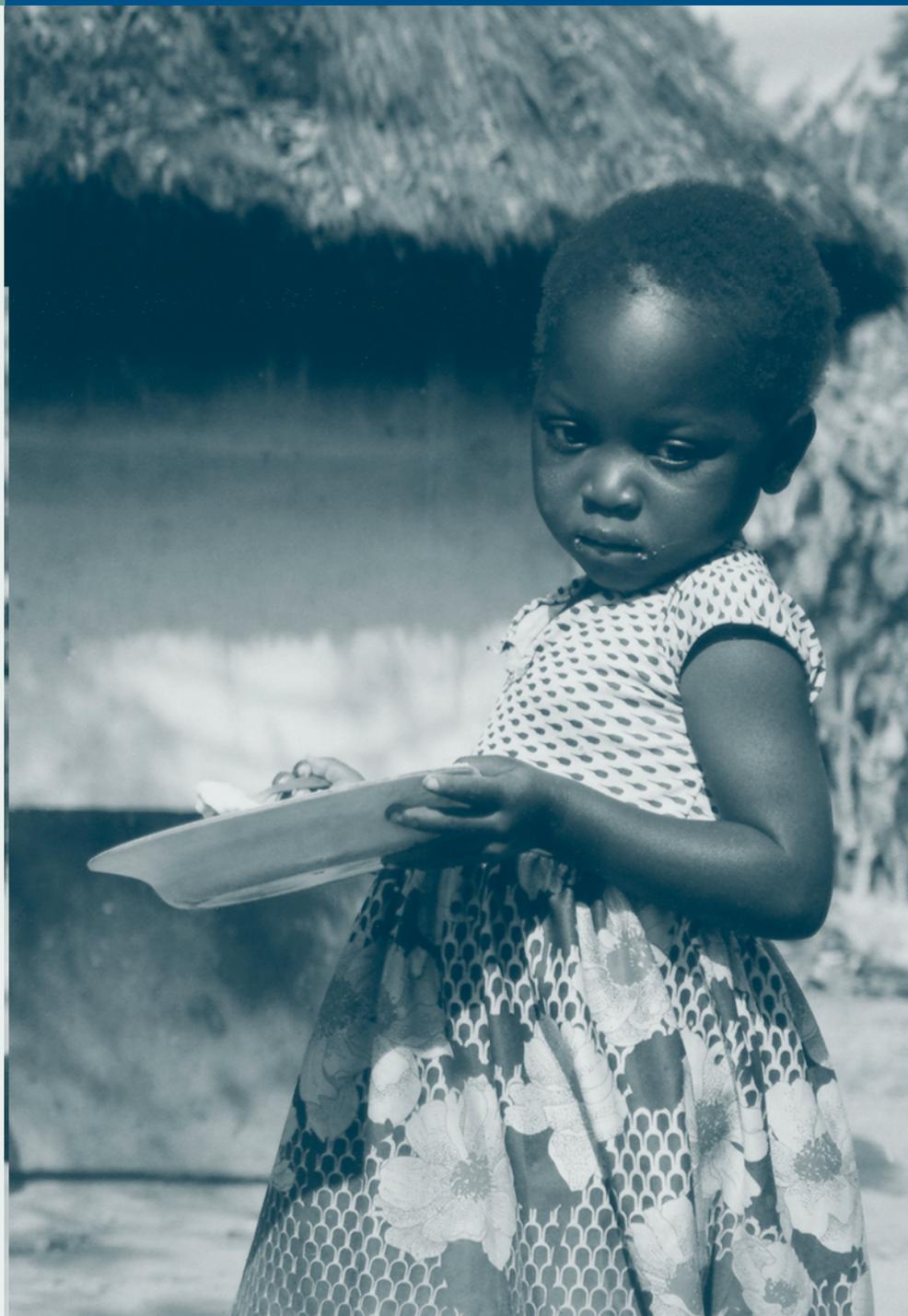


# BASICS II

## Progress Report

*January 1, 2001 to June 30, 2002*



 **BASICS II**

# **BASICS II**

## **Progress Report**

*January 1, 2001 to June 30, 2002*



## BASICS II

BASICS II is a global child survival project funded by the Office of Health and Nutrition of the Bureau for Global Health 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.



This document does not necessarily represent the views or opinion of USAID. It may be reproduced if credit is properly given.

Photo Credit: All, BASICS II.

## BASICS II

1600 Wilson Boulevard, Suite 300  
Arlington, Virginia 22209 USA  
Tel: 703-312-6800  
Fax: 703-312-6900  
E-mail address: [infoctr@basics.org](mailto:infoctr@basics.org)  
Website: [www.basics.org](http://www.basics.org)

## Table of Contents

<b>Acronyms</b> .....	v
<b>Introduction</b> .....	1
<b>Immunization</b> .....	5
<b>Integrated Management of Childhood Illness at the Community Level (C-IMCI)</b> .....	11
<b>Nutrition</b> .....	17
<b>Perinatal/Neonatal Health</b> .....	23
<b>Operations and Evaluation Research and Performance and Results Monitoring</b> .....	27
<b>Strategic Experience Transfer</b> .....	33

### Figures

Essential Child Health Package of Age Appropriate Interventions .....	1
BASICS II Scale Framework .....	2
BASICS II Strategic Overview .....	4
DR Congo—Children Vaccinated, by Antigen .....	8
Nigeria—Increase in Immunization Quality Standards, Somolu LGA .....	9
An Implementation Framework for IMCI .....	11
Honduras—Increase in ORT Use .....	14
Main Causes of Death Among Children Under Five (World, 2000) .....	17
Honduras—Increase in Exclusive Breastfeeding .....	20
Benin—Increase in Exclusive Breastfeeding .....	21
Senegal—National Second Dose Vitamin A Supplementation Coverage .....	22
DR Congo—Increased Vitamin A Coverage of Children 6–59 Months, 2002 .....	28
Strategic Experience Transfer (SET) Strategy .....	33
BASICS II Listserv Subscribers .....	35



# Acronyms

AEFI	–	Adverse Effects Following Immunization
AFRO	–	Regional Office for Africa (WHO)
AIEPI	–	<i>Atención Integrada a las Enfermedades Prevalentes en la Infancia</i> (IMCI)
AIN	–	<i>Atención Integral a la Niñez</i> (GMP)
ANE	–	Office for Asia and Near East (USAID)
ARI	–	acute respiratory infection
BASICS II	–	Basic Support for Institutionalizing Child Survival II Project
CAPA	–	Catchment Area Planning and Action
CBC	–	communications and behavior change
CBGP	–	community-based growth promotion
CHANGE	–	USAID’s behavior change innovations project
C-IMCI	–	integrated management of childhood illness at the community level
DfID	–	Department for International Development (U.K.)
DHS	–	Demographic and Health Survey
DPT	–	diphtheria, pertussis, and tetanus vaccine
EBF	–	exclusive breastfeeding
ECOWAS	–	Economic Commission of West African States
ENA	–	Essential Nutrition Actions
EPI	–	Expanded Programme on Immunization
GAVI	–	Global Alliance for Vaccines and Immunization
GFATM	–	Global Fund on AIDS, Tuberculosis, and Malaria
GMP	–	Growth Monitoring and Promotion
GRTL	–	Global and Regional Technical Leadership
HMIS	–	health management information system
HNP	–	Healthy Newborn Partnership
IAWG	–	inter-agency working group on IMCI
ICC	–	inter-agency coordinating committee on immunization
ICDS	–	Integrated Child Development Services program (India)
ICHS	–	Integrated Child Health Survey
IEC	–	information-education-communication
IMCI	–	integrated management of childhood illness
INHP	–	Integrated Nutrition and Health Project (CARE/India)
IRSP	–	<i>Institut Régional de la Santé Publique</i> (Benin)
ITN	–	insecticide-treated bednets
JHPIEGO	–	Johns Hopkins Program for International Education for Gynecology & Obstetrics



---

JNM	–	<i>Journée Nationale de Micronutrient</i> (national micronutrient day)
JNV	–	<i>Journée Nationale de Vaccination</i> (NID)
MADLAC	–	Monitoring system for breastfeeding support to nursing mothers
Minpak	–	Minimum Package of Nutrition Activities (ENA or PMA/N)
NGO	–	non-governmental organization
NID	–	National Immunization Day for polio eradication
NNT	–	neonatal tetanus
ORT	–	oral rehydration therapy
PAHO	–	Pan American Health Organization (WHO)
PAIN	–	<i>Paquet d’Activités Intégrées de Nutrition</i> (ENA, Senegal)
PIC	–	<i>Programme Intégré en Communication</i> (Senegal)
PMA/N	–	<i>Paquet Minimum d’Activités</i> (ENA, Benin)
PN/NN	–	perinatal/neonatal
PNLP	–	National Malaria Control Program
PRIME	–	Primary Providers’ Training and Education in Reproductive Health Project
PVO	–	private voluntary organization
RBM	–	Roll Back Malaria
RCH	–	Reproductive and Child Health
SANRU	–	<i>Santé Rurale</i> (DR Congo)
SARA	–	Support for Analysis and Research in Africa Project
SEARO	–	Regional Office for South-East Asia (WHO)
SIGN	–	Safe Injection Global Network
SNL	–	Saving Newborn Lives Project, Save the Children
SPR	–	short program review, IMCI
TBA	–	traditional birth attendant
TFA	–	Technical Focus Areas (BASICS II)
TFI	–	Task Force for Immunization
TT	–	tetanus toxoid
UNGASS	–	United Nations General Assembly Special Session on Children
UNICEF	–	United Nations International Childrens Fund
UNU	–	United Nations University
USAID	–	United States Agency for International Development
VAD	–	vitamin A deficiency
WARO	–	West African Regional Office (BASICS II)
WHO	–	World Health Organization

# Introduction

Annually, an estimated 11 million children under five years of age die. Of these, 80% could be saved through interventions in nutrition, immunization, integrated management of childhood illness at the community level, and perinatal/neonatal health. BASICS II (Basic Support for Institutionalizing Child Survival) is working to save children's lives by strengthening a package of essential child health interventions.

BASICS II was built on the successes of its predecessor (BASICS I) and has expanded to reach 35 million people across the globe. The Project is a five-year contract with the U.S. Agency for International Development, Bureau for Global Health, Office for Health and Nutrition (G/HN). BASICS II's contract began in June 1999; this Progress Report covers its achievements from January 1, 2001 to June 30, 2002.

BASICS II contributes directly to the USAID strategic objective of "increased use of effective, improved, and sustainable child health interventions" and supports another USAID objective of "improving infant and child health and nutrition and reducing infant and child mortality." The Project is mandated to support countries to achieve the greatest possible public health impact and

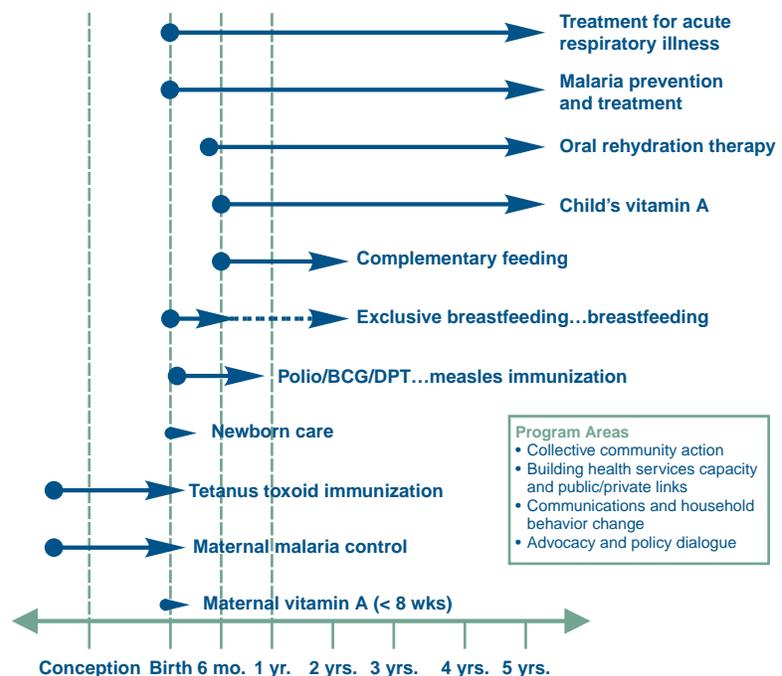
provide technical leadership to advance the state of the art in child survival policy and programming.

