Quarterly Project Report

BASICS Benin

January 2012 – March 2012

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DU PEUPLE AMERICAIN

BASICS Quarterly Report

Fiscal Year 2012, 2nd Quarter
January 1 – March 30, 2012

The Partnership for Child Health (PCHC)
Principal Contract No. GHA-I-07-04-00004-00

Community health worker in Tchaourou administering a RDT to a child

MSH IQC Subcontract No. 09-MSH-01
Task Order No. 08

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ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based Combination Therapy
AED	Academy for Educational Development - International NGO that became part of FHI 360
AFRICARE	International NGO
ARI	Acute Respiratory Infection
B/A	Borgou/Alibori (political departments in Benin)
BASICS	NGO responsible for implementation of the Parakou project
BCC	Behavior Change Communication
CAME	Central Stores for Essential Medicines (Centrale d'Achat des Médicaments Essentiels)
CBBE	Beninese Center for Environmental Protection and Welfare (Centre Béninois pour le Bien-Etre et la Sauvegarde de l'Environnement)
CCM	Community Case Management
CIPEC	HIV Information and Treatment Center (Centre d'Information et de Prise en Charge du VIH)
COP	Chief of Party
COTR	Contracting Officer Technical Representative
COVADES	Corps of African Volunteers for Economic and Social Development (Corps de Volontaires Africains pour le Développement Economique et Social)
CHW	Community Health Worker (Relais Communautaire)
DAF	Director of Administration and Finance
DDS	Departmental Health Directorate (Direction Départementale de la Santé)
DHS	Demographic Health Survey
DSME	Directorate for Maternal and Child Health (Direction de la Santé de la Mère et de l'Enfant)
EEZS	Health Zone Management Team (Equipe d'Encadrement de Zone Sanitaire)
GRADE	Action Research Group for Development and Environment
GSM	Global System for Mobile
HC	Health Center
HF	Health Facilities (Formations Sanitaires)
HZ	Health Zone
IAWP	Integrated Annual Work Plan
ICP	Integrated Communication Plan
IMCI	Integrated Management of Childhood Illness
IMCI-C	Integrated Management of Childhood Illness at Community Level
MDG	Millennium Development Goals
MILD	Long-acting Insecticide-treated Bed Nets
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
NHIS	National Health Information System
NHMIS	National Health Management Information System
NMCP	National Malaria Control Program

ORS	Oral Rehydration Salts
PILP	Project to Intensify Malaria Prevention (Projet d'Intensification de la Lutte contre le Paludisme)
PMI	President's Malaria Initiative
PSI	Population Services International
QAT	Quality Assurance Team (Equipe d'Assurance Qualité)
RCC	Municipal Coaches Meeting (Réunion Communale des Coachs)
SMS	Short Message Service
SPS	Strengthening Pharmaceutical Systems
TFP	Technical and Financial Partners
TOR	Terms of Reference
WG	Women's Group

BACKGROUND AND PROJECT RATIONALE

Benin has a population of approximately eight million, with 44% under the age of 15. With an annual growth rate of around three percent, its population is predicted to double in the next 24 years. This rapid population growth exerts heightened pressure on the already-weakened health care system, which is struggling to meet the current needs of the population. In order to satisfy this strong demand for health care, the Ministry of Health (MOH) has undertaken a complete reorganization and established partnerships with the private sector, civil society, and religious organizations to ensure the provision of health care services.

Despite these significant efforts, infant and child mortality rates in Benin, posted at 67 and 125 respectively per 1,000, are among the highest in coastal West African countries. It is estimated that the majority of these deaths are due to preventable childhood diseases such as malaria, acute respiratory infections, and diarrhea. With the goal of limiting the high number of infant and child deaths in Benin, the government has taken some measures such as intensive interventions specific to the diseases, improved coverage, extension of IMCI (Integrated Management of Childhood Illness) and training community health workers to deliver high-quality services. Nevertheless, the general sentiment is that the population's use of health care services remains low since, according to the 2006 DHS (Demographic Health Survey), only 36% of children presenting symptoms of acute respiratory infections (ARI), 37% of children with a fever, and 21% of those with diarrhea were brought to a health care facility for care.

