three informational brochures for health workers, religious leaders, radio deejays, and radio station managers; and an informational poster.
- The First Lady of Honduras and the SOH participated in launching the COMSAIN 2000 campaign.

Key Partners

SOH and the Government of Honduras: key implementing partners at local and national levels (supporting implementation with operating budget and bilateral funding)

UNICEF, PAHO, and American & Honduran Red Cross: key coordinating partners

PRAF: funder for NGO implementation of AIN

CARE: funder for IMCI implementation/new implementer AIN

MERCY Corps/Aldea Global: implementer of AIN

Save the Children: partner in implementing AIN

- The second phase of the campaign was initiated, including definition of technical content for the seven orientation cards and reminder materials for mothers.

Area of Work 4: Improve the Quality of IMCI Implementation

This area of work is related to the following intermediate result:

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- BASICS developed a seven-day IMCI training course that has been used to train staff in almost all of Honduras's health centers.
- BASICS staff reviewed and the process and events that took place after training and developed a plan to strengthen post-training supervision.

Issues/Constraints

The programmatic issues confronting BASICS II are typical for a maturing program. They come from the pressures of keeping many different implementation modes going at once while also keeping pace with the research and development aspects of supporting a program at scale. The framework and key program documents have been developed, which allows the basic AIN program to be expanded to a national level, but the work is not complete. Quality improvement, development of new tracking systems, improved tools, and operations and evaluation research remain critical.

The greatest constraint to undertaking these necessary actions is the pressure for fast expansion and implementation. Human resources and monitoring systems are necessary to maintain and improve quality. Investment is needed in a capacity-building network for self-learning, to encourage communication (especially after BASICS work is terminated) between health areas with more AIN experience and areas where the approach has been implemented more recently. Further TA and evaluation are also required.

Program Design

A detailed program design for Honduras is included in Annex A.

Nicaragua Country Program

BASICS II in Nicaragua focuses on achieving two of the project's strategic objectives: appropriate child feeding and appropriate breastfeeding. BASICS II activities in Nicaragua began in June 1999 and are scheduled to be completed at the end of 2001.

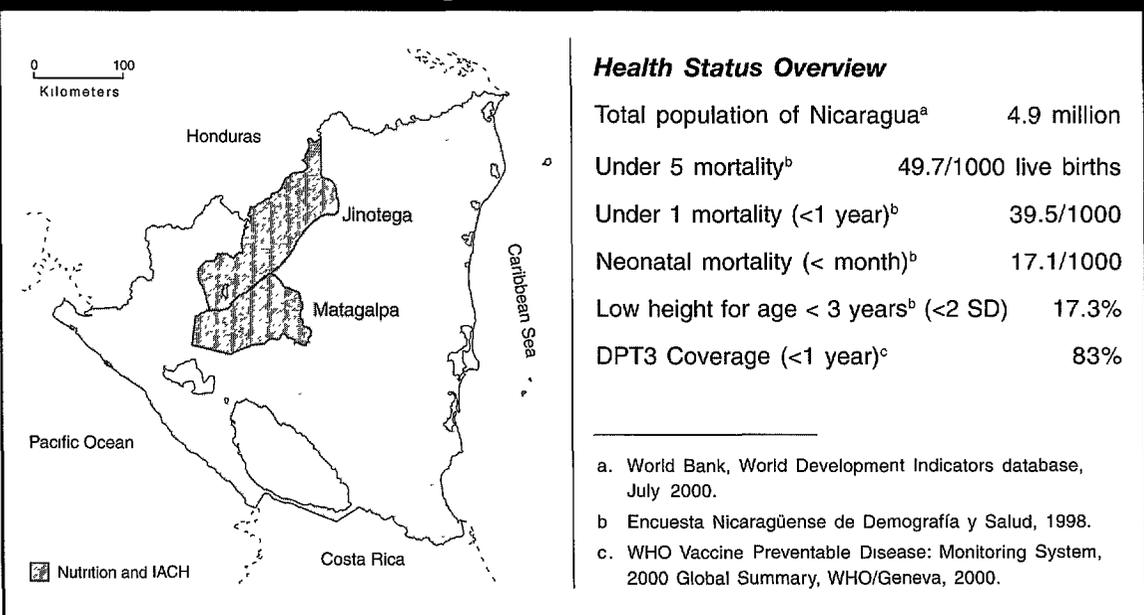
Program Context

A combination of poverty, illiteracy, dictatorship, and natural disasters resulted in high rates of infant and child mortality in Nicaragua through the 1970s. The country's protracted civil conflict in the 1980s, its inability to consolidate a democratic government during the 1990s, and continuing economic deterioration created a precarious situation for child health in Nicaragua even before Hurricane Mitch struck in late October 1998.

The hurricane compounded existing problems by increasing the risk of morbidity and mortality. It worsened the economic situation and diverted limited human and financial resources from routine preventive and curative care. Post-Mitch assistance provided by USAID through its collaborating agencies has been designed to address the immediate needs created by the hurricane and to lay the basis for continuing efforts, especially at the community level, to define health problems, encourage appropriate caretaking behavior, and to direct and maximize available resources.

The BASICS community-based strategy in Nicaragua draws upon two approaches that are, in fact, complementary but have not always been perceived as compatible. One approach is community integrated management of childhood illness (C-IMCI), which builds on community-level activities previously supported by ministries of health (MOHs) and international agencies—such as vertical

BASICS II Interventions in Nicaragua



programs to address immunization, acute respiratory infections (ARIs), and diarrheal disease—and those supported by bilaterals and private voluntary organizations (PVOs) under USAID Child Survival efforts. The second approach is a community growth monitoring program that builds upon cumulative international experience in nutrition and growth and development programs.

BASICS has been working in a collaborative effort with the World Bank and the Manoff Group to develop a Nicaraguan equivalent to the blended child health initiative (known as AIN) that BASICS developed with the MOH in Honduras. This initiative is known by the Spanish acronym AIN (Atención Integral a la Niñez/Integrated Care of the Child). The thrust of the initiative is to develop a program of regular community-based weighing of children under two and to monitor their growth and counsel mothers or primary caretakers in improved feeding practices. An evaluation of food supplementation programs in Nicaragua over the past ten years was unable to demonstrate any nutritional impact, which has increased interest in growth monitoring. The World Bank effort, which began as a demonstration project in a limited geographic area, is now slated for implementation in four departments of the country. The BASICS commitment is to develop the program in Jinotega and Matagalpa departments.

BASICS/Nicaragua believes that the integrated focus of Honduras's AIN program has the greatest potential for ultimately improving child morbidity and mortality from ARIs and diarrheal disease. At the same time, however, there is a need to build upon the existing national Brigadista structure with an integrated approach to curative care that links the communities with the health system.

Main Lines of Work and Progress to Date

Area of Work 1: Community-based integrated child health and nutrition program developed with manual, training curriculum, and counseling materials finalized and implemented.

This area of work is related to the following BASICS intermediate results (IRs):

Nutrition IR 1: Community-based integrated health and nutrition approaches demonstrated and/or scaled up.

IACH IR 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and scaled up.

- BASICS/Nicaragua efforts have been concentrated since late 1999 on developing a manual, training curriculum, and counseling materials for a community-based integrated child health and nutrition program. The project has collaborated on this work with the Ministry of Health, the World Bank, the International Development Bank, the USAID bilateral PROSALUD, and USAID-supported PVO and nongovernmental organization (NGO) networks. These partners also began field testing the materials in early implementation communities.
- BASICS/Honduras trained the collaborating partners of BASICS/Nicaragua in the AIN model.
- BASICS worked with the World Bank and the MOH to carry out Trials of Improved Practices in Nicaragua to provide local technical content for materials development.
- BASICS has played a significant role in advocating for this initiative at the national level and has prompted several of its collaborating agencies to incorporate AIN into their project plans.

Area of Work 2: Communications strategy for improving handwashing behaviors launched.

Area of Work 2: Feasibility study on private sector involvement in IMCI essential drugs carried out.

These areas are related to the following BASICS II intermediate result:

IACH IR 2: Methods and tools for improving health system capacity to support IACH and nutrition tested and disseminated.

- Johns Hopkins University asked BASICS to share information on incorporating commercial private sector soap manufacturers into campaigns to increase appropriate handwashing behavior. (JHU is conducting a handwashing campaign in Nicaragua, and BASICS has had experience with including soap manufacturers in handwashing campaigns in several Central American countries.)
- BASICS met with the principal soap producers in Nicaragua, which resulted in the producers' adopting primary ownership of the handwashing program.
- BASICS technical staff and consultants met with the MOH and private sector pharmaceutical manufacturers to determine the feasibility of increasing access to essential drugs through the private sector. A number of manufacturers expressed interest in the development of a basket of IMCI essential drugs to be packaged for appropriate course of treatment and separately marketed at a reduced rate.
- Further studies carried out by BASICS to identify the best manufacturing and quality control practices at production facilities in Nicaragua raised questions about the advisability of continuing this line of work. The USAID mission requested that this line of work be dropped and increased emphasis placed on implementation of the community-based activities.

Key Partners

MOH: principal counterpart for BASICS and its partners

- Ultimately responsible for program oversight and sustainability

PROSALUD: bilateral partner responsible for implementing the Child Survival program in three departments of Nicaragua

World Bank: partner in implementation of AIN model in four Nicaraguan departments

NGO networks, including:

- CARE (implementing partner in the department of Matagalpa)
- HOPE (partner in developing mothers' reminder materials)
- Project Concern International and Wisconsin Volunteers (implementing partners in the department of Jinotega)
- A USAID PVO umbrella group encompassing eight US-based organizations

UNICEF: partner in incorporating the AIN model for PROSILAIS, which is the government's principal project for supporting the country's 17 comprehensive local health systems. (These systems are known by the term SILAIS.)

Issues/Constraints

A significant constraint for BASICS will be the fact that FY01 coincides with an election year in Nicaragua. The potential for politicization of MOH, as well as the contraction of available resources if health funds are diverted to the elections, will limit the ability of the MOH to collaborate with BASICS.

Additionally, internal politics within the MOH may affect BASICS implementation plans. Physicians in the Department of Child Health support the primacy of curative care approaches, but nutritionists promote preventive approaches. The conflict between the two groups prevents them from working for a truly integrated approach.

Another potential constraint is posed by the special financing that BASICS and its actual and potential partners have access to because of Hurricane Mitch. These funds must be spent by the end of the 2001 calendar year, but many recipients plan to spend them by July 2001 to clear their accounts by the end of the fiscal year (September 30, 2001). This has put pressure on PVOs and others to move forward with community-level training before the most appropriate materials have been developed and field tested.

Finally, the World Bank is a strong partner in funding the replication of the Honduras AIN experience. Maintaining a good working relationship with the Bank, however, could prove challenging because it operates on a longer program timeline and works in different geographic areas with a different set of local and national MOH partners.

Program Design

A detailed program design for Nicaragua is included in Annex A.

LAC Regional Initiative for the Integrated Management of Childhood Illness (IMCI)

The Regional IMCI Initiative is a collaborative effort by the Pan American Health Organization (PAHO) and BASICS II—with financing from USAID’s Latin America and Caribbean (LAC) Bureau—to support the implementation of IMCI. The Initiative began under BASICS I in 1997. Funding from the LAC Bureau is expected to bridge through 2002.

Program Context

The LAC Regional IMCI Initiative supports activities in Latin American countries that have been designated by USAID as Child Survival countries: Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Peru.

IMCI (known in Spanish as AIEPI, Atención Integrada a las Enfermedades Prevalentes de la Infancia) is a strategy developed by the World Health Organization (WHO) to provide a more holistic approach to the management of the principal causes of childhood morbidity and mortality. The strategy has three principal foci:

- At the household and community level, IMCI seeks to improve the recognition, appropriate treatment, and timely referral of sick children.
- At the facility level, IMCI aims to improve health care providers’ ability to appropriately identify and manage the principal causes of childhood morbidity and mortality in an integrated fashion, while also providing appropriate counseling to caregivers.
- At the institutional level, IMCI strengthens the capacity to provide support to an integrated approach at the facility level, rather than a vertical approach.

BASICS II LAC Regional Initiative for the Integrated Management of Childhood Illness (IMCI)



BASICS has collaborated with WHO and a variety of other international agencies to support IMCI since its inception. Early adaptation and implementation efforts have also been supported through regional initiatives such as the LAC Bureau’s and by BASICS country programs with support from USAID missions in those countries. During 1999 and 2000 BASICS had five country programs in the LAC region (Bolivia, Ecuador, El Salvador, Honduras, Nicaragua) that provided direct support to

various activities related to IMCI implementation. Regional IMCI activities have been complementary to BASICS country programs.

The major burden of implementing IMCI has been assumed by the individual countries, with varying degrees of support from other international and national agencies, nongovernmental organizations (NGOs), and private voluntary organizations (PVOs). Support from the LAC Regional Initiative has gone not to direct implementation of IMCI but rather to advancing implementation through regional activities that encourage skills transfer, tool development, and the sharing of lessons learned as countries advance through different phases of implementation.

In earlier stages of the initiative, the primary focus was to provide the technical basis for IMCI to national decision makers, to facilitate national adaptations of algorithms, and to train national master trainers in the IMCI course. During later stages the initiative has supported the exchange of lessons learned in early adopter districts, training in the use of the Health Facility Survey, the Drug Management for Childhood Illness tool (DMCI), and approaches to community behavior change.

Over the past year and a half BASICS and PAHO have jointly carried out a number of activities that continued the IMCI Initiative's role in responding to technical demands from countries involved in implementation and in anticipating demands that will arise as countries expand their existing efforts.

Main Lines of Work and Progress to Date

IACH Intermediate Result (IR) 1: Approaches to improve household and community health, nutrition, and child development behaviors adapted, tested, and taken to scale.

- The LAC Regional Initiative has collaborated with countries in developing, implementing, expanding, and evaluating integrated community health strategies.
- The project enhanced regional-, country-, and district-level capacity to expand community approaches to child health and nutrition. At the national and district levels, BASICS worked to improve management, service organization, supervision, and planning capacity for IMCI.
- During 2000 BASICS worked with PAHO and the CORE Group (Child Survival Collaborations and Resources Group) to develop, field test, and disseminate an approach to community IMCI planning.
- BASICS, PAHO, UNICEF, and CORE sponsored a Central American Subregional Social Communications Workshop in Nicaragua in July 2000. This workshop supported initial design of communication and behavior change packages for IMCI.

IACH IR 2: Methods and tools for improving health system capacity to support integrated approaches to child health and nutrition tested and disseminated.

- BASICS/LAC worked to improve district-level availability, accessibility, and appropriate use of essential drugs in the private and public sectors. The project also undertook efforts to enhance country and district capacity to deal with drug supply problems.
- The LAC Regional Initiative sponsored the development of the DMCI, an indicator-based assessment tool that uses the availability of the essential drugs for IMCI to determine the adequacy of national drug supply systems at different levels. PAHO Essential Drug Program staff from a number of regional countries were trained to use the DMCI. PAHO and BASICS

Key Partners for the Regional IMCI Initiative

Although the Pan American Health Organization (PAHO) is the principal partner under the Regional IMCI Initiative, other key government, agency, and NGO/PVO partners are involved.

Ministries of Health: The Ministries of Health in the eight participating countries are the primary implementers of the IMCI strategy and coordinate the participation of the other actors.

UNICEF: Has been a significant partner in a number of countries especially in expanding the focus of the strategy beyond the facility level.

World Bank: Has collaborated under the Initiative in the application of shared criteria and tools in looking at the start-up and recurring cost implications of IMCI implementation.

Rational Pharmaceutical Management Project: Under the Regional Initiative RPM (as USAID project) and the PAHO Essential Drugs Program helped design and test an indicator-based assessment methodology for national drug programs using IMCI essential drugs.

USAID Bilateral Programs: Have made an important contribution to IMCI implementation and have collaborated in both the development and application of different instruments related to the strategy.

NGOs/PVOs: Have become the driving force behind community IMCI as well as playing significant roles in training of facility staff at the district level.

have continued to work in early adopter districts in Bolivia (the joint BASICS/PAHO application site) on improving availability of IMCI essential drugs.

- In December 1999 BASICS and PAHO sponsored a regional meeting on planning and evaluation of the IMCI strategy with attendance from all countries participating in IMCI.
- WHO/PAHO, UNICEF, the World Bank, BASICS, and Partnerships for Health Reform have worked collectively to develop a shared costing tool that captures the true cost of adaptation, initial implementation, and expansion, as well as recurrent cost implications of shifting to the IMCI approach.
- BASICS and PAHO carried out a field test of the costing tool in Bolivia in 2000. They will build on that test through application in Honduras in 2001 to train both national and subregional personnel from relevant agencies to use the cost instruments to analyze the collected data.
- PAHO and BASICS developed a short program review tool to evaluate limits and barriers to IMCI implementation.

IACH IR 3: Strengthen health worker skills for case management and preventive actions at first- and referral-level facilities.

- During October 1999 BASICS held an IMCI Health Facility Evaluation in Peru to assist the government of Peru to begin to measure the effects of IMCI implementation on clinic-level practice.
- The LAC Regional Initiative worked to improve and maintain health providers' case management skills at first-contact venues and to develop, test, and disseminate alternative training approaches to IMCI clinical case management training.
- During 2000 BASICS began an assessment of alternative approaches to IMCI training. The results will be shared with participating countries and incorporated into a workshop to help design actual evaluations of these approaches in 2001.

