



USAID
FROM THE AMERICAN PEOPLE



USAID/BASICS ANNUAL REPORT SUMMARY

(FY08: OCTOBER 1, 2007 – SEPTEMBER 30, 2008)

In FY08 (Project Year 4), USAID/BASICS provided technical assistance to 9 countries in Africa, 4 in Asia, and 4 in the Latin America and Caribbean region. Introductory work in Afghanistan and Malawi from the previous year transitioned into full-fledged programs in both countries. The project completed its support to Tanzania in FY08.

BASICS has continued to work across a myriad of technical areas including diarrheal diseases, pneumonia, malaria, nutrition, newborn health, health timing and spacing of pregnancy and pediatric HIV. It continues to support efforts in health system strengthening that are vital to improvement of child and newborn health in many countries.

Newborn Health

As in previous years, at the global level, USAID/BASICS continued a collaborative relationship with WHO, PAHO, UNICEF, CORE, ACCESS, Saving Newborn Lives (Save the Children), HCI, and other partners to support joint development of technical strategies, guidelines and related materials for essential newborn care in global level activities, including the Partnership for Maternal, Newborn, and Child Health. The project participated in and provided technical support to strategic global and regional alliances, like the LAC Newborn Health Alliance and the Asia MotherNewborNet, to promote advocacy for interventions that promote newborn health and raise awareness about its significance in reaching MDGs. The project also continued the development of its technical niche by advocating for and supporting efforts to operationalize community-based approaches for newborns, prevent and treat neonatal infections, improve the quality of facility-based newborn care, and develop and strengthen links between the facility and community levels.

At the country level, USAID/BASICS provided TA to initiate, strengthen and expand activities to promote newborn health. Support primarily to strengthen newborn health at policy level and development of tools was provided in Rwanda and for national level training in Mali. Technical support for implementation was continued in 9 countries, either directly or through a regional umbrella, as in LAC. Afghanistan, Madagascar, and DR Congo are in the initiation phase and 6 countries (Senegal, Mali, El Salvador, Honduras, Dominican Republic, and Timor-Leste) are in the implementation/expansion phase. For the two countries where implementation was completed in year three, India and Swaziland, results, experiences and lessons learned were shared and disseminated.

Nutrition for Infants and Children

As part of its global leadership role in nutrition, USAID/BASICS collaborated with the CORE Group to develop a decision-making tool that aids in the planning of nutrition programs, participated in consultations at UNICEF (with WHO and others) to create

new global guidance for growth monitoring and promotion, and contributed to a symposium on food assistance and treatment of moderate-to-severe malnutrition, advocating the need for continued attention to preventive activities while new treatment approaches are being adopted.

At the country level, the project assessed the promotion of Essential Nutrition Actions in Madagascar for the purpose of creating an action plan and collaborated with UNICEF on an evaluation of Community-based Management of Acute Malnutrition in developmental settings. USAID/BASICS also drafted nutrition guidelines for infants and children living with HIV/AIDS in Rwanda, assisted in drafting Cambodia's national nutrition strategy, and finalized analysis and reporting of Honduras' implementation of the Central American AIN-C evaluation model.

Pneumonia

The cornerstone of USAID/BASICS' pneumonia activities is integrated community case management (CCM) of pneumonia, diarrheal disease, and, where appropriate, malaria. In FY08, the project supported integrated CCM, focusing on correct recognition and treatment of these ailments in seven countries. Through advocacy and distance support, Benin strengthened its existing pneumonia CCM program, and added diarrhea and malaria. In Afghanistan, an IMCI review led to the MOPH's adoption of a training strategy for community health workers. A pilot CCM program was initiated in the Koh Kong province of Cambodia, while programs reached the introduction stage in Nicaragua, Rwanda, DR Congo, Madagascar, and Senegal. Notably, in Madagascar, community health workers saw 6,628 cases of illness, of which 915 were treated for pneumonia; and in DR Congo, 11,803 cases were seen, with 1,346 treated for pneumonia.

