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*Expanding family planning
and reproductive health
services in Africa*

Strategic Mapping of the National Family Planning Program in Benin

The Republic of Benin,
Ministry of Public Health,
Family Health Office
Advance Africa
USAID/Benin

March 2003

Partner organizations: Academy for Educational Development • Centre for African Family Studies
Deloitte Touche Tohmatsu • Forum for African Women Educationalists
Family Health International • Management Sciences for Health

Advance Africa is sponsored by the United States Agency for International Development

THE REPUBLIC OF BENIN
MINISTRY OF PUBLIC HEALTH
FAMILY HEALTH OFFICE

STRATEGIC MAPPING
OF THE NATIONAL FAMILY PLANNING PROGRAM
IN BENIN



MARCH 2003

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
ASBEF	Senegalese Family Planning Association
BAPF	Beninese Association for the Promotion of the Family
BCC	behavior change communication
BHNN	Beninese Health NGO Network
CBD	community-based distribution
CBS	community-based services
CHA	community-based health agent
CHC	community health center
COGEA	Comite de Gestion
COGEC	Comite de Gestion Communautaire
CPR	contraceptive prevalence rate
CSMI	Centre de Santé de Maternelle et Infantile
DDE	Direction Départementale de l'Education
DDS	Direction Départementale de la Santé
DHS	Demographic Health Survey
DOPH	Departmental Office of Public Health
DTT	Deloitte Touche Tohmatsu
EML	Essential Medicines List
FAWE	Forum of African Women Educationalists
FHI	Family Health International
FHO	Family Health Office
FP/RH	family planning/reproductive health
GTZ	German Technical Cooperation Agency
HIV	human immunodeficiency virus
IEC	information, education, communication
IR	intermediate result
IUD	intra-uterine device
JHPIEGO	John Hopkins Program for International Education in Gynecology and Obstetrics
MOH	Ministry of Health
NHACP	National HIV/AIDS Control Program
NGO	nongovernmental organization
OSL	Organization for Service and Life
PAC	postabortion care
PAIR	Projet d'Appui Institutionnel au Réseau des ONG Béninoises de Santé [Institutional Support Program for the Beninese Health NGO Network]
PHC	primary health care
ProLIPO	Projet de Lutte contre le Paludisme dans l'Ouémé [Malaria Control Program in Ouémé]

PROSAF	Projet Intégré de la Santé Familiale [Integrated Family Health Program]
PSEO	Programme de Survie de l'Enfant dans l'Ouémé [Child Survival Program in the Ouémé Region]
PSI	Population Services International
SFPS	Santé Familiale et Prévention du SIDA
SHC	subprefect health center
SHS	School of Health Sciences (University of Benin)
STI	sexually transmitted infection
UNFPA	United Nations Fund for Population Activities
USAID	U.S. Agency for International Development
WHO	World Health Organization

SUMMARY

The implementation of family planning programs poses serious problems in most sub-Saharan African countries. In 1997, Benin signed a subsidy agreement with the U.S. Agency for International Development (USAID) to increase the use of family health services, including family planning and HIV/AIDS-prevention services. In order to evaluate the performance of the agencies and services, USAID called upon Advance Africa, a project financed by USAID for five years to promote family planning programs in Africa. Advance Africa sought to increase the availability, use, and sustainability of quality primary care and family planning services in sub-Saharan Africa.

USAID/Benin wanted to quickly identify the concrete measures that could be taken in the short and medium term by USAID, its partners, and the other actors involved in family planning in the area, so it asked Advance Africa to perform an assessment of the status of family planning in Benin. Advance Africa, drawing on its previous experiences in Senegal and Rwanda, proposed using its Strategic Mapping approach to respond to this request as rapidly as possible, and this approach was applied in October and November 2002. The assessment focused primarily on identifying opportunities and gaps through the collection of qualitative data and stakeholder interviews, consensus workshops on the results obtained, and the establishment of an action plan to resolve identified problems.

The exercise in Benin resulted in the general finding that family planning is increasingly accepted in Benin, but many gaps hinder the accessibility and use of family planning services. Concrete actions to fill these gaps were established in the action plan. The primary recommendations include revitalizing the monitoring system by introducing family planning activities and establishing a decentralized multisectoral structure to coordinate these activities.

The Ministry of Health, through the Family Planning Office and its principal partners—USAID, the United Nations Fund for Population Activities, and the World Health Organization—obtained the consensus of all the national and international actors in family planning to support the implementation of the long-term plan.

The report is presented as follows:

- Section I: Introduction is dedicated to the general context and describes the general environment of the family planning activities in Benin over the past six years; it also specifies the objectives and anticipated results of the analysis with regard to the mandate of the Advance Africa project.
- Section II: Methodology describes the general methodology of the qualitative analysis used by Advance Africa and describes the process specifically as it occurred in Benin, including the activities involved in the preparation stage.
- Section III: Results of the Strategic Mapping includes the favorable factors and opportunities, gaps and obstacles, and identified priority issues, as well as the action plan developed to resolve them.
- Section IV: General Conclusions and Lessons Learned about Strategic Mapping presents the overall outcome, the lessons learned, and the new perspectives that arose.

- The appendices present tables detailing the gaps and obstacles, opportunities, and opinions from the central level and other partners on the status of family planning in Benin.

SECTION I: INTRODUCTION

CONTEXT OF FAMILY PLANNING IN BENIN

In September 1997, the Benin office of the U.S. Agency for International Development (USAID) signed an intervention agreement with the Beninese government in the area of family planning, including maternal and infant health and HIV/AIDS prevention. The purpose of this agreement is to assist the Beninese government in increasing the use of the family health services and preventive measures in an environment of favorable policies. Since this agreement was signed, USAID/Benin, along with other partners—including the United Nations Fund for Population Activities (UNFPA), the World Bank, the International Planned Parenthood Federation (IPPF), and the German Technical Cooperation Agency (GTZ)—supported many interventions, all with the goal of improving the rate at which family planning services are used.

USAID in particular launched the Integrated Family Health Program (PROSAF) in the Borgou/Alibori region, which has a large family planning component. Many cooperating agencies financed by USAID were involved in the FAMILY PLANNING activities on different levels: DELIVER was involved in the logistics of providing contraceptives; JHPIEGO was involved in basic training on family planning; Intrah/PRIME was involved in developing reproductive health (RH) policies, standards and procedures, and training being used; Population Services International (PSI) was involved in the social marketing of contraceptives; and the Policy Project was involved in improving the legal environment.

Many quantitative studies, such as the Demographic Health Survey (DHS), show considerable improvement in the contraceptive prevalence rate (CPR), which grew from 3.4% in 1996 to 7.2% in 2001. Although this rate more than doubled in five years, it still remains relatively low, as in the majority of the other West African countries.

The USAID/Benin Mission, in hopes of quickly identifying concrete measures that could be taken over the short and medium terms by USAID, its partners, and the other actors involved in family planning in the area, asked Advance Africa to perform an assessment focused on the status of family planning in Benin.

Advance Africa, drawing on its previous experiences in Senegal and Rwanda, proposed using its Strategic Mapping approach to respond to this request as rapidly as possible. The exercise took place during the months of October and November 2002, and this document is the report of this assessment, which focused primarily on the opportunities and gaps identified during the process and developing on a plan to resolve the problems identified. All the relevant actors in family planning adopted this plan by consensus and agreed to implement it.

ADVANCE AFRICA AND ITS MANDATE

The Advance Africa project has been financed by USAID for five years to support family planning/reproductive health (FP/RH) programs in sub-Saharan African countries in the current context of the HIV/AIDS pandemic. Its mandate is to increase the availability and use of lasting, quality FP/RH services. The project is being implemented by a consortium of six organizations, four of which are American—Management Sciences for Health, the Academy for Educational Development, Family Health International, and Deloitte Touche Tohmatsu—

and two of which are African—the Centre for African Family Studies and the Forum for African Women Educationalists (FAWE).

The Advance Africa intervention has been carried out primarily through technical and strategic support to the USAID Mission installed in Africa and to contracting partners within the context of bilateral cooperation. In countries where it is involved, Advance Africa also tries to rely specifically on local development organizations, in particular nongovernmental organizations (NGOs), women's and youth associations and groups, and municipalities and other decentralized structures to promote and scale up the best practices in the field of reproductive health, which includes family planning. To this end, Advance Africa is developing innovative approaches and tools that make it possible to reinforce the capacities and efficiency of the institutions with which it cooperates. Within this framework, it is focused on a set of techniques and practical methods to support the FP/RH and HIV/AIDS prevention and treatment programs in the sub-Saharan African region. One of these methods, called Strategic Mapping, was employed in Benin to assess the family planning activities in progress.

GOAL AND OBJECTIVES OF STRATEGIC MAPPING

Goal

The goal of the activity was to help reinforce family planning activities in Benin through identifying opportunities and gaps and developing a consensus plan to apply corrective measures in the country, particularly in the Borgou/Alibori and Ouémé/Plateau regions, in the context of USAID support.

