ADVANCING PARTNERS & COMMUNITIES

COUNTRY PROFILE: BENIN

BENIN COMMUNITY HEALTH PROGRAMS
JANUARY 2014

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COUNTRY PROFILE*

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* Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

ABPF	Association Béninoise pour la Promotion de Famille
AIDS	acquired immunodeficiency syndrome
AS	Aides-soignantes
CHW	community health worker
C-PIHI	Package of High Impact Interventions in Communities/ Paquet d'Intervention à Haut Impact Communautaire
DMPA (IM)	intramuscular Depo-Provera
DNSP	Department of Public Health
DSME	Department of Maternal and Child Health
FAM	fertility awareness methods
FP	family planning
HIV	human immunodeficiency virus
HMIS	health management information system
IMCI	Integrated Management of Childhood Illnesses
IRS	indoor residual spraying
IUD	intrauterine device
MCH	maternal and child health
MOH	Ministry of Health
NGO	nongovernmental organization
ORS	oral rehydration solution
PE	peer educators
PMTCT	prevention of mother-to-child transmission (of HIV)
PPH	postpartum hemorrhage
RC	relais communautaires
SDM	standard days method
SP	sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VCT	voluntary counselling and testing
WASH	water, sanitation, and hygiene

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? *Please list all that you are aware of.* **If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.*	The **Relais Communautaires (RC**) program is the community health program in Benin, named for the current cadre of community health workers (CHWs) doing outreach at the community level. The program is supervised by the Community Health Unit of the Department of Public Health (DNSP). The Department of Maternal and Child Health (DSME) also claims some ownership since the content of the Package of High Impact Interventions in Communities/*Paquet d'Intervention à Haut Impact Communautaire* (C-PIHI) has a significant maternal and child health (MCH) focus. The program is also supported by a variety of international NGOs.[1]

[1] University Research Company/Center for Human Services, Johns Hopkins University Center for Communication Programs, UNICEF, Africare, CARE, International Planned Parenthood Federation, and Catholic Relief Services.

2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	CHWs have been working in Benin for decades through uncoordinated NGO programs. In 2003, the Ministry of Health (MOH) created a guidance document for partners in order to harmonize the roles of CHWs throughout the country. The national RC program was formalized through policy in 2010. The program is currently being reorganized and is scaling up. Efforts are underway to revise the *Directives Nationales* to better articulate the roles and responsibilities of CHWs, as well their motivation and compensation. These are, however, a work in progress.
3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? *Please note specific districts/regions, if known.*	The program operates in mostly rural and peri-urban areas. The program is intended to be implemented nationwide. However, it is more developed in some NGO supported districts. Benin has very limited community health activities in urban areas.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	There is movement within the country to formalize CHWs as a part of the national public health system. This includes moving away from RCs as they provide services currently, to a new cadre of more skilled, paid workers with higher education requirements. This cadre could take on the form of aides-soignantes, or paraprofessional nurses' aides. The current RCs will continue to work, but they will not provide many services; the new cadre will provide community-based injectables, other FP methods, diagnosis of simple malaria, oral rehydration solution (ORS), etc. Scale up of the RC program, as it exists currently, is planned through the United Nations Children's Fund (UNICEF) and U.S. Agency for International Development (USAID)-funded partners in 10 health zones.
5	Please list the health services delivered by CHWs[2] under this program. Are these services part of a defined package? Do these services vary by region?	RCs implement services depending on the NGO partner they work with. Services provided range from vertical programs to more general MCH and primary health care. The MOH does have a package of community health services, the C-PIHI. The C-PIHI includes the following categories: • Preventive family health and water, sanitation, and hygiene (WASH) services • Neonatal care • Nutrition for infants and children • Management of illnesses. These services are not systematically implemented by the RC program.

[2] The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Please note the country-appropriate terminology for various cadres of community health workers.

