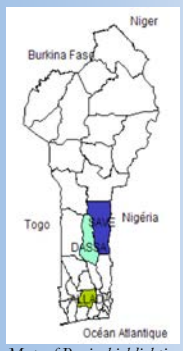
Community Partnerships for Quality of Care in Benin

PROJECT DATES
September 2010 – September 2014

PROJECT BUDGET
USAID contribution: $1,749,780
Center for Human Services contribution: $437,445

LOCATION
Allada/Ze/Toffo (AZT), Dassa/Glazoue (DAGLA), and Save/Ouesse (SAO) Health Zones, Benin

CONTEXT
Community health workers (CHWs) are an essential part of the health system in Benin, where under-5 mortality (121 per 1,000 live births) and maternal mortality are key concerns. CHWs provide high-impact interventions to treat child illnesses and provide health education, yet they often lack motivation, in part due to a low level of community participation in CHW activities. In 2010, the Ministry of Health implemented performance-based financial incentives for CHWs. The policy may improve performance in the short-term, but there is evidence that financial incentives are insufficient to sustain motivation and retention. PRISE-C tested a strategy to address these non-financial issues in rural areas in three of Benin's "health zones." (Data source: *Countdown to 2015*: Benin)



Map of Benin highlighting the targeted health zones (Source: Center for Human Services)

BENEFICIARY POPULATION
Total population in the project area: 762,928
18,269 women of reproductive age (15–49 years)
13,821 children under 5 (0–59 months)

PROJECT AT A GLANCE

	Maternal	Newborn	Child
Household	✓	✓	✓
Community	✓	✓	✓
Facility			
District			
National			

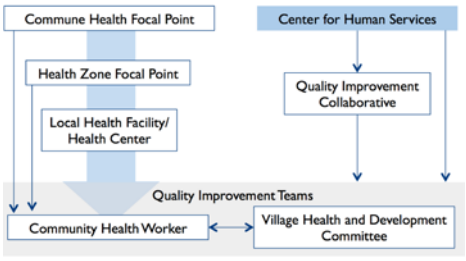
Project Approach

Community health workers (CHWs) are a well-established cadre for delivering high-impact maternal and child health interventions in Benin, but the Ministry of Health has struggled to motivate them to perform at a high level and stay in their positions. Often, lack of community participation in CHW activities compounds this issue. PRISE-C aimed to increase community demand for community health services and engagement with CHWs and to strengthen the performance and sustainability of the community health delivery system.

PRISE-C's central innovation was adapting the Quality Improvement (QI) Collaborative — a proven model for improving performance at facilities — to community level. Under the model, multiple QI teams meet regularly to share data and foster mutual learning for more rapid scale-up. Specifically, the project tested whether adding community-level QI collaboratives would improve CHW performance and retention more than the government's performance-based financial incentives alone. At the same time, CHWs were supported to provide high-quality services for malaria, diarrhea disease, and acute respiratory infections and promote a full package of maternal and child health services.

DESIRED OUTCOME	MAIN ACTIVITIES AND SELECTED OUTPUTS
Increase community engagement with the community health delivery system to create a conducive environment for the promotion of child and maternal health	✓ 95 villages assessed using a participatory diagnostic tool, leading to selection of 118 CHWs ✓ 32 QI teams (in research zone villages) and 63 village health and development committees (in comparison zone villages) created and provided with technical support
Increase demand for community preventive and curative services through behavior change communication	✓ 31,788 quarterly/periodic home visits conducted by CHWs ✓ 4,249 group education sessions led by CHWs
Strengthen performance and sustainability of the community health delivery system	✓ 118 CHWs trained in the High-Impact Invention Package for Communities ✓ 109 CHWs trained in Community-Based Integrated Management of Childhood Illness standards ✓ 38 CHW supervisors trained; zonal trainers established

Partnerships



Across Benin, the Village Health and Development Committee (the village chief and two elders) has primary community-level responsibility for the well-being of pregnant women and children. These committees have a role in selecting CHWs and legitimizing their work. They also collaborate on health education activities. Local health facilities support the committees in this role, with the nurse at the local health center typically supervising CHWs. In the PRISE-C research zone, village committees, CHWs, and a broad spectrum of community members served on QI teams, which in turn formed the QI collaboratives.