To achieve the greatest possible impact, BASICS II supports advocacy, capacity building, strengthening supplies and logistics, better use of data, communications, and community mobilization, which are detailed in the following pages. To reach the widest scale and to impact public health indicators, the Project provides technical assistance on many levels (global, regional, national, district, and community) and in partnership

with diverse organizations. The Project expends most of its program resources on community-based approaches, reaching audiences that are directly affected by or can affect health-improving interventions.

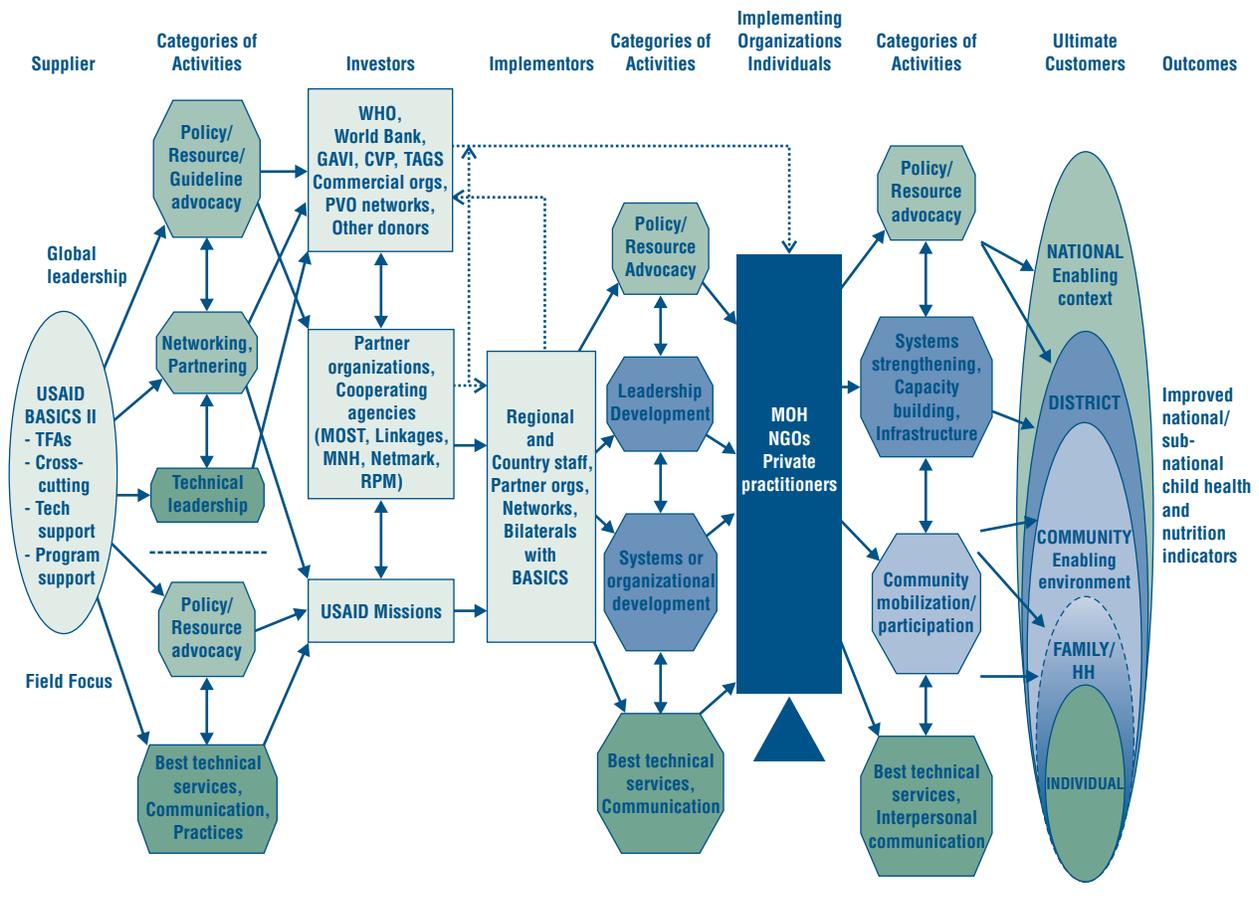
The organizational structure of the Project comprises four technical focus areas or TFAs (nutrition, immunization, integrated management of childhood illness at the community level (C-IMCI), and perinatal/neonatal health), a performance and results monitoring team, an operations and evaluation research team, a

## Essential Child Health Package of Age Appropriate Interventions





## BASICS II Scale Framework



strategic experience transfer unit, a field programs division, and a finance, management, and administration division. The TFAs guide the Project's Global and Regional Technical Leadership (GRTL) and field country programs to achieve ten sets of population-based strategic objective results and ten GRTL objectives. The BASICS II Scale Framework

shown above illustrates how the Project systematically explores alternatives at the global, regional, and country levels to identify a cluster of activities for each country and region that can best expand geographic coverage to reach large scale for public health impact.

BASICS II is headquartered in Rosslyn, Virginia. During the progress period, the Project

maintained 15 in-country field offices located in Africa, Central and South America, and Asia, and operated one West African regional office in Dakar, Senegal.

The Project Website, [www.basics.org](http://www.basics.org), presents further information about BASICS II and global child survival.

### ***Project Results (Strategic Objectives)***

- Increased immunization coverage (fully immunized child) among high risk infants and children with present EPI vaccines in at least ten countries
- 90% measles immunization coverage achieved through sustainable methods in six countries
- Introduction and establishment of agreed upon levels of coverage of new vaccines against major causes of morbidity/mortality of infants and children in four countries
- Prevalence of appropriate breastfeeding through at least four months of age increased by 50% in five countries
- Significant increase in appropriate child feeding (frequency, quantity, and/or quality of feeding) in five countries
- Adequate intake of vitamin A (and/or other specified micronutrients) achieved for 80% of children among populations identified as deficient in six countries
- ORT use increased by 50% or sustained at 80% or greater of diarrhea episodes in at least ten countries
- 50% increase in appropriate care seeking and treatment of ARI in at least ten countries
- Appropriate care seeking and treatment for children with febrile illness in malaria-endemic areas increased by 50% in at least five African countries
- Increased use of insecticide-treated materials in malaria endemic areas in at least five African countries

### ***Programmatic Results***

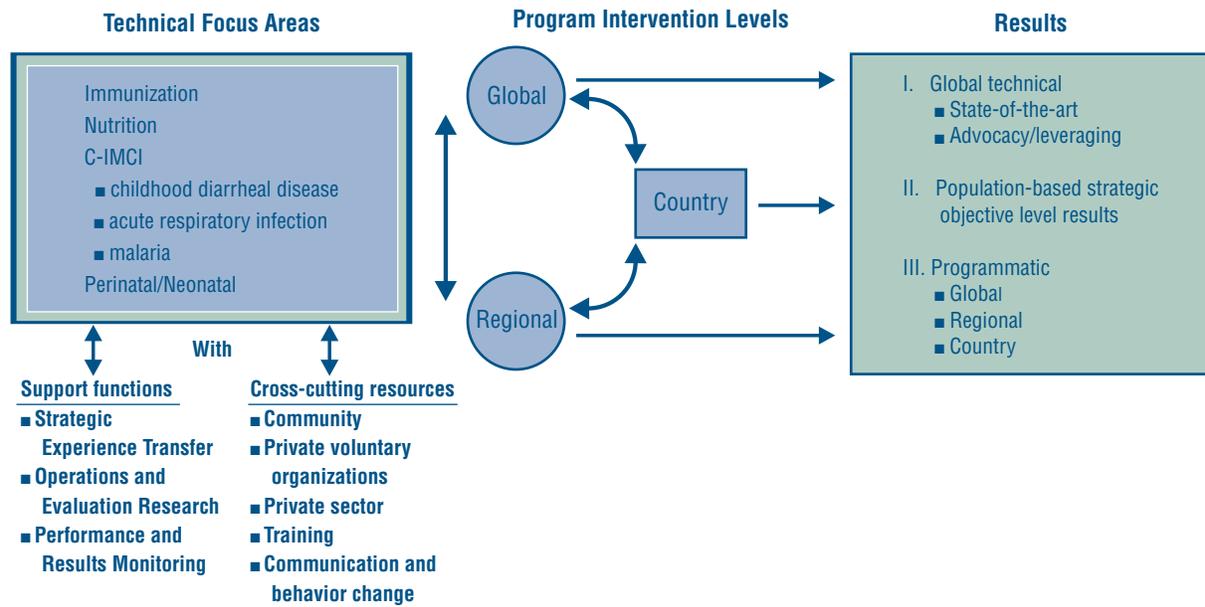
- Routine immunization coverage increased sustainably through system strengthening
- Under utilized and new vaccines introduced into country programs
- Community-based integrated approaches are demonstrated or scaled up
- Health systems capacity for improving child health through nutrition interventions are strengthened.
- Health system capacity to support integrated approaches to child health and nutrition improved
- Approaches to improve household and community health, nutrition and child development behaviors adapted, tested and taken to scale
- Case management and preventive actions at first and referral level facilities improved
- Comprehensive approaches to disease control designed and implemented

### ***Global Leadership Objectives***

- Promote child growth through preventive, community-based integrated health and nutrition activities
- Integrate a package of essential nutrition actions (ENA) into primary health care systems
- Increase public, PVO/NGO and private commitment to and implementation of community child health programs
- Develop testing and documenting strategies for increased appropriate preventive and curative child health services in the community
- Incorporate integrated approaches in child health and nutrition into routine MOH systems
- Strengthen routine immunization programs
- Demonstrate and document disease-specific control programs with long-term program perspective
- Refine the Global Alliance for Vaccines and Immunization process and influencing funding decisions
- Build partnerships and alliances for child survival and nutrition



## BASICS II Strategic Overview



# Immunization

The World Health Organization (WHO) estimates that immunization helps avert two million deaths per year. However, with current stagnating levels of immunization coverage, there are still almost three million deaths annually due to diseases that are preventable with widely available vaccines. BASICS II works with USAID and other partners such as WHO, UNICEF, the World Bank, and the Global Alliance for Vaccines and Immunization (GAVI) to design and refine broad technical and financial strategies affecting

sustainable immunization in developing countries. BASICS II programs are working in ten countries to stimulate increases in immunization coverage and have been successful in achieving this in several countries.

## Global Leadership

At the level of international policy and planning, BASICS II continues to advise USAID, the World Health Organization, and UNICEF on policy decisions, strategies, and field applications that incorporate all program elements that are essential for the eradication of poliomyelitis and the sustained control of measles and tetanus. The Project continues to leverage support for routine immunization, to build an environment conducive to long-term, sustainable immunization services that are the foundation of strong child health strategies. A BASICS II checklist on practical ways EPI (Expanded Program for Immunization) managers can use polio-eradication efforts to

reinforce routine immunization was published by WHO and disseminated through UNICEF, WHO, and other partners to field offices throughout the world.

The Project has been instrumental in leveraging global funding for immunization programs. As a member of the Independent Review Committee to review country applications to GAVI for funding from the Vaccine Fund, BASICS II has applied its approach to sustainable immunization by making investment decisions totaling nearly \$1 billion. These funds support the strengthening

of immunization services, the introduction of new and under-used vaccines, and improved injection safety in more than 65 countries, including substantial support for vaccination initiatives in BASICS II countries.

