PN-ACM-067
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Selected Publications

Publications are organized in the following sections:

Immunization
IACH
Nutrition
Peri/Neonatal
Cross-Cutting
General Child Survival

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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In each section, publications are listed under three categories:

- Documents produced by BASICS
  (Download these directly from our website: www.basics.org)
- Documents produced with our partners
  (Link is provided, or information about how to order)
- Journal articles
  (Links may be provided to Medline abstracts)

I. IMMUNIZATION

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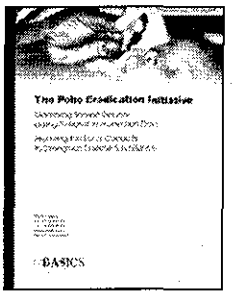
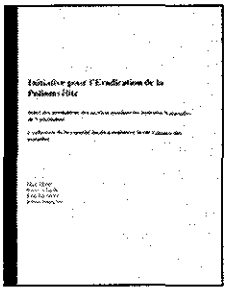


The Polio Eradication Initiative: Monitoring Service Delivery During National Immunization Days and Assessing the Local Capacity to Strengthen Disease Surveillance
Mark Weeks, Rebecca Fields, Carl Hasselblad, Rose Macauley, and Robert Steinglass. 998. (34 pages)

Abstract: This report encourages effective monitoring and accurate disease surveillance to improve the quality of health services and disease control and polio eradication initiatives. The information and tools in the report evolved from actual use during National Immunization Days (NIDs) and from field assessments in several African countries. While most of the materials were developed for polio eradication, the concepts and tools also apply to routine health services. National and district Ministry of Health program managers can use the report as a reference guide to monitor and supervise their country programs. For field staff and managers, the report is a valuable reference tool for planning country activities.

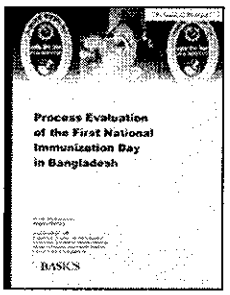
The report's five sections include (1) a process that can be used to monitor services during NIDs, including a comprehensive list of indicators; (2) instructions for developing effective supervision checklists to assess the quality of performance during NIDs; (3) suggestions for an effective NIDs summary report; (4) a field-tested tool to assess local capacity and resources to improve and strengthen a disease surveillance system; and (5) a list of all BASICS trip reports that pertain to the USAID Polio Eradication Initiative.



Initiative pour l'Eradication de la Poliomyélite : Suivi des prestations des services pendant les Journées Nationales de Vaccination et Evaluation de la capacité locale à renforcer la surveillance des maladies
Mark Weeks, Rebecca Fields, Rose Macauley et Robert Steinglass. 1998. (34 pp)

Résumé : Ce rapport, relatif à l'éradication de la polio a pour objectif la promotion du monitorage effectif et la surveillance précise aux fins d'améliorer la qualité des services de santé et le contrôle de la maladie ainsi que les initiatives d'éradication. Les informations et les outils contenus dans ce rapport ont été élaborés à partir des Journées Nationales de Vaccination (JNV) ainsi qu'à partir des évaluations sur le terrain dans plusieurs pays d'Afrique. Alors que la plupart des documents étaient élaborés en vue de l'éradication de la polio, les concepts et outils s'appliquent aussi à la prestation des services de santé de routine. Les directeurs des programmes santé de niveau national et du district peuvent utiliser ce document comme guide de référence pour le monitoring et la supervision de leur programmes. Ce rapport est un outil de référence inestimable pour la planification des activités du pays pour le personnel de terrain et les directeurs.

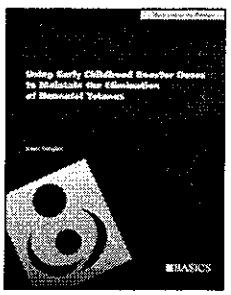
Le document comprend cinq sections : (1) un procédé qui peut être utilisé pour le suivi des prestations au cours des JNV ; une liste détaillée d'indicateurs y est incluse ; (2) des instructions pour développer des guides de supervision efficaces pour évaluer la performance pendant les JNV ; (3) des suggestions pour la confection d'un rapport synthétique des JNV ; (4) un outil testé sur le terrain, pouvant servir à évaluer la capacité locale ainsi que les ressources pour améliorer et renforcer le système de surveillance ; et (5) une liste de tous les rapports de BASICS concernant des informations relative à l'Initiative de l'USAID pour l'Eradication de la Poliomyélite.



Process Evaluation of the First National Immunization Day in Bangladesh
Karabi Bhattacharyya, and Rokeya Khanam. 1998. (41 pages)

Abstract: As part of a global program to eradicate polio, Bangladesh held its first round of National Immunization Day (NID) on March 16 and April 16, 1995. During and immediately following the first NID, a process evaluation was conducted to identify operational difficulties and potential solutions in order to improve the implementation of future NIDs in Bangladesh. The process evaluation placed emphasis on the NID activities for the urban poor—a hard-to-reach and underserved population. A total of 100 vaccination sites were observed during the NID and 286 exit interviews were conducted in these sites.

Immediately following the NID, focus group discussions were held in four city corporations and four district municipalities with local managers, caretakers who participated in the NID, and caretakers who did not participate in the NID. Recommendations include (1) improving site organization; (2) developing a strategy to recruit more participants; (3) advising parents to bring their children back for routine immunization; (4) publicizing results of NIDs; and (5) obtaining help from government organizations, political parties, national and local leaders, the media, businesses, teachers, medical personnel, and social organizations.



Using Early Childhood Booster Doses to Maintain the Elimination of Neonatal Tetanus
Robert Steinglass. 1998. (42 pages)

Abstract: Originally presented at WHO's Neonatal Tetanus Elimination Technical Consultation in Geneva in 1997, this discussion paper proposes practical solutions for long-term control of neonatal tetanus (NNT). This preventable disease continues to kill approximately 500,000 newborns each year. There is no single global blueprint for its control. Different strategies need to be combined over time to control disease at affordable cost, depending on local circumstances. Three key elements are included in this paper: (1) a discussion of the evolution of NNT control strategies and the role of early childhood boosters; (2) figures and graphs that illustrate why school children should be vaccinated in the early grades; and (3) recommendations for practical ways to introduce preschool and school-age tetanus boosters, including how to store and transport the vaccine; when and where to introduce vaccines; how to select the correct vaccine and immunization schedule; and how to market the concept of immunizations to the public.

■ *BASICS PUBLICATIONS CO-PRODUCED WITH OTHER PARTNERS*

The following documents are available from our publisher partner, or by downloading from the link provided.

Checklist and Indicators for Optimising the Impact of Polio Activities on EPI. [Geneva, Switzerland: WHO. 2001]
Notes: Prepared by BASICS and modified by WHO.
Link to the document at our partner's site:
http://www.polioeradication.org/pdfs/Polio%20Check%20List%2001-02-01.pdf

Liste de Contrôle et Indicateurs pour Donner à la Lutte Antipoliomyélitique un Impact Maximal sur le PEV. (French version of the above Checklist)
Link to the document at our partner's site:
http://www.polioeradication.org/pdfs/FRENCH%20Polio%20Check%20List%201-0.pdf

Communication Handbook for Polio Eradication and Routine EPI. [WHO; UNICEF; BASICS; Polio Partners; MOH representatives.] New York, N.Y.: UNICEF. November, 2000. (99 pages)
Link to the document at our partner's site:
http://www.unicef.org/programme/gpp/docu/poliohandbook.pdf

Distribution of Vitamin A During National Immunization Days—A "Generic" Addendum to the Field Guide for Supplementary Activities Aimed at Achieving Polio Eradication. World Health Organization, Department of Vaccines and Other Biologicals; USAID; BASICS; and PATH. Geneva: WHO/GPV/EPI. Drafted by BASICS. 1998. (26 pages)

Link to the document at our partner's site:
http://whqlibdoc.who.int/hq/1998/WHO_EPI_GEN_98.06.pdf

Immunization and Health Reform: Making Reforms Work for Immunization. Feilden, R., and O. F. Neilsen. Geneva: World Health Organization/Global Programme on Vaccines and Immunization, in cooperation with BASICS and DANIDA. July 1998. (89 pages)

Available from WHO Department of Vaccines and Biologicals, Geneva.

Immunization and Health Sector Reform in the Kyrgyz Republic. Report of a WHO-led Mission, 1-12 March 1999. Rachel Feilden, Svetlana Firsova, Gulin Gedik, Sahin Huseynov, Yuri Lisitsin, Noogoul Seitkazieva, Robert Steinglass. Geneva: WHO. 1999. (60 pages)
Notes: WHO Department of Vaccines and Biologicals; UNICEF; USAID; BASICS; ZdravReform.

Link to the document at our partner's site: http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.33.pdf

Planning Mission for the Revitalization of the Expanded Program on Immunization, Democratic Republic of the Congo, 6–22 August 1997. Bosenge, M.; Lebo Yer, J.; Nsabuka, B.; Villeneuve, P.; Basikila, P.; Bele, O., Gbedonou, P.; Sangwa, K.; Tisa, B.; wa Mutombo, M.; and Steinglass, R. Issued by USAID/MOH/UNICEF(DRC)/WHO(AFRO)/BASICS. 1998. (38 pages)

Mission de prospection pour la revitalisation du programme elargie de vaccination. République Democratique du Congo, 6-22 Août 1997. (French version of the above document)

Procurement of Vaccines for Public Sector Programs: A Reference Manual. World Health Organization; United States Agency for International Development; BASICS; PATH. Geneva: WHO. 1999. (980 pages)

Link to the document at our partner's site:
http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.12_(p1-p272).pdf
http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.12_(p273-p405).pdf
http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.12_(p406-p506).pdf
http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.12_(p507-p642).pdf
http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.12_(p643-p749).pdf
http://whqlibdoc.who.int/hq/1999/WHO_V&B_99.12_(p750-p980).pdf

Safe Vaccine Handling, Cold Chain and Immunizations: a Manual for the Newly Independent States. WHO; UNICEF; USAID; BASICS. Geneva: WHO. October, 1998. (78 pages)
Notes: Available in Russian.

http://whqlibdoc.who.int/hq/1998/WHO_EPI_LHIS_98.02.pdf (English)
http://www.who.int/gpv-documents/DocsPDF/www9801.pdf (Russian)

Sustainability of Achievements: Lessons Learned from Universal Child Immunization. Report of a Steering Committee. UNICEF. New York: UNICEF. 1996. (104 pages)
Notes: With participation of BASICS.

Available from UNICEF, New York.

