

What's is the Current Situation about Health Care in the Maternity Facilities of Defense Forces in Benin?

Agnès Angélique Houéfa Kpade

ORCID : 0000-0001-8526-5419

Direction of Army Health Services, Cotonou, Bénin

Bénédicte Ingrid Olowo

ORCID: 0000-0003-3302-0238

Direction of Army Health Services, Cotonou, Bénin

Ministry of Health, Bénin

Romuald Bothon

ORCID: 0009-0007-7438-0324

Direction of Army Health Services, Cotonou, Bénin

Ministry of Health, Bénin

Tagnon Michel N. Patinvoh

ORCID : 0009-0009-0878-5651

University of Abomey Calavi, Bénin

Efio Mariano

ORCID: 0009-0005-4242-6442

Direction of Army Health Services, Cotonou, Bénin

University of Parakou, Bénin

Ahouanvoeke Léonce

ORCID: 0009-0003-7706-8062

Direction of Army Health Services, Cotonou, Bénin

Ministry of Health, Bénin

Nouwakpo Natacha

ORCID: 0009-0004-8062-3116

Ministry of Health, Bénin

Amadou Djibril Raliatou

ORCID: 0009-0004-6497-7790

Direction of Army Health Services, Cotonou, Bénin

ABSTRACT

Introduction: Still with this aim of extending this approach to other health centers, UNICEF supported "optimized care" on the maternity wards of the health centers of the Defense and Security Forces (FDS). As part of the implementation of optimized care in the mother-child services of the FDS, it was necessary to carry out an initial

assessment in order to train staff on good practices. The main objective of this study was to assess the quality of maternal -child health care in the health centers of the FDS. Materiels and Methods: It was devoted to training investigators on data collection techniques and tools. The training was led by a team of trainers from the Beninese Armed Forces (gynecologist, pediatrician) supported by UNICEF resource persons and national facilitators. Data collection was carried out by investigators in the four (04) health centers in the northern zone and three (03) in the southern zone with the supervision of the FABs supported by UNICEF resource persons and national facilitators. The data collection tools were made available by UNICEF BENIN and included interview questionnaires, observation sheets, and counting sheets. Data analysis was done in an EXCEL data mask designed and made available by UNICEF BENIN. Results : These indicators are identified: Proportion of newborns who benefited from early breastfeeding within the first hour of birth: 89% ; Proportion of newborns receiving cord care during the first 48 hours with chlorhexidine gel: 33% ; Availability of resuscitation equipment and standard newborn care supplies : 62% ; Rate of use of CPN 4 by qualified personnel : 75% ; Percentage of SONUB functions offered by the center: 86% ; Percentage of SONUB functions correctly implemented by the center: 60%. Conclusion: At the end of this preliminary study, it is important to set up an improvement plan based on the identified defects. This will contribute to improving the quality of care provided there.

INTRODUCTION

According to the latest demographic health survey, the neonatal morbidity rate in Benin was 30 deaths per 1,000 in 2018 [1] . The main causes of neonatal death were neonatal infections (48.5%), complications related to low birth weight (32%) and perinatal asphyxia (16%). Since 2018, a new approach supported by UNICEF and the Beninese Ministry of Health has been implemented to provide optimized care to newborns and their mothers. The holistic approach, which aims to ensure quality care during the first 1,000 days of life, was tested in the ZOBOZA district. Mothers and their infants stay in the hospital for 48 hours after birth to ensure that they can return home in good health. The implementation of the "optimization of care" approach is already bearing fruit. In two years, the number of newborn deaths per year fell from nine to two between 2018 and 2020. In the same period, the number of maternal deaths fell from seven to two.

Building on these promising results, the Government of Benin and UNICEF have intensified the program, extending the "optimized care" approach to three new health zones in 2020, including Cové-Zagnado-Ouinhi in the Zou department, Malanville- Karimama and Banikoara in the Alibori department and Kandi - Gogonou - Segbana in the Borgou department . Still with this aim of extending this approach to other health centers, UNICEF supported this approach on the maternity wards of the health centers of the Defense and Security Forces (FDS). Indeed, the FDS health centers bring together the health centers of the Army Health Services (SSA) and those of the Republican Police (PR). These health centers for those equipped with maternity wards are open to the public and to the families and personnel of the FDS, which is why it is important to train them before strengthening their knowledge and improving the technical platform in improving the quality approach process.

Thus, after the training on optimized care, a Continuous Quality Improvement Team (QIA) was set up in the health services of the FDS. As part of the implementation of optimized care in the mother-child services of the FDS, it was necessary to carry out an initial assessment in order to train staff on good practices. The main objective of this study was to assess the quality of maternal -child health care in the health centers of the FDS.

