



**USAID**  
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**Benin Private Sector Health  
Partnership Activity**



# Benin Private Sector Health Partnership Activity

## Work Plan

October 1 2020 – September 30 2021

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Patrick Condo,  
Contracting Officer's Representative  
USAID/Benin Office of Health

Jenelle Norin,  
Alternate Contracting Officer's Representative  
USAID/Benin Office of Health

### **About USAID Benin Private Sector Health Partnership Activity**

USAID Benin Private Sector Health Partnership Activity (PSHPA) is a five years project (2018-2023) and of 9.8 million dollars in Benin, that seeks to increase the use of high impact health services and products of reproductive maternal, newborn and child health (RMNCH), provided by the private sector. This activity is linked to the sub intermediate result (IR) I.I of the USAID/Benin result frame "Improvement of access to high impact health services". There are four intermediate results (IRs), including:

- IR 1: Increase the volume of RMNCH high impact quality services provided by private sector providers;
- IR 2: Increase the availability of affordable and quality products through private sector channels
- IR 3: Strengthen public-private engagement for universal results of RMNCH services
- IR 4: Identify, manage and apply innovative and successful private sector models recognizing four possible models.



Abt Associates

6130 Executive Boulevard  
Rockville, MD 20852 USA  
Tel: +1.301.347.5000  
abtassociates.com

In collaboration with:

MCDI  
EnCompass  
IQVIA  
PSSP  
CEBAC-STP



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# LIST OF ACRONYMS

<b>ABRP</b>	<i>Agence Béninoise de Régulation Pharmaceutique</i>
<b>ABMS</b>	<i>Association Béninoise pour le Marketing Social</i>
<b>ABPF</b>	<i>Association Béninoise pour la Promotion de la Famille</i>
<b>AMELP</b>	<i>Activity Monitoring, Evaluation and Learning Plan</i>
<b>ANCRE</b>	<i>Advancing Newborn, Child and Reproductive Health project</i>
<b>AN-SSP</b>	<i>Agence Nationale de Soins de Santé Primaires</i>
<b>APIEX</b>	<i>Agence de Promotion des Investissements et des Exportations</i>
<b>ARCH</b>	<i>Assurance pour le Renforcement du Capital Humain</i>
<b>ARM3</b>	<i>Accelerating the Reduction of Malaria, Morbidity, and Mortality Benin project</i>
<b>CAME</b>	<i>Centrale d'Achat des Médicaments Essentiels et Consommables</i>
<b>CYP</b>	<i>Couples Years Protection</i>
<b>CEBAC-STP</b>	<i>Coalition des Entreprises Béninoises et Associations contre le Sida, la Tuberculose et le Paludisme</i>
<b>MB</b>	<i>Management Board</i>
<b>NCBNCP</b>	<i>National Council of Benin National College of Physicians</i>
<b>RPC</b>	<i>Redirected Prenatal Consultation</i>
<b>DHIS</b>	<i>District Health Information System</i>
<b>OID</b>	<i>Organizational and Institutional Diagnosis</i>
<b>DNH</b>	<i>Direction Nationale des Hôpitaux</i>
<b>DNSP</b>	<i>Direction Nationale de la Santé Publique</i>
<b>DPMED</b>	<i>Direction de la Pharmacie et des Médicaments</i>
<b>DSME</b>	<i>Direction de la Santé de la Mère et de l'Enfant</i>
<b>HZMT</b>	<i>Health Zone Management Teams</i>
<b>EMMP</b>	<i>Environmental Mitigation and Monitoring Plan</i>
<b>GoB</b>	<i>Government of Benin</i>
<b>OSS</b>	<i>One-stop Shop</i>
<b>HFGP</b>	<i>Health Funding and Governance Project</i>
<b>ILP</b>	<i>Intrant de Lutte contre le Paludisme</i>
<b>MFI</b>	<i>Microfinance Institutions</i>
<b>IR</b>	<i>Intermediate Results</i>
<b>MCA Benin 2</b>	<i>Millennium Challenge Account Benin 2</i>
<b>MCDI</b>	<i>Medical Care Development International</i>
<b>MoH</b>	<i>Ministry of Health</i>
<b>EVP</b>	<i>Extended Vaccination Program</i>
<b>HIPI</b>	<i>High Impact Package of Interventions</i>
<b>NMCP</b>	<i>National Malaria Coordination Program</i>
<b>PSHPA</b>	<i>USAID Benin Private Sector Health Partnership Activity</i>
<b>PSI</b>	<i>Population Services International</i>
<b>PSSP</b>	<i>Plateforme du Secteur Sanitaire Privé du Bénin (Benin Private Sector Health Platform)</i>
<b>PAC</b>	<i>Post abortion Care</i>

