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IMPROVING CHILD HEALTH IN THE DEVELOPING WORLD

OVERVIEW OF BASICS III

The **Basic Support for Institutionalizing Child Survival (BASICS)** project has been the USAID Bureau for Global Health’s lead technical assistance partner in developing and implementing child health strategies for fifteen years, from 1994 to 2009. The mission of BASICS has been to reduce child mortality through increased use and large-scale implementation of proven effective interventions. BASICS III operated from 2004 to 2009.

The Context

USAID’s child survival program began in 1982. It marked a shift away from support for primary health care systems toward support for focused preventive and curative health interventions, aimed at the main causes of mortality and morbidity in less developed countries. The Child Survival Strategy, adopted in 1986, focused on the development and application of effective, low-cost technologies, principally immunization and oral rehydration therapy (ORT)—the so-called “twin engines” of health development—as well as nutrition and healthy pregnancy spacing.

After 1986, USAID launched three global projects to provide technical assistance for the implementation of its child survival activities. The Technologies and Resources for Child Health (REACH) project supported the expanded program on immunization (EPI) and, to a lesser extent, Acute Respiratory Infections (ARI). The Technology for Primary Health Care (PRITECH) project supported diarrheal disease control (CDD) programs and increased the use of ORT. The Communication and Marketing for Child Survival (HealthCom) project provided information, education and communication (IEC) support to child survival programs.

In 1993, USAID brought together the key elements of REACH, PRITECH, and HealthCom, along with other child health and nutrition interventions, in a single global leadership and technical assistance contract: The Basic Support for Institutionalizing Child Survival (BASICS) Project. This was USAID’s first BASICS award.

In 1999, USAID awarded BASICS II, a five year contract to assist the agency’s Center for Population, Health, and Nutrition (now the Bureau for Global Health), other USAID bureaus, and field missions in developing and implementing child survival programs. The mission of BASICS II was to support the, “Increased use of effective, improved, and sustainable child health interventions.” To achieve this objective, BASICS II activities were programmed to correspond to critical program needs and child survival technical priorities. These included increased effectiveness and sustainability of child immunizations, integrated approaches to child health, and incorporating nutrition into child survival activities and neonatal survival and health.

These first two BASICS contracts helped countries build the capacity to carry out assessments of national child health needs, design and manage child health programs, and identify and negotiate with local partners to carry out implementation of child health interventions. BASICS also helped develop and introduce innovations in child health and consolidate and integrate child health program. Building on those achievements, the final phase of the project, BASICS III, which began in 2004, was driven by the principle of achieving the greatest possible effective coverage of child survival interventions, using USAID resources to complement and influence the investments of other partners at the country level.

Focus of BASICS III

BASICS III sought to increase access, demand, and utilization of key child interventions by applying epidemiology to programming, building partnerships for child health, promoting community-based treatment and inclusion of private sector and grantees to expand access to services. BASICS III also expanded its technical scope to include pediatric HIV and AIDS, healthy timing and spacing of pregnancy (HTSP), and child survival and nutrition in complex humanitarian crises (fragile states). These were in addition to the core technical areas of BASICS: acute respiratory infections, diarrheal disease, immunization, malaria, newborn survival and health, and nutrition.

The various technical focus areas have a separate report detailing what the technical area consists of, why it is important to child health, and what BASICS III activities were. You may click on any of the areas in the box below to view the report on that technical area.

BASICS III Technical Focus Areas
(click on the title to go to the final report)

- Acute respiratory illnesses, including pneumonia
- Diarrheal disease, including treatment with zinc
- Healthy timing and spacing of pregnancy
- Immunization
- Malaria
- Newborn survival and health, including neonatal sepsis
- Nutrition for infants and children
- Pediatric HIV and AIDS and the prevention of mother-to-child transmission of HIV (PMTCT)
- Fragile states

The thrust of BASICS III has been (1) technical assistance at the country-level to promote child health interventions and (2) global leadership in addressing key strategies and policies to advance newborn and child survival. The key areas of interventions in provision of technical assistance at country level and global leadership are identified below.

Technical Assistance to Countries

BASICS III technical country-level assistance has involved provision of these interventions, as described in various country reports in Part III of this report:

- Scaling up and expanding critical child interventions
- Designing and implementing service delivery mechanisms
- Delivering training and capacity building
- Facilitating quality assurance
- Conducting needs assessments, monitoring and evaluation
- Developing strategies, policies, standards, and guidelines to promote newborn and child health
- Strengthening and developing health management information systems
- Costing intervention packages and tracking resources, financing, and budgets
- Developing behavior change communications and approaches for social mobilization

Global Leadership in Child Health

An important aspect of BASICS' mission was to provide global leadership in addressing key strategies and policies to advance newborn and child survival. BASICS provided this global leadership in the following ways:

- Facilitating community-based management of common newborn and childhood illnesses, including growth promotion
- Expanding private practitioner participation in delivering newborn and child survival interventions
- Incorporating essential newborn care and essential nutrition actions (including Vitamin A supplementation) into newborn and child health programs
- Developing a model to ensure ongoing care and support for infants and children infected with or exposed to HIV/AIDS
- Addressing newborn and child survival in fragile states
- Supporting the Partnership for Maternal, Newborn & Child Health, a coalition of the world's leading advocates for women and children
- Hosting the US Coalition for Child Survival at BASICS III Offices
- Actively participating in Roll Back Malaria and other key partnerships
- Revitalizing the use of oral rehydration therapy (ORT) and introducing zinc to treat diarrhea

- Collaborating with the World Health Organization (WHO), UNICEF, the World Bank, NGOs, and private foundations on the development and implementation of state-of-the-art child survival initiatives.