Toolbox to Assess and Evaluate Injection Practices. WHO; BASICS II; SIGN. Geneva, Switzerland: Safe Injection Global Network (SIGN). 2000.
Notes: The toolbox includes: Injection practices: rapid assessment and response guide; Tool "A" to identify determinats of poor and god injection practices; Tool "B" to estimate the frequency of injections and identify injection providers; Tool "C" for the assessment of injection safety; Tool "D" to assess the association between injections and infections.

Link to the document at our partner's site: http://www.injectionsafety.org/html/resources.html

Using National Immunization Days to Deliver Vitamin A. World Health Organization, Global Programme for Vaccines and Immunization, Expanded Programme on Immunization. EPI Update 33. November 1998. (6 pages)

Available from WHO Department of Vaccines and Biologicals, Geneva.

■ *Journal Articles*

The following articles are available from your online service or by visiting the BASICS II Information Center.

Cholera Vaccination in Refugee Settings. Waldman, R. In *Journal of the American Medical Association*, vol. 279 no. 7, (February 18, 1998): 552–553.

A Comprehensive Assessment of the Quality of Immunization Services in One Major Area of Dhaka City, Bangladesh. Perry, H., R.; Weierbach, S.; El-Arifeen; I. Hossain. In *Tropical Medicine and International Health*, vol. 3 no. 2, (1998): 981–992.

Link to the Medline abstract: http://igm.nlm.nih.gov/

The Control of Tetanus: a Discussion Paper for Policymakers. Steinglass, Robert. In *Mother Care Matters,* vol. 8 no. 3–4, (January 2000): 20–21.

Cost-Effectiveness of Oral Cholera Vaccine in a Stable Refugee Population at Risk for Epidemic Cholera and in a Population with Endemic Cholera. Murray, J.; McFarland, D.A.; Waldman, R.J. In *Bulletin of the World Health Organization*, vol. 76 no. 4, (1998): 343–352.

Link to the Medline abstract: http://igm.nlm.nih.gov/

Immunization: Challenges and Opportunities. Steinglass, Robert; Fields, Rebecca. In Global HealthLink. The *Newsletter of the Global Health Council*, no. 103, (May–June 2000).

Improving the Monitoring of Immunization Services in Kyrgyzstan. Weeks, R. Mark; Svetlana, Firsova; Noorgoul, Seitkazieva; Valentina, Gaidamako. In *Health Policy and Planning*, vol. 15 no. 3, (September 2000): 279–286.

Link to the Medline abstract: http://igm.nlm.nih.gov/

Low-Cost on-the-Job Peer Training of Nurses improved Immunization Coverage in Indonesia. Robinson, J. Stephen; BurkHalter, Barton R.; Rasmussen, Barbie; Sigiono, Ristiano. In *Bulletin of the World Health Organization*, vol. 79 no. 2, (2001): 150–158.

Link to the Medline abstract: http://igm.nlm.nih.gov/

Safety, Effectiveness and Ease of Use of a Non-Reusable Syringe in a Developing Country Immunization Programme. Steinglass, R.; Boyd, D.; Grabowsky, M. ... [et al.] In *Bulletin of the World Health Organization,* vol. 73 no. 1, (1995): 57–63.

Link to the Medline abstract: http://igm.nlm.nih.gov/

Should Measles be Eradicated? Cutts, F.T.; Steinglass, R. In *British Medical Journal*, vol. 316 no. 7133, (March 7, 1998): 765–767.

Link to the Medline abstract: http://igm.nlm.nih.gov/

Link to the full text: http://www.bmj.com/cgi/content/full/316/7133/765

Successful Control of Epidemic Diptheria in the States of the Former Union of Soviet Socialist Republics: Lessons Learned. Dittmann, Sieghart; Wharton, Melinda; Steinglass, Robert; others. In *The Journal of Infectious Diseases*, vol. 181 suppl. 1, (2000): S10–S22.

Link to the Medline abstract: http://igm.nlm.nih.gov/

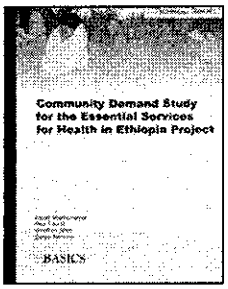
Tasas Estimadas de Mortalidad Infantil, Cobertura de Vacunación y Uso de Sales de Rehidratación en Guatemala: Variaciones Según Distintas Fuentes. Burkhalter, Barton R. ... [et al.] In *Boletín de la Oficina Saniaria Panamericana*, vol. 118 no. 5, (Mayo, 1995): 379–402.

Tetanus Toxoid Coverage Among women in Zone 3 of Dhaka City, Bangladesh: The Challenge of Improving Coverage Among All Women of Reproductive Age. Perry, H.; Weierbach, R; Hossain, I; Islam, R. In *Bulletin of the World Health Organization*, vol. 76 no. 5, (1998): 449–457.
Link to the Medline abstract: http://igm.nlm.nih.gov/

Vaccine Procurement and Self-Sufficiency in Developing Countries. Woodle, Dian. In *Health Policy and Planning*, vol. 15 no. 2, (2000): 121–129.
Link to the Medline abstract: http://igm.nlm.nih.gov/

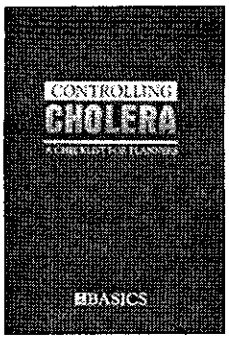
II. INTEGRATED APPROACHES TO CHILD HEALTH

■ *Download the Following Publications or Order from the Information Center*



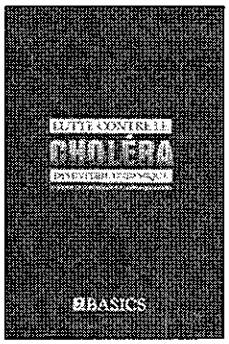
Community Demand Study for the Essential Services for Health in Ethiopia Project
Karabi Bhattacharyya, Paul Freund, Wondimu Amde, and Dargie Teshome. 1997. (46 pages)

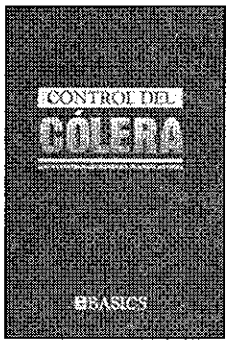
Abstract: A study was conducted in nine villages in the Southern Nations and Nationalities People's Region to determine community demand for curative and preventive health services. Villagers' perceptions of the quality of services currently delivered by various providers (i.e., governmental and nongovernmental organization providers, traditional healers, drug vendors, community health agents, and traditional birth assistants) were also elicited. Data were collected through eight qualitative and participatory research methods, including group rankings, seasonal diagraming, focus group discussions, provider interviews, and interviews with villagers. Overall, communities ranked water, health, and food scarcity as their top priorities. Drug vendors were an important and often preferred source of health care. Communities valued community health agents but wanted to be involved in their selection.

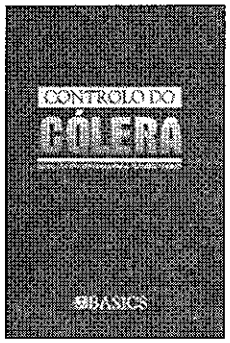


Controlling Cholera: A Checklist for Planners
BASICS. 1996. (20 pages)

Abstract: The checklist was developed for those who plan and implement activities to control cholera. It identifies what should be done in advance so that health workers can respond more effectively and efficiently to an outbreak of cholera. It is intended for coordinating committees, program managers, technical consultants, health administrators, and students of public health. Topics dealt with are planning; management and administration; case management; epidemiology and surveillance; training of health professionals; and water and sanitation. Also included is a list of *ineffective* control measures for cholera and a bibliography.



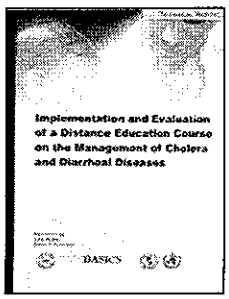




Lutte contre le choléra dysenterie épidémique : Une liste de controle pour les planificateurs
BASICS. 1996. (20 pp)

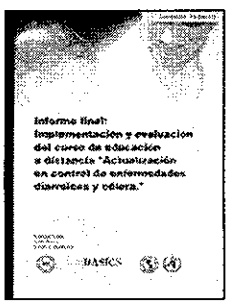
Control del Colera: Lista conprobatoria para planificadores
BASICS. 1996. (20 pp)

Controlo do cólera: Lista de verificação para planificadores
BASICS. 1996. (20 pp)



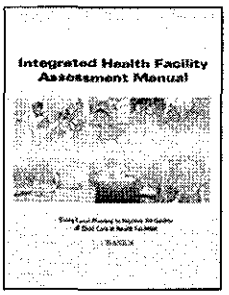
Implementation and Evaluation of a Distance Education Course on the Management of Cholera and Diarrheal Diseases
Raphael Flores, Junio Robles, and Barton R. Burkhalter. 1998. (31 pages)

Abstract: To respond to the high prevalence of cholera and diarrheal diseases and observed inadequacies in health worker knowledge and practice in Central America, the Institute of Nutrition for Central America and Panama (INCAP) developed and implemented a distance education course on the management of cholera and diarrheal diseases in El Salvador, Guatemala, Honduras, and Nicaragua. The course included preprinted educational materials delivered to participants one chapter at a time, group meetings at the beginning and end of the nine-month program, and field-based tutors who provided a day-long practice session at mid-program, written responses to homework submitted by the participants at the end of each chapter, and one-on-one tutoring. The course's impact on the knowledge and practices of participating doctors and nurses in Guatemala was evaluated. Results showed significant improvements in knowledge, as well in patient assessments and diagnostic practices.



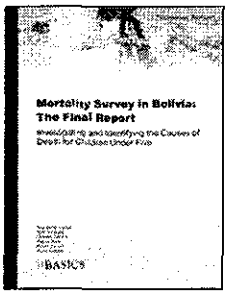
Informe final: Implementación y evaluación del curso de educación a distancia "Actualización en control de enfermedades diarreicas y cólera"
Rafel Rafael, Junio Robles, and Barton R. Burkhalter. 1998. (31 pp)

Resumen: En respuesta a la alta prevalencia de cólera y enfermedades diarreicas junto con las carencias de conocimientos y de práctica de los trabajadores de salud de Centroamérica, el Instituto de Nutrición para Centroamérica y Panamá (INCAP) desarrolló e impartió un curso de educación a distancia para el manejo del cólera y las enfermedades diarreicas en El Salvador, Guatemala, Honduras y Nicaragua. El curso incluyó materiales impresos enviando a los participantes un capítulo en cada envío, reuniones de grupo al principio y al final del programa de nueve meses de duración, y tutores de campo que proporcionaron sesiones prácticas de un día de duración a la mitad del programa. El impacto del curso sobre conocimientos y prácticas de los médicos y enfermeras participantes fueron evaluados en Guatemala. Los resultados mostraron aumentos significativos en la valoración de los pacientes y en las prácticas diagnósticas al igual que sobre el nivel de conocimientos.