Specific Objectives

The specific objectives of the Strategic Mapping include :

- Identifying the opportunities and best practices used in the country relative to family planning and formulating recommendations on scaling them up to the national level
- Identifying the gaps and obstacles of the family planning program that, as generally agreed upon by the Family Health Office (FHO) and partners, need immediate and/or medium- or long-term corrective measures
- Establishing a consensus action plan and adopting it as a group with the participation of the different partners involved in this project

SECTION II: METHODOLOGY

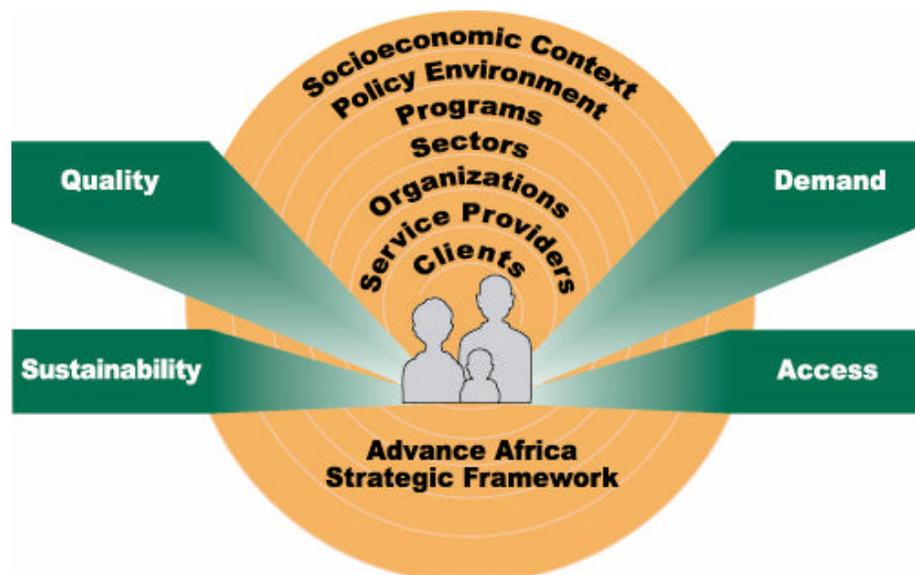
GENERAL APPROACH OF STRATEGIC MAPPING

Strategic Mapping, an approach developed by Advance Africa, has the objective of giving managers of health programs in general and FP/RH programs specifically tools that allow them, in a short period and at a low cost, to assess the performance of a project or program or a specific aspect of a project or program in order to identify opportunities and gaps. It is a participatory process that identifies, through consensus, the gaps and opportunities of a program or program segment in order to discover options for filling in these gaps by displaying the key elements in tables or maps that make it easy to use the results immediately.

Although Strategic Mapping uses qualitative methods of group discussions and individual interviews in the information collection stage in the field, it must not be considered research and does not claim such status. The information collection stage is primarily intended to confirm information already gathered by using documentary analysis and interviewing the decision makers. Although at this stage, qualitative data is gathered with an emphasis on the validity and reliability of the data, the characteristics of the first stage would not be extended to the entire Strategic Mapping process, which overall is an iterative process of multipurpose and holistic exchanges resulting in concrete and pertinent actions tailored for the situation.

Strategic Mapping gathers the results of the existing quantitative and qualitative studies, compares this information with the opinion of the national family planning program players and the beneficiaries as well as with observational data in the field, and releases a consensus (with these same players) report on the gaps, opportunities, and actions to be carried out to correct the gaps.

The basic tool developed by Advance Africa to direct the analysis of programs is the Strategic Framework Diagram (Figure 1), which looks at client demand for services and access to the services, the quality of the services, the organizations involved, the sectors involved, the development of the programs, and the political and socioeconomic context. This analysis examines the situation on each level and makes it possible to identify the connections between the different levels.



The special nature of Strategic Mapping lies in the process of triangulating the information gathered (Figure 2). This approach is based on consensus with stakeholders at all of the following Strategic Mapping stages:

- Identifying the central problem
- Collecting data
- Analyzing the data
- Identifying gaps
- Establishing an action plan for resolving problems

Strategic Mapping includes an extensive review of the literature, which makes it possible to have a clear idea of the problem to be studied. This data is then debated with the stakeholders in order to reach a consensus on a plan to be used to respond to the central concern. Field observations and interviews are then brought into the study objective.

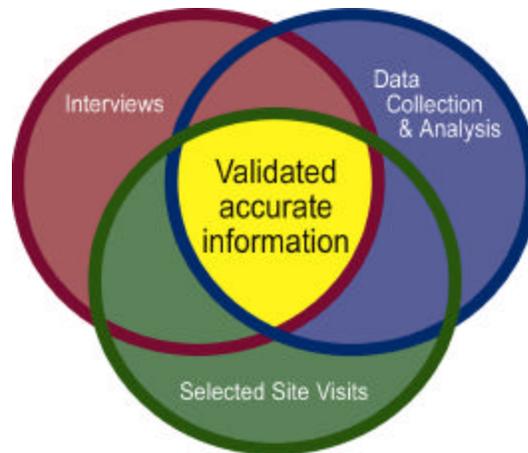


Figure 2. Strategic Mapping Triangulation Process

As the foundation of its triangulation approach, Strategic Mapping studies the same health problem at different levels of the system (e.g., client, service provider, organizational, health sector, program, political, socioeconomic) using various methods (group meetings with stakeholders, interviews, focus group discussions, observation, documentary analysis); this ensures that sound conclusions on the status of the program are obtained.

METHOD AND DEVELOPMENT OF THE ACTIVITY IN BENIN

In Benin, Strategic Mapping was implemented in three major stages:

- *Stage 1: Preparation.* This stage began in July 2002 with a preliminary visit of a team of two people from Advance Africa to Benin in order to establish a consensus on the goal and objectives of the Strategic Mapping with the USAID Mission, the FHO, and the principal partners in family planning.
- Stage 1 continued until September with the collection of data from literature on the Internet and exchanges with the Mission to specify the dates for carrying out the process in the field.
- This stage concluded between September 30 and October 3 with work sessions with the Advance Africa team and the family planning team of the Benin FHO to prepare the tools to be used in the collection stage, form the field visit teams, determine the parties involved, and target the groups to be interviewed and the zones to be visited.

- *Stage 2: Collection of Qualitative Data and Regional Consensus.* This stage took place on October 3–17, 2002, and consisted of interviewing the parties involved in the city of Cotonou. This stage also included completing the collection of data from existing literature, conducting field visits in the Borgou/Alibori and Ouémé/Plateau regions to interview the actors and target groups, and organizing regional workshops at which the stakeholders come to consensus on the gaps and opportunities in family planning.
- *Stage 3: National Consensus on Establishing a Short-Term Action Plan.* This stage was carried out in a workshop held on November 6 and 7 in Ouidah, which all national-level partners and regional delegates attended.

The triangulation principle—involving all stakeholders in the collection and analysis of the data and the appropriation of the results, identifying the principal gaps, and establishing an action plan—was rigorously observed as the pillar of the Strategic Mapping process.

In the questionnaires that were used, the four performance segments of a program—demand, access, quality, and sustainability—were taken into account. Determination of target groups for these questions and the analysis of the information gathered were done with consideration of the different concentric circles of the Strategic Framework Diagram, beginning with the client in the center and concluding with the social and political environment (see Figure 1). At the end of the process, the results obtained and the action plan established are the outcome of a true consensus of the Beninese stakeholders in family planning.

Summary of the Preparation Stage

Terms of Reference of the Strategic Mapping and Consensus on the Methodology

Advance Africa made a preliminary visit to Benin in July 2002. During the course of the visit, cooperation with the USAID Mission, the FHO, and certain stakeholders such as UNFPA, PSI, IntraH, PROSAF, Policy Project, the Senegalese Family Planning Association (ASBEF), and CARE Benin made it possible to specify the terms of reference of the Strategic Mapping and to have a common understanding of the methodology to be used. The available documents on family planning were gathered, principally the 1996 and 2002 DHSs, the Reproductive Health Standards and Policy document, and documents on social marketing.

Composition of the Strategic Mapping Team

A team of seven experts was formed to implement the Strategic Mapping. The team comprised two members from Advance Africa, three national consultants, and three representatives of the Ministry of Health (MOH), representing the following multidisciplinary profile:

- Three public health doctors with experience in managing FP/RH programs
- One communications specialist with expertise in behavior change
- One manager to facilitate the financial, administrative, and logistical assistance of the technical team
- One decision maker (director of the Family Planning Department at the FHO)
- Two midwives, one responsible for the logistics of contraceptives at the FHO and one family planning specialist

Consensus on the Methodology and Development of the Collection Tools

From September 30 to October 3, 2002, three-day work sessions took place in the FHO conference room under the direction of the FHO. These sessions made it possible to direct the entire Strategic Mapping team on the methodology and the process. Lists were compiled of the stakeholders and target groups questioned. Guides were prepared for the individual interviews and focus group discussions. The zones to be visited were identified, the schedule for the data collection was established, and the duties were divided among the team.

