Dear readers,

We have now been dealing with the COVID-19 pandemic for a year and a half, and one of the most important realizations, if it wasn’t evident before, is the need for a stable source of funding to ensure universal access to quality healthcare. The Government of Benin decided to tackle this issue well in advance of the pandemic by building the capacity of local actors to mobilize resources for community health. This led to the creation of the Fonds d’Appui au Développement des Communes (FADeC), a mechanism used to transfer resources from the central government to communes, which are empowered to manage these health resources themselves. With this new funding, mayors are responsible for planning, implementing, and monitoring FADeC funds.

But FADeC faces multiple implementation challenges due to the lack of a uniform understanding among stakeholders on how to use the fund for community health, as well as an overall lack of management capacity among local actors. However, these challenges aren’t unbeatable and, as you’ll see below, by working together, stakeholders can find the resources to solve them.

We are proud, within the US Agency for International Development (USAID) Integrated Health Services Activity, to be able to support the Government of Benin, local actors, and health workers on the use of the FADeC for community health. This initiative is beneficial and very important for the country as it is meant to last over time and will make the work of community health workers (CHWs) and other essential stakeholders sustainable. This in turn will enable the general population, and mothers, children, and adolescents in particular, to benefit from efficient and quality health care.

Happy reading to all,

Dr. Floride Niyuhire,
Program Director for the USAID Integrated Health Services Activity
Supporting communes with FADeC implementation

Community health workers (CHWs) are an integral part of community health and are tasked with many responsibilities, including provision of care of simple cases of priority childhood illnesses, conducting home visits, and conducting screenings for malnourished children under five years old. Unfortunately, CHWs often rely on private companies and non-governmental organizations for their funding, which could be a problem for the sustainability of the care services they provide if this funding were to stop. Community health FADeC funds ensure sustainability of community health activities as well as better supervision of CHWs at the local level.

The USAID Integrated Health Services Activity has provided support to strengthen the supervision capacity of Health Focal Points in communes by conducting discussions and informational sessions on key community health indicators to reduce child morbidity and mortality. The activity has also disseminated the Government of Benin's guidelines to communes on fund management and helped them develop mission statements (a contract with the specific objectives to justify payment of CHWs). Thanks to the work of every stakeholder, 290 CHWs in three of the nine communes in the department of Atacora that already received community health FADeC funds were paid for the four quarters of 2020.

This work led to significant results across community health indicators. For example, in the department of Atacora, the number of children between 6 and 59 months seen by CHWs with a fever who had a positive rapid diagnostic test for malaria and were treated with artemisinin-based combination therapy increased from 6,465 between July and September 2019, when the activity started providing support to communes to operationalize FADeC funds, to 31,899 for the same period in 2020 after a year of support provided by the activity (July to September has the highest rate of malaria transmission). These results show an improvement in services usage and in the quality of malaria care. Additionally, the use of FADeC funds has strengthened trust between CHWs and communes, and the supervision support gave the CHWs increased motivation and confidence to treat patients in their communities.

Strengthening management and governance capacity at the local level

The decentralization process enabled by the FADeC gives actors at the local level more responsibility and accountability around resource monitoring and mobilization. Unfortunately, actors’ capacity varies greatly when looking at leadership, management, and governance (LMG) and hinders the implementation of a common priority health program, especially regarding activity planning, budgeting, implementation, and monitoring. To support these actors, between May and June 2021 the activity conducted capacity building activities for partners at the commune level in the department of Plateau and at the Departmental Directorate for Health and health zones in the department of Ouémé on the Leadership Development Program Plus (LDP+), a quality improvement process that offers the means to become familiar with LMG practices, overcome challenges, and reach measurable results.

Group work during the governance workshop in the department of Plateau. Photo credit: Jean-Claude Lodjo
Since the first COVID-19 cases were confirmed in 2020, Benin has taken important measures to fight the pandemic. To fight efficiently and to safely provide support to the population, the four activity-supported departments of Alibori, Atacora, Ouémé, and Plateau needed significant quantities of health materials. In response, the activity donated a large quantity of materials and equipment to the Ministry of Health and the Ministry of Social Affairs and Microfinance at an official ceremony at the Ministry of Health on May 20, 2021. Participants included Dr. Pétas Akogbéto (Cabinet Director for the Minister of Health), Ms. Elise Fatiman Kossoko Kossouoh (Deputy General Secretary for the Ministry of Social Affairs and Microfinance), Ms. Patricia Mahoney (US Ambassador to Benin), Mr. Carl Anderson (USAID Country Representative), and Dr. Floride Niyuhire (Chief of Party for the USAID Integrated Health Services Activity).

The donation included 25,786 cloth masks; 26,737 bottles of hand sanitizer; 417,000 surgical masks; 740,000 latex gloves; 169 megaphones to promote community awareness; and 96 small and 4 large hand washing stations. These supplies will be prioritized to community health workers and centers hosting vulnerable people, such as orphans and people with disabilities, who often lack the means to protect themselves from COVID-19 and to health workers in a few select health facilities who lack equipment.

Providing support for the local production of masks by women’s groups

In addition to the work done to provide health equipment to CHWs and centers hosting vulnerable people, the activity has ensured that other populations with low purchasing power, such as in Coby and Adja-Ouèrè (Plateau), have access to masks. In these two communes, the activity, in collaboration with a cloth maker and an epidemiological consultant, supported women’s groups taking part in income-generating activities to make cloth face masks. Thirteen women (10 in Plateau and 3 in Atacora) participated in a two-day training on the requirements for the type of materials, straps, and dimensions for hand-made masks so they can be considered protective masks.

This training had two objectives: to increase the number of masks available in the commune to curb the spread of the pandemic and to transform this production into an income-generating activity. For that reason, the women also participated in a second training on selling techniques to generate income from this activity. Part of the income generated from these sales will be used to buy more raw material for production and part will be moved to the women’s community health funds. All participants were satisfied and thanked the three professionals for giving them the opportunity to learn how to create a quality cloth mask that is also respectful of Beninese norms.

Strengthening the fight against COVID-19 among vulnerable populations in Benin

During these leadership and governance workshops, stakeholders learned new leadership skills, such as examining all aspects of a specific situation; new management skills, such as planning, organizing, and assessing skills; and governance, such as establishing a strategic and common orientation, correctly managing resources, and engaging stakeholders. Fifty-two people participated in the workshops (16 in the LDP+ and 36 in the governance workshop), and all developed improvement plans with measurable results. These actors will share their new knowledge and the improvement plans with their teams and, by using these new skills, will effectively benefit from the resources allocated by the central government.
Launch of the seasonal malaria chemoprevention campaign

For the third year in a row, the activity will support the seasonal malaria chemoprevention (SMC) campaign in northern Benin. Launched on July 9, 2021, for a period of four months with one wave each month, the objective of SMC is to significantly reduce malaria cases and mortality in children under five. This year’s SMC includes several specific features. The focus is on communications and advocacy sessions organized for local officials, religious leaders in each commune, and the prefect to provide awareness so they can communicate the importance of the SMC to the population. A digital tool will continue to be used to monitor health agents in the field to receive distribution data in real-time.

About the USAID Integrated Health Services Activity

The USAID-funded Integrated Health Services Activity is a five-year project implemented in Benin. The purpose of the Integrated Health Services Activity 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.

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