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A community health worker explains the importance of the seasonal malaria chemoprevention campaign to a mother and shows how to administer the treatment in the village of Guèné (Alibori). Photo Credit: Dr. Jocelyn Akakpo

USAID INTEGRATED HEALTH SERVICES ACTIVITY

REDUCING MALARIA-RELATED MORBIDITY AND MORTALITY IN BENIN

Malaria is a major challenge in Benin, where the country's entire population of 12.1 million is at risk of contracting the disease. It remains the leading cause of mortality for children under five and of morbidity for adults. In 2020, there were more than 4.7 million malaria cases and more than 10,000 deaths from the disease.¹

The US Agency for International Development (USAID) Integrated Health Services Activity (IHSA) is implemented by Management Sciences for Health and its partners with funding from the US President's Malaria Initiative. IHSA supports the Government of Benin in improving malaria control and reducing mortality and morbidity, particularly among children under five.

SEASONAL MALARIA CHEMOPREVENTION

In the two northern departments of the country, Atacora and Alibori, the risk of malaria transmission is high during the rainy season and transmission is seasonal. In 2019, the Government of Benin launched a major seasonal malaria chemoprevention (SMC) campaign, for which IHSA provided support to the National Malaria Control Program (NMCP), that includes four three-day waves over four months and has been proven effective in other countries in reducing cases and mortality among children aged 3–59 months. Since 2020, the Global Fund has been supporting the implementation of the SMC campaign. Thanks to the collaboration of all stakeholders, six health zones are benefiting from the campaign, which covers the entire territory of the departments of Atacora and Alibori.

- To ensure optimal implementation of the campaign, IHSA provides annual support to the Ministry of Health through the NMCP for the development of tools, budget planning, and

acquisition of necessary equipment for the campaign to run smoothly and to health zone management teams to define the profile, roles, and responsibilities of community health workers.

- A census was conducted in 2019 to define the population to be targeted in each health zone as accurately as possible; the figures were updated in 2020 and 2021 using data from the National Institute of Statistics and Economics.
- The execution of the annual campaign has been strengthened since 2020 with the development, in collaboration with Catholic Relief Services, of a mobile app used to collect and share data in real time.

In 2021, 422,005 children were treated, with an average coverage of 90% of the initial target population.

¹ Benin Country Fact Sheet, Fiscal Year 2021, US President's Malaria Initiative. Available at: https://dlu4sg1s9ptc4z.cloudfront.net/uploads/2022/04/Benin_PMI-Fact-Sheet-InCountry_FY2021_CP.pdf

STRENGTHENING THE SKILLS OF HEALTH CARE PROVIDERS

According to the 2018 Services Availability and Readiness Assessment, although 70% of health facilities have guidelines on malaria diagnosis and treatment, only 38% have workers trained for malaria diagnosis and treatment and intermittent preventive treatment during pregnancy (IPTp) with sulfadoxine-pyrimethamine, which consists of administering an antimalarial treatment to all women at every prenatal visit from the second trimester until delivery. Pregnant women can be particularly vulnerable as malaria can lead to anemia, miscarriage, premature delivery, and even death of the mother.

- The project has put in place a strategy based on the supervision of health workers in the health zones in the four intervention departments (Alibori, Atacora, Ouémé, and Plateau) through an onsite training and supportive supervision approach. The

goal of this strategy is to assess and correct the gaps identified in the provision of services.

- Gaps are identified using a standard of care checklist, created through the on-site training and supportive supervision tool, that has been approved by the Ministry of Health and allows for the implementation of a quality improvement plan by focusing on real-life coaching of providers and developing guides on risk factors and diagnostic elements with the help of coaches in the health zones.

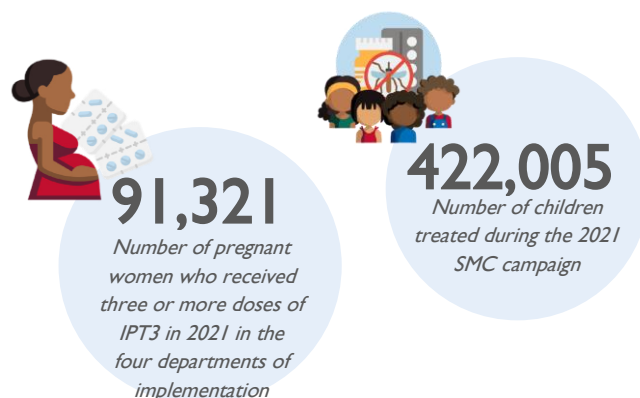
Since the start of project implementation, the percentage of pregnant women receiving three or more doses of IPTp has increased from 26% (October 2018–September 2019) to 44% (October 2021–March 2022) in the four departments supported by IHSA.

ENABLING WIDESPREAD COMMUNICATION ABOUT MALARIA

Controlling malaria must also include raising awareness among the population so they know and can carry out the necessary actions to prevent malaria and obtain effective and early treatment.

- The project provided technical and financial support to develop a national communication strategy for social and behavioral change to control malaria. The implementation of this document allows messages to be tailored to target audiences and enables a situational analysis for different malaria control areas.
- This work includes support for message development and follow up for dissemination on topics such as SMC campaigns, the use of long-lasting insecticide-treated nets, and the need for pregnant women to receive IPTp. A total of 455 messages and/or programs were broadcasted in French, Dendi, Bariba, Goun, Wéwé, Boo, Ditamari, Natimba, Goumanché, and

Peulh on four community radio stations between October 2021 and March 2022.



ABOUT THE PROJECT

The five-year Integrated Health Services Activity (IHSA) (2018-2023), funded by the US Agency for International Development (USAID), is implemented in four departments (Ouémé, Plateau, Atacora, and Alibori) in Benin. Its objective is to strengthen local expertise in delivering high-impact malaria, family planning (FP), maternal and child health (MCH), gender-based violence (GBV), and prevention and control of COVID-19 services with strong citizen engagement, to reduce maternal, neonatal, child and adolescent girls' mortality and morbidity. IHSA is implemented by Management Sciences for Health (MSH) in collaboration with four local and one international NGO partners.

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