Issues/Constraints

A major obstacle to implementation of project activities in 1999–2000 was the transition from BASICS I to BASICS II. During this period, USAID/LAC project funding and BASICS technical assistance to countries stagnated while USAID prepared a new project extension and selected a contractor. Even after BASICS II began there was a protracted period during which internal planning and review precluded the joint planning with PAHO anticipated under the project.

In early 2000 USAID/LAC commissioned the Monitoring, Evaluation, and Design/Assessment Support Project to conduct a project midterm evaluation. Although the evaluation findings were generally positive, it was recognized that the original project performance indicators were inappropriate and had caused a considerable amount of confusion in project implementation.

PAHO chose to support implementation of IMCI in the LAC Region by launching a strategy in December 1999 called Healthy Children: Goal 2002. Though this approach carries the possibility of drawing additional resources into IMCI implementation, in the short term it increased demand for the limited human resources that PAHO has available for collaborating with BASICS in the LAC Initiative.

Program Design

A detailed program design for the BASICS II LAC Regional IMCI Initiative is included in Annex A.



Other Country Assistance

In addition to ongoing activities in the country and regional programs described above, the project has initiated or anticipates work in the following countries.

India

While child mortality and malnutrition in India have declined over the past two decades, these declines began leveling off in the mid-1990s. Improvements in national aggregates also obscure important differences among and within states.

USAID has identified Uttar Pradesh as the state for its chief focus for health sector programs. Based on BASICS II preliminary assessments in this state in early FY01, the project has identified potential technical support roles in the following areas:

- **Immunization** – improved routine coverage and disease control through neonatal tetanus immunization;
- **Nutrition** – improved nutritional status through improving infant feeding practices and vitamin A coverage;
- **Peri-neonatal health** – improved survival of newborns in selected rural areas.

A technical assistance visit is planned for June 2001, to initiate the immunization work in Uttar Pradesh. Additional design work and program clarification will be completed in late FY01.

Madagascar

Following three years of excellent results during National Immunization Days from 1997 to 1999, the National Interagency Expanded Program on Immunization (EPI) Coordination Committee in Madagascar decided to reorient its attention toward strengthening routine immunization performance and its disease surveillance system. Since the first Demographic and Health Survey was conducted in 1992, national vaccination performance remains static with approximately 32 percent of children completely vaccinated by their first birthday. Regional disparities are considerable—with the Mahajanga region the lowest at 12 percent and the Antananarivo region the highest at 55 percent. BASICS, using USAID global and mission support and working in conjunction with the bilateral project, will work to support increased immunization coverage in a sustainable manner. BASICS will provide technical support to improve the level and quality of immunization coverage in Madagascar and build local technical capacity in a manner consistent with the organization of the health sector. It is anticipated that technical assistance from BASICS will be in the form of one four- to six-week technical assistance trip per year. The first trip will occur in August 2001 and will focus on implementation of the information, education, and communication strategy for immunization as part of the overall EPI program structure.

Nepal

DPT3 and measles immunization coverage has plateaued at around 75 percent over the past five years. In an effort to support Nepal's National Immunization Program, BASICS will be engaged in strengthening the routine immunization system in a sustainable manner. In order to achieve this, BASICS technical assistance will be used to address drop-out rates and introduce monitoring systems. Working with the bilateral project, managed by John Snow, Inc., BASICS will develop an intervention based on "active monitoring." This active monitoring system will also help to reduce drop-out rates, a serious problem in Nepal. Data from Nepal reveal a steep drop off of children who received DPT1 in comparison with those who received DPT3; a similar trend exists for OPV1 and OPV3. BASICS will work to determine reasons children are not completing their vaccination schedule. This data will be used to develop a realistic operational plan to reduce drop-out, and thereby increase the rate of children fully immunized by age one. BASICS anticipates making the first of a series of technical assistance trips to Nepal by August 2001.



V. Financial Management

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V. Financial Management

The BASICS II Financial Management Framework, illustrated in Figure 3 on the following page, outlines the system developed and used by the BASICS II Project for budgeting, monitoring, reporting, and overall financial management of project activities.

The financial management system allows two main presentations of financial data: 1) by the 11 BASICS II Intermediate Results (BIRs) and Program Support Areas; 2) by Program and Funding Source. Financial information wraps up vertically to Programs (e.g., Senegal Country Program, West Africa Regional Program, and Global Technical Leadership), which in turn aggregates into Funding Source. Additionally, and perhaps more significant from a management perspective, costs wrap horizontally to each respective BASICS II Intermediate Result, Technical Support Area, or Other Project Component. The Intermediate Results aggregate into the four Technical Focus Areas: Immunization, Nutrition, Integrated Approaches, and Peri/Neonatal Health.

BASICS II also tracks and reports expenditure by source of funding (Global, Field Support-Regional, and Field Support-Country), as well as by USAID funding directives (Child Survival, Micronutrient Activities, Polio Eradication Activities, Infectious Disease, Other Health, BOOST Immunization, HIV, MITCH). Funding source, including funding directive, are tied to specific IR activities. For example, earmarked polio funds in Congo are tracked and reported as part of Intermediate Result E2, *Comprehensive Approaches to Disease Control Designed and Implemented*, which includes the sub element to *eradicate poliomyelitis while strengthening routine immunization systems*. Expenditure reports for the period covered by this report, summarized by the areas presented in the Framework, are provided in the charts that follow (Figures 4, 5, and 6).

Finally, aggregation of financial data is consistent with the organizational structure of the project, such that cost information is available for each of the various operational units and the major functions of the Project. As outlined in the Framework, functions that are not directly and exclusively related to a specific IR will be aggregated first into Unit Cost Centers and then assigned to the appropriate IR activity code using standard financial attribution and allocation principles. In addition to Program Management (BASIC II's Allocable Cost Factor), other Unit Cost Centers include: Operations and Evaluation Research, Strategic Experience Transfer, Performance and Results Monitoring, Strategic Themes, Field Support, Regional and Country Operations, and Program Development.

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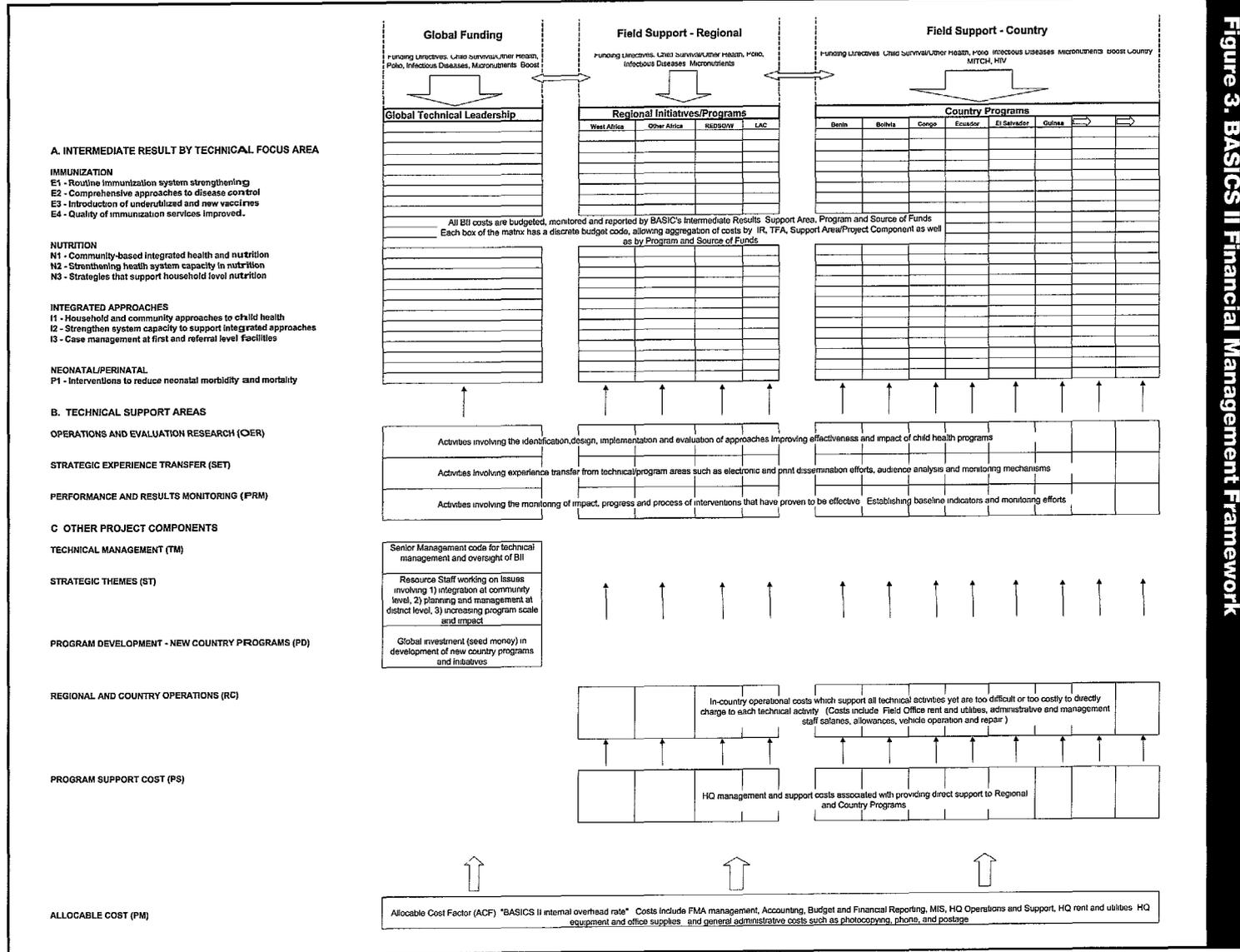


Figure 3. BASICS II Financial Management Framework

Figure 4. BASICS II Project Funding and Allocation of Resources

BASICS II is implemented under a Cost-Plus-Award Fee term contract with a total estimated cost of \$78,719,601. The contract provides for one option (grants option) that increases the total estimated cost to \$79,888,372. As of December 31, 2000, the grants option had not been exercised.

Total Estimated Cost	\$	75,791,856
Fixed Fee	\$	1,279,775
Award Fee	\$	1,647,970
Cost Plus Award Fee	\$	78,719,601
Grants Option	\$	1,168,771
Total Cost with Option	\$	79,888,372

Funding Through December 31, 2000:

BASICS II has received \$43,162,748 in obligations or 54.83% of its total contract budget ceiling. (See Chart A for obligation detail by funding source.) A summary breakout by source of funds is as follows:

Global Funds - Child Survival	\$	13,052,178	30.24%
Global Funds - Earmarks	\$	1,600,000	3.71%
Regional Funds - Child Survival	\$	3,847,949	8.91%
Regional Funds - Earmarks	\$	1,669,500	3.87%
Country Funds - Child Survival	\$	15,789,147	36.58%
Country Funds - Earmarks	\$	7,203,974	16.69%
Total Funding	\$	43,162,748	100.00%

Expenditures Through December 31, 2000:

BASICS II has spent 50.75% of its total obligation received to date or 27.82% of its Contract-Plus-Award Fee ceiling.

Global Funds - Child Survival	\$	7,775,916	35.50%
Global Funds - Earmarks	\$	428,989	1.96%
Regional Funds - Child Survival	\$	2,007,450	9.17%
Regional Funds - Earmarks	\$	474,270	2.17%
Country Funds - Child Survival	\$	8,239,695	37.62%
Country Funds - Earmarks	\$	2,977,074	13.59%
Total Expenditure	\$	21,903,394	100.00%

See Figure 5 for breakout of costs incurred by the four Technical Focus Areas (Immunization, Nutrition, Integrated Approaches to Child Health, and Peri/Neonatal) and other project components (Operations and Evaluation Research, Performance and Results Monitoring, Strategic Experience Transfer, Technical Management, Strategic Themes, and Strategic Planning).

Figure 5. BASICS II Project Funding and Expenditures Through December 31, 2000

Source of Funding	Funding Directive	Year I Obligation	Year II Obligation	Total Obligation Received	Expenditures through 12/31/00
I. Global					
Global	CHS	8,479,420	4,572,758	13,052,178	7,775,916
	IF	150,000	—	150,000	135,592
	MN	500,000	—	500,000	110,526
	Polio	450,000	—	450,000	182,871
	BG	—	500,000	500,000	—
Total Global		9,579,420	5,072,758	14,652,178	8,204,905
II. Regional Field Support					
Africa Regional/SD	CHS	1,200,000	1,507,215	2,707,215	1,568,065
	IF	150,000	—	150,000	40,330
	MN	250,000	—	250,000	250,000
	Polio	769,500	300,000	1,069,500	183,940
	BG	—	100,000	100,000	—
<i>Subtotal Africa Regional/SD</i>		<i>2,369,500</i>	<i>1,907,215</i>	<i>4,276,715</i>	<i>2,042,335</i>
Africa Regional/All Africa	CHS	—	92,785	92,785	151
<i>Subtotal Africa Regional/All Africa</i>		<i>—</i>	<i>92,785</i>	<i>92,785</i>	<i>151</i>
LAC Regional	CHS	290,000	220,000	510,000	299,116
<i>Subtotal LAC Regional</i>		<i>290,000</i>	<i>220,000</i>	<i>510,000</i>	<i>299,116</i>
REDSO/W	CHS	400,000	137,949	537,949	140,118
	IF	—	100,000	100,000	—
<i>Subtotal REDSO/W</i>		<i>400,000</i>	<i>237,949</i>	<i>637,949</i>	<i>140,118</i>
Total Regional Field Support		3,059,500	2,457,949	5,517,449	2,481,720
III. Mission Field Support					
Bangladesh	CHS	237,000	—	237,000	30,243
<i>Subtotal Bangladesh</i>		<i>237,000</i>	<i>—</i>	<i>237,000</i>	<i>30,243</i>
Benin	CHS	250,000	—	250,000	195,727
	MN	100,000	300,000	400,000	262,047
<i>Subtotal Benin</i>		<i>350,000</i>	<i>300,000</i>	<i>650,000</i>	<i>457,774</i>
Bolivia	CHS/HEA	380,000	525,000	905,000	867,292
<i>Subtotal Bolivia</i>		<i>380,000</i>	<i>525,000</i>	<i>905,000</i>	<i>867,292</i>
Congo	CHS/HEA	1,314,000	1,220,000	2,534,000	1,910,414
	IF	300,000	200,000	500,000	140,627
	Polio	—	—	—	—
	BG	—	200,000	200,000	—
<i>Subtotal Congo</i>		<i>1,614,000</i>	<i>1,620,000</i>	<i>3,234,000</i>	<i>2,051,041</i>
Ecuador	CHS	150,000	150,000	300,000	266,285
<i>Subtotal Ecuador</i>		<i>150,000</i>	<i>150,000</i>	<i>300,000</i>	<i>266,285</i>
El Salvador	CHS/HEA/HIV	341,000	352,530	693,530	407,619
<i>Subtotal El Salvador</i>		<i>341,000</i>	<i>352,530</i>	<i>693,530</i>	<i>407,619</i>
Ghana	CHS	750,000	535,000	1,285,000	469,917
<i>Subtotal Ghana</i>		<i>750,000</i>	<i>535,000</i>	<i>1,285,000</i>	<i>469,917</i>
Guinea	GC	—	199,884	199,884	61,061
	BC	—	250,000	250,000	33,296
	BG	—	300,000	300,000	40,239
<i>Subtotal Guinea</i>		<i>—</i>	<i>749,884</i>	<i>749,884</i>	<i>134,596</i>
Honduras	CHS	137,000	250,000	387,000	362,403
	GC	—	199,629	199,629	—
	Mitch	500,000	—	500,000	281,144
<i>Subtotal Honduras</i>		<i>637,000</i>	<i>449,629</i>	<i>1,086,629</i>	<i>643,547</i>
India	CHS	—	500,000	500,000	29,179
<i>Subtotal India</i>		<i>—</i>	<i>500,000</i>	<i>500,000</i>	<i>29,179</i>
Madagascar	BG	—	200,000	200,000	152
<i>Subtotal Madagascar</i>		<i>—</i>	<i>200,000</i>	<i>200,000</i>	<i>152</i>
Mali	CHS	—	400,000	400,000	40,193
<i>Subtotal Mali</i>		<i>—</i>	<i>400,000</i>	<i>400,000</i>	<i>40,193</i>

Figure 5. BASICS II Project Funding and Expenditures (cont'd)

Source of Funding	Funding Directive	Year I Obligation	Year II Obligation	Total Obligation Received	Expenditures through 12/31/00
Nepal	BG	—	200,000	200,000	323
	<i>Subtotal Nepal</i>		<i>200,000</i>	<i>200,000</i>	<i>323</i>
Nicaragua	CHS	100,000	—	100,000	37
	Mitch	800,000	—	800,000	455,349
	<i>Subtotal Nicaragua</i>	<i>900,000</i>	<i>—</i>	<i>900,000</i>	<i>455,386</i>
Nigeria	CHS	2,595,000	3,495,375	6,090,375	2,644,738
	IF	—	200,000	200,000	63,291
	MN	—	250,000	250,000	—
	Polio	—	1,000,000	1,000,000	1,000,000
	BC	—	900,000	900,000	464,553
	<i>Subtotal Nigeria</i>	<i>2,595,000</i>	<i>5,845,375</i>	<i>8,440,375</i>	<i>4,172,582</i>
Senegal	CHS	704,000	1,098,242	1,802,242	1,005,432
	BG	—	200,000	200,000	6,961
	<i>Subtotal Senegal</i>	<i>704,000</i>	<i>1,298,242</i>	<i>2,002,242</i>	<i>1,012,393</i>
Uganda	GC	—	254,461	254,461	18,313
	Afr/SD	—	100,000	100,000	100,000
	BC	—	150,000	150,000	49,718
	BG	—	400,000	400,000	—
	<i>Subtotal Uganda</i>	<i>—</i>	<i>904,461</i>	<i>904,461</i>	<i>168,031</i>
Zambia	CHS	105,000	200,000	305,000	10,216
	<i>Subtotal Zambia</i>	<i>105,000</i>	<i>200,000</i>	<i>305,000</i>	<i>10,216</i>
Total Mission Field Support		8,763,000	14,230,121	22,993,121	11,216,769
TOTAL		21,401,920	21,760,828	43,162,748	21,903,394

Note: Expenditures through 12/31/00 include accruals for partner invoices and field accounts.

