



## **BASIC SUPPORT FOR INSTITUTIONALIZING CHILD SURVIVAL**

### **MEMORANDUM**

**DATE:** October 30, 1997  
**TO:** Charles Llewellyn, Hope Sukin  
**FROM:** Carrie O'Neill, for Francophone Africa Cluster  
**SUBJECT:** Draft BASICS Francophone Africa FY 97 Annual Report/FY 98 Work Plan

Attached please find a copy of the draft BASICS Francophone Africa FY 97 Annual Report/FY 98 Work Plan, which we are sending to you in preparation for our meeting on Tuesday, November 4.

We look forward to talking with you about the many exciting interventions taking place in West Africa.

**A USAID-financed project administered by The Partnership for Child Health Care, Inc.**

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

1600 Wilson Boulevard, Suite 300, Arlington, VA 22209 USA

Phone 703-312-6800 Fax 703-312-6900

**BASICS WEST AFRICA REGIONAL PROGRAM**  
FY97 Program Report and FY98 Work Plan

**I. Introduction**

This FY 97 Program Report and FY 98 Work Plan covers BASICS/West Africa regional programs, including the regional program funded by the Africa Bureau, the regional program with the Family Health and AIDS Project program, funded primarily by REDSO/WCA, and the regional health network, funded by the Africa Bureau, and REDSO/WCA field support. Separate timelines are included in the annexes for each of these three regional initiatives.

The regional objectives, anticipated results, and indicators are outlined in the West Africa Regional Results Framework developed in late FY 96. The Framework also shows how regional initiatives play out at the country level.

The following sections report on the progress of regional initiatives according to Africa Bureau and FHA/REDSO/WCA objectives, and follows the format of the Framework, which is included as an annex.

**II. USAID Mission Strategic Objective**

BASICS regional program interventions are closely aligned with the Africa Bureau's child survival objectives.

BASICS also contributes to the FHA project's long-term Results 3 and 4, and corresponding intermediate results:

Result #3: ORS utilization improved by 2.5% points per year and ORS sales improved by 10% per year

Intermediate results:

- 3.1 Increased knowledge of ORS
- 3.2 Increased ORS accessibility in targeted areas
- 3.3 Increased promotion of ORS by service providers and CBDs

Result #4: Increased regional capacity for program development and implementation.

Intermediate result:

Regional IEC capacity strengthened

In support of these results, BASICS interventions are divided into six objectives in Section III, each with its own key indicators and expected end of project targets.

**III. Achievements by Regional Objective**

***Objective #1: IMCI***

*To build regional capacity for IMCI implementation and to improve the quality of pre-service training.*

## **Key Indicators**

1. Proportion of targeted countries where IMCI feasibility assessments have been carried out (Target = 5). *Benin, Côte d'Ivoire, Guinea, Senegal, Togo (Mali and Niger pre-selected by WHO)*
2. Proportion of targeted countries that have formed national level advisory committees and have signed MOUs or another form of document committing to IMCI (Target = 6). *Benin, Guinea, Mali, Niger, Senegal, Togo*
3. Proportion of targeted countries where IMCI orientation meeting(s) have been carried out (Target = 6). *Benin, Guinea, Mali, Niger, Senegal, Togo*
4. Proportion of targeted countries where Health Facility Assessments have been carried out (Target = 6). *Benin, Guinea, Mali, Niger, Senegal, Togo*
5. Proportion of targeted countries where the adaptation process has been introduced and initiated (Target = 6) *Benin, Guinea, Mali, Niger, Senegal, Togo*
6. Proportion of targeted countries which have reached the consensus stage of IMCI adaptation process (Target = 5). *Benin, Mali, Niger, Senegal, Togo*
7. Proportion of countries which attend WHO regional facilitators meeting sponsored by BASICS (Target = 2). *Which?*
8. Proportion of targeted countries where the first group of primary health care workers has been trained in IMCI (Target = 2). *Mali, Niger*
9. Proportion of targeted countries where a supervision tool has been developed and used to train supervisors (Target = 2). *Mali, Niger*
10. Regional capacity building: # of consultants identified, # of consultants trained in training of trainer workshops, and # of events that involved regional consultants.

## **Expected End of Project Results**

1. Seven out of seven targeted countries (Senegal, Mali, Niger, Cote d'Ivoire, Togo, Burkina Faso, Guinea, Cameroon and Benin) BASICS West Africa Region countries will have been introduced to the WHO IMCI approach with technical assistance from BASICS. This is an ongoing activity.
2. A cadre of regional counterparts will have been trained through hands-on experience conducting Health Facility Assessments (HFA). BASICS expects to have at least five regional researchers from three countries working within the region.
3. IMCI training material will have been adapted for use in the regional facilities training in Niger (WHO workshop). This is an ongoing activity whose completion will provide a tool which will be used for the IMCI regional training workshop in January 1998 and which is necessary for IMCI training in the entire region. Technical assistance will have been provided to adaptation in other countries in the region.
4. A cadre of regional country level IMCI facilitators will have been trained. BASICS co-facilitates and supports attendance of potential clinical instructors/trainers. The regional course will take place in January 1998 in Niger and five out of five targeted BASICS West Africa Region

countries (Senegal, Mali, Niger, Cote d'Ivoire and Togo) will send two participants each who will become resource persons for IMCI within their countries and for the region. In addition, the West Africa program will send two additional participants to the regional IMCI training in Madagascar to further expand the pool of available IMCI trainers.

5. CDD/ARI program managers skills will have been updated in targeted countries. *Note: In the past, BASICS has supported this result by co-facilitating CDD/ARI manager meetings with WHO. It is not known whether WHO will continue to hold these meetings in FY 98, with IMCI beginning in the region.*
6. Initial steps to improve the quality of pre-service training in medical and nursing schools will have been taken.

### ***Achievements through September 1997***

#### *In support of result #1:*

- IMCI orientation meetings were conducted in Senegal, Togo and Mali with the collaboration of WHO/AFRO. This led to a formal commitment by these four countries to introduce the IMCI approach as a strategy to reduce childhood mortality. In Mali, more than one orientation meeting was required in order to bring all of the necessary decision-makers together over a sufficient period of time.
- In January, BASICS and WHO assisted decision-makers in Cote d'Ivoire to conduct a situation analysis which indicated that the country was not ready to initiate an IMCI strategy in 1997. Weaknesses in the national ARI and malaria programs as well as an overall need for inter-program coordination were identified.

#### *In support of result #2:*

- Baseline HFA studies were completed in Senegal and Niger. These studies will provide the necessary baseline data in order to assess a change in health worker performance following district-level training in IMCI. BASICS has trained three counterparts in HFA through both formal training and hands-on experience in conducting field research. In FY 1997, these consultants conducted the research in Niger and Senegal. The Togo HFA began at the end of FY 97.

#### *In support of result #3:*

- In Mali, BASICS co-facilitated the first adaptation workshops conducted by WHO. As a result of this effort, three national working groups were established: (1) Clinical Adaptation, (2) Adaptation of the Food Box and (3) Identification of local terms. All of the adaptation processes should take approximately eight months till completion (February 1998).

#### *In support of result #4:*

- In collaboration with WHO (through a regional workshop), BASICS sensitized regional decision-makers from twelve countries in the West African subregion to the process of introducing IMCI. Each country identified their status in terms of readiness to implement an IMCI strategy. This allowed the decision-makers to make an informed decision as to the appropriateness of introducing an IMCI strategy in their country.

#### *In support of result #5:*

- BASICS carried out an assessment of the Burkina Faso CDD program as part of its work plan with the FHA project. (Additional activities to be reviewed)

*In support of result #6:*

- CDD WHO pre-service student manual was printed (4000 copies) and distributed to medical schools to benefit students in seven BASICS West Africa Region countries (Togo, Benin, Cote d'Ivoire, Mali, Cameroon, Burkina Faso and Niger). In follow-up, BASICS anticipates that these seven countries will take responsibility for printing additional copies.
- Medical school faculty were trained in two CDD WHO MEDED workshops co-facilitated by BASICS. These were completed in 1994 in Cameroon and in 1995 in Togo. Four participants were trained from each of the seven countries: the CDD program manager, two pediatricians from respective university medical training departments and one public health department representative. At the end of the training, each country team developed a plan to strengthen the teaching of diarrheal disease control in medical schools.
- BASICS assured the inclusion of the child survival technical agenda into an international workshop to reform pre-service medical training curriculum sponsored with the Family Health and AIDS project (FHA). At the end of the workshop, all participants representing all nine BASICS countries plus the Central African Republic, Gabon and Democratic Republic of Congo (formerly Zaire) drafted national action plans to revise medical education curricula which included an update of child survival components. In addition to supporting participation by pediatric specialists from fifteen countries who otherwise would not have participated, BASICS provided three technical experts to assure the child survival technical content of the workshop.

Outside of the primary focus of the BASICS West Africa Regional Office, two additional activities were accomplished by the regional office in support of improved sick child case management:

- In Guinea, the regional office collaborated with INTRAH in a training needs assessment for health workers. While the assessment covered all aspects of reproductive health, BASICS role was to identify training needs in child survival including CDD, ARI and EPI. This gave BASICS the opportunity to meet with MOH decision-makers and the USAID Mission and to discuss the possibility of collaborating in the areas of EPI, IMCI and nutrition within the context of IMCI.
- BASICS participated in the first regional IMCI implementation meeting for the Africa region which took place in Brazzaville. BASICS also participated in the first global conference on IMCI in Santo Domingo. Through participation in these workshops, BASICS was able to share its experiences from its three years of activity in support of the IMCI initiative, make contacts with partners and potential consultants, and coordinate its schedule in collaboration with its national and international partners.

***Major FY 98 Activities in Support of EOP Results***

Regional

- Documentation and dissemination throughout the region of lessons learned during three years of the IMCI implementation process in specific countries in West Africa.
- BASICS will co-facilitate the WHO regional facilitators' workshop in Niger in January 1998. Five out of nine BASICS West Africa Region countries will send two participants who will become resource persons for IMCI within their countries and for the region.

- The BASICS Regional Director will co-facilitate the national facilitators' workshop in Madagascar in February 1998.

#### Senegal

- Planning workshop to initiate the IMCI adaptation process, mid term evaluation of adaptation of IMCI materials and a workshop to formalize consensus on the training materials.

#### Mali

- Baseline study in the three new pilot districts: Djenne, Koulikoro and Commune 5 of Bamako City. A final HFA will be carried out prior to the end of BASICS.
- Workshop to formalize consensus on training materials.
- Training of trainers and training of health workers in the three selected pilot districts.
- Revision / development of a supervision tool and training of supervisors.

#### Niger

- Rapid health facility assessments will be conducted in two IMCI pilot districts (Konni, Boboye). A final HFA will be carried out prior to the end of BASICS.
- Feeding recommendations will be developed (food box adaptation) in Boboye and health worker counseling skills will be strengthened in a workshop. A formative evaluation will be carried out.
- IMCI district health worker training will be carried out in Konni (Tahoua) and Boboye (Dosso), two of the four districts selected by the MOH and WHO for early implementation.

#### Togo

- Planning workshop to initiate the IMCI adaptation process, mid term evaluation of adaptation of IMCI materials and a workshop to formalize consensus on the training materials. *Facilitator and training of first line health workers too?*

#### Benin

- Conduct a situation analysis to determine the readiness of the national programs to introduce an IMCI strategy.
- If the situation analysis indicates that the IMCI approach will be appropriate in Benin, BASICS will conduct an IMCI orientation workshop, adapt materials, and reach agreement on the adapted materials in a consensus meeting.

#### Guinea

- Conduct a situation analysis to determine the readiness of the national programs to introduce an IMCI strategy.
- If the situation analysis indicates that the IMCI approach will be appropriate in Guinea, BASICS will conduct an IMCI orientation workshop. Potential additional activities TBD.

**Status of Key Indicators for Objective #1: IMCI**

To build regional capacity for IMCI implementation and to improve the quality of pre-service training.