At the global level, USAID/BASICS advocated for integrated CCM by organizing two international meetings: 100 attendees from nine countries attended a DR Congo event in October 2007, and 140 attendees from 22 countries attended one held in August 2008 in Madagascar. The project also continued its active participation in the taskforce for Global Action Plan for the Prevention of Pneumonia during the year.

Diarrheal Diseases

USAID/BASICS' program for the revitalization of diarrheal disease case management capitalizes on the momentum created by the introduction of zinc for the treatment of diarrhea by also using the opportunity to launch low-osmolarity ORS and revitalize ORT use.

ORT promotion occurs solely within the project's efforts to support IMCI and CCM programs. Global advocacy for both ORT and zinc received a considerable boost through the aforementioned CCM meetings in DR Congo and Madagascar. During

FY08, the project continued to be an active partner in the Zinc Task Force to revitalize diarrhea case management at the global level and provided advocacy and support to countries for the introduction of zinc for the treatment of diarrhea.

In Senegal, USAID/BASICS provided technical assistance to the MOH and Dakar University (ISRP and IPS) for tools development, advocacy, planning and coordination efforts in a zinc-ORS country assessment; the Fatick district (one of seven districts in the Fatick region) was later selected to take part in the introduction phase for zinc and low-osmolarity ORS in the treatment of diarrhea at the community level. The project also provided technical assistance to the MOH and partners in Burundi and DR Congo on country zinc-ORS assessments. When zinc procurement proved difficult, USAID/BASICS helped coordinate the procurement of zinc by its partners, including UNICEF's agreement to purchase 60 million zinc tablets for distribution to community treatment sites in DR Congo. Revitalization of diarrheal disease management, including zinc and low osmolarity ORS, was implemented at both the facility and community levels in DR Congo, Madagascar, and Rwanda. In Afghanistan, the project was instrumental in ensuring the inclusion of zinc on the national essential drug list, paving the way for expanded use in the treatment of diarrhea.

Malaria

A significant part of USAID/BASICS' malaria program is achieved through community case management, including in DR Congo, Madagascar, and Senegal. An important consideration in FY08 was to look at opportunities for and the feasibility of using malaria programming as a "locomotive" for the scale-up of child health interventions at the community level.

In Malawi and Madagascar, the project accelerated the scale-up of malaria treatment and prevention in FY08 by developing an innovative granting mechanism for NGOs.

In Rwanda, the project completed a follow-up assessment of the Ministry of Health's home-based management of malaria program to evaluate the effectiveness of community health workers in malaria case management, and their use of RDTs, including accurate interpretation of test results.

Immunization

USAID/BASICS' largest immunization intervention is the two-year Millennium Challenge Corporation Indonesia/Immunization Project, funded through the Millennium Challenge Corporation Threshold Program, and which seeks to increase national immunization rates by building capacity and raising public awareness. In FY2008, efforts resulted in DPT3 coverage of more than 2,800,000 across 7 regions, exceeding targeted coverage for the year by over 11%, and setting Indonesia on the critical path to "Millennium Compact Status" by achieving national coverage of at least 80.5% by project-end.

In Timor-Leste, USAID/BASICS and IMMUNIZATIONbasics jointly implement the Timor-Leste Integrated Maternal and Child Health Care Project, which features a quality improvement and problem solving approach to facilitate nationwide introduction and rollout of the country's Basic Services Package. In Manatutu and Baucau, this approach was used for immunization services in FY08. And, in Afghanistan, introductory steps were taken to improve vaccination services, which will be a key part of the project's work in FY09 to improve overall child health care at the facility level through a Basic Package of Health Services.

Pediatric HIV and AIDS

USAID/BASICS worked to increase national and district-level action to scale-up access of HIV-exposed and -infected children under 5 to HIV services in Malawi and Rwanda, including strengthening child survival services to increase detection, care (especially cotrimoxazole prophylaxis for all infected children) and referral for ART of suspected and known pediatric HIV cases. This required capacity building, supportive supervision and implementation of systems and referral strategies at lower levels of care and in the community.