Thus it was decided to conduct:

- **Interviews with the key informants:** Individual interviews were held with central-level stakeholders from the city of Cotonou.
- **Field visits to the Borgou/Alibori and Ouémé/Plateau regions:** The Borgou/Alibori and Ouémé/Plateau regions were chosen for the field visits because PROSAF was established in one and ProLIPO (a malaria control program) in the other.

After having conducted interviews with the key informants in Cotonou, the intervention team was divided into two groups to conduct simultaneous visits in the two zones selected.

Collection of Data

The data collection was based primarily on a qualitative approach of individual interviews of the partners, managers, opinion leaders, and family planning clients and focus group discussions among potential users, including women, men, and adolescent girls and boys. Observations were made about the family planning sites of the decentralized health structures.

Interviews with Key Informants in Cotonou

Individual interviews were conducted with parties involved in the following institutions in Cotonou:

- The FHO, the director of the NHACP, Faculté des Sciences de la Santé on behalf of the Ministry of Health
- Africare, CARE Benin, Intrah/PRIME II, JHPIEGO, Policy Project, and PSI on behalf of agencies financed by USAID working in the field of reproductive health
- UNFPA and the World Health Organization (WHO) as key partners in reproductive health
- ASBEF, FAWE, the Organization for Service and Life (OSL) Jordan, and the Beninese Health NGO Network (BHNN) on behalf of the NGOs involved in reproductive health
- An association of female attorneys
- An association of midwives
- An association of private physicians
- An association of private pharmacists on behalf of the NGOs involved in reproductive health

In addition, an imam who spoke on behalf of the religious leaders was interviewed.

Borgou/Alibori and Ouémé/Plateau Field Visits

The two teams visited the urban districts and subprefectures, respectively, of Parakou, Nikki, Sinendé, Bembéréké, and Banikoara in Borgou/Alibori; and Porto-Novo, Pobé, Ketou, Dangbo, and Hozin in Ouémé/Plateau(see Figure 3). In these regions , work sessions were organized with the departmental health teams to explain the process and gain their appropriation and involvement.

Individual interviews were conducted with the following targets:

- Departmental program managers (Direction Départementale de la Santé Publique , Centre de Santé/ Centre de Santé au niveau Intermédiaire)
- Heads of the PROSAF and ProLIPO projects
- Administrators of area hospitals and community health centers (CHCs)
- Departmental and subprefecture parties responsible for education, social affairs , and youth
- Clinical family planning providers from public facilities, denominational hospitals, and private clinics
- Reproductive health services clients
- A bishop
- A traditional king
- An imam

Focus group discussions took place with:

- Men
- Women
- Adolescent girls and boys

In total, the number of people interviewed from all levels was 320, distributed as follows:

- 25 clients
- 6 groups of men(53 people)
- 7 groups of women(70 people)
- 6 groups of female adolescents (41 girls)
- 7 groups of male adolescents (53 boys)
- 11 community leaders, including local elected officials and religious leaders
- 29 Agents de Santé A Base Communautaire and village volunteers
- 21 service providers from different levels
- 9 project and program managers
- 8 authorities from the social and education sectors

CARTE POLITIQUE ET ADMINISTRATIVE DU BÉNIN

Carte administrative du Bénin

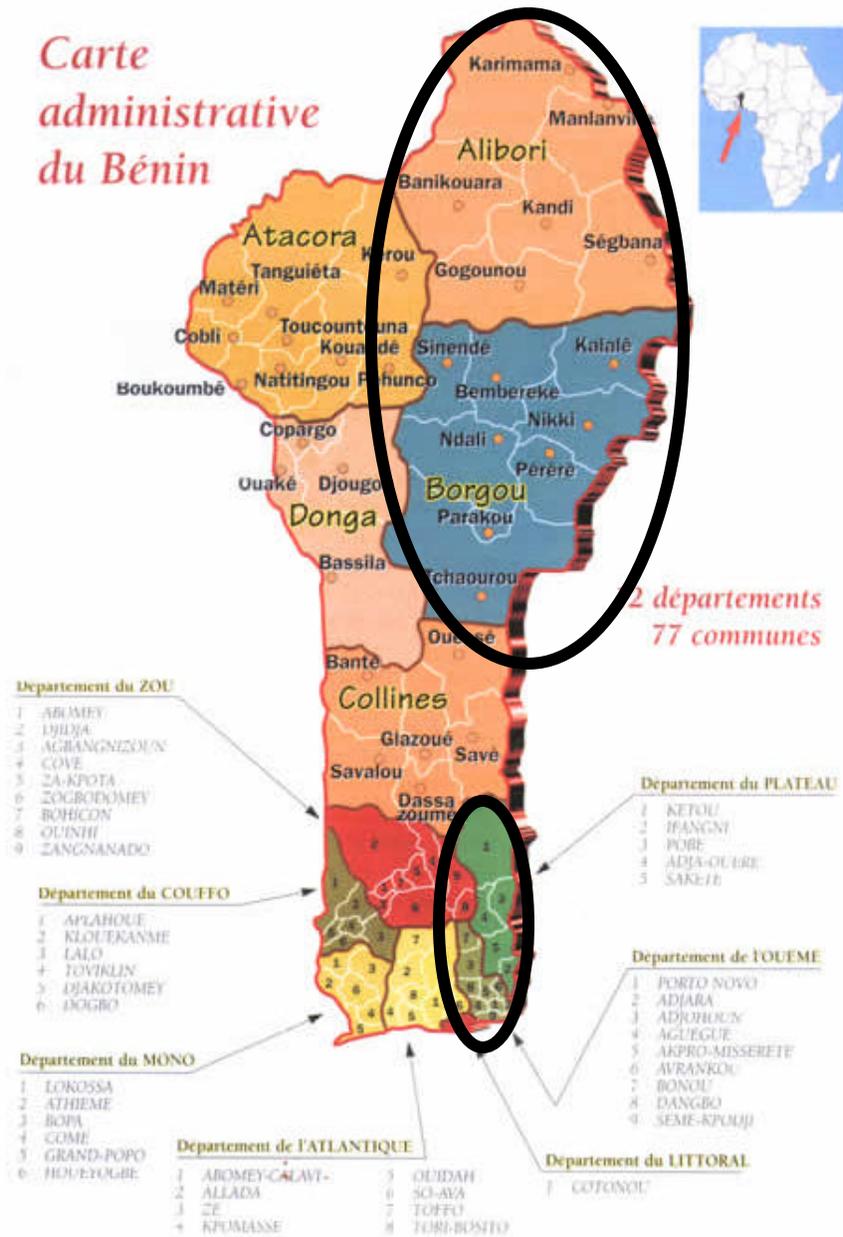


Figure 3. Political and Administrative Map of Benin

Analysis and Summary of the Data

On the central level, the opinions of all people or agencies interviewed were summarized according to the framework of the questionnaire that was used. The intervention team summarized the data based on the responses of the people interviewed and on the observations made in the field at the departmental level. A preliminary qualitative analysis produced a basic table of the opportunities and gaps in family planning services. A regional workshop was organized to reproduce these preliminary results, bringing together the principal multisectorial stakeholders who had been interviewed. During the course of these workshops, a critical analysis of the preliminary results presented by the intervention team was performed in a collective manner to obtain consensus. This led to a departmental summary of the opportunities and gaps in family planning activities, which were considered to be the final results from the departmental level.

The same approach was used at the national level; the summaries resulting from the national level analysis are presented in the appendix.

SECTION III: RESULTS OF THE STRATEGIC MAPPING

BACKGROUND

The review of the literature made it possible to show that the support of certain partners contributed to improving the implementation of FP/RH services in Benin. Table 1, whose elements are drawn from the DHS Benin, shows the quantitative improvement in family planning and population indicators over five years (1996–2001).

The Borgou/Alibori area shows the most progress in CPR with an increase of 5.8%. The Atlantique/Littoral region, which includes the city of Cotonou, and Borgou/Alibori are the only regions that exceed the national average.

While the national CPR has increased 3.8% (from 3.4 to 7.2), it remains low with regard to the efforts made. Benin's CPR is in the average range for the countries of West Africa, a region where CPR is not improving greatly.

