

Research Article

Evaluation of the Implementation of the National Community Health Policy in the Bembèrèkè-Sinendé Health District, 2023

Maurice Togbédji Agonnoudé^{*} , Goudi Orou-Bodedjo ,
Corine Yessito Houéhanou , David Sègbegnon Houédo 

National School of Public Health and Epidemiology (ENATSE), University of Parakou, Parakou, Benin Republic

Abstract

In a context shaped by the Sustainable Development Goals and the pursuit of Universal Health Coverage, the National Community Health Policy (NCHP) stands as a crucial pillar to achieve these goals by redirecting healthcare systems towards primary healthcare. The aim of this study was to assess the implementation of the NCHP in the Bembèrèkè-Sinendé health district (BSHD). This was an evaluative cross-sectional observational study with an analytical approach. A census of all active healthcare facilities in the two municipalities of the health district was conducted. A total of 28 health establishments, were included. Activity coverage rates ranged from high for home visits (46.9%) to low for other activities. Awareness raising (89.3%) and educational discussions (100%) are well conducted, while practical demonstrations and home visits encounter challenges. No significant association was found between the independent variables and the quality of the activities implemented. The results of this study provide valuable insight into the implementation of the NCHP in the BSHD. They highlight the need to strengthen the training of heads of posts. In addition, they point to the neglect of home visits in the delivery of community health care.

Keywords

Health Policy, National Community Health Policy, Process Evaluation, Bembèrèkè-Sinendé Benin

1. Introduction

The Sustainable Development Goals (SDGs), by positioning health as a universal value, have opened the field to numerous experiments to promote universal health coverage (UHC) [1, 2]. Nearly two billion people around the world are facing catastrophic health expenses or causing their impoverishment. To rebuild better, WHO recommends reorienting health systems towards primary health care (PHC). Most (90%) of the essential UHC interventions can be implemented through primary health care, which could also make it possi-

ble to achieve 75% of the progress in the field of health that is expected to be achieved through the SDGs [3, 4]. In addition, it is community health that is the main vector for the promotion of primary health care [1, 5, 6]. To achieve UHC [7], Benin has just adopted its National Community Health Policy (NCHP) for the period 2020-2024 with the objective of expanding access to health care, through community relays (CR), designated at the general assembly by the members of each community. They have been trained and supported by

^{*}Corresponding author: amaurte@yahoo.fr (Maurice Togbédji Agonnoudé)

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non-governmental organizations and the Ministry of Health to provide education and basic health services. As members of the community [8, 9], these volunteers should mobilize their legitimacy to identify and solve daily health problems, an important point for remote populations who live in localities that are difficult to access health centers [1]. Since the beginning of the implementation of this new national community health policy [7, 8], it is not known if the activities are being implemented as planned. That is why the general objective of this study is to evaluate normatively, the process of implementation of the NCHP in the health district Bembèrèké-Sinendé in 2023.

2. Setting, Materials and Method

This study took place in the Bembèrèké-Sinendé health district (BSHD), one of the four health districts of the Borgou department in Benin. With an area of 5,698 Km² and a population of 279,840 inhabitants [4, 8–10], this health zone of two municipalities is subdivided into nine districts and 101 villages or city districts. It was an evaluative cross-sectional observation study with an analytical aim. We carried out a census of all the health facilities in operation in the two municipalities of the health district. The data collection took place over a two-week period, from August 09 to 23, 2023 at all the post chiefs of the health units in the BSHD. As for the data collection technique, it was initially a question of an individual interview structured by self-administered questionnaire online via the KoboToolbox platform. Secondly, we had carried out a verification of the reports of the various activities carried out. The dependent variable was the quality of the activities defined as the synthesis of the adequacy of the activities carried out (awareness raising of the population, educational talks, practical demonstrations and home visits) with those planned by the NCHP and the coverage of the targets by these activities. The independent variables were contextual (municipality of belonging and level of the health facility in the health pyramid) and individual (gender, marital status, seniority in the position, professional experience, professional category of the implementation staff). The data processing and analysis was done with the R.4.2.2 software. To study the association between the dependent variable and the independent variables, the prevalence ratio (PR) with its

95% confidence interval (CI) was used. A binary logistic regression model has been adjusted to identify the explanatory factors in multivariate analysis. A significant threshold of .05 was used.

3. Results

3.1. Descriptive Characteristics Implementation Staff

A total of 28 health facilities were included in the study. These were mainly dispensaries or maternity hospitals (71.0%) and the municipality of Bembèrèké (53.6%). The implementation staff were mostly state-certified nurses or midwives (78.6%), with a median age of 30 years, male (60.8%), married (75%), with more than two years of professional experience (75.0%).