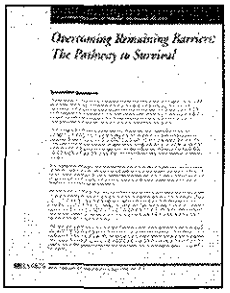
Integrated Health Facility Assessment Manual: Using Local Planning to Improve the Quality of Child Care at Health Facilities
John Murray and Serge Manoncourt. 1998. (156 pp)

Abstract: This manual outlines steps for planning and conducting an integrated health facility assessment at outpatient health facilities in developing countries. It is designed for primary health care programs that plan to integrate child health care services. The assessment collects information on case management of important causes of infant and childhood morbidity and mortality (acute lower respiratory tract infections, diarrhea, malaria, measles, and malnutrition) and on program elements required to allow integrated practice (health worker training, supervision, drug supply, availability of essential equipment, and health facility organization). As ministries of health and other groups develop integrated child health programs, they should consider implementation of the Integrated Management of Childhood Illness program developed by WHO and UNICEF in collaboration with other groups. This local-level planning tool for district-level health staff emphasizes immediate use of data for program decisions. Guidelines are presented on the analysis and use of data collected, including calculation of key indicators.



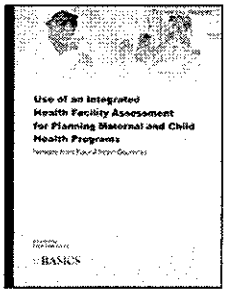
Mortality Survey in Bolivia: The Final Report
Ana Maria Aguilar, Ruth Alvarado, Dilberth Cordero, Patrick Kelly, Adalid Zamora, and René Salgado. 1998. (82 pages)

Abstract: BASICS-Bolivia and the MOH-Bolivia conducted a study of mortality in children under five years of age in El Alto, Bolivia, from December 1994 through August 1995. This technical report describes how an innovative technology was used to quantify problems in health care delivery. The study investigated the deaths of 320 children under five. The study's two main purposes were to (1) identify the causes of the death among these children and (2) determine the problems encountered by caretakers, including care seeking, home care, and medical attention. Study methods built on previous efforts with verbal autopsy protocols and adapted anthropological procedures to identify problems in care seeking and determine what went wrong when caretakers sought help for their sick children. To weigh problems in care seeking and care giving, the study used the Pathway to Survival. The protocols developed the Bolivian study were further refined into a generic manual that will be used in many parts of the world.



Overcoming Remaining Barriers: The Pathway to Survival
Ronald Waldman, Alfred V. Bartlett, Carlos C. Campbell, and Richard W. Steketee. 1996. (12 pages)

Abstract: The implementation of standard case management techniques to improve child survival has been hampered in part by the inadequate training of first-line health care workers in many developing countries. In addition, most sick children are cared for outside of health facilities, and consequently caretaker knowledge is critical for the successful resolution of child illness. The Pathway for Survival, developed by BASICS, the U.S. Centers for Disease Control and Prevention, and the U.S. Agency for International Development, is a conceptual framework based on two boundaries to integrated management: wellness/sickness and care inside the home/care outside the home. It is an approach that recognizes the critical importance of behavior change among both caretakers and providers to the effectiveness of child survival programs. Besides aiding in the formulation of more effective national health care programs and policies, the Pathway can be used for quantitative analysis of problems in such areas as home care, health care-seeking behavior, health care delivery, patient counseling, and caretaker compliance.



Use of an Integrated Health Facility Assessment for Planning Maternal and Child Health Programs: Results from Four African Countries
John Murray and Serge Manoncourt. 1998. (65 pages)

Abstract: The integrated health facility assessment and planning approach is designed for use by primary health care programs that are planning to integrate child health care services. The assessment collects information on the case management of all important causes of infant and childhood morbidity and mortality in developing countries and on the facility "supports" (drug supply, equipment, supervision, and training) that are required to allow integrated practice. This information is designed to help programs plan and prioritize the program elements that are essential for integration of child health services, including health worker training, health worker supervision, drug supply, availability of essential equipment, and health facility organization. This report summarizes the background, objectives, methods, and application of this method as a program planing tool.

■ *Documents Produced with our Partners*

The following documents are available from our publisher partner, or by downloading from the link provided.

Antibiotic Prophylaxis of Contacts of Diphtheria Cases. WHO/EURO; CDC; BASICS. November 1996. (7 pages + reprints)
Notes: Available in Russian and English from WHO/EURO, Copenhagen.
Link to the document (English version) at our partner's site:
http://whqlibdoc.who.int/euro/1994-97/EUR_ICP_CMDS_96_06_01_03.pdf

Drug Supply Management Training: Director's Guide. For the Training of Trainers, Drug Supply Workshop, Field Training. WHO. Division of Child Health and Development; BASICS. Geneva, Switzerland: WHO. 1998.

Drug Supply Management Training: Handbook. For Drug Supply Management at the First-Level Health Facility. WHO. Division of Child Health and Development; BASICS. Geneva, Switzerland: WHO. 1998.

Drug Supply Management Training: Participant's Manual. For the Drug Supply Workshop. WHO. Division of Child Health and Development; BASICS. Geneva, Switzerland: WHO. 1998.

Drug Supply Management Training: Trainer's Guide. For the Drug Supply Workshop and Field Training. WHO. Division of Child Health and Development; BASICS. Geneva, Switzerland: WHO. 1998.

Planning and Conducting Diphtheria Mass Immunization Campaigns. Drafted by WHO/EURO/CDC/USAID/BASICS. Copenhagen: WHO Regional Office for Europe. 1996. (35 pages)
Notes: Available in English and Russian from WHO/EURO, Copenhagen.
Link to the document at our partner's site:
http://whqlibdoc.who.int/euro/1994-97/EUR_ICP_CMDS_96_06_01.pdf
http://whqlibdoc.who.int/euro/1994-97/EUR_ICP_CMDS_96_06_01_rus.pdf

■ *Journal Articles*

The following articles are available from your online service or by visiting the BASICS II Information Center.

An Analysis of Home-Based Oral Rehydration Therapy in the Kingdom of Lesotho. Touchette, P.; Douglass, E.; Graeff, J. . . . [et al.] In *Social Science and Medicine*, vol. 39 no. 3, (1994): 425–432.
Link to the Medline abstract: http://igm.nlm.nih.gov/

Childhood Immunization Coverage in Zone 3 of Dhaka City, Bangladesh: The Challenge of Reaching Impoverished Households. Perry, H.; Weierbach, R; Hossain, I; Islam, R. In *Bulletin of the World Health Organization*, vol. 76 no. 6, (1998): 565–573.
Link to the Medline abstract: http://igm.nlm.nih.gov/

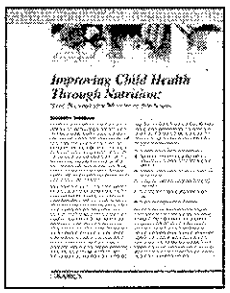
Commercial Sector Partnership for Malaria Control (Editorial) Macdonald, Michael B; McGuire, David J. In *Tropical Medicine and International Health*, vol. 4 no. 5, (May 1999): 319–321.

Epidemiology and Control of Diphtheria in the Republic of Moldova, 1946–1996. Mikhai Magdei; Anatoly Melnic; Oleg Benes; Victoria Bukova; Valeriu Chicu; Vassili Sohotski; Allan Bass. In *Journal of Infectious Diseases*. 181, Suppl 1, (February 2000): S47–54.
Link to the Medline abstract: http://igm.nlm.nih.gov/

Gastroenteritis. Northrup, R.S.; Flanigan, T.P. In *Pediatrics in Review*, vol. 15 no. 12, (December 1994): 461–472.

III. NUTRITION

■ *Download the Following Publications or Order from the Information Center*



Improving Child Health Through Nutrition: The Nutrition Minimum Package
Tina Sanghvi and John Murray. 1997. (20 pages)

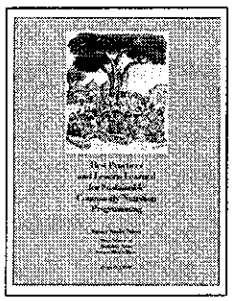
Abstract: Progress in making nutrition a routine component of primary health care programs has been slow. The prevention and management of malnutrition must begin in the home. Changing the behaviors of caretakers and families will be critical to reducing malnutrition and other childhood illnesses. The top six interventions have been called the Minimum Package of nutrition interventions and constitute the core nutrition interventions that should be considered for all primary health care programs. They are: promotion of exclusive breastfeeding for about six months; promotion of appropriate complementary feeding starting at about six months in addition to breastfeeding until 24 months; promotion of adequate vitamin A for infants and young children over six months; promotion of appropriate nutrition during and after illness; promotion of iron tablets for all pregnant women; and promotion of the regular use of iodized salt by all families. There is global consensus regarding the urgency of moving ahead with this Minimum Package of interventions. Programs need to adapt nutritional interventions to local circumstances and incorporate them into primary health care activities at the household, community, and health facility levels.

Améliorer la santé de l'enfant à travers la nutrition : le paquet minimum d'activites/nutrition
Tina Sanghvi et John Murray. 1997. (20 pp)

Résumé : Les progrès de l'intégration systématique de la nutrition dans les programmes de soins de santé primaires sont lents. L'amélioration des pratiques d'alimentation des enfants et la prévention de la malnutrition doivent commencer au foyer. Il est primordial de modifier le comportement des gardiens d'enfants et des familles si l'on veut réduire la malnutrition et autres maladies. Les établissements de santé et les agents de santé peuvent jouer un rôle de soutien important.

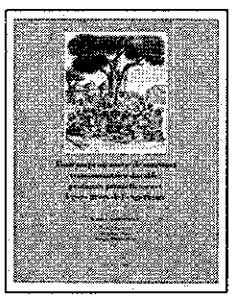
Les interventions qui visent les six comportements-clés ont été regroupées en une initiative appelée « Paquet minimum d'activités/nutrition » et doivent être mises en œuvre dans le cadre de tous les programmes de soins de santé primaires. Les mesures ont pour but d'obtenir les comportements suivants à propos de la santé et de la nutrition : allaitement maternel exclusif pendant 6 mois environ ; alimentation appropriée en plus de l'allaitement

maternel, à partir d'environ 6 mois et jusqu'à 24 mois ; consommation adéquate de vitamine A par les femmes, les nourrissons et les jeunes enfants ; prise en charge appropriée de la nutrition pendant et après une maladie ; consommation de comprimés de sulphate de fer/acide folique par toutes les femmes enceintes ; et consommation régulière de sel iodé dans toutes les familles. Le caractère urgent de la mise en œuvre du paquet minimum d'activités/nutrition de base est reconnu. Les programmes doivent adapter les interventions aux conditions locales et les incorporer aux activités de soins de santé primaires au niveau du ménage, de la communauté et des établissements de santé.



