USAID ASSIST Project

Applying Science to Strengthen and Improve Systems

Burundi Country Report FY15

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation
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### Abbreviations

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
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<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>ASSIST</td>
<td>USAID Applying Science to Strengthen and Improve Systems Project</td>
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<tr>
<td>CHW</td>
<td>Community health worker</td>
</tr>
<tr>
<td>CQIT</td>
<td>Community quality improvement team</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal year</td>
</tr>
<tr>
<td>GOB</td>
<td>Government of Burundi</td>
</tr>
<tr>
<td>HCI</td>
<td>USAID Health Care Improvement Project</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV counseling and testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission of HIV</td>
</tr>
<tr>
<td>PNLS</td>
<td>National Program for the Fight against AIDS and Sexually Transmitted Infections</td>
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<tr>
<td>QI</td>
<td>Quality improvement</td>
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<tr>
<td>URC</td>
<td>University Research Co., LLC</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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1 Introduction

With funding support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began work in Burundi in January 2013. Activities were built around two assessments conducted in 2012 under the USAID Health Care Improvement Project (HCI). The first assessment centered on prevention of mother-to-child transmission of HIV (PMTCT) service delivery, and the second on human performance technology.

ASSIST’s goal, in partnership with the Ministry of Health (MOH) and other USAID implementing partners, is to improve the uptake and quality of PMTCT services for mothers, their partners, and their infants and to increase retention of mothers and infants along the PMTCT cascade. ASSIST works in close collaboration in Burundi with FHI360, Pathfinder International, Management Sciences for Health (Supply Chain Management Systems), MEASURE Evaluation, Abt Associates, EngenderHealth, and local non-governmental organizations to address these health care gaps.

In fiscal year (FY) 2015, ASSIST continued to support improvement work at Phase 1 sites in four provinces (Kirundo, Kayanza, Muyinga, Karuzi) that the project worked in during the previous fiscal year and began to scale up best-practice interventions to new sites in those provinces. In addition, as Phase 2, ASSIST expanded PMTCT improvement activities to four more USAID-supported provinces (Ngozi, Gitega, Bujumbura Rural, and Bujumbura Mairie) in FY15. During the course of the year, ASSIST organized a PMTCT experts’ meeting for validation of the Phase 2 improvement plans, developed based on gaps identified in baseline assessments. ASSIST also supported community quality improvement (QI) teams in Giteranyi District to improve the performance of community health workers (CHWs) in supporting PMTCT services at the community level.

Scale of USAID ASSIST’s Work in Burundi
2 Program Overview

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement a PMTCT improvement intervention in eight provinces</td>
<td></td>
</tr>
<tr>
<td>• Improve uptake of PMTCT services (by mothers, infants, and partners)</td>
<td>Provinces: 8 out of 17 (Bujumbura, Bujumbira Rural, Gitega, Ngozi, Kayanza, Kirundo, Muyinga, Kurusi)</td>
</tr>
<tr>
<td>• Improve retention of mothers and infants along the PMTCT cascade</td>
<td>Districts: 25 out of 25 in the 8 provinces (25 out of 46 districts in the country)</td>
</tr>
<tr>
<td>• Improve quality of PMTCT services</td>
<td>Facilities in selected districts: 100% (379 out of 379) PMTCT sites in the 25 health districts</td>
</tr>
<tr>
<td>• Strengthen community system to improve the performance of community health workers (CHWs) to provide quality of PMTCT services at the community level</td>
<td>QI teams: 403 facility teams</td>
</tr>
<tr>
<td></td>
<td>Catchment population facilities/communities served: 5,608,308 out of 10,557,259 inhabitants</td>
</tr>
<tr>
<td></td>
<td>Communities: 24 sub-Collins surrounding 6 out of 15 peripheral facilities in Giteranyi District in Muyinga Province</td>
</tr>
<tr>
<td></td>
<td>QI teams: 24 community teams</td>
</tr>
<tr>
<td></td>
<td>Catchment population communities served in the target health district: 123,748 out of 292,967 inhabitants</td>
</tr>
</tbody>
</table>