Modus operandi of BASICS III

When BASICS I began in 1994, globally, nearly 12.5 million children and infants were unnecessarily dying of preventable causes. Fifteen years later, this has been reduced to approximately 8.8 million; a figure that remains far too large, but signals significant progress. BASICS sought to promote child and newborn health in any modality possible. BASICS III has strived to be:

- **Evidence-based:** BASICS has implemented country programs using the best and most current technical information available about successful child and newborn health interventions.
- **Opportunistic:** BASICS has looked strategically at each of its country programs to see where it can have the greatest impact on improving child survival.
- **Technically-driven:** Technical resources have been used and tool kits developed to allow greater replication and scaling-up of results (you may click on the box below to go directly to any of the toolkits developed by BASICS III).

Technical Toolkits Developed by BASICS III *(click on the title to go to the toolkit)*

- Essential Newborn Care Toolkit
- Community Case Management of Childhood Illnesses Toolkit
- Healthy Timing and Spacing of Pregnancy Toolkit
- Pediatric HIV and AIDS Toolkit

- **Country-focused:** BASICS III has been focused in the countries with the greatest needs, especially those that are considered fragile states
- **Large and small:** The Project has worked to meet countries' technical assistance needs, whether large scale or small. For example, BASICS worked to support the provision of nearly 5 million immunizations over two years in Indonesia, as well as on a smaller scale in Latin America to facilitate the adoption of a targeted set of newborn health interventions by three countries; and in Nigeria, where nutrition activities were carried out in areas of two states.

- **Cost-effective and sustainable:** BASICS has used national and regional staff in countries, and minimized the use of international expatriates in countries that require extended technical assistance. The result has been building long-term capacity, making available project resources go further, and ensuring that the interventions and activities continue after the completion of BASICS in a country.
- **Responsive:** BASICS has responded to requests by countries to assess and determine how effective partnerships with other implementing agencies and communities can improve child survival.
- **Collaborative:** BASICS has worked with other partners to move the child survival agenda forward as quickly as possible. For instance, in Timor Leste, BASICS worked jointly with IMMUNIZATION Basics to analyze gaps in child health services and then established strategies for achieving improved coverage and service enhancements. And, in Latin America, BASICS worked with Pan American Health Organization and ministries of health to develop a regional newborn health policy.
- **Innovative:** BASICS was creative in finding ways to collaborate for the promotion of newborn and child health by doing “whatever it takes” to ensure child health advancements in countries. For example, in Malawi and Benin, the project used an NGO granting mechanism to achieve results on the ground that could not be otherwise be gained without a much greater BASICS footprint. It also ensured better development of local capacity.

Country Programs of BASICS III

(click on the country name to go to the final report)

Africa

1. Benin
2. Democratic Republic of the Congo
3. East Africa Regional Program
4. Liberia
5. Madagascar
6. Malawi
7. Mali
8. Nigeria
9. Rwanda
10. Senegal
11. Southern Sudan
12. Swaziland
13. Tanzania

Asia and Near East

14. Afghanistan
15. Cambodia
16. India
17. Indonesia
18. Indonesia/MCC Immunization Project
19. Iraq
20. Timor-Leste

Latin America and the Caribbean

21. LAC Regional Program
22. Nicaragua

Challenges in Implementing Child Survival Strategies

BASICS III has learned to address many challenges for implementing child survival at the country level. With the last five years being primarily focused on country level activities for improving child survival, the following are some of the key conclusions about the challenges faced:

Scaling-up: BASICS learned that, while there may be a need for smaller pilot projects initially, thinking, planning and program design should be for going to scale from the start to ensure that effective interventions are applied widely so as to reduce infant and child mortality as quickly as possible.

Taking action: Infants and children who are dying cannot wait for the most effective and thorough planning. BASICS learned that proven interventions should be rolled out immediately. It has seen that integrated approaches are vastly improving service delivery, as noted below, but ready-to-go interventions should not be delayed if other elements of an integrated package are still under development.

Integrated-approaches: Delivery of child health services in an integrated approach that addressed multiple causes of mortality and co-morbidities were the most effective. The integrated approaches required greater effort for planning and implementation, but enabled greater collaboration and effective implementation.

Opportunistic: BASICS learned that we must look strategically for opportunities to improve child survival and that those having the greatest impact should be emphasized.

Community-based: The interventions and solutions that are community-based may take longer to roll out, but they tend to be the most effective, longest lasting and have the greatest impact on child survival. That is due to community-based programs being closest to the households and problems are caught sooner, disease cycles broken earlier and there is greater potential for behavior change that is long-lasting. Finally, BASICS has found across countries that community-based approaches offer the greatest opportunity for sustainability of child survival programs and interventions.

Engaging partner organization: To go to scale and ensure wide-spread support for child survival efforts requires that BASICS and ministries engage and work effectively with partner organizations.

Improving health systems: While increased training, greater number of tools for health workers and improved supervision can help improve child survival, BASICS III has learned that it must often address health system strengthening to ensure effective implementation of child survival interventions. This is especially true in fragile states, where the health system may have to be re-developed from the ground up.

Part II of this report gives specific information on the global leadership in the technical areas that BASICS worked in. Part III provides specific reports on country and regional programs of BASICS III. These reports provide links to key documents, assessments and reports that were part of these technical area and country programs.