<b>Key Indicator 1:</b> Proportion of targeted countries where IMCI feasibility assessments have been carried out (Target = 5). <i>Benin, Côte d'Ivoire, Guinea, Senegal, Togo</i>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly	1996	1	1	Senegal
Mali and Niger (CCM) were pre-selected by WHO.	1997	3	3	Benin, Togo, Cote d'Ivoire
	1998	1		Guinea

<b>Key Indicator 2:</b> Proportion of targeted countries that have formed national level advisory committees and have signed MOUs or otherwise committed to IMCI (Target = 6). <i>Benin, Guinea, Mali, Niger, Senegal, Togo</i>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
	1997	4	4	Togo, Mali, Niger, Senegal
	1998			

<b>Key Indicator 3:</b> Proportion of targeted countries where IMCI orientation meeting(s) have been carried out (Target = 6). <i>Benin, Guinea, Mali, Niger, Senegal, Togo</i>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
	1997			
	1998			

<b>Key Indicator 4: Proportion of targeted countries where Health Facility Assessments have been carried out (Target = 6). <i>Benin, Guinea, Mali, Niger, Senegal, Togo</i></b>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly	1996			
	1997			
	1998			

<b>Key Indicator 5: Proportion of targeted countries where the adaptation process has been introduced and initiated (Target = 6) <i>Benin, Guinea, Mali, Niger (CCM), Senegal, Togo</i></b>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
	1997			
	1998			

<b>Key Indicator 6: Proportion of targeted countries which have reached the consensus stage of IMCI adaptation process (Target = 5). <i>Benin, Mali, Niger, Senegal, Togo</i></b>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
	1997			
	1998			

<b>Key Indicator 7: Proportion of countries which attend WHO regional facilitators meeting sponsored by BASICS (Target = 2). <i>Which?</i></b>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks

Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
The two countries which will have trained the first contingent of health workers are Niger and Mali. Five other countries will have begun the process of introducing an IMCI strategy.	1998	2		

<b>Key Indicator 8:</b> Proportion of targeted countries where the first group of primary health care workers has been trained in IMCI (Target = 2). <i>Mali, Niger</i>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
The two countries which will have trained the first contingent of health workers are Niger and Mali. Five other countries will have begun the process of introducing an IMCI strategy.	1998	2		

<b>Key Indicator 9:</b> Proportion of targeted countries where a supervision tool has been developed and used to train supervisors (Target = 2). <i>Mali, Niger</i>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: Trip reports, Quarterly and Annual Reports				
Frequency: Quarterly				
	1998	2		

<b>Key Indicator 10: Regional capacity building: # of consultants identified, # of consultants trained in training of trainer workshops, and # of events that involved regional consultants.</b>		
	FY 97	FY 98
# of consultants identified		
# of consultants trained in training of trainer workshops		
# of events that involved regional consultants		

### ***IMCI Issues***

- An MOU for IMCI in the region was developed in December 1996 between WHO/AFRO and BASICS. This MOU still has not been signed.
- BASICS's planning for IMCI activities is heavily dependent upon WHO/AFRO's schedule and availability, whether BASICS is the lead on a particular activity or country or not. Changing schedules within WHO/AFRO has caused delays in BASICS IMCI activities.
- Morocco and Madagascar are also requesting technical assistance from the Francophone Africa regional advisors in both IMCI and nutrition. Given the already limited human resources, the regional team should be allowed to give priority to the Francophone Africa IMCI initiatives.
- BASICS has planned several activities for Benin and has already supported the participation of a Benin representative in the Global IMCI Meeting in the Dominican Republic. WHO also sponsored attendance by two Benin representatives at the Niger regional IMCI meeting in June 1997. MOH interest and commitment to IMCI in Benin appear high, yet the actions that need to take place to solidify this commitment have not taken place.
- BASICS is planning to explore potential collaboration with the French Cooperation, to assure the presence of partners who can jointly support IMCI in the future.

## **Objective #2: EPI**

*To contribute to and influence the efficient, effective and sustainable management and delivery of immunization services and the control of vaccine-preventable diseases.*

### **Key Indicators**

1. Proportion of targeted countries which will have revised and updated EPI policies (Target = 2 ).  
*Mali, Niger*
2. Proportion of targeted countries which will have follow-up activities in NID monitoring (Target = 1) *Guinea (tentative)*
3. Proportion of targeted countries which will have piloted the introduction of immunization sustainability indicators (Target = 1). *Benin (tentative)*
4. Proportion of targeted countries which have integrated Vitamin A distribution to EPI contacts in a systematic way (Target = 2 ). *Mali, Benin*
5. Proportion of targeted countries attending workshops co-facilitated by BASICS on Acute Flacid Paralysis (AFP) surveillance (Target = 2 ). *Guinea, Benin*

### **Expected End of Project Results**

1. Within the context of WHO-sponsored EPI managers' meetings, co facilitated by BASICS, managerial capability to plan immunization programs will be strengthened.
2. Within the context of the EPI program managers' meetings, BASICS will have assisted in the development of implementation plans for NIDs.
  - a. BASICS Regional Child Survival Advisor will have presented lessons learned on NIDS in East Africa at the WHO regional EPI managers meeting.
  - b. Effective implementation of NIDs in Guinea will be facilitated through follow-up, monitoring and feedback. The ultimate benefit should be an interruption of the transmission of wild strain polio virus (achievement of this not anticipated within BASICS I).
3. Nine West Africa countries will have strengthened disease surveillance and planning and monitoring of specific disease control efforts partly through BASICS co-facilitation of regional meetings and targeted technical assistance in one to two countries.
4. Donor coordination to strengthen EPI in Mali will be improved by participation in the join USAID/UNICEF review of grants for EPI.
5. A module for the introduction of vitamin A supplements during EPI contacts will have been developed, produced and applied in Mali and Benin. The experience will be shared with other countries in the region to raise the interest of EPI program managers and decision makers.

### **Achievements through September 1997**

*In support of result #1:*

- Regional priority technical assistance needs identified in collaboration with WHO/AFRO.
- BASICS co-facilitated the WHO EPI program managers' meetings in March 1996.

*In support of result #2:*

- BASICS participated in a WHO meeting in April in Cotonou where lessons learned concerning the implementation of NIDs were documented and disseminated. Countries which had already conducted NIDs included: Togo, Benin, Burkina Faso, Cote d'Ivoire, Ghana and Mauritania. During a WHO workshop, these countries' participants reported on and discussed their experience among themselves and with participants from other countries newly implementing NIDs (Mali, Niger and Guinea).

*In support of result #3:*

- BASICS co-facilitated the WHO EPI program managers' meetings in March 1996. Nine West African countries sent participants, who developed a plan to implement a disease surveillance strategy. In April 1997, all nine countries provided an update on national surveillance status. Participating countries are monitoring the incidence of AFP in order to assess the effectiveness of the Polio Eradication Initiative.
- During the follow-up visit on NID preparation and AFP surveillance, national priority technical assistance needs were identified in collaboration with the EPI program managers in Guinea.
- A tool for monitoring of NIDs developed by BASICS for East Africa was translated, adapted for West Africa presented and disseminated during the regional coordination meeting in Cotonou (April 1997).

*In support of result #4:*

- Interventions designed to strengthen the vaccination program aspect within the USAID/Bamako Youth Strategy were identified by a BASICS planning team in February 1997.
- Recommendations were prepared following the evaluation of the USAID grant to UNICEF which was designed to strengthen the Mali EPI.

*Additional results:*

Outside of the primary focus of the BASICS West Africa Regional Office, the BASICS Child Survival Advisor:

- Short, mid- and long-term strategies were identified to revitalize the EPI program in the Democratic Republic of Congo (formerly Zaire).

***Major FY 98 Activities in Support of EOP Results***

**Regional**

- Lessons learned concerning the implementation of NIDs will be further documented and disseminated through a second regional coordination meeting in the second quarter of FY 98. All countries in the sub-region will have conducted NIDs. During a WHO workshop which BASICS will help facilitate, these countries' participants will report on and discuss their experience in implementing NIDs.

- Preparation of a document which summarizes the lessons learned from the implementation of NIDs in West Africa which describes the following key processes: National level planning, Regional and district micro-planning, mobilization of local resources, use of volunteers, vaccine and support material logistics, social mobilization, choice and preparation of vaccination sites, NID campaign implementation, monitoring of NIDs.

#### Mali

- Implementation of EPI activities as per delivery order.

#### Niger

- Co-facilitate a problem-solving EPI workshop in Boboye to determine the most effective strategies to improve vaccination coverage rates.

#### Benin

- Testing of immunization sustainability indicators.
- Strengthening of surveillance of targeted vaccine-preventable disease with an emphasis on Acute Flaccid Paralysis (AFP).

#### Guinea

- Support for implementation of NIDs (tentative).
- Strengthening of surveillance of targeted vaccine-preventable disease with an emphasis on AFP.

## Status of Key Indicators for Objective #2: EPI

To contribute to and influence the efficient, effective and sustainable management and delivery of immunization services and the control of vaccine-preventable diseases.

<b>Key Indicator 1:</b> Proportion of targeted countries which will have revised and updated EPI policies (Target = 2). <i>Mali, Niger</i>				
Unit of Measurement: Number of countries	Year	Planned	Actual	Remarks
Source: Trip reports, WHO/Abidjan				
Frequency:	1996 predates BASICS involvement in FHA countries, and Benin	1	1	Niger
BASICS will make a request for information to WHO/Abidjan to update this indicator.	1997	1	1	Niger

<b>Key Indicator 2:</b> Proportion of targeted countries which will have follow-up activities in NID monitoring (Target = 1) <i>Guinea (tentative)</i>				
Unit of Measurement: Number of countries	Year	Planned	Actual	Remarks
Source: trip reports - WHO/Abidjan				
	1998	1		Guinea

<b>Key Indicator 3:</b> Proportion of targeted countries which will have piloted the introduction of immunization sustainability indicators (Target = 1). <i>Benin (tentative)</i>				
Unit of Measurement: Number of countries	Year	Planned	Actual	Remarks
Source: trip reports				
Frequency: once				
	1998	1		Benin

<b>Key Indicator 4: Proportion of targeted countries which have integrated Vitamin A distribution to EPI contacts in a systematic way (Target = 2). Mali, Benin</b>				
Unit of Measurement: Number of Countries	Year	Planned	Actual	Remarks
Source: trip reports				
Frequency: once				
	1998	2		Mali - Benin

<b>Key Indicator 5: Proportion of targeted countries which have activities in AFP surveillance (Target =2). Guinea, Benin</b>				
Unit of Measurement: number of countries	Year	Planned	Actual	Remarks
Source: trip reports, WHO/Abidjan				
	1998	2		

## ***EPI Issues***

- Despite the low performance of national EPIs in most of West Africa, immunization was not included in any country programs for West Africa until late PY4, when USAID/Mali specified EPI activities in the delivery order and USAID/Benin expressed receptivity to certain EPI activities if they were paid with core funds.
- Within the remaining time in the project, BASICS will be able to implement some limited EPI interventions at the country level in Mali and Benin, however, given the short time frame, it will be extremely difficult to evaluate these interventions.
- Most of BASICS's activities in West Africa have taken the form of participation in regional activities, such as meetings and workshops organized by WHO. These have been vital opportunities for exchanging information, making valuable contacts and exploring possibilities for follow-on TA at the country level. However, they do not substitute for the country-level activity and, in and of themselves, cannot be said to improve the effectiveness of EPI in West Africa.

### **Objective #3: Nutrition**

*To improve quality and access to services for prevention and treatment of malnutrition, and to strengthen regional institutions and networks in West Africa.*

#### **Key indicators**

1. Proportion of targeted countries with teams trained in consultative research methods for improving nutrition messages/behavior change and the IMCI food box adaptation. (Target=9).
2. Proportion of targeted countries that have adapted the IMCI food box and/or developed improved nutrition messages (Target=5).
3. Generic tool for assessing, analyzing, and comparing best practices in integrated health and nutrition community-based programs is developed, tested, and ready for program use.
4. Lessons learned for working at the community level to improve nutrition are developed and disseminated in West Africa (Target = 9).
5. Proportion of countries where inter-disciplinary teams have been trained in nutrition policy analysis and advocacy (Target=6).
6. Proportion of targeted countries that adopt new nutrition policies (Target=2).
7. Proportion of targeted countries where Minimum Package related policies and protocols are reviewed (Target=4)
8. Proportion of targeted countries where Minimum Package interventions are integrated into existing health service delivery systems. (Target=2)
9. Proportion of targeted health facilities where the quality and coverage of Minimum Package interventions is improved by at least 20% (Target=1).
10. Proportion of country - level nutrition focal points who are participating in and facilitating the regional nutrition activities described in this framework (Target=8).
11. Percentage of decision-makers who perceive that ORANA is responding to regional needs for nutrition (Target=30%).
12. Regional capacity building: # of regional consultants identified, # of professionals trained in regional workshops, # of partner institutions collaborating, # of regional events where regional consultants were involved.

#### **Expected End of Project Results**

1. Technical capacity to design appropriate nutrition education/behavior change messages, including capacity for IMCI food box adaptation, is developed in 5 countries.
2. Lessons learned on how to implement integrated health and nutrition community-based programs are collected and disseminated in the region.
3. Technical capacity for nutrition policy analysis and advocacy developed (in 6 targeted countries).

New nutrition policies adapted (in 2 targeted countries).

4. The quality and coverage of Minimum Package interventions within health systems improved.
5. Active network of the region's nutritionists created to facilitate information exchange and dissemination and to help implement aspects of this results framework.

### ***Achievements through September 1997***

#### *In support of result #1*

- The training guide for the regional training seminar on the consultative methodology for adapting nutrition counseling messages (IMCI food box) was developed and reviewed.
- Twenty-one nutrition/health professionals from Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Morocco, Niger, Senegal, and Togo were trained in a 21-day seminar held in Dakar. The training seminar was a collaborative activity with ORANA, the SARA/SAA Projects, and WHO/AFRO.
- Follow-up technical assistance for the food box adaptation was provided in Morocco, and next steps for complementary research were discussed during TDYs to Mali and Benin.

#### *In support of result #2*

- Technical assistance was provided to the Senegal country program to expand its community-based growth promotion activities. (This program was expanded from 4 to 34 women's groups in Dioffor District in 1997). This technical assistance was to help develop the training manual and related IEC materials, and to participate in the training of trainers.
- A proposal was prepared for the regional workshop on integrated health and nutrition community-based programs in collaboration with the SARA/SAA Project, ORANA, and the World Bank. This proposal was discussed with the Nutrition Working Group in Washington and suggestions were offered. A consultant to coordinate this activity was recruited and hired by AGETIP, a Senegalese organization working in nutrition. The tool that will be used to assess programs was drafted and revised.

#### *In support of result #3*

- A PROFILES application and communication plan was developed for Senegal and presentations were made to key decision makers in the Ministry of Health, including the Minister of Health. Presentations were also made to donors community including World Bank and AGETIP staff. A group of Senegalese professionals was trained in the policy analysis and advocacy. A Nutrition Action Plan was developed.
- A plan of action for the development of a PROFILES application was developed for Mali and approved by the Government. A team that will be responsible for the PROFILES analysis and advocacy work was identified following a series of meetings and a demonstration of the PROFILES application for Senegal.
- Work began to develop the training manual that will be used in the regional training seminar on Nutrition Policy Analysis and Advocacy.