To reduce infant and child mortality in Benin and contribute to the global efforts of the American Government to achieve the MDG (Millennium Development Goals), USAID has granted funding to BASICS through Management Sciences for Health (MSH) to support the implementation of the *"project for integrated management of childhood illnesses in children under the age of five such as malaria, diarrhea and pneumonia, and an awareness campaign on the importance of vaccination and good nutrition through community-based organizations and community health workers."* This project is staggered over three years, and is currently being executed in the three health departments of Donga, Borgou, and Alibori.

This report covers the period from January 1 to March 30, 2012, the second quarter of the project's third and last year.

The BASICS project presents a strategy with four principal elements:

- Develop, optimize, and strengthen the capacity of NGOs and the MOH to work together in the five health zones selected in order to ensure access of the communities to large-scale health interventions.
- Initiate large-scale interventions on the community level, through a continuum of care in the five health zones.
- Advocate for the inclusion of acute respiratory infections management in all measures related to the integrated management of illness (IMI) and integrated management of childhood illnesses (IMCI).
- Contribute to the institutionalization of IMI/IMCI measures on the national level.

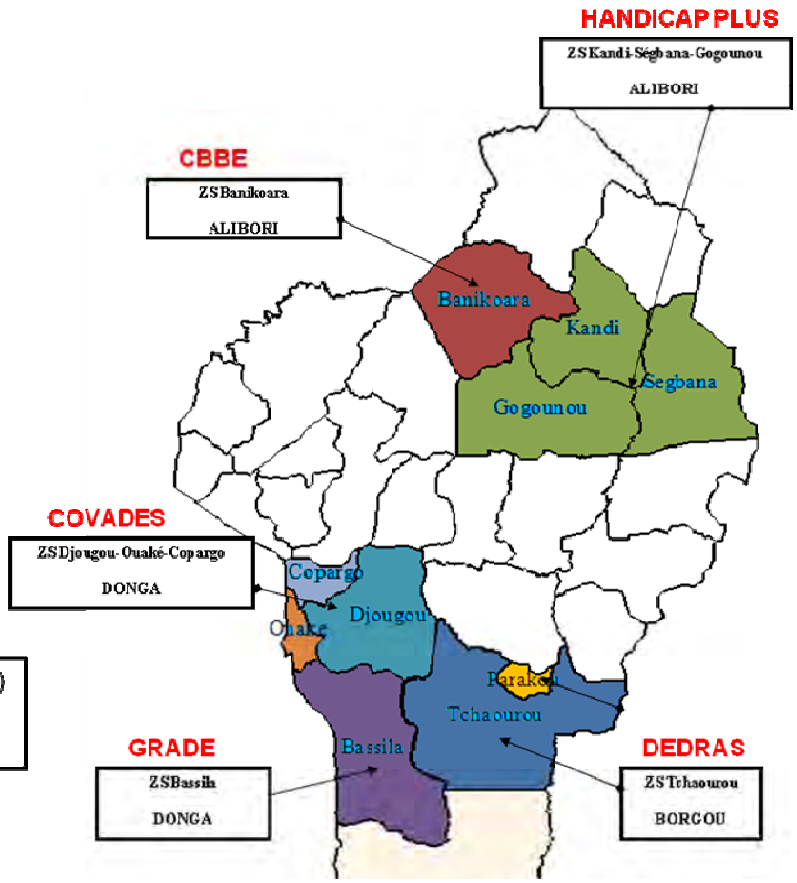
5 Zones Sanitaires
93 Formations sanitaires
972 Relais - C

202,116 Enfants de moins de 5 ans

~16-20% de tous les enfants de moins de 5 ans au Benin

5 ONG locales

(30 Juillet 2009 – 29 Juillet 2012)
32 / 36 Mois
Projet exécuté a 88%



INTRODUCTION AND PROGRESS

The BASICS Project is in its final implementation phase. With a planned life span of three years or 12 quarters, the project has just wound up its eleventh quarter with supervision activities for community health workers and the implementation and monitoring of pilot studies of the collaborative approach and an SMS/GSM-based communications system. It also began training CHWs in the use of rapid diagnostic tests.

This past quarter, the project made an effort to consolidate its achievements by strengthening training activities for community health workers through the use of supervision. There was ongoing support for local NGOs and regular meetings were held with different partners charged with the implementation of Project activities.