Legend:

- CHS: Child Survival
- GC: Global CHS
- Afr/SD: CHS
- BG: Boost Global
- BC: Boost Country
- HEA: Other Health
- HIV: HIV/AIDS
- IF: Infectious Diseases
- MN: Micronutrient

Figure 6. BASICS II Expenditures by Project Component (Life of Project through December 31, 2000)

	Global		Regional		Country		Total		
Immunization									
E1	Routine Immunization	\$ 458,851	5.6%	\$ 463,507	18.7%	\$ 1,613,925	14.4%	\$ 2,536,282	11.6%
E2	Comprehensive Approaches to Disease Control	\$ 253,393	3.1%	\$ 133,319	5.4%	\$ 3,058,397	27.3%	\$ 3,445,108	15.7%
E3	New and Underutilized Vaccines	\$ 122,833	1.5%	\$ 50,930	2.1%	\$ 677	0.01%	\$ 174,440	0.8%
E4	Quality of Immunization Services	\$ 45,565	0.6%	\$ 6,959	0.3%	\$ 3,120	0.03%	\$ 55,644	0.3%
Integrated Approaches to Child Health									
I1	Household and Community Approaches	\$ 1,101,566	13.4%	\$ 843,550	34.0%	\$ 2,239,010	20.0%	\$ 4,184,126	19.1%
I2	Strengthen Health System Capacity	\$ 190,894	2.3%	\$ 225,070	9.1%	\$ 665,694	5.9%	\$ 1,081,658	4.9%
I3	Case Management	\$ 106,678	1.3%	\$ 201,815	8.1%	\$ 430,556	3.8%	\$ 739,050	3.4%
Nutrition									
N1	Community Based Health and Nutrition	\$ 355,624	4.3%	\$ 61,638	2.5%	\$ 1,528,849	13.6%	\$ 1,946,111	8.9%
N2	Strengthen Health System Capacity	\$ 242,089	3.0%	\$ 382,393	15.4%	\$ 933,321	8.3%	\$ 1,557,803	7.1%
N3	Strengthen Household Level Behaviors	\$ 73,480	0.9%	\$ 38,311	1.5%	\$ 436,776	3.9%	\$ 548,566	2.5%
Peri/Neonatal									
P1	Peri/Neonatal Interventions	\$ 490,121	6.0%	\$ 28,272	1.1%	\$ 210,286	1.9%	\$ 728,679	3.3%
Other Global Components									
OR	Operations & Evaluation Research	\$ 477,937	5.8%	\$ --		\$ --		\$ 477,937	2.2%
PR	Performance & Results Monitoring	\$ 551,225	6.7%	\$ --		\$ 58,960	0.5%	\$ 610,184	2.8%
SX	Strategic Experience Transfer	\$ 513,198	6.3%	\$ 16,914	0.7%	\$ --		\$ 530,112	2.4%
TM	Technical Management	\$ 1,115,827	13.6%	\$ --		\$ --		\$ 1,115,827	5.1%
SP/ST	Strategic Planning/Strategic Themes	\$ 1,130,864	13.8%	\$ --		\$ --		\$ 1,130,864	5.2%
TC	Transition Costs	\$ 585,564	7.1%	\$ 29,043	1.2%	\$ 37,198	0.3%	\$ 651,806	3.0%
PD	Program Development	\$ 389,197	4.7%	\$ --		\$ --		\$ 389,197	1.8%
		\$ 8,204,905	100.0%	\$ 2,481,720	100.0%	\$11,216,769	100.0%	\$ 21,903,394	100.0%

Annexes

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Performance Indicators at the Strategic Objective Level	
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Document and Non-document Based Dissemination	

**BASICS II BENIN
Child Survival Country Program Design**

Investment	LOP activities	Changes in policies, programs or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001 \$297,206	1999-2001 (est) \$650,000 (Does not include AF/SD and/or Global CS funds for FY02)		
Expansion and Sustainability of Paquet Minimum d'Activites en Nutrition (PMA/N) or Minpak			
MOH/DDSP DSF	\$ 297,206	PMA/N (Minpak) Expansion and Sustainability in Borgou Department, which includes	PMA/N implemented in the department of Borgou at health facility and community levels
USAID/ Benin PROSAF		>Skills development implemented PMA/N at HF level in all 14 sous-prefectures in Borgou	Sustain Exclusive Breastfeeding rate at or above 52% for children <4 mths, and 43% for children <6 in Borgou Department*
World Bank PADS (Swiss Cooperation)		>Develop and strengthen training program with special emphasis on supervision, based upon evaluation report findings	Vitamin A coverage (2nd dose) maintained at 50% through routine administration in Borgou Department
PDASSP (German Technical Cooperation Project)		>Comprehensive CBC/IEC strategy developed for mass media and community mobilization, materials tested and target groups trained in their use	
		>PMA/N community approach implemented in Borgou with PROSAF(including training of trainers, adaptation of materials, and development of supervisory tools)	
		>Support advocacy of including Vit A in the community financing system and promote shift from campaign to routine distribution	
		PMA/N Expansion at National Level, which includes	
MOH/DSF WHO EU UNFPA UNICEF PSP (World Bank Project)		>National nutrition policy identified PMA/N as national strategy	Use Borgou experience to inform national policymakers and to engage them in adopting PMA/N approach in all departments
IRSP (Regional Public Health Institute)		>Support MOH/DSF for PMA/N implementation and facilitate scaling-up, including development of national IEC/CBC strategy	PMA/N program introduced/expanded to all 6 Departments
World Bank PADS (Swiss Cooperation)		>Through WARO, provide intermittent TA to support national expansion and ensure sustainability of transition to PMA/N after FY 02 (refer to WARO plan)	
PDASSP (German Technical Cooperation Project)		>Through WARO, advocate for nutrition focus at the district and community levels, through the application of PROFILES	Increased resource allocation and commitment to nutrition at district and community levels
		>Establish Community Active Learning Center (CALC) in Borgou to serve as model for scaling-up of PMA/N in Benin and West Africa Region (refer to WARO plan)	Health professionals from other Departments in Benin will have applied lessons learned from CALC regarding PMA/N in their respective Departments
			Health professionals from other West African countries will have visited CALC for strategic experience transfer

*The baseline is 19% for children < 4 mo., and 12.6% for children < 6 mo. As of January 2001, a KAP survey revealed the proposed increase of 50% over these baselines had already been surpassed
BASICS' direct involvement in Borgou Department is completed by September 2001. BASICS transition to national level focus contingent upon availability of Africa/SD and/or Global CS support for FY02

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BASICS II DR CONGO
Child Survival Country Program Design

Draft: Not yet approved by USAID (Program Revisions in Progress)

Investment		LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001	1999-2004			
\$1,720,443	\$5,784,000 (est.)			
IMMUNIZATION				
USAID/ Congo	\$ 1,048,794	National EPI policies and action plans developed	Nat'l policy, five year and annual action plans for EPI implemented and progress reviewed	DPT3 coverage increased by 25% in BASICS II coverage areas
UNICEF		Restructure EPI with partners	Increased efficiency of routine service delivery (organ structure, job descriptions)	
WHO		Interagency partnerships strengthened	Improved service delivery through collaboration	
MOH		Surveillance and monitoring of vaccine coverage and vaccine preventable diseases strengthened	Strengthened capacity to do outbreak detection, improved routine system reporting and analysis	
SANRU		Adaptation and testing of EPI training modules for use at antenna level, fiche technique for zonal level	Training modules used by partners (MOH, UNICEF ..) nation-wide resulting in improved EPI management and technical skills	
Rotary		IEC messages and strategies developed	IEC programs implemented at zonal level and health facilities equipped with IEC materials resulting in increased awareness and demand	
CDC		Polio eradication efforts used to improve routine EPI	National level planning with ICC, microplans developed and supervision provided, NIDS implemented	Reduce 0 dose polio, children fully immunized increased by 25% in BASICS II coverage areas
NGO's		Strategies for measles control dev and implemented	Nat'l strategy developed, incorporated into training materials and implemented through partners	measles vaccine coverage incr by 25%
<i>Polio eradication efforts impact at national level. Routine immunization efforts impact in government controlled areas through implementing partners.</i>				
<i>BASICS works directly to test approaches in selected health zones in Bandundu province.</i>				
NUTRITION				
USAID/Congo	382,962 00	National policies and action plans developed	Nat'l nutrition policy and coordinated nutrition action plan with more uniform practices among implementing partners and guidance on increased nutrition activities within PHC and community.	
UNICEF			Donor input/programs conducted/implemented in conjunction with national policy	
WHO		Restructure ministry nutrition programs with partners	National nutrition program established (PRONANUT) with increased efficiency of routine services (organ structure, job descriptions)	
MOH		Establish and strengthen routine delivery of second vitamin A dose including messages and training materials developed, training conducted, matnee scientifique, vitamin A promoted through supplementation and food preparation	Develop, test and document strategy for high coverage of second dose of vitamin A through routine services	50% of children receiving second dose vit A thru routine PHC services (Kinshasa)
SANRU		Interagency partnerships strengthened to delivery second dose of vitamin A	Capacity to deliver second dose in place	
SPH / Tulane NGOs		Vitamin A incorporated into polio eradication efforts	First dose vitamin A delivered through NIDS	80% coverage first dose vit A

Nationwide coverage for NIDS, Kinshasa for second dose coverage

	Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes.	Increased use of child survival interventions
IACH				
USAID/ Congo	288,688 00	Develop treatment protocols- resistance studies, partnership/consensus building, Guidelines developed and training conducted on clinical management in Kinshasa	Treatment protocols developed and disseminated through partners	Appropriate malaria treatment inc by 25%
UNICEF		National forum developed and Malaria Task Force formed, as per RBM strategies		
WHO		Public-private sector partnerships developed to promote supply of appropriate medicines	Improved availability and access to appropriate malaria drugs	
MOH			Clinical training expanded through partnerships resulting in improved clinical management of malaria	
SANRU		IEC sub-Task Force formed to develop IEC messages and materials to improve malaria care seeking, treatment and preventive actions	IEC program implemented for malaria care seeking, treatment and prevention	Increased knowledge among caretakers of appropriate treatment
CDC		Interagency partnerships strengthened to improve care-seeking and treatment of malaria	Capacity for appropriate malaria treatment and demand generation in place Increased knowledge of ITMs	
SPH				
NGOs PSI EPICENTRE				
<i>Coverage area includes Kinshasa only</i>				

Draft: Not yet approved by USAID (Program Revisions in Progress)

BASICS II GHANA
Child Survival Country Program Design

Investment		LOP activities	Change in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001	1999-2004			
\$893,978	\$2,185,000 (est.)			
IACH				
USAID/Ghana	\$ 471,155	Range of activities implemented include:	Appropriate dosages of antimalarials (and antibiotics), IEC messages for careseeking, treatment, and use of ITMs available in community.	Proportion of children with fever who receive appropriate recommended treatment inc. by 20%
MOH		-Linking ARI & DD practices, malana home-based treatment initiative (with RBM), and growth promotion through CBC materials, identification and training of community partners, tools development	-Improving practices of chemical sellers and traditional healers,	Proportion children with ARI taken to trained providers for care increased by 20%
WHO			Counseling in ITM availability and use reinforced by trained community-based partners (1)	Proportion of children receiving increased fluids during diarrhea increased to 38%
JHU/CPS UNICEF			Improved health worker performance linked to community-level services, including management and counseling in child illness improved in at least 4 early implementation districts	
GSMF			Improved recognition and referral of severely ill children from communities to facilities, and from first level to secondary levels of care Effective approaches to improve referral practices are applied widely.	
PLAN Intl.		-Linking private sector promotion of ITMs to community-based activities in care-seeking & treatment of		
GRC TDR		- IMCI materials adaptation and training for facility and community health workers,		
		-Referral systems are assessed, innovative approaches are designed, tested, and evaluated		
		Advocacy with national and district level MOH, NGO, and private sector partners for support & implementation of c-IMCI	Additional districts implementing C-IMCI approaches drawing on BASICS experience	

(1) Depending on availability of community level of ITMs (NetMark implementation)

Note: significant impact expected in 4 districts, indirect impact expected at national level and in additional districts with partners, including IEC, ITNs, and district level implementation efforts

NUTRITION				
USAID/Ghana,	\$ 203,579	Advocate integrated community-based growth promotion and health programming at MOH, partner agencies, and selected districts	C-based integrated growth promotion and health approach adopted by MOH as a strategy for improving child health	
MOH UNICEF				
PLAN Intl.				
Ghana Red Cross		CBGP materials (for implementation, training, counseling, monitoring and supervision) are adapted, field-tested, and available for use by MOH and partners	C-based HN activities implemented at scale in at least 4 districts with 80% of children under two years of age participating in monthly GP sessions	
MOST Project				
Linkages				
WHO				
JHU/CPS		CBGP activities are incorporated into district and community plans		
		C-based growth promoters are trained and supervised to provide integrated HN services	C-based HN workers provide quality counseling in appropriate child feeding	Appropriate child feeding improved. Proportion of infants 6-9 receiving bmlk and solids inc to 85; Proprn infants 12-24 mths fed recommended times/d. increased
		Test vitamin A distribution through routine health activities	Sustainable vitamin A distribution approaches demonstrated and results used in program implementation	

Significant impact expected in 4 districts, indirect impact in 4 more districts (with World Bank funding), and at national level with partners, and CBC activities

IMMUNIZATION

USAID/Ghana	\$ 67,707	Develop communication/behavior change strategies with national level partners and in select regions/districts to increase demand	National communication for EPI strategy implemented with partners.	Fully immunization children increased from 51% in 1998 to 65% in 2004
WHO (EPI & HEU)	MOH	Increase advocacy for immunization, including improved coordination with EPI and GAVI partners	Improved communication and counseling performance among health workers, resulting in fewer immunization missed opportunities and drop-outs	DPT1 to DPT3 drop out rates reduced from 23% in 1998 to 13% in 2004
UNICEF		Limited technical assistance to improve EPI data quality and monitoring in select districts		
JHU-PCS		C/BC approach coordinated and implemented with nutrition and IACH partners	Increased community knowledge on immunization, resulting in increased demand and reduced drop-outs	
MOST				
Linkages				

National level impact through partnership with the ICC and Communic/Soc Mob Task Force; also additional significant impact in 4 districts (in collaboration with IACH and nutrition).

Performance and Results Survey: \$151,537

Note: Budgets for cross-cutting activities not shown

Targets to be determined based on BASICS baseline in 4 districts.