BASICS II technical recommendations help shape international immunization policy in many areas. The Project provides technical guidance to WHO, USAID, UNICEF, and the Department for International Development (U.K.) on their emerging global and regional strategies for measles mortality reduction

## Estimated Five-Year GAVI Commitment to 61 Approved Countries

5-year immunization support	\$303 million
3-year injections safety support	\$52.8 million
5-year new vaccine support	\$485.2 million
Other support	\$5.4 million
Total commitment for 5 years	\$846.5 million
Total commitment including estimated freight cost	\$882 million

## TECHNICAL APPROACH: IMMUNIZATION

**P**ast experience demonstrates that short-term gains in immunization coverage can be achieved rapidly, but these are not sustained without considerable effort to build capabilities and systems that can ensure the delivery and use of services over the long term. BASICS II's primary emphasis is on developing local capacity to design and implement affordable immunization and disease control strategies to reach high-risk populations in a *sustained* manner. The project is leading global, regional, and country efforts (particularly in Africa) to recover from declining routine immunization coverage to achieve the goal of all children completing their BCG, DPT, polio, and measles by the age of one year. At the country level, BASICS II partners with ministries, bilaterals, multilaterals, non-governmental organizations, private voluntary organizations, and communities.

Capacity building at national, state, and district levels for improved routine immunization coverage and quality is being achieved in ten countries through an emphasis on the following:

- Ensuring that supplies, social mobilization, monitoring, and evaluation are conducted in a mutually reinforcing and complementary manner through the use of inter-agency coordination committees (ICCs) and other task forces.
- Ensuring that communications and behavior change approaches are given adequate resources and that these approaches are effective, through technical assistance and the transfer of experiences and tools.
- Improving routine use of information to strengthen the capacity of communities and peripheral health workers to address “left-outs” and “drop-outs” in immunization coverage.

and to UNICEF and WHO on their tetanus elimination strategies. The Project provided input to technical strategies for polio eradication (USAID), WHO standards for neonatal tetanus (NNT) surveillance (including research activities on tetanus sero-response), and recommendations to UNICEF and WHO for school-based tetanus

immunization for young girls. BASICS II continues to advise WHO and UNICEF on the more deliberate use of polio eradication to strengthen routine immunization. This includes functioning as a key technical advisor on immunization and polio communication and social mobilization with a global network of partners as well as jointly publishing (with WHO, UNICEF, USAID, and CHANGE) global and regional technical documents on immunization communication.

A tool designed by BASICS II to assess injection safety practices in health facilities has been applied by WHO and other partners in more than two dozen countries. BASICS II contributed its experiences on improving injection safety to the Strategic Advisory Group in Geneva. The resulting recommendations target the advancement of safety improvements in West Africa. The Project also designed the Vaccine Arrival Report, which monitors the arrival conditions of internationally supplied vaccines, now used around the world by countries receiving UNICEF-supplied vaccines. These tools and advisory capacities demonstrate how the BASICS II immunization team contributes to international committees on all aspects of immunization and related programs.

### Regional Initiatives

As a contribution to the Africa Task Force for Immunization (TFI), BASICS II developed indicators to track the impact of measles mortality reduction initiatives on the strengthening of routine immunization services. Collaborating with WHO and UNICEF and applying lessons learned from polio eradication, the Project coordinated regional and sub-regional strategies to improve communications, advocacy, and social mobilization for immunization. BASICS II also conducted regional training workshops on immunization

---

safety with eight multi-disciplinary country teams.

In its continuing support for routine immunization, BASICS II organized a meeting for representatives of five USAID-supported countries (Mali, Senegal, Guinea, Chad, and Cameroon) to prepare immunization action plans and identify funding. The Project also designed training on routine immunization for West and Central Africa EPI managers and contributed to GAVI committees on strengthening routine immunization, capacity building, and social mobilization. With USAID, BASICS II helped to strengthen inter-agency coordinating committees (ICCs) in several countries by clarifying ICC roles for routine EPI, mobilizing resources, monitoring program implementation, and addressing communication and social mobilization. The success of the ICC in DR Congo was documented by BASICS II, and WHO and other international partners in Africa and other regions will use this case study as a model for the organization of other ICCs.

### Country Programs

BASICS II strives to increase sustainable immunization coverage in target countries through greater community engagement, capacity building, and partnerships to secure resources. Injection safety and other program quality control issues have also received increasing attention. The BASICS II immunization and nutrition teams work closely to coordinate vitamin A supplementation through national immunization campaigns and develop long-term strategies for the incorporation of vitamin A supplementation into routine health care. The Project supports immunization programs in Madagascar, Nepal, and India, in addition to seven country programs in Africa: DR Congo, Ghana, Guinea, Mali, Nigeria, Senegal, and Uganda.

## TECHNICAL APPROACH: IMMUNIZATION (cont'd)

- Developing and supporting use of policies, guidelines, and tools for injection safety.
- Introducing new vaccines to enhance the public health impact of immunization programs.
- Drawing on the experiences of polio eradication efforts to support complete routine childhood immunization by the age of one year.

By combining immunization with other technical areas within the Project, BASICS II is able to more efficiently strengthen district health services and to foster links with communities for strong routine immunization and long-term disease control. For example, community mobilization activities to increase awareness and demand for immunization services are promoted in integrated management of child illnesses at the community level (C-IMCI), neonatal tetanus control is advocated by perinatal/neonatal staff, and National Immunization Days carry vitamin A supplementation. Communications activities in all technical areas are designed to strengthen and to sustain demand for routine immunization services.

In addition to strengthening immunization components of child health packages in target countries, BASICS II is a global partner for immunization policy and strategy development and has worked to leverage millions of dollars for immunization programs around the world. The Project provides technical input for balanced polio eradication strategies and contributes to the planning, monitoring, and evaluation of vaccination campaigns, with particular support for a vitamin A component.

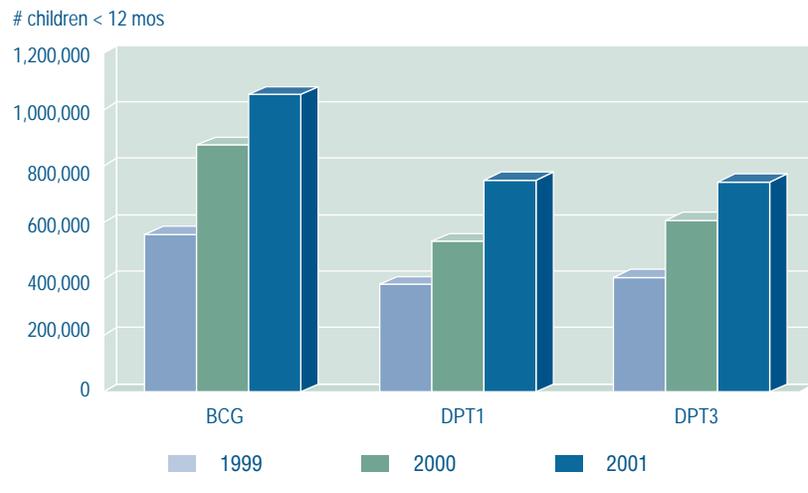
### ■ Support for increasing vaccination coverage and strengthening routine immunization

In the DR Congo, the Project worked with ICC partners (including SANRU) to develop national EPI policies and the national measles strategy that were disseminated to all 322 health zones,



including the occupied territories. Substantial nationwide increases in measles coverage were achieved as part of strengthening systems for routine immunization and increased emphasis on communication and behavior change (CBC). BASICS II developed health worker guidelines for routine immunization and polio and measles campaigns, as well as for long-term measles control. The Project organized a workshop, “Development of Messages and Production of Educational Materials for Routine Immunization,” that produced immunization information-education-communication (IEC) materials for use in health zones. BASICS II also

## DR Congo – Children Vaccinated, by Antigen



contributed technical, organizational, and CBC assistance for polio eradication and vitamin A supplementation during NIDs. As part of the Project’s support for strengthening the national EPI program, NIDs

coverage and surveillance data and quality indicators were used to improve routine EPI mapping and documentation of coverage. Project staff also participated in the external EPI review as well as an assessment of the Acute Flaccid Paralysis surveillance system for polio eradication.

In Mali, support for community mobilization helped boost DPT3 coverage from 59% to 71% in Project areas. BASICS II assisted in the development of a national communications plan and tested a “Peer Teaming Strategy” in which a management team from a low-performing district and community leaders visit and exchange ideas with a higher-performing district.



The Project has supported the development of communication plans and materials for EPI and NIDs to eliminate maternal and neonatal tetanus in **Mali**, and for EPI surveillance and vitamin A supplementation in **Ghana**. A multimedia integrated model developed for Benin’s nutrition program was adapted for use by the **DR Congo** EPI program. This approach was subsequently presented in New York for global use in polio eradication efforts. The BASICS II team in **Senegal** organized “Child Health and Nutrition Weeks” to boost routine immunization services along with other components of integrated child health, including vitamin A supplementation, growth monitoring, promotion of insecticide-treated bednets, and sanitation. The Ministry of Health and its partners used these weeks to launch a coordinated mass communications effort on child immunization.

In **Nigeria, Uganda, and Nepal**, the Project has boosted support for routine immunization through community-based planning for improved local decision-making on immunization service delivery and demand. In **Nigeria**, substantial

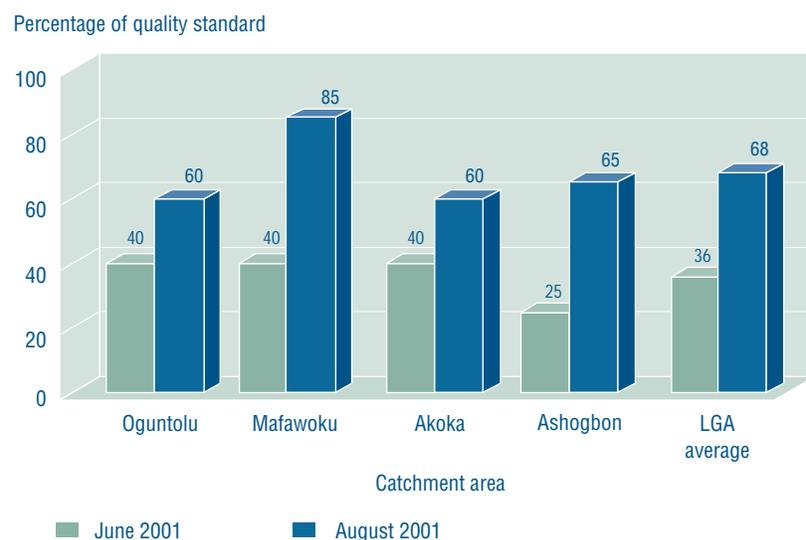
progress has been made through an approach called catchment area planning and action (CAPA). Higher immunization coverage has been reported in early implementation sites and the Nigerian National Primary Health Care Development Agency has endorsed tools and materials for expansion outside of USAID areas.

■ **Quality control improvements, including injection safety**

Project support for capacity building and quality of service monitoring has resulted in significant increases in immunization quality in target areas in **Nigeria** (see figure). BASICS

II conducted joint assessments and training of service providers, program managers, cold chain officers, and HMIS (health management information systems) managers. Project-developed training materials have been accepted by the MOH and ICC partners for adoption countrywide. In **Senegal**, drop-out was significantly reduced, and DPT3 coverage increased from 40% to 62% in early implementation health posts. These successes were achieved as the result of a number of systems strengthening actions to enhance the cold chain, improve health worker performance, and support a system of community health

### Nigeria—Increase in Immunization Quality Standards, Somolu LGA





volunteers (called *relais*). The Project and its partners promote several improvements to quality of immunization services and injection safety nationwide.

BASICS II developed a health facility tool to assess injection safety for SIGN (Safe Injection Global Network), and this tool has been used by WHO in more than two dozen countries. The Project has also addressed injection safety in **Mali**, **Senegal**, and **Guinea**, and performance improvement in **Guinea** (using the Performance Improvement Approach with PRIME). BASICS II's West African Regional Office

(WARO) staff, with WHO staff from its headquarters, African Regional Office, and in-country in Dakar, collaborated on the first **Senegal-specific** AEFI (Adverse Events Following Immunization) workshop and on the follow-on West African workshop. Methodology is being adapted and used for similar workshops in other African countries.

