

## Accelerating the Reduction of Malaria Morbidity and Mortality (ARM3) | BENIN

# Intermittent Preventive Treatment: Helping Pregnant Women Protect Themselves from Malaria



Malaria is endemic in Benin. Everyone in the country is vulnerable, but the disease poses particular risks for pregnant women and infants. Women are three times more likely to develop the severe, more lethal version of malaria when they are pregnant, and it can harm or kill unborn children.

Efforts to prevent malaria in pregnant women are therefore a key part of the country's malaria strategy, which sets a course to eliminate malaria as a public health threat by 2030.

Intermittent preventive treatment of malaria during pregnancy (IPTp) plays a vital role in keeping pregnant women and their children safe.

## ARM3 AT A GLANCE

**DONOR:** USAID/PMI

**PERIOD:** 2011–2018

**PRIMARY OBJECTIVE:** To assist the Government of Benin (GOB) to rapidly and significantly reduce both the number of malaria cases and malaria-related mortality, as part of its efforts to bring malaria deaths to zero and eliminate malaria as a public health threat by 2030.

**MAIN APPROACH:** ARM3 technical experts worked closely with Benin's National Malaria Control Program (NMCP) to intensify malaria interventions and surveillance at all levels, with continuous capacity building including training, coaching and mentoring of NMCP and health-facility staff.

**SUSTAINABILITY:** The ARM3 methodology was designed for sustainability. In 2014, ARM3 transitioned from an implementing role to an advisory role. The NMCP is now fully in charge of malaria interventions.

**NATIONAL IMPLEMENTERS:** National Malaria Control Program (NMCP) of Benin with technical assistance from Medical Care Development International and other partners.

**POPULATION REACHED:** Over 11 million—the entire population of Benin—in all 34 health zones.





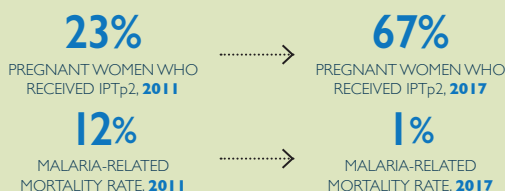
## CONTEXT

**Malaria takes an enormous toll on Benin's population and economy.**

**It is the leading cause of morbidity and mortality among pregnant women and children under five.**

**In addition, the World Bank estimates that Beninese households spend 25 percent of their income on preventing and treating malaria.**

### OVERALL RESULTS OF ARM3:



## CHALLENGE

Along with other prevention methods, providing doses of sulfadoxine-pyrimethamine (SP) to pregnant women during antenatal visits has been a vital part of the Government of Benin's (GOB) malaria strategy.

Yet in 2011, only 23% of pregnant women received the recommended two rounds (IPTp2), according to the 2012 Demographic and Health Survey.

In 2014, GOB began to promote three doses of SP (IPTp3), in accordance with new World Health Organization recommendations—further raising the challenge for the country's health system. Many countries have faced difficulties in attaining high coverage of IPTp3, and Benin is no exception. Steady progress has nonetheless been made from 2011–2017, with 31% of pregnant women protected.

## STRATEGY

Together with the National Malaria Control Program (NMCP), ARM3 worked intensively to:

- Offer in-service training for existing public- and private-sector health workers;
- Improve supervision and mentoring of health workers to follow prevention and case management guidelines;
- Improve malaria curricula at Benin's major medical education institutions; and,
- Conduct behavior change communication (BCC) campaigns to encourage pregnant women to take IPTp at antenatal clinics.

Health care providers were trained in preventing and treating malaria among pregnant women—as well as in direct malaria education. In addition, the project's large-scale behavior change communication (BCC) campaigns nudged pregnant women to request and take IPTp when visiting antenatal clinics.





## ARM3 METHODS THAT PROMOTED UPTAKE OF IPTp

- 1,570** public sector health workers trained on IPTp
- 380** private sector health workers trained on IPTp
- 18** partnerships with local NGOs for community outreach for IPTp in 25 health zones
- 140,000+** copies of BCC materials on IPTp and other malaria prevention methods distributed
- 1,000+** copies of facilitator guides and participant manuals on IPTp for trainings distributed
- 15** radio stations to broadcast programs and spots with malaria messages—reaching approximately 4.5 million—nearly half the country's population



### Large-scale behavior change communication

ARM3 assisted the NMCP in implementing a wide range of BCC interventions.