<b>LMIS</b>	Logistic Management Information System
<b>RMNCH</b>	Reproductive, Maternal, Newborn and Child Health
<b>NHMIS</b>	National Health Management Information System
<b>TA</b>	Technical Assistance
<b>ToR</b>	Terms of Reference
<b>USAID</b>	United States Agency for International Development
<b>HZ</b>	Health Zone

# INTRODUCTION AND CONTEXT

Despite progress made during these last years, health indicators of Benin remain substandard. Maternal, newborn and child mortality rates were respectively estimated to 405 maternal death for 100,000 live births, 115 death for 1,000 live birth, and 66 child death for 1,000 live birth (UNICEF, MICS 2014). While child death has drastically dropped (from 166/1000) since 2006, mortality rate of children under the age of 5 during the neonatal period went from 23% in 2006 to 33% in 2011-12 (Demographic and Health Survey 2011-2012). Endemic malaria threatens the entire population and is the main cause of morbidity and mortality. Despite progress made in the access to basic services, achieving the Sustainable Development Goals (SDG) will remain a key challenge, unless the present improvement trend is strongly accelerated.

The private sector in Benin offers important opportunities to increase employment, reduce poverty, empower women and youth, strengthen community resilience and possibly improve life. In 2013 and 2014, the United States Agency for International Development (USAID), through the Strengthening Health Outcomes in the Private Sector project (SHOPS) led by Abt Associates, conducted two studies: the Private Sector Assessment in Benin (PSA) and the Private Sector Survey (PSS) in Benin. PSS enabled the documentation of more than 3,000 private institutions, which are mostly concentrated in urban areas of the south of Benin. PSS found that health private sector is an important source of disease treatment among children under the age of five, including diarrhea (about 46% of cases that sought treatment) and fever (38% of cases that sought treatment) (National Institute of Statistics and ICF International 2013).

Medical and non-medical private sector is also an important resource of male condoms and oral contraceptives; among the 75% of women who buy condoms, 54% of them buy oral contraceptives in for-profit pharmacies and in the informal sector (National Institute of Statistics and ICF International 2013).<sup>1</sup>

Using PSA and PSS recommendations as a plan, USAID/Benin invested in the private sector through SHOPS projects and Health Funding and Governance Project (HFGP) to ensure the inclusion of the private sector in the dialogue about Universal Healthcare Coverage (UHC), and to support the Private Sector Health Platform (PSSP). Furthermore, USAID/Benin supported projects "Accelerating the Reduction of Malaria, Morbidity, and Mortality Benin" (ARM3) and Advancing Newborn, Child and Reproductive Health (ANCRH), which created an environment which fostered the increase of private health sector engagement in the improvement of results in Reproductive, Maternal, Newborn and Child Health (RMNCH).

## RESULTS FRAMEWORK

The underlying problem that the Private Sector Health Partnership Activity (PSHPA) tries to fix in Benin is the underperformance of the health system concerning RMNCH products and services in the private sector, due to an unfavorable regulatory environment, ineffective services, often unequal in terms of quality, and low demand and knowledge of quality products and services available in the private sector. PSHPA must work to correct market failures, to release the private sector potential, and to improve the effectiveness of service providing platforms and health products distribution.

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<sup>1</sup> Carmona, Andrew, Sean Callahan, and Kathryn Banke. 2014. Benin Private Health Sector Census. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

