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# USAID INTEGRATED HEALTH SERVICES ACTIVITY (IHSA)

NEWSLETTER

OCTOBER 2019 ISSUE

Welcome to the first issue of the newsletter for the USAID Integrated Health Services Activity (IHSA). The information below provides key results for the first year of implementation.

## IHSA

The purpose of the five-year IHSA, a US Agency for International Development (USAID)-funded project implemented in Benin, is to strengthen local expertise in delivering high-impact malaria, family planning, maternal and child health (MCH), and gender-based violence (GBV) services, with strong citizen engagement to reduce maternal, newborn, child, and adolescent girls' mortality and morbidity.

### Baseline study as the driver of future program actions

To achieve these objectives, the program strongly emphasizes government and citizen engagement in the health sector as well as increased access to data for decision making at the local level. IHSA implemented a baseline study to establish a starting point, monitor progress, and inform future action. The study, carried out in the departments of Alibori, Atacora, Ouémé, and Plateau, yielded initial information on the health status of populations, the management and supervision capabilities of decentralized structures providing health services, and public knowledge about health issues. This baseline study report was validated by the Ministry of Health (MOH) during a meeting with USAID and the *Directions Départementales de la Santé* (DDS).

The study revealed the need to strengthen the capacity of health workers to provide quality integrated health services. For example, only 17.2% of health centers and health zones in the four departments were found to have a staff member trained in the integrated management of childhood illnesses. The study highlighted the low utilization of existing health services—on average, only 6.5% of women receiving at least three doses of intermittent preventive treatment of malaria in pregnancy during antenatal care visits. It also highlighted the need to train community health workers (CHWs) and motivate them in a sustainable way. In addition, the study brought to light the need to advocate for additional funding for health activities and infrastructure from mayors and the need for more participatory and effective management of health care providers. Less than 20% of health workers reported the existence of financial support for health centers from local authorities. Where this support exists, only 22.2% of people reported having a positive opinion of it.

These results are being used to fine-tune the methodology for activities and are now included in the data used for planning.

## Seasonal malaria chemoprevention campaigns

Seasonal malaria chemoprevention (SMC) campaigns target the northern regions of Benin, where malaria transmission is highly seasonal. The government, community leaders, and communities themselves have a strong interest in SMC, as it has been proven to reduce malaria cases and mortality for children under five. During these campaigns, which include four three-day waves of treatment spaced four weeks apart, CHWs either deliver the treatment or observe parents administering it so that each child receives the three recommended doses to prevent malaria.

In the past year, IHSA helped the MOH orient health zone management teams (HZMTs) on the skill profile, role, and responsibilities of each CHW and train the CHWs on mapping the target populations for the SMC campaign. In total, 1,148 CHWs were trained in the health zone of Malanville-Karimama in Alibori and 1,296 in the health zone of Tanguiéta-Matéri-Cobly in Atacora to successfully map the population; 116,269 children (from 2 months to 59 months) were identified to be mapped and eligible for treatment during the census phase. The campaign, which began on July 11, achieved high levels of coverage. CHWs administered



Photo credit: Jocelyn Akpo

treatment, exceeding the target of 95% of identified children for the three waves. The results of the campaign were striking: 5,974 cases of malaria were recorded in July; 4,137 in August; 4,283 in September; and 5,674 in October in the Tanguiéta-Matéri-Cobly and Malanville-Karimama health zones, representing a 50% reduction in cases compared to previous years (tables 1 and 2).

Table 1. Malaria trend since 2017 for children under 5 years old in the MK zone

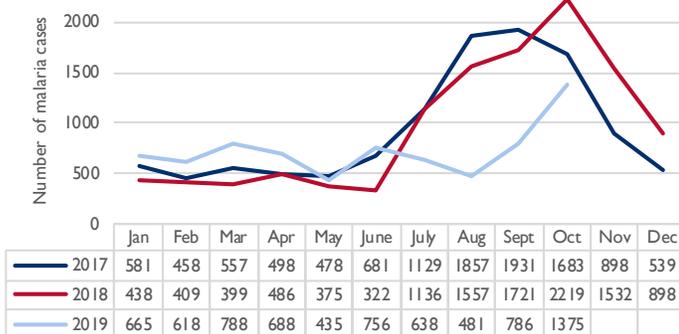
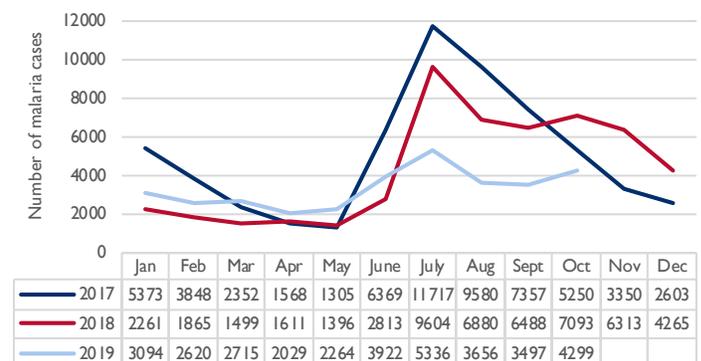


Table 2. Malaria trend since 2017 for children under 5 years old in the TMC zone



## Virtual One Stop GBV center

In Benin, a complete package of care is provided for survivors of GBV at One Stop GBV centers in the cities of Cotonou, Parakou, and Abomey. Although these centers are functional, they are not accessible to all survivors because of distance. To address this gap, IHSA consulted with the *Direction de la Santé de la Mère et de l'Enfant* (DSME) and proposed implementing a One Stop GBV center for survivors in areas that are not covered by the three existing centers. Piloted in the department of Ouémé as a precursor to nationwide implementation, the virtual One Stop GBV center does not have GBV-specific buildings or staff; instead, general practitioners provide care to GBV survivors. This approach is also more sustainable since these services are integrated into the facility's general services.