Table 1. Benin DHS Comparison: 1996 vs. 2001

AREA	TOTAL FERTILITY RATE		CPR		FP NEEDS NOT MET (%)		AVG. AGE AT FIRST SEXUAL ENCOUNTER		IDEAL VS. ACTUAL NUMBER OF CHILDREN	
	1996	2001	1996	2001	1996	2001	1996	2001	1996	2001
National	6.3	5.6	3.4	7.2	—	27.2	—	17.3	5.6/6.3	4.6/5.6
Atacora/Donga	7.0	6.9	2.7	4.0	—	23.5	—	16.7	—	6.1/6.9
Atlantique/Littoral	5.1	4.5	5.0	10.0	—	35.4	—	17.5	—	3.5/4.5
Borgou/Alibori	7.3	6.0	2.5	8.3	—	24.4	—	16.4	—	5.5/6.0
Mono/Couffo	6.3	5.9	1.8	4.2	—	21.2	—	18.5	—	5.2/5.9
Ouémé/Plateau	6.0	5.0	4.1	6.9	—	28.0	—	18.1	—	4.1/5.0
Zou/Collines	6.5	6.1	4.4	7.4	—	26.8	—	16.6	—	4.5/6.1

Note: CPR = contraceptive prevalence rate, FP = family planning, avg. = average, — = not available.

This study did not include the quantitative aspects of the data because it is visible and obvious; rather, the study sought people's opinion on what can be done to significantly improve the contraceptive prevalence rate.

WEAKNESSES AND GAPS

Despite the national family planning program's strong points, major efforts still need to be undertaken to reinforce it. The weaknesses and gaps that were identified at the workshops include :

- A low contraceptive prevalence rate and consequently a very short spacing interval between births
- Promoting family planning using a demographic argument, rather than emphasizing the positive effects of spacing births on children's health
- No system to coordinate and promote FP/RH services

- Negative influence of certain beliefs and myths (sociocultural and religious)
- Quality of services still inadequate (e.g., poor management of side effects)
- Availability and accessibility of contraceptive products in rural zones unsatisfactory
- Weak ability to manage the activities of the players in the field
- Collaboration between the public and private sectors relative to FP/RH still tentative or nonexistent
- Lack of support by men (secret use of family planning methods by the majority of women)
- Availability of contraceptive products largely dependent on foreign aid

FAVORABLE FACTORS AND OPPORTUNITIES

In Benin, the contraceptive prevalence rate more than doubled in five years. The CPR improved most in the Borgou region, where the PROSAF program financed by USAID is in place with an efficient strategy for managing family planning activities, making it possible to improve the quantitative performance of the family planning service delivery points.

The political context has improved greatly in favor of promoting and using modern contraception methods. The law of 1920, which prohibited any promotion of family planning, was revoked in 2002 and replaced by legal provisions favorable to family planning.

Added to this more favorable political environment is the development of approaches and tools able to aid the implementation of FP/RH interventions. The following elements, determined by consensus, are among the most important favorable factors identified:

- Validation of FP/RH standards prepared in the country
- Expansion of reproductive health services to adolescents who did not previously receive them
- Existence of a substantial government subsidy for contraceptive products (funds allocated by the World Bank)
- Existence of a tested and validated training module on FP/RH
- Expansion of basic education programs for health agents (medical and paramedical) to include family planning
- Confirmed willingness of the private sector to contribute to expansion of FP/RH services
- Existence of a national office (Family Health Office) responsible for managing all family planning activities in the country
- Existence of several players who contribute in different ways to implementing quality FP/RH services¹

¹ The contributing players are principally PROSAF, PSI, Intra/PRIMEII, the Policy Project, the Gynecology Department of the School of Health Services (SHS) of the University of Benin, Africare, Ordre des Pharmacies, JHPIEGO, CARE Benin, UNFPA, private physicians, and the FHO.

CONSENSUS ACTION PLAN

Plan Preparation Process: Seeking a Consensus

Based on the analysis of the data collected from the key informants and field visits, the Strategic Mapping team designed tools that made it possible for the stakeholders to prioritize the gaps that should be addressed in a short-term action plan. These tools are matrices organized around specific issues linked to accessibility, quality of services, demand, and sustainability of family planning activities. The matrices allow the gaps to be visualized

The intervention team designed five matrices for illustration purposes: one matrix to visualize the gaps linked to accessibility, one relative to the gaps linked to quality of services, one linked to the gaps concerning demand for services, one combining supply and demand gaps, and one on sustainability.

A grid was also designed to determine priorities, taking into account three basic criteria:

- Availability of resources to fill the gap
- Possibility of filling the gap over the short term
- Commitment of one or more partners to filling the gap

The last step of the Strategic Mapping process was a two-day national workshop uniting representatives of the principal partners from the central level: UNFPA, WHO, USAID, technical cooperation agencies, the FHO, the different sectors (education, youth, social action), NGOs, and the departmental offices.

First, the participants were updated through presentations: one by UNFPA on the current issues of supply of reproductive health products, one by USAID on repositioning family planning to be part of maternal and infant health services, and one by the Policy Project on making the legal environment more favorable for family planning. Then, the summary of the results was presented and debated by all.

The participants were divided into three groups around the five matrices proposed by the supervisory team. The group reexamined the gaps by completing the matrices through consensus, and then compared the results with the ideal scenario map proposed by the facilitators. Once there was consensus about what the gaps were, the groups used the priority identification grid to select two gaps that could be filled in the short term. The full session of the national workshop resulted in a list of priorities, organized into eight groups, that should be the subject of interventions. Based on these priorities, a short-term action plan was established.

Results of the National Consensus

The results of the consensus from the national workshop are summarized as follows:

- Defining principal gaps and their determining factors (Table 2)
- A monitoring and action plan for measures to correct identified problems (Table 3)
- Summary of the opinions from the central level (Table 4 in Appendix I)

- Summary tables for the gaps and opportunities in the regions visited (Tables 5–8 in Appendix II)
- A summary of the USAID contribution (Appendix III)
- A sample completed matrix in the form of a colored map; Map A shows the ideal scenario, and Map B shows the many gaps in red. These maps are a great source of information that can help in carrying out activities in the field. (Appendix IV)

Table 2. Principal Gaps and Their Determining Factors

Priority Gaps to Be Filled in the Short Term	Determining Factors
Insufficient political commitment on the central level, where family planning is not considered a priority (seen in, among other factors, the persistence of the 1920 law)	The model law on reproductive health to replace the 1920 law was passed by the National Assembly. It was sent back for amendment in order to add the responsibilities of the social sector. The amended draft will be debated during the week of November 10, 2003; an agent from the social sector who participated in the action plan workshop is among the people from the social sector advocating for the proposal in the Assembly.
The national system's weakness in monitoring and supervising family planning activities	Several approaches for monitoring were being used in Benin without a standardized guide. In Borgou, the PROSAF guide includes quantitative family planning aspects.
Insufficient intra- and intersectorial coordination with regard to family planning	Periodic cooperation framework experiments for the malaria program and other programs have worked well. These practices can be capitalized on in order to improve the coordination of family planning activities on all levels.
Insufficient awareness on all levels for: <ul style="list-style-type: none"> • Adolescent girls and boys • Men • Women • Parents 	Key messages adapted for each target group and for different categories of potential actors are not standardized. Many messages from different actors exist, but are not shared with the FHO or the other actors. The televisions used in the centers are not up-to-date.
Inadequacy of FP/RH services for young people	Specialized family planning centers have initiatives for young people, but they are largely insufficient. Other initiatives, such as the Friends of Youth project carried out by the Santé Familiale et Prévention du SIDA (SFPS) program in Togo and Burkina Faso, may be replicated to improve young people's access to family planning services at a lower cost.
<ul style="list-style-type: none"> • Insufficient integration of family planning activities with HIV/AIDS prevention and treatment programs • Other RH activities 	<p>The family planning providers are not aware of the concept of dual protection. The NHACP still has a vertical view of the fight against HIV/AIDS. The precautions taken to prevent mother-to-child transmission in maternity hospitals and the information on fertility given to HIV-positive mothers are not systemized.</p> <p>Prenatal care, vaccinations, and advanced strategies do not include important messages or clinical family planning services.</p>

Priority Gaps to Be Filled in the Short Term	Determining Factors
<ul style="list-style-type: none"> • Other sectors <ul style="list-style-type: none"> • Youth, sport, and leisure sector • Education sector • Private sector • Social sector • Agriculture sector 	<p>The national and departmental parties from other sectors know little about family planning activities and therefore cannot become effectively involved.</p>
<p>Counseling not provided in an appropriate manner by health center providers</p>	<p>The WHO eligibility criteria—which can help in the choice of the family planning method that would have fewest side effects—are not available to providers; the “blue sheets” that direct the family planning consultation are not up-to-date because they do not include this criteria.</p>
<p>Postabortion care (PAC), intra-uterine device (IUD), and Norplant services not performed appropriately</p>	<p>Providers are not informed about new, systematized PAC approaches. Few practicing providers receive formal training or retraining on IUD placement and removal. There are insufficient Norplant providers to meet the strong demand for this method.</p>