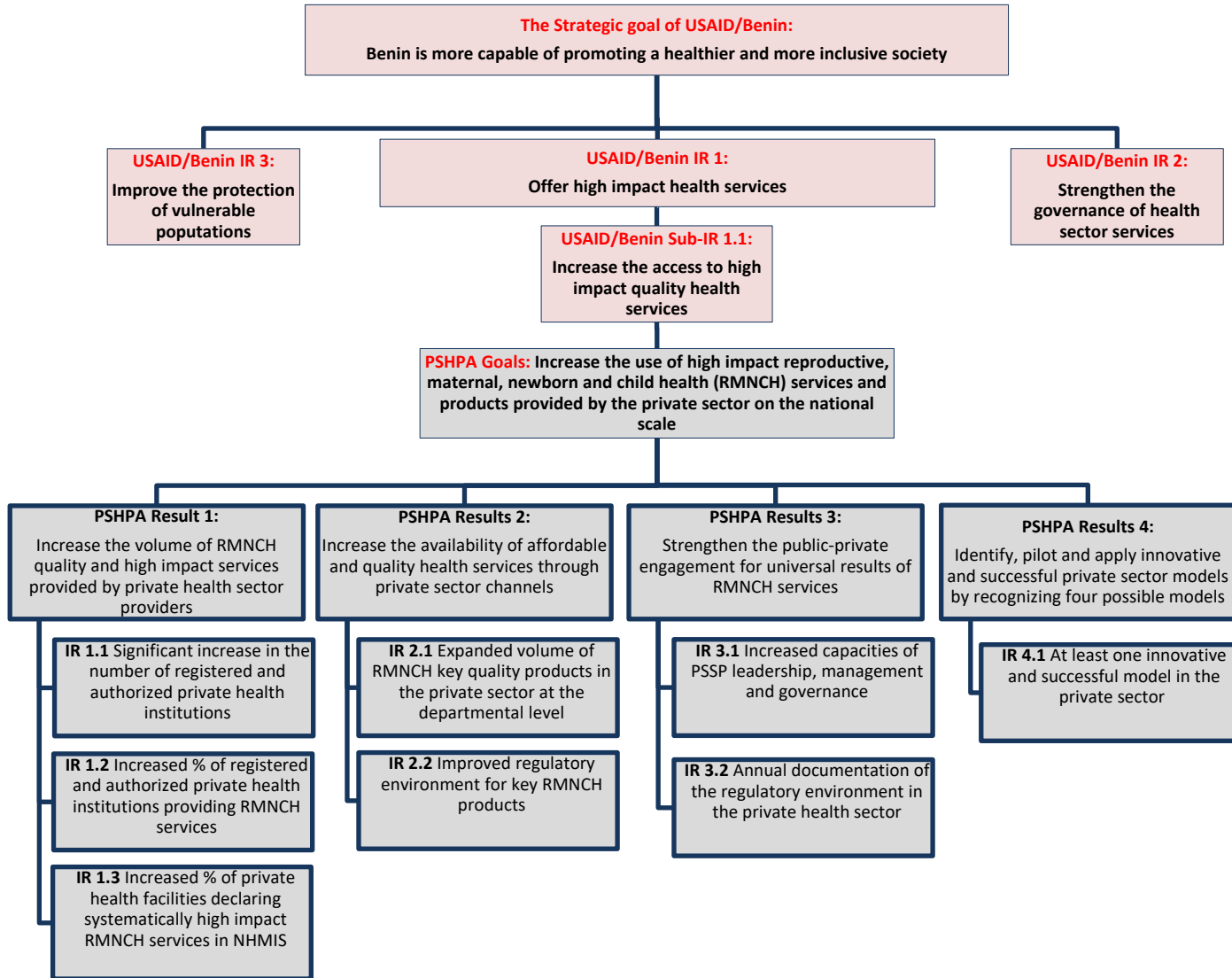
PSHPA's main goal is to increase high impact use of RMNCH services and products provided by the private sector at the national scale. There are four intermediate results (IRs):

- IR 1: Expand the volume of RMNCH quality and high impact services provided by private sector providers;
- IR 2: Increase availability of affordable and quality health products through private sector channels;
- IR 3: Strengthen public-private engagement in order to achieve results in RMNCH;
- IR 4: Identify, pilot and apply innovative and successful health models recognizing four possible models

The PSHPA results framework corresponds to the result framework of USAID-Benin 5 year health strategy (2015-2020); it seeks to reduce avoidable deaths among vulnerable populations through the increased use of high impact health services and healthy behaviors at the community level. The below PSHPA results framework (Figure 1) shows how the four IRs (and sub-IRs) of the project play a part in the USAID/Benin IRs, that is to say: 1) offering high impact health services; 2) strengthening the health sector governance of services; and 3) improving the protection of vulnerable populations.



**Figure I. Private Sector Health Partnership Activity (PSHPA) Results framework in Benin**



# PSHPA APPROACH AND ACTIVITIES BY INTERMEDIATE RESULTS

The Year 3 PSHPA work plan guarantees our significant contribution to Benin's journey to self-reliance, working in partnership with local institutions and private health sector to together create and implement solutions that result in lasting change.

**Approach:** PSHPA works to empower the government of Benin (GoB) to be a steward on the health system market, to rationalize regulations and standards, to grow promising approaches of the private sector, and to provide capacity building to the PSSP. This empowerment has as its goals: bolstering equity, availability, accessibility and use of RMNCH products and services, reducing avoidable deaths (including deaths among traditionally disadvantaged and vulnerable populations)<sup>2</sup> and improving health results of the Beninese population.

**Geographic sequencing:** During the two first years, PSHPA maximized the sought for impact by focusing on the four departments showing the strongest density of providers and pharmacists. Combined, these departments represent almost 60% of private health sector facilities in Benin. In those departments, priority was given to health zones (HZ) with high providers/pharmacists and vulnerable populations density, including teen girls, young women and poor people.