The following activities were conducted this past quarter:

Component 1: NGO Grants for Community Case Management (CCM)

The following activities were scheduled for the period from January through March of 2012 under this component:

- Continued implementation of pilot activities and training of CHWs in the use of rapid diagnostic tests (RDTs);
- Ongoing technical and financial support for NGOs.

Implementation of scheduled activities

1. **Continued implementation of pilot activities and training of CHWs in the use of RDTs through local NGOs**
   - Training in the use of rapid diagnostic tests (RDTs)

     The BASICS Project community-level services package for the KANDI-GOGOUNOU-SEGBANA and TCHAOUROU health zones was expanded to include the use of a rapid diagnostic test (RDT) for malaria by community health workers prior to the administration of ACT. The municipalities of Gogounou and Tchaourou were chosen to serve as test areas for this purpose, in which training sessions for community health workers were conducted on February 23, 2012 and January 26, 2012, respectively, under the supervision of the BASICS team in conjunction with NGO/EEZS teams (the NGO HANDICAP PLUS/KANDI EEZS and the NGO DEDRAS/TCHAOUROU EEZS) in the two health zones in question. The training activities for CHWs were preceded by a training of trainers session. A total of 102 community health workers were trained in the use of RDTs.

   - **Training in the use of the SMS/GSM system.** The goal of this pilot activity is to meet the urgent need to improve communications between community health workers (CHWs)

and the health center (HC) with respect to referrals, shortages of supplies, and patients seen/treated.

The training of trainers session was co-facilitated by the BASICS staff and the outside consultant in conjunction with NGO/EEZS teams in the two health zones in question, namely TCHAOUROU and BASSILA (DEDRAS/TCHAOUROU EEZS, GRADE/BASSILA EEZS). A group of 25 participants in the two health zones mastered the use of SMS/GSM and, in turn, provided training to 260 community health workers on January 25, 2012 in Tchaourou and on March 25, 2012 in Bassila. The health workers were actively involved in these training activities and acknowledged the practicality and user-friendliness of the new tool placed at their disposal. The CHWs' skills in the use of RDTs will be assessed in the course of next quarter.

2. **Ongoing technical and financial support for NGOs through coaching, field visits, miscellaneous coordination meetings, regular feedback on technical and financial report quality, and the provision of grants for community activities**

There were continued coaching sessions for financial officers, project officers, and NGO managers. Regular feedback was provided on the quality of technical and financial reports. As a result of this coaching, there was a visible improvement in the quality of the financial and technical reports produced by a number of NGOs. However, the NGO COVADES showed clear signs of weaknesses in its management which the BASICS staff is working hard to shore up.

Scheduled activities for next quarter

- Prepare for the close-out of NGO contracts;
- Document the BASICS Project's experience with the use of NGOs.

Group of community health workers trained in the use of rapid diagnostic tests

Component 2: Technical Assistance to Develop Approaches and Tools for Community Case Management with the MOH

The following supporting activities for the Health Ministry were conducted during the quarter running from January to March of 2012:

1. Validation of the IMCI algorithm with rapid diagnostic tests (RDTs);
2. Participation in quarterly meetings of the PMI at the USAID Mission;
3. Development of terms of reference for the technical evaluation of the BASICS Project;
4. Planning of the Project close-out.

Implementation of scheduled activities:

1. **Validation of the IMCI-C algorithm with RDTs**

The case management algorithm was reviewed and corrected with the help of the consultant in charge of backstopping training activities in the use of rapid diagnostic tests (Donatien Fagninou), in conjunction with the NMCP and DSME. The new version includes the use of RDTs for all fever cases and systematic checking for other symptoms treatable by community health workers.

2. **Participation in quarterly meetings of the « President's Malaria Initiative (PMI)» organized by USAID**

BASICS took part in the quarterly meeting of the PMI held on March 14, 2012 in the conference room of the USAID Mission in Cotonou. The COP gave a presentation on BASICS Project achievements and progress in the attainment of BASICS indicators. During the course of the meeting, the Mission introduced the participants to Dr. Mariam OKE, the new NMCP coordinator recently appointed to head up that endeavor. The other partners attending the meeting also gave updates on their respective activities and programs.

3. **Development of terms of reference for the technical BASICS Project evaluation**

This past quarter, the BASICS staff and Country Lead finalized the terms of reference for the impact evaluation of the BASICS Project and submitted them to the Mission for review and implementation.