#### *In support of result #4*

- A Minimum Package assessment was conducted and activities initiated in two districts in Senegal. Implementation included an orientation workshop with central and district level health staff area and area NGOs, and development of training and IEC materials. Training sessions were held with health and community workers in the two districts.
- National and regional (Borgou) level Minimum Package assessments were conducted in Benin. An action plan was developed in collaboration with the Borgou team, and potential areas for BASICS support were identified. A local nutritionist participated in both Minimum Package assessments, and will be used as a resource person for future activities. The Minimum Package concept was introduced in FINSA, a regional nutrition training course and possibilities for future course development on Minimum Package were discussed.

*In support of result #5*

- Focal points for nutrition were identified and are participating in BASICS nutrition activities in 8 countries.
- Strategic plan was developed for ORANA and agreed to by the nutrition focal points during the annual meeting, which was also held in PY4. Meetings were organized with other networks including RENA (African Network for Nutrition Education) and RAINSA (African Actors in Nutrition and Food Security Network), which is led by Prof. Fakambi of Benin.

***Major FY 98 Activities in Support of EOP Results***

Regional

- TA to Mali, Benin, Senegal, and Togo for nutrition messages/food box adaptation research and implementation. (Diene, Thiam, others)
- Participation in UNICEF regional meeting on community programs in Mauritania.
- Field visits to assess community programs in Niger, Senegal, Mali, Madagascar, Benin, and Burkina Faso (?) and validate tool developed.
- Finalize the training manual for nutrition policy and advocacy.
- Organize a Regional Workshop on nutrition policy analysis and advocacy.
- Prepare synthesis paper on lessons learned from Minimum Package assessments and implementation in the four countries.
- Organize the annual ORANA Focal Point Meeting.

Senegal

- Conduct a process evaluation of the Minimum Package implementation and protocols in the two districts, revise as needed, and introduce the Minimum Package activities in 12 additional districts.
- Conduct an impact evaluation of health provider knowledge and practices related to Minimum Package interventions.

### Benin

- Provide technical assistance to plan the Minimum Package interventions, including materials development and training.
- Provide technical assistance for consultative research on iron supplementation.
- Provide technical assistance for consultative research on child feeding practices.
- TA to adapt and test the MADLAC monitoring tool in at least 1 Baby Friendly Hospital.
- TA to strengthen health worker capacity to distribute vitamin A with EPI and test WHO/BASICS training module.
- TA to explore linkages with education sector for community nutrition activities.

### Mali

- Technical assistance to review Minimum Package intervention policies and protocols as part of BASICS TA on the National Nutrition Strategy.
- Technical assistance for the development of a PROFILES application and communication plan.
- Technical assistance for USAID for development of nutrition strategy with recommendations to be integrated in the Ten-Year Health and Development Plan.

### Guinea

- TA to assess Minimum Package policies and protocols and make recommendations for their strengthening.

### Status of Key Indicators for Objective #3: Nutrition

To improve quality and access to services for prevention and treatment of malnutrition, and to strengthen regional institutions and networks in West Africa.

<b>Key Indicator 7:</b> Programmatic: Proportion of targeted countries where Minimum Package related policies and protocols are reviewed and revised. (Target=4)				
Unit of Measurement: Country	Year	Planned	Actual	Remarks
Source: Project reports	1995	0	0	
Frequency: N/A	1996	0	0	
Comments: N/A	1997	2/4	2/4	Senegal, Benin
	1998	2/4	2/4	Mali, Guinea

<b>Key Indicator 8:</b> Programmatic: Proportion of targeted countries where Minimum Package interventions are integrated into existing health service delivery systems. (Target=2)				
Unit of Measurement: Country	Year	Planned	Actual	Remarks
Source: Project reports	1995	0	0	
Frequency: N/A	1996	0	0	
Comments: N/A	1997	1/2	1/2	Senegal
	1998	1/2	1/2	Benin

<b>Key Indicator 9:</b> Programmatic: Proportion of targeted health facilities where the quality and coverage of Minimum Package interventions is improved by at least 20% (in Konghoul and Sokone districts Senegal).				
Unit of Measurement: Health facility	Year	Planned	Actual	Remarks
Source: Health facility survey	1996	0	0	
Frequency: 1998	1997			Baseline completed
Comments: N/A	1998			

<b>Key Indicator 1:</b> Proportion of targeted countries with teams trained in consultative research methods for improving nutrition messages/behavior change and the IMCI food box adaptation. (Target=9).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997	9/9	10/9	Morocco additional
Comments: N/A	1998			

<b>Key Indicator 2:</b> Proportion of targeted countries that have adapted the IMCI food box and/or developed improved nutrition messages (Target=5).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997	0	1/5	Niger completed
Comments: N/A	1998	4/5		

<b>Key Indicator 3:</b> Generic tool for assessing, analyzing, and comparing best practices in integrated health and nutrition community-based programs is developed, tested, and ready for use.				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997	0	0	Tool developed
Comments: N/A	1998	1/1		

<b>Key Indicator 4:</b> Guidelines for working at the community level to improve nutrition are developed and disseminated in targeted countries (Target = 9).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997			
Comments: N/A	1998	9/9		dissemination by ORANA

<b>Key Indicator 5:</b> Proportion of countries where inter-disciplinary teams have been trained in nutrition policy analysis and advocacy methods (Target=6).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997	1/6	1/6	Senegal completed
Comments: N/A	1998	5/6	5/6	Mali, Benin, Niger, Guinée, Côte D'Ivoire

<b>Key Indicator 6:</b> Proportion of targeted countries that adopt new nutrition policies (Target=2).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997	1/2	1/2	Senegal
Comments: N/A	1998	1/2	1/2	Mali

<b>Key Indicator 10:</b> Proportion of country -level nutrition focal points who are participating in and facilitating the regional nutrition activities described in this framework (Target=8).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1996	0	0	
Frequency:	1997	8/8	8/8	Mali, Senegal, Niger, Côte D'Ivoire, Burkina Faso, Togo, Guinée, Benin
Comments: N/A	1998	8/8		Same as above

<b>Key Indicator 11:</b> Percentage of decision-makers who perceive that ORANA is responding to regional needs for nutrition (Target=30%).				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source: Survey	1996	0	0	
Frequency: 1	1997			
Comments: N/A	1998			

<b>Key Indicator 12:</b> Regional capacity building: # of regional consultants identified, # of professionals trained in regional workshops, # of partner institutions collaborating, # of regional events where regional consultants were involved		
	FY 97	FY 98
# of regional consultants identified	12	
# of professionals trained in regional workshops	21	
# of partner institutions collaborating	6	
# of regional events where regional consultants were involved	4	

## ***Nutrition Issues***

### IMCI Adaptation

- There is a need to coordinate technical assistance and garner resources outside the region for these activities. Certain countries (eg., Togo) may need intensive technical assistance. The time constraints imposed by the IMCI adaptation process may be difficult to accommodate.

### Community Nutrition

- It may be difficult for the technical committee from the different organizations participating in this activity to meet because of conflicting time schedules. Lack of information regarding effectiveness of existing community-based nutrition programs has made planning this activity problematic. Furthermore, the availability of funds for this activity may need to be resolved.

### Nutrition Policy Analysis and Advocacy

- There is a need to stimulate interest from targeted countries to ensure commitment for follow-up activities. Although this activity will be carried in collaboration with the SARA/SAA Project, time and human resources may be limited to finalize the training module. It will be imperative to involve NGOs and international donor organizations in this activity.

### Minimum Package

- Because Minimum Package assessment were conducted in PY4, time will be limited to fully

implement Minimum Package for optimal coverage at all levels of services (eg., health facility and community). In addition, time will be limited for technical supervision from the regional office to supervise consultants hired to implement Minimum Package. This was the case for Senegal and likely to be the case for Benin. Delays in hiring a local coordinator and the need to coordinate all BASICS activities in Benin may affect implementation.

#### Regional Networks and Institutions

- Human resources at ORANA need to be increased and strengthened. Only two and a half years have been spent on these activities, when, in fact, institution-strengthening is a much longer process. In addition, there also is a need to bring other regional networks (eg., RAINSA, RENA) into this process.

## **Objective #4: IEC/Behavior Change**

*To improve essential caretaker and health worker behaviors by improving the quality and institutionalizing regional IEC capacity for planning, design, implementation, and evaluation of IEC/Behavior change programs.*

### **Key Indicators (being refined/combined during Drabo's current visit)**

1. Proportion of targeted countries which have sent a team to regional radio training workshops for health (Target = 7). *Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo*
2. Proportion of targeted countries which have sent a team to regional communications/behavior change and qualitative research workshops (Target = 7). *Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo* DEPENDS UPON AGREEMENT REACHED WITH FHA ON RELATED ACTIVITIES
3. Proportion of targeted countries attending regional workshop which submit follow-up plans for national level radio programming for health (Target = 7). *Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo*
4. Proportion of targeted countries which have translated, produced and broadcasted radio messages for health (Target = 4). *Benin, Burkina Faso, Mali, Senegal*
5. Proportion of targeted countries where collaboration between radio stations and public health services occurs (Target = 7). *Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Mali, Senegal, Togo*
6. Proportion of targeted countries in which private radios will have broadcasted messages for child survival (Target = 2). *Mali, Senegal*
7. Proportion of targeted countries in which evaluation of radio spots to measure knowledge has been carried out (Target = 3). *Benin, Burkina Faso, Senegal*
8. One PVO with a promising practice identified in each of two countries (*Senegal and Burkina Faso*) and promising practice documented and disseminated during regional PVO workshop.
9. Prototype tools developed, tested and ready for dissemination or disseminated in the region for MOHs and NGOs to use (Target = ???IMCI counseling cards, HEALTHCOM toolbox).
10. Proportion of targeted countries introduced to HEALTHCOM toolbox through communications workshop (Target = ).
11. INDICATOR FOR IMPROVING THE QUALITY OF REGIONAL IEC INSTITUTIONS.
12. Regional capacity: # of regional consultants identified;# of professionals participating in regional workshops; # of partner institutions collaboration; # of regional events where regional consultants involved

### **Expected End of Project Results**

1. Regional capacity to utilize radio for broadcasting child survival messages improved.

2. Regional capacity to develop communication/behavior change strategies, and to undertake, analyze and use the results of the qualitative research improved.
3. Improved NGO capacity to plan, implement, and evaluate quality of child survival behavior change interventions.
4. Regional and national networks/partnerships for IEC planning, training, and implementation strengthened.
5. Planning for communications component of IMCI (national and community levels) will be aided in targeted countries as appropriate to strengthen current or eventual introduction of IMCI.

### ***Achievements through September 1997***

#### *In support of result #1:*

- Two radio program workshops were completed in July 1997.

Approximately 40 representatives from six BASICS and FHA countries participated in two regional radio programming workshops carried out in Burkina Faso in July 1997. While the workshops were a joint BASICS/FHA activity, BASICS assumed the majority of technical and administrative/financial responsibility for this activity. In the months preceding the workshop, BASICS's IEC regional advisor traveled to participating countries to conduct a literature review to identify research upon which message development would be based. BASICS also identified the appropriate participants for the workshop.

The workshop provided training in the systematic, rational and scientific development of radio spots, utilizing, among other tools, the WHO radio guide. Forty-eight radio spots were developed. All radio spots for Burkina Faso (12), translated into local languages, were pre-tested during the workshop. All radio workshop participants were to submit plans for follow-up application at the national level. To date, plans for Benin and Togo have been received. Burkina Faso, the country which has gone the farthest to date with the radio program due to the fact that their messages were pre-tested during the workshop, has given an informal presentation of their plan but has not yet submitted their written plan.

Private, public and rural radio representatives participated in the workshops. Radio and health education unit and other health programs (CDD, AIDS, Family planning) representatives from each country attended the workshop, marking the first formation of this important partnership between private and public radios and the public health system in West African countries. In addition, BASICS's regional partnership for radio programming was expanded to include institutions such as PANOS (radio institution), CIERRO (training institution), IRESCO, and BDA (research agency).

#### Senegal

- Technical assistance was provided to the BASICS Senegal program for the design and implementation of a radio program for dissemination of CDD and nutrition (weaning practices and feeding during pregnancy) messages. The BASICS regional IEC advisor adapted the WHO guide to Senegal. During the workshop, radio spots were developed, pre-tested, and translated into the local language, Wolof. After the workshop, the same messages were translated into five other national languages.

#### Mali

- Three Malians participated in regional workshop. Mali is a country where radio programs have the best chance of working among West African nations, with more than 50 private and public radios disseminating approximately X hours per week in rural and urban zones. An interesting opportunity exists to compare the Senegal and Mali approaches to radio program training and implementation for reaching populations most effectively.

### Benin

- Five radio and health services representatives from Benin (including a PSI IEC representative) also attended the workshop, and have submitted a plan requesting technical assistance and partial financing of their activities.

### FHA Countries

- BASICS funded the participation of all participants from FHA countries - Togo, Burkina Faso, Cameroon, et Cote d'Ivoire (30 participants) and visited these countries prior to the radio workshop.

#### *In support of result #2:*

- The qualitative research workshop planned for FY 97/early FY 98 was postponed by FHA. Discussions will be held with FHA in November to determine level of priority for this activity.
- The BASICS Regional IEC Advisor trained a cadre of representatives of the National Health Education unit of the MOH of Senegal in planning IEC strategies. Trainees then conducted regional level training in IEC strategy development.