Table 3. Action Plan for Measures to Correct Identified Problems

Priority Gaps to Be Filled in the Short Term	Corrective Actions	Actor(s)	Anticipated Results and Verification Indicators
<p>Insufficient political commitment on the central level where family planning is not considered a priority (seen in, among other factors, the persistence of the 1920 law)</p>	<p>Ensure the amendment on the role of the social sector in the model law on reproductive health by the National Assembly and the vote on the amendments by the current legislature</p> <p>Organize information sessions for reproductive health program managers and providers on the new law on reproductive health</p> <p>Organize information sessions for newly elected officials on family planning in the different departments</p>	<p>- Social sector</p> <p>- FHO</p> <p>- UNFPA</p> <p>- Departmental Office of Public Health (DOPH)</p> <p>- NGOs</p> <p>- Social sector</p> <p>- PROSAF</p> <p>- OSL</p> <p>- Beninese Association for the Promotion of the Family (BAPF)</p>	<p>The law is completed before the end of the current mandate.</p> <p>All RH program managers and providers are aware of the new law on reproductive health before the end of 2003.</p> <p>At least 50% of the local elected officials took part in an awareness session on family planning.</p>
<p>National system's weakness in monitoring and supervising family planning activities</p>	<p>Develop a national monitoring guide including family planning based on existing guides from FHO, PROSAF, BAPF, and OSL/Jordan</p> <p>Test the guide in Borgou</p>	<p>- FHO</p> <p>- PROSAF</p> <p>- PROSAF</p>	<p>A consensus monitoring guide including family planning is developed before the end of 2003.</p> <p>The monitoring guide is tested during the first monitoring cycle in Borgou.</p>

Priority Gaps to Be Filled in the Short Term	Corrective Actions	Actor(s)	Anticipated Results and Verification Indicators
1. Insufficient intra- and intersectorial coordination of family planning services	Implement a framework of periodic concerted effort of the family planning actors, including sectors other than health (social, education, youth and sports, etc.) on the central and departmental level	- FHO	The concerted effort framework functions on the central and departmental levels before the end of 2003.
2. Insufficient awareness on all levels for: <ul style="list-style-type: none"> • Adolescent girls and boys • Men • Women • Parents 	<p>Develop a package of standardized key messages or minimum package of information adapted to each target group and to each category of potential information providers (health agents, opinion leaders, religious leaders, different sectors, etc.) drawing on existing messages</p> <p>Organize the dissemination of the package of key messages to health training providers, community-based health agents (CHAs), and volunteers</p> <p>Organize departmental level information sessions on the use of the package of key</p>	<p>- FHO - PSI - PROSAF - BAPF - BHNN - Other NGOs</p> <p>- FHO - PSI - PROSAF - BAPF - BHNN - Other NGOs</p> <p>- Direction Départementale de la Santé</p>	<p>Package of key messages created before the end of 2003.</p> <p>The package of key messages is available in the health centers and from CHAs.</p> <p>Opinion leaders, religious leaders, and leaders of women's groups are</p>

Priority Gaps to Be Filled in the Short Term	Corrective Actions	Actor(s)	Anticipated Results and Verification Indicators
	<p>messages by opinion leaders, religious leaders, and women's groups</p> <p>Make the key messages for awareness available to FAWE in its centers for young girls not in school</p> <p>Document evidence of the influence of the theater forum used by PROSAF in Borgou as an efficient method of behavior change communication (BCC) directed toward men for its reproduction in other regions</p> <p>Organize study trips in Borgou relative to theater as a means of making men aware of family planning</p>	<p>- Social sector - PROSAF</p> <p>- FHO - FAWE</p> <p>- PROSAF - FHO</p> <p>- PROSAF - OSL - BHNN</p>	<p>informed about the key messages.</p> <p>FAWE has key messages to increase awareness among young girls not in school.</p> <p>Evidence is documented before March 2003.</p> <p>Study trips are organized for members of NGOs before the end of 2003.</p>
3. Inadequacy of FP/RH services for young people	Use the SFPS Friends of Youth curriculum for on-site pilot training of family planning providers from Borgou to better manage adolescents	- PROSAF	Providers from the PROSAF zone are trained in the Friends of Youth approach

Priority Gaps to Be Filled in the Short Term	Corrective Actions	Actor(s)	Anticipated Results and Verification Indicators
<p>4. Insufficient integration of family planning activities with the activities of:</p> <p>a) HIV/AIDS prevention and treatment programs</p> <p>b) Other RH activities</p>	<p>Organize an information day in schools on the theme of unwanted pregnancy during the cultural week of the academic institutions</p> <p>Organize concerted efforts between the NHACP and the FHO on introducing dual protection approaches in all family planning and HIV/AIDS activities</p> <p>Begin on-site training in dual protection for family planning providers from the PROSAF zone</p> <p>Systematize the dual protection approach in social marketing activities</p> <p>Include family planning activities in vaccination and advanced strategies sessions</p>	<p>- FHO - DOPH - Direction Départementale de l'Education (DDE)</p> <p>- FHO - NHACP</p> <p>- PROSAF</p> <p>- PSI</p> <p>- FHO - DDS</p>	<p>All academic institutions hold an information day before June 2003.</p> <p>Concerted efforts between the FHO and the NHACP are under way before March 2003.</p> <p>Family planning providers from the PROSAF zone are trained in dual protection before the end of 2003.</p> <p>The dual protection approach is systematic in PSI social marketing activities.</p> <p>Family planning activities are carried out during vaccination and advanced strategies sessions before the end of 2003.</p>

Priority Gaps to Be Filled in the Short Term	Corrective Actions	Actor(s)	Anticipated Results and Verification Indicators
<p>c) Social sector</p> <p>d) Private sector</p> <p>e) Other sectors (education, youth and sports, agriculture)</p>	<p>Introduce nonmedical family planning methods in all social promotion centers</p> <p>Document the PSI experiment with the private for-profit sector in order to design a systematized sector approach for family planning activities</p> <p>Organize on the departmental level information sessions on family planning for department officials from other sectors (education, youth and sports, agriculture, etc.)</p>	<p>- FHO - DDS - DOPH</p> <p>- FHO - PSI</p> <p>- FHO - DOPH - DDE - Direction Départementale de la Jeunesse et des Sports</p>	<p>Social promotion centers provide nonmedical family planning methods .</p> <p>The PSI experiment is documented before the end of 2003.</p> <p>Department officials from the other sectors are informed on family planning activities.</p>
<p>5. Counseling not provided in an appropriate manner by health center providers</p>	<p>Reproduce and disseminate on the departmental level the WHO document on eligibility criteria titled <i>Medical Eligibility Criteria for Contraceptive Use</i></p> <p>Reproduce the summaries of WHO's eligibility criteria created by PSI and make</p>	<p>- WHO - FHO - DOPH</p> <p>- PSI - FHO - DOPH</p>	<p>The WHO document on eligibility criteria is reproduced and disseminated.</p> <p>The PSI summaries are available from family planning providers.</p>

Priority Gaps to Be Filled in the Short Term	Corrective Actions	Actor(s)	Anticipated Results and Verification Indicators
	<p>them available to family planning services</p> <p>Revise the Benin family planning consultation sheet using the Togo model, which already takes into account the WHO eligibility criteria</p>		<p>The family planning consultation sheet is revised.</p>
<p>6. PAC, IUDs, and Norplant not provided in an appropriate manner</p>	<p>Introduce the systematized PAC approach in health centers in the PROSAF zone and the BAPF centers</p> <p>Systematically organize client IUD and Norplant referrals to the closest centers that have these methods</p>	<p>- FHO - PROSAF - Intrah/PRIME</p> <p>- FHO - DOPH</p>	<p>PAC is introduced in health centers in the PROSAF zone before the end of 2003.</p> <p>IUD and Norplant referrals are being carried out in the family planning centers.</p>

ELEMENTS OF MEDIUM- AND LONG-TERM ACTION PLAN

In addition to the short-term plan to resolve the eight designated groups of priorities listed in Table 3, a medium- and long-term national action plan was developed to:

- Expand specialized family planning centers for adolescents and youth
- Conduct training and supply appropriate equipment for the provision of IUD and Norplant services
- Integrate contraceptive logistics into the national essential medications logistics (the case of Norplant must be studied with particular attention because the demand tends to far exceed the supply)
- Widely disseminate the new law on FP/RH
- Increase the involvement of the private sector in family planning activities
- Revise the national monitoring guide to include family planning, the qualitative aspects of Strategic Mapping, and computerization
- Reinforce coordination between the family planning actors by periodically monitoring health activities
- Develop a national communication strategy to change family planning behavior
- Create a national BCC strategy and make an appeal for family planning
- Reinforce the structure of the FHO responsible for family planning activities by providing more personnel and equipment

ACTION PLAN FOLLOW-UP

To effectively implement the immediate and short-term aspects of the action plan to fill the gaps and remove the obstacles to using family planning, the following responsibilities need to be assigned:

- The FHO must supervise the implementation of the family planning coordination system on the national and regional levels, including the principal actors, other sectors that are not health-related, and the private sector.
- The FHO must also establish a follow-up committee made up of USAID, UNFPA, and WHO, which will supervise the implementation of the action plan.
- For the medium and long term, the FHO, in partnership with USAID and UNFPA, must oversee the development of a family planning program in upcoming years.
- The national monitoring system must be reinforced; Advance Africa has a great deal of expertise in this area, and it can call on the MOH if requested. Periodic monitoring of key primary health care (PHC) activities in the CHCs and Unité Villageoise de Santé (UVS) is a federal activity that confirms the collaboration of the different actors and thus effectively contributes to synergizing efforts.

