



Pathways and Partnerships for Healthier Children

BASICS
Annual Report
October 1, 1994 - September 30, 1995

USAID Contract Numbers:
HRN-6006-C-00-3031-00
HRN-6006-Q-00-3032-00

**BASICS is a USAID-funded project
administered by the
Partnership for Child Health Care, Inc.**

Academy for Educational Development (AED)
John Snow, Inc. (JSI)
Management Sciences for Health (MSH)

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Executive Summary

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

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

The project supports four main activities: country and regional programs, technical quality assurance, monitoring and evaluation, and information dissemination. During the second year of the project, the Technical Division further refined the technical and programmatic priorities of the project into six programmatic priority areas. Cross-functional Working Groups were established for each area, and all project activities reflect the following six programmatic priorities:

- sustaining immunization programs
- integrating effective case management of childhood illnesses
- strengthening the link between nutrition and health
- promoting and sustaining positive health behaviors
- improving techniques for monitoring and evaluation
- establishing public/private partnerships.

The project is administered by the Partnership for Child Health Care, Inc., a joint venture of Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors to the partnership are: Clark Atlanta University, Emory University, The Johns Hopkins University, Porter/Novelli, Program for Appropriate Technology in Health (PATH), and Manoff Group.

The Second Project Year

This report outlines the major activities and accomplishments of the second year of the BASICS project, October 1, 1994 – September 30, 1995. These include:

- Reviewing all country programs with field staff: All regional and country advisors were brought into BASICS headquarters in October 1995 for intensive review of their programs and plans and for orientation in the BASICS technical strategies developed during the first year of the project.
- Continuing development of country action plans (CAPs) or less formal work plans for long-term and periodic country programs: CAPs or work plans were completed for Bangladesh, Eritrea, Ethiopia, Guatemala, Honduras, Madagascar, Mali, Nigeria, and Senegal, among others.
- Assisting in the planning of USAID projects in nine countries: Guinea, India, Kenya, Malawi, Morocco, Pakistan, South Africa, Yemen, and Zambia.
- Transferring and incorporating programs and staff from predecessor projects into BASICS, including programs in Bangladesh, Haiti, and the New Independent States (NIS) of the former Soviet Union.
- Refining the technical and programmatic priorities of the project into six programmatic priority areas and establishing six cross-functional Working Groups to incorporate each of these areas into the annual work plan and the country programs.
- Augmenting and improving capabilities, strategies, and activities for information dissemination to establish the project's technical leadership in the field of child survival and to create a supportive policy environment for child survival.
- Expanding and improving program monitoring and evaluation, including refining the country evaluation strategy and improving the Management Information Report (MIR).
- Revising finance and administration systems to accommodate the project's growing and changing needs, including streamlining the procurement process, installing a new PC-based accounting system, and revising financing categories to accommodate the introduction by USAID of field support core funding.
- Developing integrated management mechanisms, including for personnel management and financial operations, to further establish the autonomy of the project and to integrate field and headquarters staff from the three partner companies and the three principal subcontractors.

Country and Regional Programs

The BASICS project's Operations Division plans and implements all BASICS country and regional activities. Like all BASICS activities, the country programs reflect the project's six programmatic priorities. In addition, some programs focus on specific diseases, such as control of diarrheal disease (CDD) or acute respiratory infection (ARI). Others involve the design and assessment of national health systems and policies.

Field activities are staffed with long-term advisors and locally hired staff members and consultants. BASICS is developing and implementing long-term country programs in approximately 20–30 countries and is assisting USAID Missions in developing and implementing bilateral and/or short-term programs in several additional countries. In its first two years, the project fielded 250 teams or consultancies to assist USAID Missions in developing, implementing, and evaluating programs in child survival and maternal and child health.

The project provides technical assistance to its country operations through its headquarters in Arlington, Virginia, and through three regional offices in Almaty, Kazakstan; Dakar, Senegal; and La Ceiba, Honduras.

In the past year, BASICS provided data and technical expertise to support the formulation or revision of national health policies in Bolivia, Central African Republic, Eritrea, Ethiopia, Haiti, Niger, South Africa, and Zambia. Moreover, BASICS finalized multiyear Country Activity Plans (CAPs) or work plans for its own programs and/or for other USAID child health programs in these same countries as well as in Ecuador, Guatemala, Honduras, Indonesia, Madagascar, Mali, Nigeria, Russia, and Senegal.

Francophone Africa

BASICS work in Africa during the second project year (PY2) was carried out in two separate regions: Francophone Africa and Anglophone Africa. The BASICS regional office in Dakar, Senegal, supported long-term BASICS programs in Mali, Niger, and Senegal and short-term operations in countries and regional institutions elsewhere in Francophone Africa. In addition to long-term country programs, BASICS provided short-term help in Burundi, Central African Republic, and Guinea. Through the services of BASICS Deputy Director Dr. Ronald Waldman, the project played a key role in delivering U.S. assistance to Rwandan refugees. The Dakar office is staffed by a regional advisor and a number of technical advisors—all African nationals.

MALI

BASICS activities in Mali support two main objectives:

- **Increase access to and quality of child health services through integrated case management (ICM) in two pilot regions.**
- **Build demand for and use of curative preventive health services through information, education, and communication (IEC) efforts.**

The project will achieve these objectives by increasing the proportion of sick children receiving appropriate combined case management (CDD, ARI, and malaria) and by improved strategies for behavior change that target priority childhood illnesses in three pilot districts (two districts in the Sikasso region and one in the Koulikoro region). Another important project component is improving the skills of health workers in communication and counseling.

During PY2, the project:

- **Undertook a Country Activity Plan (CAP) exercise in January 1995, which involved BASICS staff members and consultants, as well as a representative of the Africa Regional Office of WHO. The CAP was subsequently approved by the Ministry of Health (MOH) and all collaborating partners.**
- **Conducted an Expanded Program on Immunization (EPI) assessment jointly with UNICEF.**
- **Developed a protocol to determine current knowledge and practices in child survival and to review training documents and national policy on case management standards. The BASICS Regional Advisor worked with the project's staff in Mali, the Division of Family and Community Health (DFSC), and the Projet Population Santé et Hydralique Rurale (PSPHR).**
- **Helped the MOH finalize and implement a training needs assessment for health workers in the pilot regions. The BASICS Regional Director worked with the MOH on the assessment, which was designed to collect information on health worker performances and to determine current knowledge and practices in child survival.**
- **Carried out an information situation analysis of existing IEC strategies, approaches, and resources available for child survival and assessing how to use them to support BASICS activities in the Sikasso and Koulikoro regions to increase the demand for curative and preventive child health services.**
- **Finalized the MOH's Training of Trainers (TOT) Manual for family planning/child survival, in collaboration with the National Information, Education and Communication Center for Health.**

Looking Ahead

BASICS Mali will develop behavior change strategies and programs to target priority childhood illnesses in communities in three pilot districts. BASICS Mali also will assist the districts and community health centers in developing IEC strategies for communities in the pilot region of Koulikoro. Focus group studies will be conducted on caretaker behavior for the management of sick children. To measure the impact of the project, BASICS will introduce the preceding birth technique as the primary means of measuring reductions in child morbidity and mortality.

BASICS also will work to disseminate malaria control strategies, and research will be undertaken to acquire greater knowledge about the efficiency, acceptability, and cost of proposed solutions. BASICS also will collaborate with the Department of Parasitic Infections at the National School of Medicine and Pharmacy (Malaria Research Training Center, MRTC) to specify the conditions under which chloroquine will be used at the community level, given that many people choose self-medication.

Among other activities in Mali, BASICS will assess the relevance of the content of medical journals to child survival; evaluate the options for introducing ICM at the National Medical and Pharmacy School and at Gabriel Toure Hospital; develop a health worker communication module to complement its combined case management training module; and train health workers in effective communication and counseling.

NIGER

The overall goal of BASICS activities in Niger is to improve health worker performance by developing and testing approaches for integrated case management (including counseling) of childhood illnesses such as diarrheal diseases, acute respiratory infections, and malaria.

During the past year, the project carried out a baseline survey to identify the training needs of health workers in the two target districts, Saye and Boboye. A package of integrated training and supervision materials, including a strengthened health worker counseling and communication curriculum, were developed by the MOH in collaboration with BASICS. Health workers from Boboye and Saye were trained in ICM and counseling skills, and supervisors were trained to be more effective.

Formative supervisory visits were made after case management training to evaluate the impact on health worker performance. The activities were completed in spite of the considerable constraints imposed by outbreaks of meningitis, cholera, and measles. The evaluations showed that after training, 70.8 percent of health workers demonstrated at least a 50 percent improvement in their knowledge of diagnosis and treatment, and 58.3 percent of sick children were correctly managed. A post-training visit to Boboye, in August 1995, found that 69 percent of cases were correctly assessed by health workers and 79 percent of cases were correctly treated. In Saye, 93 percent of cases were assessed correctly, and 91 percent were treated correctly. These figures surpass the project's 60 percent targets for both assessment

and treatment. Exit interviews with mothers pointed to a great improvement in caretaker skills and understanding in some areas, though not in all. For example, while 91 percent of caretakers in Boboye knew how to administer drugs, only 32 percent retained the message that they should increase liquids during a child's illness.

Looking Ahead

By using an integrated training approach in Boboye and Saye to improve health workers' performance, BASICS has taken an important step in helping Niger make the transition from centrally managed, vertical child survival programs to decentralized, integrated management. However, a recent technical review of the integrated training package used in Niger has shown that improvements are needed in the following areas:

- Training materials used in Niger need to be developed into a course with clearly defined methodology and a facilitator's guide.
- Technical revisions are needed in the management of severe illness, diarrhea, and malaria and in all procedures used to diagnose severe malnutrition.

There continues to be a strong level of commitment for integrated case management on all levels within the MOH. Of utmost priority for BASICS will be documenting the lessons learned.

