



intraH

TRIP REPORT B - # 355-1
and 2

Travelers: Mr. Bongwélé Onanga, INTRAH
Francophone Evaluation and
Supervision Specialist

Country Visited: Bénin

Date of Trip: March 28 - April 3, 1993

Purpose: To participate in a USAID/Bénin-
sponsored family planning needs
assessment, at the request of
REDSO/WCA and USAID/Bénin.

Program for International Training in Health

PAC IIb

**University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA**

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EXECUTIVE SUMMARY

From March 28 to April 3, 1993, at the request of REDSO/WCA and USAID/Bénin, INTRAH Francophone Evaluation and Supervision Specialist Mr. Bongwélé Onanga participated in a USAID/Bénin-sponsored family planning needs assessment in preparation for USAID's proposed 5-year country program strategy plan (CPSP) for population assistance. INTRAH central funds supported the trip.

Other members of the needs assessment team were REDSO/WCA Regional Population Advisor and Team Leader Ms. Nancy Nolan, Mr. Paul Sossa from SEATS/Lomé, Mr. Hervé Ludovic from Population Council/Dakar and USAID/Bénin Program Assistant Mr. Jean-Claude Crinot.

The team held meetings with representatives from the Ministry of Health, non-governmental organizations and donor agencies working in family planning in Bénin and collected information on FP services, IEC, information management, commodity management, health services' personnel, and contraceptive equipment and supplies.

Due to an insufficiency of data, it was not possible for USAID to identify specific areas for assistance. The team recommended that USAID/Bénin should arrange for and finance a family planning situational analysis as soon as possible.

A briefing and debriefing were conducted at USAID/Bénin.

SCHEDULE OF ACTIVITIES

- March 28** Departed Lomé at 8:00 pm and arrived in Cotonou at 8:30 pm.
- March 29** 3:30: Briefed at USAID/Bénin.
- March 30** 10:00: Met with Professor Béatrice Aguessy, Director of Lagune Maternity.
- 11:30: Met at the Bénin Family Planning Association (ABPF).
- 3:30: Met with Dr. Davo, Director of the National AIDS Program (PNLS), and Mr. Auguste Kpognon from Population Services International/Bénin.
- 4:30: Met with Dr. Jonathan Balley, MCH/FP Deputy Director.
- March 31** 9:00: Met with Mr. Alain Mouchiroud, UNFPA Representative.
- 10:30: Met at Population Services International (PSI)-ORDH.
- 3:30: Met with Dr. Joseph Foundohou, Director of "Protection Sanitaire".
- April 1** 9:30: Met with Professor Eusèbe Alihonou, Director of the Regional Center for Health Development (CREDESA) (at INMES).
- 11:00: Met with Professor Gualbert Ahyi, Chair, Education and Health Commission National Assembly.
- 12:00: Met with Dr. Souleymane Diallo, UNICEF Representative.
- April 2** 8:00: Site visit to CRHD.
- 11:00: Debriefed at USAID/Bénin.
- April 3** Departed for Lomé.

LIST OF ABBREVIATIONS

ABPF	Association Béninoise pour la Promotion de la Famille (Bénin Family Planning Association)
CNHU	Centre National Hospitalier Universitaire (University Hospital Center)
CPSP	Country Program Strategy Plan
CREDESA	Centre Régional pour le Développement Sanitaire (Regional Center for Health Development)
CBD	Community-Based Distribution
PNLS	Programme National de Lutte contre le SIDA (National AIDS Program)
PSI	Population Services International

I. PURPOSE OF THE TRIP

The purpose of the trip was to participate in a USAID/Bénin-sponsored family planning needs assessment in preparation for USAID's proposed 5-year country program strategy plan for population assistance, at the request of REDSO/WCA and USAID/Bénin.

II. ACCOMPLISHMENTS

- A. A team of representatives from REDSO/WCA, Population Council/Dakar, SEATS, USAID/Bénin, and INTRAH conducted a pre-assessment of family planning needs in Cotonou. Due to an insufficiency of data, it was not possible for USAID to identify specific areas for assistance.
- B. Meetings were held with representatives from the Ministry of Health, NGOs, and cooperating agencies.
- C. Data were collected in the following areas: commodity management, contraceptive equipment and supplies, health service personnel training, supervision, IEC, information management, and service quality (see Appendix B).
- D. A briefing and debriefing were held at USAID/Bénin.

III. BACKGROUND

To date, USAID/Bénin's assistance to the Government of Bénin focused on education programs. The last country program strategy plan prepared by USAID identified education as the priority sector.