#### *In support of result #3:*

- Two workshops were conducted in Senegal (7 PVOs) and Burkina Faso (8 PVOs) to identify best practices related to child survival and identify their technical assistance needs. Products of this activity include a set of lessons related to community and health facility child survival strategies, as well as district level strategies which target district MOH teams. A recommendation from both workshops was to carry out two case studies (World Vision in Senegal, Save the Children/Holland in Burkina Faso) which appear to have particularly effective approaches for strengthening MOH health worker collaboration with communities.

#### *in support of result #4:*

- HEALTHCOM toolbox being translated in preparation for FY 98 dissemination.
- Private/public radio partnerships and radio/health services partnerships formed for the first time.
- BASICS and FHA carried out an IEC training needs assessment of regional institution and country needs as well as an assessment to determine how media might be used in different countries for strengthening IEC initiatives. Institutions based in Côte d'Ivoire, Cameroon, Togo, and Benin were interviewed. This assessment identified IEC obstacles such as content, short duration of training, insufficient IEC trainers, and difficulties trainees have had with the application of what had been learned in previous training. Few resources in the region for quality IEC training and a systematic approach to IEC planning and training has been missing.
- In June 1997, BASICS, in collaboration with FHA and SARA, sponsored a summit of IEC training institutions. Using the results of the regional institutions IEC needs assessment, the purpose of the summit was to reinforce and plan activities, with the further goal of avoiding duplication of

efforts in the region. Several potential follow-up activities were identified (see FY 98 proposed activities). For this summit, BASICS and FHA brought together diverse regional as well as international institutes (JHU, CERES) which work in IEC.

*In support of result #5: This will be more of a focus in FY 98.*

#### Senegal

- Technical assistance was provided by the BASICS IEC regional advisor to adaptation of nutrition counseling cards.

#### **Major FY 98 Activities in Support of EOP Results**

*In support of result #1:*

#### Mali

- Technical assistance will be provided to two national radio program workshops in Mali and an evaluation plan will be developed. Regional workshop participants from Mali will serve as members of the national facilitator team. Anticipated results include not only creating additional capacity for radio programming but the formation, as in the regional workshops, of public/private partnerships through radio interventions for the first time in Mali. Messages will be translated into Bambara (spoken by 80% of the population) and cassettes pre-tested. An evaluation protocol will be developed. The evaluation will most likely not be completed by the end of BASICS.

#### Senegal

- Technical assistance will be provided to the Senegal program for implementation of the radio program nationally. The messages will be pre-tested in October 1997. Beginning in January 1998, messages in all six languages (with a coverage of up to 100% of radio audiences) will be transmitted in five regions. They will be transmitted in three of the four USAID regions. The fourth region, Louga, does not have a public radio but the bordering region of St. Louis does. The St. Louis radio will cover both St. Louis and Louga. Messages will be disseminated for a period of 3-4 months (as recommended in the WHO guide). BASICS also trained a public radio and health education unit in Tambacounda, where the Mandingue and Bambara languages are spoken. (Had this not been done, even though they are outside the USAID focus areas, this would have been the only public radio station not trained in the entire country of Senegal).

The protocol for an evaluation of the radio messages for CDD/nutrition) is being developed. A local research agency, BDA will carry out the evaluation, which will determine whether recipients have heard and understood messages communicated via the radio spots. WHO/Geneva will participate in first evaluation of radio spots in West Africa utilizing WHO guide as basis for evaluation protocol. The evaluation will not seek to measure behavior change due to the difficulty in attributing change to radio interventions exclusively prior to the end of BASICS.

#### FHA countries

- Provide support to follow-up for pre-testing and dissemination of radio messages in Burkina Faso. In Burkina Faso, the director of evangelical radio has already introduced the radio programming method to colleagues, and they have requested technical assistance. The process of translating brings more attention to the content and avoids situations, for example, where CDD messages in Benin were adopted without the preliminary research necessary to identify the

health problems, in Togo, under the assumption that the cultures are the same.

### Benin

- Benin has recently submitted a plan requesting technical assistance and financial support for message translation, pre-testing, and broadcasting.

### Region

- Documentation of the radio program experiences in West Africa. A plan for this will be drafted during Dr. Yaya Drabo's visit to BASICS/HQ in November 1997.
- Preparation of a BASICS supplement to the WHO radio guide, addressing elements not included in the WHO guide such as how to manage translation of radio spots into local languages, use of comedians, field testing, etc.

### *In support of result #2:*

- In conjunction with FHA, in follow-up to the regional IEC summit, BASICS may carry out a qualitative research workshop, selecting appropriate individual and regional IEC institution representatives for participation. This activity was included in the PY4 workplan but postponed by FHA. As per prior agreement with FHA, FHA will assume all financial and logistical responsibilities for this workshop, as BASICS did for the regional radio workshops.

### *In support of result #3:*

- Case studies will be written on exemplary community health strategies of two PVOs (World Vision in Senegal, Save the Children/Holland in Burkina Faso). A qualitative case study methodology will be used. The objectives of each case study will be to describe the steps/process followed in developing and implementing the PVOs community health strategy; to document and assess the impact of the PVO's strategy on community members' attitudes and practices related to health, as well as health workers' attitudes and skills for working with communities.
- Regional PVO workshop on child survival emphasis behaviors carried out (Behavior Change working group). Add detail
- Participatory evaluation methodology completed (TECH working group activity).

### *In support of result #4:*

- The French HEALTHCOM toolbox translation will be completed and a strategy developed for dissemination and introduction of the toolbox, through a workshop hosted by an appropriate regional IEC institution, prior to the end of BASICS. *Also supports result #2.*

### *In support of result #5:*

### Mali

- Help plan communications component of IMCI, possibly in conjunction with workshop planned for June/July to harmonize IEC messages of NGOs.

### Togo

- Help plan communications component of IMCI *exact method for doing so under discussion as BASICS defines its approach.*

#### Benin

- Collect and analyze existing IEC materials; conduct workshop with Borgou to revise materials identified and to determine an IEC strategy for traditional means of communication. Borgou MOH is interested in TA for exploring use of traditional means of communication to support nutrition interventions.

### Status of Key Indicators for Objective #4: IEC/behavior change

To improve essential caretaker and health worker behaviors by improving the quality and institutionalizing regional IEC capacity for planning, design, implementation, and evaluation of IEC/Behavior change programs.

<b>Key Indicator 1:</b> Proportion of targeted countries which have sent a team to regional/national radio training workshops for health (Target = 7). <i>Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo</i>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				
Frequency: 1997, 1998				
Comments: N/A	1997	7	7	

<b>Key Indicator 2:</b> Proportion of targeted countries which have sent a team to regional communications/behavior change and qualitative research workshops (Target = 7). <i>Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo</i> DEPENDS UPON AGREEMENT REACHED WITH FHA ON RELATED ACTIVITIES				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				Baseline
Frequency: 1998				
Comments: N/A				
	1998	7		

<b>Key Indicator 3:</b> Proportion of targeted countries attending regional workshop which submit follow-up plans for national level radio programming for health (Target = 7). <i>Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo</i>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				
Frequency: 1997, 1998				
Comments: N/A	1997	7	2	Togo, Benin
	1998	5		

<b>Key Indicator 4: Proportion of targeted countries which have translated, pre-tested and broadcasted radio messages for health (Target = 5). <i>Benin, Burkina Faso, Mali, Senegal, Togo</i></b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				Baseline
Frequency: 1997, 1998				
Comments:	1997	2	2	translation and pre-testing done in BF and Senegal; broadcasting in 1998
	1998	5	5	

<b>Key Indicator 5: Proportion of targeted countries where collaboration between radio stations and public health services occurs as a result of regional training (Target = 7). <i>Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Senegal, Togo</i></b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				Baseline
Frequency: 1997, 1998				
Comments: N/A	1997	7	7	
	1998			

<b>Key indicator 6: Proportion of targeted countries in which private radios will have broadcasted messages for child survival (Target = 2). <i>Mali, Senegal</i></b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				
Frequency: 1998				
Comments: N/A	1998	2		

<b>Key Indicator 7: Proportion of targeted countries in which evaluation of radio spots to measure knowledge has been carried out (Target = 3). <i>Benin, Togo, Senegal</i></b>				
---	--	--	--	--

Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				Baseline
Frequency: 1997, 1998				
Comments: WHO will participate in evaluation in Senegal.	1997			Evaluation protocol being developed based on WHO guide
	1998	3		

**Key Indicator 8:** One PVO with a promising practice identified in each of two countries (*Senegal and Burkina Faso*) and promising practice documented and disseminated during regional PVO workshop.

Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				
Frequency:				
Comments: N/A	1997	2	2	PVOS identified in FY 97
	1998	2	2	case studies

**Key Indicator 9:** Prototype tools developed, tested and ready for dissemination or disseminated in the region for MOHs and NGOs to use (Target = ???IMCI counseling cards, HEALTHCOM toolbox).

Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				
Frequency:				
Comments: Strategy to be developed for dissemination and introduction of toolbox and possibly other materials.	1998	TBD		

**Key Indicator 10:** Proportion of targeted countries introduced to HEALTHCOM toolbox through regional or national workshops (Target = ). TBD

Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				
Frequency:				

Comments: Depends upon FHA agreement to co-sponsor this workshop.	1998			
---	------	--	--	--

<b>Key Indicator 11: INDICATOR FOR IMPROVING THE QUALITY OF REGIONAL IEC INSTITUTIONS <i>under development</i></b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				Baseline
Frequency:				
Comments: N/A	1998			

Key Indicator 12: Regional capacity building			Comments
	FY 97	FY 98	
# of regional consultants identified			
# of professionals participating in regional training workshop	45		
# of partner institutions collaborating	9		Panos, OMS, Cierro, Iresco, BDA, UNICEF, CERCOM, IRSP, FNUAP
# of regional consultants used at regional events	6		

**Issues**

- The regional radio workshops demonstrated that the BASICS and FHA projects could combine technical health themes effectively. BASICS has made several attempts to collaborate on radio activities with UNICEF, particularly in Senegal, in order to maximize the potential inputs of both BASICS and UNICEF. UNICEF has chosen not to become involved up until this time.
- For collaborative activities with FHA, the roles must be clearly outlined and budget commitments made prior to the activity, and these roles and budget-sharing agreements must be adhered to.

## **Objective #5: Private partnerships**

*To increase access to and quality of CS services through development/strengthening of partnership with other agencies/institutions/commercial sector.*

### **Key Indicators (Under review)**

- Proportion of the (4,350,000) ORS packages sold in retail through the private sector in Senegal, Togo, Cameroon and Cote d'Ivoire by September 1998
- Coverage rate of the 220 pharmacies and 100 pharmaceutical depots

### **Expected End of Program Results**

#### **1. Access to and Demand for ORS Increased**

Sub-results:

BASICS will have assessed commercial sector interest in regional ORS production, promotion, and distribution and developed a marketing plan and promotional strategy for launch of ORS in the region by a commercial producer

BASICS will have generated regional market demand for ORS through country level promotional activities with PSI (Togo, Cameroon, Cote d'Ivoire)

#### **2. Masters Level Management course for health professionals designed with MSH, SARA and CESA and ready for implementation.**

### **Achievements through September 1997**

*In support of result #1 (all activities to date carried out under FHA/BASICS or Senegal work plans):*

- In just one year, an important partnership has been formed for the first time between BASICS and PSI, with a joint strategy developed to support the sustainable supply of ORS and to generate market demand for ORS in the West Africa region.
- This partnership has been expanded to include a commercial sector partner. BASICS has assessed commercial sector interest in regional ORS production, promotion and distribution. The partner identified, Rhone-Poulenc Rorer (RPR) is the number one pharmaceutical company in West Africa in terms of geographic coverage and sales.

RPR completed a feasibility study to aid them in making a decision as to their involvement in this initiative. The feasibility study considered elements such as price, distribution, trademark, ETC. illustrated that the lowest sustainable selling price of ORS to wholesalers would be 83 CFA per packet. USAID-donated ORS packets are currently being sold in Togo and Benin by PSI at the deeply subsidized price of 25CFA per packet, with packets sold in boxes of three. The lowest sustainable selling price to wholesalers for RPR is 83 CFA/packet, according to their feasibility study.

- BASICS developed a protocol for ORS pricing determination, including a more specific protocol for price sensitivity studies, studies which determine a range of prices, as well as an optimal price, which consumers are willing to pay for a packet of ORS.

- Technical assistance was provided to the price sensitivity study commissioned by BASICS/Senegal. The study revealed several important and interesting issues:
- BASICS negotiated and processed a subcontract for Orasel promotion in Togo (\$60,000), and a subcontract amendment for Orasel promotion in Cameroon and Cote d'Ivoire (\$256,000). The price sensitivity studies in Cameroon and Cote d'Ivoire are being carried out by independent research agencies commissioned by PSI, utilizing the BASICS protocol.
- BASICS provided technical assistance on several occasions to the review of Orasel print and media messages, reinforcing the need to include messages related to ORT (continued feeding, breast feeding).

*In support of result #2:*

- BASICS fielded a consultant who helped CESAG develop an MIS module for CESAG's Masters in Health Management course. More specifically, the consultant helped CESAG develop the overall module training goals, and the preliminary design of the introductory session on information systems and the collection and use of information by managers.

