

West Africa Regional Office (WARO) BASICS II

The countries of West and Central Africa rank among the poorest in the world, with severe poverty and lack of access to essential services—including basic education and primary health care—common for a large segment of the population. This geographically diverse region of desert, tropical rainforest, mountains, and savanna has an equally diverse population with people who speak French, English, and Portuguese as well as hundreds of local dialects and languages. Child mortality rates range between 100 to as high as 220 deaths of children under five per 1,000 live births, and health practices and beliefs vary widely.¹ Despite some recent economic gains, negative trends in nutrition and health status continue to be prevalent in several countries.

Child Survival Program Overview

Regional initiatives in Africa have been an integral part of both the BASICS I and II Projects. The Project's West Africa Regional Office (WARO), which opened in Dakar, Senegal at the beginning of BASICS I, provides a practical and pragmatic bridge between the technical expertise located at BASICS II headquarters in Washington and the field projects operating in Africa. WARO is staffed with highly trained African technical experts who work with African regional institutions, the regional offices of the World Health Organization and UNICEF, USAID missions, networks of non-governmental organizations

(NGOs) and private voluntary organizations (PVOs), host country ministries, and bilateral project staff. From its vantagepoint in the region, WARO develops and implements regional child survival initiatives and provides technical assistance and operational oversight of the Project's country programs in the Africa region.

Technical Approach

WARO seeks to integrate BASICS II technical interventions as a means of promoting the adoption of a *minimum package* of child health care interventions in the Africa region, while acknowledging the uniqueness of each country's systems for the provision of

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Ghana, Mali*.

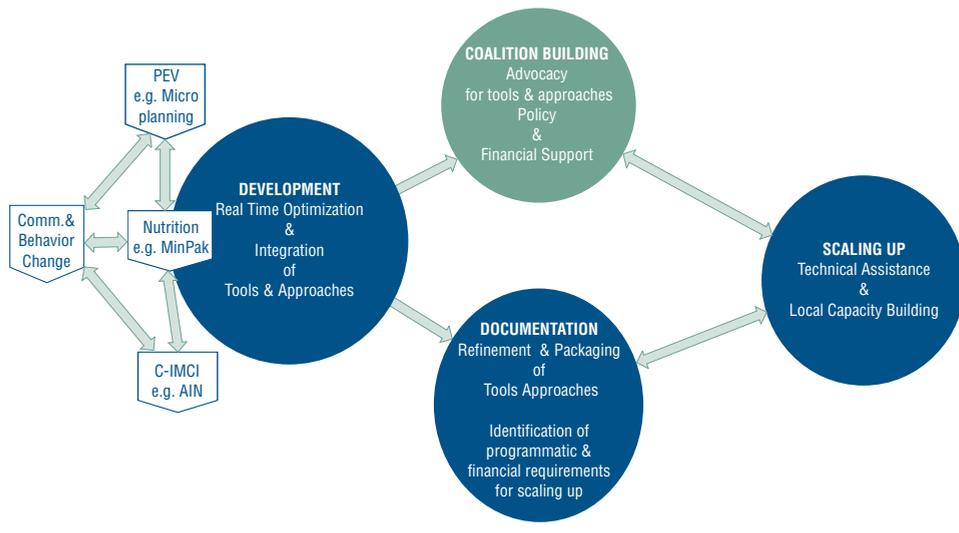
health services. While most child health programs in the region remain vertical in practice, WARO works with promising approaches in one or two countries that serve as models for the integration of all child health and nutrition interventions. Thereafter, a full package of interventions that is appropriate to local circumstances can be adapted for other countries in the region.

WARO’s child survival initiatives seek to integrate and extend successful technical interventions in four parallel paths:

1. Development and field optimization of innovative tools and approaches,
2. Documentation and packaging of tools and approaches for wider dissemination,
3. Coalition building through advocacy to solicit widespread adoption of the policies and finances necessary to scale up successful interventions, and
4. Technical assistance and capacity building for the expansion of interventions.