SENEGAL

The primary goal of the BASICS program in Senegal is to reduce child mortality due to diarrheal dehydration and malnutrition in the four USAID-assisted regions of Fatick, Kaolack, Louga, and Ziguinchor. BASICS is working in collaboration with the National Service for Feeding and Applied Nutrition (SANAS). The major activities during PY2 included:

- Completion of the Senegal CAP in February 1995: Technical strategy documents were developed for nutrition, private sector, IEC/behavior change, and integrated management of CDD, ARI, and malaria.
- Assessment of national ORS needs and development of a strategy for ORS distribution.
- Regional and district-level planning for CDD/nutrition interventions: The country advisor worked with SANAS, the MOH, and the staff of the Management Sciences for Health Senegal Child Survival/Family Planning Project (SCS/FP). BASICS headquarters and field staff participated in a SCS/FP pre-implementation and evaluation workshop to help define

operational project indicators for child health, specifically for CDD and nutrition.

- Organization of regional workshops to disseminate the results of the Health Facility Survey and secondary analysis of DHS II data for the four USAID–assisted regions. BASICS is continuing to work with SANAS to define programmatic implications from analysis of the 1994 Health Facility Survey and 1994 DHS II data.
- Development of PROFILES, a computer database that describes the nutritional status of the Senegalese and projects the consequences of malnutrition. PROFILES will be used as an advocacy tool to help policymakers formulate programmatic interventions in nutrition. BASICS collaborated with the SARA project.

Looking Ahead

In the next project year, BASICS will introduce innovative approaches to promote community participation in improving nutrition and care seeking for infants and young children. BASICS will help SANAS develop a national nutrition policy to serve as a framework for nutrition interventions. BASICS will develop a PROFILES advocacy strategy that will include a short policy presentation for the Government of Senegal, as well as for collaborating partners. BASICS will field test the preceding birth technique as a low-cost tool to estimate early childhood mortality and perhaps to monitor the impact of health interventions.

BASICS also will help improve the skills of the SANAS staff, through training in planning and operational research. SANAS workers will be brought into district and regional planning activities, survey development, and applied research in nutrition on the health facility and community level.

Preliminary discussions will take place with the MOH concerning steps for moving from centrally managed, vertical child survival programs to decentralized, integrated management.

Anglophone Africa

In Eastern and Southern (Anglophone) Africa, BASICS operated programs in Eritrea, Ethiopia, Kenya, Madagascar, Nigeria, South Africa, and Zambia. In addition, BASICS played a significant role in Anglophone Africa through REDSO/ESA, the Regional Economic Development Support Office/East and Southern Africa. BASICS provided to REDSO a regional child survival advisor and administered a program to operate a regional health network. BASICS also provided short-term assistance to Malawi and Mozambique.

ERITREA

BASICS is coordinating the child survival components of the Eritrea Health and Population (EHP) project, a five-year USAID bilateral project to increase utilization of an integrated package of basic health services, especially by women and children. BASICS also is working with the MOH to strengthen health systems and improve service delivery at the community level. There are two goals:

- To bring about sustained improvements in the health status of women and children by focusing on health planning, financing, and management; systems training; national drug policy; demographic and health information; and a national laboratory system.
- To increase demand for, access to, and quality of integrated health and family planning services through curriculum development, health worker training, and health and family planning education.

During the past year, BASICS conducted a training needs assessment and developed a plan for short- and long-term training. Other activities included:

- Collecting information for a health facilities survey on the quality of case management for illnesses that commonly cause childhood morbidity and mortality.
- Participating in an EPI review to assess immunization programs and coverage.
- Studying the costs of providing health care services in clinics for use in developing health care financing mechanisms.
- Assessing existing health information infrastructure, training needs, and design proposals for systems improvement.

Looking Ahead

BASICS will continue its major coordinating role in the five-year EHP project, gathering previously unavailable health data and assisting the MOH in planning and setting health priorities.

ETHIOPIA

BASICS is providing technical assistance to the Ministry of Health's Essential Services for Health in Ethiopia (ESHE) project. In preparation for the new project, BASICS designed a health facilities survey instrument and undertook other information-gathering activities. In

particular, an interim Resident Advisor established an office in Awassa, hired local staff, and oversaw the provision of technical assistance to the Regional Health Bureau, including:

- Designing a health facilities survey instrument.
- Reviewing the health information system and providing recommendations for its redesign.
- Collecting data to use with the health systems redesign.
- Organizing study tours to Uganda and Ghana on decentralization and health management.
- Training local researchers and conducting a community study to learn more about perceptions of illness and health services.

Looking Ahead

BASICS will provide long-term technical assistance to the ESHE project on child survival and related issues. Two resident teams will be recruited—one for Addis Ababa and one for Awassa.

KENYA

As part of a larger project to reduce morbidity and mortality of women and infants in Kenya by reducing female genital mutilation (FGM), BASICS is working with the Program for Appropriate Technology in Health (PATH) to assess current FGM eradication efforts by national and international agencies. This effort was part of the planning for a project that will involve focus study in the Kisii district and qualitative research and surveys.

The project's goal is to reduce morbidity and mortality of women and infants through the reduction of FGM in a target community, with the intent of replicating efforts in other regions. The project will be run by Seventh-Day Adventist Rural Health Services (SDA), in collaboration with professional associations and NGOs that have an understanding of FGM practices in Kenya. The overall objectives include:

- Achieving a better understanding of social and cultural mechanisms that may constrain the practice of FGM.
- Designing an intervention strategy, developing materials, and implementing training in the target community.
- Evaluating and refining activities to develop strategies and models for replication elsewhere.

During the past year, BASICS completed a country assessment to determine the best site for the project and participated in the process of selecting SDA as the partner organization in Kenya to perform the focus study.

Looking Ahead

BASICS will participate in the field research, under an 18-month subcontract with SDA.

MADAGASCAR

In Madagascar, BASICS has concentrated on strengthening the public sector's response to diarrheal disease. Working with counterparts in the national CDD program, the project provides technical assistance and operating cost support to develop institutional capacity, improve case management skills, develop IEC strategies and materials, and increase the availability and use of ORS.

Efforts were made during the past year to refocus BASICS activities, in light of high levels of infant malnutrition, structural and staff changes in the MOH, and the program directions of other donors, particularly UNICEF. BASICS will now give greater emphasis to community-level interventions, behavior change among providers and caretakers, and greater integration of child survival services.

Looking Ahead

New project activities in Madagascar will fall under four interrelated objectives:

- Developing district-level capacity to plan and implement child survival programs.
- Promoting sustainable behavior change at the household and community level with respect to critical child survival behaviors.
- Introducing and helping to implement ICM at the district level.
- Developing central-level capacity to support and extend ICM.

NIGERIA

The unstable political climate in Nigeria has led BASICS to focus on collaborating with NGOs and community-based organizations to improve child health services in one state (Lagos State). The project is working to match clusters of providers and facilities with

community-based organizations to plan and implement expanded child health services. The objectives of the project include:

- Increasing the use of current community-based information to advocate and plan for private sector health services.
- Developing health education and counseling materials.
- Improving the quality of immunization and other child health services.
- Increasing the utilization of child health services through community outreach programs.
- Improving home management of diarrhea in low- and middle-income communities.
- Contributing to overall private sector efforts to provide improved health care services to mothers and children.

During PY2, BASICS conducted a facility survey in the project area, inventorying NGOs and community-based organizations (CBOs) working in the targeted communities and gauging their interest in establishing partnerships to improve child health. The project selected 12 communities in six target neighborhoods. Clusters of health care providers and facilities will be matched with community-based organizations with the goal of building functional working relationships to plan and implement expanded child health services.

The project also worked with other organizations on a country-wide integrated community baseline survey, sponsored by USAID/Lagos. The information gathered will be combined with existing data and used to plan and implement projects to improve child health services.

BASICS maintains a three-person office in Lagos, staffed by Nigerian professionals.

Looking Ahead

Training and implementation will follow the selection of the participating health care providers/facilities and CBOs.

REDSO/BASICS REGIONAL HEALTH NETWORK

The REDSO/BASICS Regional Health Network is an innovative program designed to share experiences, ideas, and lessons on cross-cutting health development themes among countries in East and Southern Africa. The program had a highly successful first year. A health network coordinator and an administrative and information assistant were recruited. The network's offices are located within the Population, Health, and Nutrition Office at REDSO in Nairobi. The priority issue for first year of the program was health care financing.

Looking Ahead

The Regional Health Network will continue to focus on health care financing, as well as integration of health care services.

SOUTH AFRICA

BASICS will be assisting USAID's EQUITY (Equity in Integrated Primary Health Care) project, which is scheduled to begin in mid-1996. EQUITY will provide primary health training in Eastern Cape Province and management training in all nine South African provinces. The training methodology will incorporate innovative teaching strategies that promote distance-based learning concepts to integrate classroom and clinical on-site application of skills. BASICS is engaged in bridging activities to build a foundation for the project, in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and USAID's International Training in Health project (INTRAH).

During PY2, BASICS staff completed assessment and planning activities for the BASICS role in EQUITY. The project also assisted the Department of Health (DOH) at the central level and in Eastern Cape Province to develop an activity plan.

Looking Ahead

BASICS, in collaboration with its partners, began implementation of project training activities in January 1996.

ZAMBIA

BASICS provided planning, assessment, training, and technical assistance to the MOH in Zambia to develop the Zambia Child Health Project (ZCHP), implementation of which BASICS is leading as of the beginning of 1996. The project worked with national counterparts to develop a ZCHP project paper, strengthened planning capacities at the district level, assessed training needs, and advised the MOH on the technical content for health reform.

Looking Ahead

Through the Zambia Child Health Project, BASICS will support implementation of integrated case management activities, including in-service and pre-service training and interventions to improve monitoring and supervision.

Asia and Near East

BASICS carried out long-term or periodic programs in Bangladesh, India, and Indonesia during PY2. Short-term assistance was provided to Gaza, Morocco, Pakistan, Philippines, and Yemen.

BANGLADESH

BASICS provides technical assistance to the Urban EPI Program financed by USAID/Bangladesh and the Ministry of Health and Family Welfare. More than 70 percent of BASICS effort is devoted to sustaining the EPI program in cities, where the population is expected to grow rapidly and where infant mortality rates are very high (138 per 1,000 live births in Dhaka's slums in 1991).