■ **Introduction of new and under-used vaccines through GAVI**

The Project participated as a member of the Independent Review Panel to review over

60 country applications to GAVI for funding from the Vaccine Fund. As a member of this panel, BASICS II policy recommendations to the GAVI Working Group and suggestions for revising the guidelines for applications have nearly all been accepted. The application and national plans for which BASICS II provided technical support included structural assistance and the introduction of new vaccines in several Project countries, including **Uganda** and **Ghana** (pentavalent vaccine), **Madagascar** (quadravalent vaccine), **DR Congo** (yellow fever), **Guinea** (yellow fever), and **Mali** (hepatitis B and yellow fever). The Project takes an active role at the global, regional, and country levels in supporting global initiatives to introduce new vaccines. BASICS II participation in country-level planning assessments, implementation, and monitoring informed and complemented its participation in global and regional GAVI task forces and working groups.

# Integrated Management of Childhood Illness at the Community Level (C-IMCI)

**M**alaria, acute respiratory infections (ARI), and diarrheal disease together are the largest cause of deaths in children under five years of age. In several African countries, Demographic Health Surveys (DHS) show that infant and child mortality rates are not decreasing, but actually increasing. The BASICS II C-IMCI team uses integrated approaches that link disease prevention and treatment at the community level with other preventive services, specifically nutrition, newborn care, and immunization. To maximize

impact on child and infant morbidity and mortality, Project interventions focus on community approaches for malaria, ARI, and diarrheal diseases.

## Global Leadership

BASICS II dedicates resources at the global level to promoting a package of three elements as shown in the illustration. This implementation framework was developed with international private voluntary organizations (PVOs) and discussed at the meeting, “Reaching Communities for Child Health: Advancing PVO/NGO Technical Capacity and Leadership for Household and Community Integrated Management of Childhood Illness (HH/C IMCI).” The Project documents large-scale, comprehensive C-IMCI programs in order to establish global guidelines for scaling up this critical component of child health. BASICS II uses technical and policy dialogue to leverage the

## An Implementation Framework for Community IMCI



## TECHNICAL APPROACH: C-IMCI

**M**alaria, pneumonia, diarrhea, measles, and malnutrition continue to cause 70% of worldwide child mortality. Integrated management of childhood illnesses (IMCI) is the principal strategy that has been adopted globally to combat these conditions in an integrated fashion. Built upon the strengths and experience of the earlier vertical programs, IMCI is designed to reposition these efforts within the changing context of health sector reform and decentralization. Just as BASICS I played a critical role in early implementation and evaluation of the IMCI strategy globally, BASICS II has played a critical role in expanding the emphasis beyond health facilities and into the community.

The majority of children under five years of age who experience severe illness never reach an experienced and skilled health provider. When they do seek care, families often use the informal private sector, such as medicine vendors, chemists, or pharmacists, and traditional healers. Using care-seeking data, BASICS II targets interventions to improve the quality of care received from existing sources of care. The Project emphasizes improved household practices and behaviors, timely and appropriate care-seeking, and improved case management at the home, community, and facility levels. Partners from the public, private, and non-governmental organization (NGO) sectors are mobilized to promote increased access to integrated preventive and curative care services and to bring interventions to scale. BASICS II, in its continuing partnership with the World Health Organization (WHO), UNICEF, NGOs, private voluntary organizations (PVOs) as well as other USAID collaborating agencies, has encouraged the evolution of IMCI to emphasize community-based health actions and their links to peripheral health providers in the public and private sectors. The project currently supports some of the largest and most innovative C-IMCI implementation efforts in several African countries, including Senegal, Nigeria, Uganda, DR Congo, and Ghana, as well as in the Central American countries of El Salvador, Nicaragua, and Honduras.

At the global level, BASICS II works with a range of partners, including WHO, UNICEF, the World Bank, the Department for International Development (DfID-U.K.), Roll Back Malaria (RBM), international PVOs and NGOs, and commercial partners, to advocate for proven community approaches. The selected areas of focus at all levels are:

support of multilateral and bilateral partners for integrated community child health strategies.

The Project participated with the Pan American Health Organization to implement IMCI short program reviews (SPR) in four countries (Honduras, Bolivia, Nicaragua, and El Salvador). These SPRs inform the decision-making when Ministries of Health and the Collaborating Agencies move from early implementation of IMCI to adopting the approach on a national scale. The Project is providing global technical leadership in IMCI by adapting this approach for transfer to other countries, including non-BASICS II countries in Africa. The Project is also providing technical leadership in support of a USAID Global Bureau/mission partnership initiative to take C-IMCI to scale in Nicaragua and Senegal. An important strategy for working at scale is through partnerships with the CORE Group and member PVOs.

### Regional Initiatives

In collaboration with the World Health Organization's (WHO) Regional Office for Africa (AFRO) and the CORE Group, BASICS II held a regional workshop to introduce the framework for C-IMCI. Representatives of eight African countries (Benin, DR Congo, Guinea, Mali, Burkina Faso, Cameroon, Cote d'Ivoire, and Togo), national and international organizations, and ministries of health attended and exchanged experiences. BASICS II, with representatives of WHO/Geneva and WHO/AFRO, participated in a regional course to train 22 Francophone consultants on techniques, procedures, and tools to implement the C-IMCI strategy in West Africa. Nutrition and malaria components were also included.

In collaboration with RPM Plus, the Project organized a West African regional workshop on Drug Management for Childhood Illness (DMCI) to improve the availability of drugs. BASICS II is partner of the Pan American Health Organization

---

and USAID's Latin American and Caribbean Bureau to provide technical assistance for IMCI implementation and scaling up within USAID child survival countries through a regional initiative (Bolivia, Ecuador, Dominican Republic, Haiti, Honduras, Guatemala, Peru, El Salvador, and Nicaragua).

### Country Programs

BASICS II C-IMCI country programs implement community, health services, and national-level activities to achieve increased coverage with oral rehydration therapy (ORT) use for diarrhea, appropriate care-seeking and treatment of ARI, and continuous feeding and rehydration during all illnesses in general. In malaria-endemic areas, country programs include home-based treatment and appropriate care-seeking and treatment for children with febrile illness and use of insecticide-treated materials.

#### ■ Strengthening prevention and treatment of diarrhea, ARI, malaria, and febrile illness within the routine health system

Caretakers in Project-supported *Atención Integral a la Niñez* (AIN) communities in Honduras demonstrated a significant increase in appropriate home management (ORT use and feeding) of childhood diarrhea, while there were no increases in non-program communities. Caretakers in AIN communities were also more likely to know two or more signs of dehydration (46%) than their counterparts in comparison areas (32%). A model to combine AIN with C-IMCI (called AIN-AIEPI) rapidly expanded beyond pilot areas to over 50% of the country. Based on the Honduran experience, the integrated approach was adopted as the C-IMCI approach for a growing number of countries in Latin America (Nicaragua, Guatemala, and El Salvador) and is being adopted in Uganda and Ghana.

## TECHNICAL APPROACH: C-IMCI (cont'd)

- Building capacity to link peripheral health services with existing community platforms to prevent and treat malaria, diarrhea, and ARI through improved household practices and behaviors, timely and appropriate care-seeking, and improved case management at the home, community, and facility levels.
- Demonstrating new approaches to improving child health services through partnerships that link communities with health services, the improvement of drug supplies, and communications and behavior change activities.
- Designing, implementing, and advocating for interventions to improve appropriate use of anti-malaria drugs by caregivers in the home and community, and malaria prevention as part of C-IMCI.
- Developing operational guidelines and tools for large-scale, comprehensive C-IMCI programs, based on documenting the process of initiating and taking programs to scale.
- Influencing the policy decisions and investment strategies of multilateral and bilateral partners to support community approaches as part of integrated child health strategies.

BASICS II's experience with agency and health ministry partners in early IMCI implementation as well as its clear commitment to an enhanced NGO/PVO role in IMCI has uniquely positioned the Project to facilitate expanding partnerships. BASICS II plays a key role in both brokering international support for the C-IMCI implementation framework and its application nationally. The project also identifies the potential of growth promotion as an entry point for C-IMCI and helps to take it to scale both within and across national borders in Central America.

C-IMCI is well positioned within the integrated focus of BASICS II to both provide the integrating platform for and add value to the efforts of the other technical areas. By identifying missed opportunities for vaccination, stressing the link between appropriate feeding practices in both lessening the severity of disease and speeding recuperation, and emphasizing both the preventive practices for healthy newborns and infants and the algorithms for rapid referral of sick infants, C-IMCI continuously contributes to the Project's goals.



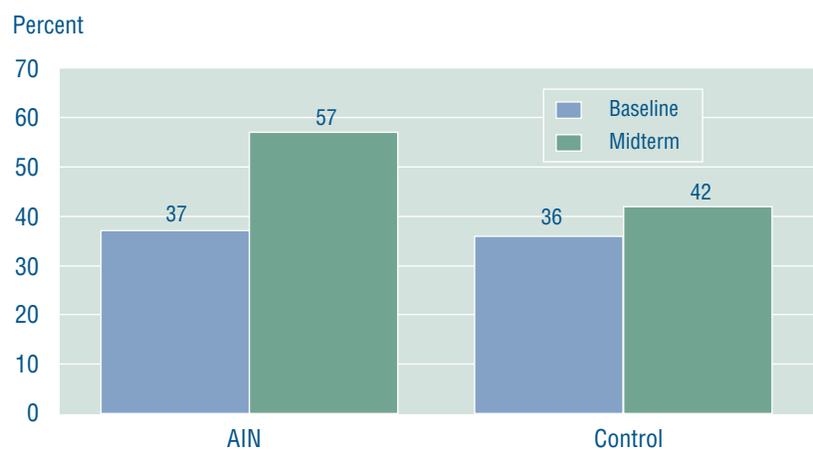
BASICS II advocacy and leadership in technical approaches in IMCI have resulted in program expansion in countries through leveraged funding (e.g., Department for International Development (U.K.), WHO, United Nations funding of several large initiatives in **Nigeria**) and MOH support (national expansion of **El Salvador's** comprehensive community child health model). In the **DR Congo**, the Project's involvement in the completion of in-vivo studies on malaria drug sensitivity led to the development of a sentinel surveillance plan and informed the drafting of a new national malaria policy. The **DR Congo** country program uses its malaria

intervention as the entry point for IMCI, thereby incorporating aspects of care-seeking and treatment of ARI and diarrhea.

#### ■ Public-private partnerships for malaria control

In target districts in **Uganda**, the Project documented increased use of insecticide-treated nets—from 9% to 15% of households with children. This has spurred new malaria initiatives with Roll Back Malaria, non-governmental organizations (NGOs), and the government. BASICS II has succeeded in removing some of the most severe constraints to access to insecticide-treated materials through a combination of national policy and public-private partnerships. These initiatives include: community-based distribution with Africare and other partners in **Benin**; tariff

### Honduras—Increase in ORT Use



$p < .01$  (based on Pearson Chi-Square test)

Note: Percentage of children with diarrhea during the 2 weeks prior to the AIN Midterm Survey that were given either ORS or home fluids (ORT).

From *BASICS II Midterm Evaluation of the AIN Program in Honduras, 2000*, published in 2002.

reduction on insecticide-treated nets (ITNs) from 50% to 5% and community-based micro-planning (CAPA) to improve ITN use plus the identification of private sector options in **Nigeria**; and tariff reduction and health worker training in **Senegal**. With partners representing the government, NGOs, international donors, and private industry in **DR Congo**, BASICS II supported a national workshop to harmonize Roll Back Malaria strategies. The Project's team in DR Congo has also worked to influence national policy and plans for malaria prevention during pregnancy.

BASICS II, with Roll Back Malaria and other partners in **Nigeria**, leveraged \$16 million through the new Global Fund on AIDS, Tuberculosis and Malaria (GFATM). The National Primary Health Care Development Agency partnered with the Project by adopting the multi-intervention child health



package and materials, positioning the program for nationwide coverage.