The Mission recently decided to include family planning assistance in its long-term plans. Thus, a technical assistance team was asked to identify needs in the population sector and identify population target opportunities to include in USAID's five-year country program strategy plan. INTRAH was invited by REDSO/WCA and USAID to participate in this assessment activity.

IV. DESCRIPTION OF ACTIVITIES**A. Family Health MCH/FP Project**

This project has been supported by UNFPA for 10 years. The third phase of the project (1992-1995) was approved by the government, at a cost of US \$800,000. One of the objectives of the project is to improve MCH/FP services in 110 of the 200 health centers located in the 6 departments of the country. Ten of the 110 centers will be FP pilot centers which CREDESA will be assigned to manage. One to two service providers will be trained in FP from each site.

Under the Family Health Project, UNFPA budgeted US \$65,000 for INTRAH technical assistance. According to Mr. Alain Mouchiroud, UNFPA Representative, INTRAH assistance would be requested by the MOH for the development of a national FP service policy and service standards. After many unsuccessful attempts by INTRAH to arrange a visit with the Ministry of Health, the proposed technical assistance request was suspended.

B. Association Béninoise pour la Promotion de la Famille (ABPF)

The ABPF has existed since 1971, with financing from IPPF. For the next 3 years, the role of ABPF will be to support the government's Family Health Project by reinforcing IEC and conducting activities for community-based distribution (CBD) of contraceptives.

SEATS is expected to finance a 2-year (1992-1994) CBD project (US \$120,000) (see project objective in Appendix C).

The ABPF clinic is a training site for midwifery students. Reference documents are not available and the FP client load does not permit achievement of training objectives.

C. **University Hospital Center (CNHU)**

FP services are provided at the CNHU, which is also a training site for midwifery students. According to Professor Eusèbe Alihonou, Director of CREDESA, the number of FP clients is insufficient to achieve FP training objectives.

D. **Lagune Maternity**

Lagune Maternity is the largest maternity in the country (200 beds and about 9,000 deliveries per year). FP services are provided twice a week. Of the 51 paramedical workers, only one has received comprehensive clinical FP training. The Director of the Maternity, Professor Béatrice Aguessy, would like the maternity to be developed as a clinical FP training site.

V. **FINDINGS/CONCLUSIONS AND RECOMMENDATIONS**

1. **Finding/Conclusion**

FP data collected at the central level were insufficient to identify specific areas for USAID's FP assistance in Bénin.

Recommendation

The technical assistance team recommended that USAID finance and organize a country-wide FP situational analysis as soon as possible. The results of this situational analysis will help to determine FP priority areas. It was recommended that the Population Council should conduct this situational analysis.

2. **Finding/Conclusion**

According to the UNFPA Representative, Mr. Mouchiroud, the Minister of Health has not yet agreed to INTRAH's assistance to implement the Family Health Project. Many MOH officials involved in the UNFPA project declared that INTRAH's assistance was necessary for the in-service training of FP service providers.

Recommendation

INTRAH should maintain contact with UNFPA and the Ministry of Health to reach agreements on INTRAH technical assistance in the context of the Family Health Project.

3. Finding/Conclusion

In general, FP activities in Bénin are not well-coordinated among UNFPA, USAID, World Bank, UNICEF and there are no strategies for training, contraceptive logistics, or IEC.

Recommendation

In collaboration with UNFPA and the MOH, INTRAH should conduct a training needs assessment and prepare a clinical FP training strategy, coordinated with the strategy to strengthen service delivery.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Bénin

Mr. Thomas CORNELL, AID Representative

Mr. Jean Claude CRINOT, Program Assistant

Ministry of Health

Dr. Joseph FOUNDOHOU, Director of Health

Dr. Jonathan BALLEY, Deputy Director of MCH/FP Project

Professor Béatrice AGUESSY, Director of Lagune Maternity

Professor Eusèbe ALIHOUNOU, Director of CREDESA

Professor Gualbert AHYI, Chair of the Education and Health
Commission (National Assembly)

ABPF

Mr. François AVODAGBE, President

Mr. Roger DANLODJI, Executive Director

UNICEF

Dr. Diallo SOULEYMANF, Representative

UNFPA

Mr. Alain MOUCHIROUD, Representative

Population Services International

Mr. Auguste KPOGNON, Representative

National AIDS Program (PNLS)

Dr. DAVO, Director

APPENDIX B

Synthesis of Data Collected

THERE IS AN ABSENCE OF FP SERVICE STANDARDS AND PROTOCOLS SUCH AS THOSE DEVELOPED IN OTHER COUNTRIES.