MATERIALS AND METHODS

This was a descriptive cross-sectional study that took place in two phases:

Preparatory Session

It was devoted to training investigators on data collection techniques and tools. The training was led by a team of trainers from the Beninese Armed Forces (gynecologist, pediatrician) supported by UNICEF resource persons and national facilitators. The training of investigators took place in Parakou for the North from June 17 to June 19, 2024 and in Ouidah for the South from June 24 to June 26, 2024. The selected investigators were health personnel from other FDS health centers different from their original health centers. The profiles of the investigators were personnel other than midwives and nursing assistants. All these precautions were taken to reduce information bias that could be introduced into the administration of the questionnaires.

Data Collection

Data collection was carried out by investigators in the four (04) health centers in the northern zone and three (03) in the southern zone with the supervision of the FABs supported by UNICEF resource persons and national facilitators. Only health centers from maternity wards were selected. It took place simultaneously in all centers from July 1 to July 5, 2024.

In each center, a selection of ten (10) recent newborns less than one week old was made randomly. A total of 60 mothers of newborns were interviewed in all the health services of the FDS. At each health center, the supervisors assessed the level of knowledge of health workers, the quality of care for the mother and newborn couple. Data collection lasted 05 days and was carried out by a team of four (04) investigators per site to cover the seven (06) centers (CMS Djougou, CMS Parakou, CMS Bembèrèkè , CS PR Porto-Novo, CS PR Cotonou, CMS Ouidah). The collection techniques used included observation, individual interview and document processing (counting).

The data collection tools were made available by UNICEF BENIN and included interview questionnaires, observation sheets, and counting sheets. Data analysis was done in an EXCEL data mask designed and made available by UNICEF BENIN. Informed consent was obtained from the interviewees before the start.

RESULTS

This study brought out several results on the situation of the technical platform, the provision of care and the execution of protocols.

The analysis of the situation of the provision of care provided to the couple (mother-child) within the FDS health centers made it possible to identify these indicators:

- Proportion of newborns who benefited from early breastfeeding within the first hour of birth: 89%
- Proportion of newborns receiving cord care during the first 48 hours with chlorhexidine gel: 33%
- Proportion of newborns having stayed in maternity wards at least 48 hours before discharge and benefiting from monitoring: 95%
- Postnatal consultation rate: 85%

The analysis of the relative situation of the technical platform within the FDS health centers made it possible to identify these indicators:

- Availability of resuscitation equipment and standard newborn care supplies : 62%
- Rate of use of CPN 4 by qualified personnel : 75%
- Summary of availability of inputs for SONU : 74%

maternal and child care protocols within the FDS health centers made it possible to identify these indicators:

- Percentage of SONUB functions offered by the center: 86%
- Percentage of SONUB functions correctly implemented by the center: 60%
- Proportion of deliveries carried out with respect for procedures: 95%
- Overall level of knowledge: SONUB gestures (Newborn section) and mother section: 38%

This initial assessment made it possible to raise the current level of quality of care within the FDS health centers. A restitution will be made to the different health centers and an improvement plan will be defined by health center.

DISCUSSION

It is crucial to understand how the quality of care provided by an institution can interact in the satisfaction and recommendation process of the hospital establishment [3]. This will make it possible to develop quality improvement programs likely to increase delivery rates in the institutions, which, in turn, will probably make it possible to obtain good health outcomes, such as the reduction of maternal mortality and morbidity. The approach of the optimized care model having demonstrated satisfactory results, will be continued gradually in order to achieve the expected results in the quality-of-care approach offered in the health centers of the Defense and Security Forces. This initial study made it possible to identify several indicators both on the care protocols, on the technical platform as well as in the provision of care. After this situational analysis, a restitution will be made to the actors at the base and specific and adapted improvement plans will be developed to fill the gap at the level of each center.

CONCLUSION

At the end of this preliminary study, which made it possible to take stock of the situation of the provision of care, the technical platform and care protocols within the health centers of the FDS from maternity wards, it is important to set up an improvement plan based on the identified defects. This will contribute to improving the quality of care provided there.

Thanks

For funding and constant support to UNICEF BENIN for the conduct of the training program

Conflict of Interest

The authors declare no conflict of interest.

References

1. Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, UNFPA (2004)
2. Saizonou J, Agueh DV, Aguemon B, Mongbo Adé V, Assavedo S, Makoutodé M. Evaluation of the quality of refocused antenatal consultation services at the Suru -Léré district hospital in Benin. *Public Health*. 2014;Vol. 26(2).
3. Kimweri A, Hermosilla S, Larson E, Mbaruku G, Kruk ME. Service quality influences delivery decisions: A qualitative study on maternity care in rural Tanzania. *Journal of Reproductive Health and Medicine*. 2016;2.
4. Hohmeier KC, Turner K, Harland M, Frederick K, Rein L, Atchley D, et al. Scaling the optimizing care model in community pharmacy using implementation mapping and COM-B theoretical frameworks. *JAPhA Practice Innovations*. 2024;1(1).