■ **Promoting the framework for IMCI at the household and community level**

BASICS II is a key partner in the global effort to promote interventions based on the household and community IMCI framework. As part of this initiative, BASICS II and its partners in **Benin** adapted the framework for implementation and

documentation in selected sites. BASICS II also partnered with the CORE Group in **Bolivia** to disseminate the framework with Ministry of Health and NGO counterparts, which resulted in funding for an NGO Secretariat. The framework was also distributed to participants from eight Latin American countries at a regional meeting, and **DR Congo** has organized a national C-IMCI workshop centered on the framework.



# Nutrition

**M**alnutrition accounts for over one-half of all under-five mortality. Combined nutrition and health strategies have a greater impact on reducing malnutrition than either strategy alone. In partnership with Ministries of Health, local and international agencies, and non-governmental organizations, BASICS II supports the strengthening of a minimum or essential package of nutrition interventions at the community and health services levels. The Project is also revitalizing community-based growth

promotion as a vehicle for delivering health and nutrition services at the community level and for reinforcing infant feeding and caring practices.

## Global Leadership

The Project mainstreams community nutrition in child survival programs globally. BASICS II support is leading to stronger policies and technical guidelines in over ten countries, is building capacity among Ministries of Health and regional entities, and is opening up health systems to community links for better services. The Project is revitalizing and improving the longstanding growth monitoring approach in a number of countries by improving models, obtaining evidence of results, and carrying out advocacy with key partners. The Project's Honduran AIN (*Atención Integral a la Niñez*—Integrated Attention to the Child) program, which uses the

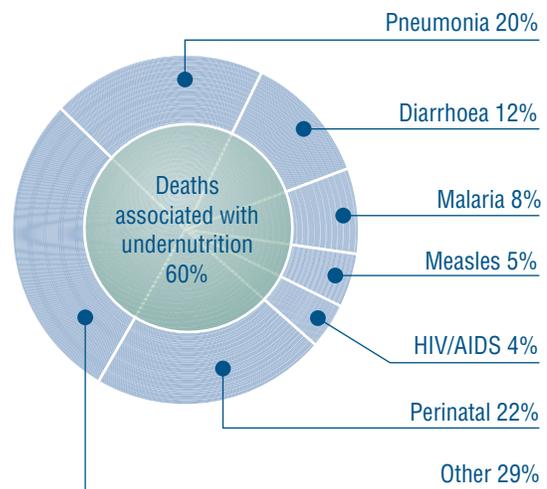
community-based growth promotion (CBGP) model, was the focus of a regional Anglophone Africa workshop in Zambia.

The streamlining and packaging of the Essential Nutrition Actions (ENA) enables several

countries to make nutrition a high priority in child health. To operationalize the approach, the Project disseminates tools and frameworks through channels such as the Nutrition Focal Points meetings and regional workshops.

## Main Causes of Death Among Children Under Five (World, 2000)

About 70% of all childhood deaths in developing countries are caused by just five diseases – pneumonia, diarrhoea, malaria, measles and HIV/AIDS in association with malnutrition. Many of these children are malnourished because of poor feeding habits and frequent infections rather than an overall lack of food.



Sources: WHO

For cause-specific mortality: EIP/WHO.

For deaths associated with malnutrition: Caulfield LE, Black RE.

Malnutrition and the global burden of disease: underweight and cause-specific mortality. WHO paper in preparation.

## TECHNICAL APPROACH: NUTRITION

**M**alnutrition results from three important causal factors: poor access to food, inadequate maternal and child care (including feeding practices), and inadequate health. BASICS II focuses on two of these: infant and young child feeding practices and health services. The Project's area of expertise is in strengthening nutrition interventions within routine child health policies and programs. The focus is on delivering a combined package of health and nutrition, with nutrition defined as a group of evidence-based micronutrient and infant feeding interventions, known as Essential Nutrition Actions or ENA.

The ENA approach aims to deliver effective, age-appropriate services and messages from pregnancy through two years of age through existing health contacts and through activities already occurring in the community. The approach involves engaging existing community structures and leaders and building the capacity of community volunteers and health workers to focus on nutrition in the community and facilities.

ENA also promotes special initiatives, such as “Child Health Weeks” and communications and behavior change activities, to increase demand for and to achieve high (80%) coverage with priority interventions. These interventions include breastfeeding, complementary feeding, vitamin A supplementation, anemia prevention, use of iodized salt, and care of severely malnourished or sick children. Country or regional programs can add interventions, such as deworming, maternal nutrition, Positive Deviance/Hearth to focus on malnourished children and CBGP to prevent growth faltering, as appropriate. Activities frequently include building the nutrition capacity of existing change agents and modifying existing health materials to strengthen nutrition content. Health workers providing prenatal care, immunization, well-baby clinic services, family planning, growth monitoring, and care of sick children are trained and provided tools and other support to improve their practice of the selected nutrition interventions. Existing community organizations, women's groups, and traditional institutions are engaged to support families in practicing the selected behaviors and to link with health services. Advocacy and policy dialogue contribute to a supportive policy environment.

BASICS II has provided a reference guide, *Nutrition Essentials*, which was jointly published with UNICEF and WHO in English and French and translated into Spanish this year. The Project also uses an assessment checklist designed for district managers as an aid for planning. These tools contain current international protocols and provide assistance for program planning and implementation.

Data from DR Congo, Senegal, and Benin show that vitamin A coverage (using NIDs and non-NIDs strategies) and exclusive breastfeeding (using community-based programs) have increased as a result of implementing ENA. Nigeria, India, Benin, Mozambique, and Madagascar have also adopted this approach in several states and districts.

### Regional Initiatives

Fifteen ECOWAS (Economic Commission of West African States) representatives and the West African Health Organization (WAHO) Council of Ministers endorsed the African Nutrition Capacity Development Initiative, spearheaded by the Project's West African Regional Office (WARO) nutrition team. WARO and SARA/SANA advisors leveraged \$70,000 in funding from the United Nations University (UNU) for training workshops on nutrition advocacy to be executed by WAHO.

Three non-presence countries (Niger, Mali, and Sierra Leone) reported adoption of Essential Nutrition Actions as an integral part of their health program following their participation in the annual meeting of the Nutrition Focal Points network, which is sponsored by the Project and other partners (SARA/SANA, Helen Keller International, UNICEF). This network has expanded recently to Central African countries (DR Congo, Gabon, Central Republic of Africa, Cameroon, and Chad) to cover a total of 20 African countries.

In collaboration with the MOST Project, BASICS II brought the “Child Health Weeks” approach to the attention of 11 countries in the region and facilitated the transfer of tools and experiences, including a study tour in Zambia by the Nigeria national and Lagos state authorities. The Project's collaborative publication with WHO on integrating vitamin A supplementation in national immunization days (NIDs) remained the premier document on expanding distribution of vitamin A in over 50 countries.

As a result of Project technical assistance to the IRSP (*Institut Régional de la Santé Publique*—Regional Institute of Public

---

Health) in Benin, approximately 40 district medical officers from nine West and Central African countries were trained in three-week intensive courses focused on Essential Nutrition Actions and behavior change strategies. ENA-based nutrition training modules developed by BASICS II were tested and adapted for general use in the region.

### Country Programs

Country programs implement community, health services, and national level activities through ENA and CBGP to increase prevalence of exclusive breastfeeding (EBF), appropriate complementary feeding, and vitamin A supplementation.

#### ■ Exclusive breastfeeding through six months of age

The Project documented results in Benin and Honduras this year using ENA and CBGP approaches to achieve improved breastfeeding.

In the northern Borgou region of **Benin**, EBF for infants under four months of age (the initial target group) increased from a baseline of 19% to a current level of 52.2%. EBF to six months of age was reported at 42.9%—a 350% increase since baseline in 1996. The overall nutrition framework in the region is the ENA approach, called PMA/N in Benin. In the last year, this approach was adopted as the national strategy for nutrition in the recently published 2001–2005 National Nutrition Plan for Benin, with plans for expansion from Borgou to the four remaining regions of the country. USAID funding for this expansion has helped leverage additional funding from other partners, primarily the *Cooperation Suisse*, GTZ, and the Chinese Development Agency.

**Honduras** also demonstrated results in increasing rates of EBF. The midterm evaluation of AIN showed increases in EBF for

## TECHNICAL APPROACH: NUTRITION (cont'd)

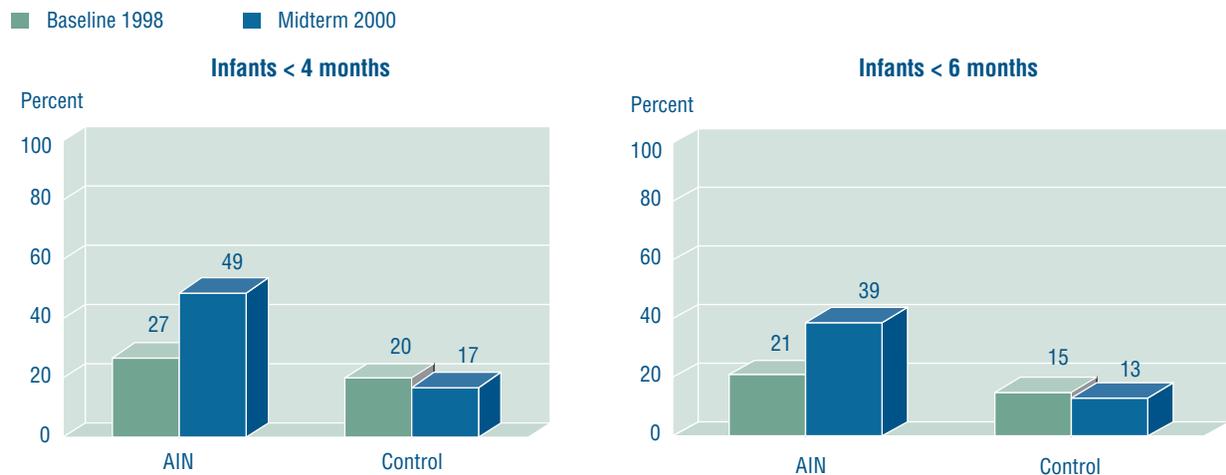
In addition to improving child health through the ENA approach, BASICS II is revitalizing community-based growth monitoring and promotion (CBGP) in several countries. This approach is linked to the ENA initiative in some countries, as in Senegal. Based on decades of experience with growth-monitoring and infant-feeding improvement programs, CBGP focuses on early detection of slow growth, rather than identifying children when they already are malnourished. The process of becoming malnourished occurs in the first 18 months, and CBGP programs focus on children under two years of age. Maintaining this age parameter allows more time for careful counseling, follow up, and community engagement. In the CBGP approach, interventions for child growth include not only food, but also counseling for social conditions within the family and addressing illnesses. Results show that CBGP has successfully incorporated immunization and diagnosis and referral of illnesses with the strengthening of efforts to improve child-feeding practices.

The approach gives special attention to the organization and participation of community leaders and members around the theme of child growth, emphasizing prevention and local problem solving. A standardized set of processes and tools helps make this a systematized but adaptable program. Recent results from Honduras, where the approach is called *Atención Integral a la Niñez* or AIN, show that participation is high, infant feeding practices have improved, and immunization and ORT use have increased. In addition to Honduras, BASICS II supports CBGP programs in El Salvador, Nicaragua, Ghana, Uganda, Zambia, and Senegal.

The success of BASICS II's nutrition activities and approaches is based largely on the ability of its technical and management teams to work across the project's four key technical areas. For example, the perinatal/neonatal group supports early initiation of exclusive breastfeeding; the immunization team supports vitamin A supplementation activities; and integrated management of childhood illnesses at the community level (C-IMCI) activities reinforce the importance of infant and child feeding, vitamin A supplementation, and anemia control. Additionally, the combined nutrition and health approach, cutting across technical interventions that address all major causes of mortality and child health priorities, has been invaluable for bringing about improved health policy and technical guidelines and increased resources for nutrition.