THERE IS AN ABSENCE OF GUIDELINES CONCERNING RESPONSIBILITIES AND AUTHORITIES OF SERVICE PROVIDERS AT ALL LEVELS, I.E., WHO CAN DO WHAT TO WHOM...

LACK OF TRAINING AND REFERENCE MATERIALS.

TRAINERS HAVE NOT BEEN TRAINED IN TRAINING METHODOLOGY NOR PRECEPTORSHIP.

THE NUMBER OF CLIENTS ATTENDING FP SERVICE SITES MAKES IT IMPOSSIBLE TO REACH STANDARD TRAINING OBJECTIVES IN-COUNTRY (E.G., MINIMUM 10 SUCCESSFUL IUD INSERTIONS TO BE CERTIFIED).

E. SUPERVISION -- INEXISTANT...

F. INFORMATION, EDUCATION & COMMUNICATION (IEC) -- THERE IS UNANIMOUS CONSENSUS THAT DEMAND FOR FP CAN BE RAISED BY HEIGHTENED IEC EFFORTS.

LACK OF A STRATEGY.

IEC MUST BE DONE AT THE COMMUNITY LEVEL, PROVIDERS NEED TO GO OUT OF THEIR CLINICS TO CARRY THE FP MESSAGE TO THE POPULATION.

COMMUNITY RESOURCES ARE NOT EXPLOITED (I.E., USE OF COMMUNITY AND YOUTH GROUPS, EDUCATORS, ETC.).

IEC EFFORTS MAY HAVE BEEN STIFFLED BY THE CONTINUED EXISTENCE OF THE 1920 ANTI-FP & ABORTION LAW.

MASS MEDIA MAY BE PROBLEMATIC, GIVEN HISTORICAL USE OF THE MEDIA, TO REACH THE POPULATION.

G. RECORD KEEPING -- FOR FP, NOT INSTITUTIONALIZED NOR RELIABLE. MANY PROVIDERS DON'T BOTHER TO RECORD FP DATA, WHICH LEADS TO THE SPECULATION THAT FP IS CONSIDERED AN "EXTRA" ACTIVITY, NOT OFFICIALLY SANCTIONED BY THE GOVERNMENT.

SNIGS (SERVICE NATIONALE D'INFORMATION ET GESTION EN SANTE) -- IS STILL BEING PERFECTED, NOT YET FULLY OPERATIONAL. ANALYSIS AND FEEDBACK ON DATA IS INEXISTENT. VERY CENTRALIZED, PEFECTORAL MOH OFFICES SERVE AS POST OFFICE BOXES FOR SENDING DATA TO THE CENTRAL LEVEL.

H. QUALITY OF SERVICES -- THE "OFFICIAL" CONTRACEPTIVE PREVALENCE RATE (0.5%) FOR MODERN METHODS MAY INDICATE THAT AFTER OVER 10 YEARS OF A FP "PROGRAM" THE POPULATION IS NOT INCLINED TO SEEK SUCH SERVICES.

AT THE MATERNITY CENTRAL, WHICH CURRENTLY HAS 4,000 4,500 BIRTHS A YEAR (DOWN FROM 9,000 A YEAR), OR A LITTLE LESS THAN 100 BIRTHS/WEEK, AN AVERAGE OF 2 POSTPARTUM STERILIZATIONS ARE PERFORMED PER MONTH, ABOUT 2 MINILAPS PER MONTH AND LESS THAN 100 OTHER FP ACCEPTORS PER WEEK.

AT THE CHU, OF 2,000 - 3,000 GRAND MULTIPARES COUNSELLED FOR FP AFTER GIVING BIRTH, ABOUT 50% ACCEPT.

LACK OF OPERATIONS RESEARCH STRATEGY WITHIN THE FRAMEWORK OF A NATIONAL PROGRAM.

3. OTHER CONSTRAINTS -- (ANECDOTAL INFORMATION TO BE CONFIRMED BY SITUATION ANALYSIS)

- A. MEN'S (HUSBANDS') PERCEIVED ATTITUDES TOWARD FP.
- B. RELIGION -- ESPECIALLY CATHOLICISM (ALTHOUGH CATHOLICS CONSTITUTE ONLY ABOUT 5% OF THE POPULATION).
- C. INEXISTENCE OF A POPULATION POLICY UNDER WHICH TO WORK -- NO OBJECTIVES, TARGETS (MANY PROVIDERS ARE RELUCTANT TO PROVIDE FP DUE TO LACK OF OFFICIAL SANCTION AND GUIDELINES FROM THE MOH).
- D. VERY WEAK MOH.
- E. NO WELL-RECOGNIZED, INFLUENTIAL AND ARTICULATE PROPONENT, TO LOBBY FOR FP.

