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# REPORT

## BASICS

**IEC RECOMMENDATIONS TO SUPPORT  
THE ADDITION OF HEPATITIS B  
VACCINE TO THE PERU  
IMMUNIZATION PROGRAM**

October 21 to November 1, 1996

Carolina M. Godinez

BASICS Technical Directive: 000-PE-01-011  
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2

## TABLE OF CONTENTS

ACRONYMS .....	v
EXECUTIVE SUMMARY .....	1
BACKGROUND .....	2
SCOPE OF WORK .....	2
TRIP ACTIVITIES .....	2
FINDINGS AND CONCLUSIONS .....	3
Level of service provide knowledge of hepatitis B prevention .....	3
Available materials on immunization and hepatitis B vaccine .....	3
Information, education, and communication (IEC) .....	4
Participation by policy makers and community leaders .....	5
RECOMMENDATIONS .....	5
APPENDIXES	
Appendix A List of Contacts	
Appendix B Local Resources and Costs of Materials Development and Dissemination	
Appendix C List of Materials, Publications, and Reports Collected	

## ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CDC	Centers for Disease Control and Prevention
EPI	Expanded Program on Immunization
FONCODES	Fondo Nacional de Compensación y Desarrollo
IEC	Information, Education, and Communication
INS	Instituto Nacional de Salud
IPC	Interpersonal Communication
IPSS	Instituto Peruano de Seguridad Social
MOH	Ministry of Health
NAMRID	U.S. Naval Research Institute Detachment
NGO	Nongovernmental Organization
PAHO	Pan American Health Organization
PATH	Program for Appropriate Technology in Health
PCMI	Programa de Capacitación Materno Infantil
PR	Public Relations
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

## **EXECUTIVE SUMMARY**

The USAID Mission in Peru requested that Craig Shapiro, M.D., and Susan Goldstein, M.D., of the Centers for Disease Control (CDC), and Carolina M. Godínez of the Program for Appropriate Technology in Health (PATH) visit Peru from October 21 to November 1, 1996. The purpose of the visit was to provide technical assistance to the Ministry of Health's (MOH) Expanded Program on Immunization (EPI) to start a program on the prevention and control of hepatitis B. Ms. Godínez's specific assignment was to develop a strategy in the areas of information, education, and communication (IEC) to support the CDC epidemiologists' recommendations for adding hepatitis B vaccine to the immunization program for children under one year of age in high and intermediate endemic areas.

An IEC strategy that identified channels of communication and target audiences and their information needs was developed. IEC recommendations included use of media, materials needed, messages to develop for proposed target audiences, and a draft strategy describing locally available resources. Cost estimates for producing materials for different media were provided based on the experiences of NGOs. If support is requested by the EPI, these costs could potentially be absorbed by the externally funded projects at the MOH whose purpose is to strengthen the MOH. A request for IEC support should be made within the next two months if the activity is included in the work plan for 1997. Several projects are being implemented in subregions that the EPI department has determined as high and medium endemic areas for hepatitis B.

## **BACKGROUND**

The endemicity of hepatitis B within Peru is heterogeneous. While Peru has an overall intermediate endemicity of hepatitis B, many areas are highly endemic. In these areas, hepatitis B virus infection occurs among infants and children at an age when the risk of chronic infection is high. Hepatitis B vaccine, a relatively new vaccine, is highly effective but also expensive when compared to the cost of the other vaccines included in the regular EPI schedule. Cost is a factor that limits its availability. This vaccine requires special handling conditions (as with some other EPI vaccines, if the vaccine freezes it is ineffective) and the injection site is critical (to ensure safety, the vaccine needs to be injected in the thigh not in the buttocks, as is common practice in Peru). Another issue to consider when using this vaccine is its effect. It will prevent infection in the very young but its effect in terms of reducing morbidity and mortality due to liver disease, including liver cancer, takes place over the long term. For these reasons, targeted and specific IEC support is essential for successful implementation.

The MOH has already purchased one year's worth of vaccine to immunize children less than one year of age in areas that have been defined as high and intermediate endemic. This group totals 120,249 children, according to EPI department data. The MOH plans to deliver the vaccine to the target population by incorporating the vaccine into the EPI program.