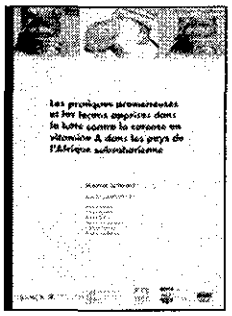
Best Practices and Lessons Learned for Sustainable Community Nutrition Programming
Kinday Samba Ndure with Maty Ndiaye Sy, Micheline Ntiru, and Serigne Mbaye Diène. 1999.

Abstract: In Africa, malnutrition continues to kill millions of children, act as a catalyst to various childhood diseases, exacerbate rates of illiteracy and unemployment and impede overall socio-economic progress. One approach to addressing malnutrition has been to establish Community Nutrition Programs (CNPs). Although specific interventions have varied, these CNPs have had similar objectives, namely, to implement effective, sustainable approaches to combating malnutrition. A review of successful interventions has identified key lessons learned in community nutrition programming. Successful programs encourage the full participation and cooperation of the entire community, rely heavily on local resources, involve multiple sectors and engage strong political commitment. Building on lessons learned and promising practices from successful interventions, this document outlines a practical five-step approach to establishing community nutrition: 1) identifying key partners, 2) understanding the nutrition situation, 3) designing an effective approach, 4) developing the institutional framework, and 5) designing the action plan. Pertinent country examples illustrate effective approaches used for community nutrition programming in Africa.



Pour un programme de nutrition communautaire durable : pratiques prometteuses et leçons tirées de l'expérience
Kinday Samba Ndure with Maty Ndiaye Sy, Micheline Ntiru, and Serigne Mbaye Diène. 1999.

Résumé : En Afrique, la malnutrition continue d'être l'une des premières causes de mortalité des enfants en même temps qu'un catalyseur pour diverses maladies infantiles. Elle survient également dans un environnement marqué, en general, par l'analphabétisme, le chômage et la pauvreté. La creation de programmes de nutrition communautaire (PNC) est l'une des approches permettant d'aborder la malnutrition. Bien qu'ils soient différents dans leurs interventions spécifiques, ces PNC ont des objectifs similaires, à savoir, mettre en oeuvre des approches efficaces et durables pour combattre la malnutrition. Un examen des interventions efficaces a identifié des leçons et des pratiques prometteuses pour la mise en oeuvre des PNC. En bref, ces programmes engagent la participation et la cooperation active de la communauté globale, se basent pour la plupart sur des ressources localement disponibles, travaillent avec des divers secteurs, et encouragent l'engagement sérieux du secteur politique.Se basant sur des leçons tirées de l'expérience et des pratiques prometteuses, ce document propose une approche pratique, en cinq étapes, pour établir des programmes de nutrition communautaire : 1) identifier les partenaires-clés, 2) comprendre la situation nutritionelle, 3) choisir l'approche la plus appropriée, 4) développer le cadre institutionnel, et 5) concevoir un plan d'action. Des examples pertinents pris dans des pays renforcent les approches efficaces des programmes de nutrition communautaire en Afrique.



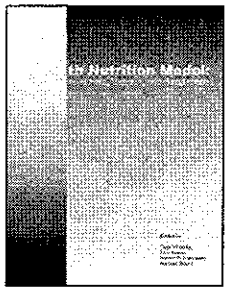
Les pratiques prometteuses et les leçons apprises dans la lutte contre la carence en vitamine A dans les pays de l'Afrique subsaharienne
Mohamed Ag Bendech avec Alfred Acakpo, Victor Aguayo, Shawn Baker, Serigne Mbaye Diene, Lorraine Lathen, André Ouédraogo. 2000.

Résumé : Plus de 250 millions d'enfants âgés de moins de 5 ans dans le monde sont exposés au risque de carence en vitamine A. En Afrique occidentale francophone seulement, il est estimé que la carence en vitamine A contribue à 57.000 décès chez les enfants de six à 59 mois. La découverte de la vitamine A comme moyen d'amélioration de la survie de l'enfant et de la santé de la mère a suscité dans le monde un regain d'intérêt pour l'actualisation des connaissances, mais aussi pour la mise en oeuvre et l'évaluation de stratégies préventives. Les trois stratégies préventives décrites et analysées (supplémentation, approche alimentaire et mesures de santé publique) sont illustrées par dix études de cas réels dont certaines sont des pratiques prometteuses et d'autres, récemment mises en oeuvre, peuvent potentiellement le devenir ces activités diverses comprennent : la distribution de la vitamine A dans des campagnes d'immunization et de micronutriments ; l'enrichissement en micronutriments des aliments ; la promotion de l'allaitement maternel et des aliments riches en vitamine A ; les programmes de santé scolaire, la formation en nutrition des agents de développement, et l'adaptation d'un paquet minimum d'activité pour la nutrition. L'analyse de ces expériences confirme la nécessité de combiner plusieurs stratégies, en recherchant leur complémentarité, pour combattre efficacement la carence en vitamine A. La lutte contre cette carence doit être une composante intégrée d'un plan.

Mejoramiento de la salud infantil a través de la nutrición : El Paquete Mínimo de nutrición
Tina Sanghvi, John Murray. 1997. (20 pp)

Resumen: Al tratar de hacer de la nutrición un elemento rutinario de los programas primarios de atención a la salud se ha progresado lentamente. El mejoramiento de las costumbres alimentarias y la prevención de la desnutrición deben comenzar en el hogar. La modificación del comportamiento de las personas que cuidan a los niños y de las familias es un elemento crítico para poder reducir la desnutrición y otras enfermedades infantiles. Las instalaciones y servicios de salud y los trabajadores de salud pueden jugar un importante papel de apoyo.

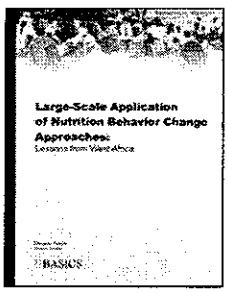
Las intervenciones que se orientan hacia los seis comportamientos alimentarios de mayor importancia se han llamado el Paquete Mínimo de intervenciones de nutrición, y éstas deben ser implantadas por todos los programas de atención primaria a la salud. Las intervenciones del Paquete Mínimo intentan lograr que se practiquen estos comportamientos de salud y nutrición: amamantamiento exclusivo durante unos 6 meses; además del amamantamiento hasta los 24 meses, alimentación complementaria apropiada comenzando alrededor de los 6 meses; ingestión adecuada de vitamina A por mujeres, lactantes y niños pequeños; manejo apropiado de la nutrición durante una enfermedad y después; ingestión de tabletas de hierro/folato por todas las mujeres embarazadas; y uso regular de sales yodadas por todas las familias. Hay acuerdo general en cuanto a la urgencia de avanzar el Paquete Mínimo. Los programas necesitan adaptar las intervenciones alimentarias a las circunstancias locales e incorporarlas a las actividades de atención primaria a la salud en el hogar, la comunidad y en instalaciones y servicios de salud.



Hearth Nutrition Model: Applications in Haiti, Vietnam, and Bangladesh
Olga Wollinka, Erin Keeley, Barton R. Burkhalter, and Naheed Bashir, eds. 1997. (111 pages)

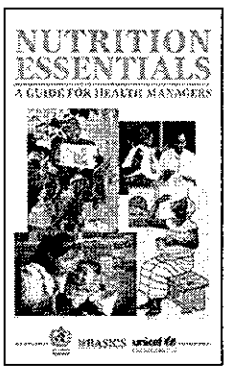
Abstract: The Hearth nutrition model was introduced in Haiti, Vietnam, and Bangladesh in the early 1990s. The model has evolved from earlier community-based approaches to alleviating childhood malnutrition. Its focus is on energizing volunteer mothers to rehabilitate malnourished children using local, affordable, nutritious "positive-deviant" foods for two weeks in the context of a growth monitoring and counseling program. The visible change in children is a powerful motivator for mothers to continue good feeding behaviors acquired through adult learning practices (self-discovery, learning by doing) in the Hearth feeding sessions. Hearth programs are meant to be supported by other programs such as deworming, growth monitoring, income generation, and micronutrient supplementation.

Results in Haiti indicate that while the short-term rehabilitation of severely and moderately malnourished under-fives is highly motivating to mothers, the most important long-term impact of the program appears to be the prevention of nutritional deterioration in mildly malnourished children. In Vietnam the program has improved weight-for-age among participating under-threes by 0.36 Z-scores on average, and eradicated 82 percent of severe and very severe malnutrition in that group. Further studies are needed to ascertain whether the program can be replicated in less organized and literate settings. Three-month data from Bangladesh show that the program may have helped to reduce overall malnutrition in the project area from 37.6 to 33.4 percent.



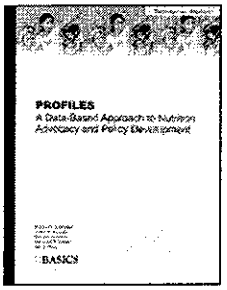
Large-Scale Application of Nutrition Behavior Change Approaches: Lessons from West Africa
Margaret Parlato and Renata Seidel, eds. 1998. (43 pages)

Abstract: Even in impoverished communities, comprehensive, long-term communication interventions can produce significant improvements in a broad range of household-based nutrition behaviors. Between 1987 and 1995, large-scale nutrition studies were conducted in three West African countries: Burkina Faso, Mali, and Niger. The program activities, involving 2.5 million people, targeted nutrition behaviors that are proven to reduce infant and child morbidity and mortality and are now part of the BASICS nutrition Minimum Package. The Burkina Faso and Mali programs concentrated on techniques to improve maternal nutrition and infant feeding practices. As part of the Mali program, a separate study analyzed the cost of using a behavior change program to prevent malnutrition. The Niger program investigated communications strategies to increase the production and consumption of vitamin A–rich foods.



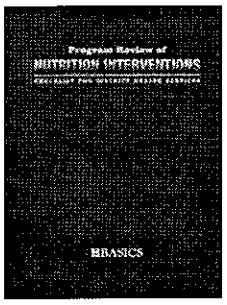
Nutrition Essentials: A Guide for Program Managers
A joint USAID-UNICEF-WHO publication. Tina Sanghvi, ed. 1999. (250 pages)

Abstract: This comprehensive guide has been developed to help program managers integrate nutrition with other health services and to strengthen nutrition in ongoing primary health care programs. The guide can be used to look up current protocols and guidelines; learn the technical reasoning behind a decision to focus on certain nutrition behaviors; find checklists or ideas for checklists that can be adapted locally for program planning and evaluation; research new ideas about how to solve common problems; serve as a training aid for designing a curriculum or making overheads and handouts. Health managers who work at the district level may particularly benefit from this resource. Major topics covered include: (1) priority nutrition interventions; (2) planning nutrition interventions in the district; (3) technical guidelines for integrating nutrition in health services; (4) forming community partnerships; (5) communications activities for improving nutrition; (6) supporting nutrition interventions; and (7) nutrition protocols.