BASICS II MALI
Child Survival Country Program Design

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001 \$333,471 (CS)	1999-2004 \$500,000 (est.)		
IMMUNIZATION			
USAID/Mali, CNIMOH, WHO, UNICEF, World Bank, JICA, Groupe Pivot	Initiate and strengthen routine immunization micro-planning capacities for immunization through a peer teaming strategy in 6 regions	Through CNI and partners, detailed microplanning is used in 6 regions to improve system performance and increase coverage. Timeliness and completeness of reports from districts increased	Full immun inc by 20% <u>over baseline</u>
	Develop and implement innovative approaches and strategies to reduce drop out rate (refer to WARO workplan)	Strategies to reduce drop out rate implemented with partners (i.e. PRIME tool and COPE tool applied, refer to WARO workplan)	DPT1-DPT3 drop out reduced by 20%
	Develop and disseminate CBC strategy, including advocacy and social mobilization tools, to increase and sustain demand for immunizations	Communication and social mobilization strategies in place, monitored and reinforced by partners, leading to increased and sustained demand for immunizations and decreased drop-out. Increased immunization KAP in communities	Measles inc by 30% <u>over baseline</u>
	Input with partners into accelerated measles initiative, with focus on routine system strengthening, document and disseminate the experience nationwide	Comprehensive strategies for measles control are implemented by partners nation-wide	
	Participate in the implementation of the High Risk Approach (HRA) for Maternal and Neonatal Tetanus elimination, document and disseminate the experience in the West African region (refer to WARO workplan)	HRA is implemented and the experience is documented for potential adaptation by other countries in the region (refer to WARO workplan)	
Support development of plans, procedures and standards for improved immunization safety	Experience with safe immunization procedures reviewed and documented, increased demand for safe injections and improved health worker immunization practices		

Note: Results to be measured in 6 regions through routine service statistics. Coverage survey (TBD)

BASICS II - Nigeria Child Survival Country Program Design

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001 1999-2004 \$4,205,135 \$17,490,375 (est)			
Immunization			
\$ 1,955,182	Through ICC and other coordination efforts, establish microplanning as mechanism for coordinating immunization initiatives		
FMOH/NPI	State advocacy and community-based implementation plans for RI and nutrition developed, implementation monitored by advocacy groups and high-level State and LGA leadership kept current on RI status	Capacity in place for LGA and state child health advocates to plan and monitor programs and inform high-level leadership	
IRC			
JHU/CCP			
Rotary	Coordinate nutrition and immunization initiatives		Proportion of children fully immunized increased from 14% to 40 %
UNICEF	Develop CBC approaches, materials and tools and initiate their use	CBC programs implemented in 20 LGAs with messages and materials heard by large proportion of the population.	
WHO	Assess cold chain and logistics needs, train and follow-up for cold chain management and vaccine/supply forecasting, stock control, distribution and handling, safe vaccine administration and dispose	National-level CBC strategy implemented by partners (JHU/CCP)	
DfID	Train and follow-up improved record keeping, reporting, monitoring and use of results		
	Initiate and strengthen self-assessment methods and supportive supervision	Routine data on coverage and drop-outs is used to improve program quality and inform decision-makers	Proportion of children receiving DPT3 immunization increased from 25% to 60%
	Develop and initiate CBC strategy to include routine immunization		
	Create linkages with public and private providers		
	Facilitate formation of state and LGA microplanning teams, map and define catchment areas and populations, and implement community-supported service expansion	Agreements with community-based organizations are operational resulting in increased demand at service outreach sites	
	Implement community CBC efforts and support local monitoring		BCG to DPT3 drop-out rate reduced from 45% percent to 10% percent
	Initiate measles and neonatal tetanus programs, create partnership linkages, develop five year plans and "start teams" for routine measles immunization and for tetanus immunization	Multi-year plans in place for measles and tetanus immunization, partners and resources secured	

DRAFT: Program review in process.

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
	Participate in ICC and subcommittees for training and social mobilization		Proportion of births protected from neonatal tetanus increased from XX percent to XX percent.
	Assist in establishing a national Routine Immunization Subcommittee (RISC) of the ICC, developing national revision of routine immunization policies and guidelines and implementing a coordinated approach Direct impact is expected and monitored in 20 LGAs. Indirect impact is expected at state and national levels.	Multi-partner coordinating mechanism in place for routine immunization and available resources increased	
Nutrition \$1,236,391			
FMOH	State and LGA advocacy and community-based implementation plans for RI and a selected nutrition package (ENP) developed; implementation monitored by advocacy groups and high-level State and LGA leadership kept current	Capacity in place for LGA and state child health staff to plan, implement and monitor an Essential Nutrition Package and inform high-level leadership on progress.	Proportion of infants (less than 180 days) exclusively breastfed increased from 15 percent to 30 percent
IITA	Facilitate formation of state and LGA microplanning teams, map and define catchment areas and populations, identify community organizations	Community-based counselors are providing quality breastfeeding counseling and nutrition support as part of a multi-channel CBC program	
JHU/CCP	Community-based promotion of exclusive breastfeeding with monitoring and training materials and tools developed and used for community counselors and health staff	Model of post-NIDS vitamin A supplementation demonstrated effective and adopted by State MOHs.	Proportion of children 6-59 months of age receiving vitamin A supplementation increased from < 5 percent to at least 60 percent
SMOH			
WHO			
UNICEF	Support vitamin A supplementation as part of NIDS	Routine data on priority nutrition actions (ENP) used to guide programs in 3 states.	
	Develop post-NIDS vitamin A strategy and test Child Health Days as a means of post-NIDS vitamin A supplementation	Key partners supporting nutrition in sectors other than health and through private sector initiatives	
	Collaborate with partners on nutrition actions in other sectors (e.g. private sector, fortification, QPM, school health)		
	Develop ENP and BF counseling programs with materials adaptation and training,		
	Conduct routine monitoring as part of service delivery and local management for infant feeding practices and vitamin A supplementation		
	Direct impact is expected and monitored in 20 LGAs. Indirect impact is expected at state and national levels.		

DRAFT: Program review in process.

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
CPH Independence \$799,447	Complete leadership training of CPH personnel (Governing Board, Youth leaders, and partnership members) and institutionalize democratic election of CPHs.		
FMOH			
DfID	Complete and distribute CPH constitution.		
SMOH	Mobilize CPHs to conduct environmental sanitation activities.		
UNICEF	Conduct audit of CPHs and micro-credit accounts.		
WHO	Facilitate establishment of CPH offices and secretariats and train staff in proposal development. Develop and implement transition strategy for CPH independence. Document and share lessons learned from CPH experience in community mobilization, CBC, microcredit and social program implementation.		
IACH/Malaria program (design TBD) \$124,934			
Peri and neonatal program (design TBD) \$89,180			

BASICS II SENEGAL
Child Survival Country Program Design

Investment	LOP activities	Changes in policies, programs or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001	1999-2004 (est)		
\$ 1,142,754.00	\$6,101,997est (does not include Malana plus-up funds)		
IMMUNIZATION			
USAID/Senegal	\$242,364	Routine EPI system and monitoring strengthened	Completeness of coverage and surveillance reports
UNICEF		Improve EPI management skills	Workers' skills and performance in EPI improved
WHO		Develop cold chain (CC) partnerships	Partners identified for Cold Chain provision/maintenance
MOH		Adapt the CBC/IEC strategy to increase demand for immunization	Increased EPI knowledge, resulting in increased demand and reduced drop-outs
WVI		Increase advocacy for injection safety	National injection safety policy dev
UNACOIS			
			Rate of fully immunized children increased by 30%, from 36% to 47%
			Tetanus Toxoid coverage rate 15%, from 75% to 85%
			Measles vaccine coverage rate increased by 30%, from 52% to 67%
			DPT3 coverage rae increased by 30%, from 49% to 64%
<i>BASICS' direct involvement in 29 priority districts, additional districts will be influenced through advocacy with partners (member of CNC/PEV and SC/JNV)</i>			
NUTRITION			
USAID/Senegal	\$370,918	Assess implementation of PAIN program and identify ways of strengthening	PAIN program strengthened and expanded based on documentation of status
UNICEF		PAIN Expansion, which includes	PAIN implemented in 29 districts and 13 additional districts, at health center, health post and community level
MOH/SNAN		>Advocacy to district level and community decision makers through application of PROFILES	Appropriate complementary feeding increased by 25%, from 60% to 75%
WVI		>Advocate to include VItA in the Bamako initiative and promote shift from campaign to routine distribution	District and community level budgets have resources allocated to PAIN in 29 districts
World Bank		>Skills development for trainers in PAIN	90% health facilities order vit A through the Bamako initiative and use it according to protocol
DAI		>Adapt general CBC/IEC strategy develop, test materials and train target groups in use	Vitamin A coverage maintained at 80% through campaigns, at 60% through routine administration
CCF/CANAH		>BFHI strengthened and extended to HC and rural maternities	Trained PAIN facilitator groups in 60% of health posts
PLAN		> Use PAIN as entrance for C-IMCI (see IACH)	CBC/IEC programs implemented through multiple channels
			Improved breastfeeding counseling by health personnel in facilities
			Exclusive Breastfeeding increased by 65%, from 24% to 40%

BASICS' direct involvement limited to 29 priority districts, results in 13 additional districts dependent on successful advocacy with partners

BASICS II SENEGAL
Child Survival Country Program Design

	Investment	LOP activities	Changes in policies, programs or resources that lead to intended outcomes	Increased use of child survival interventions
	FY 2001	1999-2004 (est)		
	\$ 1,142,754.00	\$6,101,997est (does not include Malaria plus-up funds)		

IACH (to be revisited with the team; doesn't include malaria Plus-up funds)				
USAID/Senegal	\$239,154	Assist the MoH and PVOs to introduce C-IMCI at national and district levels, using PAIN as entrance where possible	C-IMCI incorp. in national/district plans and implemented in at least two districts	Increased fluids & continued feeding during a diarrhea episode increased from 4% to 10%
MOH/SNAN/SNEPS				
WVI		Care seeking study implemented and results used to develop strategies to improve care-seeking behavior	Approaches to improved care seeking behaviors implemented in at least 2 districts	Child use of Impregnated bed nets increased from 17% to 15% ¹
WHO		Apply the integrated CBC/IEC strategy to specific home-based interventions, comprising.		Correct malaria treatment for children increased by 50%, from 28% to 42%
World Bank		>ITM use ¹		
UNICEF		>Early recognition, care and treatment of IMCI target diseases		Care seeking for ARI in children increased by 25%, from 28% to 35%
NETMARK		Support capacity building of CORPs for C-IMCI at district and community level TA for training of DHMT and CORPs	Community resource persons provide counseling for caretakers, provide correct treatment for uncomplicated child illnesses, and refer when needed in at least 2 districts	
ADEMAS		Strengthen Mothers' and PVO capacity to implement quality facility-based IMCI	Health workers in at least 29 districts are implementing IMCI	
MSH				
PLAN				

¹ Depending on availability at community level of ITNs (Netmark implementation)

BASICS' directly involved in 2 districts in 2 regions, additional results through partners and participation in the PCIME and PCIME-C working groups

PERI-NEONATAL (limited advocacy/awareness creation)				
USAID/Senegal	\$216,905	Advocacy and coordination, including the establishment of a PNN working group	ENC integrated in national and district programming	
MOH/SNAN		Study to identify key behaviors	Changes in ENC documented	
WVI		CBC/SM activities (TBD)	Increased awareness of ENC	
PLAN Int				
Sigill Jiggen				

BASICS II UGANDA
Child Survival Country Program Design

Note Total Population of 45 districts is estimated at 22 million

	Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001	\$829,150	1999-2004 (est)		
	(includes \$250,000 global CS + \$100,000 Afr/SD)	\$1,804,461 est (Does not include global CS for FY02-04 or Malana Plus-up funds)		

IMMUNIZATION				
USAID/Global, UNEP/MOH, WHO, UNICEF, DfId, Uganda Red Cross, NGOs, Rotary Int	\$ 474,689	Strengthen capacity for district management and active monitoring of immunization in 2-14 districts	Active monitoring in all districts results in improved system performance	Full immun inc by 40% <u>over baseline</u>
		Initiate and strengthen district micro-planning for immunization in 2-14 districts	Through MOH, detailed microplanning is used nationwide to improve system performance and increase coverage	DPT3 inc by 35% <u>over baseline</u>
		Build and strengthen decentralized advocacy for immunization	Resources required to sustain routine immunization are planned and budgeted by districts	DPT1-DPT3 drop out reduced by <u>50%</u>
		Apply advocacy strategies for financial support in all districts		
		Apply sustainable community mobilization strategy in several districts, refine and adopt nation wide	Outreach services improved with greater community involvement	Measles inc by 40% <u>over baseline</u>
		Design, implement and evaluate district NNT control strategies in 2-8 districts (TBD)	MOH adopts NNT control strategy and expands program implementation (TBD), and introduces new interventions -early primary school immunization	
		Support development of plans, procedures and standards for improved injection safety	Experience with safe injection procedures reviewed and documented	
		Support development of operational plan for introduction of Hep B vaccine	Hep B vaccine introduced by GAVI	

Note National impact expected in all districts Results to be measured in all districts through routine service statistics and in original 6 districts by survey in 2004

NUTRITION				
USAID/Global, World Bank / NECD, MOST	\$ 145,903	Develop and adapt set of systematized tools for c-based GMP integrated with other child health actions / messages with World Bank and train key partners for their widespread use	Proportion of children increased that receive regular GMP and counseling services by NECD, NGOs, and other partners	
		Provide ongoing TA to NGOs and CBOs to implement c-based GMP and child health counseling in at least 3 districts	Caretaker, household and community knowledge related to feeding, caring, handwashing, and referral practices increased	% children under two years still breastfeeding and receiving at least 6-8 feedings of solid or semi-solid foods / day increased by ___% (Indicator to be confirmed with NECD)
		Advocate for integrated c-based growth promotion as part of HH/C IMCI with partners	C-based integrated health and nutrition activities implemented by partners increased	

Note Indirect Impact expected in 25 NECD / NGO districts, Direct Impact to be measured in 3 Intervention Districts

JACH (does not reflect possible Malana Plus-Up funding)				
USAID/Global, MOH, DISH II, UNICEF, WHO/AFRRO, NGOs, CMS, RBM, JHU Makerere Univ, RPM, Africare	\$ 208,558	Strengthen capacity of MOH, NGOs and other partners to accelerate implementation of HH/C IMCI in 6 districts by linking community and district health plans / budgets, strengthening collaboration with DHO, DISH, NGOs, CBOs and private providers	6 Effectiveness Study Districts fully implement and evaluate HH/C IMCI and serve as centers for learning / better practices for other districts	Increased fluids during diarrhea increased to 50% from an estimated 35% Continued feeding during diarrhea increased to 60%, from an estimated 45%
		Build and strengthen IMCI NGO Steering Committee to 1) harmonize HH/C IMCI tools & strategies and 2) strengthen HH/C IMCI implementation in districts with NGO presence	In at least 1/2 Ugandan districts HH/C IMCI activities have been incorporated into district plans, implemented based on best practices, and evaluated	Correct malana treatment increased to ___% Target to be developed based on new SP/chloroquine policy (Baseline not available) > a measure of compliance with health worker advice, or treatment, follow-up, and referral
		Develop strategies with partners to strengthen processes that support community health such as community-based HIS, supervision of CORPS, etc	Reactivated CORPs (Community Resource Persons) and community groups effectively promote health messages related to key family practices	ARI care-seeking at appropriate facility / center increased to 70% (Indicator and target revised pending Beth's trip to Uganda and National MOH goals), "appropriate" tailored to C-IMCI in these districts
		Develop HH/C IMCI careseeking tools/instruments/CBC approaches with focus on ARI, CDD and malana and promote their widespread use	Mother's knowledge of appropriate home care, recognition of severe illness, and appropriate treatment sites for ARI, CDD and malana increased	
		Document and disseminate HH/C IMCI tools/experiences for inter-country uptake	Tools/Experiences used by other countries to accelerate HH/C IMCI implementation	

Note Indirect Impact expected in 24 districts (6 JHU Study Districts, DISH II districts and NGO districts), Direct Impact to be Measured in 6 JHU Study Districts

**BASICS II WARO
Child Survival Country Program Design**

	Investment	LOP activities	Changes in policies, programs or resources that lead to intended outcomes	Increased use of child survival interventions
	FY 2001	1999-2004 (est.)		
	\$1,892,914	\$7,150,500		
IMMUNIZATION	\$668,560(est.)		GTL: Strengthening immunization programs	
Africa/SD		1. Strengthen routine immunization microplanning capacities of EPI teams to improve sub-national capacity, skills, and data-driven implementation in at least 3 WARO countries (using the "Peer Teaming" strategy) and through participation with ICCs.	Improved planning and monitoring process adopted by national EPI programs and experience disseminated. Technically sound coordination plans are funded and implemented at national and sub-national levels.	Plans lead to increased immunization coverage
Other USAID:		2. Develop and test innovative approaches using the PRIME tool, the COPE tool and strategies to reduce drop out rate in Mali, Guinea, and DR Congo	Performance deficiencies identified and improved through use of strategies to reduce drop out rate, PRIME and COPE tool	Innovative strategies including PRIME and COPE used to reduce the drop-out rate.
World Bank		3. Assess injection safety and participate in the design of immunization safety policy and implementation with countries. 4. Design, test, document and disseminate communication tools for improving demand for EPI services, including CBC approaches for new challenges in EPI (new vaccines, immunization safety, MNT...) This will target politicians, program managers as well as field workers.	Immunization quality approaches adopted by national EPI Programs Communication tools adapted to the country context and utilized by national and sub-national EPI staff and partners.	Safe Injection practices adopted and implemented in the region Communication tools are being used in the region and demand for quality EPI services increased and sustained.
WHO UNICEF SIGN		GTL: demonstrating and documenting disease specific control programs with long term program perspectives: (a) MNT (b) measles (c) Polio 1. Develop comprehensive strategies with inter-agency partners for measles control in DRC, Guinea and Mali, document and disseminate the experience throughout the region and to feed into regional/global initiatives.	Comprehensive strategies for measles control are widely used in the region	Reduction in morbidity and mortality from measles through sustainable approaches that are appropriate for country context.
ARIVA/ European Union		2 Participate in the implementation of the High Risk Approach (HRA) for Maternal and Neonatal Tetanus elimination in Mali, document and disseminate the experience in the region	HRA is implemented in Mali and the experience is documented	MNT monitoring indicators show an improvement (TT2 coverage, clean delivery coverage) in Mali and influences regional MNT initiatives.
-UNICEF		3 Support Polio Eradication Initiative activities in WARO countries with an emphasis on quality of Polio eradication strategies and improving impact on routine services in Senegal and DRC	Quality indicators are utilized by countries in region to monitor NIDs and improve polio and EPI services.	Supplemental polio eradication activities and routine EPI service delivery are improved, particularly with an increase in routine OPV coverage.
-GAVI		4 Advocate the use of the check list for optimizing the impact of PEI on routine EPI	Check list is used by EPI partners to improve routine EPI in the region	ICC's mandate and strategies broadened beyond PEI to include EPI systems strengthening
Regional Organizations:		Regional Initiatives 1. Conduct AEFI/GTN workshop in Senegal-with WHO and University of Capetown for Senegal and adopt approach in 6 West African countries	The management of AEFI's, including rumor management, is improved in the region	MOH has policies, plans, and capability to respond to rumors, public opinion, and to adverse events related to immunization.
ARIVA/ European Union		2 Contribute actively to regional meetings: GAVI working group, Task Force on immunization, MNT workshops, EPI managers meetings .	GAVI vision and strategies modified and processes amended to improve country initiatives.	MOH and partners provide increased resources for routine immunization GAVI activities strengthen routine EPI services.
		Country SOs: DRC, Guinea, Mali, Senegal		