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5

## **SCOPE OF WORK**

1. Carolina M. Godinez, PATH program officer and BASICS consultant, will travel to Peru from October 21 to November 1, 1996, to draft a communications strategy for hepatitis B immunization.
2. Ms. Godinez is to work closely with Drs. Craig Shapiro and Susan Goldstein of CDC, representatives of the MOH, the University of Lima, and other relevant persons and organizations to develop an overall strategy to translate epidemiologic data into key communications messages.
3. The strategy includes identification of channels of communication and target audiences and their information needs. Recommendations should consider types of materials needed and use of media for dissemination of messages to the target audiences; an outline of the overall time frame for implementation; a description of local resources available to develop and produce IEC materials; and an estimation of costs for production of these materials.

## **TRIP ACTIVITIES**

Shapiro, Goldstein, and Godinez met with USAID officers, EPI and MOH staff members of the Hepatitis B National Commission, and PAHO officers to discuss the overall strategy to incorporate hepatitis B into EPI's regular immunization schedule. The BASICS team also visited the National Institute of Health, the Peruvian Institute of Social Security, NAMRID, the Institute of Tropical Diseases, and the University Cayetano de Heredia. Other meetings arranged specifically to discuss IEC requirements, available resources, and concerns to consider in the strategy, were held with representatives from UNICEF, MOH externally funded projects, and local IEC consultants.

A scheduled trip to Loreto had to be canceled due to safety factors. A trip to Huanta, Ayacucho, was planned instead, but the only flight to Huanta on the airline authorized by the USAID Mission was canceled. As an alternative, the BASICS/CDC team visited the subregion of Lima Sur (which has urban, peri-urban, and rural health centers and health posts) with the EPI chief of the Lima Sur subregion and the USAID contact officer. During this visit, interviews were conducted with local service providers, health volunteers and mothers of children being immunized. The interactions between health providers and mothers were also observed. A list of contacts is provided in Appendix A.

## **FINDINGS AND CONCLUSIONS**

### **Level of Service Provider Knowledge of Hepatitis B Prevention**

Physicians, nurses and other health care providers receive training on hepatitis B as a disease, but not as a public health problem. Knowledge of the extent of the disease in Peru, its impact on the population, and vaccine-specific information such as handling immunization priorities and injection techniques is extremely limited.

Training, even if restricted to high prevalence areas, needs to be appropriate for local health staff to ensure a safe and effective program. Many of these areas depend on the *sanitarios comunales* (community health leaders), the majority of whom have limited formal education.

Training of staff and volunteers should include information on hepatitis B, the incidence in Peru, EPI immunization priorities, hepatitis B vaccine injection techniques, vaccine handling, and counseling for mothers on immunization against other diseases in addition to hepatitis B.

### **Available Materials on Immunization and Hepatitis B Vaccine**

Child immunization practices are currently guided by a national set of policies which are currently being reviewed by the MOH in order to incorporate hepatitis B vaccine as a standard vaccine for children less than one year of age. If hepatitis B is included in the national EPI program, manuals for health care providers administering the vaccines will need to be revised or adapted. At the time of the visit, a manual for clinicians and one for vaccinators (volunteers or local leaders) were available. These manuals were developed by the National Health Institute (*Instituto Nacional de Salud or INS*) staff based on a pilot research project in Ayacucho, in collaboration with the EPI program, the Institute of Tropical Medicine of the University Cayetano de Heredia, PAHO, and FONCODES.

Immunization is one of UNICEF's priorities, especially immunization of children in rural areas. The UNICEF office in Peru emphasizes IEC and community mobilization activities as a tool for supporting children's health. UNICEF has developed region-specific materials for Peru; they have expertise in training, motivating, and mobilizing *sanitarios comunales* for immunization. Volunteers have been participating in and supporting immunization programs over the last 10 years. As the education level of many volunteers is low, appropriate training should be considered.

Since hepatitis B has not yet been included in UNICEF's EPI activities, their materials do not provide information on this vaccine. UNICEF officers expressed interest in collaborating with USAID, primarily on IEC materials for rural areas, which is their priority. They noted that up to the time of the BASICS/CDC team visit, no request had been presented to UNICEF by the MOH to support inclusion of hepatitis B vaccine in the EPI program in the high and intermediate endemic areas. UNICEF officers believe that if hepatitis B vaccine is added to the regular EPI

schedule for children, IEC activities are vital to its success. As it would be the only vaccine available for selected areas, they also feel it is very important to coordinate the activities with local NGOs.