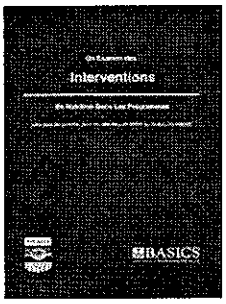
PROFILES: A Data-Based Approach to Nutrition Advocacy and Policy Development
Bart R. Burkhalter, Victor M. Aguayo, Serigne M. Diene, Margaret B. Parlato, and Jay S. Ross. 1998. (44 pages)

Abstract: The PROFILES nutrition advocacy and policy development process uses current scientific knowledge to estimate the cost and effectiveness of proposed nutrition interventions. PROFILES estimates the impact on developmental indicators such as mortality, morbidity, school performance, and labor productivity, using epidemiological and demographic models. Results are presented to decision makers through computer graphics. The program, with funding from major international donors, has been successfully applied in more than a dozen developing countries. This report relates the models, the applications and their results, and lessons learned.

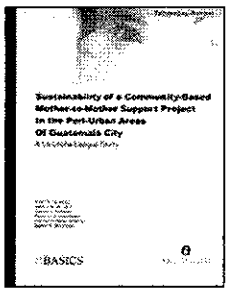


Program Review of Nutrition Interventions: Checklist for District Health Services
Tina Sanghvi, Serigne Diene, John Murray, Rae Galloway. 1999. (41 pages)

Abstract: This checklist for nutrition can be a valuable planning tool for health managers and other public health practitioners who are interested in strengthening nutrition activities. The lists and job aids will help managers assess gaps in their programs' nutrition activities and focus their resources on priority needs. Major sections focus on determining the nature of the problem; nutrition activities in health facilities; status of nutrition activities in communities; nutrition in district health services; and using information for planning. Four annexes include practical job aids for practitioners to use when they treat clients.

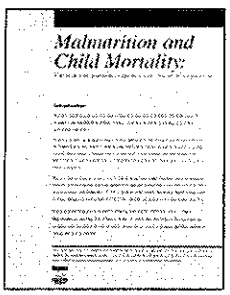


Un Examen des interventions en nutrition dans les programmes : Une liste de contrôle pour les services de santé au niveau du district
Tina Sanghvi, Serigne Diene, John Murray, Rae Galloway. 1999. (41 pp)



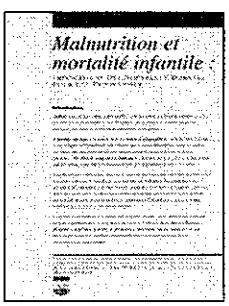
Sustainability of a Community-Based Mother-to-Mother Support Project in the Peri-Urban Areas of Guatemala City: A La Leche League Study
Irma Ch. de Maza, Maritza M. de Oliva, Sandra L. Huffman, Rebecca S. Magalhaes, Maryanne Stone-Jimenez, and Barton R. Burkhalter. 1997. (54 pages)

Abstract: This study of La Leche League community-based mother-to-mother support project for breastfeeding promotion and support in the peri-urban areas of Guatemala City posed three questions: (1) In what sense has the program been sustained during the post-grant period (1993–96)? (2) What factors have contributed to its sustainability? and (3) Can La Leche League International establish norms to ensure sustainability of its programs? The data show that the project has been sustained at nearly the same level as during the grant period. Although fewer trained breastfeeding counselors are reporting to LLLG or running support groups, they continue to give individual counseling and refer mothers and children to clinics. Key factors in this success are high personal motivation of project participants and the six-level support structure that provides motivation across the levels. Decision making at the community level and monthly and annual workshops and refresher training are also critical. Other key observations are: (1) Physical and economic survival—not health—constitute the prominent perceived needs by community women; (2) Coordination with the local health system is valuable and needs further development.



Malnutrition and Child Mortality: Program Implications of New Evidence
BASICS Project, the Nutrition Communication Project, and the Health and Human Resources Analysis for Africa Project. 1995. (8 pages)

Abstract: Nutrition interventions generally target severely malnourished children. The high costs for treatment and rehabilitation of these children leave few resources to address less severe malnutrition problems. A recent analysis of 28 epidemiologic studies indicates that mild and moderate malnutrition pose far greater risks to child mortality than previously documented. These findings strongly suggest that interventions to prevent malnutrition in children will increase the overall effectiveness of child survival programs. The major findings are followed by a brief discussion of their implications for child survival programs. Based on several decades of experience in nutrition programming, recommendations are made for specific activities to promote optimum growth among infants and young children.



Malnutrition et mortalité infantile : Implications des nouvelles données pour les programmes
Le Projet de soutien de base pour institutionnaliser la survie de l'enfant (BASICS), le Projet de communication en matière de nutrition et le Analyse des Resources Sanitaires et Humaines pour L'Afrique (HHRAA/SARA). 1995. (8 pp)

■ *Journal Articles*

The following articles are available from your online service or by visiting the BASICS II Information Center.

Breastfeeding Promotion and Priority Setting in Health. Horton, S.; Sanghvi, T.; Phillips, M. ... [et al.] In *Health Policy and Planning*, vol. 11 no. 2, (1996): 156–168.
Link to the Medline abstract: http://igm.nlm.nih.gov/

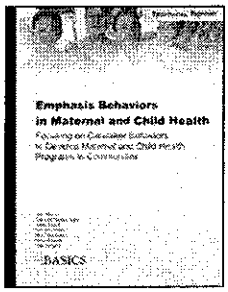
IV. PERI/NEONATAL

This is a new area of technical emphasis under BASICS II. Publications are forthcoming.

V. CROSS-CUTTING TECHNICAL AREAS

■ *Download the Following Publications or Order from the Information Center*

BEHAVIOR CHANGE

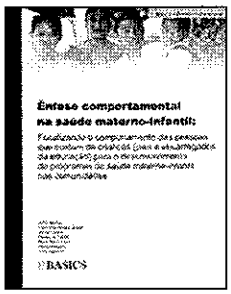


Emphasis Behaviors in Maternal and Child Health: Focusing on Caretaker Behaviors to Develop Maternal and Child Health Programs in Communities
John Murray, Gabriella Newes Adeyi, Judith Graeff, Rebecca Fields, Mark Rasmuson, René Salgado, and Tina Sanghvi. 1997. (38 pages)

Abstract: A multidisciplinary team of medical and behavioral specialists developed a list of 16 emphasis behaviors that, if practiced by caretakers, could improve maternal and child health in communities. Criteria for identifying the emphasis behaviors included impact on multiple disease areas, demonstrated relationship with mortality and morbidity, impact on the most important public health problems in developing countries, measurability, feasibility, and cost effectiveness. The emphasis behaviors fall under five categories: (1) reproductive health practices, (2) infant and child feeding practices, (3) immunization practices, (4) home health practices, and (5) care-seeking practices. It is suggested that health managers choose which emphasis behaviors to focus on in their programs by reviewing existing community-based data. Following this selection process, they can develop and implement strategies appropriate for the local context, as well as monitor and evaluate results.

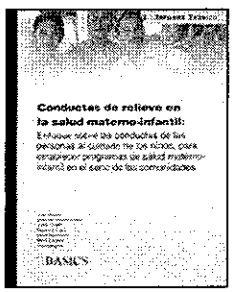
Comportements-clés en santé maternelle et infantile : Importance des comportements des gardiens d'enfants pour l'élaboration de programmes communautaires de santé maternelle et infantile
John Murray, Gabriella Newes Adeyi, Judith Graeff, Rebecca Fields, Mark Rasmuson, René Salgado, Tina Sanghvi. 1997. (38 pp)

Résumé : Une équipe pluridisciplinaire de spécialistes de la médecine et du comportement a mis au point une liste de seize comportements-clés qui, s'ils sont appliqués par les gardiens des enfants, pourraient améliorer la santé maternelle et infantile dans les communautés. Les critères pour le choix de ces comportements ont été notamment leur impact sur les maladies multiples, l'existence d'un lien prouvé avec la mortalité et le morbidité, l'impact sur les problèmes les plus importants de santé publique dans les pays en développement, la possibilité de les mesurer, leur faisabilité et leur coût-efficacité. Les comportements-clés se divisent en cinq catégories : (1) les pratiques de santé de la reproduction ; 2) les pratiques d'alimentation du nourrisson et de l'enfant ; 3) les pratiques de vaccination ; 4) les pratiques de santé à la maison ; et 5) les pratiques pour l'obtention de soins. Il est suggéré que les responsables sanitaires choisissent des comportements-clés sur lesquels ils pourraient axer leurs programmes en passant en revue les données existantes à l'échelon de la communauté. A l'issue de ce processus de sélection, ils peuvent définir et appliquer des stratégies adaptées au contexte local, et ils peuvent suivre et évaluer les résultats.



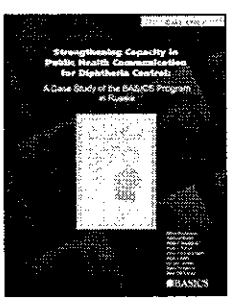
Ênfase comportamental na saúde materno-infantil: focalizando o comportamento das pessoas que cuidam de crianças (pais e encarregados da educação) para o desenvolvimento de programas de saúde materno-infantil nas comunidades
John Murray, Gabriella Newes Adeyi, Judith Graeff, Rebecca Fields, Mark Rasmuson, René Salgado, Tina Sanghvi. 1997. (38 pp)

Resumo: Uma equipa muldisciplinar de especialistas médicos e em ciências do comportamento elaborou uma lista de 16 comportamentos enfáticos que, se aplicada pelos auxiliares de saúdes, poderia melhorar a saúde materno-infantil nas comunidades. Entre os critérios para identificar os comportamentos enfáticos figuram o seu impacto sobre várias áreas de doenças, relação comprovada entre mortalidade e morbidade, impacto sobre os problemas de saúde pública mais importantes nos países em desenvolvimento, mensuração, viabilidade e eficiência de custo. Os comportamentos principais enquadram-se em cinco categorias: 1. práticas de saúde reprodutiva; 2. práticas de alimentação pueril e infantil; práticas de imunização; 4. Práticas de saúde domiciliares; e 5. práticas de busca de cuidados da saúde. Sugeriu-se que os gestores da saúde escolhessem os comportamentos enfáticos a serem focalizados nos seus programas fazendo uma revisão de dados comunitários existentes. Após esse processo de selecção, poderão formular e implementar estratégias apropriadas à situação local, bem como acompanhar e avaliar os resultados.