## Honduras—Increase in Exclusive Breastfeeding



infants less than four months of age in AIN communities from 27% to 49% between 1998 and 2000, compared to a decrease in EBF rates from 20% to 17% in control communities. For infants ages

0 to 6 months of age, an increase of 21% to 39% was seen in AIN communities, compared to a 15% to 13% decrease in control communities. In El Salvador, a self-monitoring tool for the

promotion of breastfeeding—known as MADLAC—was expanded nationwide, as part of expansion of the AIN approach there.

The ENA approach is called *Paquet d'Activités Intégrées de Nutrition (PAIN)* in Senegal, where BASICS II provides support to 15 districts. The program, which includes the essential element of EBF, has been expanded to additional districts by NGOs. In Nigeria, through the Catchment Area Planning and Action (CAPA) approach, breastfeeding promotion was added to community mobilization for immunization—both interventions aim to improve nutrition in infants less than one year old. In India, BASICS II has formed a



partnership with CARE/India to strengthen preventive health and nutrition interventions, including EBF, at the community level through two national programs, Reproductive and Child Health (RCH) and Integrated Child Development Services (ICDS). Using the principles of ENA, the CARE/India program (INHP) focuses on reducing drop-outs and left-outs in program catchment areas.

■ **Increase in appropriate child feeding (frequency, quantity, and/or quality of feeding)**

Appropriate child feeding is addressed through both of the ENA and CBGP nutrition

technical approaches. In **Honduras**, the CBGP approach (AIN) was evaluated and demonstrated improved child feeding practices in areas with the AIN program.

In **El Salvador**, the Honduran model was implemented using community volunteers and health promoters for counseling on improved child feeding. In this model, selected health services are delivered through existing community structures and monthly growth promotion activities.

Project assistance in **Senegal** focused on strengthening the quality and reach of complementary feeding and

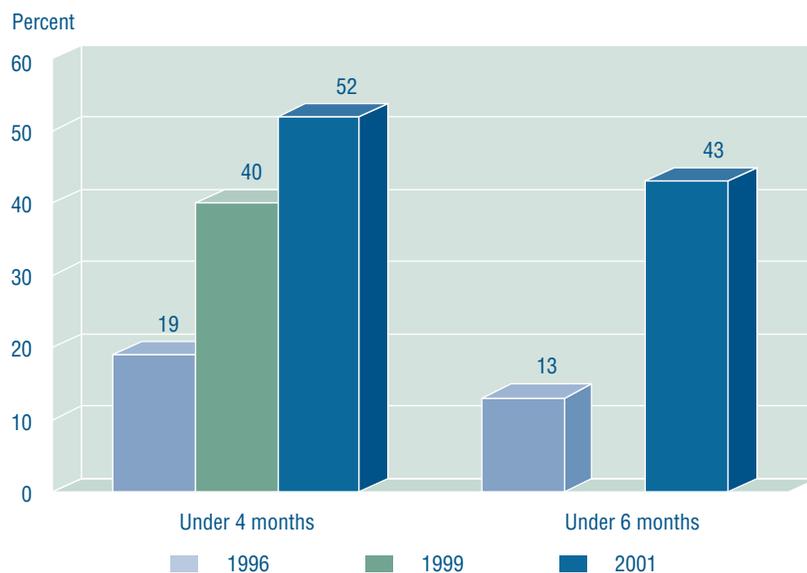
continued breastfeeding through the ENA/PAIN approach. A communications program (called *Programme Intégré en Communication* or PIC) was developed and initiated to provide key messages through multiple channels.

■ **Adequate intake of vitamin A**

An estimated 24.5 million children 6 to 59 months of age benefited from vitamin A supplementation over the 18-month progress period as a result of Project support. BASICS II made substantial progress in designing and implementing non-NIDs delivery mechanisms in several countries as part of ENA, in preparation for the phasing out of NIDs. UNICEF is an important partner in these activities.

BASICS I advocacy in **Benin** led to the addition of vitamin A supplementation to national NIDs in 1998. In 2002, for the fourth consecutive year, NIDs-linked vitamin A coverage reached over 80% of children ages 6 to 59 months nationwide. A non-NIDs approach was started at regional level in Borgou and subsequently adopted at the national level. In the Borgou/Alibori region, over 54% of total coverage

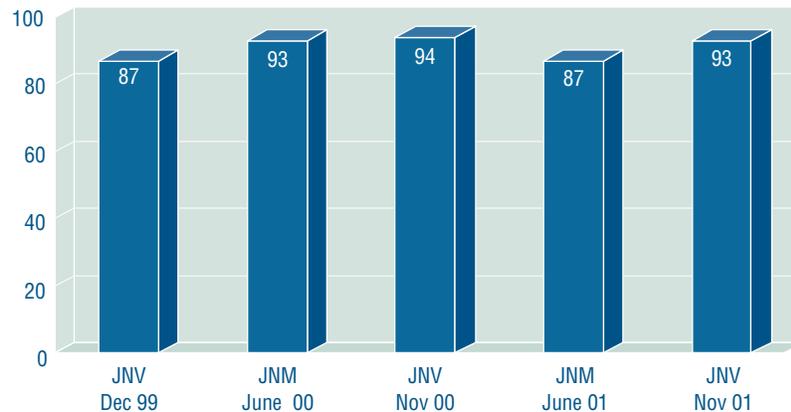
**Benin—Increase in Exclusive Breastfeeding**





## Senegal – National Second Dose Vitamin A Supplementation Coverage

Percentage coverage, children ages 6–59 months



JNV = NIDs for polio  
JNM = National Micronutrient Day

was reached with this non-NIDs strategy.

Similarly, after success with vitamin A supplementation during the NIDs in the DR

Congo, BASICS II successfully advocated for, helped formulate a national policy on, and initiated a strategy of distributing a second dose of vitamin A



through fixed facilities and outreach. Based on the results and lessons from three pilot zones in Kinshasa, the strategy was extended to all 34 Kinshasa health zones and later to 85% of health zones in the country through partnerships with the government, SANRU, UNICEF, and MERLIN. Preliminary data indicate 89% of children 6 to 59 months old in Kinshasa were reached with the second dose, representing a 30% increase from last year.

In Nigeria, the Project was responsible for the adoption of a national policy and operational plan for the distribution of over 20 million capsules approximately every six months to children nationwide through NIDs, with coverage estimated at over 75%. Similarly, for the second year in a row, the BASICS II team in Senegal supported achievement of over 80% coverage nationally of children 6 to 59 months of age with two doses of vitamin A distribution. For the first time, the June 2001 Micronutrient Day was organized and carried out by each district, rather than by national entities. Despite this challenge, high levels of coverage (nearly 90%) were maintained.

# Perinatal/Neonatal Health

The World Health Organization estimates that annually there are around four million deaths among infants less than one month of age and an additional four million still births (occurring between 22 weeks of pregnancy and birth). Shocking as these figures are, they are underestimates; many deaths and still births that take place at home go unreported. While there has been a significant decrease in the worldwide infant mortality rate, the neonatal mortality rate has remained static in many countries, indicating that this area previously has not been addressed to any real extent in country programs. BASICS II has commenced strong advocacy to actively promote the importance of newborn health.

## Global Leadership

Through strong advocacy and strategic experience transfer, BASICS II is helping to establish the importance of newborn health as a new area in international public health. As facilitator of the advocacy group of the Healthy Newborn Partnership (HNP), BASICS II drafted an advocacy brief/information sheet that promotes newborn health. The piece was distributed at the United Nations Special Session on Children (UNGASS) in May 2002. The project also provided technical input for the advocacy tool, ALIVE, developed by SARA Project and Saving Newborn Lives.

Through its position in international advisory groups, BASICS II continues to stress the need for increased recognition of newborn health issues. When the Inter-agency Working Group of the Safe Motherhood Alliance met in London in February

2002, BASICS II and partners such as Saving Newborn Lives (SNL) successfully lobbied to highlight newborn health as a crucial focus of maternal health programs.

The Project provides technical support at the global level as a member of the Working Group on Malaria in Pregnancy and as an advocate within

country programs for the promotion of intermittent preventive therapy during pregnancy to prevent or diminish adverse effects on the growing fetus. The Project has contributed technical support to the Department for International Development (U.K.) for identifying neonatal health program priorities and has



## TECHNICAL APPROACH: PERINATAL/NEONATAL HEALTH

One of the unique features of the BASICS II strategy is the incorporation of perinatal/neonatal health in its child survival program. With its partners—USAID, World Health Organization (WHO), Saving Newborn Lives (SNL), Department for International Development (DfID – U.K.)—the perinatal/neonatal technical focus area of BASICS II promotes the use of an appropriate and locally adaptable essential newborn care package.

A cluster of preventive interventions can address a significant proportion of the 60% of infant mortality that occurs in the neonatal period. These interventions include maternal tetanus toxoid, intermittent maternal malaria prophylaxis and the use of bednets by mothers and babies, skilled attendance at birth, clean delivery practices, temperature control for the newborn infant, early initiation of breastfeeding soon after birth without prelacteal feed, exclusive breastfeeding, and appropriate care-seeking for neonatal health problems.

As this is a relatively new area in the field of international health, advocacy at all levels continues to be of prime importance. Besides support at country levels, strategies at regional and global levels are essential to promote the cause and share information and experiences to propagate best practices. The perinatal/neonatal staff work in collaboration with the BASICS II technical units for nutrition (vitamin A, breastfeeding), immunization (neonatal tetanus), and integrated management of childhood illnesses at the community level (community mobilization and communication for home management and care-seeking behaviors) and with other partners in safe motherhood. The perinatal/neonatal unit is uniquely suited to support and advocate for these approaches within child survival and maternal health initiatives worldwide.

participated in numerous meetings, including the World Health Organization-SNL consultation on research and interventions on neonatal health and the Institute of Child Health’s meeting on “Perinatal Care in Developing Countries.” At the international meeting on breastfeeding hosted by the Center for Breastfeeding, the Project’s technical

adviser for newborn health was awarded the Healthy Children 2001 Achievement Award for helping to improve child health outcomes through significant work in the field of human lactation.

BASICS II is on the editorial board and provides technical support to the development of the *Manual on the Care of the Sick and Low Birthweight Infant*, which will be jointly published by WHO and the Johns Hopkins Program for International Education for Gynecology & Obstetrics. BASICS II also provides technical support including training to partners in areas relevant to newborn health.

### Regional Initiatives

A regional workshop, organized with WHO’s Southeast Asia Regional Office (WHO/SEARO) to present issues to improve neonatal health in the Southeast Asia region, successfully commenced the Asian Regional Initiative to Improve Newborn Health. Donors, technical officers, managers, and key government representatives from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand met to exchange information and experiences on good quality practices. BASICS II participated in drafting an approach to implementing neonatal interventions that are based on the local neonatal mortality rates and other indicators. The success of the workshop and the enthusiasm that it generated among the participants and donors leveraged funds from WHO/SEARO and SNL and secured additional funds from the USAID Asia and the Near East Bureau. The workshop also propagated further collaboration with WHO/SEARO for an ongoing regional initiative that will improve newborn health strategies in country programs.

Through advocacy and strategic experience transfer, the Project also successfully advocated for a strong public health and community focus in the essential newborn care initiatives of the Pan American Health Organization (PAHO). BASICS

---

II contributed a section to PAHO's Neonatal Bibliography that highlights public health issues and technical support relevant to newborn health in developing countries.

### Country Activities

Perinatal/neonatal staff support the work of other technical teams in areas of particular relevance to newborn health, notably breastfeeding and prevention of neonatal tetanus by immunization, as well as the cross-cutting areas of community mobilization and communications and behavior change.

BASICS II contributes technical support for developing an integrated child survival package, ensuring the incorporation of the newborn component. During this period, the Project advocated for intervention programs at the country level in **Bangladesh, Nigeria, and Bolivia**. In-country activities have begun in **Senegal, India, and El Salvador**. Based on country-level review of available data and requirements and following discussions with local teams, stakeholders and USAID Missions developed programs to improve neonatal health in each of these countries. Priority was given to essential newborn care and its various components and operational strategies for implementation.