### **Information, Education, and Communication (IEC)**

The MOH has a communications and public relations (PR) department; however, its resources are primarily devoted to PR. IEC activities are carried out independently by various MOH programs and departments, are not systematic, and are done with limited resources.

Currently there are several externally funded projects at the MOH whose purpose is to improve the quality of MOH services and to strengthen the capabilities of the MOH in selected subregions. Project 2000, the training network PCMI, and the Basic Health Project are some of the local resources that should be considered for conducting much needed training and for developing IEC materials for the high and intermediate endemic subregions that overlap with the project's implementation areas.

Radio represents a potentially low-cost method for disseminating information. In the past, local radio stations have been active in informing the local population of immunization activities. UNICEF and MOH programs have benefitted from collaborating with radio stations since the stations offer free air time for public service announcements (PSAs) when those programs have produced the PSAs. Appendix B contains a sample of local production costs related to radio.

Mass media campaigns are not recommended at this time since the current supply of hepatitis B vaccine is only sufficient to cover the less-than-one-year-old population in the above mentioned geographical areas. Such campaigns could be potentially counterproductive by generating demand that may not be met.

### **Participation by Policy Makers and Community Leaders**

In order to have a strong hepatitis B prevention program, a consistent supply of new vaccine should be available, particularly since multiple doses are required. For this reason it is crucial to have the support of decision makers, legislators, and politicians to ensure that sufficient funds are available for continued immunization of this age group and to extend immunization to children less than 5 years old in the same areas. In the future it would be most beneficial to expand coverage to children throughout the country.

The role of community leaders is extremely important in requesting and allocating local funds in line with the decentralization of the MOH. They can also provide support in advocating for and mobilizing local resources to implement immunization activities. The perceptions of community leaders toward hepatitis B and the leaders' knowledge of the disease must be taken into consideration when developing messages for the target population.

## RECOMMENDATIONS

The following recommendations are listed in order of priority. The first three recommendations are the most critical to the success of the program; the remainder are suggestions or strategies that could be implemented if resources are available.

1. Appoint a coordinator responsible for IEC and training for the hepatitis B immunization program.

This person would serve as a project liaison to ensure the best use of resources, provide continued IEC support to EPI activities, and to keep MOH decision makers informed of developments and successes of the immunization program. Another responsibility of the IEC/training coordinator would be to ensure that appropriate training materials are available and that suitable methods are used to increase their effectiveness.

2. The EPI department and the Hepatitis B National Commission need to request IEC support officially from the externally funded projects.

A plan of collaboration must be established within the next two months in order for such technical support to be included in the activities of the 1997 work plan and budget.

3. The EPI department should hold an IEC strategy workshop.

The purpose of the workshop would be to develop and plan an IEC strategy that supports adding hepatitis B vaccine to the regular vaccination schedule for children less than one year of age in high and intermediate endemic areas. The IEC strategy should also support EPI in general. This type of workshop would help to integrate IEC and the resources available within the EPI program. Existing projects would participate by presenting their goals, assigned areas of work, capabilities, time frames, and difficulties encountered. An outcome of the workshop would be a work plan for hepatitis B vaccine IEC activities responsive to all parties' needs that could be used to request assistance officially.

4. Gather formative, qualitative studies to aid in message development.

It is particularly important that the messages that are developed are scientifically accurate and culturally appropriate to the various ethnic groups in the target area. The level of awareness of hepatitis B and the impact it has on everyday life is also needed when informing the communities of a newly available vaccine.

5. Hold a training-of-trainers (TOT) workshop for a team of EPI trainers.

This workshop would encourage a "cascade" training approach so that local teams would train MOH staff and volunteers in their subregions on hepatitis B prevention, injection

techniques, vaccine handling, storage, and transportation. Information to include in the workshop might also include adult education, interpersonal communication, working with volunteers, responding to community needs, general disease information, and how to counsel mothers about vaccinations. The consultant recommends using a participatory approach to conducting the training to ensure comprehension. Demonstrations and practice are critical and role-playing is also desirable. If no local materials are available, the teams could also receive basic materials development training and then develop their own support materials

6. Develop support materials.

Materials needed for training include a TOT curriculum, a training reference manual for trainers, and training support materials (on vaccine handling, injection techniques, recording data) for volunteer vaccinators. The INS has developed a reference manual for their Huanta, Ayacucho, pilot project on hepatitis B immunization that could be adapted to the various population groups. Although project staff received training, there is no actual curriculum available. Other types of materials to develop are prototype messages for local broadcasting as well as adapted messages for alternative media.