4. **Planning of the BASICS Project close-out process**

The project close-out was planned in the course of this past quarter in conjunction with MSH Headquarters and the resulting plan was sent to the Mission. Its implementation has already begun, with notices already sent out to the project staff as well as to office leaseholders and the Peace Corps and COP offices. A bimonthly teleconference between MSH headquarters and BASICS has been scheduled to monitor implementation of the close-out plan

Scheduled activities for next quarter

- Finalize the final project report;
- Hold an information workshop on project outcomes in conjunction with the Ministry of Health.

Component 3: Strengthen the Connection between the Community, Health Workers, and their Respective Health Centers

The following activities were scheduled to be conducted this past quarter:

- Monitoring and documentation of the three pilot studies;
- Performance monitoring for community health workers;
- Finalization of the terms of reference and organization of the final BASICS project evaluation;
- Start-up of the close-out process

Implementation of scheduled activities:

1. **Monitoring and documentation of the three pilot studies:**

- **Training in the use of rapid diagnostic tests at the community level**
  The Gogounou and Tchaourou health zones had originally been selected for the conduct of pilot training activities in this regard. However, in response to a request from the MOH to scale up these activities to provide all community health workers with training in the use of RDTs, full-scale training services for community health workers in the use of RDTs were started up in these areas.

  This past quarter, the project trained 12 health professionals, more specifically head nurses at health posts, as well as 120 community health workers in Tchaourou and Gogounou and four managers from the NGOs Handicap Plus and DEDRAS with the help of the modified case management algorithm (see the annex).

- **Pilot Study of the SMS/GSM system**

The BASICS Project choose to break new ground by introducing the use of messaging (SMS/GSM) by community health workers and corresponding health post managers or coordinating physicians at the health zone level to help strengthen the National Health Management Information System (NHMIS) and improve the performance of community health workers. To this end, it developed an SIM communications application with technical assistance from Medic Mobile to help improve case reporting and severe case referrals by community health workers.
BASICS personnel were trained by the Médic Mobile consultant on January 26 and 27, 2012 to help familiarize them with the configuration/installation of the Kujua system. This was accompanied by the configuration of satellite computers and the development of a Moov +Turbo SIM telephone kit. The training of trainers session in the Tchaourou health zone was co-facilitated by the BASICS staff and the outside consultant. In the course of a day-long workshop, 25 participants mastered the use of the SMS/GSM system and were trained as trainers. A group of 152 community health workers from seven districts within the municipality were trained on January 25, 2012 under the supervision of BASICS and Medic Mobile. The health workers were actively involved in the training activity and acknowledged the practicality and user-friendliness of the new tool placed at their disposal.

Another training of trainers session for 17 health post managers was held on March 15 and 16, 2012 in the Bassila health zone who, in turn, trained 110 community health workers. What made this training session unique was the presence of two representatives of partner NGOs, namely Africare and BTC (the Belgian technical cooperation agency).

A focal point was selected by BASICS and trained by the Medic Mobile consultant to serve as liaison for the system's configuration and replication in the two health zones. The consultant will also provide necessary assistance and maintenance services for operating the system. The focal point trained the two statistics unit chiefs in both health zones to operate the system with a view to gradually making the health zones autonomous.