Two years of intense advocacy by BASICS II, supported by the Ministry of Health interest, culminated in the approval of an intervention program in **Senegal**. Based on the requirements of the district where about 42% of the births take place at facility level, the program includes promotion of both community-based and peripheral facility-based newborn health, with emphasis on essential newborn care. Operational strategies include community mobilization, communication for appropriate behaviors, and capacity building of traditional birth attendants, community health volunteers (called *relais*), and health workers. A set of required behaviors to

## TECHNICAL APPROACH: PERINATAL/NEONATAL HEALTH (cont'd)

While integration within existing programs is important, it is necessary to ensure that in mainstreaming processes the newborn is not "lost" among more familiar intervention programs that have functioned for longer periods. The Project has developed a lifecycle or age-related approach that gives high visibility to the unacceptably high mortality rate in the first month of life and that helps to focus intervention strategies for maximum benefit to this key period in child health. In Senegal and India, the process of implementation and their effects are being documented in collaboration with partners.

While advocacy efforts increase awareness of the importance of promoting newborn health at various levels, this needs to be translated into governments, organizations, donors, and other stakeholders developing suitable policies, allocating resources, and implementing programs. With USAID and other partners such as WHO, SNL, and DfID, BASICS II advocates developing suitable approaches that are cost effective and that have scenario-based options. Through existing country partnerships, the Project has been instrumental in designing newborn care strategies or activities in four countries (Senegal, India, El Salvador, and Honduras). In addition, Nigeria, as part of the Catchment Area Planning and Action (CAPA) initiative, provided support for capacity building by targeting traditional birth attendants in the training program and thus extended the focus of promotion of breastfeeding to the early newborn period.

improve newborn health will form part of an integrated communications and behavior change program. An age-related approach helps to avoid losing focus on the newborn in the larger child health picture.

BASICS II provided technical support to incorporate newborn health into the Integrated



Nutrition and Health Project II implemented by the CARE Project in **India**. In this program, there is close integration with nutrition and immunization. The newborn program consists of two components and includes a minimum package of actions being introduced in a phased manner in selected areas in the eight states where CARE is working. In depth evaluation is

planned for implementation in one area in collaboration with CARE and Johns Hopkins University.

In **El Salvador**, BASICS II has incorporated newborn health in the curriculum of the community-based health promoters and the mother/baby package at the facility level. A rapid assessment of community-based newborn health activities

has been planned for implementation through health promoters, and the Project will provide technical support to fill gaps documented by assessment.

In **Honduras**, the need for improved newborn health has been realized locally after data from the recent Demographic and Health Survey indicated high neonatal mortality. BASICS II integrated a section on neonatal health into the manual for community health volunteers (called *monitores*) as a part of the country's highly successful community-based growth promotion program (*Atención Integral a la Niñez* or AIN).

# Operations and Evaluation Research and Performance and Results Monitoring

**D**uring September 2001, the OER with PRM functions of BASICS II were merged to increase efficiency. The streamlined structure facilitates integration of performance information and research results to more effectively influence policy, planning, and management. Progress for each unit is presented below.

## Operations and Evaluation Research

To further the Project's OER agenda, a panel of experts was drawn from BASICS II partner organizations in February 2002. The panel identified specific mechanisms to increase the visibility and strategic use of research within the BASICS II program and to develop the strategy for disseminating results through multiple channels. The panel also agreed on the distinction between operations research and evaluation research for the purposes of the BASICS II project:

- Operations research is directed toward solving problems with the objective of improving the performance and outcome of existing programs or testing alternatives to or modification of existing program approaches.
- Evaluation research determines the effects or outcomes due to project activities.

Some research may encompass either or both aspects. The primary purpose of

OER is to influence interventions and that influence may impact at global, regional, and/or country levels. The following is a sampling of OER activities at each level for various technical programs.

### *Global Influence*

#### ■ Tetanus toxoid

Two Project-supported research activities on the role of tetanus toxoid serological methods in tetanus elimination efforts were presented and discussed in the meeting of the international MNT Elimination Program Committee (MNTEPC). A study conducted in Togo and Namibia found that levels of tetanus protection as determined by serology among women were greater than those reported through history. This indicated that actual coverage as measured by serum tetanus toxoid antibodies might be significantly higher than coverage estimated by the currently used proxy indicator of tetanus toxoid

vaccination history. The MNTEPC recommended that experts in tetanus sero-response and biology review the study in depth.

#### ■ Community-based growth monitoring and promotion

A technical exchange group (TEG) was convened to ensure the quality and credibility of methods for evaluating these types of programs. This TEG discussed strategies for evaluating the effectiveness of growth promotion programs, including the use of existing routine program information, and advised on an index of age-appropriate child feeding. Results included knowledge and practices indices on age-appropriate child feeding and indicators that capture the intensity and duration of program participation.

#### ■ Drug Management for Childhood Illness (DMCI)

A finalized English language version of materials (manual, data collector's guide, and analysis software) for Drug Management for Childhood



Illness was created in collaboration with the Rational Pharmaceutical Management project.

#### ■ IMCI at the Community Level

BASICS II conducted research to support the household and community component of the integrated management of childhood illness approach. A meeting held in Baltimore, Maryland in January 2001 in collaboration with Johns Hopkins University and the CORE Group identified research and program priorities for household and community IMCI.

Participants included staff and researchers from international governmental and non-governmental institutions (e.g., WHO, UNICEF, USAID) from Africa, Asia, and North and South Americas. The meeting was documented by BASICS II in April 2001 and by the *Journal of Health, Population, and Nutrition Research* in June 2001.

## Regional Influence

### Africa

#### ■ Injection safety

A number of Project countries are participating in efforts to improve injection safety.

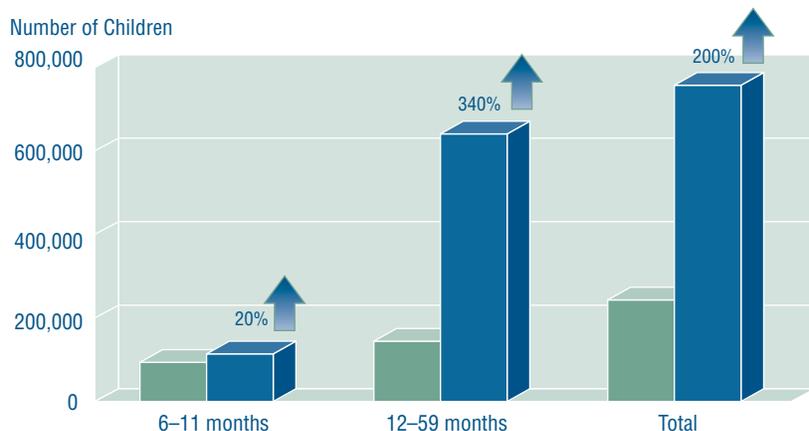
Results from a national survey in Guinea on injection safety in February 2002 instigated the development of a technical working group that included UNICEF, WHO, the World Bank, and MOH representatives from central, regional, and district levels. This group drafted a national policy and action plan (now implemented) regarding health worker practices of injection safety, management of injection waste, and logistics of injection materials

procurement. The lessons learned from this research are being applied to other countries, such as Mali and Senegal.

#### ■ Vitamin A supplementation

A TEG was convened to share information on current methods of distributing vitamin A in Africa through non-NIDs mechanisms. Discussion emphasized the tools used to document, monitor, and evaluate these efforts. The protocol and methodology will be used in a set of country programs of the Project as well as of partner agencies.

## DR Congo – Increased Vitamin A Coverage of Children 6–59 Months, 2002



## Latin America and the Caribbean

### ■ Promoting handwashing interventions

A secondary analysis on the handwashing intervention provided information on behavior change and insights into the strengths and constraints of the programs in Honduras, Guatemala, and El Salvador. BASICS II collaborated with EHP, the World Bank, and UNICEF to document results and provide guidelines for similar programs.

## Country Activities

### ■ Antimalarial efficacy studies

The Project was a partner in a multi-donor antimalarial drug efficacy study in **DR Congo** that demonstrated the failure of chloroquine to provide effective malaria treatment. Based on these results, a consensus meeting was held to change the first-line drug for malaria treatment from chloroquine to SP. Subsequent to consensus on the first-line drug, the Project supported the development of a new treatment protocol and new national malaria policy. The Project also conducted

training of trainers in new malaria training modules in SANRU assisted health zones.

### ■ Vitamin A supplementation

The Project developed non-NIDs vitamin A supplementation strategies in **DR Congo**. The national government and donors accepted the results and lessons from the three pilot health zones in Kinshasa region. The strategy was then extended to all health zones in Kinshasa (34 health zones) and later implemented in 85% of health zones of the DR Congo.

### ■ Demonstrating the effectiveness and impact of community-based growth promotion

The midterm study on the integrated, community-based program focused on child growth in **Honduras** (AIN) was completed during this period. The data provided solid evidence that the AIN strategy was successful and was a compelling factor in the decision to implement AIN in Guatemala. Results shared with the Canadian Red Cross led to the Project's training Red Cross/Canada volunteers in AIN methods as part of their program.

### ■ Improving Micronutrient Days (MNDs)

In collaboration with the government of **Senegal**, UNICEF, WHO, and other partners, the MOH's statistical division and the Directorate of Studies, Research, and Training evaluated the year 2000 MNDs. Findings resulted in improvements and in devolving planning, implementation, and supervision of the 2001 MNDs to the district health teams, with support from the agencies previously involved at the national level and the Project.

### ■ Demonstrating the effectiveness of a package of essential newborn care in Senegal

The project convened a TEG to share information on research design and implementation for newborn care programs, and to garner technical advice on a study protocol for the project-supported activity in **Senegal**. Ministry officials consider this Project-supported effort as the inception of a national program of newborn care. UNICEF identified how the newborn care intervention will fit into its program of



maternal and child health care in the regions where they work. This newborn intervention is expected to have global implications.

## Performance and Results Monitoring

PRM facilitates the technical programs and interventions by providing tools and information that provide a sound basis for decision making and for planning and managing interventions for each country program and across the Project. This includes support to technical staff in producing and/or maintaining:

- annual workplans,
- program designs,
- results framework,
- five-year overviews and narrative descriptions,
- Strategic Objectives indicator table,
- “Scale” framework, and
- target population tables/charts.

Specific PRM activities during the progress period included:

- Improving performance monitoring plans for country programs based on visits in six countries (Ghana, Senegal, DR Congo, Nigeria, Uganda);

- Determining the need for and feasibility of a baseline study as a result of investigative visits to five countries (Ghana, Senegal, DR Congo, Uganda, Bolivia);
- Providing full technical and administrative support through PRM in-house staff or consultants on household surveys, including contracting and supervising local survey teams; preparing survey designs and questionnaires; calculating sample sizes; constructing data entry programs; conducting data entry, cleaning, validation, and analysis; developing tabulation and analysis plans; writing reports; and disseminating results. These activities were conducted in Nigeria, DR Congo, Ghana, and Honduras;

PRM’s support has influenced program implementation at the country level. For example, in **Nigeria**, preliminary results from the Integrated Child Health Survey (ICHS) were presented at meetings with the Commissioner for Health and the Director of Public Health for each of the Project-covered states. This

impacted the focus of state public health activities and led to direct requests for targeted initiatives (e.g., public media campaigns to increase exclusive breastfeeding rates and implementation of approaches to develop high levels of sustained immunization coverage). In addition, the Project introduced a project monitoring methodology that analyzes and reports quarterly on progress toward achieving Project objectives.

The Project collaborated with the PROSAF bilateral project in Benin on questionnaire development and sample size calculation for a household survey to measure exclusive breastfeeding practice in Borgou.

In **DR Congo**, the Project-supported survey on immunization coverage in four health zones in Bandundu province provided information on the timeliness of vaccination as a quality issue at the service delivery point and on the low levels of certain vaccinations among neonates. Results were used to identify commonalities across health zones that represent strengths and shortfalls in the wider immunization program and within the communities.