7. Develop a simple, graphical cue card for the vaccinators to remind them of steps and key messages for mothers.

This is important because the extent and effectiveness of the immunization program depends on volunteers who may not have had refresher training.

8. Develop a training video along with user manuals and support materials for each of the districts if a training team cannot be formed.

A video that describes the health issues would be an effective alternative, if it is not possible to assign an IEC training team. It could serve as a prototype to be adapted to the region and other training and could be used along with discussion guides.

9. Obtain the support of local media to broadcast messages to local communities.

The messages might include the importance of immunizing the children, consequences of the disease, availability of the vaccine, time and location where immunizations will take place (health posts or *brigadas*), and the need to complete the dosage schedule.

10. Evaluate the support provided by IEC to this program.

A pre- and post-assessment (questionnaire or oral) is recommended for all workshops. An observation checklist should be developed to assess injection skills, vaccine handling, and

message delivery to mothers. Monitoring is highly recommended, followed by on-the-spot retraining.

**APPENDIXES**

**APPENDIX A**  
**CONTACTS**

## APPENDIX A CONTACTS

### MINISTRY OF HEALTH, PERU

Dr. Marino Costa Bauer                      Minister of Health  
Dr. Alejandro Aguinaga                      Vice Minister of Health

### General Direction for People's Health

Dr. Eduardo Zárate Cárdenas              General Director  
Dr. Jesús Toledo Tito                      Associate Director  
Lic. Myriam Strul                              Executive Director Expanded Program for Immunizations  
(EPI)  
Lic. María del Carmen Reyna              Associate EPI Director  
Lic. Rita Segovia Bravo                      EPI Supervision and Training Officer  
Lic. Nancy Cueva Alvarado                  EPI  
Lic. Carolina Cerna Silva                      EPI  
Dra. Cecilia Isayama Okamoto              EPI Arzobispo Loayza Hospital Pediatrician  
Dr. Fernando Gonzales Ramírez              EPI-PAHO

### Transmittable Diseases

Dr. Guillermo Suárez                      Executive Director of Transmittable Diseases  
Dra. Gloria Vargas Cárdenas                  Executive Director of Transmittable Diseases - Arzobispo  
Loayza Hospital

### External Cooperation Office

Dr. Augusto Meloni                              Director

### General Epidemiology Office

Dr. Mario Chuy                                  Director  
Vilma Casanova Rojas                      Officer  
Dra. Gladys Ramirez Prada                  Officer

### Projects

Dr. Danilo Fernández Borjas                  Executive Director, Basic Health for Everyone Project  
Dr. Alvaro Gailour                              Executive Director, Basic Health and Nutrition Project  
Dr. Augusto Meloni                              Executive Director, Strengthening Project  
Dr. Hugo Oblitas                                  Executive Director, Project 2000  
Dra. Luz Esther Vásquez                      Regional Supervisor, Project 2000  
Dr. Neptalí Santillán                              Regional Supervisor, Project 2000

Lic. María Casas Sulca  
Lic. Flor Marina Guardia

Regional Supervisor, Project 2000  
Communication, Project 2000

**Communication Office**

Lic. Elsa Casas  
Lic. Ruth Pérez

General Director, Communication Office  
Technical Coordinator, Communication Office

**Instituto Nacional de Salud**

Dr. Carlos Carrillo Parodi  
Dr. César Cabezas Sánchez

Chief, National Health Institute  
Referential Laboratories Director, National Health  
Institute

**Health Subregion II - Lima Sur**

Dr. Italo Arbulu Tejero  
Dra. Cecilia Elas Costa Esparsa  
Lic. María Alvarez  
Norca Rojas  
Lic. Tesalia Altamirano  
Lupe Córdor Chúa