Draft: Program revisions in process

BASICS II WARO
Child Survival Country Program Design

Investment	LOP activities	Changes in policies, programs or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001	1999-2004 (est.)		
\$1,892,914	\$7,150,500		

NUTRITION			
Africa/SD	\$565,568 (est.)	GTL: GMP/AIN	
Other USAID:		1 Build improved model in Senegal as part of PAIN	Process indicators show improved model working
SARA/SANA, MOST, Linkages		2 Regional workshops on tools, strategies (2001, 2002)	GMP tools and materials adapted for W Africa New countries and districts implementing improved GMP
Other agencies			Expanded coverage with improved GMP activities in countries, districts (all Africa)
-World Bank		GTL: ENA/PAIN	
-UNICEF		1 Develop models in Senegal, Benin	Process indicators show model working
-NGOs HKI		2 Review/revise model including PD and Madagascar experience as relevant	ENA tools and materials adapted for W Africa
Regional Organizations		3 Regional workshops (2001, 2003), CALC (see below)	New countries where ENA implemented
-WAHO/ ECOWAS IRSP, ENDSS, RCQHC		4. Vitamin A outreach strategies developed, workshops (2001, 2004)	Vitamin A supplementation tools and approaches developed, documented
		Regional Initiatives	Increased resources for nutrition, improved programs and policies, and greater sustainability (all Africa)
		1 Regional learning centers (CALC) and tools dissemination (applied to ENA/Minpak)	10-15 countries introduce BASICS approach and tools
		2 Technical capacity and advocacy for nutrition (SET, workshops) Countries (new) Burkina, Togo, C'Ivoire, Comoros, Niger, Guinea, Cameroon, Mali, Anglophone countries	Focal points network, umbrella NGOs and regional institutions (e.g IRSP, ENDSS, RCQHC) adopt BASICS tools and approaches
		Country SOs	
		See: DRC, Benin, Senegal work plans	Vitamin A, EBF, ACF interventions at scale
			SO indicators= 60+% coverage (W Africa)

**BASICS II WARO
Child Survival Country Program Design**

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001	1999-2004 (est.)		
\$1,892,914	\$7,150,500		

IACH \$658,786 (est)

Afr/SD Other USAID	GTL: Increasing public, PVO/NGO and Private commitment to and implementation of community IMCI programs		
	1 Advocacy for community level activities at regional and country levels within the public and PVO sectors	1 Active National* and Regional** NGO/PVO network supporting and/or implementing child health and nutrition	Expanded coverage for improved family and community practices for child health and nutrition.
	2 Development of national capacity to support implementation of community child health and nutrition	District workplans have incorporated and budgeted for C-IMCI	
Other Agencies	GTL : Developing, testing and documenting strategies for increased appropriate preventive and curative child health services in the community.		
World Bank	1 Tool kits (MIS, Prioritization Kit, M&E, etc) developed and tested.	1 Tool kit introduced and used to adapt and incorporate C-IMCI in district workplans	
UNICEF	2 Alternative training methods and implementation guides developed	2 Methods and guides documented and adapted for use in select countries	
NGOs PLAN International	GTL : Incorporating integrated approaches to child health into routine MOH systems.		
AFRICARE, Red Cross	1 Assist with development of strategies to improve district level availability, accessibility and appropriate use of essential drugs in private and public sectors (with partners)	1 A plan of action to improve availability, accessibility, and appropriate use of essential drugs is implemented, monitored, and evaluated in at least one country (linked to SET)	
World Vision	2 Assist with development of national and district management approaches (including supervision and planning guides) for child health and nutrition	2. Management approaches are disseminated and adapted in the region (linked to SET)	
Regional Organizations	3 Assist with development of strategies to improve referral systems	3 Strategy to improve referral system tested and implemented in one country (Senegal), disseminated and shared with partners (linked to SET) in other countries	
WHO/AFRO	Regional Initiative (in collaboration with WARO/Nutrition)		
	1 Create active learning centers (ALC) to demonstrate quality improvement for C-IMCI	1 Experiences of ALC documented and disseminated in the region	
RPM	2 Explore options for linking C-IMCI to existing child health and nutrition networks in the region	2 C-IMCI incorporated into at least one child health and nutrition network	
	Countries. WARO - Senegal, Guinea, Other Africa - Uganda, Ghana		

* Active = Has up-to-date plan of action, reviewed regularly in collaboration with MOH (e.g., CONGAD, Group PROVOT)

** Active = Functioning secretariat, providing support to national network, such as newsletters, consultant roster, grants-making, etc.

BASICS BOLIVIA
Child Survival Country Program Design

	Investment		LOP Activities	Change in policies, programs, or resources that lead to intended outcomes.	Increased use of child survival interventions.
IACH	\$400,000	\$1,805,000			
Community IMCI & Nutrition					
MOH, UNICEF, Linkages, PAHO, World Bank, MNH, COTALMA, NGOs	\$275,000		<p>Expand number of CHWs via IMCI training by creating three new training centers and training district teams of facilitators</p> <p>Based on HPS findings, introduce new and improved exclusive breastfeeding materials into IMCI training for all CHWs</p> <p>Based on HPS findings, provided advice on content of ARI, diarrheal disease and EBF IEC materials</p> <p>Promote use of ARI, diarrheal disease and EBF IEC materials in 17 districts to compliment CHW activities</p> <p>Update expansion plan for C-IMCI and train National and regional managers in C-IMCI</p> <p>Provide the Social Networks with advice and material on child health and nutrition issues</p>	<p>Mothers receive advice from CHWs on ORT use and ARI careseeking behaviors</p> <p>CHWs encourage pregnant women to go to facilities for delivery as per national policy</p> <p>CHWs support mothers in continuation of EBF through group counseling and home visits</p> <p>IEC materials on ORT and ARI careseeking provided to 17 districts and through NGOs</p> <p>Transmission of appropriate EBF IEC coordinated by 17 districts and 4 NGOs</p> <p>C-IMCI begun in 3 districts and expanded to 17 districts</p> <p>Social networks focus on families at risk based on mortality surveillance</p> <p>Social networks identifying, informing, supporting, and accompanying mothers for sick child careseeking</p> <p>Social networks have tools to assess quality of child health care services</p>	<p>Use of ORT sustained at or above 75% for children < 5 years of age</p> <p>Careseeking sought for 50% of children with ARI needing assessment</p> <p>__% increase in exclusive breastfeeding (Dept. specific targets TBD)</p>
All activities, outputs and outcomes apply to 17 MOH priority Districts covering 307,000 (or 25% of the total for Bolivia) of children under 5 years.					
Facility Interventions					
MOH UNICEF PAHO	\$80,000		<p>Participate/provide technical assistance to National Committee of Integrated Child Health in the following areas:</p> <ul style="list-style-type: none"> - Develop and implement supervision plan to improve quality of care - Modify existing IMCI algorithms and new content areas - Develop and support program for preservice IMCI training 	<p>Effective supervision of IMCI implementation in facilities of 17 districts resulting in demonstrated improvement in integrated case management as per the supervision plan</p> <p>IMCI algorithms modified to meet regional needs in Bolivia (e.g. Chagas for lowlands)</p> <p>New content areas introduced to IMCI methodology (e.g. neonatal, provider-patient interactions)</p> <p>IMCI strategy included in pre-service training in medical and nursing at all public universities</p>	

BASICS BOLIVIA
Child Survival Country Program Design

All activities, outputs and outcomes apply to 17 MOH priority Districts covering 307,000 (or 25% of the total for Bolivia) of children under 5 years					
Facility Nutrition					
UNICEF, Linkages, COTALMA, World Bank	\$20,000		<p>Provide TA to NQCC to introduce policy of accreditation in ten steps of the BFHI and MADLAC monitoring system into existing national quality control system (system of hospital accreditation)</p> <p>Test/validate expanded quality control accreditation and monitoring system in 2 maternity hospitals</p> <p>Promotion and use of EBF IEC orientation materials (in IMCI training)</p>	<p>Policy accepted at national level (already accomplished 2001)</p> <p>Quality control system adopted into accreditation requirements for secondary level maternity hospitals</p> <p>Expanded quality control accreditation and monitoring system tested and validated in two maternity hospitals.</p> <p>Expanded quality control accreditation and monitoring system incorporated into all 6 department-level tertiary maternity hospitals covering 17 priority MOH districts (66% of dept. maternity hospitals)</p>	<p>Average 25% increase in early initiation (first hour) of breastfeeding for target departments where BASICS is focusing to achieve the following rates:</p> <ul style="list-style-type: none"> • Chuquisaca: 51% • La Paz: 50% • Cochabamba: 38% • Oruro: 46% • Potosí: 41% • Beni: 53%
All activities, outputs and outcomes apply to 17 MOH priority Districts covering 307,000 (or 25% of the total for Bolivia) of children under 5 years.					
District Level Management					
M&L	\$100,000		Documentation of results to date	Activity successfully transferred to M&L Project	

BASICS EL SALVADOR
Child Survival Country Program Design

Partners	FY 2001 \$790,694	LOP (FY 1999-2002) \$1,693,530	LOP Activities	Changes in practices, programs, or resources that lead to intended outcomes (1)	Increased use of child survival interventions (2) (3)
			BASICS II Program Closeout Sept 30, 2002		↓ <i>Please begin with this column. The results listed in this column do not directly correspond with the activities and outcomes in the column to the left, rather they are the results expected of the integration of the activities to the left.</i>
IACH & Nutrition					
Community-Based Interventions Improved and Expanded					
MOH, PAHO, UNICEF, CRS	\$553,486		Support the Intersectoral Collaboration Committee (ICC) in the adaptation of a C-IMCI training package for health promoters (HPs), and AIN training package for volunteer nutrition counselors (VNC) (4)	Improved IMCI and AIN training packages adapted to reinforce contents on growth promotion, perinatal care and counseling, and printed for national use	
MOH, WB, CRS, PLAN Intrn'l, FUSAL, ASAPROSAR, OEF, CALMA, AMS, UNICEF			Build strategic partnerships for large scale implementation of a community strategy that integrates C-IMCI, AIN-type growth promotion and the promotion of breast feeding	Partnership developed between the MOH, World Bank, CRS, PLAN International and others for large scale implementation of AIN-type growth promotion interventions. Optimized multi-sectoral platform supportive to preventive and curative child health and nutrition services through advocacy and strategic partnership	
MOH/WB CRS PLAN Intrn'l			Train cadre of national facilitators on AIN to improve performance of existing network of VNC	20 national facilitators trained for AIN implementation through VNC. AIN introduced and expanded to 48 communities in the 3 BASICS early implementation departments, expanded to 4 additional MOH priority departments through MOH and NGOs	One year from now, the children enrolled in the AIN program at an early age will have a greater weight for age than those enrolled at an older age (Indicator under development)
MOH/WB CRS PLAN Intrn'l			Train cadre of national facilitators for HP to provide C-IMCI services. Direct support to trained facilitators in BASICS 3 departments for training of HPs	Cadre of 80 national facilitators trained and all HPs (estimated at 1,700) trained providing IMCI services nationwide.	Increased fluids offered to ___ % (TBD) more children with diarrhea in 3 Depts. Use of ORT stabilized and sustained at or above ___ % (TBD) for children with diarrhea in 3 Depts. (5) Increased appropriate careseeking for ARI
MOH UNICEF CALMA			Strengthen capacity of breast feeding support groups (BFSG) through coordination with HPs, VNC and maternity hospitals.	Breast feeding support groups providing services in coordination with HP and VNC in 50% of rural communities in the 3 BASICS early implementation departments	Increase exclusive breastfeeding rates for children < 4 mo by ___ % (TBD) and < 6 mo by ___ % (TBD) in 3 Depts
PAHO, Municipalities, CBOs			Coordinate with PAHO on a national workshop for mayors on the Healthy Municipalities strategy. Advocate for use of local resources to support work by VNC, HPs and BFSG. Advocate for the use of the 3 BASICS early implementation departments as Active Learning Centers (ALC) to support large scale implementation	Increased awareness and support by Municipal Health Committees of activities implemented by VNC, HPs and BFSG. Plan developed to introduce/expand approaches to child health and nutrition nationwide using the 3 BASICS departments as ALCs	

(1) The BASICS II/El Salvador program contributes to the overall BASICS II Global Technical Leadership agenda by directly responding to agenda items 1, 2, 3, 4, and 5. The strategies developed and implemented in El Salvador will be shared with the larger Nutrition and IACH communities, especially with those countries and institutions implementing similar programs (AIN and C-IMCI)

(2) BASICS will measure results at department level in the 3 departments of Sonsonate, Cuscatlan and Morazan, which account for an estimated 15% of children <5 in El Salvador. BASICS will also indirectly support the MOH, which is working in 4 other departments for potential additional impact.

(3) BASICS II is working with CDC on secondary data analysis of 1998 FESAL data to calculate department level rates as a baseline for these indicators. Once this information becomes available, targets will be set.

(4) An older network of Volunteer Nutrition Counselors already exists in El Salvador, with experience in Growth Monitoring and Promotion.

(5) Data show ORT use declined between 1993 and 1998.

BASICS EL SALVADOR
Child Survival Country Program Design

Partners	LOP Activities	Changes in practices, programs, or resources that lead to intended outcomes (1)	Increased use of child survival interventions (2) (3)
Health System Interventions Improved and Expanded MOH \$237,208	Revision of HP's roles and responsibilities to implement IMCI and AIN in coordination with VCN and the health facilities.	National policy adopted defining a basic package of community services on child health and nutrition provided by HPs	
MOH	Update information system to monitor and support health promoter's work	Improved information and supervision system implemented in the 3 BASICS early implementation departments to monitor and support HPs' work	
CONALAM MOH, UNICEF, OPS/INCAP, USAID, CALMA, ISSS, CRS, MOEconomy, MOLabor & Soc Sec., MOEd, Sect of Family, ISSS, Ped Assoc, Nat Nursing Assoc, Rep from Univ. faculties of Med	Support advocacy work of the National Task Force on breast feeding in drafting and passing a law in Congress for the protection and promotion of breast feeding	National Law for the protection and promotion of breast feeding passed by Congress, intersectoral collaboration to institutionalize national programs related to the promotion of breast feeding.	
MOH, CALMA, UNICEF, LINKAGES	Assist the MOH in the adaptation of the MADLAC self monitoring information system for sustained performance improvement on BF counseling in maternity hospitals (6)	MADLAC implemented in all 27 MOH maternity hospitals (2ndary level) in the country and 1 ISSS (social security) hospital.	Proportion of women who initiate breastfeeding within 1 hour of delivery increased by __% (TBD) in hospitals with MADLAC functioning for at least one year (7).
UNISOLA, MOH	Assist the MOH in the development of a national communication strategy for child health and nutrition, including the adaptation of interpersonal communication aids for the AIN and C-IMCI programs and assistance to the commercial sector in partnership with the MOH for the design and implementation of a communication campaign for use of chlorinated water and hand washing (post - '01earthquakes)	Communication strategy developed to influence caretakers' child health and nutrition practices, interpersonal communication aids used by HPs and VNCs, and partnership developed between the commercial and public sector for the promotion of use of chlorinated water and hand washing.	

