For the Republic of Benin to reach its goal of nearly eliminating malaria by 2030, Beninese families need malaria education, prevention tools like long-lasting insecticidal nets (LLINs), access to preventive treatment for pregnant women, rapid diagnosis and prompt treatment in their own villages and neighborhoods.

ARM3 has worked closely with the Ministry of Health of Benin to revise policies, guidelines, and tools for integrated community case management (iCCM).

The project also strengthened the capacity of local NGOs and supported several health zones to recruit, train, equip, and supervise a large cadre of voluntary community health workers (CHW) for integrated community case management. Residents in these areas can get rapid diagnostic testing and treatment in their own villages or neighborhoods.

In addition, ARM3 assisted the NMCP in introducing injectable and rectal artesunate in hospitals for more effective treatment of severe malaria.

The community-based case management system contributed significantly to overall results of ARM3:

- 23% of pregnant women who received IPTp2, 2011
- 12% of malaria-related mortality rate, 2011
- 67% of pregnant women who received IPTp2, 2017
- 1% of malaria-related mortality rate, 2017

Fresh from a five-day training in case management, a CHW examined a small village boy with convulsions and other symptoms of severe malaria. While his parents were reluctant to make the 10 km trip to a health facility, the CHW knew he had to insist. He arranged transport and even accompanied the family by motorcycle. Unlike others who had not made the trip, the child survived.

Later, the public-health doctor who had trained the CHW came to check on the child’s progress. Rather than the suspicion with which villagers often greet officials, he received a warm welcome. Recognizing the value of his training, villagers gifted him with a sheep.
Policies and protocols: ARM3 provided technical assistance to the NMCP to:

- Develop standard operating procedures (SOP), manuals, and curricula to align with the World Health Organization’s malaria protocol, in a way that is tailored to the Beninese environment;
- Produce standard tools for community-level data quality assessments

Training: ARM3 supported the NMCP in training

1456 community health workers in case management, including rapid diagnostic testing and when to refer patients to a facility; plus

178 members of NGOs and district health departments.

mHealth: From 2011-15, ARM3 assisted the Benin Ministry of Health to introduce an mHealth program. The program equipped 136 community health workers in two health zones with android phones and solar chargers for collecting community-level health data and receiving health care support via the mobile-health platform CommCare. ARM3 also provided technical assistance on CommCare to related programs in Benin: Advancing Newborn, Child, and Reproductive Health (ANCRE) and Advancing Partners and Communities (APC).

CONTEXT
Malaria is endemic throughout Benin. Among pregnant women and children under five, it is the leading cause of illness and death.

The disease also stunts the economy. The World Bank estimates that Beninese households spend 25 percent of their income on preventing and treating malaria.

An estimated 90 percent of the population lives more than 10 km from a health center, making it vital to offer basic malaria services at the community level.

www.mcdinternational.org

For more information:
Luis Tam, MD, DrPH
Director of International Division
Ltam@mcd.org; 1-301-562-1920

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