

India — BASICS II Country Program

India has 30% of the world's births, 20% of the world's maternal deaths, and 25% of the world's child deaths. More than one-half of India's children are malnourished. More than 73 million young children are underweight, and chronic maternal malnutrition is widespread. One-third of India's population lacks adequate food and access to health care.¹

Child Survival Program Overview

In India, BASICS II is assisting its partner, CARE, to achieve the objectives of the Integrated Health and Nutrition Project II (INHP II). This strategy is unique in that the emphasis is on strengthening CARE, the implementation partner. BASICS II provides selected technical inputs for immunization, nutrition, and newborn care. CARE has been working in India for more than 50 years, providing humanitarian assistance and food supplementation. INHP II is the second part of a 10-year project with USAID/India and is reaching 10 million women and children in eight states.

CARE's strategy is to link supplementary food distribution directly with basic health services and nutrition education. Data from INHP I showed an increase in immunization rates—from 28% in 1996 to 61% in 1997—for CARE-assisted children. The percentage of children under two years old (the most vulnerable age group for malnutrition) covered by the feeding program increased from 40% in 1996 to 60% in 1997. Targeted communities are

also adopting improved infant feeding practices due to the increase in counseling services that are linked to the feeding program.

BASICS II involvement started with support provided to USAID/India's child survival strategy in October 2000. The Project started providing technical inputs to the INHP II project in May 2001. Through this partnership, BASICS II provides technical support and INHP II provides the implementation platform for increasing the effectiveness of an integrated child health package on a large scale.

The results of this partnership will impact the Government of India's Reproductive and Child Health (RCH) and Integrated Child Development Services (ICDS) programs in eight states where INHP II is implemented. These results will be obtained through a cross-cutting approach that supports a package of evidence-based, age-appropriate behaviors at critical stages in the lifecycle from pregnancy through two years of age.

BASICS II's role lies in three areas:

1. Improving the INHP team's capacity and its systems to deliver the intervention package. This includes

1. USAID/India website (<http://www.usaid.gov/in/programareas/child.htm>).

- support in intervention design and implementation in operations research sites on nutrition and newborn care packages;
2. Strengthening systems, including supplies, training, and use of information; and
 3. Supporting documentation of INHP II processes and results.

BASICS II also provides technical assistance to USAID/India and non-CARE programmatic and technical areas such as work with UNICEF, the World Health Organization, the Indian Council of Medical Research (ICMR), State Innovations in Family Planning Services Agency (SIFPSA), and state and central government in areas related to immunization and newborn care.

Technical Approach

Infant mortality, low immunization coverage, and malnutrition remain serious problems in India and have stagnated in the past decade. Weight-for-age deteriorates quickly after birth (Figure 1) requiring early intervention. To reach 10 million women and children in need of services, INHP II and BASICS II developed a district-level program

Figure 1. Weight-for-Age

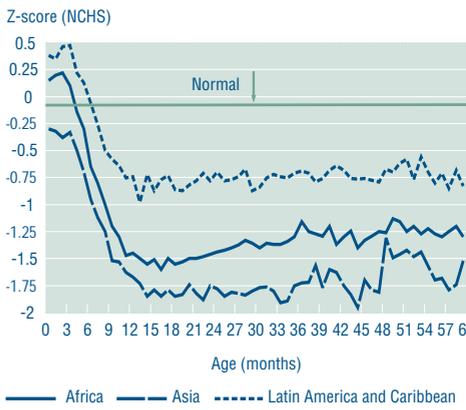
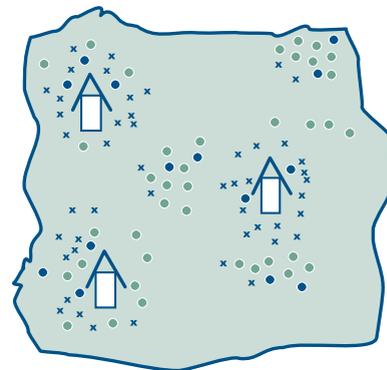


Figure 2. Catchment Area Approach: to Improve Child Health and Reduce Mortality, Everyone Needs to Receive Essential Child Health Service



- KEY**
- Health Facility
 - Not immunized
 - Immunized
 - Temporarily ineligible for immunization*
- * Some children are ineligible if they:
- are too young (<9 Mos. for measles)
 - distant
 - have valid contraindicators

framework to work at scale in the eight states. The framework guides CARE’s District Teams to work with Block officials to improve the capacity of the Auxiliary Nurse Midwives (ANMs) of the RCH program and the Anganwadi Workers (AWWs) of the ICDS. The ANMs and the AWWs will work together to deliver integrated health and nutrition services to everyone in their catchment area and in accordance to the “Lifecycle Approach” (Figures 2 and 3). This means that services are tailored according to the age and

needs of the woman or child, with the aim that there should be no “left-outs” and no “drop-outs” in the catchment area.