The project completed a Country Activity Plan, which sets the following objectives:

- Improving and sustaining the urban EPI delivery system.
- Creating the capacity for cities to take charge of health and family welfare services.
- Focusing efforts on the urban poor to increase their access to quality health and family welfare services.

During the past year, BASICS helped ensure that the national immunization days (NIDs) aimed at eradicating polio were a success, despite the short period for planning and preparation. Other BASICS assistance to the EPI program, included:

- Improving program-monitoring methods for EPI managers.
- Improving urban disease surveillance and control, including an expanded urban sentinel system and an expansion of a pilot community-based NGO surveillance system into eight additional municipal areas (for a total of 16).
- Developing an Interministerial Task Force to bring about an effective role for the Ministry of Local Government.
- Undertaking a comprehensive evaluation of the NIDs, conducted jointly with WHO.

Looking Ahead

In the next year, the project will seek to develop and test a strategy for extending EPI, along with selected preventive services, to poor urban families who are currently not being

reached. The project also hopes to improve the reliability of the urban disease control surveillance system and to strengthen national EPI program management in selected areas such as maintaining service standards, social mobilization strategies for the hard to reach, and using immunization campaigns to strengthen routine service capabilities. Finally, the project will develop a management training program for municipal health leaders by adapting the successful training program for local family planning managers.

INDIA

BASICS has developed a model for training and assisting local health and management experts to sustain the objectives of the USAID Private Voluntary Organizations for Health II project (PVOH II) after its conclusion in 1997. PVOH II supports delivery of primary health care services by NGOs. BASICS has sought to mobilize Indian health and management experts to improve the chances that the NGOs will be able to sustain delivery of effective primary health care services after PVOH II ends.

Forty Indian NGOs are involved in ten Indian states. BASICS is helping to organize operations research to better understand what factors determine the sustainability of such efforts. BASICS works alongside the Indian Institute for Health Management Research (IIHMR), which has teaching, research, and extension capabilities. If this model proves successful, BASICS will help apply it in other developing country governments, to enlist and support NGOs in providing primary health care to poor and hard-to-reach populations.

BASICS also participated in a month-long program assessment and strategic planning exercise to propose future reproductive health and child survival programs for funding by USAID.

Looking Ahead

In the next year, BASICS will strengthen the technical capability of IIHMR to provide and manage technical assistance to Indian NGOs; update Indian technical experts on current child survival program strategies and technologies; and introduce methods to gather information about private sector health services.

INDONESIA

BASICS works to improve the health status of Indonesian children and mothers by strengthening capacity and utilization of health services and by encouraging private sector involvement in meeting public health goals. The project's specific objectives are to:

- Improve district-level, data-driven planning and management in the public and private sectors for primary health care in five provinces.
- Train health workers.
- Strengthen the role of the private sector in providing primary health care.
- Increase the demand for preventive and treatment services.
- Develop local technical assistance resources.

During the past year, working with Indonesian experts and institutions, BASICS developed a plan for incorporating private sector health services into decentralized primary health care programs. The program has two components:

- A research and development project in Central Java to test how private sector health care practitioners can contribute to public health objectives. This involves researchers at the University of Gadjah Mada and is being financed by the World Bank through the Community Health and Nutrition Project III (CHN III).
- Technical assistance to Health Project IV (HP IV), which aims to decentralize public health planning and management in five Indonesian provinces and is being financed by the Government of Indonesia and the World Bank.

BASICS also completed a review of the “kartu sehat” system, which spurred a policy discussion about how to exempt poor families from health care user fees.

Looking Ahead

During the next year, BASICS will spur public health managers in 11 districts to plan interventions to improve primary health care utilization in the public and private sectors. The project will hold two workshops and provide technical assistance to introduce improved data collection, data analysis, and planning mechanisms. BASICS also will complete development of a national computerized immunization monitoring system and develop means for public health managers to identify private health care providers and to assess their potential to improve maternal and child health.

Latin America and the Caribbean

During PY2, BASICS provided periodic or long-term technical assistance in Bolivia, Ecuador, Guatemala, Haiti, and Honduras and supported additional short-term activities on

a regional basis. BASICS activities in Latin America and the Caribbean are now supported by a regional office in La Ceiba, Honduras.

BASICS seeks to decrease morbidity and mortality among children under age 5 by developing, implementing, and testing strategic programs to:

- Change the behavior of caretakers—focusing on improving home care and care seeking outside the home—and transfer the skills needed to develop behavior change interventions to national and local institutions in the public and private sectors.
- Promote wider use of community-based interventions of mobilization for child survival, including community health diagnoses, mortality surveys, growth monitoring, and referral of at-risk neonates.
- Collaborate with bilateral and multilateral agencies and projects to promote broad adaptation of integrated case management.
- Foster greater use of interventions to reduce perinatal mortality.
- Work with the commercial sector and NGOs to expand access to health care and to develop sustainable, community-based primary health care models.

BASICS has undertaken a number of regional activities to support prevention and control of cholera and/or diarrheal disease. As part of this program, BASICS is evaluating the regional applicability of a distance education program run by the Institute of Nutrition for Central America and Panama (INCAP) and Pan American Health Organization (PAHO) to train physicians and nurses in prevention and treatment of these diseases. During the past year, BASICS developed the evaluation plan and instruments, in cooperation with INCAP. The evaluation will be completed during PY3.

Another regional initiative involves assessing the potential for public/private partnerships in controlling cholera and other diarrheal diseases by handwashing, including evaluating the size of the potential market and the capacities of the commercial sector in the region. Several manufacturers have expressed interest in producing and marketing soaps for such campaigns. Follow-up activities to support this initiative will take place during PY3.

BOLIVIA

The BASICS program in Bolivia seeks to:

- Increase the proportion of caretakers who regularly practice behaviors to prevent childhood disease, provide appropriate home care, and seek care at health facilities when necessary.

- Improve the use of community- and/or family-level data for decisionmaking and the design of interventions that have an impact on infant mortality.
- Increase the proportion of health providers and first-level facilities that practice standard case management for ARI and CDD and the proportion of caretakers who understand appropriate management of their children at home.
- Mobilize the private sector to increase the availability, delivery, and use of standard case management products and services for ARI and CDD.

Among BASICS achievements in Bolivia during the past year are the following:

- **Mortality Survey:** BASICS developed a protocol for identifying both the medical causes of death and the caretaker behaviors related to early childhood death among Aymara Indian children in the municipality of El Alto. The survey reconstructed the events and decisions that led to each child's death to uncover the overall causes of childhood mortality and to document caretakers' beliefs and practices. Many of the causes of death, which included ARI and dehydrating diarrhea, were preventable. The active involvement of policymakers, health care providers, and community members helped make the study a powerful intervention in its own right. The mortality study protocol is now being refined for use as a community surveillance tool, and it will be used across Bolivia in 1996 and by many other BASICS country programs in the near future.
- **Revision of CDD Curricula and Training Strategies:** In collaboration with PAHO, BASICS sponsored a workshop to revise the curricula in three public medical schools and to provide hands-on, hospital-based training for the control of diarrheal disease. Deans and faculty from all of Bolivia's medical schools met to plan implementation of the new case management curricula. Physicians, nurses, and auxiliary nurses participated in a series of five-day courses in standard case management. The participation of these health care workers was sponsored either by their institutions or by a cooperating NGO to make the training self-sustaining.
- **Support to CDD/ARI Training Centers:** In conjunction with the Secretariat of Health (SOH), UNICEF, PAHO, and public hospitals, BASICS conducted a series of training courses for staff of CDD/ARI training centers. These centers have been established by the SOH, UNICEF, and PAHO to provide standard case management to first-level health workers and to serve as a foundation for future training in integrated case management. Approximately 250 health workers were trained, including physicians, nurses, traditional healers, and others from both the public and private sectors during the past year. In addition, BASICS helped develop appropriate curricula and supervision instruments.

- **Public/Private Partnership for Distribution of ORS:** To help ensure the availability, accessibility, and use of oral rehydration salts on a national level, BASICS worked with commercial pharmaceutical companies, the SOH, UNICEF, and PAHO to develop, launch, and distribute a new brand of ORS, called “Suero de la Vida.” The activities involved in this initiative included:
 - A systematic analysis of pharmaceutical and consumer goods companies and development of a selection matrix to identify the best private sector candidates for a public/private partnership.
 - Creation of a product identity for the ORS product as a restorer of strength lost during diarrhea and testing of the concept and packet designs in focus groups with rural and periurban mothers.
 - Development of a marketing strategy, including selection of an advertising agency and plans for reaching the four target audiences—parents and other caretakers, physicians and nurses, pharmacists, and other health product retailers.
 - Use of market research to update and/or confirm current knowledge about attitudes toward use of ORS for treatment of diarrhea in children.

- **Training of Health Workers in Communications and Behavior Change.** BASICS trained district-level public health educators and communicators from the bilateral Community and Child Health (CCH) project and from the SOH in the process and strategy of social marketing. The training emphasized the use of qualitative research as a tool to learn about community members’ behavior and about the nature of health problems and behaviors. Participants designed questions for focus groups and in-depth interviews and then conducted field research. In addition, communication plans were completed for behavior modification efforts in six CCH districts.

Looking Ahead

During PY3, BASICS will continue to work with national and multilateral partners from the public and private sectors on these programs. Findings from the mortality survey will be disseminated to key policymakers to help change child survival policy and programs. The success of the public/private partnership for ORS will be evaluated through an initial baseline survey and ongoing monitoring. BASICS will attempt to launch regional efforts to involve the commercial sector in distributing other public health-related products. BASICS will train the CCH staff to design and implement district- and project-wide communications interventions and to collect and use infant mortality data for local decisionmaking.