3.2. The Activities of the National Community Health Policy: Adequacy, Coverage and Quality

In 100%, almost 89.3% and 60% of cases, respectively, educational talks, awareness-raising and practical demonstrations were carried out according to forecasts. On the other hand, in only 3.6% of the health facility, home visits were carried out in accordance with the forecasts.

The target coverage rates by activities were 2%, 2.7%, 3% and 46.9% respectively for practical demonstrations, educational talks, awareness-raising and home visits.

Almost 39.2% of NCHP activities are classified as poor quality. This suggests that there are significant problems or challenges in the implementation of these activities. Table 1 below shows the quality of implementation of the activities of the NCHP in the ZSBS.

3.3. Factors Influencing the Quality of National Policy Activities

Table 2 shows that no independent variable is statistically significantly associated with the quality of the activities of the NCHP.

Table 1. Descriptive Characteristics (setting, implementing worker, activities) of the NCHP, Bembèrèké-Sinendé health district, 2023 (n=28).

	Frequency	
	Absolute	Relative (%)
Level of the health centre in the national pyramid		
- Rural health unit	3	11.0
- Isolated dispensary or maternity hospital	20	71.0

	Frequency	
	Absolute	Relative (%)
- Municipality or local health centre	5	17.6
Municipality of the Health facility		
- Bembèrè	15	53.6
- Sinendé	13	46.4
Age class (years)		
- Less than 30	14	50.0
- 30 and more	14	50.0
Gender of the health centre manager		
- Male	17	60.8
- Female	11	39.2
Seniority of the manager in the post (years)		
- Less than 2	14	50.0
- 2 and more	14	50.0
Professional experience (years)		
- Less than 2	7	25,0
- 2 and more	21	75,0
Professional training of health centre manager		
- State certified nurse or midwife	22	78,6
- Others (undergraduate nurse or physician)	6	21,4
Marital status		
- Married	21	75.0
- Single	7	25.0
Awareness-raising as planned		
- No	3	10.7
- Yes	25	89.3
Practical demonstrations as planned		
- No	11	39.3
- Yes	17	60.7
Home visits as planned		
- No	27	96.4
- Yes	1	3.6
Quality of implementation		
- Poor	11	39.2
- Good	17	60.8

Table 2. Coverage rate of National community health policy activities Bembereke Sinende Health District, 2023.

Activites' types	Coverage rate (%)	Confidence Interval	Min-Max
Awareness-raising	3.0	1.0 - 14	0.0 - 24.2
Educative talks	2.7	1.9 - 4.1	0.2 - 19.7
Practical demonstrations	2.0	8.0 - 10	0.0 - 67.5
Home visits	46.9	15.0 - 77	0.8 - 97.0

Table 3. Quality of National community health policy activities in Bembereke Sinende Health district according to independent variables (n=28).

	nT	Quality of activities = poor		Bivariate analysis			Multivariate model		
		ni	%	PR	CI 95%PR	p	Adj-PR	CI 95%PR	p
Level of the health centre in the national pyramid									
- Rural health unit	3	2	66,7	1	-		1		
- Isolated dispensary or maternity hospital	20	6	30,0	0,21	0,02 – 2,84	0,243	0,32	0,01 – 7,99	0,488
- Municipality or local health centre	5	3	60,0	0,75	0,04 – 15,0	0,851	0,78	0,02 – 29,51	0,892
Municipality of the HC									
- Bembereke	15	8	53,3	1	-		1		
- Sinende	13	3	23,0	3,81	0,74 – 19,66	0,110	1,61	0,17 – 14,85	0,675
Age class (years)									
- Less than 30	14	5	35,7	1			1		
- 30 and more	14	6	42,9	1,35	0,30 – 6,18	0,699	0,53	0,05 – 5,79	0,604
Gender of the health centre manager									
- Male	17	4	23,5	1	-		1		
- Female	11	7	63,6	1,23	0,26 – 5,85	0,799	1,13	0,10 – 10,02	0,921
Seniority of the worker in the post (years)									
- Less than 2	14	8	57,1	1	-		1		
- 2 and more	14	3	21,4	2,4	0,46 - 12,14	0,300	2,37	0,19 – 30,36	0,508
Professional experience (years)									
- Less than 2	7	3	42,9	1	-				
- 2 and more	21	8	38,1	0,82	0,14 - 4,66	0,823			
Professional training of health centre manager									
- State certified nurse or midwife	22	8	36,4	1,0	-		1		
- Others (undergraduate nurse or physician)	6	3	50,0	1,75	0,28 – 10,81	0,547	1,57	0,10 – 24,84	0,750
Marital status									
- Married	21	10	47,6	1			1		
- Single	7	1	14,2	0,18	0,02 – 1,80	0,145	0,21	0,01 – 3,84	0,289

4. Discussion

The present study was undertaken with the aim of evaluating the implementation of the NCHP in the BSHD. The process of implementing the activities was evaluated compared to the standard formulated by the NCHP [8]. However, several elements lead us to relativize the scope of our conclusions.