6	Are family planning (FP) services included in the defined package, if one exists?	FP services are not included in C-PIHI. However, the MOH is currently revising guidelines to incorporate a standardized package of FP services to be provided at the community level.
7	Please list the FP services and methods delivered by CHWs.	RCs are supposed to be able to provide condoms, spermicides, standard days method (SDM)/CycleBeads® and resupply oral pills. These services are noted in training modules but not in the C-PIHI policy document. However, through in-country discussions, very few RCs are actually providing pills, and there are little family planning services being offered. There is Government interest in family planning despite it not currently being part of the formal package of services.
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	At the community level, RCs operate via household visits and community meetings. They refer to facilities for additional services.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	Currently, there are three cadres of CHWs at the community level: *Relais Communautaires*, *Aides-soignantes*, and peer educators. **RCs** are currently the main cadre of CHW. The *Directives Nationales* note that community groups can also play the role of RC. **Aides-soignantes (AS)** are based at health facilities but are responsible for outreach services. This cadre is being discussed as the potential choice for an officially recognized CHW cadre of the MOH. **Peer educators (PE)** also exist at the community level and are supported by various NGOs.		
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Responsibilities vary by CHW cadre. Aides-soignantes have a higher level of training than RCs. All implement C-PIHI; however, the actual services provided depend on the partner NGO regardless of the cadre. Peer educators provide services dependent on the programmatic needs of the implementing NGO.		
11	Total number of CHWs in program? *Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.*	**RCs** A comprehensive mapping and census of community health workers is under way. Currently, 7,000 RCs have been identified. This number only includes a portion of the country. The total number of RCs is not currently known.	**Aides-Soignantes** Information unavailable	**Peer Educators** Information unavailable
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? *Please break this down by cadre, if known.*	There are no current guidelines or criteria for any CHW cadres. *The Directives Nationales* states CHWs are volunteers, live in the locality, and are willing; additional criteria should be determined by the community.		
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. *Please break this down by cadre, if known.*	**RCs** There are training documents, currently with four modules. Training guidelines mandate that training takes place in two sessions spaced a week apart, with each session lasting five days. Training modules include theoretical and practical components.	**Aides-Soignantes** Training is not standardized. Each partner NGO organizes training to suit their project's needs. However, the MOH and other implementing partners have developed and reviewed a standard package of training modules for the AS cadre. This	**Peer Educators** Training is not standardized. Each partner NGO organizes training to suit their project's needs.

		Modules include training on FP, STIs, and HIV. However, because the training is implemented by individual NGOs, training is not standardized. Each partner NGO organizes training to suit their individual needs.	training curriculum is expected to be implemented in the coming year.	
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	**RCs** No, training is planned in modules. However, this varies.	**Aides-Soignantes** Currently, AS training is not standardized and may vary across implementing partners. The new training modules will be a two-year training curriculum.	**Peer Educators** There is no standardization in training.
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	**RCs** Preventive family health and WASH services, including promoting hand washing and latrines, use of mosquito nets, using safe drinking water, using iodized salt, completing vaccinations on time, and providing condoms; neonatal care including encouraging facility-based delivery, care of the umbilical cord, immediate breastfeeding, warming the newborn, knowledge of danger signs, referring for low birth weight, and encouraging the vaccinations provided at birth; nutrition for infants and children including promotion of exclusive breastfeeding, prolonged breastfeeding, complementary feeding, vitamin A supplements, monitoring and managing malnutrition, and deworming; and managing illnesses including the treatment of dehydration with ORS, diarrhea with zinc, malaria with medication, and respiratory infections with antibiotics.	**Aides-Soignantes** Currently most AS work in health centers and are involved in outreach in immunization.	**Peer Educators** Peer educators are utilized in specific NGO-implemented programs, most commonly for HIV/AIDS and FP services.

16	Please list which family planning services are provided by which cadre(s), as applicable.		**RCs**	**Aides-Soignantes**	**Peer Educators**
		Information/ education	Standard days method, intrauterine device (IUD), injectables, implants, oral pills, condoms, and permanent methods (in select areas)	Not applicable	Standard days method, condoms, and oral pills[3]
		Method counseling	Standard days method, condoms, oral pills, and permanent methods (in select areas)	Not applicable	Standard days method, condoms, and oral pills
		Method provision	Condoms, standard days methods, and resupply of pills	Not applicable	Condoms and resupply of oral pills[4]
		Referrals	Initial oral pills, IUDs, injectables, implants, and permanent methods (in select areas)	Not applicable	Condoms (for PEs that do not distribute), oral pills (for PEs that do not distribute), IUDs, injectables, implants, and permanent methods.
17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	**RCs** Yes, RCs distribute ORS, zinc, water purification tabs, antibiotics, malaria medications, mosquito nets, and condoms. Some are now using rapid diagnostic tests for malaria.	**Aides-Soignantes** AS' assist in vaccinations, but do not distribute any other commodities.	**Peer Educators** Certain PEs distribute condoms and resupply oral pills in the community[5]; other PEs do not distribute any commodities.	

[3] Only PEs working with the Association Béninoise pour la Promotion de Famille (ABPF), the IPPF affiliate, provide FP services for condoms and oral pills.

[4] Only PEs working with ABFP provide methods.