ECUADOR

BASICS provided technical assistance to APOLO (Apoyo a Organizaciones Locales), an umbrella group of NGOs, to help its members become successful, replicable, and financially viable primary health care organizations. A planning mission conducted late in PY2 identified the following objectives:

- Promoting organizational development and improving the sustainability of APOLO member NGOs.
- Improving the health care services delivered by NGOs by designing an appropriate, attractive, and cost-effective package of services through the exchange of information on integrated case management, the adaptation of ICM materials, and clinical and management training in ICM.
- Expanding the capacity of APOLO member NGOs to monitor and evaluate primary health care packages to ensure their financial sustainability.
- Increasing the contribution of government, NGOs, and private voluntary organizations (PVOs) to the achievement of public health goals through the use of mechanisms to protect the poor under cost-recovery programs.

Looking Ahead

These objectives will be pursued in the technical assistance delivered to APOLO during PY3.

GUATEMALA

BASICS continued to provide technical assistance to the national ARI program. The technical focus of the project's work was expanded following completion of a Country Activity Plan during PY2. The following objectives are included in the CAP:

- Improving home care and care seeking outside the home.
- Ensuring that patients in small communities and at larger health facilities receive quality care and appropriate referral to higher levels of care.
- Improving plans for health programs in the Mayan highlands.

During PY2, BASICS worked with institutional contractor Clapp & Mayne to develop protocols for evaluating standard case management performance, run a state-of-the-art ARI conference for international experts, evaluate physician compliance with standard case management, and develop an ARI communication plan.

Looking Ahead

The CAP developed during PY2 will be implemented. The project will continue to assist the mission in developing implementation and evaluation plans and analyzing current management practices of the MOH. Activities to promote effective health communications will continue, particularly in the Mayan highlands.

HAITI

BASICs offered technical assistance in CDD, EPI, ARI, and IEC in Haiti on a short-term basis (approximately a year), until a new bilateral USAID program was underway. Two objectives were developed for the program:

- Putting in place national policies for the integrated delivery of child survival services, as well as plans for implementing the policies through the public and private health systems.
- Improving the delivery of child survival services by increasing capacity in logistics management, public health communication, and the use of data for planning, monitoring, and evaluation.

Under this program, BASICs led a workshop to develop a strategy for implementing integrated case management and briefed key officials from the MOH, NGOs, and multilateral organizations on a preparatory guide for the management of childhood illness.

The project also helped develop a document that defined the concept of a decentralized delivery model—the Unité de Santé Communale (USC)—which is a high priority for the MOH. BASICs introduced the model to key public health officials in the MOH and NGOs.

BASICs also cooperated with the Johns Hopkins University Population Communication Services (PCS) project and a local NGO to develop a curriculum for training community health workers in interpersonal communications, curriculum development, and message development. Finally, BASICs worked with USAID and PAHO to plan, implement, and supervise a national measles immunization campaign in Haiti.

Looking Ahead

The delivery order for technical assistance from the project was for a period of about one year.

HONDURAS

The Country Activity Plan completed during PY2 identifies two objectives for the project's activities in Honduras:

- Improving caretaker behavior at the household level.
- Improving access to quality care at the community level.

The project's work during the past year focused on planning, evaluation, and project design, primarily for ARI and CDD, including cholera. The project conducted an analysis of ARI data from health facility surveys. It began to design a mechanism for evaluating efforts to promote community participation in and sustained adoption of AIN—an integrated model for delivery of child health services. The project also revised promotional materials for community-level oral rehydration units (ORUs) and cooperated with the MotherCare and Wellstart projects in identifying priorities for joint activity in perinatal care.

Looking Ahead

In PY3, BASICS will lay the groundwork for introducing and implementing integrated case management. The project will also pursue joint activities in perinatal care with the MotherCare and Wellstart projects, which were identified in PY2.

New Independent States (NIS)

BASICS work in the New Independent States (NIS) of the former Soviet Union centers around strengthening institutional and technical capacities to plan, implement, monitor, and evaluate immunization and disease-control programs. The project coordinates its efforts in the region through an office in Almaty, Kazakstan.

Project staff members traveled to the five republics of Central Asia to assess the progress of BASICS activities in this region and identify priorities for technical assistance during the coming year. Current supplies of vaccines and other essential health commodities were assessed, as were current donor commitments and program needs for routine immunization and diphtheria control.

BASICS staff also travel to Atlanta, Georgia, where their local counterparts were undergoing a month-long training in epidemiology at the U.S. Centers for Disease Control and Prevention (CDC).

CAUCASUS

The basic goal of the project's activities is to strengthen planning, monitoring, and coordination of the diphtheria control campaign in the region. Political unrest and weak health systems continued to hamper efforts to control a rising diphtheria epidemic. During the past year, BASICS provided technical assistance to assess the status, planning, preparations, and evaluation capacities for mass diphtheria campaigns in Armenia, Azerbaijan, and Georgia.

Looking Ahead

The project's technical assistance to this region is scheduled to run through mid-1996.

KAZAKSTAN

The BASICS objectives are to reduce vaccine-preventable disease, disability, and death in infants and children by:

- Providing commodity support for obtaining vaccine, as well as help with vaccine logistics.
- Supporting efforts to sustain coverage and improve the quality of vaccine services.
- Enhancing self-reliance in vaccines and related commodities.

During the past year the project's efforts centered around:

- Working with health officials to plan social mobilization, vaccine logistics, and monitoring and evaluation of national immunization days for polio eradication.
- Promoting vaccine self-sufficiency by assessing the existing vaccine procurement system, suggesting new sources of supply, and developing a plan to finance and procure vaccine.
- Conducting a national policy seminar on polio eradication.
- Participating in planning meetings with counterparts and UNICEF and WHO staff to plan further technical assistance and meeting with USAID/Almaty to discuss the role of the proposed regional advisor and other Mission issues.

The project developed a system for procurement of vaccines and other immunization commodities from international sources, including strengthening managerial, technical, and financial capabilities in this area.

Looking Ahead

BASICS will continue to provide assistance to the MOH for diphtheria control, when requested, and will also provide assistance in cold chain management.

KYRGYZSTAN

The goal of BASICS work in Kyrgyzstan is to reduce the prevalence of death and disability from diphtheria in the population and to help eradicate polio by:

- Providing technical assistance in vaccine logistics, monitoring and evaluation, and procurement for mass immunization campaigns.
- Planning social mobilization activities.

BASICS helped establish the Republican Center for Immunoprophylaxis (RCI)—the first step in revitalizing the national immunization program. BASICS also provided technical, financial, and operational assistance to EPI efforts in several areas. The project's activities during PY2 included:

- Assisting the MOH and RCI in planning social mobilization activities for diphtheria immunization campaigns to help ensure high coverage for all age groups.
- Planning vaccine logistics and other technical aspects of the diphtheria immunization campaign and compiling and reporting the latest local information on need and supply.
- Conducting focus group training and research to better define the potential obstacles to achieving high immunization coverage.
- Helping to redesign information systems at all levels of government to better monitor coverage.
- Conducting a course for mid-level health managers on EPI and sponsoring a symposium on contraindications.
- Seeking to control the diphtheria epidemic by working with health officials to ensure that vaccine shipments arrive in the areas of greatest need and by working with local epidemiologists to implement control strategies.

- Helping to develop a stock management system for vaccine and other commodities related to the national immunization program.
- Providing guidance for identifying vital components of a national immunization plan and procuring vaccine.

Looking Ahead

Now that a national immunization plan is in place, BASICS will provide technical support for overhauling the management information systems and integrating qualitative research methods and data into communications and social mobilization strategies.

MOLDOVA

As in the Caucasus and Tajikistan, the goal of the project's activities in Moldova is to reduce vaccine-preventable disease, death, and disability in infants and children by:

- Strengthening institutional management and technical capacity to administer immunization and disease-control programs.
- Supporting efforts to sustain coverage and improve quality of services.
- Enhancing self-reliance in vaccine and related commodities.

During the past year, BASICS has worked with health officials in Moldova in an attempt to stem the epidemic of diphtheria—a disease that had been under control for the past 25 years. Technical assistance provided to the MOH included:

- Working with health officials to ensure that vaccine shipments arrived in the areas of greatest need.
- Assisting local epidemiologists to implement control strategies.
- Providing guidance on identifying vital components of a national plan for immunization and procurement of vaccine
- Helping to develop a stock management system for vaccine and other commodities related to the national immunization program.
- Following up on the plan of operation and cost analysis of immunization services.

Looking Ahead

BASICS efforts to reduce mortality and morbidity from vaccine-preventable disease are expected to continue for the life of the project.

RUSSIA

BASICS received funding to undertake activities in Russia in public health communication and systems reform. The project is providing Russian public health officials with the skills to plan, implement, and monitor state-of-the-art public health communications.

The project worked with the MOH and the State Committee for Sanitary and Epidemiological Surveillance (SanEpi) to organize the first national conference on information, education, and communications (IEC). The conference focused on current Western public health communications technologies and explored their application to the Russian public health system. The conference drew representatives from 64 oblasts (regions) and more than 100 federal and regional institutions.

Miniconferences were held following the national conference to continue the dialogue in two oblasts (regions)—Voronezh and Novgorod.

Looking Ahead

It is expected that BASICS will work to tailor communications strategies for diphtheria control and polio eradication at the oblast level.

TAJIKISTAN

As in Kyrgyzstan and Moldova, BASICS efforts here center around controlling the diphtheria epidemic. Tajikistan has experienced episodic civil strife since independence in 1992, which has limited the resources available for immunization and generally weakened the immunization system. The goal of BASICS activities in Tajikistan is to help reduce the prevalence of diphtheria death and disability in the population and to eradicate polio by:

- Providing technical assistance in vaccine logistics, monitoring and evaluation, and procurement for mass immunization campaigns.
- Helping to plan social mobilization activities to improve vaccine coverage.

During the past year, BASICS facilitated the development of a national immunization plan. The project organized and implemented emergency immunization campaigns, including compiling and reporting the latest local reports on donations of vaccine and other supplies and recent epidemiological data on diphtheria and polio. The project provided intensive support

for two rounds of national immunization days for polio eradication, including vaccine logistics planning, social mobilization efforts (videos, radio/TV, posters, flyers), and monitoring and evaluation. BASICS also sought to build capacities to procure and manage the stock of vaccines and related commodities and met with counterparts and UNICEF and WHO staff to plan further technical assistance.