Conductas de relieve en la salud materno-infantil: Enfoque sobre las conductas de las personas al cuidado de los niños, para establecer programas de salud materno-infantil en el seno de las comunidades
John Murray, Gabriella Newes Adeyi, Judith Graeff, Rebecca Fields, Mark Rasmuson, René Salgado, Tina Sanghvi. 1997. (38 pp)

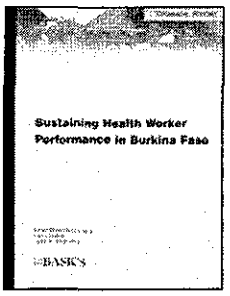
Resumen: Un equipo multidisciplinario de especialistas en medicina y comportamientos elaboró una lista de dieciséis conductas de relieve, las cuales elevarán la salud materno-infantil en el seno de las comunidades, si se consigue que sean practicadas por las personas al cuidado de los niños. Entre los criterios utilizados al seleccionar estas conductas de relieve se encontraron sus efectos en una variedad de trastornos de salud, la relación entre la mortalidad y la morbilidad, y los más importantes problemas de salud pública en los países en desarrollo, aparte del hecho de que son conductas mensurables, viables y efectivas en función de costo. Dichas conductas de relieve se enmarcan en cinco categorías: (1) conductas que afectan la salud del sistema reproducido, (2) conductas relativas a la alimentación de lactantes y niños, (3) hábitos de vacunación, (4) atención salud en el hogar, y (5) lo que se hace para buscar asistencia a la salud fuera del hogar. Los directores de programas de salud deben revisar los datos disponibles sobre la comunidad donde actúan, antes de elegir en qué conductas de relieve se concentrarán sus programas. Una vez realizado este proceso de selección, estarán listos para diseñar y aplicar las estrategias apropiadas al contexto local, así como observar y evaluar los resultados.



Strengthening Capacity in Public Health Communication for Diphtheria Control: A Case Study of the BASICS Program in Russia
Mark Rasmuson, Naheed Bashir, Robert Steinglass, Robert Porter, Alexandra Murdoch, Nancy Keith, Lyndon Brown, Raisa Scriabine, and Paul Olkhovsky. 1998. (68 pages)

Abstract: BASICS I carried out an 18-month program in Russia in collaboration with the Ministry of Health, U.S. Centers for Disease Control and Prevention, United Nations Children's Fund, and the World Health Organization, with the primary objective of strengthening the Russian health sector's capacity in public health communications. Focusing on Russia's ongoing diphtheria control and other immunization efforts, BASICS I introduced the Russians to consumer-oriented information, education, and communication (IEC) methodologies as a democratic alternative to the old command-based health system. BASICS I technical staff also collaborated

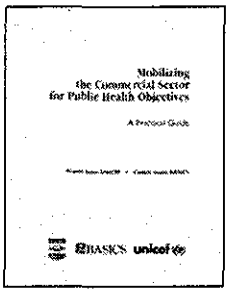
with Russian specialists to provide practical training for health officials in designing, implementing, and evaluating audience-centered formative research in three *oblasts* (regions). Data from the research were used to design and implement communication campaigns for diphtheria control and immunization in the *oblasts*. Finally, BASICS conducted an evaluation to assess program impact. The project also organized a seminar on Balancing Science and Practice to influence physician practice, teaching, and policy relating to immunization.



Sustaining Health Worker Performance in Burkina Faso
Karabi Bhattacharyya, Lonna Shafritz, and Judith A. Graeff. 1997. (45 pages)

Abstract: The Measles Initiative (MI) was launched in Burkina Faso by USAID as part of the World Summit for Children's goal of a 90 percent reduction in measles incidence and 95 percent reduction in measles mortality worldwide by 1995. Health in Burkina Faso was generally poor at the start of the project, including an under-five mortality rate of 228 per 1,000 population. The MI focused on two provinces that had especially low coverage rates. The initiative had three objectives: (1) dissemination of information about immunization; (2) increased access to vaccination services; and (3) improvement of health worker performance. Activities included training in interpersonal communication, performance review and feedback, radio programs and songs, and development of print materials. The report concludes with a list of recommendations for further enhancement of health worker performance.

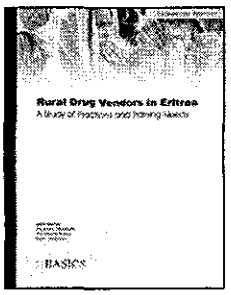
WORKING WITH THE PRIVATE SECTOR



Mobilizing the Commercial Sector for Public Health Objectives: A Practical Guide
Sharon Slater and Camille Saadé. 1996. (89 pages)

Abstract: Public health budgets are shrinking worldwide as populations swell. Governments are realizing they cannot fully meet the health needs of their people by relying only on public resources. One way to meet this challenge is through collaboration between the public health sector and commercial producers and distributors of health-related projects. Mobilizing the commercial sector involves motivating commercial partners to take responsibility for sustainable production, distribution, and promotion of public health-recommended products. USAID's goal is to provide initial support to launch such commercial ventures. This guide provides the map and tools needed to develop alliances between public and private health sectors.

Written for health professionals worldwide, the guide describes how to conduct an initial exploration of a public/private partnership in a given commercial and health environment. It enumerates ways to establish the partnership and identifies roles and responsibilities of each partner. The guide details the activities the partnership should plan in order to achieve the public health objectives it sets.

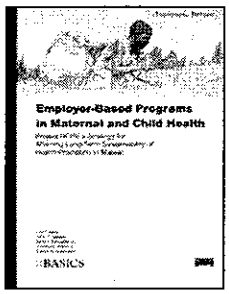


Rural Drug Vendors in Eritrea: A Study of Practices and Training Needs
John Murray, Asgedom Mosazghi, Bernado Kifleyesus, and Nosa Orobaton. 1998. (34 pages)

Abstract: Rural drug vendors (RDV) have an important and ever-increasing role as providers of medications and medical services in many developing countries. This is true in Eritrea, a small country in East Africa where only an estimated 50 percent of the population has access to primary health care services. From January 21–26, 1998, researchers in Eritrea used the *simulated client method* to study the knowledge and practices of RDVs: how they dispense drugs and how they manage simple childhood illnesses. Using standard instruments, volunteers (simulated clients) posed as real

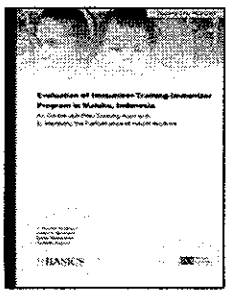
clients and presented standard clinical cases to RDVs. After each visit, a survey team debriefed the volunteer. The team then interviewed the same RDV and asked standard questions about his or her knowledge and training needs. Analysis of the data identified a number of common problems among these providers: frequent misuse of antibiotics; knowledge of treatment options but lack of consistent appropriate practices; inadequate dosing and labeling instructions to clients; and insufficient health education for clients. Using the collected information, researchers made practical recommendations for improving the practices of RDVs, including simple methods and tools (e.g., field-tested questionnaires) to aid and support the RDVs and other primary health programs. The data will also be used to develop additional strategies.

PRIVATE VOLUNTARY ORGANIZATIONS



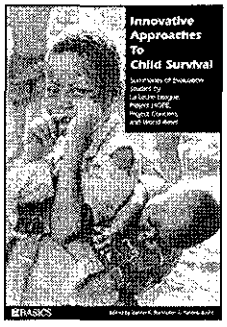
Employer-Based Programs in Maternal and Child Health: Project HOPE's Strategy for Attaining Long-Term Sustainability of Health Promotion in Malawi
Ciro Franco John C. Quinley, Bettina Schwethelm, Timothy E. Kachule, and Barton R. Burkhalter. 1997. (42 pages)

Abstract: In 1990–91, 39 tea estates in one district of Malawi expanded existing clinical services to include preventive health care for workers and dependents under a USAID child survival grant to Project HOPE. Project HOPE trained and supervised an employer-paid primary health care worker in each estate. At the conclusion of the grant, all of the participating estates agreed to continue the program with their own funds. Nineteen estates in a neighboring district joined the program. A 1996 study conducted by Project HOPE measured the extent of the improvements in health practices and conditions and ascertained the reasons for the estates' decisions to join the program initially and then to continue it with their own money. The results showed improvements in the availability of specialized clinics, quality of housing and sanitation, appropriate breastfeeding and family planning practices, and in some indicators of knowledge. The estate managers decided join the program because of the potential benefit to their workers and dependents—at minimal cost and disruption to the estates—and their trust in the professional expertise of Project HOPE.



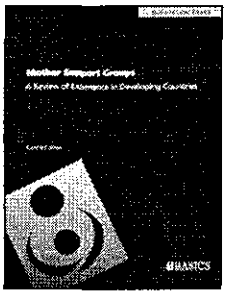
Evaluation of Immunizer-Training-Immunizer Program in Maluku, Indonesia: An On-the-Job Peer Training Approach to Improving the Performance of Health Workers
Stephen J. Robinson, Barton R. Burkhalter, Barbie Rasmussen, and Ristianto Sugiono. 1998. (36 pages)

Abstract: The provincial Ministry of Health in Maluku, Indonesia, and Project Concern International undertook activities to improve the local immunization program through field surveys, a computerized information system, and peer-to-peer training. Well-performing immunizers gave on-the-job training to poorly performing immunizers in 15 selected health centers in 1993–94. The evaluation compared changes in key performance indicators (in the year before and the year after the training) between a program group and a non-program group. DPTI, polio3, and measles coverage increased 40 percent among the program group in the year after the training, while remaining constant in the non-program group ($p<.001$). The result reflects increases in both actual doses and reporting accuracy. Management surveys before and after the training found improvements in the quality of immunization practices and use of new strategies to increase coverage. The out-of-pocket cost was about U.S. $53 per trainee, excluding salaries of trainers and trainees; $0.05 per additional vaccination given; and roughly $0.50 marginal cost per additional fully immunized child.



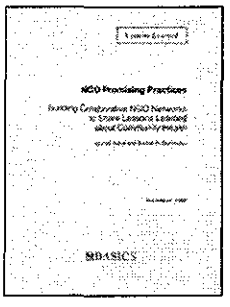
Innovative Approaches to Child Survival: Summaries of Evaluation Studies by La Leche League, Project HOPE, Project Concern, and World Relief
Barton R. Burkhalter and Naheed Bashir, eds. 1998. (39 pages)

Abstract: Private voluntary organizations (PVOs) have played a key role in the international child survival movement since its inception, working in remote and impoverished communities to bring about real change. The BASICS project helped four PVOs identify, evaluate, and document some of their most innovative approaches. Included here are summary evaluations of La Leche League's mother-to-mother support project to promote breastfeeding and nurture of young children in Guatemala City; Project HOPE's collaborative effort with corporations employing agricultural workers to extend primary health care to them and their families in Malawi; the highly effective, low-cost peer-to-peer training program for immunizers conducted by Project Concern in Indonesia; and the World Relief Corporation's highly motivated and well-trained network of community women volunteers who help link rural households in Haiti to a district hospital through a community nutrition program.