Moreover, the project improved pediatric HIV and AIDS programming by conducting situation analyses in Rwanda and Kenya, contributing to international guidelines and indicators (including the Pediatric HIV Working Group's Cotrimoxazole Preventive Therapy Scale-up Guide and the PMTCT/Pediatric HIV Indicators Technical Working Group's new PEPFAR indicators), and made numerous presentations in international forums (like the CORE Group and GHC annual meetings) that emphasized missed opportunities for care.

Healthy Timing and Spacing of Pregnancy

USAID/BASICS expanded healthy timing and spacing of pregnancy through the training of 340 health care providers from 170 health facilities in Rwanda, and 132 trainers and service providers in Swaziland as part of operational research on integrating selected aspects of quality maternal and newborn care with PMTCT-HIV/AIDS.

USAID/BASICS TECHNICAL PROGRAM IMPLEMENTATION STAGE

	Pneumonia/CCM	Diarrhea	Malaria	Birth Spacing	Newborn	Nutrition	Pediatric AIDS	Immunization	Post-conflict
AFRICA									
Benin	Introduction		Planning						
Burundi	Advocacy	Advocacy							
Chad	Advocacy	Advocacy							
DR Congo	Scale-up	Scale-up	Implementation		Introduction				
Ghana			Advocacy						
Kenya (REDSO/Diarrhea)		Completed					Completed		
Liberia	Advocacy								Implementation
Madagascar	Expansion	Scale-up	Implementation		Introduction	Implementation			
Malawi	Advocacy	Advocacy	Implementation	Introduction		Implementation	Implementation		
Mali					Implementation				
Nigeria						Completed			
Rwanda	Introduction	Scale-up	Implementation	Scale-up	Implementation	Introduction	Expansion		
Senegal	Scale-up	Planning	Implementation		Expansion	Completed			
Southern Sudan									Introduction
Swaziland				Completed	Completed				
Tanzania							Completed		
Uganda (REDSO/Diarrhea)		Completed							
ASIA AND THE NEAR EAST									
Afghanistan	Introduction				Planning	Planning			
Cambodia				Advocacy		Planning			
India					Completed	Completed			
Indonesia		Planning						Expansion	
Iraq						Completed			
Timor-Leste		Planning	Implementation	Planning	Implementation	Scale-up		Implementation	

Continued on next page

	Pneumonia/CCM	Diarrhea	Malaria	Birth Spacing	Newborn	Nutrition	Pediatric AIDS	Immunization	Post-conflict
LATIN AMERICA AND THE CARIBBEAN									
Bolivia					Completed				
Dominican Republic (LAC Newborn)					Expansion				
El Salvador (LAC Newborn)					Expansion				
Honduras (LAC Newborn)					Expansion				
Nicaragua	Implementation	Implementation			Advocacy				

Notes

- (1) Pneumonia/community case management programming is integrated with community case management of diarrhea and malaria. The diarrhea and malaria columns above pertain to separate, facility-based programming.
- (2) Definitions of implementation stages are as follows:
 - * **Advocacy**—Encouraging governments and partners to adopt new strategy, guidelines, or policy.
 - * **Planning**—Discussions with government ministries, partners, and donors; development of concept papers and proposals with the purpose of introducing a new strategy.
 - * **Introduction**—Assessments and formative research; development of guidelines, tools, training programs; dissemination of new guidelines and policies to relevant officials and partners.
 - * **Implementation**—Training of trainers and service providers, and provision of services using new strategy, guidelines, and policy in at least one administrative unit (district, health zone, region, etc.).
 - * **Expansion**—Implementation beyond initial start-up district/site.
 - * **Scale-up**—Intervention covers at least 20% of eligible population or territory, depending on mandate of funding source and government directives.