We used an evaluative cross-sectional study with an analytical aim that was adapted to the objective of the study. But the collection of data was done through interviews as well as the analysis of activity reports given the time constraints. Indeed, in this context of process evaluation, the ideal would be to use a participant observation to observe the actors in situation during the realization of these activities. In addition, the relatively limited number of health units in the health zone, and the lack of resources that did not allow us to extend the study to several health zones, did not allow us to have sufficient power to detect all the explanatory factors of the quality of the implementation of activities. Despite these limitations, we have achieved results that are not lacking in interest.

4.1. Adequacy of the Implementation and Coverage of Community Health Activities

An important finding lies in the fact that the adequacy in the realization of the activities with respect to the guidelines of the NCHP was great for most of them except for home visits which were carried out adequately in only 3.6% of the health establishments. On the other hand, the coverage of the targets by these activities was low for all activities apart for home visits. This therefore means that the activities carried out adequately did not sufficiently cover the targets while the only activity that reached the targets (home visit) was not carried out adequately. These results suggest the need for a thorough analysis of the implementation strategies of each activity. It may be useful, for example, to examine why home visits have been so successful and whether they could be used as a model to improve coverage of other activities. We can think that the actors responsible for this activity, who are community relays, being themselves in the community, have more difficulty in reaching the targets, but the problem of their competence and their understanding of the orientations for the implementation of these activities could explain the insufficiency. With regard to awareness-raising, practical demonstrations and educational discussions that are carried out in accordance with the guidelines, we can affirm that it is a strong involvement of the postmasters that explains the adequacy of the realization of the activities to the standards; but their low coverage suggests that they do not have the necessary strategies to arouse the involvement and participation of the community in these activities. Thus, it would be useful to rethink the strategies for implementing the NCHP [11, 12]. Indeed, it is easy to see that the two pillars responsible for this implementation may not be

well prepared for it: the sometimes illiterate community relays may not be the best suited to implement these activities related to health promotion; on the other hand, qualified health workers (Nurses or Midwives) who are health centres managers are more trained in curative and preventive tasks than in promotional strategies, hence their inability to find better strategies to involve the community more to improve coverage.

4.2. Influencing Factors

The analysis of the factors that influenced the implementation of the policy revealed that no factor has a significant impact on the quality of implementation of activities related to the community health policy. These results can have practical implications for human resources management and training. It may be a good idea to strengthen training and support for older community leaders to improve the quality of community health activities if they only had the baccalaureate level.

4.3. Comparison with the Objectives of the Policy

The comparison of the results of this study with the initial objectives of the NCHP [8] made it possible to highlight differences between the observed results and the expectations. This underlines the need for continuous evaluation of the policy and adjustments to achieve the set goals.

5. Conclusion

This study examined in depth the implementation of the NCHP in the BSHD. The results revealed three key elements. First of all, the activities are carried out globally as planned; but their coverage rates were low so these activities did not reach a large number. Finally, the few activities carried out are done with good quality and no factor independent influences this quality. In addition, they underline the need to develop specific strategies to strengthen activities with less satisfactory coverage and quality rates. Since this was a national health policy, it would be wise to initiate a study at national level on the evaluation of the implementation of this policy and that of many other health policies to ensure the correct and judicious implementation of the planned activities in the direction of achieving the objectives.

Abbreviations

NCHP	National Community Health Policy
BSHD	Bembèrè-Sinendé Health District
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
CR	Community Relays

Author Contributions

Goudi Orou-Bodedjo: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Project administration, Software

Maurice Togbé Agomnoudé Conceptualization, Data curation, Formal Analysis, Methodology, Project administration, Validation, Writing – original draft, Writing – review & editing

Corine Yessito Houéhanou: Data curation, Formal Analysis, Supervision, Validation, Writing – review & editing

David Sègbegnon Houédo: Conceptualization, Supervision, Validation, Writing – review & editing

Conflicts of Interests

The authors declare no conflicts of interest.

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