SECTION IV: GENERAL CONCLUSION
AND LESSONS LEARNED ABOUT STRATEGIC MAPPING

GENERAL CONCLUSION

The results of the participatory assessment stage revealed that family planning has progressed at an encouraging rate in Benin, but the progress remains insufficient. The situation in Benin is similar to that in most sub-Saharan African countries, all of which are characterized by a very low CPR (under 10%) and a short spacing interval of 27–30 months between births.

In Benin, as in the other Francophone countries, family planning programs were implemented with an emphasis on their effects on demographics and, to a lesser extent, on economic and social aspects. The positive health effects for mothers and children, and in particular the impact of spacing births on decreasing infant and maternal mortality, were often not well described. Moreover, the inadequacies confirmed in Benin in the organization and administration of health services in general and family planning services specifically are widely experienced in most sub-Saharan African countries. Nevertheless, this Strategic Mapping activity revealed that the principal players are often very aware of the system's inadequacies and gaps.

All of the inadequacies and gaps found during the course of this mapping were identified based on the opinions of the decision makers and players at different levels of the system. The same is true of the solutions planned for dealing with these gaps. The people interviewed suggested that the following must occur in order to strengthen family planning services in Benin:

- Increase funds allocated by the government for family planning and develop a national family planning program
- Reinforce administrative capacities in the FHO to better coordinate activities on the central level and improve decentralization
- Improve the contraceptive logistics system through its integration into the supply system for generic and essential medicines
- Promote BCC instead of IEC (information, education, communication) and make better use of rural radio stations
- Promote community-based distribution (CBD) for hormone contraceptive initiatives and reinforce the network of community-based services (CBS)
- Integrate family planning activities into HIV/AIDS prevention and treatment activities
- Further improve the quality and quantity of family planning services

As confirmed by the assessment, there is a lack of knowledge about how to carry out these recommendations and suggestions in a concrete manner in the country's current context. On this level, Advance Africa is basing its actions on the record of other countries' experiences in this area. The ideas debated in the different mapping meetings emphasized the implementation of a structure and mechanisms to coordinate different partners at the central level. Also emphasized was the establishment of a process to reinforce the sustainability of the services; the core of this process is similar to the performance-monitoring system in use in certain other countries in the region.

LESSONS LEARNED IN BENIN ABOUT STRATEGIC MAPPING

The Strategic Mapping of family planning activities in Benin is the second such activity that Advance Africa has carried out; the first, in Senegal in 2001, also dealt with integrating family planning activities and HIV/AIDS programs into reproductive health activities. This second experience with the Strategic Mapping approach highlighted certain aspects on which the exercise bases its value and legitimacy, to be effective, the approach needs :

- To be adopted in its entirety by the national management structure of the family planning program that is analyzed
- The effective involvement of all actors in the family planning program
- Access to sectors other than the health sector
- The careful attention of the clients and opinion leaders
- A consensus on the results obtained
- The establishment of a realistic action plan
- A way to monitor the established plan

All these elements were attained in the Benin process, and there are high hopes of meeting the challenge of rapidly improving the family planning situation in the country.

A positive early sign is that the new law replacing the much-referenced law of 1920 prohibiting all contraceptive actions was recently adopted by the National Assembly, and it was deemed by the Constitutional Court to comply with the constitution and is awaiting forthcoming enactment by the president of the republic.

It was the first activity of the action plan to be carried out. The contribution of an influential member of the social sector who participated in the Strategic Mapping consensus workshop was a determining factor in the adoption of the new law. The new law is a major advance in improving the political and legal environment in favor of family planning in Benin.

This exercise is only one step; it must result in more sustained action toward repositioning family planning as a component of primary health care that greatly contributes to reducing maternal and infant mortality, as over 10 years of longitudinal studies have proven conclusively.

SECTION V: APPENDIXES

APPENDIX I: Opinions from the Central Level

Table 4. Summary of Opinions from the Central Level

ISSUES	SUMMARY OF RESPONSES
<p>What do you think about the current status of family planning in Benin?</p>	<ul style="list-style-type: none"> • Utilization remains low despite a significant increase. • No national family planning program in Benin (vision, objectives, strategies on the national level, etc.) • Lack of coordination between the different actors in family planning • Actions limited to the opportunities and needs of the partner institutions • Family planning has changed positively since 1996. • Family planning is still in its early stages in spite of many actors. • The objectives are far from being achieved. • The Beninese still have a tendency to have large families. • Negative perception of family planning as restricting births
<p>What are the strengths and opportunities of family planning?</p>	<ul style="list-style-type: none"> • Existence of tools supporting the activities: Département de Politique et Population, RH policies and standards, RH program • More favorable political environment • Improvement in the acceptability index • Expanding family planning services to adolescents and youth • Existence of budget funds for the purchase of contraceptive products • Constant growth in the number of acceptors • Increased accessibility to family planning and the availability of contraceptive products • Willingness of the private sector to distribute contraceptive products • Changes occurring in basic teaching programs in training schools • The community's growing desire to have smaller families • Strong demand for family planning in urban areas overall • Existence of RH training modules for health personnel • Existence of the FHO • FP activities were previously under way even though the law of 1920 was not repealed • Amendment of the law of 1920 under consideration in the National Assembly

ISSUES	SUMMARY OF RESPONSES
<p>What are the weaknesses in family planning?</p>	<ul style="list-style-type: none"> • No system to coordinate the actors and partners • Contraceptive products not included on the Essential Medicines List (EML) • Law of 1920 • Negative influence of certain religious denominations • Poor management of the side effects and use of modern methods • Persistent sociocultural influences • Contraceptive product stock outages in the public sector • Limited access to contraceptive products in rural zones • No good plea from the government to give credibility to family planning • Providers not always competent/qualified to provide family planning services • Weak technical management capacity for family planning activities • Program periods too short for real impact • Negative rumors about family planning • Contraceptive names in local languages like “pleasure medications” • Lack of collaboration on family planning between the public and private for-profit sectors • Secret use of family planning by the majority of women • Access to contraceptive products dependent on the support of the partners
<p>What is your contribution to family planning (people and organizations interviewed)?</p>	<ul style="list-style-type: none"> • OSL Jordan • Dedicates 50% of its activities to family planning through IEC and provides PSI clinical services • Introduced the social marketing of condoms and contraceptive pills • Began the integration of the private for-profit sector in family planning through pharmacists and Intrah/PRIME II clinics • Collaborate with PSI in training agents from the private sector • Develop the capacities of the RH programs of the GTZ work on standardizing services in order to make behavior consistent (standards and procedures, etc.) • Work on the national training of educative peers in RH, contributing to reinforcing capacities • Policy Project

ISSUES	SUMMARY OF RESPONSES
	<ul style="list-style-type: none"> • Worked with members of parliament and journalists on improving the legal environment • Obstetrical Gynecology Department of the School of Health Services (SHS) • Introduced family planning to the Centre de Santé Maternelle et Infantile (CSMI) maternity hospitals • Plan and open a specialized department at CSMI for adolescents and youth • Africare • Implementation of a child monitor program in Ouémé with a family planning component • Contributed to reinforcing the capacities of the BAPF • Order of Pharmacists • Pharmacy personnel trained by PSI counsel family planning clients and sell condoms and contraceptive pills • JHPIEGO • Worked on the inclusion of FP/RH modules in the core training of schools of health (SHS, Institut National Médico Social [National Medicosocial Institute], Ecole Nationale des Infirmiers Adjoints du Bénin [Benin National School of Nursing]) • BAPF • First NGO in the country involved in family planning through its clinics, youth center, and the Service a Base Communautaire. Contributes 55–60% to the family planning activities in Benin. BHAPP is a new project to combat HIV/AIDS that is open to including NHACP activities concerned exclusively with the fight against HIV/AIDS. • CARE Benin works with the BHNN to extend family planning services through the activities of member NGOs. • UNFPA is a major partner of the government in family planning. It contributes the largest amount of contraceptive supplies and equipment for developing a national family planning IEC strategy, for reinforcing the management capacities of the FHO, and for extending services to adolescents and private physicians. • Remain open to greater involvement • The FHO, through the Family Planning Department, manages the entire national family planning program with decentralized structures on the departmental office level.