Improvement Activity

3 Key Activities, Accomplishments, and Results

Activity 1. Implementing a PMTCT improvement intervention in eight provinces

BACKGROUND

As in many other sub-Saharan African countries, the HIV pandemic in Burundi continues to be a growing public health threat. The HIV prevalence among the general population is 1.4%, with infection rates higher among women than men (1.7% versus 1%), resulting in more than 80,000 people, including 19,000 children under the age of 15, living with HIV infection.¹ Although the availability of PMTCT services has increased in recent years, coverage remains inadequate: in 2010, only 41% of health facilities had PMTCT services in the country, while the rate of transmission of HIV from mother to child was estimated at 24.7%. The challenges are severe: in 2010, only one in three antenatal care (ANC) facilities in the country offered PMTCT services; only 60% of women delivered in health facilities; and only 32% of women received any postnatal care.²

In an effort to improve the national response to HIV/AIDS, Burundi has drafted national HIV strategic plans with the objective of defining clear priorities to guide the interventions of various donors. The most recent plan, 2012-2016, was prepared with technical assistance from PEPFAR, which sets realistic objectives for prevention, treatment, care and support in Burundi. In addition and in response to these PMTCT challenges, the Government of Burundi (GOB) renewed its commitment to eliminating new pediatric HIV infections and developed a National Plan for Elimination of Mother-to-Child Transmission of HIV 2012-2016 (Plan d’élimination de la transmission du VIH de la mère à l’enfant au Burundi). This plan focuses on systematically increasing HIV counseling and testing (HCT), integrating PMTCT services across antenatal health facilities nationwide, and mobilizing male participation in ANC visits. Since Burundi is a Global Health Initiative focus country, USAID support for PMTCT is part of larger assistance to the GOB in the health sector.

ASSIST’s work in Burundi is built on previous HCI successes and is continuing and reinforcing these interventions as well as initiating new approaches. ASSIST uses a collaborative improvement approach in partnership with the MOH and other USAID implementing partners.

**ACCOMPLISHMENTS AND RESULTS**

- **Finalized change package from Phase 1 and strategies to disseminate it in new sites in the eight provinces** (Oct – Dec 2014). Phase 1 of our intervention for improving quality of PMTCT services focused on two areas: improving HCT among pregnant women attending ANC, their partners, and their infants and on documentation of services. During this phase, ASSIST worked in 70 pilot sites in four USAID-supported provinces (Kayanza, Kirundo, Muyinga, and Karusi). ASSIST staff in Burundi, with technical assistance from the ASSIST regional office in Niger and in close collaboration with the MOH through the National Program for the Fight against AIDS and Sexually Transmitted Infections (PNLS), developed the final change package from Phase 1 and a strategy to facilitate and guide the dissemination of best practices from the 70 pilot sites to new sites located in all eight USAID-supported provinces (i.e., sites located in the previous four provinces and sites located in the new four USAID supported provinces).

- **Organized a PMTCT experts’ meeting to validate the final Phase 1 change package and dissemination strategies** (Gitega City, Dec 10-12, 2014). A central purpose of this meeting was to explain to national PMTCT experts the content of the final change package of Phase 1 and to offer them the opportunity to make any necessary amendments. In addition, the meeting allowed participants to analyze whether each change was in line with the National Health Policy and HIV National Guidelines. Fifty-seven (57) stakeholders participated, including PMTCT experts from various departments of the MOH, USAID partners, local NGO representatives, and district and provincial health managers.

- **Conducted orientation meeting for Extension Agents on change package and built capacity of new coaches in four new provinces:** Bujumbura, Bujumbura Urban, Gitega, and Ngozi (March 5-6, 2015). To accelerate the spread and implementation of the Phase 1 change package to new sites, ASSIST, through this meeting, worked to enhance the new coaches’ knowledge of the quality improvement approach, the technical content of the change package from Phase 1, and dissemination strategies.

