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# BASICS WORK PLAN

## Year Two Summary



The second year of BASICS' five-year project cycle runs from October 1, 2005 to September 30, 2006, during which time the project is undertaking technical assistance and global leadership activities with a wide range of partners. These include United Nations organizations; other USAID projects; nongovernmental organizations; cooperating agencies; donor agencies in addition to USAID; and, of course, Ministries of Health. In many countries, rather than acting only as a main implementing partner, BASICS is providing focused, catalytic technical assistance to the Ministry of Health or to a locally-administered USAID bilateral project. This new implementing mode illustrates BASICS' versatility and leveraging ability, and contributes to the project's goal of expanding the implementation and scale of proven newborn and child health interventions, especially in countries with high rates of infant and child mortality.

The Partnership for Child Health Care, Inc.  
[www.basics.org](http://www.basics.org)

### TECHNICAL ASSISTANCE

BASICS technical support is grounded in the areas that cause the majority of infant and child deaths in the developing world: acute respiratory infections (especially pneumonia); diarrheal diseases; malaria; and pediatric HIV. The project addresses additional intervention areas to prevent morbidity and mortality, namely—

- **Essential Nutrition Actions (ENA)**, a set of six proven interventions delivered at health facilities and in the community to improve the growth and micronutrient status of infants and children. These comprise exclusive breastfeeding, adequate complementary feeding, appropriate nutritional care of sick and severely malnourished children, and adequate intake of vitamin A, iron, and iodine.
- **Essential Newborn Care (ENC)**, whose three main elements are: (1) basic preventive care, including clean delivery practices and exclusive breastfeeding; (2) early detection of danger signs; and (3) treatment of problems such as sepsis and birth asphyxia.

Technical assistance activities are being undertaken in fifteen countries: nine in Africa, four in Asia, one in Latin American and the Caribbean, and one in the Middle East. Eight of these are receiving long-term field support through in-country advisors or teams; twice the number that received such support in the project's first year. Field-support country programs in Cambodia, India, Rwanda, Senegal, and Timor include a wide range of newborn and child survival activities.

### GLOBAL LEADERSHIP

Global Activities in year two are concentrated in BASICS' *Priority Lines of Work for Global Leadership*. These include: community-based treatment; private practitioner delivery of child survival interventions; and incorporating essential newborn care, essential nutrition, and pediatric HIV care within interventions for mothers, newborns, and children. BASICS also continues to support the Geneva-based Partnership

## BASICS TECHNICAL FOCUS AREAS

### COUNTRY ASSISTANCE, YEAR 2

(Countries shown in bold are receiving support through in-country teams or advisors)

	Acute Respiratory Illnesses and Diarrheal Diseases	Malaria	Nutrition	Newborn Care	Pediatric HIV/AIDS	Expanded Program of Immunization	Birth Spacing
Bangladesh		√					
Benin	√						
<b>Bolivia</b>			√	√			
<b>Cambodia</b>	√	√	√	√			
DR Congo	√*	√	√				
Ethiopia	√	√					
<b>India</b>	√	√	√	√		Provided through IMMUNIZATIONbasics	
<b>Iraq</b>	√		√	√			
<b>Madagascar</b>	√*		√				
Nigeria		√					
<b>Rwanda</b>	√*	√	√	√	√	Provided through IMMUNIZATIONbasics	√
<b>Senegal</b>	√	√	√	√		√	
Swaziland				√	√		
Tanzania		√		√	√		
<b>Timor Leste</b>	√*	√	√	√		Provided through IMMUNIZATIONbasics	√

\* Controlling diarrheal diseases in DR Congo, Madagascar, Rwanda, and Timor Leste includes the introduction of zinc for treatment.

for Maternal Newborn and Child Health to advocate for child health worldwide, and has added health in fragile states as a new leadership line.

Global leadership activities are supported by USAID's Bureau for Global Health, with funding linked to four of the bureau's strategic objectives (SO). Of these, SO1 and SO2 are new funding sources in the current project year.

- SO1— advance and support voluntary family planning and reproductive health programs worldwide.
- SO2— increase the use of key maternal health and nutrition interventions
- SO3—increase the use of key child health and nutrition interventions
- SO5—increase the use of effective interventions to reduce the threat of infectious disease of major public health importance

The countries where BASICS is providing technical field support are among the sites where the project is most active in global leadership to introduce new technologies or innovative implementation models. In Senegal, BASICS is helping to scale up community based treatment, and expand private sector initiatives, newborn care and nutrition initiatives. Similarly, ENC and ENA are being expanded in India and introduced in Timor Leste. Advocacy for community based treatment is another element of the Timor Leste program, and has begun in Rwanda, which will also be the site of a private sector assessment and introduction of ENC and ENA. Activities to support community-based treatment for acute respiratory infections and chronic diarrheal disease (with zinc) are planned in Madagascar, while it is anticipated that Cambodia will be the location of startup newborn and child survival activities. In Iraq, where security challenges have led to a retrenchment in activities, BASICS finished its initiatives at the beginning of calendar year 2006.

**BASICS LINES OF GLOBAL LEADERSHIP**  
**IMPLEMENTATION STAGE, YEAR 2**

	Community-based Treatment	Expanding Private Practitioner Participation	Essential Newborn Care	Essential Nutrition Actions and Community-based Growth Promotion	Supporting the Partnership for Maternal, Newborn & Child Health
Bangladesh		Evaluation			
Benin	Early Implementation				
Bolivia			Early Implementation		Country Support
Cambodia					Country Support and Advisor
DRC	Introduction				Country Support
East Timor	Advocacy		Introduction	Introduction	
Ethiopia	Planning				Country Support
India			Expansion	Expansion	Country Support
Madagascar	Planning and Introduction				Country Support
Nigeria		Expansion			
Rwanda	Advocacy	Assessment	Introduction	Introduction	Country Support
Senegal	Scaling up	Expansion	Expansion	Expansion	Country Support
Swaziland			Introduction		
Tanzania		Expansion			Country Support

Additional countries in which BASICS utilizes its global leadership expertise are Bangladesh, Benin, the Democratic Republic of the Congo, Ethiopia, Nigeria, Swaziland and Tanzania. Private practitioner treatment is being evaluated in Bangladesh, and expanded in Nigeria and Tanzania. BASICS global leadership in community-based treatment is a critical support for Ethiopia, Benin, and DR Congo, each of which are in different implementation stages. In Swaziland, BASICS is assisting the Ministry of Health and its partners to integrate ENC within programs for preventing mother-to-child-transmission of HIV

With Regional funding, BASICS continues to support the Latin America and Caribbean Newborn and Maternal Health Network, specifically assisting in the development of a regional newborn strategy and helping to operationalize it in two countries. Africa Bureau funding will further global leadership in private sector delivery (focusing on malaria), applying BASICS models to improve the identification, and subsequent follow-up, care, and support of HIV-positive or -exposed infants and children, and support country-specific activities of the Partnership for Maternal Newborn and Child Health.



**For more information**

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