COMMUNITY PARTNERSHIPS FOR QUALITY OF CARE IN BENIN

Collaboratives Improve CHW Performance, if Not Retention

Operations research carried out in three health zones in Benin indicates that combining a QI Collaborative approach and financial incentives for CHWs improves performance when compared with a program of financial incentives alone, but makes no difference for retention.

Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys carried out with mothers/caregivers of children under 2 years at baseline (2011; n=900) and endline (2014; n=900), as well as focus group discussions, in-depth interviews, site visits, and reviews of project and strategy/policy documents.

- **Community Engagement.** PRISE-C effectively engaged communities and the community health delivery system (Figure 1). Village representation at monthly CHW supervision meetings increased progressively during the project period. Focus groups and interviews indicated that community members attributed a decrease in child illness to the proximity of services available through the CHW.
- **Maternal and Child Health Practices.** Use of community health services increased, but behavior change results were mixed; some indicators improved but many exhibited no significant difference at endline (Figure 2). The 2012 DHS also saw a reduction in some vaccination coverage compared with 2006, so this may be part of a larger trend.
- **Quality of Services.** Evaluation findings suggest that the QI teams contributed to improved CHW performance. CHWs became a substantial source of service provision, with more than 50 percent of cases of malaria, diarrhea, and acute respiratory infections being treated by CHWs by 2014 in the intervention area (from zero treated by CHWs at baseline).

Lessons Learned

- **Performance Incentives.** Financial incentives are useful for improving CHW performance, but are more effective when combined with heightened supervision and engagement, as through the QI Collaborative approach. The model should be considered for scale-up across other zones.
- **CHW Supervision and Support.** When PRISE-C scaled back supervision in late 2012, behavior change progress declined, so the project re-intensified its efforts. As one Ministry of Health division chief stated, "When the project lets up on supervision, indicators decline. CHWs need supervision and support, we need an adequate number of CHWs, we need supervisors." The fact that gains can erode quickly underscores the importance of timely, high-quality monitoring data for course correction.
- **Data Use and Performance.** Data-use aspects of the QI Collaborative, when QI teams examine their data in testing changes to improve health-seeking behavior and health promotion, appear to pay off with higher performance, as measured by coverage.

Contact for More Information

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Figure 1. Maternal Engagement in Community Health Services

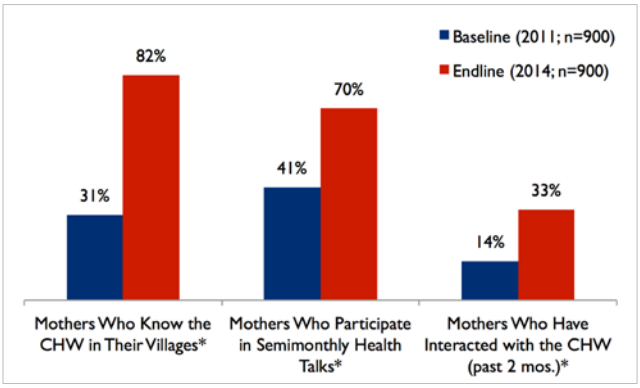
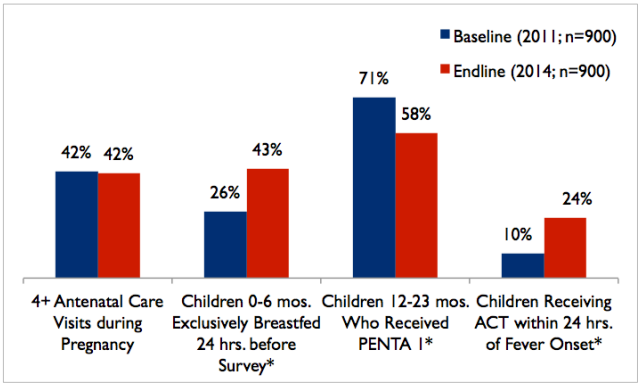


Figure 2. Maternal and Child Health Practices



** indicates statistical significance at p<0.05*

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