A total of 264 health care providers (19 doctors, 106 midwives, and 139 nurses); 48 social workers; and 71 law enforcement officers in the department of Ouémé were trained on standard operating procedures for treatment of GBV survivors. The large number of people trained has enabled a quick and effective launch of services: In the health zone of Adjohoun-Bonou-Dangbo, it is now possible to obtain monthly statistics (disaggregated by age group, gender, and type of GBV) on the type of care provided to survivors of GBV. These data will contribute to developing detailed plans for GBV prevention activities in the health zone.

## Revising the on-site training and supportive supervision approach

IHSA supported the National Malaria Control Program and the DSME in revising the on-site training and supportive supervision (OTSS) approach to include all aspects of malaria control, MCH, family planning, and GBV in two of the health zones of Plateau (Sakété-Ifangni and Pobé-Adja-Ouéré-Kétou). The OTSS approach aims to provide on-site training for health providers on

advanced medical care at health facilities and build the capacity of facility teams while supporting collaboration between clinical and laboratory staff. HZMTs will use the revised OTSS approach at the health-zone level to improve the quality of care at the health-center level and build the capacity of staff at the peripheral level.

## Strengthening maternal, newborn, and child health through training sessions

During the first year of implementation, IHSA supported maternal, newborn, and child health (MNCH) teams of the DDS in Atacora, Alibori, and Plateau to train health staff based in eight health zones.

For example, at the Ouoré health center in the commune of Kérou (Atacora), IHSA trained staff on using data for decision making to monitor children, preventing infection, and providing antenatal care (ANC), including demonstrations on measuring height and weight. Service delivery sites were reorganized and cleaned to

provide a more attractive and welcoming environment for patients and improve the quality of care.

“With IHSA’s support, Ouoré’s maternity [unit] is now functional. The support from the project has made it possible to tackle critical problems at the health center while building the capacity of staff in ANC, postnatal care, and family planning visits.”

DR. AZIZ ABOU, MÉDECIN CHEF OF KÉROU



(right) Bana, Ouoré health center's assistant nurse, runs its pharmacy, which was transformed from its former state of disorganization (left) with the help of coaching from IHSA. Photo credit: Marie-Agnès Agboton/IHSA

## Empowering youth and women’s groups with income-generating activities

The baseline study results revealed low utilization of existing health services: this can be explained, in part, by women and youth lacking financial resources to pay for health care. IHSA carried out an assessment with youth and women’s groups in every department of implementation to help them identify a sustainable solution. The objective was not only to raise awareness around accessibility

and availability of health care services but also to identify and take advantage of existing community resources to strengthen their business capabilities and help them afford their health care costs. IHSA focused on 137 groups and made it possible to identify income-generating activities, such as growing corn, extracting palm oil from palm nuts, and transforming soy into cheese.

## Establishing CommCare for improved patient follow-up

During its first year of implementation, IHSA supported the MOH in launching AlafiaComm (formerly CommCare and renamed by the MOH), a sustainable mobile application for community health. To better support and monitor clients, especially pregnant women, health care providers needed a tool for managing cases and data efficiently. IHSA worked with the MOH to evaluate a number of tools to manage community health data and chose to customize AlafiaComm. As one of the initial steps, IHSA tested the app's usability with four CHWs working in Porto-Novo. The

initial results allowed the project to measure successes achieved—the CHWs commended the application as a step forward and judged that it was easier to use than paper evaluations. IHSA also developed a strategic plan, which prioritized the needs of various stakeholders and the minister's cabinet. IHSA's final objective will be to transfer knowledge to the *Direction de l'Informatique et du Pré-archivage* and the DDS so they can independently manage community health data.

## Community health financing

Building capacity to mobilize resources is at the center of the Government of Benin's decentralization strategy to improve the health and well-being of people in Benin. The *Fonds d'appui au développement des communes* (FADeC) is a tool created to support this strategy by providing communes with the necessary funds to carry out their community health activities.

FADeC budget planning must respond to bottlenecks that hinder community health, including insufficient accountability of the communal council for health issues (particularly community health issues) and a lack of collaboration between the communal councils and the *médecins chefs de poste*. To support budget oversight within communes, IHSA has held several meetings with local elected leaders and *médecins chefs de poste* to orient the communal council on community health performance challenges. IHSA also advocated for an alignment of FADeC allocations.

In addition to the budget allocated by the Government of Benin, IHSA supported communes in identifying potential donors within the community (e.g., cotton producers' organizations, artisans' organizations, small and medium-sized local businesses) to boost community health finances in 9 of the 11 health zones supported by the project. As a result of these efforts, the *coopératives villageoises de producteurs de coton* of Kandi made USD 2,200 available to the commune to finance an activity from the local community health action plan. In May, IHSA also organized discussions with 21 potential donors in the communes of Kétou and Ifangni (Plateau) to enhance community health financing. All individuals committed to making a financial contribution, although they expressed the desire for transparency in the management of these funds by commune officials. The project anticipates that these individuals will contribute a minimum total of USD 2,647.