**Message development.** ARM3 helped the NMCP to develop, test, and validate messages about the importance of pregnant women taking at least two rounds of IPTp at prenatal clinics and of seeking testing and treatment promptly in case of fever. Messaging also reminded people that malaria testing and treatment are free of charge for pregnant women and small children.

**Social mobilization** involved whole communities in malaria education and in the

promotion of positive behaviors regarding malaria, including taking IPTp<sup>2</sup>. Mobilization took many forms, including using town criers, festivals, infotainment on the radio and organizing public meetings.

**Mass media.** Since most Beninese rely on radio for news and entertainment, the project assisted the NMCP to develop contracts with 15 radio stations to air BCC programs, spots, and messages. The stations delivered thousands of messages. Some devised live contests where community members could test their knowledge on malaria and win prizes.



## ACKNOWLEDGEMENTS

ARM3 and MCDI would like to thank the many dedicated staff and consultants who have contributed their time and expertise to the Accelerating the Reduction of Malaria Morbidity and Mortality project.

We recognize the Ministry of Health in Benin for its close partnership in making ARM3 an outstanding and sustainable success.

Finally, we gratefully acknowledge the support of USAID, PMI, and the American people for funding this important project, with special recognition to the USAID Benin Country Office for its dedication to strengthening the health system and improving the health of the people of Benin.

[www.mcdinternational.org](http://www.mcdinternational.org)



**For more information:**

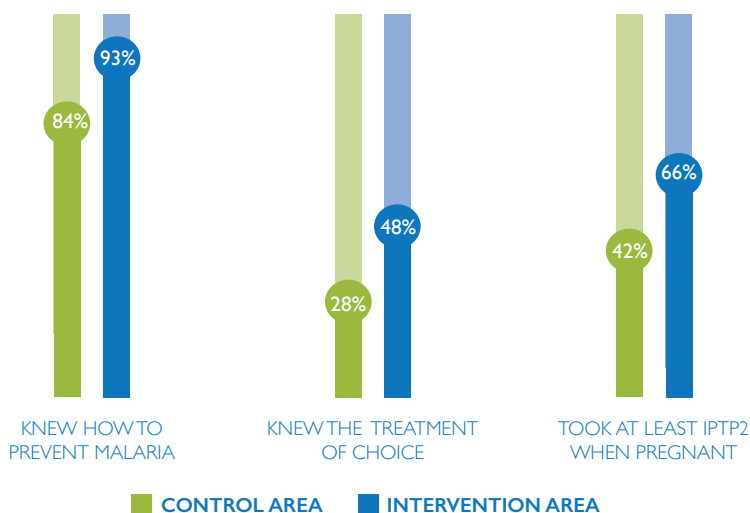
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## BCC NUDGED PREGNANT WOMEN TO TAKE IPTp2 AND IPTp3

To evaluate the BCC interventions, including their contributions toward the demand for IPTp, researchers in two administrative departments randomly sampled women visiting clinics about their knowledge and behavior: Mono-Couffo served as the control area, with little explicit BCC. Ouémé-Plateau was the intervention zone, where active BCC was practiced—on the airwaves, in community events, and door-to-door.

Below is a comparison of the knowledge and behavior of women surveyed in the control vs the intervention group.



## TOWARD SUSTAINABILITY

ARM3 personnel have worked hand-in-hand with their colleagues at the National Malaria Control Program to strengthen the organization so that it can meet government targets of nearly eliminating malaria by 2030.

In addition to developing standards, manuals, and trainings, ARM3 has employed an innovative capacity building method designed to foster sustainability. ARM3 personnel, mostly Beninese themselves, are integrated into NMCP teams and each works directly with an NMCP counterpart. ARM3 experts provide technical guidance, coaching and mentoring to their counterparts as needed—an extremely effective form of capacity building. NMCP staff frequently note improvements in confidence as well as technical skills.

**Thanks to the vision and concerted efforts of both ARM3 and NMCP personnel, the NMCP is now fully in charge of implementing malaria interventions throughout Benin. In 2014, ARM3 transitioned from an implementing role to an advisory role.**

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