ISSUES	SUMMARY OF RESPONSES
<p>What suggestions do you have for improvement?</p>	<ul style="list-style-type: none"> • Promote BCC instead of IEC • Strengthen government support • Design a formal family planning program • Reinforce the management capacity of the FHO relative to the logic of decentralization • Implement a mechanism to coordinate the different partners • Effectively integrate the private sector • Increase the quality and quantity of family planning services provided • Improve the public logistics management system • Include contraceptive products on the EML • Promote CBD for hormone contraceptive initiatives • Reinforce the network of CBS • Include family planning services in HIV/AIDS prevention and treatment programs • Avoid programs that are too vertical • Make use of rural radio stations • Make all contraceptive methods available • Increase the funds allocated to the family planning program • Improve the legal and cultural environment
<p>What priority actions do you propose?</p>	<ul style="list-style-type: none"> • Reinforce the mechanism for coordinating the different partners • Promote young people's access to family planning services • Improve the legal environment • Promote BCC • Involve the private for-profit sector in family planning

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
	<p>PROSAF and BAPF CHAs are active.</p>	<p>Private not-for-profit providers are trained by the Projet d'Appui Institutionnel au Réseau des ONG Béninoises de Santé (PAIR) (Institutional Support Program for the BHNN) and/or PROSAF.</p> <p>Family planning activities are conducted on a daily basis in the BAPF and PROSAF zones.</p> <p>CHAs promote awareness in the community and ensure the link between providers and the community.</p>	<p>Use of CHAs in awareness campaigns.</p>	
<p>Project and Program Managers</p>	<p>Make family planning services available in all health facilities through the PROSAF.</p> <p>A BAPF clinic and CBS exist.</p> <p>The periodic monitoring system includes family planning.</p>	<p>The majority of the clinical providers and CHAs receive adequate training in family planning.</p>	<p>The introduction of CHAs and popular drama groups create demand and contribute to changing men's attitudes in favor of family planning.</p>	<p>Commitment in favor of family planning.</p> <p>Effective use of standard policies and protocols by managers.</p>

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
Other Sectors	<p>The social action sector provides IEC family planning services in its centers.</p> <p>The youth sector is involved in RH training associations.</p>		Some academic institutions are concerned about the number of unwanted pregnancies and abortions among students (13 cases in 2002 in a secondary school with 300 students).	

Table 6: Weaknesses and Gaps in Family Planning in the Borgou/Alibori Region

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
<p>Clients, Men, Women, Adolescents</p>	<p>Some husbands are barriers to their spouses' access to services.</p> <p>Most female clients use family planning without their husbands' knowledge.</p> <p>The practice of polygamy creates competition relative to the number of children the wives have.</p> <p>Some female clients feel that the travel necessary for family planning services is too much to undertake.</p> <p>Some female clients do not have the method they want (Norplant or IUD).</p>	<p>Possible side effects and rumors create fears.</p>	<p>Some husbands are against family planning.</p> <p>Some women are embarrassed about using family planning services because others make fun of them.</p> <p>Family planning is more often understood as restricting births than as spacing births.</p> <p>There is competition between wives in situations of polygamy.</p>	<p>Factors that help maintain barriers to use of family planning include religion, nonliteracy, traditional beliefs, and poverty.</p>

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
Opinion Leaders	<p>There is a strong belief that women's purpose is to bear as many children as God gives them.</p> <p>According to one imam, use of a family planning method is a sin.</p>		Religious influences can stifle demand (some Muslims and Christians advise against modern family planning).	
Service Providers and CHAs	<p>Medical barriers exist.</p> <p>No systematic integration of family planning into other RH services.</p> <p>Integrated approach to family planning, sexually transmitted infections (STIs), and HIV/AIDS not formalized.</p> <p>PAC is not codified.</p> <p>Advanced strategies do not include family planning services.</p>	<p>Insufficient training in family planning.</p> <p>Absence of IEC material.</p> <p>Insufficient family planning equipment (IUD kits) in some centers.</p> <p>Norplant not always available at the places where it is requested.</p> <p>Insufficient counseling (WHO eligibility criteria not used).</p> <p>Poor management of side effects.</p>	<p>Insufficient counseling.</p> <p>Rumors reinforced by poor management of side effects.</p> <p>No systematic integration of family planning into RH services.</p>	<p>Insufficient personnel trained in family planning.</p> <p>Insufficient use of the CHAs.</p> <p>CHAs have insufficient financial and social motivation.</p>

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
				Effective involvement of the communities in managing health services through the Comites de Gestion (COGEAs) and Comites de Gestion Communautaire (COGECs).
Providers Program Managers	Existence of special centers for adolescent services. Family planning services are integrated into each maternity hospital (products, personnel). Most providers were trained in family planning.	Training of some midwives in charge of services. Many midwives were trained in contraceptive logistics. Providers not trained were at least briefed on all modern methods, not just IUDs and Norplant.	Existence of a youth and adolescent education center specifically for family planning. Existence of IEC for family planning in certain health centers.	Existence of a special center to serve adolescents. PSEO did remarkable work in the field, which continues after the project.
Other Sectors	The social sector carries out family planning activities in the field.	Social sector motivators are trained in family planning.	The social sector carries out activities in the field on family planning awareness and services. Existence of peer educators at the youth department level	Units responsible for fighting HIV/AIDS exist and are potential channels for family planning services. The youth department promotes youth health.

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
				<p>Availability and clear willingness of the education, youth, and social affairs sectors to collaborate in family planning.</p> <p>Informal collaboration of the social and health sectors in the field.</p>

Table 8: Gaps and Obstacles to Family Planning in the Ouémé/Plateau Region

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
<p>Clients and Target Populations</p>	<p>Products and services not available at some CHCs.</p> <p>No services adapted for young adolescents in the public sector.</p> <p>Spermicides are deemed too expensive.</p> <p>Women often do not use contraceptive products because they do not have their husbands' support/agreement.</p> <p>Husbands are reluctant to let their wives use contraceptive products for fear that they will be unfaithful.</p>	<p>Sale of contraceptive products of questionable quality in local markets.</p> <p>Noncompliance with FP/RH appointments.</p>	<p>Men lack knowledge of family planning.</p> <p>Young people do not always use condoms.</p> <p>Men are often not involved in the use of contraceptive products.</p> <p>Husbands are often against using contraceptive products and against their wives using them.</p> <p>Belief that Prudence has better quality than the other brands of condoms.</p> <p>Harmful rumors about contraceptives.</p> <p>Health centers do not aim awareness activities toward men.</p> <p>Wives lack decision-making power.</p>	<p>Decrease in the CBS offered by the community intermediaries trained by the PSEO, due to the end of the project.</p> <p>Decrease in the CBS offered by the community intermediaries trained by BAPF and DOPH, due to lack of motivation.</p> <p>Family planning is more often understood as restricting births than as spacing births.</p> <p>Competition between wives in situations of polygamy.</p> <p>Factors that help maintain barriers to use of family planning include religion, nonliteracy, traditional beliefs, and poverty.</p>

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
Community Leaders	Lack of information for certain COGEA and COGEC members on family planning.		Some religious leaders remain reluctant to promote modern contraceptive methods.	Family planning still perceived as restricting births.
Providers	<p>Lack of means of transportation for community intermediaries.</p> <p>Insufficient community providers.</p> <p>Quantitative insufficiency of family planning providers.</p> <p>No services adapted to young adolescents.</p> <p>Family planning not included with other RH services.</p> <p>Injected contraceptive products are inexpensive for some groups of clients.</p>	<p>Insufficient training of community intermediaries in family planning.</p> <p>No active system to follow up with those who abandon family planning.</p> <p>Contraceptives of questionable quality for sale in local markets.</p> <p>No periodic refresher program for providers.</p> <p>Insufficient counseling ability.</p> <p>Poor management of the side effects of some contraceptive products.</p>	Providers do not speak to men about family planning.	<p>Protocols are not yet available.</p> <p>The law of 1920 is a concern for some providers.</p>

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
Program Managers		<p>No monitoring of family planning services.</p> <p>Sporadic supervision of family planning services.</p>		<p>Suspension of the contraceptive products subsidy by the BAPF.</p> <p>Progressive reduction of BAPF financial resources.</p> <p>Use of midwives responsible for noninstitutional CBS for family planning not perceived as a priority.</p> <p>The law of 1920 remains a hindrance.</p>
Other Sectors	<p>School nurses do not receive standardized training.</p> <p>Lack of human, material, and financial resources in the social sector.</p> <p>Contraceptive products not available from certain practitioners in the private for-profit sector.</p> <p>Lack of nonmedical contraceptive products in</p>	<p>Lack of training for teachers in family planning.</p> <p>Lack of training for personnel from the youth department in RH.</p> <p>Agents from the social sector not retrained in family planning.</p> <p>Lack of training of agents from the private sector in family planning.</p>	<p>Underuse of local radio stations to promote family planning services.</p>	<p>Lack of collaboration between the different sectors (health, youth, education, and social) on the regional level.</p> <p>Little involvement of the private sector in family planning.</p>

ACTOR(S)	ACCESSIBILITY	QUALITY	DEMAND	SUSTAINABILITY
	social centers. No RH counseling or IEC provided in school infirmaries.			