**Major FY 98 Activities in support of EOP Results**

*In support of result #1:*

- Price sensitivity studies will be completed in Cameroon and Cote d'Ivoire. Results will be used to help determine an appropriate wholesale price of ORS in West Africa.
- In order to build consensus among partners for the ORS marketing strategy in West Africa, a meeting will be held in Abidjan in November 1998 with RPR, PSI, USAID and BASICS. The marketing strategy will then be presented and discussed with relevant Ministries of Health. The result of the meeting will be a Memorandum of Understanding describing the marketing strategy (price, trademark, distribution, and promotion) and the roles of the various partners.
- Health prescriber behavior studies will be carried out in Senegal, Cameroon and Cote d'Ivoire (pending receipt of funding from FHA). The results of the study will be used to help shape the promotional strategy for medical professionals who prescribe (and sell) ORS (doctors, pharmacists).
- Technical assistance will continue to be provided to prepare for launches of donated ORS in Cameroon, Cote d'Ivoire, and Senegal.
- In order to inform USAID of the various ORS marketing options, the West Africa regional ORS marketing initiative will be assessed (including a cost assessment) and documented.

*In support of result #2:*

- BASICS may be requested by CESAG to provide technical assistance in the development of the Drug Management Model for the Master's Course in management for health professionals.

**Status of Key Indicators for Objective #5: Private partnerships**

*To increase access to and quality of CS services through development/strengthening of partnership with other agencies/institutions/commercial sector.*

<b>Key Indicator 1:</b> Proportion of the (4 350 000) ORS packages sold in retail trough the private sector in Senegal, Togo', Cameroon and Cote d'Ivoire by September 1998				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:				Baseline
Frequency: 1997, 1998				
Comments: N/A				
	1998			

<b>Key Indicator 2:</b> Coverage rate of the 220 pharmacies and 100 pharmaceutical depots				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1995			Baseline
Frequency: 1997, 1998	1996			
Comments: N/A	1997			
	1998			

### ***Private Partnership Issues***

#### **ORS Commercialization/Marketing**

- There are various technical issues (ORS price, distribution, promotion, etc.) which will be addressed in the consensus meeting in November 1997 in Abidjan with the partners.
- The West Africa ORS initiative is at a key step in the process of assuring long-term sustainability and demand for ORS in the region. Additional funding, either from REDSO/WCA or from the Africa Bureau, will be essential to continue providing the level of technical assistance which has been given. In addition, close communication with REDSO/WCA should be maintained and continued support from the USAID CTO staff will also be important.

#### **CESAG**

- BASICS has not taken a lead in this initiative which has been largely managed by the FPMD Project of MSH and the SARA Project of AED.

## **Objective #6: Information Dissemination**

*To promote the sharing of information and lessons learned in family planning, HIV/AIDS prevention and child survival in West Africa. To increase the availability of family planning, HIV/AIDS prevention and child survival materials in the region by encouraging the application of innovative approaches to common problems, as well as the systematic sharing of available materials and technical expertise among USAID, other donors and partner organizations.*

### **Key Indicators**

1. Proportion of targeted countries in which needs assessment has been carried out by the Health Network (Target = 5).
2. Average # of clients per 18 country served by the Regional Information Center and/or regional health network
3. Regional Capacity Building : X consultants identified; X professionals (2 professionals per country) participating in regional workshops; X partner institutions collaborating; X countries with regular collaboration, X study tours involving regional consultants (through health network)

### **Expected End of Project Results**

1. Best practices, lessons learned and state of the art child survival, family planning and HIV/AIDS prevention interventions documented and disseminated through partnerships with media, multilateral organizations and USAID missions.
2. USAID missions, implementing agencies and partner organizations within the region are more aware of ongoing child survival, family planning and HIV/AIDS prevention programs in the region, consequently they play a greater role in facilitating donor collaboration in the region and in the identification, documentation and dissemination of promising practices and innovative approaches to common health-related problems.
3. A frame work exists to promote and support the utilization of existing regional experts and networks and the replication of promising practices and innovative approaches in the region.

### **Achievements through September 1997**

#### **Health Network:**

- Development of health network proposal completed and approved by USAID in FY 97
- Health network manager recruited and fielded to Abidjan (mid-August 1997)
- Recruiting of administrative assistant underway
- ▶ Review of recent project papers, project evaluation and other USAID donor documents underway
- ▶ Interviews with REDSO staff to determine their information needs and resources for documentation, dissemination and receipt of information that are available completed
- ▶ Orientation to FHA activities initiated (operations research and project overview)

- ▶ Review of previous attempts to promote information sharing in the region underway.

### **BASICS Regional Information Center:**

In FY 97, the BASICS/Dakar Information Center's scope of work was revised to focus on two areas: Providing support to the information/dissemination needs of regional staff, country program staff, and consultants in executing the BASICS regional (including health network) and country programs (75%). This includes a component of dissemination of technical updates in child survival of BASICS and other partners (e.g. WHO); and, translating and disseminating AHRTAG's Child Health Dialogue (25%).

#### *Achievements in FY 97 in support of BASICS's Regional programs:*

- One annotated bibliography prepared on community nutrition for the regional food box adaptation workshop and distributed to nutrition and education services for health and to medical schools.
- Technical documents on malaria compiled and distributed to malaria program managers, medical schools, the World Bank malaria project, and NGOs, in support of WHO/AFRO's accelerated program on malaria control.
- Two BASICS articles on child survival, 150 copies of the BASICS cholera pamphlet, and 200 copies of the BASICS malnutrition and mortality review distributed to relevant program and education health managers, and pharmaceutical schools.
- UNICEF's Facts for Life disseminated for the BASICS IEC summit in June and the BASICS/FHA regional radio workshop in July.
- Two documents (non-BASICS) and translated into French on behavior change and nutrition in collaboration with regional advisors. Document sent to approximately 800 recipients.
- Input provided to regional consultant data base, in collaboration with regional advisors. The data base was set up by a consultant in FY 97 and presented at the mid-FY 97 reviews.
- NGOs in child survival data base initiated as recommended by BASICS/HQ in revised scope of work. This database gathers information on existing documentation by NGOs on their activities in the region.
- Four BASICS acquisition lists prepared on a tri-monthly basis and sent to mailing list. Regular requests for information from the acquisition list have increased from 50/year (Vincent report) to 30/trimester. BASICS regional staff view this as one of the few ways currently identified for informing the public health community of technical updates available from the BASICS West Africa documentation center.
- Information Bulletin number three describing BASICS achievements (1996/1997) prepared and will be distributed in FY 98.
- BASICS Regional brochure drafted and will be distributed in FY 98, as per revised scope of work for Dakar Information Center.
- Following recommendation (Vincent report) for Info Center staff training in computer cataloguing, the Info Center has doubled the number of documents catalogued.

#### *Country programs:*

- Macro DHS nutrition data for Senegal disseminated to SANAS (60 copies) and ORANA (50 copies)
- Ten health information centers in Senegal visited to exchange technical updates e.g. ENDA, UNICEF, WHO, the university library, CONGAD (Conseil des ONGS d'Appui au Developpement, PANA, CODRESIA (Conseil pour la recherche en sciences sociales en Afrique], Institute of Social Pediatricians, FAO, World Bank, and the Centre de Recherche pour le Developpement Internationale). Regular exchanges of information occur.
- At the request of SANAS, helped mise en forme the SANAS feeding guide.

### **AHRTAG's Child Health Dialogue:**

- Continual updating of databases for AHRTAG and technical documents of regional information center. The BASICS/Dakar Info Center disseminates information to all child survival program managers in 18 countries (all Franco phone countries), including medical schools. Requests for AHRTAG come from all levels of the health system, including health centers at the periphery level.
- Three African supplements for AHRTAG's Child Health Dialogue written by the Info Center with BASICS regional technical advisors; three issues of AHRTAG were translated and 12,000 copies disseminated to a list of 5500 recipients

### ***Main Activities for FY 98***

#### **Health Network:**

- ▶ Conduct a needs assessment of client organizations to determine their information needs and the resources for documentation, dissemination and receipt of information that are available to them. The assessment will be conducted with support from the BASICS Information Center whose documenter will coordinate and participate in the Senegal needs assessment and conduct key informant interviews as part of the needs assessment in Mali.
- ▶ Develop a health network strategy and plan that prioritizes the technical areas of focus and selection of promising mechanisms for sharing of information and lessons learned between the countries. The USAID HNP officers from each of the full missions (Ghana, Senegal, Mali, Guinea, Benin), REDSO/WCA, REDSO/ESA, the Africa Bureau, and representatives from FHA and the BASICS Regional Office for Francophone Africa, will be invited to participate as members of an advisory committee responsible for the development of the REDSO/WCA Health Network Strategic Plan.
- ▶ Implement proposed health network activities determined during the strategy development process. Activities proposed in original program design will be selected/ revised based on needs assessment. Potential activities include: development of a website, study tours, and skills building workshops.

#### **Information Center:**

- Document and disseminate the technical achievements of BASICS and provide other support to regional staff and consultants in executing BASICS regional and country programs.
- Continue to exchange technical information with NGOs, bilateral donors, multinational organizations on child survival and to build NGO database.
- In support of health network, summarize information networks in the region and participate in needs assessments (Senegal, Mali).
- Improve Information Center skills in electronic communication in support of the regional health network.
- Continue to produce and disseminate AHRTAG Child Survival Dialogue four times per year.
- Maintain consultant data base for West Africa developed in FY 97. Seek updates from regional, country and BASICS HQ staff and distribute updates to regional and country staff and

**Status of Key Indicators for Objective #6: Information Dissemination**

*To promote the sharing of information and lessons learned in family planning, HIV/AIDS prevention and child survival in West Africa. To increase the availability of family planning, HIV/AIDS prevention and child survival materials in the region by encouraging the application of innovative approaches to common problems, as well as the systematic sharing of available materials and technical expertise among USAID, other donors and partner organizations.*

<b>Key Indicator 1: Proportion of countries in which needs assessment has been carried out by health network. (Target = 5).</b>				
Unit of Measurement: Assessments	Year	Planned	Actual	Remarks
Source: Interviews, documents				
Frequency: 1997, 1998		N/A		
Comments: To date, review of recent project papers, project evaluation and other USAID donor documents underway; interviews with REDSO staff to determine their information needs and resources for documentation, dissemination and receipt of information that are available completed; orientation to FHA activities initiated (operations research and project overview); review of previous attempts to promote information sharing in the region underway	FY 1997	1	1	
	FY 1998	4		

<b>Key Indicator 2: Average # of clients per country of 18 countries served by the Regional Information Center or Health Network</b>				
Unit of Measurement: # of clients (individuals, institutions)	Year	Planned	Actual	Remarks
Source: Mailing lists, requests for information	1995			
Frequency:	1996			
Comments: N/A	1997		50 indiv clients/country 10 institutions/country; 3 USAID Missions; mailing list of	
	1998	???		

<b>Key Indicator 3: Regional capacity building</b>
--

Unit of Measurement: X consultants identified; X partner institutions collaborating; X countries with regular collaboration; X study tours involving regional consultants	Year	Planned	Actual	Remarks
Source:	1997		25 consultants identified; 10 partner institutions collaborating; 9 countries with regular collaboration; 3 study tours involving reg consultants (health net)	
Frequency: 1997, 1998	1998			
Comments: N/A				

### ***Information Dissemination Issues***

#### **Health Network:**

- Discussions continue within REDSO/WCA and USAID as to the focus of the network. Internal disagreement within USAID as well as attempts by the network manager to meet formally with FHA have delayed the implementation of needs assessment of the client organizations.
- The decision to close REDSO/WCA FY'98 has placed demands on REDSO, related to restructuring of the HPN division and the development of a close-out plan. It has also resulted in increased stream of USAID/W visits. Moreover, the closing of REDSO may create a reluctance for other Missions to support the Health Network, since the network might have a very limited future.
- A potential constraint in the future is the ability of REDSO's strategic objective team to meet its allocated time commitments to supporting the development of the health network. Ten percent of each team member's time is currently allocated to the health network.
- Another potential constraint will be the ability of strategic objective team members to collect key information, documents and program materials from non-FHA countries, during their TDYs. Under the reorganization of REDSO/WCA it is possible that the activities of the strategic objective team may be limited to supporting the FHA project.
- The Africa Bureau and REDSO are placing a considerable investment in the establishment of the REDSO/WCA Network. In order for them receive the full benefits from the net work, they should explore mechanisms which will sustain the network beyond 12 months.

#### **BASICS/Regional Information Center:**

- A better communication mechanism is being established to ensure adequate follow-up to Regional Information Center requests for documentation.

**Objective #7: BASICS regional staff support to country programs**

*To provide consistent and quality technical and managerial support to BASICS country programs.*

**Key Indicators**

1. BASICS country work plans implemented as agreed with counterparts and clients (X fully; X partially implemented)
2. BASICS country annual work plans developed, revised and updated on a six-monthly basis
3. BASICS countries receive six-monthly supervision and work plan monitoring visits
4. BASICS country work plans revised for technical quality

**Expected End of Program Results**

**Achievements through September 1997**

- The regional advisors took the leadership in the development of the Mali and Benin new country plans.
- The regional advisors have identified regional consultants in their respective fields who can provide technical assistance to country programs, thereby increasing African capacity. Refer to the indicators for each technical area for figures.
- Functional partnerships with Ministries of Health, USAID missions and multilateral regional and country representatives have been strengthened and become more operational as a result of regional advisor efforts.
- Regional advisors have provided strategic planning guidance to all country programs.

**Status of Key Indicators for Objective #7: Regional support to country programs**

To provide consistent and quality technical and managerial support to BASICS country programs.