WARO provides direct technical support to country programs in Benin, the DR Congo, Guinea, Mali, and Senegal. WARO is staffed by experienced advisors with the personal authority and respect to influence health policies at the highest levels of government and also the ability to work with great effect at the health facility and the community levels. WARO staff provide technical expertise in immunization, integrated management of childhood illness (IMCI) at the community level, and nutrition, as well as communication and behavior change, training, supervision, strategic experience transfer, and program development.

In addition to providing support for BASICS II country programs, the team launches or strengthens important regional initiatives to help share state-of-the-art policies and programming among the nearly 20 countries in the West and Central Africa region. WARO works collaboratively with WHO, UNICEF, and others and coordinates with a Network of Nutrition





Focal Points on regional activities. It also works with and through regional institutions, such as the *Institut Régional de Santé Publique* (IRSP) in Benin, and in collaboration with USAID’s Family Health and AIDS Project.

Interventions

IMCI at the Community Level

BASICS II, along with WHO/AFRO, UNICEF/WACRO, and the SARA project, finalized a briefing package for the introduction of the framework and approach for IMCI at the community level. This briefing package formed the basis for training a core of West African consultants who are the resource persons working on nutrition, the Expanded Programme on Immunization, Roll Back Malaria, and IMCI. With the CORE group, BASICS II initiated a network of NGOs and other partners in nine West African countries to scale up the IMCI at the community level intervention to country and

regional levels.

WARO developed a regional strategy for communication and behavior change, using IMCI as an entry point, and presented a regional malaria strategy to several countries. Working with RPM+, the Project has been instrumental in the promotion of drug management for childhood illness (DMCI) and held a workshop on this approach for five francophone countries (Niger, Mali, Guinea, Senegal, and Haiti). In addition, participants from 12 countries (Senegal, Benin, Togo, Burkina Faso, Mali, Guinea Bissau, Chad, Madagascar, Haiti, Niger, Ghana, and Côte d’Ivoire) received orientation on DMCI methodology and tools as part of a multi-agency management course.

WARO has provided direct country assistance for IMCI in Senegal, Guinea, and Benin, particularly with the development of national strategies for IMCI and malaria, sharing of lessons learned and scaling up approaches, systems improvements for supervision and referral, training, and DCMI. BASICS II also assisted the Senegal team in establishing the national working group for perinatal/neonatal health. The Project designed training for community health workers to support this new program element and its integration into IMCI districts.

Nutrition

Essential Nutrition Actions (ENA). Fifteen representatives of the Economic Commission of West African States (ECOWAS) and the West African Health Organization (WAHO) Council of Ministers endorsed the African Nutrition Capacity Development Initiative, spearheaded by the BASICS II WARO staff. WARO and SARA/SANA advisors leveraged funding from the United Nations University for training workshops on nutrition advocacy. The Project continues to advocate for the use of the “Profiles” computer model for nutrition advocacy.

WARO’s nutrition staff has actively promoted

the ENA approach through regional and international forums, including the annual meetings of the Nutrition Focal Points Network and the UN Sub-Committee for Nutrition (SCN). The Focal Points Network, long supported by the Project with SARA/SANA and others, recently expanded to Central African countries and now covers a total of 20 African countries. As a result of shared experiences, three non-presence countries reported that ENA is an integral part of their health programs (Niger, Mali, and Sierra Leone).