- **Conducted provincial meetings to disseminate the Phase 1 final change package in all eight provinces covered by ASSIST.** To accelerate the spread of tested changes from Phase 1 to new sites in all eight provinces, ASSIST, along with the National HIV/AIDS Program, organized provincial dissemination meetings to allow
all PMTCT stakeholders in each province to have a common understanding of the collaborative improvement approach as well as the contents of the PMTCT change package. These meetings took place as follows:

- Muyinga, March 18-20, 2015
- Karusi and Kirundo, April 1-3, 2015
- Kayanza, June 24-26, 2015
- Bujumbura and Ngozi, July 22-24, 2015
- Bujumbura Town and Gitega, July 29-31, 2015

**Conducted site coaching visits in four Phase 1 provinces (Kayanza, Kirundo, Muyinga, and Karusi).** To continue improving PMTCT services and maintaining or increasing site-level performance, ASSIST continued to provide technical support to district and provincial coaches through monthly coaching visits. District coaches conducted coaching visits in all 70 Phase 1 sites on a monthly basis. Some coaching visits were conducted in mixed teams (by district coaches and staff from PNLS or ASSIST). Coaching visits were also conducted in scale-up sites in the four Phase 1 provinces by the district coaches and extension agents. The main purpose of the coaching visits in the scale-up sites was to check on the quality of data previously submitted, the implementation of the change package, and to support the formation and functioning of QI teams. All new sites in these four provinces formed QI teams. Due to security issues in the country, the orientation and dissemination meetings were not conducted at the same time. Scale-up sites in Kirundo, Karusi, and Muyinga provinces were oriented in April, while sites in Kayanza were oriented in June 2015.

**Conducted data quality review visits** (June and Sept 2015). To assure the quality of data reported by sites and validate its accuracy, ASSIST technical staff and health district and provincial coaches organized two data quality review visits during June and September 2015. The data validation process used a checklist tool that ASSIST had developed and field tested in the first part of FY15. During the visit, the data quality review team: 1) interviewed QI team members about randomly chosen indicators in order to be sure that team members understood the indicator and knew the numerator and denominator if applicable; 2) asked them which registers produced these data; and 3) then reviewed with the team members the data of two or three months chosen randomly and compared those data with data that had been reported by the team for the months chosen. In this way, the data quality review team could identify the causes of errors at each stage of the analysis. The visits ended with recommendations from the review team about actions the QI team could take to rectify the identified causes of errors.

**Conducted the provincial semi-annual workshop to review quality of HIV/PMTCT data and services** (Kayanza City, August 11-12, 2015). The meeting focused on identifying local barriers/obstacles to assuring quality of data of PMTCT and HIV services, as well as discussing what each health facility could do in a short time to address identified issues. During the reporting period, two meetings were organized to support the institutionalization process: one for Vumbi and Kirundo health districts of Kirundo Province, and the second for all health districts of Kayanza Province.

**Organized a PMTCT experts’ meeting to validate Phase 2 improvement plan** (Kayanza City, Aug 18-21, 2015) The purpose of the meeting was to validate the technical content of the improvement plan of the collaborative in Phase 2 to address PMTCT retention in care, adherence to antiretroviral therapy (ART), and HIV-exposed infant care and treatment. In addition, quality improvement indicators were reviewed to align them with the new national guidelines for prevention and treatment. While the Phase 1 change package is being disseminated to new sites in all eight provinces, the
improvement plan for Phase 2 (which addresses PMTCT retention in care, adherence to ART, and HIV-exposed infant care and treatment) will be implemented in only targeted sites.

- **Conducted coaching visits to the 24 community QI teams on monthly bases in the pilot project in Giteranyi District.** The coaching visits were focused on the data collection tools, the process to be followed for identifying change ideas and how to guide change idea testing, and to explain the advantage of providing linkages between health facility and community levels.

- **Strengthened the community system to improve the performance of CHWs to provide quality PMTCT services at the community level.** Figure 1 shows how the community teams helped to get over half of pregnant women to go for their first ANC visits before 14 weeks of pregnancy at the six facilities. To help achieve these results, changes that were tested and implemented:
  - Increase in number of health education sessions in health facility per week on advantages of early ANC
  - CHW sensitizes the community on advantages of early ANC
  - Announcement made in the church that any pregnant woman who attends 1st ANC visit before 14 weeks will receive an incentive

**Figure 1: Percentage of pregnant women attending first ANC visits before 14 weeks of pregnancy, six facilities, Giteranyi District (July 2012 – Aug 2015)**

- Since Feb 2014, the six facilities are now testing nearly all women for HIV during their first ANC visit. To achieve these results, the following changes were tested and implemented:
  - Increase in number of health education sessions in health facility per week on advantages of early ANC and importance of HCT for pregnant women.
• CHW sensitizes the community on advantages of early ANC and importance of HCT for pregnant women.
• HCT conducted in ANC room and result given in the same room on the same day.