(6) National policy of the MOH is to promote 100% institutional delivery. Currently, 58% institutional birth (CDC, 1998)

(7) In the case of the result related to early initiation of BF, BASICS II will measure results in those hospitals with MADLAC functioning for at least one year

BASICS HONDURAS
Child Survival Country Program Design

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
FY 2001 \$540,827 (includes \$200,000 global CS)	1999-2004 \$1,861,629 (est.)		
IACH & Nutrition			
Expansion and sustainability of AIN			
USAID-Hon \$225,000	Support a forum for capacity building/information sharing and planning for the sustainability of AIN in health areas and communities after withdrawal of USAID support (inter-institutional committee; distance communication/support health area team exchange visits)	AIN continued and expanded in all 225 Health Centers in 15 Health Areas currently implemented under HSII and Mitch but where USAID support will end in 2001. Currently, 424 (20%) communities covering 10,500 children under 2 yrs. By 2004 (over 1,000 or 50% of communities covered.	<p>A 25% reduction in malnutrition rates in communities participating 2 years or more in AIN.</p> <p>A reduction of 5% in national rates of malnutrition</p> <p>Increase exclusive breastfeeding rates in under 4 month olds by 50% and under 6 mo olds by 33% in communities participating for 2 or more years in AIN.</p> <p>Increase by 50% appropriate child feeding in communities participating for 2 or more years in AIN by composite and individual indicators.</p> <p>Indicators will include:</p> <ul style="list-style-type: none"> - appropriate timing - adequate density 6-9 months - adequate frequency 6-9 and 10-12 months - adequate variety 12-24 months - calories
Health Areas			
Sec of Hlth			
CARE, Aldea Global, CRS, Save the Children, World Vision and PRAF	Support the Secretary of Health in introduction and expansion of AIN in communities in USAID's 10 priority Health Areas under SOAG (HSIII)	Introduce/expand AIN in all 188 Health Centers in 10 HSIII Health Areas (of which 4 were areas in HSII) in 406 communities (goal of HSIII)	<p>Increase in the use of ORS/home fluids (appropriate ORT) for diarrhea cases reaching 75% sustained use in communities participating in AIN for 2 or more years.</p> <p>Increase children 6-24 months who continue to be fed during episodes of diarrhea to 75% in AIN communities</p>
PHR			
UNA-H	Support of NGO and other partners in expansion of AIN in communities in their areas of influence	NGOs introduce/expand AIN in communities not covered by HS II, HS III and Mitch.	Increase appropriate ORT use (ORS & fluids) for diarrhea to 50% nationwide.
	Collection and dissemination of information on effectiveness and costs of AIN	Results from analysis of baseline, mid-term and final survey used to justify investment and to improve AIN program. Results on startup, expansion and recurring costs of AIN used to streamline program and budget support	Increase appropriate care seeking for ARI by 25% (reaching 50%) for communities participating for 2 or more years in AIN.

* June 2001 - Sep 2004 BASICS support and supervision in 10 health areas under HSIII, support to other health areas & NGOs indirect

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
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Improvement in quality of AIN			
USAID-Hon. \$100,000	Develop and implement disease treatment module including counseling cards and training program	Disease Treatment Module implemented by Health Secretary in 25 Health Areas and all 252+ (by 2004) Health Centers for all communities implementing AIN for one year or more.	
Health Areas Sec. of Hlth Municipalities			
UNA-H San Pdro, Ceiba, Teg,	Develop and implement an improved module and training program for the involvement of municipalites to stimulate collective community problem solving & acton.	Municipalities in 10 Health Areas of HSIII actively involved in improving health conditrons in 406 communities	
Aux Nursing Schools			
	Integrate AIN program indicators in national information system	Program quality improved by ability to monitor AIN using national information system	
	Strengthen sector nurse teams in program management and training techniques	Sector nurses in all 25 Health Areas manage AIN program by indicators and train/supervise monitors using appropriate non-formal techniques	
	Integrate AIN /IMCI program management and implementation in the pre-service curriculum of nurses and aux nurses	All nurses enter their year of social service able to manage AIN/IMCI programs	

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
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Improve the Quality of IMCI Implementation			
\$75,000	Develop and implement guidelines for follow-up after IMCI training		
	Improve IMCI in-service training module for auxiliary nurses	Measurable improvement in ability of auxiliary nurses to apply IMCI protocol	
	Integrate IMCI program indicators in the national information system	IMCI quality improved with ability to monitor IMCI using national information system.	
	Collection and dissemination of information regarding costs of IMCI	Results of start-up, expansion and recurring costs of IMCI used to streamline program and program financial support.	

*BASICS II support is to the national IMCI program

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes	Increased use of child survival interventions
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Strengthen household practices related to AIN/IMCI themes*			
\$140,000	Develop and implement child health campaign	Radio mini-drama disseminated. Interpersonal communication materials developed for all health centers (approx. 188 in the 11 Mitch-affected health areas).	

* Child Health Campaign ran mid-2000-2001 primarily in 11 Mitch-affected health areas.

BASICS NICARAGUA
Child Survival Country Program Design

Investment	LOP activities	Changes in policies, programs, or resources that lead to intended outcomes.	Increased use of child survival interventions.
FY2001 \$515,541	1999-2002 (est) \$900,000		
(BII Program close-out September 30, 2001)			
IACH & Nutrition			
Introduction and sustainability of blended AIN/AIEPI model			
USAID-Nic. \$515,541	Support forum for capacity building/information sharing and planning for the sustainability of AIN/AIEPI with interagency partners.	Incorporation of AIN/AIEPI into interagency partner projects; AIN/AIEPI continued and expanded in all MINSA SILAIS where this support has been secured.	*A 25% reduction in malnutrition rates in communities participating 2 years or more in AIN. *A reduction of 5% in national rates of malnutrition *Increase exclusive breastfeeding rates in under 4 month olds by 50% and under 6 mo olds by 33% in communities participating for 2 or more years in AIN.
MINSAs, World Bank, IDB, UNICEF	Carry out Trials for Improved Practices (TIPs) in conjunction with MINSAs and World Bank. Develop and disseminate national results.	Broad consensus developed for adopted national program.	*Increase by 50% appropriate child feeding in communities participating for 2 or more years in AIN by composite and individual indicators. Indicators will include (tbd): - appropriate timing - adequate density 6-9 months - adequate frequency 6-9 and 10-12 months - adequate variety 12-24 months - quantity (?)/calories(?)
CARE, ADRA, PCI, Save the Children, Wisconsin Partners, PROSALUD, NGO Networks	With MINSAs and PVO partners develop, field test and finalize Nicaragua AIN/AIEPI materials to ensure adoption and implementation by partners.	Introduction of AIN/AIEPI with PVO partners in Jinotega and Matagalpa during CY 2001; Expansion into USAID Food for Peace areas beginning FY2002	
	With PVO and bilateral partners document and evaluate strategy for implementation of PVO AIN/AIEPI program.	PVOs and bi-lateral partners facilitate incorporation of new PVOs into program and become focus of nationwide expansion.	

* **BASICS II Implementation areas** Jinotega and Matagalpa, Continue to monitor program implementation by other partners and results 2002-2004

BASICS LAC REGIONAL IMCI

Partners Investment LOP activities **Changes in policies, programs, or resources that lead to intended outcomes** Increased use of child survival interventions

FY 2001 \$485,323 1999-2002 \$1,296,719

Community IMCI			
PVOs MOH PAHO	Advocate for collaborative program development between PVOs, MOH, and other partners to promote C-IMCI	Increased PVO and MOH resources allocated and collaborative plans in place for C-IMCI	Improved country capacity to implement IMCI; Target countries in which Ministry of Health, NGOs, and other international organizations use key methodologies or tools developed by the initiative.
	Conduct subregional workshops and support region-wide adoption of program strategies and tools to further C-IMCI.	C-IMCI implementation accelerated through the use of appropriate tools and methodologies	
Health Systems			
PAHO MOH Donors	Finalize and disseminate DMCI package to national policymakers and appropriate MOH staff in initiative countries.	Application of DMCI package in selected countries in order to enhance national capacity to analyze factors related to IMCI essential drug availability.	Monitoring and evaluation used to adjust IMCI program plans; Target countries which have incorporated monitoring and evaluation findings into annual IMCI national plans.
MOH PAHO WB	Develop, field test, and implement Short Program Review (SPR)/Early Implementation Evaluation instruments in all eight regional IMCI initiative countries.	National programs redesigned incorporating results and recommendations of Short Program Reviews	
MOH PAHO USAID Donors	IMCI Cost Tools test completed in one country and adapted for regional training, results used for national interagency support for IMCI (Honduras)	Improved planning and increased resource allocation for IMCI Strategy (Honduras and other target countries).	
PAHO USAID MOH	Work with USAID-supported projects in region to identify appropriate management instruments and experiences for application within IMCI Strategy	Increased adaptation and implementation by partners of IMCI strategies increased collaboration between partners and MOHs.	
PAHO USAID MOH PVO	Ongoing collaboration with PAHO to support yearly regional planning and evaluation workshops, and to provide appropriate technical assistance to initiative countries for IMCI implementation	Improved regional collaboration and sharing of lessons learned from IMCI implementation among partners in target countries .	
Health Worker Skills			
MOH PAHO	Document and disseminate alternative training approaches in use in Latin America	National IMCI implementation strategies modified to address issues of sustainability and quality control based on results of alternative training approaches evaluations.	
MOH PAHO	Develop and test strategies for evaluating an alternative training approach		

*Note: "Target Countries"/LAC Regional IMCI Initiative countries Bolivia, Peru, Ecuador, El Salvador, Honduras, Guatemala, Nicaragua, and Haiti.

BASICS II Proposed Performance Indicators at the Strategic Objective Level

<i>Technical Focus Area</i>	<i>Indicator</i>	<i>Definition</i>	<i>Numerator/Denominator (N/D)</i>
Immunization ¹	Fully immunized child rate (by one year of age)	Proportion of children 12-23 months of age who were fully vaccinated by their first birthday (3 doses of OPV, 3 doses of DPT, BCG, and measles ²)	N: Number of children 12-23 months who received 3 doses of OPV, 3 doses of DPT, BCG, and measles by their first birthday (by card or mother's recall) D: Number of children 12-23 months surveyed
	Measles immunization coverage rate	Proportion of children who received measles immunization by their first birthday	N: Number of children who received measles by their first birthday (by card or mother's recall) D: Number of children (either children 12-23 months of age surveyed or an estimate of surviving under one-year-olds)
	DPT1-DPT3 dropout rate	Proportion of children who received DPT1 but had not received DPT3 before their first birthday	N: Proportion of children who received DPT1 minus the proportion of children who received DPT3 (by card or mother's recall) D: Proportion of children who received DPT1
	DPT3 coverage rate (by one year)	Proportion of children with 3 doses of DPT received before their first birthday	N: Number of children receiving DPT3 before their first birthday (by card or mother's recall) D: Number of children (either children 12-23 months of age surveyed or an estimate of surviving under one-year-olds)
	Tetanus toxoid (TT) coverage for "protection at birth"	Proportion of infants whose mothers received TT vaccination sufficient to protect against neonatal tetanus (by card or recall)	N: Number of mothers of 0 to 11-month-olds with at least 2 doses of TT within appropriate interval ³ (by card or recall) D: Number of mothers of 0 to 11-month-olds
	Oral rehydration therapy (ORT) use rate	Proportion of children less than five years of age with diarrhea during the past 2 weeks who received oral rehydration solution and/or recommended home fluids ⁴	N: Number of diarrhea cases among children 0 to 59 months in the 2 weeks prior to survey who received oral rehydration solution and/or recommended home fluids (in accordance with national program guidance) D: Number of cases of diarrhea among children 0 to 59 months during the 2 weeks prior to the survey

BASICS II Proposed performance indicators at the strategic objective level (cont'd)

Technical Focus Area	Indicator	Definition	Numerator/Denominator (N/D)
IMCI	Increased fluids during illness for sick children	Proportion of children less than five years of age with illness (diarrhea, ARI needing assessment, fever, other reported illness) during the past 2 weeks who were offered "more" fluids during the illness	N: Number of cases of illness (diarrhea, ARI needing assessment, fever, other reported illness) among children 0 to 59 months during the 2 weeks prior to the survey who were offered "more" fluids during the illness D: Number of cases of illness (diarrhea, ARI needing assessment, fever, other reported illness) among children 0 to 59 months during the 2 weeks prior to the survey
	Continued feeding during illness for sick children	Proportion of children less than five years of age with illness (diarrhea, ARI needing assessment, fever, other reported illness) during the past 2 weeks who were offered the "same" or "more" food during the illness ⁵	N: Number of cases of illness (diarrhea, ARI needing assessment, fever, other reported illness) among children 0 to 59 months during the 2 weeks prior to the survey who were offered the "same" or "more" food during the illness D: Number of cases of illness (diarrhea, ARI needing assessment, fever, other reported illness) among children 0 to 59 months during the 2 weeks prior to the survey
	Increased feeding after illness episode	Proportion of children less than five years of age with illness episode (diarrhea, ARI needing assessment, fever, other reported illness) that ended during the past 2 weeks who were offered "more" food after the illness	N: Number of cases of illness (diarrhea, ARI needing assessment, fever, other reported illness) among children 0 to 59 months that ended during the 2 weeks prior to the survey who were offered "more" food after the illness D: Number of cases of illness (diarrhea, ARI needing assessment, fever, other reported illness) among children 0 to 59 months that ended during the 2 weeks prior to the survey
	Care seeking for acute respiratory infections	Proportion of children less than five years of age with an acute respiratory infection (ARI) needing assessment (cough with rapid or difficult breathing) in the past 2 weeks who sought care	N: Number of children 0 to 59 months with cough and rapid or difficult breathing who were taken to a locally approved appropriate provider D: Number of children 0 to 59 months with cough and rapid or difficult breathing surveyed

BASICS II Proposed performance indicators at the strategic objective level (cont'd)

Technical Focus Area	Indicator	Definition	Numerator/Denominator (N/D)
IMCI (cont'd)	Care seeking knowledge	Proportion of women with children less than five years of age who know at least 2 signs for seeking care immediately	N: Number of women with children 0 to 59 months who know at least 2 signs for seeking care immediately— child not able to drink or breastfeed, child becomes sicker despite home care, child develops a fever (in malaria risk areas, or child is less than 2 months old), child has fast breathing, child has difficult breathing, child has blood in the stools, child is drinking poorly D: Number of women with children 0 to 59 months surveyed
	Use of impregnated bednets	Proportion of children less than five years of age who slept under an impregnated bednet the previous night ⁶	N: Number of children 0 to 59 months who slept under an impregnated bednet the previous night D: Number of children less than five years surveyed
	Correct treatment of malaria in children	Proportion of children less than five years of age with a reported febrile episode that ended during the past 2 weeks who received a locally recommended antimalarial (treated in accordance with national policy/ program guidance)	N: Number of children with a reported febrile episode that ended during the past 2 weeks who received a locally recommended antimalarial (treated in accordance with national policy/program guidance) D: Number of children with a reported febrile episode that ended during the past 2 weeks surveyed
	Improved handwashing behaviors	Proportion of mothers of children under five who reported washing their hands for critical occasions	N: Number of women with children 0 to 59 months who report washing hands before food preparation, before feeding children, after using the bathroom, and after changing diapers ⁷ D: Number of women with children 0 to 59 months surveyed
	Exclusive breastfeeding rate	Proportion of infants aged less than 4 months (or 6 months) who are exclusively breastfed	N: Number of infants less than 120 days (or 180 days) who received no foods or fluids ⁸ other than breastmilk in the preceding 24 hours D: Number of infants less than 120 days (180 days) surveyed

BASICS II Proposed performance indicators at the strategic objective level (cont'd)

Technical Focus Area	Indicator	Definition	Numerator/Denominator (N/D)
Nutrition	Early initiation of breastfeeding (also a peri/neonatal outcome)	Proportion of women with children 0 to 59 months who report initiation of breastfeeding feeding within one hour of delivery ⁹	N: Number of women with children 0 to 59 months who report that the most recent birth was breastfeeding within the first hour of delivery D: Number of women with children 0 to 59 months
	Use of prelacteals (also a peri/neonatal outcome)	Proportion of women with children 0 to 59 months of age who report that no liquids other than breastmilk were given during the first 3 days after delivery	N: Number of women with children 0 to 59 months who report that no fluids other than breastmilk were given during the first 3 days after delivery for the most recent birth D: Number of women with children 0 to 59 months
	Vitamin A supplementation coverage rate	Proportion of children 12 to 59 months of age who received vitamin A supplementation in the previous 6 months ¹⁰	N: Number of children aged 12 to 59 months who received vitamin A supplementation in the previous 6 months D: Number of children 12 to 59 months surveyed
	Adequate child feeding	Proportion of children 6 to 23 months of age currently breastfed and fed recommended types of locally available food categories, with age-appropriate food consistency and number of times per day	N: Number of children aged 6 to 23 months who are breastfed and receive locally defined types of foods, with age-appropriate food consistency and number of times per day D: Number of children 6 to 23 months surveyed
	Postpartum visit coverage rate	Proportion of women with a child less than five years who had a postpartum visit within seven days of delivery	N: Number of women with children 0 to 59 months who had a postpartum visit within seven days of delivery D: Number of women with children 0 to 59 months
Newborn care	Knowledge of newborn danger signs	Proportion of women with a child less than five years of age who know at least 2 signs of newborn illness	N: Number of women with children 0 to 59 months who know at least 2 signs of newborn illness D: Number of women with children 0 to 59 months surveyed

Notes:

1. Depending on the data sources, immunization indicators might relate to all children 12–23 months of age (household survey data) or to children under one year of age using administrative data and estimates of surviving under-ones. (Data used are combined card and recall data)
2. Depending on national program, hepatitis B might be included in the fully immunized child rate.
3. Numerator is all mothers of living under-ones who at the time of the index newborn's birth had received a) at least two TT doses, the second of which was administered less than three years ago; *plus* b) mothers of under-ones with three or four doses with the last dose less than 10 years ago; *plus* c) mothers of under-ones with five doses ever.
4. ORT definitions vary depending on national program guidance. Current definitions of ORT include:
 - oral rehydration solutions and/or recommended home fluids (pre-1993 ORT definition; KPC 2000)
 - ORT and recommended home fluids (responses may include breastmilk, cereal-based gruel or gruel made from roots or soup; other locally defined acceptable home fluids, e.g., SSS, yogurt drink, ORS packet solution, other milk of infant formula, water with feeding during some part of the day, UNICEF End of Decade MICS),
 - increased amount of fluids and continued feeding (UNICEF Mid-Decade MICS, WHO)
5. Availability of data may limit indicator to a) diarrhea cases only; b) ARI cases only, and/or c) increased fluids without continued feeding.
6. Insecticide-treated net includes immersion in an insecticide solution and/or regular direct spraying. Questions should also examine when the net was last treated.
7. In presentations of the data, show the frequencies of each of the four behaviors individually as well as the total of all four.
8. Vitamins, mineral supplements, or medicine permitted
9. Early initiation may be defined as occurring within the first half-hour depending on country program guidance.
10. Supplementation may take place through national immunization days or routine administration.