<b>Key Indicator 1: BASICS country work plans implemented as agreed with counterparts and clients (X fully; X partially implemented)</b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1995			Baseline
Frequency: 1997, 1998	1996			
Comments: N/A	1997			
	1998			

<b>Key Indicator 2: BASICS country annual work plans developed, revised and updated on a six-monthly basis</b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1995			Baseline
Frequency: 1997, 1998	1996			
Comments: N/A	1997			
	1998			

<b>Key Indicator 3: BASICS countries receive six-monthly supervision and work plan monitoring visits</b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1995			Baseline
Frequency: 1997, 1998	1996			
Comments: N/A	1997			
	1998			

<b>Key Indicator 4: BASICS country work plans revised for technical quality</b>				
Unit of Measurement:	Year	Planned	Actual	Remarks
Source:	1995			Baseline
Frequency: 1997, 1998	1996			
Comments: N/A	1997			

	1998			
--	------	--	--	--


**Attachments**

Annual Financial Report (from BMIS)

Summary of Monitoring and Evaluation Activities in FY'97 and FY'98

Products and Dissemination Plan

FY'98 Timelines for BASICS Regional Information Center and Health Network

Budgets by Objective and Activity (Form 4B or Budget from BMIS)

**ATTACHMENTS**

**Attachment**

**Annual Financial Report**

Attachment

**Summary of Monitoring and Evaluation Activities in FY'97 and FY'98  
for BASICS/West Africa Regional Program**

**Attachment**

**Products and Dissemination Plan  
BASICS/West Africa Regional Plan**

**Attachment**

**FY'98 Timelines**

1. Regional Program (according to regional results framework: IMCI, EPI, nutrition, IEC/behavior change, private sector partnerships, information dissemination)

**Additional timelines attached which are part of the regional program:**

2. Health Network\*
3. BASICS/Family Health and AIDS project\*

**\*Separate timelines needed for discussions with partners such as REDSO/WCA and the FHA project.**

K-TO L'UIN

COUNTRY: FRANCOPHONE AFRICA

ACTIVITY TIMELINE: PROJECT YEAR 5

I:\FRANCAFR\FY97-FY98\regiontm.wk4

PROJECT: REGIONAL OFFICE

30-Oct-97

COUNTRY/PROJECT CODE: FA 01

BEGIN/END DATES: OCTOBER 1, 1997 TO SEPTEMBER 30, 1998

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
1	<b>OBJECTIVE: TO BUILD REGIONAL CAPACITY FOR IMCI IMPLEMENTATION AND TO IMPROVE DISTRICT LEVEL HEALTH WORKER PERFORMANCE IN TARGETED WEST AFRICA COUNTRIES, IN COLLABORATION WITH FHA AND WHO.</b>									
1.01	<b>Regional IMCI Activities</b>									
	1. Co-facilitate WHO regional facilitators' training workshop in Niger	1/98	Niger	Mutombo, Desrosiers		X				
	2. Finalize regional training materials adaptation	10/97	Niger	Cholay	X					
	3. Co-facilitate Madagascar national facilitators' training workshop	2/98	Madagascar	Koné		X				
1.02	Document and disseminate lessons learned from IMCI introduction implementation in West Africa.	9/98	Region	Mutombo, Koné, Desrosiers, Wade			X	X		
1.03	<b>IMCI Introduction in Togo (potential funding from FHA?)</b>									
	1. Conduct planning workshop to initiate IMCI adaptation process	11/97		Desrosiers (Gamatié)	X					
	2. Conduct mid-term evaluation of IMCI material adaptation.	2/98		Mutombo Koné, Cholay		X				
	3. Conduct workshop to finalize consensus on the materials.	8/98		TBD				X		
	Technical Assistance to IMCI in countries: refer to country plans for program budgets and detail		Senegal Mali Niger Guinea	Regional advisors						
	<b>IMCI in Senegal:</b>									
	1. Conduct planning workshop to initiate IMCI adaptation process	2/98	Senegal	Koné, Mutombo		X				
	2. Conduct mid-term evaluation of IMCI material adaptation.	6/98		.			X			
	3. Conduct workshop to finalize consensus on the materials.	9/98		.				X		
	<b>IMCI in Mali:</b>									
	1. Conduct baseline study in three "cercles" (Djenne, Koulikoro, and Commune 5 of Bamako City)	12/97	Mali	N'Diaye, Kelly, Diop, Sidibé	X					
	2. Conduct workshop to finalize consensus on the materials.	2/98		N'Diaye, WHO, Koné		X				
	3. Training of trainers.	6/98		WHO, Desrosiers Mutombo, Koné				X		
	4. Training of health workers in three selected "cercles."	6/98		.				X		
	5. Revision/development of a supervision tool.	4/98		N'Diaye, Geslin WHO, Koné				X		
	6. Training of supervisors.	5/98		N'Diaye, Geslin WHO, Koné				X		
	<b>IMCI in Benin:</b>									
	1. Conduct a situation analysis to determine the readiness of the national programs to introduce an IMCI strategy.	11/97	Benin	Koné	X					
	2. Conduct IMCI orientation workshop (dependent on the results	12/97		Desrosiers, WHO	X					

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
	of the situation analysis). Prior to the orientation meeting the Benin MOH will review the BASICS' July 1997 IMCI report and will formally request the meeting. Following the orientation meeting, the MOH will decide whether to commit to IMCI implementation. If so, they will review orientation meeting results and form an Advisory Committee by 12/97. The first task of the Advisory Committee will be to select sites for the HFA.									
	<b>IMCI in Guinea:</b> 1. Conduct a situation analysis to determine the readiness of the national programs to introduce an IMCI strategy. 2. Conduct IMCI orientation workshop (dependent on the results of the situation analysis). <i>(Activity in Guinea will be elaborated during a planning meeting scheduled for December.)</i>	12/97 TBD	Guinea	Koné, Durgavich Pacqué TBD	X					
1.04	<b>Develop Materials and Monitor Action Plans for Pre-Service Training in CDD</b>  1. Provide 4,000 student manuals to schools where teachers have been trained.	11/97	Region	Koné, Wade Durgavich	X				Manuals reprinted or purchased	
2	<b>TO CONTRIBUTE TO AND INFLUENCE THE EFFICIENT AND EFFECTIVE DELIVERY AND UTILIZATION OF IMMUNIZATION SERVICES AND THE CONTROL OF VACCINE-PREVENTABLE DISEASES.</b>									<b>Mali, Guinea and Benin are priority countries.</b>
2.01	<b>Increase safe and effective immunization coverage, especially among high-risk populations</b>  1. Follow-up on EPI activities as described in the delivery order.  2. Co-facilitate with WHO/AFRO the West Africa Workshop for EPI Program Managers in order to exchange experience in conducting NIDs. (Location to be determined.)  3. Preparation and dissemination of a document which summarizes the lessons learned from the implementation of NIDs in West Africa.	4/98 9/98	Mali Region Region	See Mali Plan Mutombo Mutombo, Fields Wade, Steinglass Weeks, Koné			X			In PY3, Mutombo provided TA to the MOH in Niger jointly with WHO and UNICEF in the development of a 5 year EPI plan.
2.02	<b>To work towards assuring the sustainability of immunization program achievements.</b>  1. Develop and pilot a methodology for measuring sustainability of immunization programs. a. Initial visit to plan and initiate introduction of sustainability	1/98	Benin	Mutombo, Fields, Steinglass Mutombo, Fields		X				

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
2.03	indicators within the Benin immunization program. b. Follow-up visit and workshop to review the experience of measuring these indicators in a field setting.	5/98		Mutombo			X			
	<b>introduce disease control strategies to reduce morbidity and mortality due to preventable diseases.</b>									
	1. Provide training tools (WHO/BASICS) and TA to strengthen health worker capacity to distribute vitamin A. a. Translate tool into French.	1/98	Mali, Benin	Fields, Mutombo Pacqué						
	b. Conduct initial visit and provide tool to UNICEF. c. Conduct joint training with UNICEF for introduction of the tool.	3/98	Benin Benin	Mutombo Mutombo, UNICEF						
	2. Strengthen surveillance of targeted vaccine preventable diseases with an emphasis on acute flaccid paralysis (AFP).	3/98 5/98	Guinea Benin	Mutombo Mutombo		X		X		
3. Support monitoring of NIDs in Guinea and potentially in Benin.	9/98	Guinea Benin?	Mutombo		X	X	X	X	Coordinated regional plan for support of Polio Eradication. Effective NIDs, surveillance and mop-up efforts.	This task will require from two to three field visits per country.
<b>3</b>	<b>TO IMPROVE THE QUALITY AND ACCESS TO SERVICES FOR PREVENTION AND TREATMENT OF MALNUTRITION AND TO STRENGTHEN REGIONAL INSTITUTIONS AND NETWORKS IN WEST AFRICA</b>									
3.01	<b>Adapt and implement suitable components of the nutrition "minimum package" (NMP)</b> (Unless specified by country, activities are funded under the regional program.)									
	1. Prepare synthesis paper on lessons learned from NMP assessments and implementation in four countries	9/98	Region	Diene, Sanghvi Consultants wade				X	Lessons learned paper	Paper to be disseminated in region and worldwide. This is a Iso a NWG product.
	<b>Nutrition Minimum Package in Senegal:</b> 1. Conduct supervision visits in the 2 districts implementing the NMP	10/97	Senegal	Diène, Ndiaye	X				Report with recommendations	
	2. Conduct a process evaluation of NMP implementation and protocols in the two districts	12/97	Senegal	Diène, Sanghvi Wane, Ndiaye Consultants	X				Report with recommendations	Dates to be confirmed.
	3. Revise and introduce NMP activities in 12 additional districts	6/98	Senegal	Diène, Consultants Sene, Wane		X	X		Implementation of MinPak interventions	
4. Conduct an impact evaluation of health providers knowledge and practice, analyze results, prepare report	9/98	Senegal	Diène, Sanghvi Consultants		X	X	X	Evaluation report	in Kongheul and Sokone where baseline was carried out.	
<b>Nutrition Minimum Package in Mali:</b> 1. Review policies and protocols relevant to NMP interventions as pa	1/98	Mali	Diène, Piwoz		X			Nutrition strategy recommendations		

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
	of BASICS TA on the National Nutrition Strategy			Ndiaye						
	<b>Nutrition Minimum Package in Benin:</b>									
	1. Plan NMP interventions including materials development and training in Borgou	12/97	Benin	Koné, Carrie Fakambi	X				Trip report	
	2. Organize a training seminar and conduct formative research to determine household and community barriers to compliance and develop recommendations to improve compliance for prenatal iron supplementation and child feeding in Borgou	5/98	Benin	Galloway Consultants Diène, Fakambi			X		Recommendations for messages, IEC strategy	Activity to be conducted in conjunction with the nutrition education message development research
	3. Review iron supply situation.	5/98	Benin	Galloway Fakambi			X		Recommendations for improved coverage	
	4. Adapt and test the MADLAC monitoring tool in at least 1 Baby Friendly Hospitals in Borgou	3/98	Benin	Kimbo		X			Revised monitoring tool	Dates to be confirmed
	<b>Nutrition Minimum Package in Guinea:</b>									
	1. Assess policies and protocols relevant to NMP interventions and make recommendations for their strengthening	9/98	Guinée	Diene, Sanghvi Consultants				X	MinPak assessment recommendations	Dates to be confirmed
3.02	<b>Develop capacity to design appropriate nutrition education/ Behavior Change messages including capacity for IMCI "food box" adaptation</b> (Unless specified by country, activities are funded under the regional program.)									
	1. Assist in the nutrition messages/food box adaptation research and implementation	9/98	Togo	Diene Thiam			X	X	Food box adapted.	Dates to be determined.
	<b>"Food Box" Adaptation in Mali:</b>									
	1. Assist in the nutrition messages/food box adaptation research and implementation	12/97	Mali	Diène, Thiam	X				Food box adapted.	
	<b>"Food Box" Adaptation in Senegal:</b>									
	1. Assist in the nutrition messages/food box adaptation research and implementation	9/98	Senegal	Diène, Thiam, Wane				X	Food box adapted.	This activity is dependent on Senegal IMCI process.
	<b>"Food Box" Adaptation in Niger:</b>									
	1. Review the nutrition messages/food box adaptation research and implementation	6/98	Niger	Diène, Drabo, Geslin, local team	X		X		Messages developed.	Consultative research will be used in training context for health workers and community. Adaptation was undertaken by th Country Advisor in FY '97.
3.03	<b>Collect, analyze, and disseminate lessons learned on the implementation of effective integrated health and nutrition community-based programs in the region</b>									