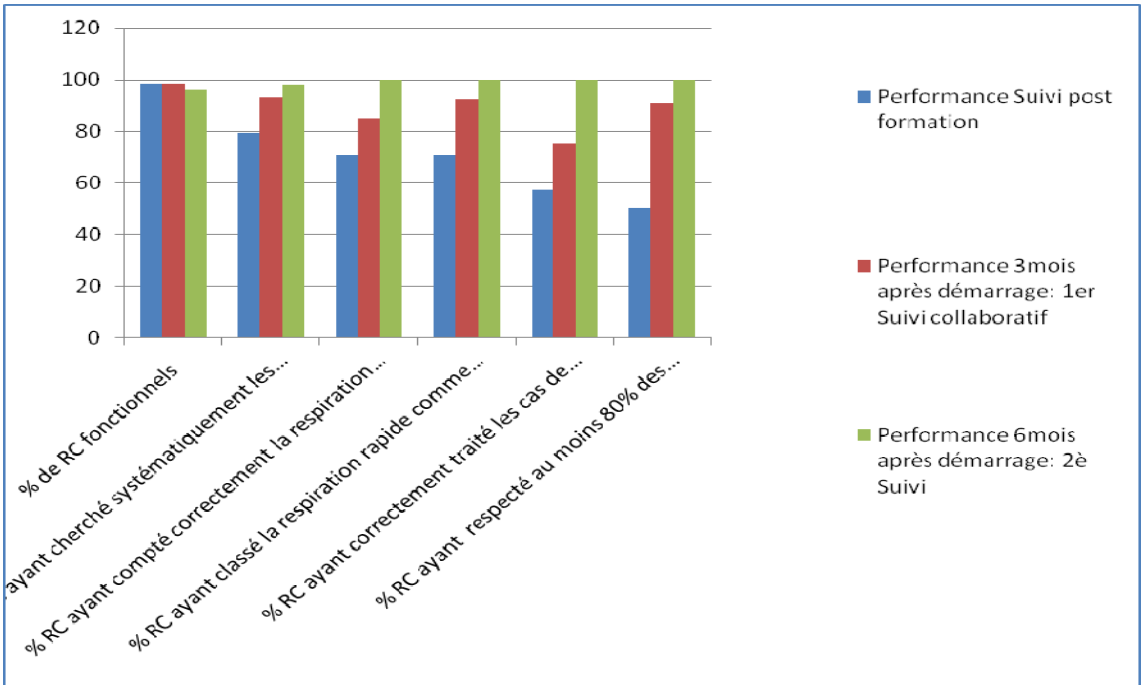
Negotiations were held with different local GSM operators (Moov, MTN, GLO, etc.) in an attempt to reduce the system's cost and improve its performance. After numerous conversations and discussions, BASICS eventually entered into a partnership agreement with the operator ETILSALAT (Moov Benin). This partnership, which included a donation of 307 SIMS cards and a preferential postpaid rate for outgoing and incoming messages, helped facilitate the system's implementation.

The BASICS COP presents a cell phone to a top CHW and a laptop computer to the coordinating physician for the Bassila health zone.

- **Testing of different supervision strategies based on the collaborative approach and optimization of the most effective strategy**

  Efforts to implement the collaborative model continued throughout the past quarter.

  A collaborative effort to improve the performance of CHWs in the municipality of Copargo was mounted in October of 2011. The results achieved as of the end of March of 2012 or, in other words, after six months, were impressive, as illustrated by the following figure.



In other words, the graph shows that, in a matter of six months, the collaboration process produced substantial improvements, including but not limited to the following:

- An improvement in the ability of CHWs to systematically check for serious danger signs and signs of severity by close to 25%;
- An improvement in the ability of CHWs to accurately count respiration by more than 30%;
- A 30% improvement in the ability of health workers to identify rapid respiration;
- A 40% improvement in the ability of health workers to properly treat pneumonia in children under the age of five;
- An increase in the percentage of CHWs improving their ability to meet at least 80% of case management standards from single to double digits (by more than 50%) compared with their performance prior to the collaborative approach.

There are two possible explanations for these enormous improvements in the performance of community health workers:

i) Routine supervision of community health workers by local NGO and health zone teams had been ineffective, causing BASICS to mount a collaborative effort in search of the best possible supervision strategies. This would explain the large gains achieved in a very short span of time through the collaborative approach, a high-quality approach based on close supervision marked by common goals and shared outcomes. It is easy to conclude from this that collaborative monitoring/supervision of CHWs is a best practice and should be promoted as a means of improving child health care.

However, the best strategy for ensuring high-quality monitoring in a manner acceptable to and producing results shared by all interested stakeholders is yet to be determined.

ii) The motivation of community health workers is vital to the success of any community-based strategy. In fact, unlike the case of other health workers whose incentive bonuses have still not been paid by AFRICARE, those involved in the collaboration process may have been motivated by the prospect of receiving incentive pay through this process which, combined with the effectiveness of the collaborative approach, may have encouraged them to meet the desired performance standards, translating into a clear improvement in collaboration process indicators after a six-month implementation period.