Strategic Experience Transfer: Document and Non-document Based Dissemination

Part I: Selected Publications

Immunization

- “The Control of Tetanus: A Discussion Paper for Policymakers,” Steinglass, Robert, in *MotherCare Matters*. January 2000. Volume 8, No. 3-4.
- “Epidemiology and Control of Diphtheria in the Republic of Moldova, 1946-1996,” Magdei, Mikhai, Anatoly Melnic, Oleg Benes, Victoria Bukova, Valeriu Chicu, Vassili Sohotski, Allan Bass, in the *Journal of Infectious Diseases*, February 2000, Vol. 181, Supp. 1, pp. S47-S54.
- “Role of Health Communications in Russia’s Diphtheria Immunization Program,” Porter, Robert W., Robert Steinglass, Javaid Kaiser, Paul Olkhovsky, Mark Rasmuson, Fatima A. Dzhatdoeva, Boris Fishman, Vera Bragina, in the *Journal of Infectious Diseases*, February 2000, Vol. 181, Supp. 1, pp. S220-S227.
- “Successful Control of Epidemic Diphtheria in the States of the Former Union of Soviet Socialist Republics: Lessons Learned,” Dittman, Sieghart, Melinda Wharton, Charles Vitek, Massimo Ciotti, Artur Galazka, Stephane Guichard, Iain Hardy, Umit Kartoglu, Saori Koyama, Joachim Kreysler, Bruno Martin, David Mercer, Tove Ronne, Colette Roure, Robert Steinglass, Peter Strebel, Roland Sutter, Murray Trostle, in the *Journal of Infectious Diseases*, February 2000, Vol. 181, Supp. 1, pp. S10-S22.
- “Immunization and Health Sector Reform in the Kyrgyz Republic: Report of a WHO-led Mission (1-12 March 1999),” Feilden, Rachel, Svetlana Firsova, Gulin Gedik, Sahin Huseynov, Yuri Lisitsin, Noorgoul Seitkazieva, Robert Steinglass, published by WHO as Document #WHO/VB/99.33, released in April 2000 (a joint WHO/USAID/BASICS/UNICEF/Zdrav Reform document)
- “Immunization: Challenges and Opportunities,” Steinglass, Robert, Rebecca Fields, in *Global Health Link*, May-June 2000.
- “Vaccine Procurement and Self Sufficiency in Developing Countries,” Woodle, Dian, in *Health Policy and Planning*, 2000: Vol. 15, No. 2, pp. 121-129.
- “Improving the Monitoring of Immunization Services in Kyrgyzstan,” Weeks, R. Mark, Firsova Svetlana, Seitkazieva Noorgoul, Gaidamako Valentina. (article accepted for publication in *Health Policy and Planning*)
- “Utilizing Results of Six Lot Quality Assurance Studies in Improving Immunization Coverage in Bangladesh Slums,” Tawfik, Youssef, Shamsul Hoque, Mizan Siddiqi. (Article accepted for publication in the *WHO Bulletin*)
- “Commentary: Impact of Targeted Programmes on Health Systems – A Case Study of the Polio Eradication Initiative.” Loevinsohn, Benjamin, Bruce Aylward, Robert Steinglass, Ellyn Ogden, Tracey Goodman, Bjorn Melgaard. (article submitted to the *American Journal of Public Health (AJPH)*)

Nutrition

- “Manual de Lactancia Materna Para Consejeras Comunitarias” for Breastfeeding Promotion in Ecuador. In collaboration with the Ministry of Health, UNICEF, World Vision, and PMA. 2000
- “Monitoreo de Apoyo Directo con la Lactancia Materna (MADLAC), Manual de Operaciones.” BASICS II Ecuador team and Dr. Perez-Escamilla. July 2000.
- *Best Practices and Lessons Learned for Sustainable Community Nutrition Programming.* Ndure, Kinday Samba, Maty Ndiaye Sy, Micheline Nturu, Serigne Diene. 2000.
- *Nutrition Essentials: A Guide for Program Managers.* A joint USAID-UNICEF-WHO publication. Sanghvi, Tina. 1999.
- *Program Review of Nutrition Interventions: Checklist for District Health Services.* Sanghvi, Tina, Serigne Diene, John Murray, Rae Galloway. 1999. (Also available in French.)

Peri/Neonatal

- Continued collaboration with WHO and MNH in producing two manuals:
Care of the Sick Newborn
Care of the normal newborn to be linked with the care of the normal pregnant woman (Indira Narayanan)
- *Care of the Newborn – Manual for Basic Health Workers* (draft by Indira Narayanan)
- *Care of the Newborn – Guide for Trainers* (draft by Indira Narayanan)
- *Evidenced-Based Review of Five Elements of Essential Newborn Care.* (draft by Judith Moore)

Integrated Management of Childhood Illness

- *Mortalidad Perinatal en Guatemala: Estudio Comunitario.* de Bocaletti, Elizabeth, Renata Schumacher, Elena Hurtado, Patricia Bailey, Jorge Matute, Jean McDermott, Judith Moore, Henry Kalter, René Salgado. 1999.

Cross-cutting Technical Areas

Private/Public Sector Collaboration

- *Reporte Final: Evaluación del Impacto Campaña Lavo Mis Manos Por Salud—Guatemala, El Salvador y Costa Rica.* 1999.

Private Voluntary Organizations

- *Presented Papers: High Impact PVO Child Survival Programs Volume 2, Proceedings of an Expert Consultation.* Edited by: Barton R. Burkhalter and Victoria L. Graham. 1999.

Community-based Approaches

- *Participatory Community Planning for Child Health: Implementation Guidelines.* Bhattacharyya, Karabi, John Murray. 2000.

Equity of Access to Health Care

- *Guidelines for Achieving Equity: Ensuring Access of the Poor to Health Services under User Fee Systems.* Newbrander, William, David Collins. 2000.

General Child Survival and Other Topics

- *Constraints and Opportunities for Private Sector Participation in Health Care in Ethiopia.* Demeke, Mulat, Dejene Aredo, Wolday Amha, Amare Gegreegziabher, Assefu Lemlem. 1999.

Part II: Non-document Related Dissemination and Global Leadership Activities

Immunization

- Served as one of six members of an independent Review Panel to review country proposals to GAVI for GFCV funding. October 2000. (Robert Steinglass).
- Presented to the Task Force on Immunization in Africa on “Monitoring and Evaluation of Routine EPI.” Harare, Zimbabwe. December 2000. (Robert Steinglass).
- Ongoing technical collaboration by the TFA group with GAVI:
 - Contributed to development of an assessment tool for reviewing EPI programs and assessing the prospects for introducing new vaccines. Participated in field testing of the tool in Tanzania (February 2000) and in its initial application in Cambodia (May-June, 2000).
 - Participated in review of guidelines for applications to the Global Fund for Children’s Vaccines (GFCV).
 - Helped to develop the terms of reference for the task force on country coordination/ support, in which BASICS is likely to play a major role (June 2000).
 - Participated in developing a vision statement for GAVI (February-May 2000).
 - Served as 1 of 6 members of an independent review panel to review country proposals for GFCV funding through GAVI (July and October 2000).
- Presented on “Current Issues in Immunization: Limping Along to a Bright Tomorrow.” Global Health Council, Annual Conference. Arlington, VA. June 14, 1999. (Robert Steinglass).
- Presented on “The Role of Routine Immunization in Measles Control.” WHO/EPI/Geneva orientation/briefing for measles consultants. June 1999. (Rebecca Fields).
- Provided technical assistance to USAID in developing a results package to increase USAID investment in routine immunization services through the Boost Immunization Services Action Plan. September-November, 1999. (Robert Steinglass).
- Discussant, “Emerging Infections in Europe.” Institute of Medicine Forum on Emerging Infections: International Aspects of Emerging Infections Workshop. National Academy of Sciences. Washington, D.C. October 28-29, 1999. (Robert Steinglass).
- Presented on “Making Reforms Work for Immunization Services.” Meeting on Priority Health Interventions: The Case of Immunization Services. PAHO, Washington, D.C. November 15, 16, 1999. (Robert Steinglass).
- Lecturer on “EPI and Eradication Efforts.” For a course on Foundations of Infectious Disease Control in International Health. Department of International Health, JHU, Baltimore. November 1999. (Robert Steinglass and Rebecca Fields).

- Lecturer on “Immunization for Child Health: an Overview.” For a course on Family Health—An International Perspective. George Washington University, School of Medicine and Health Sciences. Washington, D.C. February 2000. (Robert Steinglass).
- Organized, hosted, and facilitated international workshop in conjunction with the Safe Injection Global Network (SIGN) on the development of injection safety assessment tools. March 2000. (Rebecca Fields).
- Wrote guidance paper on immunization issues for teams from the World Bank who are conducting country assessments as part of the Bank’s poverty reduction strategy. (Requested by the Bank as part of a series on poverty reduction—currently under review by the Bank.) May 2000. (Rebecca Fields).
- Contributed to USAID’s technical statement on support for measles control/prevention programs. Presented by USAID at WHO/Geneva meeting on Measles Control and Elimination. May 2000. (Robert Steinglass and Rebecca Fields).
- Presented on “Ensuring Healthy Change: Immunization Programs In an Era of Health Sector Reform.” Global Health Council, Annual Meeting. Arlington, VA. June 15, 2000. (Rachel Feilden, Robert Steinglass, and Rebecca Fields).
- Presented on “Looking Back, Looking Forward: 10th Anniversary of the World Summit for Children.” Global Health Council, Annual Meeting. June 14, 2000. (Lora Shimp).
- Chaired session on “Health Sector Reform and Immunization.” Global Health Council, Annual Meeting. Arlington, VA. June 15, 2000. (Robert Steinglass).
- Lecturer on “Tetanus.” For a course on Infectious Diseases and Child Survival. Johns Hopkins University School of Hygiene and Public Health. Baltimore. April 2000. (Robert Steinglass).
- Presented on “Monitoring and Optimizing the Impact of Polio Eradication on Routine Immunization Services: Proposed Matrix.” WHO Polio Technical Consultative Group. May 2000. (Robert Steinglass and Rebecca Fields).
- Participated as chairman for one of three days of WHO GAVI Review Meeting. Geneva. May 2000. (Robert Steinglass).

Nutrition

- Workshop on “Positive Deviance Approach” hosted by Save the Children US with support from BASICS II. Bamako, Mali. November 21-24, 2000 (Proceedings available in English and in French.)
- Workshop to train a cadre of advocates, leaders, and experts in AIN (Atencion Integral a la Niñez) Growth Monitoring and Promotion. Honduras. July 2000. (Course Facilitator’s Guide available in English.)
- Workshop on Positive Deviance / HEARTH in Senegal with World Vision Int. for NGOs and MOH counterparts. November 2000. (Workshop report available in French.)
- Planning and presentation of BASICS approaches at the 5th meeting of Regional Nutrition Focal Points. Bamako, Mali. September 2000. (Serigne Diene).
- Planning and participation in the African Nutrition Leadership Initiative West and Central Africa Meeting and Steering Committee. October 2000. (Serigne Diene).

- Ongoing cooperation by the TFA with WHO to strengthen the breastfeeding component of IMCI.
 - Participated in meeting with WHO and LINKAGES to develop a strategy to integrate breastfeeding in IMCI (October 1999).
 - Initiated conversations with PAHO regarding country-level collaboration to improve quality of breastfeeding (beginning Fall, 1999).
- Ongoing cooperation with UNICEF to build a regional initiative to increase exclusive BF and strengthen monitoring of BF counseling.
 - Contributed to an IACH/IMCI workshop in Ecuador to assure presence of breastfeeding in IEC strategies.
- Ongoing collaboration with the World Bank to develop scaling up strategies for effective nutrition interventions in LAC and selected African countries.
- Ongoing sharing of strategies and experience transfer regarding distribution of vitamin A and evaluation of programs with MOST Project. Adopted the tool “Monitoring vitamin A capsule distribution with NID” (developed by MOST in Ghana) for use in Senegal to evaluate Micronutrient Day.
- Presented on “Community-based Child Growth Promotion: Examples From Honduras and Zambia” to MOH and NGOs in Ghana. December 1999. (Adwoa Steele).
- Presented on Minpak Experience from West Africa at conference on “Improving Quality of Health Care: State of the Art 2000.” At the invitation of REDSO/PHN and the Regional Centre for Quality of Health Care. Entebbe, Uganda. February 6, 2000. (Serigne Diene).
- *Healthy Children: The Success of AIN in Honduras*, 16-minute video. Produced jointly by the Nutrition and IACH groups in collaboration with the World Bank. (May 2000).
- Jointly organized and facilitated Technical Advisory Meeting on the HEARTH Model. April 11-12, 2000. (Karen LeBan, BASICS; Judiann McNulty and Olga Wollinka, CORE.) (Meeting report available).
- Participated in the ACC/SCN Meeting. Coordinated informal session to develop a SCN coordinated process for developing ten-year plans for enhancing capacity in the area of food and nutrition in developing countries and Africa, in particular. Washington, DC. April 10, 2000. (Serigne Diene).
- Presented on Comprehensive Nutrition Approaches at Africa Bureau State of the Art Conference. Nairobi, Kenya. June 5-10, 2000. (Tina Sanghvi).

Integrated Approaches to Child Health

- Participated in the 2nd Inter-Regional (IMCI) Core Management Course for Consultants in Alexandria, Egypt for the development of a Performance Maintenance Package of Interventions to reinforce the IMCI course. August 2000. (Jana Ntumba).
- Contributed to “The Informal Consultation on Maintaining Performance of Health Workers in Integrated Management of Childhood Illness (IMCI).” Organized by the Department of Child and Adolescent Health and Development of the World Health Organization. (Discussing further collaboration with WHO in the development of a package of interventions designed to maintain performance after the IMCI course.) June 2000. (Jana Ntumba).

- Member of the USAID Performance Improvement Consultative Group of the Communications, Management & Training Division. 2000. (Jana Ntumba).
- Shared BASICS community assessment guide and counseling materials from Madagascar and Honduras programs with WHO/AFRO and Ugandan IMCI managers in Uganda as part of a subcommittee meeting on IMCI. July 20-29, 1999. (Mark Rasmuson).
- Assisted in arranging and co-chairing the Workshop on PVO Roles in Global Malaria Initiative, held at Africare House, Washington D.C. September 30, October 1, 1999. (Michael McDonald). (Report published by CORE group).
- Co-organized workshop and presented "Building Partnerships for Effective Malaria Control." Second International Congress on Insecticide Treated Materials. Dar es Salaam, Tanzania. October 10-14, 1999. (Michael McDonald).
- Co-organized, presented paper, and served as rapporteur for WHO Informal Consultation on "Strengthening Implementation of the Global Strategy for Dengue Fever/Dengue Haemorrhagic Fever." October 18-20, 1999. (Michael McDonald). (Report available online through WHO).
- Presented paper on "Dengue and Dengue Hemorrhagic Fever." National Academy of Science, Institute of Medicine Forum on Emerging Infectious Diseases. October 30, 1999. (Michael McDonald).
- Presented on "A Strategy for Promoting Consistency of Effort, Mechanisms to Coordinate and Work Collaboratively." Review Meeting of the Interagency Working Group on IMCI Monitoring and Evaluation. UNICEF, New York. January 6, 2000. (Beth Plowman).
- Participated in discussions concerning the HH/C component of IMCI. Interagency Working Group (IAWG). New York. (René Salgado). January 2000.
- Conducted briefing for the Health Section, UNICEF/New York, on BASICS strategic plan. January 19, 2000. (IACH group).
- Hosted WHO/CAH staff to share work plans. January 24, 2000. (IACH group)
- Presented on "Strategies for Insecticide Treated Materials." National Consensus Meeting for Roll Back Malaria in Nigeria. Abuja, Nigeria. February 12-15, 2000. (Michael McDonald).
- Shared materials on BASICS work in mortality surveillance, referral studies, and alternate IMCI training courses with WHO/AFRO and Ugandan IMCI managers in Uganda. February/ March, 2000. (IACH group).
- Developed the draft tool "Guide to Assessment Process for Planning Household/Community IMCI" through participation in the IAWG Subgroup on HH/C IMCI (followed by field testing in Nicaragua). March 2000. (Draft tool in English and Spanish available).
- Meeting with Task Manager for World Bank Nutrition and Early Childhood Development Project in Uganda to share work plans and materials from BASICS work in growth promotion. March 14, 2000. (IACH and Nutrition group).
- Participated in meeting, acted as rapporteur, and drafted meeting report for second meeting of the Global Collaboration for Development of Pesticides for Public Health (GCDPP). WHO Pesticide Evaluation Scheme. April 6-8, 2000. (Michael McDonald). (Report available online through WHO).