General Director  
Chief, EPI  
Community Participation and Social Services Director  
Nurse  
Community Participation and Social Services, Chilca  
Health Post  
Local Volunteer, Pumacahua Health Center  
Mothers at the Centers And Posts

**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)  
MISSION IN PERU**

Dr. Susan Brems  
Dr. Luis Seminario Carrasco  
Lic. María Angélica Borneck

HPN Director  
Project 2000, Chief, HPN  
Population Programs Specialist, HPN

**PAN AMERICAN HEALTH ORGANIZATION (PAHO)**

Dr. Elmer Escobar  
Lic. Rosa María Cardoso  
Dra. Mary Fuentes  
Dr. Oscar Mujica  
Lic. Jenny Vargas

PAHO Representative  
EPI Advisor  
National Consultant  
STD and AIDS, Epidemiologist  
Social Communication

16

## **INSTITUTO PERUANO DE SEGURIDAD SOCIAL (IPSS)**

Dr. Flor Ramos Azanedo	Executive Director, Children's Program
Dra. Ximena Fernández	Health Program Manager
Francisco Castro Portocarrero	Health Education Unit
Dra. Juana Antigoni Pérez	Chief, Preventive Health Service
Rosario Alipas Siles	Nurse, Preventive Health Service
Nancy Chávez Granda	Prevention and Promotion Program Coordinator, Nurse
Cristina Hurtado Chávez	Nurse, Prevention and Promotion Program Coordinator
Dr. Pedro Ponce Cajahuasingo	
Rosa Saona de Flor	Epidemiology

## **UNITED STATES NAVAL MEDICAL RESEARCH INSTITUTE DETACHMENT (NAMRID)**

Dr. Douglas Watts	Scientific Director and Head, Virology Department
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## **UNIVERSITY PERUANA CAYETANO DE HEREDIA, TROPICAL MEDICINE INSTITUTE "ALEXANDER VON HUMBOLT"**

Dr. Eduardo Gotuzzo	Director, Cayetano de Heredia University Tropical Medicine Institute "Alexander Von Humboldt"
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## **UNICEF**

Ann Lis Svensson	UNICEF Representative
Dr. Mario Tavera	Health Officer
Lic. Roberto Del Aguila	Communication Officer

## **HEALTH CENTERS AND POSTS**

Centro de Salud Delicias de Villa  
Puesto de Salud Mateo Pumacahua  
Centro de Salud San Antonio  
Centro de Salud Mala  
Puesto de Salud La Aguada  
SBS San Juan de Miraflores  
Centro de Salud San Juan de Miraflores

**APPENDIX B**

**LOCAL RESOURCES AND COSTS OF MATERIALS  
DEVELOPMENT AND DISSEMINATION**

**APPENDIX B**  
**LOCAL RESOURCES AND COSTS OF MATERIALS DEVELOPMENT AND**  
**DISSEMINATION**

**A. Printing (advertising agencies)**

1. Publicistas Asociados
2. Publicidad Causa
3. Walter Townson

Other printing companies that produce high quality work at low prices that may be considered if time is not a limitation:

4. Imprenta Ebrasa (cost of printing 1,000 manuals of 100 pages, bond paper, legal size, and plastic cover with two colors: total \$1,500)
5. Imprenta de la Iglesia Católica, SESATOR

UNICEF has trained a local women's group on how to use silk-screening. This group produced a local poster supporting immunization campaigns for 1996. The total cost for this was Soles 3,000 (about US\$1,100).

**B. Artists**

Young, unknown artists charge \$250 to \$300 per set of three drawings, with three redraftings/changes.

**C. Audio production/broadcasting by local radio stations**

1. broadcasting 1 spot (30 seconds) for Sol 1 if they just broadcast
2. local production and broadcasting (10 times a day) Soles 300.
3. regional broadcasting Soles 10 for 1 spot (30 seconds)
4. national broadcasting Soles 100 for 1 spot (30 seconds)
5. Lima producer:
  - audiotape, US\$1.00 ea. for 100 copies
  - taping at studio with voice, 1 hour \$70 to \$100
  - editing at studio with technicians and equipment, \$100 to \$140 per hour

Estimated time required for a 30-second spot: one hour taping and three hours editing