Looking Ahead

Now that there is a national immunization plan, the project will focus on strengthening the sustained coverage and quality of services. The project also will continue to support measures to control poliomyelitis and diphtheria, through such activities as vaccine logistics planning, social mobilization, and monitoring and disease control measures.

UZBEKISTAN

As for other BASICS short- and long-term programs in the NIS, the goal in Uzbekistan to reduce vaccine-preventable disease, death, and disability in infants and children by:

- Strengthening institutional management and technical capacity to administer immunization and disease control programs.
- Supporting efforts to sustain coverage and improve quality of services.
- Enhancing self-reliance in vaccine and related commodities.

During the past year, the project assisted the MOH in preparing for first and second rounds of immunization for polio eradication. An operational plan for logistic and cold chain support was prepared for both rounds, which included social mobilization, reporting requirements, evaluation strategies, and distribution responsibilities. The project also assessed the national process and results for the immunization day and documented lessons learned for possible application in neighboring countries.

Looking Ahead

USAID/Tashkent has strongly urged the MOH to form a central unit to manage immunization activities, and until such a unit is formed, planned project activities to strengthen the immunization system are on hold. The project's efforts are limited to disease-control measures, such as support for national immunization days for poliomyelitis. However, the MOH feels that no further assistance will be needed to control either polio or diphtheria.

Technical Quality Assurance

The project's Technical Division further refined the technical and programmatic priorities of the project into six programmatic priority areas during the second year of the project. Cross-functional Working Groups were established for each area to better integrate each into the project's annual work plan and country programs.

During the past year, the project's Technical Division has developed an innovative model—the Pathway to Child Survival—that identifies the wide range of factors, inside and outside a child's home, that play a critical role in the child's well-being. These factors include, for example, the caretaker's ability to recognize the signs of illness and to provide appropriate care, cultural norms and practices that affect the type of care given, the accessibility and mix of health care providers (e.g., traditional healer versus Western practitioner, public sector versus private sector setting), and the quality of the care provided within the health care system.

The Pathway was developed jointly by BASICS, USAID, and the U.S. Centers for Disease Control and Prevention (CDC). BASICS and its in-country counterparts use the pathway as an analytical tool to identify those specific factors that contribute to early childhood mortality and, in turn, use this information to design effective interventions.

The Technical Division is organized into six Working Groups, which correspond to the project's six programmatic priorities: sustaining immunization programs; integrating effective case management of childhood illnesses; strengthening the link between nutrition and health; promoting and sustaining healthy behaviors; improving techniques for monitoring and evaluation; and establishing public/private partnerships.

Sustaining Immunization Programs

BASICS collaborates with USAID, UNICEF, and WHO to develop effective and efficient programs to increase the demand for and the delivery of immunization services at the regional and national levels, including by:

- Strengthening planning and management capabilities, improving the quality of immunization services, and increasing and sustaining demand.
- Introducing or collaborating in epidemiologically and programmatically sound activities to reduce morbidity and mortality from vaccine-preventable diseases.

- Working with both the public and the private sector to ensure that funding and necessary commodities are available for immunization programs.

During the second year of the project, BASICS had a significant impact on immunization policies in the NIS, which had been uniformly out of date, wasteful, and ineffective. BASICS conducted a series of national policy workshops, the last of which were held in Kyrgyzstan and Kazakstan during the past year. As a result of these workshops, and additional work by BASICS staff and consultants, all of the NIS have officially updated their policies on contraindications and vaccine schedules, and several have revised their strategies for delivery and support of immunization to make them more appropriate and cost-effective.

BASICS organized national immunization days (NIDs) in four countries of the NIS for diphtheria control and in Bangladesh for polio control, and all of the NIDs had high levels of coverage among the target populations. Among other immunization activities during the past year, the project reviewed EPI programs in a number of countries, helped design new vaccine vial monitors, trained officials in Kazakstan to procure vaccines competitively on the international market, and conducted a mid-term evaluation of the U.S.-based Rotary International's PolioPlus community mobilization project.

LOOKING AHEAD

During the next year, BASICS will increase safe and effective immunization coverage, especially among high-risk populations, and will introduce strategies to reduce morbidity and mortality due to vaccine-preventable diseases. It will also develop and test approaches for strategic planning and forecasting for vaccine needs.

Integrating Effective Case Management of Childhood Illnesses

BASICS seeks to help introduce, implement, and evaluate an integrated approach to improve the management of childhood illness (MCI) in the community and in the formal health system, including by:

- Working with policymakers to ensure that the technical, managerial, and administrative aspects of public health-related policies support effective MCI.
- Developing effective training for MCI.

- Emphasizing specific aspects of MCI, including preventive care, household management of illness, appropriate care-seeking behavior, effective drug management in health facilities, and motivating health workers.

During the past year, BASICS assisted in the development of *Integrated Case Management: A Preparatory Guide*, produced by the SARA project. BASICS subsequently translated the guide into French and Spanish and used it to begin a dialogue with policymakers in six countries—Bolivia, Haiti, Madagascar, Mali, Niger, and Zambia. Each of these countries has set up an MCI task force to review current policies and programs and will adapt MCI materials during 1996.

Field and headquarters staff participated in the evaluation of WHO's integrated case management training package, and BASICS is now developing a complementary training package for mid-level and peripheral health providers. BASICS helped analyze the curriculum field test for front-line health workers, refined the regional training strategy for Francophone Africa, and developed a field-testing protocol for health service delivery in Haiti. The project also conducted a training needs assessment and performance deficiencies measurement, provided drug management training for first-level health facilities, and developed medical education materials.

LOOKING AHEAD

During the third year of the project, BASICS will provide technical assistance and training to senior health officials preparing to implement integrated case management, develop training for health workers, and conduct operations research to sustain improved management of childhood illness. The project will also study caretakers' response to febrile illness and management of fever.

Strengthening the Link Between Nutrition and Health

The project's objective is to integrate nutrition interventions into maternal and child health programs at the community, facility, and policy levels, including by:

- Broadly disseminating relevant information and advocating the importance of nutrition to the survival of infants and young children.
- Collaborating with other USAID-funded projects and activities.
- Implementing behavior change interventions aimed at parents and other caretakers, health workers, and policymakers.

During the past year, BASICS convened a working advisory group (WAG) to assess and revise strategy for nutrition interventions. The project also began an analysis of country programs for nutrition programming opportunities. In collaboration with the Nutrition Communication project and the Support for Analysis and Research in Africa (SARA) project, BASICS published, disseminated, and translated into three languages a report on the relationship between mortality and malnutrition.

BASICS worked with the Academy for Educational Development (AED) to adapt the PROFILES nutrition simulation package for use in Senegal—an effort that involved officials from the Ministry of Public Health; the Ministry of Economy, Finance, and Planning; the regional nutrition institute, ORANA (Organisme de Recherche sur l'Alimentation et la Nutrition Africaine); the University of Dakar; and the World Bank. In part because of this effort, the Minister of Health reiterated the country's commitment to improving nutritional status and to supporting ORANA.

LOOKING AHEAD

During the next year, BASICS will develop and introduce integrated approaches for prevention and treatment of childhood malnutrition and incorporate effective behavior change and communication components with respect to young children's feeding behaviors in child survival programs, particularly case management. The project also will field test a breastfeeding guide.

Promoting and Sustaining Healthy Behaviors

BASICS works to promote and sustain caretaker behaviors that have the greatest impact on the survival of children. The project's work in this area targets community members, health care professionals, and policymakers, including by:

- Documenting and disseminating the positive effects of a set of “emphasis” behaviors—chosen for their potential impact—to affect policy priorities and the implementation of behavior change programs.
- Incorporating behavior change components into BASICS country and regional programs in a way that supports the specific disease-control objectives of the programs.

BASICS worked in three countries—Bolivia, Eritrea, and Russia—to create and strengthen national capacities in health information, education, and communication (IEC). In Russia, BASICS organized the first national IEC conference, which drew representatives from 64 oblasts (regions) and more than 100 federal and regional institutions. Future efforts in Russia will focus on diphtheria control and polio eradication at the oblast level. In Eritrea, BASICS assessed national IEC needs and capabilities and prepared a national health communications policy that will be incorporated into the country's health plan in 1996. In Bolivia, the project trained 40 national and district health program managers, and another 20 health educators and community mobilizers, in the essentials of social marketing, including formative research, behavior change, and monitoring and evaluation.

During PY2, BASICS worked with local counterparts to develop and/or implement behavior change strategies in Bangladesh (NIDs), Bolivia (various issues), Guatemala (ARI), Haiti (interpersonal communication by health workers), Honduras (CDD), Kyrgyzstan (immunization/NIDs), Moldova (immunization), and Niger (case management). Working with the International Center for Research on Women, BASICS completed a policy study of the causes of gender differentiation in households and the impact on the health status of girls. The project worked with WHO to develop management and training tools for changing the case management behaviors of health workers.

Other project work in this area included preparation of a guide for linking formative research to intervention planning; creation of a methodology for segmenting high-risk urban populations for child survival programs; an ethnographic study of treatment-seeking behavior for malaria; preparation of guidelines for case management of ARI; development of a social mobilization strategy for expanding immunization services to Bangladesh's urban poor; and evaluation of the behavioral aspects of a community growth-monitoring program in Honduras.

LOOKING AHEAD

Over the next year, BASICS will continue to develop, implement, and evaluate interventions to improve caretaker behaviors essential to the survival of children, including recognition of illness, home care of the sick child, and appropriate and timely care seeking. It will study how to mobilize community support for child survival, test methods to motivate health workers to change their behavior and sustain the change, and develop tools to strengthen local capacity to implement effective behavior change interventions.