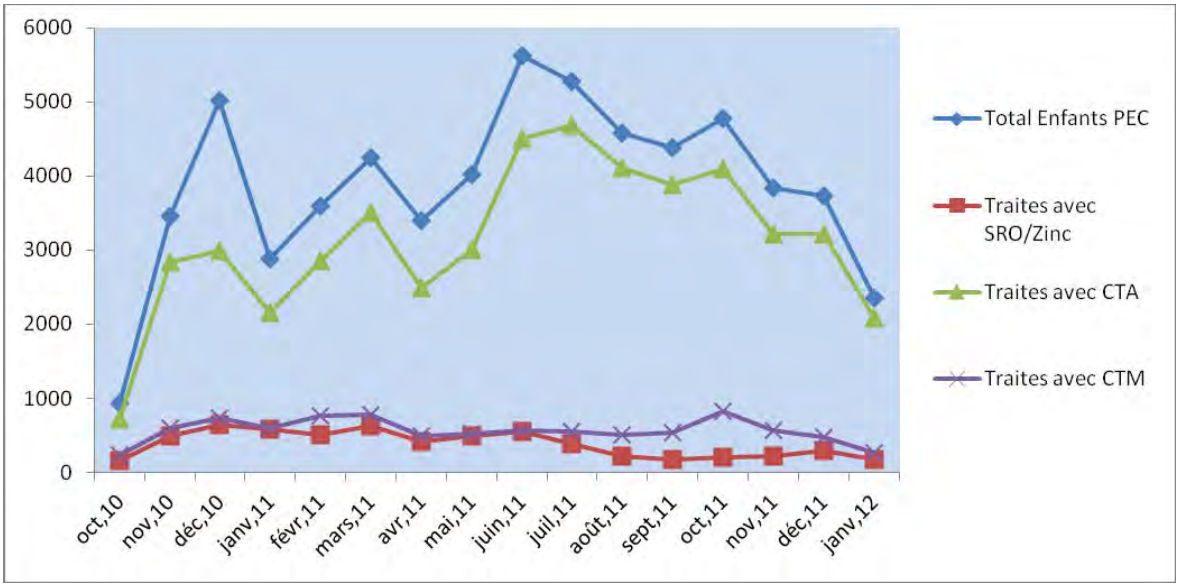
Monitoring of community activities and performance

Thanks to the recently developed data base, the BASICS Project staff is now in a position to study and evaluate community performance through the score card appended to this quarterly report.

Scheduled activities for next quarter

- Participation in the BASICS Project evaluation;
- Finalization and documentation of the three pilot studies;
- Commencement of the final BASICS Project report.

Trends in the numbers of cases treated between October 2010 and January 2012



Total number of children treated Treated with ORS/zinc Treated with ACT Treated with CTM (cotrimozaxole)

Review of Progress in Child Treatment Indicators						
	2010		2011		2012*	
	Target	Performance*	Target	Performance**	Target	Performance**
Malaria	6,057	**9,623**	24,226	**38,601**	16,000	12,605
Diarrhea	1,971	1,934	7,884	4,428	1,845	894
Cough	1,040	**2,535**	4,154	**6,730**	2,800	2,136

*** Projection of 2012 data for the period from October 2011 to April 2012**

**** Does not include February and March 2012 data**

CHALLENGES AND LESSONS LEARNED

The past quarter was devoted mainly to documenting the pilot studies and starting up the close-out process.

Partnership

BASICS is collaborating with several partners in implementing the project. This includes:

- Close collaboration with the Ministry of Health and decentralized health structures (DDS, health zones);
- Collaboration with AFRICARE to coordinate the management of community health workers and the implementation of different activities in the same area;
- Collaboration with MOH technical and financial partners (TFP) for implementation of the National Free Health Care Act;
- Participation in meetings organized by USAID on the PMI and maternal and child health;
- Participation in numerous local and regional conferences with other BASICS partners.

Participation in Community Health Workers Day in the Bassila health zone:
March 30, 2012 was declared Community Health Workers Day in Bassila. On that date, all partners serving that health zone helped commemorate this important event with community health workers in Bassila. As part of the celebration, the PARDZ/BTC project, partnering with the health zone, took advantage of the occasion to reward the top 12 community health workers selected based on a number of criteria such as regular attendance of group supervision sessions, good financial management, the numbers of patients treated, and use of the gender

approach. The winning CHWs were presented with various gifts such as a radio, a cell phone, official congratulatory letters, etc.