**APPENDIX C**  
**LIST OF MATERIALS, PUBLICATIONS,**  
**AND REPORTS COLLECTED**

**APPENDIX C**  
**LIST OF MATERIALS, PUBLICATIONS, AND REPORTS COLLECTED**

1. Ministerio de Salud. Programa Ampliado de Inmunizaciones. **Informe Perú**. Séptimo Taller de Evaluación del PAI y Eliminación del Sarampión en la Region Andina. Quito, Ecuador, 1996. 20 p.
2. Dirección General de Salud de las Personas, Dirección Ejecutiva de Inmunizaciones. **Directiva No.001-96 Hepatitis B - Vacuna**. June, 1996. 2 p.
3. Ministerio de Salud. **Control de la Hepatitis Viral B en el Perú: conclusiones y recomendaciones de la Comisión Encargada por RA:633-95-SA/DM**. Lima, November 1995. 16 p.
4. Ministerio de Salud, Programa de Inmunizaciones. **Manual de Normas de la Vacunación contra la Hepatitis Viral del Tipo B**. (Draft), 1996. 14 p.
5. Ministerio de Salud, Dirección General de Salud de las Personas. **Normas de Control de Enfermedades Prevenibles por Vacunación**. Lima, Peru. 175 p.
6. **Ponle la vacuna YA!** 27 de octubre, Van 96 (small double-sided flyer advertising vaccination campaign).
7. Ministerio de Salud, Sub Programa de Inmunizaciones. **Como Eliminar las Oportunidades Perdidas de Vacunación**. Manual Operativo. 1993. 29 p.
8. **La Hepatitis "B" Mata !!!**. Programa de Vacunación contra Hepatitis B, integrado al PAI. Huanta. (Informational flyer), 1996.
9. Ministerio de Salud, Programa de Vacunación Contra Hepatitis Viral B Integrado al PAI. **Manual del Vacunador**. 25 p.
10. Instituto Nacional de Salud, Ministerio de Salud. **Programa de Inmunización contra Hepatitis Viral B Integrado al Programa Ampliado de Inmunizaciones (PAI) en Huanta, Ayacucho (Perú)**. Poster.
11. Instituto Nacional de Salud, Sub Region de Salud Ayacucho. **Programa Piloto de Inmunización contra Hepatitis Viral B Integrado al Programa Ampliado de Inmunizaciones (PAI) en Huanta, (Perú) - 1994-1995**. Report. 21 p.
12. Cabezas, CA y Huayanay, L. **El Cólera. Aspectos clínicos, epidemiológicos y de control**. Lima, Perú, 1991. 114 p.
13. Instituto Nacional de Salud. **Boletín Año 2, No. 1, Enero-Febrero, 1996**.

14. Instituto Nacional de Salud. **Boletín Año 2, No. 2, Marzo-Abril, 1996.**
15. Cabezas, CA. **Epidemiología de las Hepatitis Virales B (HVB) y Delta (HVD) en el Perú.** 4 p.
16. Barham, WB; Figueroa, R; Phillips, IA; Hyams, KC. Chronic Liver Disease in Peru: Role of Viral Hepatitis. **J. Med. Virol.**, 42:129-132. 1994. 4 p.
17. Casey, JL; Niro, GA; Engle, RE; Antonio, V; Humberto, G; McCarthy, M; Watts, DM; Hyams, KC; Gerin, JL. Hepatitis B virus/Hepatitis D Virus Co-Infection in Outbreaks of Acute Hepatitis in the Peruvian Amazon Basin: The Roles HDB Genotype III and HBV Genotype F. (Draft pending publishing). 22 p.
18. NAMRID. **Acute Viral Hepatitis. Etiology and epidemiology of acute viral hepatitis among civilians and military troops in Peru.** Sto I.N.: Hepatitis Virus Vaccine. 1995.(overhead printouts) 26 p.
19. NAMRID. **Acute Viral Hepatitis. Etiology and epidemiology of acute viral hepatitis among civilians and military troops in Peru.** Sto I.N.: Hepatitis Virus Vaccine. 1994.(overhead printouts) 22 p.
20. NAMRID. **Hepatitis Among Military Troops Deployed in the Peruvian Jungle.** Pre-deployment serological survey, August 1993 - May 1994. (overhead printouts) 40 .



# BASICS

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22