IMPROVING CHILD HEALTH IN BENIN

BASICS III

USAID/BASICS' involvement with Benin began with an invitation to the Ministry of Health to participate in the USAID/BASICS'-organized international conferences on community case management of childhood illnesses. The MOH attended these conferences in Senegal (2006), DR Congo (2007), and Madagascar (2008). As Benin looked to expand its nascent community case management program, begun in 2005 through UNICEF and with distance support from USAID/BASICS, these conferences represented important opportunities to use other countries' experiences in advocacy and expansion to ensure rapid, efficient scale-up.

USAID/BASICS formally began working in Benin in November 2008 to advocate antibiotic-based treatment of pneumonia at the community level in Benin, and to document experiences with community approaches to health in the country. In addition, USAID/BASICS assisted in the quantification of ACTs (for malaria treatment) in five Health Zones.

Discussions are continuing with MOH regarding the use of cotrimoxazole (for the treatment of pneumonia) by community health workers. Debate over the ability of non-medically trained volunteers to properly manage antibiotics is the most common obstacle to the implementation of full-fledged programs for community case management of childhood illnesses. In the case of Benin, the Director of the MOH's Family Health Directorate (*Direction de Santé Familiale*) reported that the decision to extend contrimoxazole dispensing rights to community health workers rests jointly with that department, the Pharmacy Directorate, and the National Health Protection Directorate. Also similar to other environments, the question of appropriate and adequate motivation of volunteers remained a challenge.

To resolve the question over cotrimoxazole use by community health workers, the Family Health Directorate was tasked with documenting issues over the drug's management at the community level—particularly bottlenecks to use—through case studies of earlier pilots in Benin, as well as community case management programs in Senegal and other countries. USAID/BASICS assisted this effort by presenting to the MOH leadership in May 2009 reports on:

(1) covering pneumonia treatment at the community level and
(2) different community health approaches that have been implemented in Benin.

The latter report was essential in that it developed the case for and the steps for establishing an implementation strategy for the soon-to-begin program. This report on community based health approaches in Benin included recommendations for rolling out a community case management program at-scale in Benin:

1. Under the supervision of the country's existing IMCI pilot committee, establish a technical working group composed of health program managers at the central, regional, and district levels, as well as partner representatives. Also, create a regularly scheduled forum for collaboration.
2. Reinforce the MOH's institutional capacity for CCM implementation, primarily by instituting a national pool of expert trainers (made up of personnel from all levels of the system).
3. Implement a process of pharmacovigilance and quality control with respect to cotrimoxazole.

Click here to download *Activités à base communautaire: quelques approches developpés au Bénin* (A Survey of Approaches Developed in Benin for Community-Based Activities). French only.

Click here to download *Les infections respiratoires aigue (IRA) chez les enfants de moins de cinq ans* (Acute Respiratory Infections in Children Below the age of Five). French only.

A meeting with the Ministry of Health's Family Health Directorate and Maternal and Child Health Director and the Pharmacy Department, as well as partners (UNICEF, WHO, Plan/Benin) was held in September 2009 to present the partner experiences with pneumonia case management in Benin. Plan/Benin and UNICEF presented their work in the Health Zones. USAID/BASICS presented their experience in Senegal and Nepal, emphasizing how these countries resolved different bottlenecks The BASICS recommendations to the MOH were that:

- the Ministry of Health extend the discussion to include its existing technical working group on IMCI in order to establish a small committee that would support policy decisions by the Ministry through the development of key technical documents. It was further suggested that the next meeting of the technical working group be specifically planned with this objective in mind.
- a meeting be held between USAID/BASICS and the Ministry of Health to review the Ministry's objectives and the composition of the technical working group on CCM to better assess conformity with existing policies.

Also in September 2009, the ICCM project organized a meeting in Parakou for MOH officials and departmental health office heads from the five pilot Health Zones to share ideas and thoughts on a draft work plan. The meeting generated a very useful and concrete dialogue, and initiated a close working relationship between the project and the local MOH. The role of the NGOs and their working relationship with the health zones was fully discussed

These activities led to USAID/BASICS initiating collaboration with the Benin Ministry of Health and its partners to roll-out of Community IMCI (including malaria, diarrhea, nutrition, and immunization) in five health zones through grants to nongovernmental organizations. The program is expected to continue for a total of three years through a new task order with BASICS.

In order to support implementation of integrated community case management for children under five for malaria, diarrhea, and pneumonia, and provide immunization and nutrition message, by community-based organizations and community health worker in five selected health zones (Kandi-Ségbana-Gogounou, Banikoara, Djougou -Ouaké-Copargo, Bassila, and Tchaourou) USAID/BASICS promoted a project design comprising four core elements:

1. Develop, maximize, and sustain the capacity of NGOs and the MOH to collaborate in ensuring access to high-impact interventions at the community level.
2. Deliver high-impact interventions at the community level through a continuum of care.
3. Advocate the inclusion of acute respiratory infections (ARI) in the CCM/Integrated Management of Childhood Illness (IMCI) package.
4. Contribute to the institutionalization of the integrated CCM/IMCI package at the national level.

In implementing this strategy, USAID/BASICS will help build effective teams of NGOs, MOH staff, and community leaders in five health zones, with a shared commitment to reach the communities and households where crucial health decisions are made. USAID/BASICS will also take advantage of the widespread commitment of the government and civil society to deal with the three primary contributors to child mortality in Benin: malaria, pneumonia, and diarrhea.

Implementation will be realized through grants to five carefully-selected civil society organizations (nongovernmental, community-based, and faith-based organizations) that have status and influence in their communities. The grantees will collaborate with their zonal MOH counterparts to train, supervise, support, and motivate community health workers, and will mobilize communities for a sustainable integrated CCM program.

Finally, the project will enable the zonal MOH/NGO teams to strengthen their clinical, management, and leadership capabilities so that they will not only implement the grants successfully but will also manage their programs more effectively and provide high-quality, integrated health services to the children within their communities. At the end of three years, this project will leave behind zonal teams that are working together, community health workers who are capable and motivated, and communities that have mobilized in support of their children's health.