4. INDICATORS OF UNMET NEED:

- A. HIGH LEVELS OF ABORTION.
- B. HIGH NO. OF ADOLESCENT PREGNANCIES.
- C. LARGE NO. OF GRAND MULTIPARES (TFR = 7).

5. PRIVATE SECTOR

A. ABPF VERY WEAK, NOT GOAL/TARGET ORIENTED, NO STRATEGIC THINKING OR PLAN. NEEDS TO PRIORITIZE USE OF IPPF FUNDS. \$400,000 ANNUAL BUDGET IS SPENT PRINCIPALLY ON PAYING (OVER 70% OF BUDGET) 54 PERMANENT STAFF (HALF OF THEM CADRE). WITH 2 CLINICS AND 6 "ANTENNES" UP-COUNTRY, THEY MAY HAVE 5000 NEW FP ACCEPTORS A YEAR. ABPF NEEDS TO DO SERIOUS HOUSECLEANING BEFORE IT CAN MAKE A SIGNIFICANT CONTRIBUTION TO FP IN THE COUNTRY.

B. FP IS INTEGRATED INTO SMALL, COMMUNITY HEALTH FACILITIES.

C. THERE ARE SOME VERY INTERESTING AND DEDICATED INDIVIDUALS WORKING FOR PUBLIC HEALTH AND COMMUNITY DEVELOPMENT (SOLIDARITY, ORDH). (OFFICIAL NUMBER OF PRIVATE SECTOR SITES IS 119 IN COTONOU ALONE). SOLIDARITY CURRENTLY COLLABORATES WITH SEATS ON A CBD PROJECT -- THE JURY IS STILL OUT, BUT A FINAL EVALUATION OF THESE ACTIVITIES WILL SHED LIGHT ON THE POTENTIAL FOR EXPANSION.

ORDH COLLABORATES WITH PSI ON A CSM PROJECT -- IN THIS CASE THE JURY HASN'T YET CONVENED AS ACTIVITIES HAVE NOT REALLY GOTTEN UNDERWAY. PSI IS CURRENTLY SELLING 60,000-80,000 CONDOMS/MONTH AND PLANS A LAUNCH AND PUBLICITY CAMPAIGN IN EARLY APRIL AFTER WHICH SALES ARE EXPECTED TO INCREASE TO 120,000/MONTH, REACHING UP TO 200,000 PER MONTH BY THE END OF THE YEAR.

THE PSI PROGRAM SEEMS TO HAVE GOTTEN OFF TO A BAD START -- THE RELATIONSHIP WITH PNLs NEEDS TO BE CLARIFIED. PSI SHOULD NOT BE CONSIDERED THE STOREKEEPER FOR FREE CONDOMS FOR WHOMEVER (PNLS OR ABPF) WANTS CONDOMS. FLOODING THE MARKET WITH 500,000 CONDOMS IN APRIL (IN AN EFFORT TO PREVENT THE SPREAD OF AIDS AMONG TOGOLESE REFUGEES) MAY POSSIBLY KILL ANY CHANCE THAT PSI HAS FOR CONDUCTING A VIABLE CSM PROGRAM IN THE COUNTRY.

D. GOVERNMENT EYES THE PROLIFERATION, WITHOUT CONTROL, OF PRIVATE SECTOR FACILITIES WITH EXASPERATION IF NOT SUSPICION. PRIVATE PRACTITIONERS GO INTO PRIVATE PRACTICE BUT THERE IS NO MECHANISM YET TO ENSURE QUALITY OF SERVICES TO THE PUBLIC. SOME PUBLIC SECTOR PROVIDERS BELIEVE THAT PRIVATE SECTOR MEDICAL PERSONNEL MAKE THEIR MONEY FROM DOING ABORTIONS.

E. L'ORDRE DE MEDECINS IS "MORIBOND." THE PRIVATE, CONFESSIONAL (I.E., MISSIONARY) SECTOR IS NOT WELL DEVELOPED AS IT IS IN OTHER COUNTRIES. THEY INCLUDE A FEW "FORMATIONS SANITAIRES" RUN BY THE CATHOLIC AND BAPTIST CHURCHES.