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
	(Unless specified by country, activities are funded under the regional program.)									
	1. Participate in UNICEF workshop on health and nutrition community-based activities in Mauritania	11/97	Region	Diène	X				Trip report with recommendations on how to move forward.	
	2. Conduct visits to document integrated health and nutrition community-based experiences from Madagascar, Mali, Niger, Benin Senegal	12/97	Region	Thiam (SANA) Consultant	X	X			Assessments completed.	Activity being carried out in collaboration with AGETIP, the World Bank, Orana, RAINSA
	3. Organize a regional workshop with country presentations to share experiences and disseminate results	3/98	Region	Diène, Thiam Consultants ORANA		X			Conclusions on best practices.	
3.04	<b>Strengthen Regional Nutrition Institutions and Networks (Nutrition Policy Analysis and Advocacy)</b> (Unless specified by country, activities are funded under the regional program.)									
	1. Finalize the training manual on nutrition policy analysis and advocacy	5/98	Region	Diène, Ross Thiam, ORANA Drabo, Maty Ndiaye (SANA)		X	X		Training module developed	
	2. Organize a regional course on policy analysis and advocacy in nutrition	5/98	Region	Diène, Ross Thiam, ORANA Drabo, Maty Ndiaye (SANA)			X		Country teams trained follow up plan developed	The SARA advocacy module will be adapted with PROFILES training.
	<b>Nutrition Policy, Analysis and Advocacy in Mali:</b>									
	1. Assist in the development of a PROFILE application and a communication strategy	11/97	Mali	Diène, Aguayo Ndiaye	X				PROFILES application and communication strategy	
	2. Assist USAID and government with development of nutrition strategy	1/98	Mali	Diène, Piwoz		X			Nutrition strategy produced	
3.05	<b>Support the development of sustainable institutions and Networks in the region</b> (Unless specified by country, activities are funded under the regional program.)									
	1. Assist ORANA in organizing the nutrition Focal points annual meeting	12/97	region	Diène, Thiam, ORANA, Maty Ndiaye	X				Regional workplan developed.	Meeting will include RAINSA coordinator, Prof. Fakambi
									functioning	Preliminary contacts made
4	<b>TO IMPROVE ESSENTIAL CARETAKER AND HEALTH WORKER BEHAVIORS THROUGH IMPROVING THE QUALITY OF AND INSTITUTIONALIZING IEC CAPACITIES IN WEST AFRICA</b>									
4.01	Provide technical assistance to radio program planning, implementation									Promote appropriate

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
	and evaluation in selected countries which participated in regional radio workshop Refer to country specific plans for budget/detail Note: BASICS plans to carry out radio programs in countries where BASICS is involved in other child survival initiatives which can be supported through radio interventions									caretaker behavior in regard to IMCI, EPI and Nutrition
	<b>Radio in Senegal:</b> 1. Broadcast spots in 6 languages in 6 regions 2. Evaluate with WHO	1-4/98 6/98				X	X	X		
	<b>Radio in Mali:</b> Conduct preliminary visit to plan for radio 1. Conduct 2 national level workshops 2. TA to broadcasting and possible evaluation	11/97 2/98	Mali	Drabo, Rasmuson	X	X				
	<b>Radio in Burkina Faso (with FHA), Benin, Togo (with FHA):</b>  1. Finalize radio spots developed during the Ouaga workshop 2. Translate scripls from french to nationale langages 3. Record edit and mix spots, 4. Develop a broadcasting plan 5. Broadcast spots		Burkina Benin Togo	FHA, BASICS teams from radio workshops					aired	
	Write summary/report or case study on West Africa radio experience	6/98		Drabo, O'Neill			X			
4.02	Develop a BASICS supplement to the WHO radio guide, based on W. Africa experiences Integrate additional elements providing instructions on translation, field projects, how to utilize "comedians"; edit the guide in a more practical and participatory manner	6/98	Region	Drabo, Diouf			X			
4.03	Qualitative research workshop for MOHs, NGOs, regional IEC institutions (with FHA) 1 Organize a regional workshop to train IEC and child survival program directors on qualitative research and rapid assessment methodologies, with FHA project.	7/98	Region	Drabo/Consultant with FHA			X	X		
4.04	Translate and disseminate IEC toolbox developed HEALTHCOM and organize a follow-up meeting to IEC summit to disseminate toolbox and other behavior change materials	3/98	Region	Drabo/Consultant		X	X			
4.05	Develop collaborative relationship with selected NGOs /PVOs working in the region to implement strategies and show an effect on caretaker behavior, and to document, test									

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
	<b>and disseminate community outreach strategies</b>									
	1. Produce a guide to participatory communication for action in collaboration with UNICEF	8/98	Senegal Burkina	Aubel				X		
	2. Elaborate two case studies (Save the Children, BF, W, Vision)	3/98	Senegal Burkina	Aubel, Burkhalter Keith		X				
	3. PVO Communications Workshop for West Africa (Behavior Change working group)	2/98		working group		X				
4.06	<b>Provide technical assistance to plan for communications component of IMCI in specific countries</b> This area is under development, as BASICS defines its approach	TBD	Mali Togo	TBD						
	Benin: Assess IEC materials for nutrition and revise as necessary in Benin (SEE BENIN WORK PLAN)	2/98	Benin			X				
	Niger: 1. Organize a communication capacity building workshop (SEE NIGER WORK PLAN)	2/98	Niger			X				
5	<b>TO INCREASE ACCESS TO AND QUALITY OF CHILD SURVIVAL SERVICES THROUGH THE DEVELOPMENT/STRENGTHENING OF PARTNERSHIPS WITH MULTILATERAL AND OTHER DONOR AGENCIES.</b>									
5.01	Improve the contribution of private health care providers to achieving public health objectives, particularly in improving the quality of services provided by them to children and mothers									
	Technical assistance to CESAG				X					NGO assessment carried out in Sénégal by Blyth, Frère and Sène.
5.02	Technical assistance to ORS commercialization in West Africa and document W. Africa experience (funding being sought from FHA; refer to FHA plan for details)	9/98		Saade, O'Neill, Sene, McGuire						
6	<b>To promote the sharing of information and lessons learned, and to increase the availability of family planning, HIV/AIDS prevention and child survival materials in the region by encouraging the application of innovative approaches to common problems as well as the systematic sharing of available materials and technical expertise among USAID, other donors and partner organizations.</b>									

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
6.01	Provide support to the information/dissemination needs of regional staff and consultants in executing BASICS regional and country programs.									
1	Provide relevant documents to regional and country program staff on child survival as requested. a. Develop stronger links and a regular schedule of communications with other BASICS offices in the region.	9/98	Region	Wade, Savaré	X	X	X	X	Documentation support provided to staff at regional or country level	
	2. Prepare bibliographies, document summaries, and information packets for BASICS workshop participants (food box, regional radio workshop)	9/98	Region	Wade, Savaré	X	X	X	X	Documentation support provided to regional advisors	
	3. Finalize BASICS/West Africa staff brochure/resource guide and disseminate to BASICS partners, visitors, workshop participants.	9/98	Region	Wade, Savaré	X				Brochure printed and disseminated	
	4. Translate key BASICS documents and other child survival documents as requested by regional technical advisors, country programs, and BASICS/HQ	9/98	Region	Wade, regional advisors, HQ, consultants	X	X	X	X	Number of doc.translated	
	5. Maintain consultant database and send bi-monthly updates to country program managers, health network managers, and BASICS/HQ.	9/98	Region	Wade, RA	X	X	X	X	database updated	
6.02	Carry out information exchange and dissemination activities									
	1. Travel to countries in the region to meet with library officials, the publication division in ministries of health, medical association officials, etc.for information exchange on child survival.	TBD	Region	Wade					10 Senegal health info centers have been visited and info exchange initiated.	Trip report
	2. Travel to HQ to complete an internship with relevant staff on dissemination plans, office procedures and requirements, to discuss PY5 activities, and to visit other information centers.	12/97	BASICS/HQ	Wade	X				Visit to HQ	Trip report
	3. Prepare a detailed list of NGOs active in child survival and establish a database.	2/98	Region	RA, Wade, Savaré	X	X	X	X	List prepared and database established	This activity began in PY4. Database has been partially established.
	4. Attend at least two regional health conferences for networking and dissemination of information. Appropriate suggestions to be made by BASICS/HQ.	TBD during DC visit		RA, Wade, Savaré					Participation in health network conference and trip report	
	5. Update mailing lists and computerized catalogue of BASICS holdings; send letter and short survey to the whole mailing list to obtain updates		Region	Wade, Savaré,	X	X	X	X	Mailing list updated	
	6. Prepare and disseminate technical documents, newsletter, and key documents in child survival	9/98	Region	Wade, Savaré,	X	X	X	X	Number of doc. prepared	

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
	7. Explore information delivery via e-mail and Internet.								Information delivered via e-mail	
6.03	Collaborate with REDSO/WCA-BASICS Health Network Manager on various activities									
	1. Participate in information needs assessment with health network manager	12/97	Senegal Mali	Wade	X X X				Quest. developed, data collected and analysed	
	2. Communicate identified gray literature on child survival to health network manager	9/98	Region	RA, Wade Savare					Number of doc. identified	
	3. With regional advisors, help identify promising practices in child survival	9/98	Region	Wade, Savaré					Number of promising practices identified	
	4. Send updated NGO database of activities to health network	2/98		Wade, Savare		X			Number of Identified consultants	
6.04	Continue to produce and disseminate AHRTAG Child Health Dialogue four times per year									
	1. Translate and edit French CHD	9/98	Region	Wade, Savaré	X X	X X	X X	X X	CHD translated and disseminated	Production of CHD is a contract with AHRTAG in GB
	2. Prepare the African Supplement for the French AHRTAG's Newsletter (CHD) with regional advisors	9/98	Region	Wade, Savaré, RA	X X X X	X X X X	X X X X	X X X X	African suppl. prepared and disseminated	
	3. Consider readership survey and focus groups interviews of AHRTAG audience for CHD. To be discussed during DC visit	TBD							survey and focus group conducted, mailing list updated	
7	MONITORING AND EVALUATION									
7.01	To assess level of achievement of current year activities and to develop PY5 work plans Regional staff and HQ travel to countries charged to countries									
	1. FY 98 annual report/work plan development	9-10/97	Region	Reg. Advisors O'Neill, Durgavich, Galloway, Pacque						
	2. Conduct other monitoring visits for regional program as needed	9/98	Region	Heise, Blyth, O'Neill						
8	STAFFING AND MANAGEMENT PLAN Most costs for regional advisors are spread across activities and countries									
8.01	Regional Director	9/98		Koné	X	X	X	X		
8.02	Child Survival Regional Advisor	9/98		Mutombo	X	X	X	X		
8.03	IEC Regional Advisor	9/98		Drabo	X	X	X	X		

COUNTRY: FRANCOPHONE AFRICA

ACTIVITY TIMELINE: PROJECT YEAR 5

I:\FRANCAFR\FY97-FY98\regiontm.wk4

PROJECT: REGIONAL OFFICE

30-Oct-97

COUNTRY/PROJECT CODE: FA 01

BEGIN/END DATES: OCTOBER 1, 1997 TO SEPTEMBER 30, 1998

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	EXPECTED OUTPUTS	COMMENTS
8.04	Nutrition Regional Advisor	9/98		Nutrition	X	X	X	X		
8.05	Regional field office									
	1. Provide financial and administrative support to the region	9/98	Region	Daffé, Koné	X	X	X	X		
9	HEADQUARTERS SUPPORT									
	1. Provide planning, management, financial and administrative support to the region. Conduct financial audit.	9/98	Region	Durgavich, Yang, Guichard, Hopkins	X	X	X	X		
	2. Provide technical and operational support to the region	9/98	Region	Blyth, O'Neill, Heise, Durgavich, Keith, Fields, Desrosiers, Pacqué	X	X	X	X		

1777

COUNTRY: WEST AND CENTRAL AFRICA  
 PROJECT: USAID/REDSO/WCA/FAMILY HEALTH AND AIDS  
 COUNTRY/PROJECT CODE: WA 01  
 BEGIN/END DATES: JUNE 1996 TO SEPTEMBER 30, 1998

ACTIVITY TIMELINE: BASICS PROJECT YEAR 4

I:\FRANCAFR\FY97-FY98\Fhalmw.wk4  
 30-Oct-97

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	FY 96/ FY 97	FY 98 1	2	3	4	EXPECTED OUTPUTS	COMMENTS
1	<b>SOCIAL MARKETING OF ORS</b>										
	<b>OBJECTIVE: TO INCREASE ACCESS TO, AND USE OF ORS ON A REGIONAL LEVEL THROUGH DEVELOPING AND IMPLEMENTING A SOCIAL MARKETING PLAN INVOLVING A REGIONAL ORS PRODUCER.</b>										
	1.1 Assess potential for and develop regional social marketing strategy for ORS.  <i>There are two components to BASICS involvement in this activity: Sustaining ORS Supply and Generation of Demand for ORS.</i>		Regional	Saade, O'Neill, PSI USAID, Rhone Poulenc Rorer, McGuire	X						Overall anticipate outputs/results to be reached assuming:
	a. Sustained Supply of ORS- technical assistance to encourage private sector involvement in regional ORS production, promotion and distribution in West Africa	12/96 thru 9/98	Reg/Country		X	X	X	X	X		-Agreement is reached/ signed to assure purchase of ORS from producer by countries and PSI on a long-term basis, providing price is competitive.
	Identify list of regional ORS commercial manufacturers/partners and contact promising ORS manufacturers. (2 TDYs to Senegal/Cote d'Ivoire)	12/96-3/97	Regional	Saade O'Neill (3/97)	X					Commercial partner interest assessed determined.	-Some funding is avail. from PSI for country level implementation as follow-up to short-term activities.
	Select potential regional partners according to selection criteria	3/97	Regional	BASICS	X						RPR interested and developing MOU as of 9/97.
	Regional partner(s) develop feasibility study; budget mtg in Paris Rhone Poulenc develops draft Memorandum of Understanding	8/97	Regional	Rhone Poulenc Rorer, Saade	X					Feas. study completed as basis for RPR decision to become involved. Lowest sustainable price to wholesalers is 83 CFA.	
	Provide updates to USAID/Senegal, BASICS Senegal, REDSO/PSI following Paris meeting.	8-9/97	Senegal Cote d'Ivoire	Saade	X					TA to price sens protocols in Senegal and Cote d'Ivoire.	
	Carry out price sensitivity studies in three countries, two under PSI/BASICS subcons (see below)	9/97 10/97 10/97	Senegal Cote d'Ivoire Cameroon	independent research agencies ERR	X		X X				
	Joint development of long-term marketing plan and consensus meeting with partners to negotiate partnership based on long-term marketing plan agreement; discuss marketing plan with MOHs	11/97-12/97	Abidjan	PSI, USAID, RPR BASICS			X X			Regional marketing plan developed.	
	Sign partnership agreement/MOU	11/97	Regional	RPR, PSI, BASICS			X			Consensus reached on marketing plan and MOU developed addressing issues such as price, trademark, promotion, and distribution.	
	Continue to provide technical assistance to ORS launch, including funding health prescriber behavior studies in three countries to help shape Orasel promotional strategy targeted at doctors and pharmacists.	3/98	Senegal Cote d'Ivoire Cameroon	BASICS, other partners TBD	X	X	X			Baseline health prescriber studies carried out and results incorporated into medical/pharmaceutical promotional strategy.	
	b. Generation of Demand for ORS Prepare subcontract with PSI for ORS promotion in Togo;	5/97	Togo	BASICS/PSI	X					Improved technical quality of ORT	