Interventions

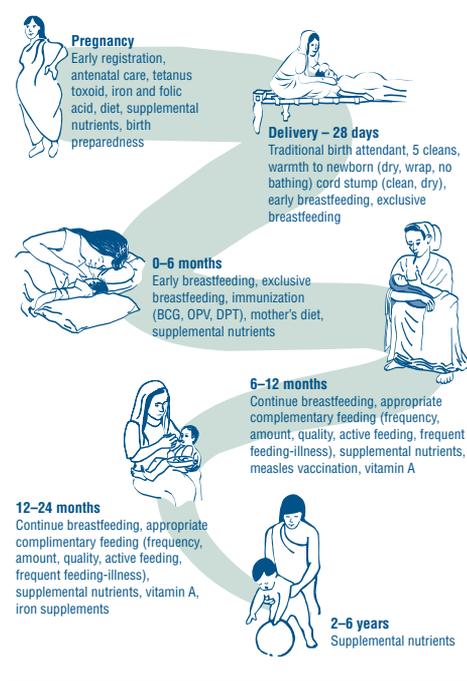
The BASICS II program in India addresses three components for improving the delivery of child health services: capacity building of providers and communities, systems strengthening, and process documentation. In technical areas, the Project’s India program focuses on nutrition, immunization, and perinatal/neonatal health. In addition to building capacity for effective child health programming, BASICS II expects to demonstrate increased supplementation with iron and vitamin A, improved DPT3 and measles coverage, and improved feeding practices.

The BASICS II/INPH II partnership is a mutually beneficial relationship that meets the strategic objectives of both projects. This partnership will result in CARE’s improved capacity at HQ, State and District levels to develop and manage child survival interventions, and BASICS II’s capacity to institutionalize child survival interventions and deliver them at scale in selected districts through the INHP II platform. The results of the BASICS II/INHP II partnership will impact 10 million mothers and children in eight states.

The value of BASICS II is in providing CARE with technical assistance that will build their capacity to achieve high coverage and quality of



Figure 3. Key Contacts in the Lifecycle for Delivering the INHP II Package



services, behavior change, and strengthening of systems for delivering the essential child health and nutrition package of INHP II. This package is delivered by ANMs an AWWs across the eight states through four streamlined best practices:

1. Block Level Resource Mapping
2. Nutrition and Health Days
3. Community-based Monitoring System
4. Change Agents

Technical areas in the program that are addressed with BASICS II support:

Immunization

- Strengthening supplies and distribution
- Improving the use of information
- Developing in-service training
- Facilitating social mobilization

Perinatal/Neonatal Health

- Promoting integration of newborn care with nutrition and other child health activities
- Assisting in process documentation of newborn care interventions

Nutrition

- Promoting integration with health
- Focusing on children under 2 years of age
- Endorsing a package of essential nutrition actions, including micronutrients and feeding practices
- Building capacity in implementing the Lifecycle behavior change approach

BASICS II is assisting in documenting three technical breakthroughs: health and Title II integration; operational convergence of the RCH and ICDS national programs; and best practices development, demonstration, and replication. INHP I successfully integrated child health and nutrition interventions into Title II programs in all eight states. It accomplished this through the convergence between two large national programs of the Indian Government (RCH and ICDS) at an operational level. This convergence resulted in increased coverage of key interventions and operationalized the four best practices that substantially increase program impact. These three accomplishments of INHP I have broad application within and outside

BASICS II Intervention Area



Health Status Overview

Total population of India	1 billion ^a
Under 5 mortality (CMR)	91/1000 live births ^a
Infant mortality (<1 year) (IMR)	61/1000 ^a
Neonatal mortality (<1 month)	33.2/1000 ^b
DPT3 coverage (among children 12–23 months)	64% ^c

- a. PHNIP Country Health Statistical Report: India, March 2002 Reference Document.
- b. Demographic and Health Survey, 2000–2001.
- c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

Country Contact

BASICS II Project, India
 Country Team Leader
 27 Haus Khas Village
 Delhi, India 110016

India, and their documentation will add value to INHP II as well as other programs. This documentation will further establish CARE/India as advancing the state of the art in development programming in the field of health and nutrition.

BASICS II is also supporting CARE to document the process of delivering newborn care in the state of Uttar Pradesh and two nutrition and health packages in Uttar Pradesh and Andhra Pradesh. The results will guide the expanded uptake of these interventions.

Key Partner

CARE/India

Usha T. Kiran, INHP II Project Director
27 Haus Khas Village
Delhi, India 110016