- Assisted in drafting conceptual framework and participated in meeting: Roll Back Malaria - IMCI Partnership Meeting, Harare, Zimbabwe. April 10-12, 2000. (Michael McDonald and René Salgado) (Agreements published).
- Presentation on the HH/C component of IMCI, for country representatives of World Vision who are considering including IMCI in their work plans. Washington DC. April 2000. (René Salgado).
- Participated in testing of an IMCI costing tool in Nepal, as part of a joint WHO, PHR, World Bank effort. (The tool has both advocacy and programmatic purposes. Availability of good data on the costs of IMCI will be instrumental in getting IMCI into the agenda and work plans of countries and districts.) May 2000. (René Salgado).
- Participated in preparatory discussions with UNICEF, WHO, and others in the IAWG regarding the Durban meeting on HH/C. Geneva, Switzerland. May 15-16, 2000. (René Salgado).
- Member of the editorial board of PAHO's publication "Noticias sobre AIEPI." (René Salgado).
- Hosted meeting with staff from NetMark Project to share work plans and identify mechanisms for collaboration. May 4, 2000 (IACH group).
- Participated as member of M&E Group in TAG meeting of CORE. May 2000. (René Salgado).
- Participated in "Informal consultation on maintaining performance of health workers in Integrated Management of Childhood Illness (IMCI)" organized by the Department of Child and Adolescent Health and Development of WHO/Geneva. June 22-23, 2000. (Jana Ntumba).
- Participated in 12 DIP reviews of Child Survival PVO projects for BHR/PVC USAID. (IACH group members).
- Membership in WHO Roll Back Malaria Resource Support Networks: Insecticide Treated Materials and Complex Emergencies. (Michael McDonald).
- Act as the secretariat for the Interagency Malaria in Pregnancy Working Group. (Michael McDonald).
- Member of CORE malaria working group. Wrote DIP guidelines for malaria and participated in DIP reviews. (Michael McDonald).
- Presented IMCI Roundtable at Global Health Council, Annual Meeting: Moderator, Al Bartlett; "Lessons Learned from LAC and Africa" (Alfonso Contreras); "IMCI Rationale and Progress," (René Salgado); "Maximizing the Potential of Private Practitioners In Child Survival," (Youssef Tawfik). June 14, 2000.
- Participated in WHO/AFRO Task Force Meeting on IMCI in Harare. June 22-25, 1999. (René Salgado and Mark Rasmuson).
- Hosted meeting with CDC on Evaluation and Training Issues Relating to IMCI. May 9. (Marc LaForce and René Salgado).

Peri/Neonatal

- Collaborated in finalizing of WHO protocol for field testing for identification of sick young infants (0 to 59 days) needing referral to the health facility. (Indira Narayanan).
- Provided technical inputs as a member of the Malaria and Pregnancy Group for advocacy. (Indira Narayanan).

- Member and point person for advocacy of the newly formed Healthy Newborn Partnership, a global venture to promote the cause of newborn health. November 2000. (Indira Narayanan).
- Presented two lectures by invitation at the conference of the International Lactation Consultants. July 27-31, 2000. (Indira Narayanan).
- Participated in the workshop jointly organized by MNH and WHO on “Implementing Maternal and Neonatal Health Standards of Care.” Baltimore, Maryland. September 13-14, 2000. (Indira Narayanan).
- Participated in and provided technical inputs in the newborn health planning meeting organized by Save the Children. Shepherdstown, West Virginia. June 11-13, 2000. (Indira Narayanan).
- Presented by invitation a lecture at the Sergievsky Center, Columbia University, New York, on research work on use of human milk for low birth weight infants to workers involved in evaluating feeding options in babies born to HIV+ mothers. June 20, 2000. (Indira Narayanan).
- Initiated technical inputs and collaboration with PAHO for production of neonatal bibliography for the LAC region. (Indira Narayanan).
- Received and gave technical inputs for documents and advocacy brochures brought out by USAID, CARE, and CDC. (Indira Narayanan).
- Ongoing collaboration with WHO for developing and field testing a protocol to identify sick infants (0–59 days) needing referral to health facilities, as a preliminary step to including the early neonatal period in the IMCI strategy. (Neonatal and IACH TFAs). For this, participated in a workshop organized by WHO to finalize the protocol at Dhaka, Bangladesh. May 15-19, 2000. (Indira Narayanan).
- Ongoing collaboration with WHO and JHPIEGO to develop a manual for the management of the sick newborn at the first referral center. (Involved in reviewing drafts at different stages and writing some portions.) (Indira Narayanan).
- Participated as a member in UNICEF’s Technical Advisory Group meeting on Clean Delivery Practices. UNICEF/New York. June 19, 1999. (Judith Moore).
- Participated as a member in UNICEF’s Technical Advisory Group meeting on UNIJECT. UNICEF/New York. June 20, 1999. (Judith Moore).
- Meeting at BASICS with MNH Project staff to review BASICS training manuals on Care of the Newborn. March 17, 2000. (Indira Narayanan).
- As member of UNICEF’s Technical Advisory Group, participated in pre-TAG meeting on UNIJECT. UNICEF/New York. March 23, 2000. (Judith Moore).
- Participated in USAID meeting for CAs and NGOs on developing neonatal strategies. March 28, 2000. (Judith Moore and Indira Narayanan).
- Participated in meeting of the Working Group on Malaria in Pregnancy at the Johns Hopkins University, Baltimore. April 6, 2000. (Indira Narayanan).
- Participated in meeting of a UNICEF working group on infant feeding and HIV, at the ACC–SCN meeting at Washington. April 12, 2000. (Indira Narayanan).
- Prepared presentation jointly with LINKAGES Project and CARE on Neonatal Mortality and Morbidity and Postnatal Care of the Infant. Presented at a CORE meeting in Nairobi, Kenya, by LINKAGES. May 19, 2000. (Judith Moore).

- Participated in workshop on Strategic Planning for the Saving Newborn Lives Initiative, at the invitation of Save the Children, in Virginia. June 12-13, 2000. (Judith Moore and Indira Narayanan).
- Presented on Neonatal Mortality and Morbidity and Program Priorities. (Judith Moore).
- Lecture on “Controlled Randomized Trials on Use of Human Milk for Prevention of Infections in Low Birthweight Infants and Evaluation of Alternate Methods of Feeding High Risk Infants.” Segievsky Centre, Columbia Presbyterian Medical Center, New York. June 20, 2000. (Indira Narayanan).

Cross-cutting Technical Areas and General Child Survival

Private/Public Sector Collaboration

- Presented at the 9th International Congress of WFPHA (World Federation of Public Health Associations) on Private-Public Partnerships for Public Health. Beijing, China. September 3-6, 2000. (Camille Saadé).
- Presented on regional handwashing initiative at subregional workshop on IEC for IMCI, co-organized with PAHO. Nicaragua. July 2000. (Camille Saadé).
- Presented on “Public-Private Partnership in Health” at Society for International Development (SID) Annual Conference. Washington, D.C. December 1999. (Camille Saadé).
- Presented on “Handwashing Experience in Central America” for UNICEF Water and Sanitation Department. New York. January 2000. (Camille Saadé).
- Organized Symposium on Handwashing Promotion—hosted by the Minister of Health of Guatemala and funded by Colgate-Palmolive and La Popular. March 2000. (Camille Saadé).
- Presented on “Public-Private Partnerships in Handwashing” at World Bank Water and Sanitation Forum. Washington, D.C. April 2000. (Camille Saadé).
- Presented to staff of Roll Back Malaria Initiative on “Public-Private Partnerships and Insecticide-treated Materials.” WHO, Geneva. May 2000. (Camille Saadé).
- Presented on “Net Gain—Assuring Availability and Use of Insecticide-treated Mosquito Nets: Role of Public/Private Partnerships in Making Nets Available.” Global Health Council, Annual Meeting. June 15, 2000 (Camille Saadé).
- Presented evaluation results on handwashing to interagency group, organized by Ministry of Health, El Salvador. June 2000. (Camille Saadé).

Private Voluntary Organizations

- Working draft of issues paper entitled “Community Health Workers Incentives and Disincentives: How They Affect Motivation, Retention, and Sustainability” widely circulated to CORE and CA community August 2000 for additional experiences to be incorporated into final document. (Paper is expected to be finalized May 2001).
- Working draft of “Reaching Communities for Child Health and Nutrition: NGO Contributions to Community IMCI” distributed to CORE Group PVOs, CA community, and Community IMCI IAWG (Inter Agency Working Group) in December 2000 as a background paper for discussion at the January 2001 PVO workshop on Community IMCI. (Paper will be finalized in April 2001.)

- BASICS II began a collaboration with Project HOPE and the CHANGE Project to develop guidelines for a “Mothers’ Reminder Material.”
- Draft report entitled: “New Partnership for Participatory Action in C-IMCI: Identification and Assessment of NGOs/CBOs and other CSOs in Uganda.” (Bakirya Judith.)
- Presentation by Dr. Abeja Apunyo entitled: “BASICS and PVOs: Partnerships for C-IMCI in Uganda” presented January 18, 2001 during the workshop entitled “Reaching Communities for Child Health: Advancing PVO Technical Capacity and Leadership in HH/C IMCI.” Baltimore, MD. January 17-19, 2001.
- Joint organization and facilitation of “CORE’s Leadership Role in Integrated Approaches to Child Health: A Planning Workshop.” October 28-29, 1999. (Karen LeBan, BASICS, and Larry Casazza, CORE.) (Workshop report available).
- Joint organization, facilitation, and documentation of Meeting with Government and NGOs Contributing to Improvement of Child Health in Uganda. February 9, 2000. (Karen LeBan, BASICS, and Larry Casazza, CORE.) (Workshop report available).
- Presented on “Guide to Assessment Process for Planning Household/Community IMCI: Overview of BASICS” at CORE Annual Meeting. May 3-5, 2000. (Karen LeBan) .
- Joint organization by BASICS and PROCOSI of Workshop on Strategies for the Expansion of Child Health Through the PVO Community. Presentations by BASICS (Dilberth Cordero and Karen LeBan). May 16-17, 2000. (Workshop report in process).
- Member of Technical Advisory Committee for CORE annual meeting. (Karen LeBan).
- Participated in initial meeting of Advocacy Working Group for the World Summit for Children anniversary observance. December 9, 1999. (Mark Rasmuson, Ken Heise, Rebecca Fields).
- Participated in meetings of Technical Advisory Group, World Summit for Children. March 27 and May 11, 2000: (Mark Rasmuson and Karen LeBan).

Communication and Behavior Change

- BASICS hosted meeting with CHANGE Project to share strategies/plans in the area of malaria and behavior change. July 12, 1999.
- Participated in planning task force for CORE Group Forum on Community-Based Behavior Change Methods in Washington, D.C. January 12, 2000. (Mark Rasmuson and Karen LeBan).
- Presented on “Community-Based Communication for Impact, Scale, and Sustainability” (case study on BASICS’ work in Madagascar) at Africa Bureau Meeting on Behavior Change Methodologies, co-sponsored by CHANGE and SARA Projects. February 25, 2000. (Mark Rasmuson).
- Participated in CORE Forum on Behavior Change, Alexandria, VA. April 13-14, 2000. (Mark Rasmuson).

Example of Non-document Based Experience Transfer from the Field

DR Congo

BASICS' activities in-country to support strategic transfer of experience and to further state-of-the-art technical leadership focus on both products and processes. At the country level, BASICS often plays a key role in bringing together partners to discuss major issues in technical fora (meetings, workshops, conferences), to develop outlines and time lines for joint-agency policies and plans, and to work through the steps needed to begin implementation of revised policies and action plans.

The example below from the DR Congo includes dissemination of BASICS' technical expertise and strategies as part of inter-agency efforts in immunization, nutrition, and malaria (with communication/behavior change as a key cross-cutting area). It addresses policies and action plans (that BASICS has assisted in developing), which disseminate technical information nationally and sub-nationally, and also incorporate broader technical guidelines from WHO, UNICEF, and international donors and initiatives. Close cooperation with regional and headquarters staff is also highlighted.

Immunization representation at meetings, conferences, and on technical approaches related to Immunization SOs

- EPI national policy and national measles strategy developed in January 2000. BASICS/Kinshasa (with review from BASICS/WARO and BASICS/DC) worked on technical development and dissemination to provinces with interagency partners.
- Inter-agency (UNICEF, MOH, WHO, USAID, BASICS, Rotary, others) review of EPI in DRC in December 1999. BASICS/Kinshasa (Dan Nelson, Michel Othepa), BASICS/WARO (Mutombo wa Mutombo), BASICS/DC (Lora Shimp) contributed to a Memorandum of Understanding signed by partners outlining immunization activities for 2000 and a joint report written by BASICS and disseminated to partners. BASICS has taken the lead on coordinating these reviews, which have occurred annually since 1998 and which help to disseminate immunization technical information and enable international partners to receive feedback from the field and the national EPI program.
- Bandundu EPI review conducted by BASICS/Kinshasa and WARO with Bandundu representatives and inter-agency partners in March. Based on this review, a Bandundu EPI action plan for 2000 and 2001, following the guidelines established in the national EPI plan, has been finalized and is being implemented in Bandundu Province.
- Representation and participation at national level and provincial level (Bandundu) in micro-planning for NIDs, routine immunization, and surveillance. BASICS/Kinshasa, WARO, and DC staff coordinated revisions of micro-planning documents, produced bound copies for partners, assisted with dissemination, implementation, and data collection and review. These documents have been built upon previous materials, including information from BASICS tools, such as the "Polio Eradication Initiative: Monitoring Service Delivery for NIDs and Assessing the Local Capacity to Improve Surveillance."
- Local management consultant (Bula Bula) hired by BASICS to provide recommendations on the restructuring of the DRC EPI office. The consultant's recommendations are being presented and discussed with the Ministry of Health and EPI office to feed into the DRC five-year EPI plan (which will also be used to apply for GAVI funds).

Presentations and representation at conferences (immunization)

- BASICS/Kinshasa staff (Michel Othepa) represented BASICS as part of the DRC delegation and presented on DRC immunization activities at the WHO/AFRO-sponsored Task Force on Immunization Meeting in Harare in December 1999.
- BASICS/Kinshasa staff (Michel Othepa and Saka Saka) presented and provided technical support at the Nairobi meeting on coordination of NIDs and NID/routine immunization/ surveillance micro-planning, including communication, with rebel-held areas of eastern DRC in March 2000.
- BASICS/Kinshasa staff (Michel Othepa and Antoine Saka Saka) were key team members of the DRC delegation that presented on DRC immunization and polio eradication activities and co-facilitated sessions on IEC/social mobilization at the WHO-sponsored Central African EPI Managers Meeting held in the Central African Republic in April 2000.
- Lora Shimp, DRC Technical Coordinator at BASICS/DC, presented on the accomplishments of the joint-agency immunization activities since 1998 and the future technical needs for child survival in DRC at the Global Health Council in Arlington, VA, in June 2000. The presentation was titled, "Child Health and Changing Environments: Immunization in the DR Congo" and was presented during the panel discussion: Looking Back and Looking Forward: 10th Anniversary of the World Summit for Children."

Nutrition

- Coordination and co-funding of inter-agency national workshop on integration of vitamin A into immunization and routine services in March (BASICS/Kinshasa: Dan Nelson, Marie-Claire Yandju and Dr. Tambwe, and BASICS/Senegal: Serigne Diene). Vitamin A supplementation is now included in the national routine immunization schedule and has been integrated into routine health activities in three pilot zones in Kinshasa (to be rolled out to other zones in Kinshasa in the next two years and possibly in zones in Bandundu Province in subsequent years)
- BASICS coordinated a multi-agency team of nutrition experts to develop a national nutrition policy and inter-agency nutrition action plan for DRC. The nutrition policy was presented at a national workshop in Kinshasa in August 2000 and was approved by the Minister of Health as national policy.

Malaria

- BASICS has assisted in the development of an inter-agency two-year plan of action for coordinated technical assistance in malaria (focus on Kinshasa). This emphasizes BASICS' community-oriented approach and enables work in partnership with malaria partners and other initiatives (e.g., Roll Back Malaria), including a chloroquine resistance study conducted with CDC and PNLP in Kinshasa in May and June 2000 and sponsorship of a Congolese lab technician to do a study tour/training at the CDC in Atlanta in May.

Cross-cutting (BCC)

- BASICS/Kinshasa (with TA from WARO and DC) coordinated an assessment of IEC activities for polio eradication and routine EPI in two provinces in DRC in November 1999 with UNICEF, MOH/EPI, and WHO.
- Workshops on developing IEC messages for NIDs and for nutrition were held in Kinshasa from March through June (Saka Saka and Yaya Drabo, with some TA from Lora Shimp). This IEC initiative has expanded into developing and harmonizing IEC messages for ten health areas: EPI, diarrheal diseases, ARI, malaria, STDs/AIDs, micronutrient deficiencies, and so forth. A sub-workshop will be held on message and educational material development in Bandundu (in October).
- Training of trainers for EPI communication for polio, routine immunization, and surveillance in Kinshasa, with provincial and national participants. (This builds on the “Communication Handbook for Polio Eradication and Routine EPI,” of which BASICS is a co-author.) The TOT will be followed by a national communication strategy workshop (attended by provincial representatives) and an action plan to elaborate guides and plan activities for advocacy, social mobilization, and program communication at sub-national levels.