Partners, including the national immunization program, used the data to inform their national and provincial program decisions. The survey methodology led to modifications in UNICEF's MICS survey in DR Congo.

The Project closely collaborated with the Ministry of Health in **Uganda** in the development of indicators and implementation measures for IMCI at the community level. These indicators now are used in

the six districts supported by the Project. UNICEF incorporated the monitoring tools into their existing IMCI areas (across 25 districts) and included them in their proposal for national IMCI expansion. Data from Project-supported surveys in three districts became part of IMCI implementation by district health management teams.

BASICS II led a team of local partners in developing a list of indicators for AIN program monitoring in

**Nicaragua**. A concise set of these indicators was incorporated into four new contracts by USAID/Nicaragua in order to standardize AIN program monitoring. Also, tools (questionnaire, data collection instrument, and guidance on data analysis) developed for the AIN community baseline assessment were shared with NGO partners and circulated by NICASALUD in Nicaragua.



# Strategic Experience Transfer

A primary objective of BASICS II is to share its experiences, analyses, and expertise with other cooperating agencies (CAs), NGOs, PVOs, bilaterals, and multilaterals, MOHs, and other organizations in order to promote sustainable interventions that improve child survival. The Project uses strategic communications to target key audiences using appropriate and effective channels for successful advocacy and uptake of country, regional, and global programs. As BASICS II moves towards the end of its contract, the Project's Strategic Experience Transfer activities further emphasize sustainability.

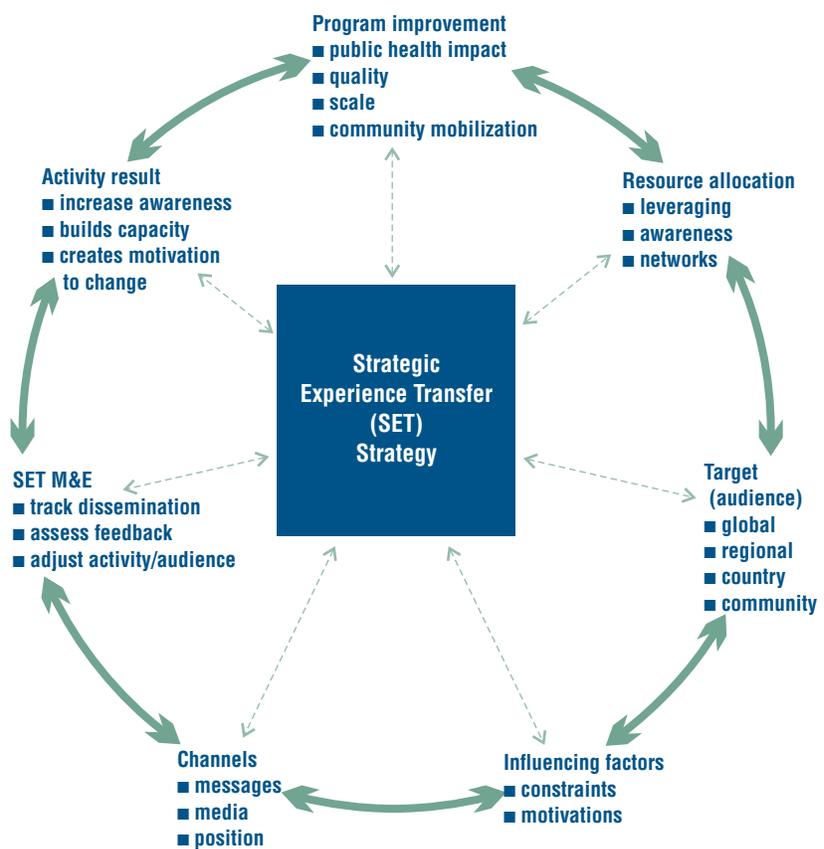
## SET Strategy

The Project advances child health policies and programs by identifying, analyzing, and sharing approaches and results. To achieve this, BASICS II supports conferences, workshops, networking, electronic applications, and the dissemination of tools, guides, and documents. The BASICS II communication or "SET" strategy ensures that what the Project develops and learns reaches crucial groups in useful formats and at critical times to support achievement of scale. The Project identifies Strategic Experience Transfer (SET) priorities that assist in ensuring the future sustainability of interventions.

In the BASICS II SET strategy, the Project first develops a methodology for capturing its experiences. Based on the vision for the uptake of best practices, the most effective approach for transfer of these experiences is then

established. While being attentive to motivating and constraining factors, each technical focus area and

country program contributes to the development of global, regional, and country networks of key recipients and audiences.





The Project determines the most appropriate vehicles and channels for disseminating experiences and positions the messages and materials to create optimal impact. This positioning ranges from government-level advocacy to messages targeting individuals in specific communities via mass media. These SET activities are then tracked and followed-up by researching feedback to determine the success and impact of the strategy.

Timing and priority setting are major factors in the Project's SET strategy. The SET Unit works closely with technical staff on the release of materials and information at critical times, often in coordination with country, regional, or global events, to provide the most effective and useful transfer of experience to key audiences.

### Global Technical Leadership

The Project contributes to several global initiatives aimed at improving awareness and the state of child survival. BASICS II reaches an audience of policymakers for child health worldwide through various channels, demonstrated by a publication prepared during the progress period for the UN General Assembly Special Session on children. Each technical focus area uses global forums to influence policy based

on its experiences at the country level. For example:

- **Immunization** staff sit on the Independent Review Committee of the Global Alliance for Vaccines and Immunization (GAVI). This committee reviews country proposals and makes recommendations for funding commitments, which reached over \$880 million dollars in May 2002.
- The **Perinatal/Neonatal** staff present at policy-influencing forums to advocate for this newly introduced area in child health and briefed the U.S. Congress with “Protecting the Next Generations: Saving the Lives of Newborns” in June 2001. In preparation of the UN Special Session on Children, the staff prepared an advocacy brief on the contribution of neonatal mortality to the burden of diseases and on the critical importance of implementing programs to improve newborn health in further reducing infant mortality. The staff also sit on the editorial board of the forthcoming *Manual on the Care of the Sick and Low Birthweight Infant*, in production by WHO and MNH, and coordinated the Advocacy Group of the Healthy Newborn Partnership—a

global alliance of organizations that actively works to promote newborn health.

- In **Nutrition**, the dissemination plan gives priority to increasing awareness and building capacity for operationalizing two priority approaches: community-based growth promotion and Essential Nutrition Actions. Regional entities in Africa are a special focus, but multiple channels to reach audiences were also developed for LAC and Asia. This included translating the detailed capacity-building manual for health managers, *Nutrition Essentials*, into French.
- The **BASICS II C-IMCI** team became the leading technical partner in supporting community-based delivery of services for children in Africa and LAC. This team participates in major regional workshops and working groups to share their experiences in the implementation of the community component of IMCI.

### Regional SET

Strategic Experience Transfer on the regional level uses networks as primary vehicles of exchanging experience. The WARO office facilitates and

participates in the Nutrition Focal Points Network in Africa, which includes representatives of ECOWAS and Central African countries (20 total in 2002). As a result of BASICS II advocacy and experience transfer using this network, the participating countries have adopted and presently endorse several Project-supported and initiated programs, including ENA.

In Africa, the Project supports the Africa Task Force for Immunization (TFI) meeting of field, regional, and global partners from international and national organizations. Project staff chaired a special working group to provide the TFI recommendations related to routine immunization and conducted a plenary presentation on applying the lessons learned from polio eradication communication strategies. The Project also supported regional and sub-regional dissemination of community nutrition approaches and tools such as ENA and CBGP.

BASICS II regional SET activities in the Latin American and Caribbean region include a targeted dissemination of its IMCI experience with PAHO for strengthening the implementation of this program in eight LAC countries. The Projects' experiences with the AIN approach of the CBGP program,

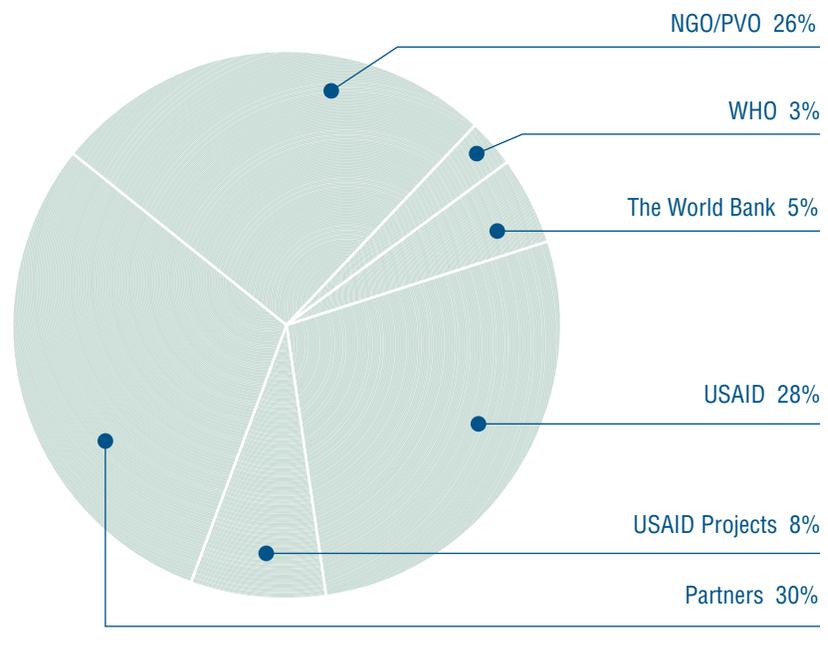
which a recent study has proven successful in Honduras, are shared with other Central and Latin American countries, NGOs, and PVOs through coordinated meeting and dissemination strategies.

In the Asia-Near East region, perinatal/neonatal staff occupy a leading role in sharing their experience on early child survival. Through participation in the Asian Regional Workshop on Improving Newborn Health, the Project has strengthened regional capacities and secured sponsorship of programs by national health organizations.

## Country Programs Support

Strategic Experience Transfer is incorporated in every activity at the country level. From capacity building workshops and advocacy briefs to implementation toolkits and information-education-communication modules, SET activities are used to educate, advocate, and update influential individuals and organizations in every Project country. Examples of Strategic Experience Transfer activities during the progress period include:

## BASICS II Listserv Subscribers





- The Project conducted a study tour of the district of Kadiolo, Mali for the health team of another district (Koroa) to share successes in high vaccination coverage and low dropout rate.
- In DR Congo, BASICS II staff organized a malaria technical exchange meeting with health practitioners and managers and public health professionals on the findings from recent studies on the current state of malaria drug resistance and to discuss the changes and implementation of new treatment protocols.
- The Project hosted a subregional workshop in El Salvador on the “Development of Evaluation Methodologies for IMCI Alternative Training Programs”; participants developed criteria and

protocol for designing and evaluating IMCI alternative training programs.

- BASICS II supported the Borgou Public Health Management Department in Benin in mass-reproducing the Project’s booklet entitled, *Conseils sur le Paquet Minimum d’Activités de Nutrition—Volume 2* (Nutrition Minimum Package). The booklet contains a collection of health messages presented in the form of small stories and covers the topics of vitamin A and iodized salt and maternal and child nutrition.

The BASICS II InfoCenter maintains a collection of more than 12,000 reports, periodicals, training materials, manuals, and reference materials, comprising one of the most extensive child survival collections in this field

of global health. The Project’s informative listservs reach nearly 2,000 subscribers who represent international NGOs, PVOs, government organizations, educational institutes, and other bilaterals. All Project manuals, briefs, technical reports, toolkits, videos, and other materials are available through the BASICS II InfoCenter using state-of-the-art technology. Project materials are available through the Project Website and on CD-ROMs, in addition to printed materials.

BASICS II InfoCenter:  
[infoctr@basics.org](mailto:infoctr@basics.org)

BASICS II Website:  
[www.basics.org](http://www.basics.org)