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AFGHANISTAN

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FACT SHEET

Basic Support for Institutionalizing Child Survival-III (BASICS III)

March 2008-September 2011

OVERVIEW

USAID's BASICS III project worked closely with the Ministry of Public Health (MoPH) and its Child and Adolescent Health Directorate to address deficiencies related to children's healthcare at the policy, community, health facility, and hospital levels. The project improved actual treatment processes as well as supported the development and implementation of key policies on children's healthcare, such as the Integrated Management of Childhood Illnesses (IMCI) protocol and Community Integrated Management of Childhood Illness (C-IMCI) protocol.

ACTIVITIES

- **Evidence-Based Methodologies:** Improved child healthcare at the community, health facility, and hospital levels by introducing growth monitoring and promotion, IMCI, newborn care, Pediatric Hospital Improvement (PHI) reforms, and the Integrated Child Survival Package. Integrated IMCI materials into pre-service training.
- **Cross-Cutting Messages:** Strengthened cross-cutting health system components, including education and behavior change communication materials, in order to improve children's healthcare. Developed the MoPH's newborn and child health outreach messaging.
- **Expanded Program on Immunization (EPI):** Introduced EPI micro-planning to the five demonstration districts to improve immunization coverage.

ACCOMPLISHMENTS

- Updated and received MoPH endorsement of the following child health policies: the Child and Adolescent Health Policy and Strategy; Public Nutrition Policy; Zinc and Diarrhea Management Policy; and, the Infant and Young Child Feeding Strategy.
- Designed the Integrated Child Survival Package to implement interventions in nutrition, newborn care, community-case management, counseling on behavior changes, and communication messages in 28 districts.
- Refined the facility-based IMCI protocol and training curriculum to include newborn care, ear infections, and use of oral rehydration salts and zinc as treatments for diarrhea.
- Conducted a participatory quality assessment of pediatric care in six provincial hospitals and five district hospitals. The assessment defined four priority quality improvement interventions: 1) emergency triage and treatment for children; 2) care of sick newborns; 3) infection control and hygiene; and, 4) supportive supervision and monitoring.
- Developed a behavior change communication strategic plan for child survival and reviewed community-based, health center- and hospital-based Health Management Information Systems indicators for children and newborns.
- Supported the establishment of the National Maternal and Child Survival Committee (NMCS) and the Provincial Maternal and Child Survival Committees.
- Improved immunization coverage in five demonstration districts, which now serve as the model for the MoPH.