• Figure 2 shows the increased percentage of pregnant women tested in ANC whose partners were also tested for HIV. Tested changes tested included:
  o Male leader sensitizes men to advantages of HTC for couples
  o Advantages of partners’ testing posted at all gathering venues
  o Invitation letters given to partners
  o Women who visit ANC service with their partners are seen before others
  o CHWs involve chiefs of sub-collines in community mobilization for PMTCT and advantages of HTC for couples

**Figure 2:** Percentage of pregnant women tested for ANC whose partners are also tested, 6 facilities, Giteranyi Health District (July 2012 – July 2015)

- Figure 3 shows the impact of the community QI team supporting one of the six health centers, Buthinda Health Center, in identifying a much larger number of pregnant women than the CHW could identify on his own. This community engagement in encouraging pregnant women to go early for prenatal care has contributed importantly to the six sites’ success in identifying HIV-positive women earlier in pregnancy. As these six health centers are PMTCT service sites that also provide ART, HIV-positive women identified earlier in pregnancy have the advantage of benefiting from ART earlier following the PMTCT protocol and thereby increasing the chance of protection against mother-to-child transmission of HIV.

The changes introduced by community QI teams to achieve these results, include the following:
  o Spend one hour discussing issues related to ANC services during community group meeting
  o Home visit made by community group delegate to their members to deliver messages on the advantages of early ANC and the importance of HCT for pregnant women
  o Develop a song for community group members on the advantages of early ANC
Figure 3: Proportion of pregnant women identified and being referred at community level, Butihinda Health Center (Sept 2014 – Aug 2015)

- **Figure 4** shows continued increase in the proportion of women tested in ANC whose partners are also tested for HIV among the 69 sites supported by ASSIST in the four initial provinces in Phase 1.

**Figure 4: HIV testing of pregnant women and their partners, 69 Phase 1 sites (May 2013 – Aug 2015)**
• Figures 5 and 6 show progress in scaling up these practices in 28 new sites in Kirundo Province since March 2015.

Figure 5: Percentage of pregnant women going to ANC, 28 spread sites, Kirundo Province (March – Aug 2015)

Figure 6: Percentage of pregnant women and their partners tested for HIV during their first ANC visit, 28 spread sites, Kirundo Province (March – Aug 2015)
SPREAD OF IMPROVEMENT

Phase 1 (demonstration phase) included 70 health facilities (health centers and hospitals) in four Northern provinces of the country (Kirundo, Muyinga, Karusi, Kayanza). During this demonstration phase, the 70 sites identified changes that produced improvement that could be applied to improve care in other sites. A final change package of Phase 1 containing these best practices was developed to facilitate dissemination of changes from demonstration sites to new sites. In addition, a dissemination strategy was developed to operationalize this final change package and to guide the spread phase. The change package and dissemination strategy documents were validated through a workshop with PMTCT stakeholders at all levels (health district, health province, central level) and partners in the demonstration phase (coaches and site providers). The spread sites included both new sites in the original four provinces (Kayanza, Kirundo, Muyinga, and Karusi), as well as sites in four new provinces (Ngozi, Gitega, Bujumbura Rural, and Bujumbura Mairie).

In the implementation phase, spread agents were selected among the coaches, providers, supervisors, and health officials who have expressed interest and enthusiasm in QI during the demonstration phase. Their role is to support the new coaches identified in the new provinces.