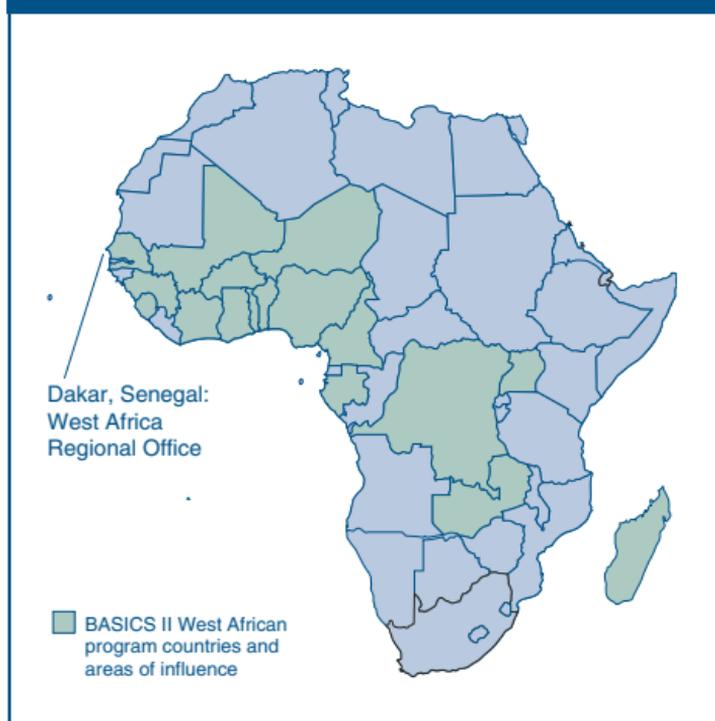
WARO established formal ties with the IRSP to collaborate on the dissemination of tools and approaches for nutrition programming. IRSP students from throughout West and Central Africa will receive nutrition in-service training based on the Project's Essential Nutrition Actions approach.

Vitamin A supplementation. BASIC II's guidance is instrumental in securing a commitment throughout the Africa region to sustainable strategies for vitamin A supplementation using routine health systems and communities. As part of this commitment, the regional office held a National Nutrition Workshop in the DR Congo to build consensus on a strategy for integrating vitamin A capsule distribution into the routine activities of health zones.

Immunization

GAVI. WARO participated in the inaugural Africa Region Working Group meeting of the Global Alliance for Vaccine and Immunization (GAVI) and was one of the few non-United Nations participants. Regional staff were invited to develop the communication and behavior change module used in the EPI assessment in

BASICS II Intervention Area



Country Contact

Directeur Régional de BASICS/WARO
VDN X Route du Front de Terre – BP 3746
Dakar - SENEGAL
Tél.: 221.865.14.50
Fax: 221.827.34.91
E-mail: akone@basics.sn

Cameroon; the module is now also used in Senegal, Guinea, and Mali.

Strengthening routine services. WARO supports the adaptation of micro-planning tools to improve district management skills and to stimulate action plans for strengthening routine service delivery. The Project has worked with several countries to identify social mobilization components for neonatal tetanus immunization campaigns. WARO has continued to document and share experiences with injection safety in the region with WHO's Strategic Advisory Group in Geneva. WARO conducted an assessment of injection safety practices in Guinea and Senegal as the basis for a joint injection safety intervention to be conducted with potential international partners (WHO, PATH, UNICEF, and the World Bank).

Key Partners for BASICS II in West Africa

World Health Organization: *partner in advocacy, training of trainers, and consulting for IMCI implementation*

UNICEF: *participating partner in regional meetings on C-IMCI*

USAID Projects:

- **SARA/SANA:** *partner for developing advocacy strategy for C-IMCI and the strategy to improve community private practitioners (Senegal)*
- **Quality Assurance (QA) Project:** *partner for quality improvement activities; collaborating partner in development of IMCI training alternatives*
- **Rational Pharmaceutical Management:** *partner for Drug Management for Childhood Illness (DMCI) methodology (Senegal, Guinea)*
- **NetMark Project:** *CBC strategy for increasing demand creation of insecticide-treated materials (Senegal)*
- **Prime II Project:** *partner in the Performance Improvement Approach application to EPI in Guinea*

Association for Voluntary Surgical Contraception: *partner in exploring COPE methodology to improve supervision skills and facilitate the integration of IMCI in routine supervision*

IRSP (Benin): *partner in offering curriculum in nutrition and behavior change and supporting Community Active Learning Centers*

Vaccine Independence Initiative: *European Union-supported partner in EPI interventions*

GAVI Sub-Regional Working Group: *members include WHO, UNICEF, EU, Red Cross, USAID, AMP, CVP-PATH*

Safe Injection Global Network (SIGN)

CESAG: *partnering in disseminating IMCI strategy tools, results, and successes*