Improving Techniques for Monitoring and Evaluation

BASICS monitors its activities at points all along the Pathway to Child Survival, using standardized tools to support the data needs of governments, the private sector, global donors, and USAID. The emphasis is on participatory approaches, and activities include:

- Using household surveys to monitor changes in preventive behaviors, care-seeking practices, and case management of sick children.
- Developing service-delivery strategies oriented to the needs of consumers by conducting community assessments.
- Guiding improvements in quality of care with facility assessments.
- Assisting in policy formulation and improving management capabilities by reviewing current program.

In the second project year, BASICS advanced the state-of-the-art in child survival program research by developing and/or testing a number of important instruments.

Mortality Study

A study protocol was developed and used in Bolivia to identify both the medical causes of death and the caretaker behaviors related to early childhood death. The active involvement of policymakers, health care providers, and community members helped make the study a powerful intervention in its own right. The mortality study protocol is now being refined for use as a community surveillance tool, and it will be used across Bolivia in 1996 and by many other BASICS country programs in the near future.

Private Sector Inventory

In Nigeria and Indonesia, BASICS assessed the current and potential role of the private sector in improving child survival. BASICS developed protocols for taking inventory of for-profit health providers, NGOs, manufacturers, and large employers at the community, state, and national levels. These protocols will be refined and tested in the Sahel and in at least one Latin American country in 1996.

Health Facility Surveys

BASICS tested a new CDD health facility survey package in Senegal for WHO, which has since been translated into French and released for use worldwide. BASICS also developed an integrated health facility assessment instrument to measure the quality of child survival services at primary and secondary health facilities. The protocol was tested in Eritrea and was adapted for use in Niger and Mali in 1995. An updated version will be used in Madagascar during 1996.

Community Demand Study

In Ethiopia, BASICS tested a participatory technique for measuring community perceptions about health status and needs. This technique was also used in Bangladesh to assess the level of demand for child health services in an urban slum.

Supervision and Monitoring Tools

Working with Guatemala's national ARI control program, BASICS developed a performance-based supervisory tool—a simple checklist, in fact—that is being used routinely throughout the country. The tool is also used to determine whether health workers have acquired critical ARI detection, treatment, and counseling skills. In Niger, BASICS developed tools to help health workers supervise integrated child health services at the district and facility levels. These tools are now being used to reinforce training, encourage joint supervision by program managers, and monitor the quality of program services.

Preceding Birth Technique

In collaboration with Harvard University, BASICS worked to develop a procedure for measuring infant mortality through the preceding birth technique and designed a child mortality survey based on the Pathway to Child Survival.

Equity/Financing Tool

BASICS conducted a comparative evaluation of a means-testing tool in Indonesia, Ecuador, and Guinea. The results will be used by USAID's Africa Bureau to assess whether the screening tool could be applied effectively elsewhere. Effective methods of means testing may be critical to ensuring access to primary health care when local health care financing mechanisms are adopted.

Drug Supply Management

Because adequate supplies of essential drugs are critical to many child survival interventions, BASICS developed a training module for health center staff on "Drug Supply Management for First-Level Facilities," which focuses on processes for ordering and dispensing pharmaceuticals and controlling inventory. A formal field test of the training package is planned in South Africa in 1996.

Program Evaluation and Review

Formal review of ongoing child survival programs can lead to more effective policies, strategies, and interventions. In 1995, BASICS worked with colleagues from WHO, UNICEF, and other multilateral and private agencies to carry out a number of program reviews and evaluations, including an evaluation of national immunization days (NIDs) in the NIS, India, and Bangladesh; EPI program reviews in Eritrea and Ethiopia; evaluation of the national PolioPlus program in Nigeria; evaluation of Save the Children's child survival program in Honduras; health facility surveys to assess quality of care in Bolivia, Honduras, Mali, Niger, and Senegal; evaluation of USAID's child survival program in the Central African Republic; and evaluation of the integrated child care model called "AIN" in Honduras. In each case, the BASICS team's recommendations brought about modifications in policy and/or programs that promised improved results.

LOOKING AHEAD

During its third project year, BASICS will develop an integrated household survey instrument, establish a health facility quality review for case management, introduce and validate the preceding birth technique for measuring infant mortality, and review the validation of child survival indicators for program monitoring and evaluation.

Establishing Public/Private Partnerships

BASICS is working to increase the role of the private sector in improving health care for all populations, but especially for the underserved, including by improving access to health care, quality of care, and the sustainability of health programs. BASICS supports partnerships between the public and private sectors that can serve as models for the future and as the catalysts for change in government policies to encourage greater reliance on private sector health resources. The project's strategies include:

- Assessing the potential role and capacity of the private sector to develop, market, and distribute a variety of health-related products and services in various countries.
- Developing, demonstrating, and advocating strategies and tools to improve the contribution of the private sector to public health.

During the past year, BASICS worked with private health providers and community-based organizations to expand health services in Indonesia and Nigeria. BASICS worked with nongovernmental organizations (NGOs) and private voluntary organizations (PVOs) to improve the quality of private health programs and services in Bangladesh, Ecuador, Haiti, Honduras, and India.

BASICS was integral in planning a national strategy for broader distribution of oral rehydration salts (ORS) in Bolivia, collaborating with the MOH, UNICEF, and USAID to develop, test, and launch a new, locally produced ORS product. BASICS also evaluated the potential for public/private partnerships in controlling diarrheal diseases by handwashing, including assessing the potential market and the capacities of the commercial sector in Latin America and the Caribbean.

The project also completed a protocol for pilot testing strategies to improve case management by private providers, developed linkages with professional associations in five countries, evaluated the cost-effectiveness and role of the commercial sector in delivering EPI services, and provided short-term technical assistance to a social marketing effort in Morocco.

LOOKING AHEAD

In the upcoming year, the project will work to expand the contribution of private health care providers toward achieving public health objectives, to strengthen commercial marketing for public health-recommended products, and to help NGOs and PVOs facilitate appropriate household-level case management, disease prevention, and care-seeking behaviors. The project also will seek to strengthen public/private linkages at the national and regional levels.

Technical Symposia

BASICS sponsors seminars to highlight state-of-the-art approaches to child survival programs and new areas of BASICS interventions, as well as to promote interagency collaboration. With other organizations and donors, the BASICS Technical Division organized or cosponsored sessions involving experts from all six of the project's programmatic priorities areas:

- A two-day meeting of behavioral experts was held to develop an intervention planning strategy to bridge the gap between formative research and planning.
- A symposium was presented by Peter Winch, MD, of The Johns Hopkins University School of Public Health on the use of insecticide-treated mosquito nets (bed nets) for malaria control and the potential for private sector involvement in the manufacture, distribution, and treatment of bed nets.
- A symposium was held on global strategies for vaccine procurement and sustainability, in conjunction with UNICEF and reflecting UNICEF's new strategy for developing more sustainable immunization programs.
- BASICS cosponsored a symposium on the state-of-the art in neonatal care with the USAID-funded MotherCare and Wellstart projects.
- Staff members of Georgetown University's Institute for Reproductive Health presented their current work on breastfeeding and the Lactation Amenorrhea Method for family planning and child survival.

Finance and Administration

The Finance and Administration (F&A) Division is directly responsible for the BASICS project's finances and accounting and for administering the project's contract and subcontracts. The division also administers consultants, procurement, office services, and human resources for the project and oversees the administration and accounting of BASICS field offices (see page 65 for a list of field offices). During 1995, the F&A Division processed twice the dollar amount of billings on the BASICS core and requirements contracts than during the previous year: \$16 million versus \$8 million in 1994, for a cumulative total of \$25 million. Additional division accomplishments are listed below.

FINANCE AND ACCOUNTING

- Completed the first annual audit.
- Converted from a VAX accounting system to a PC-based LAN.
- Developed an additional set of financial reports to meet USAID's new field support reporting requirements.

CONTRACT, SUBCONTRACTS, AND CONSULTANT ADMINISTRATION AND PROCUREMENT

- Submitted 126 new approval requests to the Contracting Officer (CO), for a total of 218.
- Increased the number of individuals in the BASICS consultant roster skills database from 124 at the end of the first project year to a total of 295.
- More than doubled consultancies from 72 in 1994 to 166 in 1995.
- Negotiated with the Contracts Office to modify the BASICS core contract to increase the consultant line item without increasing the contract (the modification was executed during the first quarter of PY3).
- Procured computers and the LAN system for headquarters and field offices in accordance with the BASICS Management Information Systems plan as approved by USAID/Information Resources Management Office in PY1.

OFFICE SERVICES AND HUMAN RESOURCES

- Administered the opening of 8 new offices, for a total of 15 field offices.
- Started 19 individual employees on the BASICS project and continued recruitment efforts for 22 new positions.

CORE AND REQUIREMENTS CONTRACT FINANCIAL STATUS

- Core Contract
 - Total level of effort (LOE): 4,325 person months
 - Fourth-quarter LOE: 234 person months
 - Cumulative LOE: 1,263 person months
 - Unused LOE: 3,062 person months
 - Total estimated cost: \$73.2 million
 - Fourth-quarter expenditures: \$4.4 million
 - Cumulative expenditures to date: \$21.3 million
 - Remaining unexpended balance: \$51.8 million
- Requirements Contract (includes 16 delivery orders to date)
 - Total LOE: 490 person months
 - Fourth-quarter LOE: 58 person months
 - Cumulative LOE: 172 person months
 - Unused LOE: 318 person months
 - Total estimated cost: \$15.4 million
 - Fourth-quarter expenditures: \$1.3 million
 - Cumulative expenditures to date: \$3.4 million
 - Remaining unexpended balance: \$11.9 million

Monitoring and Evaluation

The monitoring and evaluation activities of the BASICS project are aimed at increasing the capacity of developing countries to plan, implement, and sustain effective public health programs. The project's Management Information Systems and Evaluation Division integrates the project's headquarters and field staff through the cost-effective application of information technologies.

The division also monitors and evaluates the progress and achievements of the project. It is developing and refining innovative evaluation and monitoring tools that relate BASICS activities directly to USAID's new "results framework"— a planning and management system that outlines incremental results or changes that are critical to achieving a given objective. The BASICS Management Information Report (MIR) tracks more than 400 project activities by source of funding, actual expenditures, and overall progress.