IMPROVEMENT IN KEY INDICATORS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indicators</th>
<th>Baseline (July 2012)</th>
<th>Last value (August 2015)</th>
<th>Change (percentage points)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of women attending ANC visits before 14 weeks</td>
<td>8% (67 sites)</td>
<td>42% (69 sites)</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Proportion of pregnant women tested for HIV during ANC visits</td>
<td>47% (69 sites)</td>
<td>94% (69 sites)</td>
<td>47</td>
</tr>
<tr>
<td>Implementing a PMTCT improvement intervention in eight provinces</td>
<td>Proportion of partners tested for HIV (husbands or partners of enrolled women in PMTCT services)</td>
<td>0% (69 sites)</td>
<td>58% (69 sites)</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>Number of HIV exposed children tested for HIV at 18 months</td>
<td>9 (70 sites)</td>
<td>225 (70 sites)</td>
<td>93</td>
</tr>
</tbody>
</table>

4 Sustainability and Institutionalization

ASSIST is working closely with all levels of the health system, from the peripheral level through health districts and provinces level to the central level. This keeps a close link between the different levels. ASSIST is actively engaging national policy makers as well as provincial and district health managers in the design and implementation of improvement work, especially in collection, synthesis, and validation of the best practices as well as in change package development/validation and dissemination. District and Provincial Health Management teams are regularly mentored on QI, with district coaches providing support to facility QI teams.

Furthermore, with other PEPFAR implementer partners, ASSIST is contributing to national health systems strengthening efforts by building improvement capacity and by linking different complementary departments in this effort, including the National Health Information System, the Human Resources Department, clinical/technical departments, and the planning/policy department. We expect that this synergistic approach will create the opportunity to design a National Quality Improvement Strategy.

5 Knowledge Management Products and Activities

- From October to December 2014, ASSIST staff in Burundi, with the technical assistance of the regional office and in close collaboration with the MOH PNLS, developed the final change package of Phase 1 and its dissemination strategy. These documents were developed to facilitate and guide dissemination of best practices from Phase 1 to new sites within the eight provinces. The Phase 1
change package is available on the ASSIST website:

- On September 2, 2015, Dr. Bede Matituye of the ASSIST Burundi team participated as a discussant in a webinar to address how to most effectively develop and disseminate knowledge products from improvement activities. The webinar provided an opportunity to share insights from the development of the Burundi PMTCT change package with others. The recording of this webinar is posted on the ASSIST web site: https://www.usaidassist.org/content/webinar-developing-and-disseminating-knowledge-products-improvement

6 Gender Integration Activities

- The team conducted and analyzed the results of a gender-related study, “Factors Associated with HIV Testing among Male Partners of Women in Antenatal Care,” and integrated findings from the analysis into the program design. The study was able to identify a number of factors that influence the involvement of partners of pregnant women in ANC services. Facility-level factors inhibiting partner HIV testing included lack of satisfaction with the quality of ANC services, and community-level factors included stigmatizing attitudes towards partners accompanying their wives to ANC visits. The results of this study provided information that will inform the development of culturally appropriate strategies to address these barriers and improve the participation of men in maternal and child care and PMTCT in Burundi. The team has also identified male partner involvement as a facilitating factor in improving women’s access to and retention in PMTCT services. In order to increase male partner testing, the following activities were initiated and tested:
  - Male leader sensitizes men to advantages of HTC for couples
  - Advantages of partners’ testing posted at all gathering venues
  - Invitation letters given to partners
  - Women who visit ANC service with their partners are seen before others
  - CHWs involve chiefs of sub-collines in community mobilization for PMTCT and advantages of HTC for couples

7 Directions for FY16

In FY16, based on changes to the PEPFAR Burundi Country Operational Plan, which prioritizes high-burden geographic areas and key populations and targets support to areas of maximum potential impact for achieving epidemic control, ASSIST as well as other implementing partners in Burundi will be supporting improvement work at sites in only five provinces (Kirundo, Kayanza, Ngozi, Bujumbura Rural, and Mairie de Bujumbura) and will transition out of three provinces (Muyinga, Karuzi, and Gitega) by March 2016.

ASSIST will continue to use a collaborative improvement approach and carry on work with the MOH at all levels, providing technical assistance to increase the quality of HIV services within all five of the new USAID-priority provinces. To successfully integrate QI into the health care system, ASSIST will also support the MOH to address human resources management as an integral part of the clinical improvement work, to enhance providers’ productivity, motivation, and performance.

In addition, ASSIST will build MOH capacity to support these efforts, as well as to apply the approach to their strategies and plans. This will lead to the efficient consolidation of strategies and operations and enhance quality improvement.
USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338
Fax: (301) 941-8427
www.usaidassist.org