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MCDI MEDICAL CARE DEVELOPMENT INTERNATIONAL

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

Helping Pregnant Women Protect Themselves from Malaria

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.

CHALLENGE

Malaria is the leading cause of mortality for both pregnant women and children under five in Benin. Along with other prevention methods, providing treatments of sulfadoxine-pyrimethamine (SP) to pregnant women during antenatal visits is a key part of the Government of Benin's (GOB) malaria strategy.

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

In 2014, the GOB began to promote three rounds of IPTp (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.

RESPONSE

To assist the National Malaria Control Program (NMCP) to provide adequate IPTp, ARM3 worked intensively with the program 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 the malaria curricula at Benin's major medical education institutions;
- Conduct behavior change communication (BCC) campaigns to encourage pregnant women to take IPTp at antenatal clinics.

RESULTS

The percentage of pregnant women who received IPTp2 grew from 23% in 2011 to 67% in 2017, according to the country's malaria information system.

23% PREGNANT WOMEN WHO RECEIVED IPTp2, **2011** → **67%** PREGNANT WOMEN WHO RECEIVED IPTp2, **2017**

While the overall mortality rate from malaria:

12% IN 2011 → **1%** IN 2017

ARM3: Helping Pregnant Women Protect Themselves from Malaria

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.

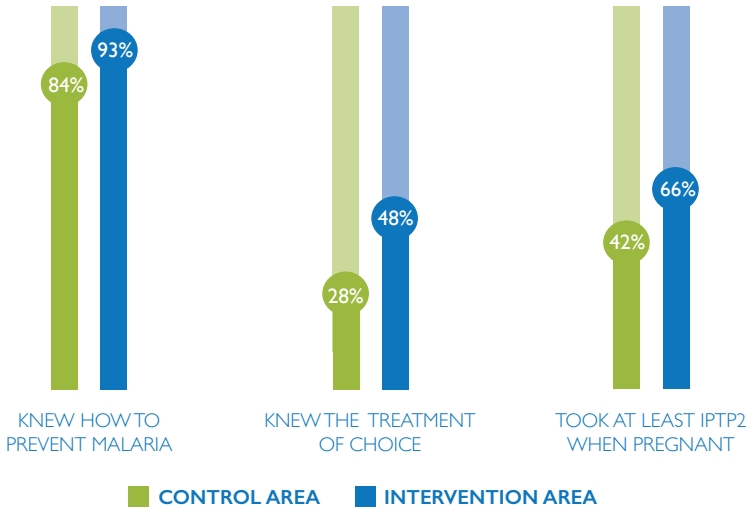
An estimated 90 percent of the population lives more than 10 km from a health center, making it vital to offer basic malaria services at the community level.

METHODS

ARM3 methods that promoted IPTp:

- **1,570** public sector HW trained on IPTp
- **380** private sector HW 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 distributed
- **1,000+** copies of facilitator guides and participant manuals on IPTp for trainings distributed
- **15** radio stations to broadcast programs with malaria messages

To evaluate the BCC interventions, including their contributions toward the demand for IPTp, two administrative departments randomly sampled women visiting clinics about their knowledge and behavior. Mono-Couffo served as the control area, and Ouémé-Plateau was the intervention zone, where active BCC was practiced. Below is a comparison of the women surveyed:



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