The ceremony also included an official hand-over by the BASICS Project of all necessary equipment for the SMS/GSM system, including a laptop computer configured with the Kujua system and 64 cellular telephones. The partnership between Moov Benin and BASICS also provided various motivational gifts (caps, tee-shirts, etc.) for the CHWs.
This simple ceremony was attended by municipal and departmental health officials.

Gender issue:
The case management data shows that community health workers (CHW) regularly treat more male than female children and that this is a constant trend, continuing month after month. The BASICS Project staff looked into this apparent discrimination against girls in the care provided by community health workers, coming up with a number of hypotheses. (i) One explanation for this phenomenon is the larger percentage of males in the country's population under ten years of age, a trend found in the country literature (the statistical yearbook and EDS) and documented by other partners (UNICEF, AFRICARE). (ii) Another possible explanation is the discrimination against young girls by the local population, who get less health care and formal education than boys.

Pending the outcome of a targeted social survey by a partner NGO (the NGO GRADE in Bassila is conducting a small-scale social survey in search of possible explanations for this type of discrimination), the BASICS Project has shored up awareness-raising activities for local households and community health workers to encourage more girls to make better use of the services provided by community health workers.

Large gap between numbers of fever and diarrhea cases in CHW data:
The same large gap is also found in NHMIS data collected by the MOH (obviously, on a somewhat smaller scale, since health facilities distinguish between malaria cases and other fever cases, which is not possible for community health workers) and could be an indication of the under-reporting of diarrhea cases, since it is a recognized fact that most fevers in children are accompanied by diarrhea. Taking advantage of the large numbers of women taking part in National Vaccination Day on March 23rd in Tchaourou, a simple questionnaire form administered to 100 mothers of young children revealed that 80% did not seek medical treatment for a child suffering solely from diarrhea, preferring to use a natural remedy. On the other hand, nearly all the mothers responding to the questionnaire indicated that they would take a child running a fever to the health center for treatment. Obviously, this data from Tchaourou is not representative of the behavior of all women in BASICS Project areas (there are no community health workers in the town of Tchaourou), but it does show that, in and of itself, diarrhea is apparently not sufficient cause for mothers to seek medical care, who initially prefer to use one of the many traditional remedies popular in Benin. Another hypothesis is that community health workers do not systematically check for other pathologies when presented with a case of fever. This is the reason for the review of the case management algorithm with RDTs and the refresher training dispensed as part of the training provided to community health workers in the use of RDTs. Pending a more in-depth study of this issue and a better

understanding of what is really going on, there is a need to consider providing refresher training for health workers and to improve subsequent debriefing sessions on this issue as part of routine supervision activities.

Challenges and lessons learned

- The monitoring and supervision of community health workers are vital to the success of any community-based case management strategy. Any strategies developed in this respect should promote close qualitative monitoring and the sharing of information by all corresponding stakeholders.

- It is important to consider the use of incentive schemes for community health workers to ensure adequate retention rates for CHWs and keep them appropriately focused on the attainment of program objectives. Their lack of motivation is both a source of frustration and a cause of numerous resignations and poor performance

- Community health workers require refresher training after two years on the job in order to maintain an acceptable level of performance. A quick solution is to improve their skills and knowledge as part of routine supervision activities. In fact, according to the statistical data, diarrhea cases are apparently being under-reported, which could be due to a lack of integrated case management. Moreover, the new tasks entrusted to health workers such the administration of RDTs in the treatment of malaria necessitate regular refresher training for CHWs, which could also be provided through supportive supervision or on the job training.

- Mainstreaming of community-based experiences in Benin's national health care system. This is not the case at present, which is eliciting grumblings from head nurses at health posts, who feel that their supervision, data collection, and quality control or quality assurance activities in project areas mean more responsibility and a larger work load. The NGO/health zone team needs to be further strengthened to enable it to fully play its assigned role in supporting and helping to improve the performance of health workers through supervision. A look at the experience with the collaborative model in Copargo shows that the efforts of quality teams produced amazing results after a three and six-month implementation period.