COUNTRY: WEST AND CENTRAL AFRICA  
 PROJECT: USAID/REDSO/WCA/FAMILY HEALTH AND AIDS  
 COUNTRY/PROJECT CODE: WA 01  
 BEGIN/END DATES: JUNE 1996 TO SEPTEMBER 30, 1998

ACTIVITY TIMELINE: BASICS PROJECT YEAR 4

I:\FRANCAFR\FY97-FY98\Fhalmw.wk4  
 30-Oct-97

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	FY 96/ FY 97	FY 98 1	2	3	4	EXPECTED OUTPUTS	COMMENTS
	a. Togolese will attend WHO regional facilitators' (WHO sponsored training in Niger.	1/98	Togo	Kone, Carrie		X					
	b. Train 12 Togolese in Togo in facilitators training for eventual clinical skills training. for eventual clinical skills training.	7/98	Togo						X	Total of 16 course facilitators trained.	Assumes 1998 funding to BASICS or through FHA for clinical skills training in Togo.
	<b>3.5 Improve access to appropriate diarrheal disease case management in Burkina Faso to strengthen base for future introduction of IMCI.</b>										
	a. Conduct rapid CDD program assessment.	4/97	Burkina Faso	Drabo, Corbin	X					Assessment identifying problems with CDD program and recommendations completed and shared.	The report revealed serious difficulties with the Burkina CDD/ARI program. With one year remaining in BASICS, BASICS expects to support CDD/ARI primarily through radio program focusing on CDD messages.
	b. 12 Burkinabe participated in reg. radio workshop and developed, translated, and pre-tested radio messages in support of CDD. (see follow-up activities under IEC)	7/97	Burkina Faso		X						
	<b>3.06 Regional Office Technical Support/Travel for IMCI Activities or BASICS/W Travel for IMCI Activities</b>	9/98	Regional	Regional Office Staff	X	X	X	X	X		
4	<b>INFORMATION, EDUCATION AND COMMUNICATION (IEC)</b>										
	<b>OBJECTIVE: TO IMPROVE THE QUALITY OF AND INSTITUTIONALIZE IEC CAPACITIES (PLANNING DESIGN, IMPLEMENTATION, RESEARCH, EVALUATION), RESPONDING TO NEEDS OF AT LEAST TWO COUNTRIES.</b>										
	<b>4.01 Organize a coordination and planning meeting for IEC activities with other partners and regional institutions involved in IEC training</b>	6/97	Regional	BASICS (Drabo), SARA,				X		Completed. Assessment revealed training needs of IEC regional institutions.	
	a. Prior to IEC summit, conduct a training needs assessment of regional IEC institutions	5-6/97	Regional	Diouf, Drabo, FHA, SARA, regional IEC Inst.	X						
	b. Organize follow-up meeting to regional IEC summit to introduce the HEALTHCOM toolbox and other IEC materials.	TBD									
	<b>4.02 Organize regional workshops to train national IEC and child survival program directors.</b>		Regional	Drabo, consultant							
	a. Qualitative research and rapid assessment methodologies workshop including regional training in conducting household surveys (Bamako) Supported by FHA with some TA support from BASICS. Attendees to include individuals and selected IEC institutions involved in research.	TBDw/ FHA	Regional						X	Workshops completed with skills/capacity built in these areas, particularly for child survival messages/issues.	Assumes country level implementation funds from FHA or others. 4.02a to be organized and financed by FHA.
	<b>4.03 Plan, Implement and Evaluate Regional and Country Level Radio Programs</b>										
	a. Conduct regional workshop to train a cadre of consultants to plan and conduct country level workshops on radio programming	7/97	Regional	Drabo, El Hadj, Consultants fr.	X					40 participants from 6 countries attended. Skills people in radio	Assumes country level implementation funds from

COUNTRY: WEST AND CENTRAL AFRICA  
 PROJECT: USAID/REDSO/WCA/FAMILY HEALTH AND AIDS  
 COUNTRY/PROJECT CODE: WA 01  
 BEGIN/END DATES: JUNE 1996 TO SEPTEMBER 30, 1998

ACTIVITY TIMELINE: BASICS PROJECT YEAR 4

I:\FRANCAFR\FY97-FY98\Fhatlme.wk4  
 30-Oct-97

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	FY 96/ FY 97	FY 98 1	2	3	4	EXPECTED OUTPUTS	COMMENTS
	in support of Child Survival and Family Health Issues, and to evaluate audiences. (Ouagadougou) See regional budget for cost-sharing Info SEE 4.05 for follow-up in Burkina Faso. level radio programming plans will be conducted in 1998.)			Senegal radio workshop, FHA						programming. WHO radio guide used as one tool. Messages translated/pretested for BF and other messages developed for countries. Country level follow-up plans submitted by country teams within two months following workshop.	BASICS countries or FHA for FHA countries.
	b. TA to pre-test messages (CDD) from regional workshop in Burkina and diffused (messages were already translated during workshop). Diffusion will take place over period 4 months and help support CDD program goals.	TBD	Burkina Faso Togo	Drabo, Corbin Consultants						Messages broadcasted in BF. Evaluation measuring listener understanding and message recall carried out.	
	c. Evaluate one month following diffusion, in countries where broadcasting begins soon. Evaluation would measure exposure and comprehension and memory of messages but no behavior change in time left in BASICS project.	TBD	Regional	Regional Office, BASICS/W	X	X	X	X	X		
5	<b>COMMUNITY MOBILIZATION</b>										
	<b>OBJECTIVE: TO INCREASE THE EFFECTIVENESS OF COMMUNITY PARTICIPATION IN THE PREVENTION OF CHILDHOOD ILLNESS BY DOCUMENTING AND DISSEMINATING REGIONALLY BEST PRACTICES ESTABLISHED BY NGOS AND OTHER GROUPS, AND TO APPLY AT LEAST ONE BEST PRACTICE IN ONE OR MORE COUNTRIES BY 1997.</b>										
	[Limited funding obligated to this objective. Refer to BASICS West Africa regional work plan for activities related to this objective, which may also be undertaken in FHA countries].										
	5.1 Identify and carry out specific activities with NGO partners in one or more countries.	3/98	1 or 2 countries	Drabo, Kleinau Tankoano consultant					X		
	a. Provide technical assistance to FESADE (Femmes Santes e Developpement en Cameroon) DEPENDS ON FHA to complement FHA reproductive health/FP activities with this group with child survival messages. OR	TBD	Cameroon OR Burkina Faso	TBD						TBD	Funds are very limited for this objective.
	b. Conduct case study of Save the Children-Holland in Burkina Faso, utilizing FHA funding in joint work plan (minimal). and/or			Aubel, Drabo							
	c. Explore opportunities for message dissemination through traditional means of communication w/one or more partners	TBD								Case study documenting promising practice completed and disseminated to PVO community and through TECH working group behavior change workshop, Feb. 98 (see regional budget).	BASICS West Africa regional activities 4.02, 4.04, and 4.05 at support partnerships with NGOs for specific child survival messages communication/capacity building.
6	<b>PARTNERSHIP BETWEEN THE PUBLIC AND PRIVATE SECTORS</b>										
	<b>NO ACTIVITIES CONTEMPLATED PER THIOYE/KONE DISCUSSIONS DUE TO FUNDING LIMITATIONS</b>										

COUNTRY: WEST AND CENTRAL AFRICA  
 PROJECT: USAID/REDSO/WCA/FAMILY HEALTH AND AIDS  
 COUNTRY/PROJECT CODE: WA 01  
 BEGIN/END DATES: JUNE 1996 TO SEPTEMBER 30, 1998

ACTIVITY TIMELINE: BASICS PROJECT YEAR 4

I:\FRANCAFR\FY97-FY98\Fhetime.wk4

30-Oct-97

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	FY 96/ FY 97	FY 98 1	2	3	4	EXPECTED OUTPUTS	COMMENTS
7	<b>STAFFING AND MANAGEMENT PLAN</b> 7.1-7.2 Headquarters support. (Only includes partial costs for BASICS Headquarters Support to FHA program. Funding from other sources will supplement REDSO/WCA funds for BASICS management of its support to FHA)	9/98		OPS/TECH Staff	X	X	X	X	X		
8	<b>PROGRAM DEVELOPMENT/MONITORING</b>										
	a. Country assessment visits	6/96	Burkina Faso Cote d'Ivoire Cameroon, Togo	Kone, Diene Mutombo, Drabo	X					Rapid assessments of child survival priority needs used as basis for BASICS work plan development. Work plan drafted.	
	b. Workplan development	7/96		Blyth, Durgavich Frere, reg staff	X					Evaluation component and work plan finalized and delivered to REDSO/WCA by agreed deadline (8/96)	
	c. Evaluation/results package development and submission	8/96		O'Neill, Kleinau reg staff	X						
	d. Conduct update/monitoring visits.	7/97	Cote d'Ivoire	Kone, reg staff O'Neill	X			X			
	e. Planning visit with FHA and REDSO/WCA	11/97	Cote d'Ivoire	Kone, Drabo, O'Neill						Identification of BASICS TA/support to FHA program and funding needs to implement.	This visit was planned for week of October 13; postponed by REDSO/WCA/FHA to Nov 1997

HEALTH NETWORK

COUNTRY: WEST AND CENTRAL AFRICA  
 PROJECT: USAID/REDSO/WCA/HEALTH NETWORK  
 COUNTRY/PROJECT CODE: HK 01  
 BEGIN/END DATES: March, 1997 - September 30, 1998

ACTIVITY TIMELINE: BASICS PROJECT YEAR 4 - 5

I:\FRANCAFR\FY97-FY98\In-time.wk4  
 30-Oct-97

ACT#	ACTIVITIES	END DATE	Countries	KEY PERSONS	1997 (March)					1998				EXPECTED OUTPUTS	COMMENTS
					2	3	4	1	2	3	4				
<b>OVERALL HEALTH NETWORK OBJECTIVE: TO PROMOTE THE SHARING OF INFORMATION AND LESSONS LEARNED ACROSS THE REGION, ENCOURAGING THE APPLICATION OF INNOVATIVE APPROACHES TO COMMON PROBLEMS, AS WELL AS THE SYSTEMATIC SHARING OF AVAILABLE MATERIALS AND TECHNICAL EXPERTISE AMONG USAID, OTHER DONORS, AND PARTNER ORGANIZATIONS.</b>															
<b>1 ASSESSMENT OF INFORMATION NEEDS AND RESOURCES</b>															
1.01	Conduct information needs assessment of network clients in West Africa in preparation for Strategy Development.	1/98	Senegal Mali Niger Burkina Ghana	Health Net. Mgr. REDSO/WCA Advisory Group BASICS doc.			X							Assessment completed within three months of arrival of health network manager.	
<b>2 DEVELOPMENT OF HEALTH NETWORK STRATEGY AND PLAN</b>															
2.01	Strategy Development Workshop a.1 Participation of up to 10 people from the West and Central Africa region in a Health Network Strategy Development workshop. Workshop will identify objectives and prioritize activities (potential activities under Activity #3) based on information needs assessment. (Clients from approx. 15 west African countries and HPN Officers from Guinea, Senegal, Mali, Ghana, Benin and REDSO WCA and ESA, BASICS, FHA, Africa Bureau)	2/98	Regional	HealthNet. Mgr				X						Strategy developed clearly identifying objectives and achievable results up to 9/98.	
<b>3 IMPLEMENTATION OF PROPOSED HEALTH NETWORK ACTIVITIES (TBD DURING STRATEGY DEVELOPMENT)</b>															
The following are proposed activities for the health network to be selected/revise during the strategy development, based on results of assessment.															
3.01	Information Exchange/Collection Activities Set up of effective mechanism to facilitate the sharing of information, experiences and lessons learned, including: a-b. Development of a resource center in collaboration with BASICS/Dakar to respond to information needs of clients; development of mailing list, purchase of relevant software, home page/website establishment, set-up; training of admin. asst.; publications on specific topics, literature reviews, news releases; develop and disseminate newsletter with information and technical updates on cross cutting and emerging issues.	9/98	Abidjan	Health Net. Mgr. Admin Assistant BASICS Info ctr. BASICS/Dakar	X	X	X	X	X	X				300 copies of the newsletter distributed 3 times a year to HPN	Website and e-mail set up depends entirely on whether these systems are available in West Africa.  Depends on activities selected during strategy development.
3.02	Technical Assistance Consultations a. TA to countries who express interest in technical assistance consultancies in areas such as program planning,	9/98	Regional	Consultant TBD			X	X	X	X	X				



**Attachment**

**FY'98 Budget by Objective and Activity**

*Print directly From BMIS*

I:\FRANCAFR\FY97-FY98\regplan.wpd  
October 30, 1997