As these tables show, many of the opportunities and gaps were identified based on the opinions of the people interviewed. Overall, despite a trend toward improving the environment in favor of family planning characterized by the existence of numerous opportunities and assets, a considerable number of gaps still affect accessibility to, quality of, demand for, and sustainability of the services.

Given these numerous gaps, the challenge was to identify those that could be resolved over the short term without major additional resources. In order to arrive at the last step in the action plan, a national consensus on the priorities to be addressed had to be reached.

APPENDIX III: Summary of USAID Contribution

Thanks to the activities of the technical agencies financed by USAID, the environment for RH, and more specifically family planning, has improved. It is no longer taboo to talk about family planning: Many advertising spots and shows have appeared in the public and private audiovisual media and in the written press. This media campaign has certainly contributed to improving the people's knowledge of family planning; the appreciable increase in the CPR is shown in Table 1.

According to the results of the first DHS in Benin in 1996, the national utilization rate of modern contraception was 3.4%. This rate was 7.2% in 2001. USAID/Benin greatly contributed to this spectacular increase in the CPR by supporting its regional and national technical cooperation agencies.

The modern CPR in the Borgou/Alibori region, where PROSAF has been working since 1997, has gone from 2.5% in 1996 to 8.3% in 2001. This increase is even greater than the increase on the national level. It must be noted that, among other factors, the development of community-based services and the use of dramas geared toward men as communication techniques for changing behavior made a remarkable contribution to the use of family planning in this region. Also, the social marketing approach organized by PSI has been so successful that Prudence is cited as having the best quality of all condoms.

In addition to increasing the modern contraceptive utilization rate, USAID/Benin has also contributed to improving the political environment. According to the Policy Environment Score, the family planning environment has progressively improved every year since 1998.

The training developed by Intrah/PRIME and JHPIEGO has helped reinforce human capabilities. DELIVER aided in the development and implementation of the logistics of supplying contraceptives and other reproductive health products. As Table 9 shows, by virtue of the activities of many cooperating agencies, USAID's assistance was and remains a determining factor in improving the status of family planning in Benin.

For the time being, the corrective measures of the action plan will be supported. Organizing the Strategic Mapping workshop with all partners shows that USAID can play a leadership role in the collaboration and coordination of the partners. Advance Africa can provide technical assistance, as it has already done in Senegal by establishing an efficient national monitoring system.

Table 9: USAID’s Contribution

Intermediate Results (IRs) of the Mission	Summary of the Contributions	Gaps Filled
<p>IR 1: IMPROVEMENT IN THE POLITICAL ENVIRONMENT</p> <p>IR 1.1: Improving health policies and support for the health system</p>	<p>The RH standard policies and protocols were developed with the technical assistance of Intrah/PRIME II. Policy Project worked with members of parliament and journalists to change the law of 1920, which prohibits the use of family planning.</p> <p>Overall, family planning has better acceptance in the country.</p>	<p>The RH procedures have not yet been disseminated.</p> <p>Theoretically, the law of 1920 is still in effect.</p>
<p>IR 1.2: Increasing planning and administration capacities in the health sector</p>	<p>DELIVER helped the Ministry of Health implement a logistics system for RH products and a program to introduce contraceptives into the national essential medicines supply system.</p>	<p>Contraceptive supplies are still managed at the FHO level.</p> <p>The Family Planning Department of the FHO still has qualitative and quantitative insufficiencies in human resources for efficiently managing the national family planning program.</p>
<p>IR 1.3: Increasing the collaboration between donors and the public and private sectors</p>	<p>PSI initiated collaboration with private pharmacists through social marketing.</p> <p>Collaboration in supplying the country with contraceptives was established between USAID and UNFPA.</p>	<p>With regard to family planning, there is no formal mechanism for coordination and collaboration between the different partners and actors.</p> <p>Private sector involvement is still limited.</p>

Intermediate Results (IRs) of the Mission	Summary of the Contributions	Gaps Filled
IR 2: INCREASING ACCESS TO THE SERVICES AND PRODUCTS		
IR 2.1: Improving the product and equipment distribution system	<p>Through social marketing, PSI made condoms and contraceptive pills available throughout the country through its distribution networks.</p> <p>DELIVER assisted the FHO in improving the logistics of contraceptives supply.</p>	<p>The logistics system still has weaknesses, which are indicated by stock outages for different reasons in peripheral health centers.</p>
IR 2.2: Extending the integration of family health services into health centers	<p>The FHO, with the support of other partners such as UNFPA and the World Bank, substantially increased the number of family planning centers in the country.</p> <p>In Borgou/Alibori, PROSAF has shown promising practices for integrating family planning into health centers.</p>	<p>The private sector has little involvement in providing family planning services.</p> <p>The integration of family planning services with other RH services (prenatal care, vaccinations, deliveries, etc.) is not systematic.</p> <p>There are few information and service centers for youth and adolescents.</p>
IR 2.3: Increasing community-based services and the distribution of products	<p>The community-based activities of PROSAF in Borgou/Alibori, which includes the production of popular dramas and the establishment of networks of volunteers, are promising practices, especially for involving men in family planning.</p>	<p>Adolescents and young people remain marginalized from access to the services despite these efforts.</p>

Intermediate Results (IRs) of the Mission	Summary of the Contributions	Gaps Filled
IR 3: IMPROVING THE QUALITY OF MANAGEMENT OF THE SERVICES		
RI 3.1: Increasing management capacities	The monitoring system for activities and monitoring support established by PROSAF reinforced management capacities on the departmental level.	The capacity to manage family planning activities remains insufficient on the central level.
IR 3.2: Improving the performance of health agents	<p>The process of introducing the RH family planning curriculum is complete in midwife schools and under way in the School of Health Sciences and the school of nursing with the assistance of JHPIEGO.</p> <p>The training being used is supported by PROSAF, UNFPA, and the World Bank program; has affected a large majority of providers; and will continue as needed.</p>	<p>Approaches on double protection and integrating family planning services into other RH services are not widely known by providers.</p> <p>Many providers do not have up-to-date knowledge and skills.</p> <p>Competencies with Norplant and adolescent health are insufficient</p> <p>Family planning consultation sheets designed since 1996 are not up-to-date regarding the WHO eligibility criteria.</p>
IR 4: INCREASING THE DEMAND FOR AND PRACTICES THAT FAVOR USING THE SERVICES, PRODUCTS, AND PREVENTIVE MEASURES		
IR 4.1: Improving knowledge of preventive measures and the adoption of appropriate behavior	General knowledge of family planning was greatly improved through the combined action of the media (radio and television), social marketing, the work of associations and NGOs, and the network of volunteers in the zones visited.	<p>The unmet demand remains high.</p> <p>No appropriate CHC family planning strategy exists.</p>

APPENDIX IV: Scenario Maps

Map A: Ideal Scenario for Meeting the Demand for Family Planning Services: Potential Occasions for Contact and Types of Information/Services That Must Be Provided

Contact Occasions / Type of Information	Prenatal Care	Delivery	Postnatal Care	Sick Child Visit	Well Child Visit	Vaccination	Prevention and Mgmt. of STIs, including HIV/AIDS	Voluntary HIV/AIDS Testing	Prevention and Treatment of Malaria	Other Curative Care
Benefits of family planning	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Appropriate choice of FP method	Blue	Blue	Green	Blue	Blue	Blue	Green	Green	Blue	Blue
Information on the correct use of FP methods	Blue	Blue	Green	Blue	Blue	Blue	Green	Green	Blue	Blue
Where and when to get FP information and services	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Counseling on FP methods	Blue	Blue	Green	Blue	Blue	Blue	Green	Green	Blue	Blue
Providing the method selected	Blue	Blue	Green	Blue	Blue	Blue	Green	Green	Blue	Blue

Green indicates that the demand is adequately satisfied, and blue indicates that an adequate referral is made. Therefore, the ideal scenario is green or blue based on the defined standards.

Map B: Demand for Family Planning Services: Current Occasions for Contact and Type of Information/Services Provided

Contact Occasions / Type of Information	Prenatal Care	Delivery	Postnatal Care	Sick Child Visit	Well Child Visit	Vaccination	Prevention and Management of STIs, including HIV/AIDS	Voluntary HIV/AIDS Testing	Prevention and Treatment of Malaria	Other Curative Care
Benefits of family planning	Red	Red	Green	Red	Green	Green	Red	Red	Red	Red
Appropriate choice of FP method	Red	Red	Green	Red	Red	Red	Red	Red	Red	Red
Information on the correct use of FP methods	Red	Red	Green	Red	Red	Red	Green	Green	Red	Red
Where and when to get FP information and services	Red	Red	Green	Red	Green	Red	Red	Red	Red	Red
Counseling on FP methods	Red	Red	Green	Red	Green	Red	Green	Green	Red	Red
Providing the method selected	Red	Red	Green	Red	Red	Red	Red	Red	Red	Red

Red indicates that the service or information is not provided in a satisfactory manner, so there is a gap to be filled.