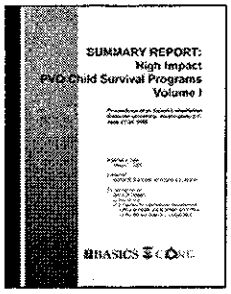
Mother Support Groups: A Review of Experience in Developing Countries
Cynthia P. Green. 1998. (47 pages)

Abstract: This report reviews experience with mother support groups organized around eight different themes: micro-enterprise, breastfeeding, mothers' clubs, literacy, day care, water and sanitation, forestry cooperative, and social and political interests. The report examines the feasibility and effectiveness of using mother support groups to improve the health care seeking behavior of mothers in developing countries, with the intent of using this information to incorporate mother support groups into child survival programs. The author reports on in-depth interviews with numerous practitioners involved in mother support groups and extensively reviews published and unpublished documents on the subject.



NGO Promising Practices: Building Collaborative NGO Networks to Share Lessons Learned about Community Health
Judi Aubel and Barton R. Burkhalter. 1998. (30 pages)

Abstract: BASICS conducted two "Promising Practices" workshops for nongovernmental organizations (NGOs) in Burkina Faso and Senegal during 1997 aimed at improving child survival and community health programs. The NGOs presented and discussed their own promising practices. A nine-month follow-up assessment concluded that this activity had succeeded in providing the participating NGOs with practical ideas to strengthen their own programs and stimulated a process of active collaboration among the participating NGOs and their national and district Ministries of Health. This approach may be an effective and low-cost method for building sustainable networks of NGOs focused on child survival and community health in developing countries. The report provides information on the workshop methodology, the promising practices presented, and the specific actions taken by the NGOs as a result of the workshop program.



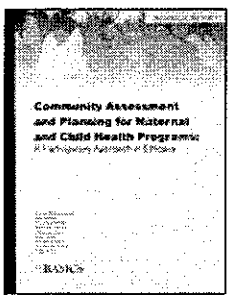
Summary Report: High Impact PVO Child Survival Programs Volume I, Proceedings of an Expert Consultation
Barton R. Burkhalter and Cynthia P. Green, eds. 1999. (57 pages)

Abstract: The Expert Consultation on High Impact PVO Child Survival Programs sought to identify the elements of successful child survival projects operated by U.S. PVOs and other NGOs worldwide and to recommend to the child survival community how those lessons could be used in the design and implementation of child survival activities in the future. Twenty-four papers were selected following a worldwide call for abstracts. The papers addressed the effectiveness, sustainability, and spread of PVO child survival programs that used different strategies—including integration of services, partnering with government, participatory community strategies, operations research, management by information, and perinatal focus. This volume presents the complete list of conclusions and recommendations emanating from the meeting, as well as other information in summary form.

Presented Papers: High Impact PVO Child Survival Programs Volume 2, Proceedings of an Expert Consultation
Barton R. Burkhalter and Victoria L. Graham, eds. 1999. (257 pages)

Abstract: This volume includes the complete text of the 24 papers presented at the meeting described in the previous publication.

COMMUNITY-BASED APPROACHES



Community Assessment and Planning for Maternal and Child Health Programs: A Participatory Approach in Ethiopia
Karabi Bhattacharyya, John Murray, Wondimu Amdie, Mengistu Asnake, Mulugeta Betre, Paul Freund, Tekleab Kedamo, Workenesh Kereta, and Peter Winch. 1998. (35 pages)

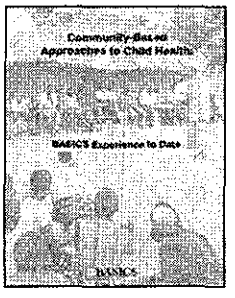
Abstract: A team of Ministry of Health staff of the Southern Nations and Nationalities People's Region of Ethiopia were trained in community assessment and planning through field work in five communities of the region. The activity used participatory and quantitative methods to enable health staff and the communities to jointly identify and prioritize health problems and develop a plan to solve them.

The planning process was conducted in four phases: (1) identifying partners and building partnerships, (2) selecting emphasis behaviors, (3) exploring reasons for current behaviors, and (4) developing intervention strategies. Concrete community action plans resulted, calling for improved quality and availability of health services, training of health workers, community organization and participation, and health education. At the end of the activity, most Ministry of Health teams felt they could conduct the procedures learned with little further training or assistance.

Community Partners for Health: Working Together to Promote Child Survival
BASICS. 1999. (28 pages)

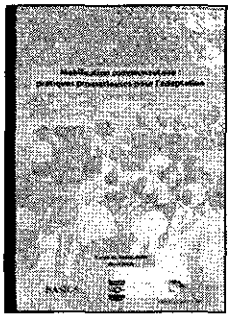
Abstract: While BASICS work in Nigeria was being planned, political upheaval caused the U.S. to press sanctions forbidding work with the Nigerian government. To address rapidly declining immunization rates within this context, BASICS looked toward strengths in the private sector. The project designed an Urban Private Sector Inventory (UPSI) tool to identify and assess the private health sector and community-based organizations in urban Lagos. The tool provided a detailed mapping and accounting of the private sector in Lagos' sprawling low income neighborhoods. From UPSI results, community-based organizations and modern private health clinics that met established criteria formed six community partners for health (CPHs). The CPHs offer an innovative community approach to addressing child health issues using existing community resources and locally-based decision making complemented with outside technical assistance to improve child health. Diverse community groups have successfully partnered with neighboring private health facilities to carry out a wide range of child survival activities that also improve the members' organizational, management, and governance skills.

A video of this program, ***Urban Neighborhoods Put Children First,*** is also available. 1999. (22 minutes)



Community-Based Approaches to Child Health: BASICS Experience to Date
Mark Rasmuson, Naheed Bashir, and Nancy Keith, eds. 1998. (67 pages)

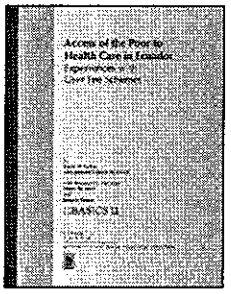
Abstract: The BASICS Project held a workshop at its headquarters to review and analyze community-based approaches being implemented in its country programs and to attempt to develop a framework for BASICS' future role in this area. Programs in Madagascar, Nigeria, Zambia, Honduras, Ethiopia, Bolivia, Bangladesh, and India were represented. Coordination and partnerships at national, district, and community levels among ministries of health and other relevant ministries, NGOs/PVOs, donors, private/commercial sector, and media are keys to planning successful community-based programs. Research and technical analysis, as the foundation for matching program interventions to local capacity and resources, are crucial to success as well. Community participation in needs assessment and planning and implementation processes can generate self-reliance and a sense of ownership in the community, and also ensure that programs are effective, replicable, and sustainable in the long term and can be scaled up to achieve greater impact on child survival at the community level, where it counts.



Mobilisation communautaire : pratiques prometteuses pour l'adaptation
Karen M. Ryder. 2000

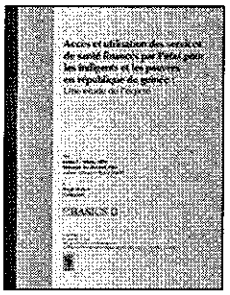
Résumé : Le Projet Santé Familiale et Prévention du SIDA de JHU/CCP et leSystème d'Appui aux Réseaux de Santé en Afrique occidentale et centrale du projet BASICS ont collaboré à un projet de recherche avec des organizations non-gouvernementales (ONGs) en Afrique occidentale et centrale. L'objectif de la recherche était d'identifier des stratégies de mobilisation communautaire prometteuses, innovatrices, et potentiellement reproductibles dans la région. Six études des cas demontrent la diversité d'approches employées par les ONGs enquêtées : des comités de gestion sanitaire chargés de la gestion des dispensaires villageois et des dépôts de produits pharmaceutiques, des associations communautaires d'éducation sanitaire, des associations villageoises de jeunes, des animateurs en matière de prévention du SIDA, des prostituées comme paire-éducatrices au sein des communautés migrantes, et l'approche communautaire en matière de planning familial pour les femmes et les jeunes. L'analyse de chaque étude de cas considère les points d'intervention au sein de la communauté, la nature participative de la stratégie, les bénéficiaires, la formation des agents de santé communautaires, et la possibilité d'adaptation. En plus, les points forts et les faiblesses, ainsi que les aspects à améliorer sont identifiés par les ONG.

EQUITY OF ACCESS TO HEALTH CARE

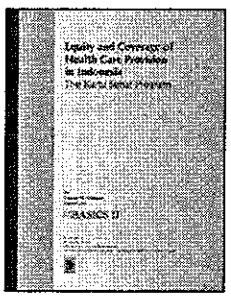


Access of the Poor to Health Care in Ecuador: Experiences with User Fee Schemes
David H. Collins, Joaquin Paguay, and Mercy Balarezo. 1996. (68 pages)

Abstract: This study focuses on a number of private voluntary and municipal organizations in Ecuador that have official fee collection policies and systems. Among the different mechanisms aimed at facilitating access to services are general fee subsidies, reduced fees for services in poorer locations, exemptions and reduced fees for certain services, means testing, sliding fee scales, waivers, special government funds, and fast track services. The effectiveness of these various mechanisms is discussed and recommendations for health care providers in Ecuador are presented.

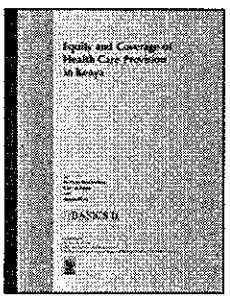


Accès et Utilisation des Services de Santé Financés par L'etat pour les Indigents et les Pauvres en République de Guinée : Une etude de l'equité
James C. Setzer, Deborah MacFarland, and Hugh Waters. 1996. 43 pages.



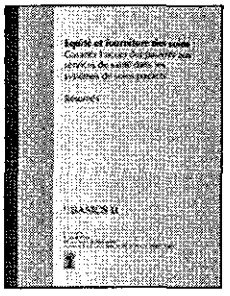
Equity and Coverage of Health Care Provision in Indonesia: The Kartu Sehat Program
Donna M. Gibbons. 1995. (47 pages)

Abstract: The Kartu Sehat is a card given to a poor family in Indonesia whereby they may receive free health care at public health facilities. While the program is a potential boon to poor families, it can be a burden on public health facilities because the government does not reimburse them for treating Kartu Sehat patients. Two other problems are leakage—families that are not poor use the Kartu Sehat for free health care—and under coverage—some eligible families do not receive the Kartu Sehat. Despite these problems, the study concludes that the government can selectively increase user fees (and revenues) for public health facilities and still increase access by the poor to modern health care.

