



DELIVER Logistics for Health
No Product? No Program.

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ON TRACK

Benin

Building Support for Contraceptive Security in Benin

If you are a woman in Benin, you have a 1 in 12 lifetime risk of dying during child birth, according to the World Health Organization. Compare this with the 1 in 3,500 lifetime risk for a woman in the United States.¹

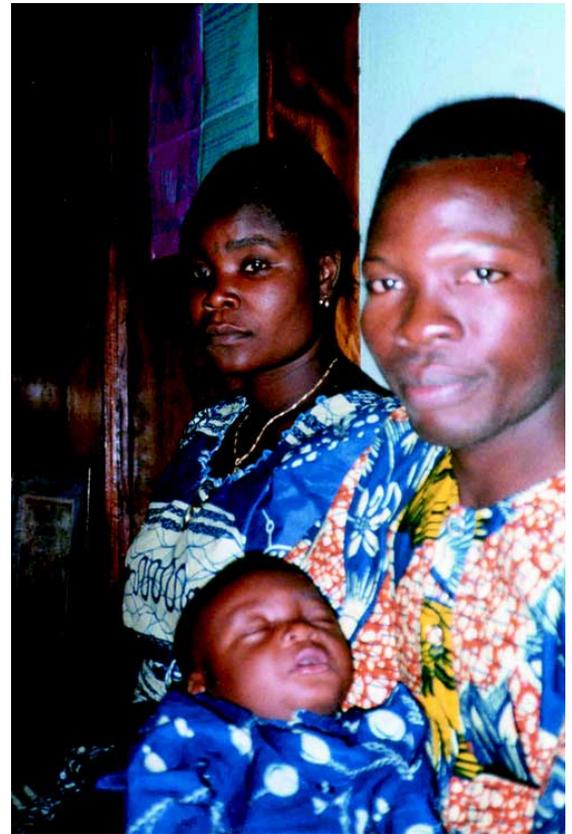
Benin's women can be helped by improved reproductive health services and increased contraceptive availability. In 1996 the government of Benin formulated a national population policy to expand contraceptive programs. One goal of the new policy is to increase the use of contraceptives from 3 percent to 40 percent by 2016.

This ambitious goal poses many challenges. A central challenge is to establish a viable contraceptive distribution and logistics management information system (LMIS) managed by well-trained personnel. Without such a system, stockouts of contraceptive products at service delivery points could have tragic consequences.

Strengthening the Logistics System

In early 1998, the Family Planning Logistics Management project (FPLM, now called DELIVER), which is funded by the U.S. Agency for International Development and administered by John Snow, Inc., began to work with the Ministry of Health (MOH) of Benin to strengthen the country's contraceptive logistics system. Through close collaboration, the partners developed an LMIS, created manuals and job aids, trained trainers, completed contraceptive forecasts, and improved storage conditions, making substantial progress toward key goals for the logistics system.

This progress was threatened, however, by impending staff turnover at the MOH. Support from the United Nations Population Fund for a two-year chief of logistics position at the Family Health Directorate of the MOH was ending. Simultaneously, another key player at the Family Health Directorate, the family planning coordinator, left for a new position. The MOH was facing the departure of two logistics staff members within a few months of each other at a time when the contraceptive logistics system was just beginning to stabilize. What could the MOH do to avoid losing the gains that had been made?



Family planning customers in Benin

Investing in Human Resources

Rapid turnover of key staff is a major challenge to any organization. The MOH's personnel losses could have been a major setback for Benin's national population goals, as is often the case in many countries. It was at this pivotal moment, largely as a result of working with FPLM, that the MOH made the critically important decision to use its own funds to hire

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Benin's Director of Family Health, Dr. Ali Marouf (fourth from left in middle row) in Arlington, Virginia for spring 2000 logistics training course.

a new logistics coordinator, Madame Marguerite Zolipo. The MOH also appointed a new Director of Family Health, Dr. Ali Marouf, and immediately sent him to FPLM's three-week long logistics course in Arlington, Virginia.

These two decisions marked a turning point for Benin's contraceptive logistics system according to DELIVER country team leader Marilyn Noguera. Without a long-term investment in managers dedicated to the supply chain, very little lasting progress in contraceptive security could be made. The decision to hire permanent staff demonstrated a new recognition by Benin's government of the importance of logistics to the success of health and family planning programs.

The new positions, says Dr. Marouf, have already resulted in a number of logistics system improvements, including—

- integrated management of contraceptive and essential drugs at service sites
- careful tracking of product statistics to ensure accurate orders and to avoid stockouts and overstocks
- updated and standardized forms for collecting quality data
- strengthened financial management of contraceptives at the department level.

Moving Forward

With permanent logistics staff in place, the MOH now focuses on new goals that will help ensure

contraceptive availability in Benin. These include developing a national procurement plan, training service providers at private sector clinics in contraceptive logistics, and ensuring correct storage of contraceptive products and essential drugs at the central medical store.

Winning policymaker support for logistics is often the key to change. Although securing funds to hire one or two logistics staff may seem like a small victory, it can have significant positive repercussions. The MOH in Benin took the initiative to place talented and energetic people, with sufficient seniority and authority, into new roles that have leadership responsibility for the supply chain.

Although it is too early to collect quantitative data about the effects of the new logistics positions on Benin's reproductive health programs, all indications are that the programs have been substantially strengthened. For instance, at the encouragement of new logistics staff, many service delivery points now allow clerks to dispense contraceptives to users at any time, just as they do with essential drugs, making it easier for customers to get the products they need when and where they need them.

¹ "Maternal Health Around the World" poster, World Health Organization and the World Bank, 1997