Program Evaluation and Management Information Systems (MIS)

During PY2, the achievements made in Evaluation and Management Information Systems development included the following:

- Drafting of evaluation plans for all long-term country programs and periodic programs with established work plans.
- Providing field support in three countries.
- Completing the installation of and maintaining a PC-based local area network, installing software, conducting intensive training for staff; and continuing the electronic integration of headquarters and field staff.
- Developing a prototype of the budget/expenditure module of the BASICS Management Information System (BMIS).
- Producing three Management Information Reports (MIRs).

Management Information Report

According to the Management Information Report, \$24,760,364 was spent from the beginning of the project through September 30, 1995, the end of PY2. The proportional allocation by program or activity designator was as follows:

- 49 percent of cumulative expenditures went directly for country programs:
53 percent in Africa, 16 percent in Asia/Near East, 17 percent in Latin America and the Caribbean, and 14 percent in the NIS.
- 14 percent for activities of the Technical Division.
- 3 percent for Information Dissemination.
- 9 percent for Evaluation and MIS.
- 20 percent for general program management, including Finance and Administration.
- 5 percent of total expenditures were for start-up costs.

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

- Technical focus.
- Public/private sector —whether the counterpart/client is from the public or private sector.
- Capacity-building—which counterpart/client capacities are strengthened
- Results—which child survival results package was supported.

Based on each designator, a report is generated that summarizes expenditures by designator category. These breakdowns are presented below. According to the designator reports, the approximate breakdown of expenditures was as follows:

- 33.3 percent of all resources since the beginning of the project was spent on activities related to case management (mostly ICM).
- 25 percent went to EPI activities.
- 33.3 percent went to activities that touched on all technical areas of child survival.
- About 75 percent went to activities involving counterparts/clients from the public sector.
- 21 percent went to activities involving the private sector, mostly NGOs.

- 14 percent went to build IEC capacity aimed at changing the behavior of caretakers and health workers.

A classification of spending by child survival results package presents a more detailed picture of the achievements of the project:

- 18 percent of all expenditures were related to research and development of evaluation methods, mostly related to the development of integrated methods to prevent and treat childhood illnesses.
- 31 percent went to global leadership activities, including advocacy, policy, sustainability, and capacity-building.
- 7 percent went to activities aimed at changing caretaker behavior by increasing knowledge.
- 44 percent—the largest share—went toward changing the behavior of health workers through activities that support program implementation and involve mainly program planning and monitoring and evaluation activities.

TECHNICAL FOCUS

The project's technical focus, according to cumulative expenditures for PY1 and PY2, was:

- 36 percent: Case Management.
 - 6 percent Acute Respiratory Infections.
 - 10 percent Control of Diarrheal Diseases.
 - 1 percent Malaria Control.
 - 19 percent Integrated Case Management.
- 26 percent: Expanded Program on Immunization.
- 2 percent: Nutrition/Breastfeeding.
- 35 percent: General Child Survival.
- 1 percent: Other.

PUBLIC/PRIVATE SECTOR

The percentage of project activities that involved the private sector during PY1 and PY2, out of the resources devoted directly to field activities (\$11,881,027), is as follows:

- 21 percent: Activities involving the private sector.
 - 14 percent NGOs involved in health.
 - 3 percent Commercial sector.
 - 4 percent For-profit health care providers.
- 73 percent: Activities involving the public sector.
- 6 percent: Collaboration with international organizations.

CAPACITY-BUILDING

The percentage of funding allocated to project activities that supported capacity-building activities during PY1 and PY2 is as follows:

- 14 percent: Activities related to behavior change (IEC, public health communication, and social marketing).
- 86 percent: Other capacity-building activities (more details are given below).

RESULTS

The percentages of funding allocated to the overall project objectives during PY1 and PY2 is as follows:

- 17 percent 3.1 Research and Evaluation
 - 0 percent 3.1.a.1 – New Vaccines
 - <1 percent 3.1.a.2 – New Technology
 - <1 percent 3.1.a.3 – Mortality Approaches
 - <1 percent 3.1.a.4 – Micronutrient Status
 - 11 percent 3.1.a.5 – Illness and Malnutrition
 - 2 percent 3.1.a.6 – Monitoring and Assessment
 - 3 percent 3.1.b.1 – Behavior Determinants and Interventions
- 32 percent 3.2 Global Child Survival Leadership
 - 8 percent 3.2.a.1 – Key Elements
 - 5 percent 3.2.a.2 – Advocacy Activities

- 2 percent 3.2.b.1 – National Resources and Financing
- 3 percent 3.2.b.2 – EPI Vaccine Supply
- 8 percent 3.2.b.3 – Promotion and Distribution
- 5 percent 3.2.c.1 – LDC Capacity
- 1 percent 3.2.c.2 – Donor Coordination

- 7 percent 3.3 Behavior Change and Communication
- 44 percent 3.4 Implementation Support
 - 1 percent 3.4.a.1 – Training, Supervision, Counseling Approaches
 - 4 percent 3.4.a.2 – Public Health Worker Performance
 - 21 percent 3.4.a.3 – Health & Nutrition Planning, Organization, Management
 - 3 percent 3.4.b.1 – Health and Nutrition Services Access
 - 13 percent 3.4.b.2 – Health and Nutrition Monitoring and Evaluation
 - 2 percent 3.4.c.1 – Drug, Vaccine, Commodity Distribution

Evaluation of Country and Headquarters Programs

The goal is to monitor the implementation of program activities and objectives set forth in the annual work plan and to evaluate the effectiveness and performance of programs in terms of their overall achievements, as specified in the life-of-project plans.

For each country in which BASICS has a major involvement (e.g., a long-term or periodic program), three monitoring and evaluation elements are prepared:

- Evaluation Plan: This is composed of a Results Framework, which sets BASICS objectives at the Goal, Purpose, Objective (Output), and Activity levels with measurable indicators and means of verification. The expected life-of-project achievements and annual targets are specified for each objective level. The Evaluation Plan also indicates when and how evaluation activities will be carried out and the costs associated with each.
- Strategic Objective Tree: This related BASICS programs to USAID's PRISM Strategic Objectives and Program Outcomes.

- **Monitoring and Evaluation Timeline:** This is incorporated into the program work plan and sets forth which evaluation activities are to be implemented when and whom at BASICS will be responsible for a specific monitoring/evaluation activity.

Table 1 shows the status of monitoring and evaluation plans for BASICS programs as of September 30, 1995. These plans will be finalized once work plans for the life-of-project have been completed during PY3. Programs in Bangladesh, Ethiopia, and West Africa were visited to help field staff plan and implement monitoring and evaluation activities.

Monitoring of BASICS Activities

BASICS MANAGEMENT INFORMATION SYSTEM (BMIS)

The BMIS will aggregate budget, expenditure, accrual, and output data into meaningful reports including the Management Information Report (MIR). The BMIS will also support data analysis to help country and project coordinators make more informed decisions. During PY2, the following components were partially or completely developed:

- Budget Input Module
- Maintenance Module
- Activity Code Module
- Approvals Module

LOOKING AHEAD

BMIS develop will continue throughout PY3, with the addition of the following modules:

- Split Core Module
- Funding Available Module
- Accruals Module
- Reports Module
- Outputs Module and Reports
- Objectives/Results Module

Table 1. Evaluation Plan Status September 30, 1995				
Country	Objective Tree	Evaluation Plan	Logical Framework	Evaluation Timeline
Africa I				
Zambia	X	X	X	X
Africa II				
Nigeria	X	X	X	X
Africa III (Sahel) Region				
Mali	X	X	X	X
Niger	X	X	X	X
Senegal	X	X	X	X
Asia				
Bangladesh	X	X	X	X
India			X	
Indonesia	X		X	
LAC				
Bolivia	X	X	X	X
Ecuador			X	
Guatemala			X	
Haiti	X	X	X	X
Honduras	X	X	X	X
NIS				
Caucasus			X	
Central Asia & Moldova			X	
Russia	X		X	

THE MANAGEMENT INFORMATION REPORT (MIR)

The MIR is a compilation of several kinds of summary reports, based on budget and expenditure data:

- Purpose and Design of the Management Information Report
- Contents of the MIR for PY2
- Highlights of the PY2 Report
- BASICS Financial and LOE (Level of Effort) Summary by Program
- Financial and LOE Summary by BASICS Activity
- Financial and LOE Summary by Program/Disease Intervention
- Financial and LOE Summary by System Strengthening Focus
- Financial and LOE Summary by Counterpart/Client Organization(s)
- Financial and LOE Summary by Special At-Risk Groups
- Financial and LOE Summary by USAID Strategic Objectives (Results Packages)
- Notes Related to MIR Tables

Information Technology Support: Management Information Systems (MIS)

During PY2, user support and maintenance activities concentrated on user training and productivity gains. Many users migrated their desktops to Windows® 95, and many staff members began using the Internet (specifically, the World Wide Web) as an information resource.

MIS has always aggressively identified productive activities and set high goals. Following is a list of completed activities through PY2:

OFFICE PRODUCTIVITY

- Set up graphics/desktop publishing workstation to handle presentation and publications needs in house. This reduced BASICS dependence on vendors and reduced costs.

- Created and implemented an inventory database system for tracking HQ and field equipment.
- Refined the consultant and vendor databases that track relevant information about people and organizations with which BASICS works.
- Migrated to Solomon® (a PC-based accounting system) from a VAX system. This has reduced BASICS dependence on external organizations for accounting requirements and increases the tracking and reporting capabilities of BASICS accounting system.

HARDWARE/SOFTWARE

- Planned, procured, installed, configured, and distributed HQ and field hardware, software, and network equipment. This has eliminated the need for rental equipment, which significantly reduces costs.

COMMUNICATION

- Set up, distributed, and trained HQ users on remote e-mail and file-transfer system. This has allowed staff to be more productive while away from BASICS HQ (at home or traveling).
- Set up Internet access (to e-mail and the World Wide Web) for HQ users. This has given staff access to a wealth of information and to experts all over the world.
- Migrated from MCI Mail to Internet for e-mail connectivity to field staff and external communications. This has reduced monthly recurring costs and has increased file-transfer capabilities.