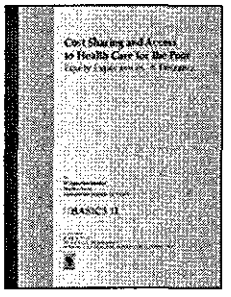


Equity and Coverage of Health Care Provision in Kenya
William Newbrander, Clarice Auma, and Moses Njau. 1995. (65 pages)

Abstract: This study was designed to determine whether the Kenyan health system (which applies user fees) has maintained equity of access to health services by providing fee waivers for the poor. Three primary data sources were used: household surveys of the poor, patient exit interviews at health facilities, and surveys of public and private health facilities. The methodology ensured that information on those not showing up at health facilities was also gathered. The study recommends changes in policy, operations of the waiver and exemption systems, and improved record keeping and monitoring of waivers and exemptions.

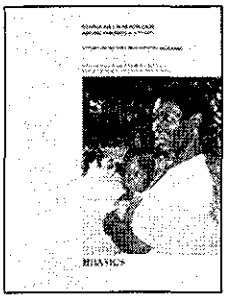


Equité et Fourniture des soins : Garantir L'acces des Pauvres aux Services de Santé dans les Systémes de Soins Payants. Résumés.
1995.(23 pages)



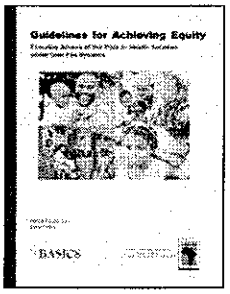
Cost Sharing and Access to Health Care for the Poor: Equity Experiences in Tanzania
William Newbrander and Stephen Sacca. 1996. (54 pages)

Abstract: This study was undertaken to determine whether equity of access to health services was maintained in the Tanzanian health system in the context of user access fees. A specific focus of interest was whether fee waivers—the safety mechanism introduced to ensure that health care services to the poor continued after fees were introduced—was working. Information was obtained from household surveys of the poor, patient exit interviews, and surveys of health facility staff. In general the system of waivers and exemptions was poorly understood by hospital staff and there was little public information regarding it. A practical means of providing communities with information needs to be devised, perhaps through district health management officers and committees or through a national public information campaign.



Gender Bias in Health Care Among Children 0–5 Years: Opportunities for Child Survival Programs. A Review Paper Prepared for the BASICS Project
Kathleen M. Kurz and Charlotte Johnson-Welch. 1997. (37 pages)

Abstract: Increasing attention is being focused throughout the world on the girl-child. However, there is a scarcity of information on gender bias toward children under the age of five. This literature review found: few studies disaggregate health and nutrition data of under-fives by gender; gender-disaggregated data give a mixed report on the direction of gender bias; girls tend not to be taken for health care as often or as early in their illness as boys; girls may receive less attention from parents; first-born girls may be healthier than their younger sisters; raising household income and mothers' educational levels are not sufficient to reduce gender disparities; and interventions can be designed and implemented to overcome gender biases. Child survival efforts can help reduce gender-related differences in the health and nutrition of under-fives by: analyzing gender-biased behaviors or gender-differential outcomes; investigating why the gender-related differences occur; developing and testing interventions to reduce gender bias; and sharing lessons learned and developing a consensus about reducing bias.



Guidelines for Achieving Equity: Ensuring Access of the Poor to Health Services under User Fee Systems
William Newbrander and David Collins. 1999. (50 pages)

The guidebook leads policymakers and health systems managers through a discussion of user fee and equity issues, describes mechanisms available for ensuring access of the poor to services, and offers guidance on developing, implementing, and managing such mechanisms.

Most developing countries have a long tradition of providing free public health services. In many countries, however, government resources for the health sector have decreased in recent years, while demand for health services has increased. As a result, the need for additional sources of revenue to operate public health services has become acute. Apart from tax revenues, the main options available have been social insurance and user fees. Social insurance has not been widely implemented, partly due to the absence of significant numbers of formally employed persons in many developing countries.

In many countries that have adopted user fees, social solidarity and the belief that health care is a basic right support a widespread view that access to health services should be based on need, not on the ability to pay. However, the desire to generate revenue to replace decreasing government budgets sometimes takes priority over concerns about the impact of fees on the poor. As such schemes become more widespread, decreases in utilization of services by the poor have caused concern that they are being denied access because of fees. In response, protective mechanisms have been developed to ensure that fees do not create financial barriers.

With increasing decentralization, such issues are relevant not only at the national level but also at the provincial, district, and even facility levels. These issues concern public *and* private, nonprofit health service providers, such as mission hospitals, which provide significant services to the poor in many countries.

■ *Journal Articles*

The following articles are available from your online service or by visiting the BASICS II Information Center.

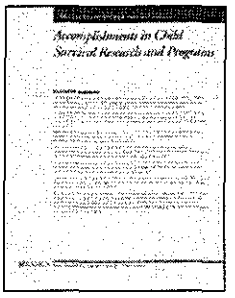
Promising Interventions for Improving Private Practitioner's Practices in Child Survival. Tawfik, Youssef. In *Global Health Link: the Newsletter of the Global Health Council*, no. 105, (September-October 2000): 19–20.

Role of Health Communications in Russia's Diphtheria Immunization Program. Porter, Robert W.; Steinglass, Robert; Kaiser, Javaid; Olkhovsky, Paul; Rasmuson, Mark; Dzhatdoeva, Fatima A.; Fishman, Boris; Bragina, Vera. In *The Journal of Infectious Diseases*, vol. 181, Supplement 1, (February 2000): 220–227.

Link to the Medline abstract: http://igm.nlm.nih.gov/

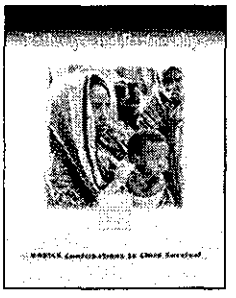
VI. GENERAL CHILD SURVIVAL

■ *Download the Following Publications or Order from the Information Center*



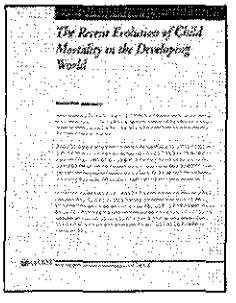
Accomplishments in Child Survival Research and Programs
R. Bradley Sack, Ricardo M. Rodrigues, and Robert E. Black. 1996. (12 pages)

Abstract: By combining research on proven technologies with the delivery of services and immunization, USAID has contributed to the decline of infant and child morbidity and mortality in most parts of the world. A number of initiatives have been crucial: (1) The prevention of vitamin A deficiency, a factor in 250,000 premature deaths per year, has been incorporated into the national health policies of most developing countries. (2) ORT prevents an estimated one million child deaths per year. (3) Incorporation of effective case-management strategy into the treatment of acute lower respiratory infection has cut infant mortality by 20 percent and under-five mortality by 25 percent. (4) The proportion of children vaccinated against the major vaccine-preventable childhood diseases rose from 37 percent in 1984 to 80 percent in the early 1990s, saving an estimated three million lives. (5) Approaches for combating additional threats also need to be developed.



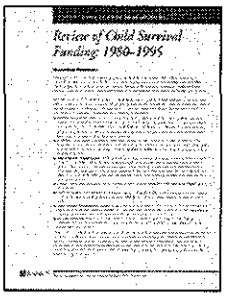
Pathways and Partnerships: BASICS Contributions to Child Survival
BASICS. 1999. (169 pages)

Abstract: At the conclusion of BASICS I, the project reviewed its contributions to the field of child survival. Subjects covered are community involvement, policy impact, Integrated Management of Childhood Illness, private sector involvement, monitoring and evaluation, immunization, nutrition, behavior change/communication, and system strengthening. Each chapter reviews the state-of-the-art and provides a detailed description of a BASICS activity, a description of where BASICS has implemented similar work, sidebars on additional implementation sites and activities, and a list of noteworthy project publications.



The Recent Evolution of Child Mortality in the Developing World
Kenneth Hill and Rohini Pande. 1997. (12 pages)

Abstract: The under-five mortality rate (U5MR) in the developing world has dropped significantly over the past 30 years; in countries for which data are available, it declined from 200 deaths per 1,000 in 1960 to 50 in 1990. East Asia and the Pacific regions have seen the sharpest drop, while the decline has been modest in sub-Saharan Africa. In 1990, East Asia and the Pacific, Latin America, and the Middle East all had a U5MR of less than 50 per 1,000, while the U5MR for sub-Saharan Africa was over 150. A trend is observed in which neonatal and infant mortality increase as under-five mortality declines. A dearth of quantitative data allows little insight into causes of under-five death, although there is evidence that immunization and ORT programs have contributed to the decline. The sharp reduction in U5MR in the 1980s, a time of sluggish growth in the developing world, points to the impact of cost-effective health interventions.



Review of Child Survival Funding: 1980–1995
Deborah McFarland. 1997. (8 pages)

Abstract: Sources of external assistance for child survival from 1980–95 are reviewed using categories established by USAID such as immunization, control of diarrheal disease, acute lower respiratory infections, nutrition (vitamin A), malaria, vector-borne disease control, high-risk births, and health care financing. Data are presented from some of the largest contributors, including USAID, UNICEF, and WHO. External assistance for health care to developing countries in 1990 totaled $4.8 billion, which represents only 2.8 percent of total health expenditures in the developing world for that year ($170 billion). After a sustained increase from 1972–80, external assistance declined in real terms from 1980–86, followed by another period of sustained growth from 1986–90. While data were not available for estimating total external funds for child survival for any given year, the perspective (in 1997) was that funding appeared to be leveling off across the board. Countries belonging to the Organization for Economic Cooperation and Development were giving just 0.29 percent of GDP in aid to the developing world, the lowest percentage in 20 years.

■ *Journal Articles*

The following articles are available from your online service or by visiting the BASICS II Information Center.

The Household Production of Health: Integrating Social Science Perspectives on Micro-Level Health Determinants. Berman, Peter; Kendall, Carl; Bhattacharyya, Karabi. In *Social Science and Medicine*, vol. 38 no. 2, (1994): 205–215.
Link to the Medline abstract: http://igm.nlm.nih.gov/

The Patterns of Care for Childhood Malaria in Zambia. Baume, Carol; Helitzer, Deborah; Kachur, S. Patrick. In *Social Science and Medicine*, vol. 51 no. 10, (November 2000): 1491–1503.
Link to the Medline abstract: http://igm.nlm.nih.gov/

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