[5] PEs working with ABFP

18	Are CHWs paid, are incentives provided, or are they volunteers? *Please differentiate by cadre, as applicable.*	**RCs** The *Directives Nationales* indicates that RCs are volunteers and outlines types of possible motivation, including moral, material, and financial. They do indicate that financial remuneration can be between 10-25,000 CFA/quarter depending on their performance and contracts they have with the local community and the implementing NGO. Guidance is also given on rates for meals, transport, and profit margins on products sold. As part of program scale-up, a standardized payment rate is being discussed by the Government. This plan would pay RCs a base rate (10,000 CFA per quarter) and additional payment linked to their performance, as judged by 10 key performance indicators.	**Aides-Soignantes** Incentives may be provided by the implementing NGO. Incentives can include travel reimbursement or performance-based bonuses.	**Peer Educators** Incentives may be provided by the implementing NGO. Incentives can include travel reimbursement or performance-based bonuses.
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	**RCs** The *Directives Nationales* specifies a range of actors who can and should contribute to financial motivation of RCs, including the village development committees and village or municipal councils, central government, NGOs, and donors. Historically, NGOs (with funding from donor projects) have compensated RCs. As part of program scale-up, the Government is currently discussing encouraging local and municipal governments to compensate RCs from their own budgets.	**Aides-Soignantes** Information unavailable	**Peer Educators** Information unavailable

20	Do CHWs work in urban and/or rural areas?	**RCs** Most RCs operate in rural areas, although some are active in urban areas.	**Aides-Soignantes** Information unavailable	**Peer Educators** Information unavailable
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	**RCs** Yes, guidelines indicate that RCs should be residents and ideally are a member of another type of community group (women's group, income-generating group, etc.).	**Aides-Soignantes** Information unavailable	**Peer Educators** Information unavailable
22	Describe the geographic coverage/catchment area for each CHW.	**RCs** 25-30 households are covered per RC. Ideally each village is served by two RCs.	**Aides-Soignantes** Information unavailable	**Peer Educators** Information unavailable
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	**RCs** Generally by foot	**Aides-Soignantes** Information unavailable	**Peer Educators** Information unavailable
24	Describe the CHW role in data collection and monitoring.	**RCs** RCs use government-approved, standardized tools, including a register for community-Integrated Management of Childhood Illnesses (c-IMCI) and a register for household visits, as well as standard monthly report forms for supervisors to collect data. Due to implementation by different NGOs, partners may use different or additional data collection forms. NGOs collect data from RCs that are shared at the health center and the health zone levels. In some cases, NGOs have trained health system staff to enter data into electronic databases housed at the health zone level. Plans exist to expand and improve the national health management	**Aides-Soignantes** Plans exist to expand and improve national HMIS to include and incorporate data generated by Aides-soignantes.	**Peer Educators** Information unavailable

		information system (HMIS) to include and incorporate data generated by RCs.		

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, the RC program utilizes a decentralized management system. The levels of the program are: • Health zone • Health facility • Village Development Committee • Village Municipal Council
26	Is the MOH responsible for the program, overall?	Yes, the MOH has overall responsibility for the program and is determined to enact this stewardship role, both for community health policies and actual linkages to the formal health system.
27	What level of responsibility do regional, state, or local governments have for the program, if any? *Please note responsibility by level of municipality.*	Currently, supervision of RCs and Aides-soignantes occurs at the health facility level. PEs are supervised by the implementing NGO.
28	What level of responsibility do international and local NGOs have for the program, if any?	The MOH encourages NGOs to actively engage local and municipal authorities. International NGOs often provide technical assistance and funds to implement community health programs, either directly or via local NGOs. They are responsible for ensuring good communication and links between the RCs, Aides-soignantes, and PEs they work with, and the health system and local government.
29	Are CHWs linked to the health system? Please describe the mechanism.	Yes, RCs and Aides-soignantes are linked to the health system through supervision and referral mechanisms. PEs are not formally linked to the health system. They provide health services through independent NGOs.
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	Health zone staff, facility staff, and health area staff have supervisory responsibility over RCs and Aides-soignantes, as well as local village development committees and village or municipal councils. RCs and Aides-soignantes can also be supervised by NGOs/projects staff. This can be done in conjunction with facility-based staff; however it is dependent on the implementing NGO/project. Peer educators are supervised by the implementing NGO.