TRAINING

- Trained HQ users on new computer systems (both for Windows® environment and for upgrades). This has increased staff productivity.

LOOKING AHEAD

These activities, along with an increased emphasis on quick training courses and handouts, will continue through Project Year 3.

Information Dissemination

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

The Information Center library maintains a catalogued collection of more than 10,000 primary and secondary reports, periodicals, videos, and other material on child survival and related health topics. This collection is made available to the officers, staff, contractors, and affiliates of BASICS, USAID, NGOs, and multilateral agencies around the world.

The Information Center also publishes technical information about the work of the BASICS project in newsletters, policy briefs, technical reports, training manuals and guidebooks, and other publications. These publications are disseminated through print and electronic means.

During the past year, the Information Center provided technical information to developing country health practitioners, BASICS field staff, USAID Missions and bureaus, and the broader international health community. The center collected and catalogued a variety of child survival materials, including scientific and technical literature, social science and behavioral research reports, and materials used in health education and communications. Information Center staff fulfilled requests for information and research assistance to overseas research institutes and libraries, policymakers, and private voluntary organizations throughout the developing world. In addition, the staff provided editorial and graphic support to the project's technical officers.

The Information Center was restructured and came under the leadership of a new director after mid-year. The new director shifted the emphasis of the Information Center to better disseminate the technical findings of the project and to promote the general cause of child survival. The center's mission shifted from a primary focus on library and clearinghouse functions to an active mission of educating a broader audience through an expanded publications and outreach program, using print and electronic media.

Additional activities included:

- Writing, design, and publication of the first issue of *Child Survival BASICS*, a quarterly newsletter—published in four languages—that reports on the technical achievements of the project in each of its six priority areas.
- Writing, design, and publication of the first issue of *Social Marketing Matters*, a quarterly newsletter for commercial marketers of public health-related products and services that features articles on the theory of

marketing, case studies of partnerships between the public and private sectors for public health-related purposes, and product-specific articles.

- Introducing *What's New?*—a weekly update of recent literature on child survival topics, which is sent weekly via e-mail to project headquarters and field staff.
- Publishing the timely Pelletier analysis on *Malnutrition and Child Mortality*.
- Launching *BASICS Highlights*, one-page summaries of the project's technical achievements in various countries (nine published to date).
- Organizing the participation of project staff in the annual conferences of the American Public Health Association (APHA) and the National Council for International Health (NCIH).
- Developing a database of writers, editors, translators, printers, graphic designers, and other vendors.
- Expanding and refining the mailing list for BASICS publications (now 6,000+ names).
- Designing a publication tracking and review/approval process.
- Conducting a comprehensive evaluation and restructuring of the BASICS library collection.

Looking Ahead

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

Information Center staff will conduct formative research about the information needs of key audiences, to develop and refine its product line of publications and other communication vehicles and develop and refine its key messages. The center will also explore and exploit, where appropriate, new electronic and Internet dissemination media. The Information Center will work closely with other organizations in the child survival field to leverage resources and increase impact. It will continue to maintain its expansive collection of technical resources and to provide research assistance and information on child survival and related topics.

Glossary of Acronyms

AED	Academy for Educational Development
AIDS	Acquired immunodeficiency syndrome
AIN	an integrated child care model
APHA	American Public Health Association
APOLO	Apoyo a Organizaciones Locales
ARI	Acute respiratory infections
BASICS	Basic Support for Institutionalizing Child Survival project
CAP	Country activity plan
CAR	Central African Republic
CBO	Community-based organization
CCH	Community and Child Health project
CDC	U.S. Centers for Disease Control and Prevention
CDD	Control of diarrheal disease
CHN III	Community Health and Nutrition Project III
CMR	Childhood mortality rate
CO	Contracting officer
DFSC	Division of Family and Community Health (Mali)
DOH	Department of Health
EHP	Eritrea Health and Population project
EPI	Expanded Program on Immunization
EQUITY	Equity in Integral Primary Health Care project
ESHE	Essential Services for Health in Ethiopia project
F&A	BASICS Finance and Administration Division
FGM	Female genital mutilation
FSU	Former Soviet Union
HHRRA	Health and Human Resources Research Analysis for Africa Project
HP IV	Health Project IV
ICM	Integrated case management
IEC	Information, Education, and Communication
IHMR	Indian Institute for Health Management Research
INCAP	Institute of Nutrition for Central America and Panama
INTRAH	International Training in Health project
JHU	Johns Hopkins University
JSI	John Snow, Inc.
LAN	Local area network
LOE	Level of effort
MCH	Maternal and child health
MCI	Management of childhood illness

MIR	Management Information Report
MIS	Management Information System
MOH	Ministry of Health
MRTC	Malaria Research Training Center (Mali)
MSH	Management Sciences for Health
NCIH	National Council for International Health
NGO	Nongovernmental organization
NID	National immunization day
NIS	New Independent States of the former Soviet Union
ORANA	Organisme de Recherche sur l'Alimentation et la Nutrition Africaine
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
ORU	Oral rehydration unit
P/N	Porter/Novelli
PAHO	Pan American Health Organization
PATH	Program for Appropriate Technology in Health
PCS	Population Communication Services
PHICS	Promoting Health Interventions for Child Survival project
PSPHR	Projet Population Santé et Hydraulique Rurale (Mali)
PVO	Private voluntary organization
PVOH II	Private Voluntary Organizations for Health II project
PY	Project year
RCI	Republican Center for Immunoprophylaxis (Kyrgyzstan)
REDSO/ESA	Regional Economic Development Services Office/East and Southern Africa
SANAS	Service de l'alimentation et de la Nutrition Appliquée au Sénégal (National Service for Feeding and Applied Nutrition, Senegal)
SanEpi	State Committee for Sanitary and Epidemiological Surveillance (Russia)
SARA	Support for Analysis and Research in Africa project
SCS/FP	Senegal Child Survival/Family Planning project
SDA	Seventh-Day Adventist Rural Health Services
SOH	Secretariat of Health (Bolivia)
TECH	BASICS Technical Division
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USC	Unité de Santé Communale (decentralized model for delivery of health services)
WAG	Working advisory group
WHO	World Health Organization
WINS	Women and Infant Nutrition Support
ZCHP	Zambia Child Health Project

Consultant Database

CONSULTANTS IN BASICS ROSTER AS OF SEPTEMBER 30, 1995

TOTAL: 295*

Technical Experience Grouping	
Area	No.
CMD	128
HIS	155
IEC	107
KDC	233
PMT	396
RES	162
TRG	136
War Victims	16

Geographical Experience				
Area	1	2	3	4
LAC	12	7	3	8
Asia	19	22	45	117
Africa	26	22	29	63
Eastern Europe	18	23	29	47
Near East	13	13	17	16
NIS	8	6	6	4

Language Proficiency		
Lang.	1	2
Arabic	8	10
French	68	87
Port.	21	14
Russian	4	7
Spanish	44	47
Other	66	32

Legends

Technical Expertise Grouping

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

Geographical experience

1. Less than 3 months
2. 3 months to 1 year
3. More than 1 year
4. Residential experience

Language Proficiency

1. Demonstrated ability to speak, write, and work in technical areas
2. Fluency of native speaker

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

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Publications Available from BASICS

Behavioral Research in Child Survival: Studies from the HEALTHCOM Project (Washington, DC: HEALTHCOM Project, Academy for Educational Development, for USAID, April 1992). A collection of eight case studies detailing behavioral research.

Beyond Child Survival: An Assessment of Infant and Child Nutrition by Claudia Fishman, Ph.D., and Steven Hansch (Nutrition Communication Project, Academy for Educational Development, for Office of Health and Nutrition, USAID, June 1995). Reviews the state of maternal and child nutrition in Africa, including recent data demonstrating the effects of nutrition on child survival and long-term development goals.

Communication Community and Health by Oscar Vigano (Washington, DC: HEALTHCOM Project, Academy for Educational Development, for USAID, December 1985). Final report on AED activities in Honduras during 1981-1985; covers communication strategies in the effort to deal with water and sanitation problems.

Communication for Child Survival by Mark R. Rasmuson, Renata E. Seidel, William A. Smith, Elizabeth Mills Booth (Washington, DC: HEALTHCOM Project, Academy for Educational Development, for USAID, June 1988). Manual for a systematic public health communication methodology for child survival programs.

Communication for Health and Behavior Change: A Developing Country Perspective by Judith A. Graeff, John P. Elder, and Elizabeth Mills Booth (San Francisco: Jossey-Bass, for the HEALTHCOM Project, Academy for Educational Development, funded by USAID, 1993). Covers several aspects of the planning, monitoring, and analysis of behavior change.

Developing a Marketing Function for Health Care Facilities: A Practical Guide by Dana M. Faulkner (Washington, DC: HEALTHCOM Project, Academy for Educational Development, for USAID, February 1995). Presents a working model for the development of a marketing function for a health services facility, based on HEALTHCOM's experience with the Egyptian Cost Recovery for Health Project (CRHP).

EPI Essentials: a Guide for Program Officers by Cynthia Rawn and Norbert Hirschhorn (Arlington, VA: REACH, John Snow, Inc., for USAID, August 1989). Outlines the various components of the EPI (Expanded Program on Immunization), and explains how they operate when they are working correctly and how to recognize when they are not.

Guide for Carrying Out In-Depth Interviews about Health in Developing Countries (Field Note) by Nina Ferencic (Washington, DC: HEALTHCOM Project, Academy for Educational Development, for USAID, n.d.). How to use in-depth interviews to gain information from mothers about their children's health.

The Handbook for Excellence in Focus Group Research by Mary Debus (Washington, DC: HEALTHCOM Project, Academy for Educational Development, for USAID, 1995). Practical guide to using focus groups, including case studies and strategies.

"HEALTHCOM: Lessons from 14 Years in Health Communication" by Mark Rasmuson, Holly Fluty, and Robert Clay in *Development Communication Report* 77 (1992/2). The benefits and experiences of health communication, including lessons learned and recommendations.

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