6. OPPORTUNITIES

A. LACK OF AN OPERATIONAL PROGRAM WITH CLEAR OBJECTIVES -- BENIN CAN AVOID THE MISTAKES MADE BY OTHER COUNTRIES IN THE REGION.

B. APPARENT HIGH LEVEL OF KNOWLEDGE OF FP (>80%).

C. APPARENT HIGH USE OF NATURAL METHOD (ABSTINENCE) (C. 25%).

D. USING THE FINDINGS OF A GOOD SITUATIONAL ANALYSIS, USAID HAS CHANCE TO STUDY THE EVOLUTION OF DIFERENT SERVICE DELIVERY ALTERNATIVES (THROUGH FOCUSED OPERATIONS RESEARCH) SUCH AS URBAN VS. RURAL STRATEGIES, CLIENT SATISFACTION, DROP-OUT RATES, QUALITY OF SERVICES, CBD, CSM, BEFORE DOING ANYTHING ON A BIG-SCALE.

E. APPARENT EXISTENCE OF IN-COUNTRY ABILITY TO CONDUCT APPLIED OPERATIONS RESEARCH.

7. OTHER DONORS

A. BASICALLY SUPPORT THE STATUS QUO. PROGRAM OBJECTIVES CHOSEN ARBITRARILY, NOT BASED ON BASELINE DATA.

B. USAID ASSISTANCE IN POPULATION/FP WOULD BE VERY WELCOME (USAID SHOULDN'T FALL INTO THE TRAP OF BUYING INTO THE ON-GOING PROGRAMS). ACTIVITIES SEEM TO BE UNDERTAKEN IN A SPORADIC, HAPHAZARD MANNER, OBJECTIVES ARE SET IN THE ABSENCE OF ANY RELIABLE DATA.

APPENDIX C

Statement of Work for SEATS-Assisted Project with ABPF

APPENDIX 1
SUBPROJECT NO. 1722-424-044

STATEMENT OF WORK

ABPF COMMUNITY-BASED FAMILY PLANNING SERVICES PROJECT

I. **OBJECTIVES:** The Implementing Agency (ABPF) will work with SEATS assistance to realize the objectives stated below:

A. **GENERAL OBJECTIVE**

Expand family planning (fp) IEC activities, distribution of non-clinical methods of contraception (condom, foam, foaming tablets), and increase the number of clinics providing family planning in the city of Cotonou.

B. **SPECIFIC OBJECTIVES**

1. Establish a national team of 15 trainers to assure training in IEC, contraceptive technology, financial management and management of community-based field workers.

2. Train 70 community-based field workers for Cotonou.

3. Provide the following IEC materials for the CBD workers:
- 5,000 posters
- 10,000 brochures

Purchase 7 cassette players

4. Organize/assist a total of 7 reference clinics (5 Solidarity Clinics, 1 ABPF clinic and 1 Bethesda clinic) to assure availability of oral contraceptives, injectables, IUDs, and barrier methods.

5. Educate approximately 34,500 people through IEC activities and distribute non-clinical contraceptives to approximately 11,500 people. It is anticipated that an additional 3,450 people will adopt clinical methods. This effort will produce 14,950 CYP.

6. Recover an estimated 17,365,000 CFA from the sale of non-clinical methods of contraception, a portion of which will be returned as commission to the field workers.

Program for International Training in Health

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September 7, 1993

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Washington, DC 20523-1819

Re: DPE-3031-Z-00-9024

Dear Lucy:

Enclosed is one complete copy of INTRAH trip report B-#355-1 and 2.

Country: Benin

Activity Title: Needs Assessment

Dates of Trip: March 28 - April 3, 1993

Traveller(s): Mr. Bongwélé Onanga, INTRAH Francophone Evaluation and Supervision Specialist

Purpose of Trip: To participate in a USAID/Bénin-sponsored family planning needs assessment, at the request of REDSO/WCA and USAID/Bénin.

Please let us know if you need additional copies of this report or portions thereof.

Sincerely,

Vickie Hayes-McGee
Vickie Hayes-McGee
Program Assistant

Enclosure

cc: Dr. James Lea, Director/Ms. Lynn Knauff, Deputy Director
Mr. Pape Gaye, INTRAH/Lomé Miss Pauline Muhuhu, INTRAH/Nairobi
Mrs. Hope Sukin, AFR/ARTS/HHR Ms. Nancy Nolan, REDSO/WCA
AID Acquisitions Mr. Thomas Cornell, USAID/Benin
Ms. Pamela Bolton, AVSC

The logo for INTRAH, featuring a globe icon to the left of the word "intraH" in a stylized, lowercase font.

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