31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	RCs and Aides-soignantes refer to health facilities. The lowest level of facility is called *Centre de Sante d'Arondissement*, next is *Centre de Sante de Commune*, and then *Hopital de Zone*. They utilize referral/counter-referral forms to facilitate referrals to public facilities. Peer Educators refer to the *Association Béninoise pour la Promotion de Famille* (ABFP) clinics; referral locations may change based on the implementing NGO.			
32	Where do CHWs refer clients specifically for FP services? *Please note by method.*		**RCs**	**Aides-Soignantes**	**Peer Educators**
		SDM/fertility awareness methods (FAM)	Not applicable	Not applicable	Not applicable
		Condoms	Not applicable	Not applicable	ABPF clinics for PEs who are not able to provide
		Oral pills	Centre de Santé d'Arondissement (for initial only, subsequent packs are provided by RCs)	Not applicable	ABPF clinics for PEs who are not able to provide
		Intramuscular Depo-Provera (DMPA (IM))	Centre de Santé d'Arondissement	Not applicable	ABPF clinics
		Implants	Centre de Santé d'Arondissement	Not applicable	ABPF clinics
		IUDs	Centre de Santé d'Arondissement	Not applicable	ABPF clinics
		Permanent methods	Hospitals	Not applicable	ABPF clinics
		Emergency contraception	Information unavailable	Not applicable	ABPF clinics
33	Are CHWs linked to other community outreach programs?	Yes, RCs are frequently included in routine outreach conducted by the health facility, or other development-oriented outreach, including non-health sectors. Aides-soignantes are very active in vaccination campaigns.			

34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	The *Directives Nationales* note that monthly group meetings of RCs are encouraged for knowledge sharing. Partner NGOs play a large role in the programmatic implementation and communications between RCs. There is currently limited, and mostly informal, sharing of knowledge among various NGOs funded by donors.
35	What links exist to other institutions (schools, churches, associations, etc.)?	RCs are linked to other community associations and groups, as they are often members of those groups. This linkage is informal, however. Similarly, Aides-soignantes' linkages to other institutions are informal. They attend schools of medicine. However, these are not directly linked to the public sector health system.
36	Do vertical programs have separate CHWs or "share/integrated"?	RCs have often been organized vertically according to national programs (malaria, HIV, etc.), although one RC might be involved in/employed by several of these national programs. The MOH plans to standardize programs so all RCs implement C-PIHI systematically.
37	Do they have data collection/reporting systems?	Yes, RCs use government-approved, standardized tools, including a register for c-IMCI and a register for household visits, as well as standard monthly report forms for supervisors to collect data. Due to program implementation by different NGOs, partners may use different or additional data collection forms. Plans exist to expand and improve national HMIS to include and incorporate data generated by Aides-soignantes.
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	Historically, significant funding for implementation has come from donors and NGOs. The Government is currently discussing the encouragement of local and municipal governments to compensate RCs from their budgets. UNICEF experimented with a gradual approach to local government compensating RCs, with UNICEF paying RCs for the first 18 months and negotiating with local governments to take over subsequently. Three zones have adopted a performance-based financing scheme to pay RCs.
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHWs are supplied at the health facilities.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	Information unavailable

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? *Please provide a link if available online.*	Yes, the *Directives Nationales pour la Promotion de la Santé au Niveau Communautaire 2010*. Revisions to this policy are currently under discussion.
42	Is the community health policy integrated within overall health policy?	Yes
43	When was the last time the community health policy was updated? (months/years?)	The policy was last updated in 2010.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The program is implemented nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	The policy dictates a defined package of services, the C-PIHI, which outlines the services to be provided by CHWs and under what circumstances.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	There are no family planning-specific policies at this time. However, consideration is being given to a community-based administration of injectables pilot using Aides-soignantes.

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO BENIN COMMUNITY HEALTH SERVICE PROVISION

Intervention		Relais Communautaire				Aides-Soignantes				Peer Educators			
Family Planning	*Services/Products*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*	*Information/ education*	*Counseling*	*Administered and/or provided product*	*Referral*
	SDM/FAM	X	X	X						X	X		
	Condoms	X	X	X						X	X	X	
	Oral pills	X		X (resupply)	X (initial)					X	X	X	X
	DMPA (IM)	X			X								X
	Implants	X			X								X
	IUDs	X			X								X
	Permanent methods	X			X								X
	Emergency contraception	X											
HIV/AIDS	Voluntary counselling and testing (VCT)	X			X								
	Prevention of mother-to-child transmission (PMTCT)	X			X					X			

MCH	Misoprostol (for prevention of postpartum hemorrhage - PPH)												
	Zinc	X	X	X									
	ORS	X	X	X									
	Immunizations	X	X		X	X	X	X					
Malaria	Bed nets	X	X	X	X								
	Indoor residual spraying (IRS)												
	Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP)			X									
Integrated Management of Childhood Illnesses (IMCI)	Antibiotics	X	X	X									

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