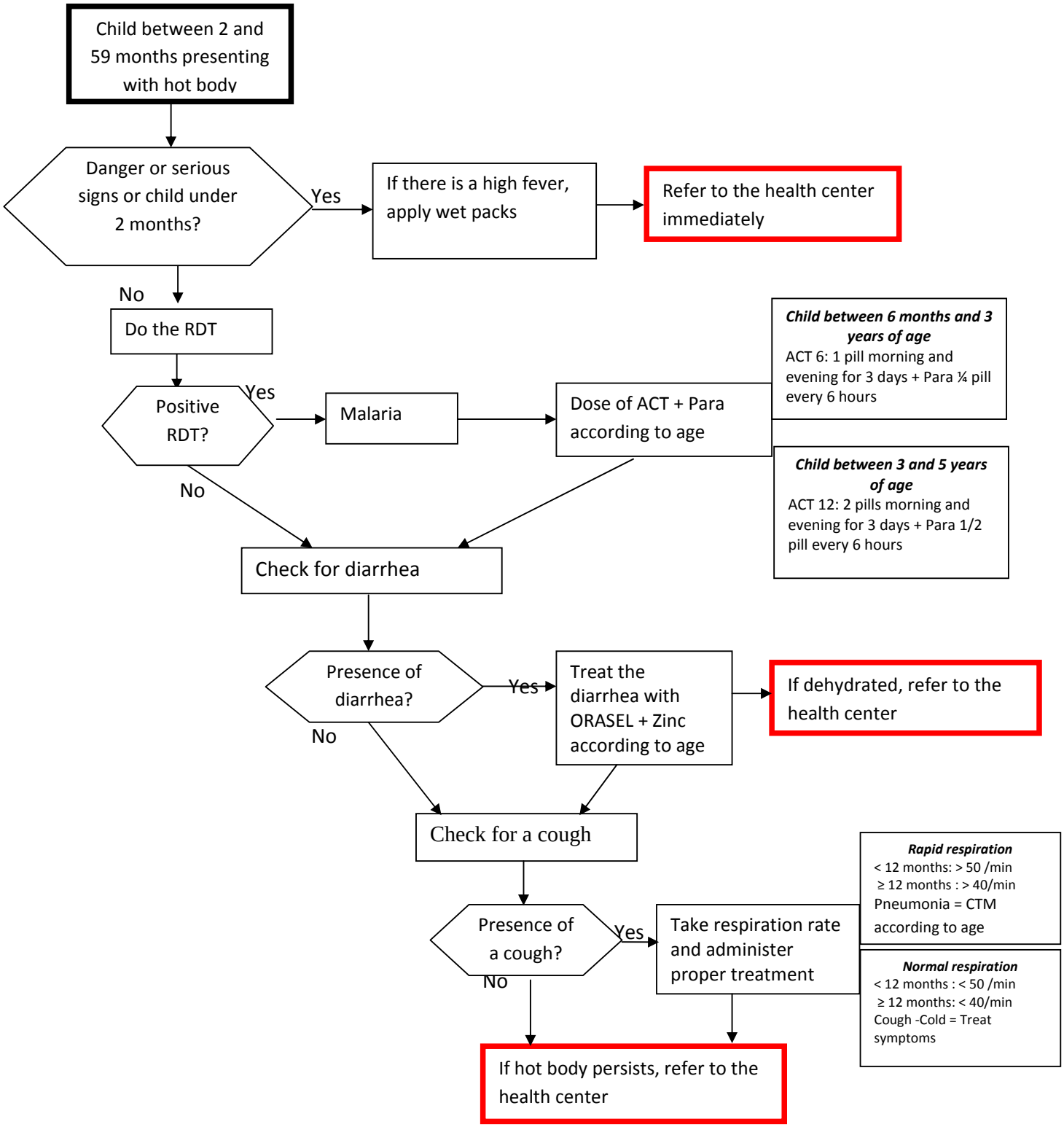
- **Focus areas for a discussion of BASICS Project activities sustainability**

  - The strengthening of communications and collaboration between health zone personnel and the staffs of partner NGOs is vital to the sustainability of BASICS Project achievements.

  - Copargo health zone personnel welcome implementation of the collaborative model at the community level due to the resulting close ties with the communities involved.

This is extremely encouraging from the standpoint of the sustainability of this approach.

- Close collaboration with other partners active in the same areas as BASICS affords an important opportunity for sharing lessons learned, preventing overlapping and replication, and ensuring the sustainability of corresponding achievements.

ANNEXES

COMMUNITY IMCI ALGORITHM WITH RDTs