Starting from Year 3, PSHPA will scale-up its efforts to progressively cover all others departments and health zones in Year 5, including:

- Zou: Covè/Zagnanado/Ouinhi, Bohicon/Za-Kpota/Zogbodomey, Abomey/Agbangnizoun/Djidja
- Colline: Savè/Ouèssè, Savalou/Bantè, Dassa/Glazoué,
- Plateau: Sakété/Ifangni, Pobè/Kétou/Adja/Ouèrè
- Alibori: Banikoara, Kandi/Gogounou/Sègbana, Malanville/Karimama
- Donga: Djougou-Ouaké-Copargo
- Mono: Lokossa/Athiémè, Comè/Grand/Popo/Houèyogbé/Bopa
- Couffo: Aplahoué/Djakotomey/Dogbo, Klouékanmè/Lalo/Toviklin
- Atakora: Kouandé/Péhunco/Kérou, Natitingou/Boucoubé/Toucountouna

**Overview of Year 3 work plan:** This work plan describes the activities that will be implemented to contribute to the IR and cross-cutting activities (gender, youth and collaboration with implementation partners and donors) during the project's third year (from October 1, 2020 to September 30, 2021). After the activities' description, we provide an overview of the project management with a staffing and partnership plan, a budget summary and an implementation plan for quarterly activities.

**COVID-19's potential impacts on activities implementation:** During the 2020-2021 year, the COVID-19 pandemic will certainly continue to impact the world, and Benin could, like many countries, need to continue to adapt to it. The COVID-19 pandemic called for adjustments in the organization of labor, based on the possible reinstatement of barrier measures or lockdown, such as restrictions on meeting attendance and travel. Such a situation will introduce new conditions in the implementation of activities, notably, the reduction of meeting sizes, of multiple meetings with the same topics and/or

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<sup>2</sup> Vulnerable populations are defined by the strategic 2017/2021 USAID/Benin fame, like women students, school girls, women and the most marginalized groups of Benin, including extremely poor populations and those at risk.

distance training, etc. All these decisions, in accordance with the work plan, the budgetary reallocation, distance working because of COVID-19, will be discussed with the Management Board (MB).

## Intermediary Result I (IRI): Expanded volume of quality RMNCH and high impact services provided by private sector providers

Within the framework of this IR, PSHPA will endeavor to ensure the availability and accessibility of RMNCH services provided by the private sector thanks to the following key interventions:

- Empower the Ministry of Health (MoH) to be a more efficient manager of a health system in which private health providers are submitted to the same national directives and quality regulations as public health providers;
- Rationalize the private sector licenses and RMNCH accreditation registration, in coordination with the technical committee of the *Direction Nationale de la Santé Publique* (DNSP; National Board of Public Health);
- Help the private sector to register, extend its services and frequently report to the National Health Management Information System (NHMIS), in collaboration with the MoH, PSSP and professional bodies;
- Strengthen the coverage, timeliness and quality of the NHMIS reports in private health facilities and the use of the resulting data in the participating HZ.

### **Sub-IR 1.1 Sub I.R.1. Significant increase of registered and authorized private health facilities**

#### **Expected progresses compared to performance standards of sub-IR 1.1 in Year 3:**

- 275 registered/authorized private health facilities (PHF)
- 1 meeting about the easing of private practice authorizations and opening/exploitation of PHF, organized with the GoB and other stakeholders
- 175 health practices trained in service delivery, administration and business management
- 150 private health providers supported to obtain a license
- 40% of programs participants helped by the United-States government and designed to increase the access to productive economic resources are women

### Task 1.1.1. Significant increase of registered and authorized private health facilities (PHF)

During the second year, PSHPA has: (i) strengthened the advocacy for the rereading of law n° 97-020 of June 17, 1997 which regulates the private practice of medical and paramedical professions in Benin; (ii) helped the MoH to develop a procedures manual explaining how to obtain a medical and paramedical private practice authorization and spread it through the PSSP; (iii) supported professional Orders and Associations through memorandums of understanding during the authorization and elaboration process of new tools in order to realize pre-tested and validated inspection visits; and (iv) supported orders and associations in the training and installation of their departmental focal points.

Indeed, Abt noticed in many countries (Senegal, DRC, Madagascar, Ivory Coast) that the effect of the legal and regulatory reform depends mainly on the speed with which the government enacts the new

legislation, which can take several years. That's why, at the same time, PSHPA will accelerate the authorization process using the procedures manual previously approved by the Ministry of Health

Additionally, during the third year, PSHPA will: (i) advocate in favor of a modification of the law related to granting private practice authorizations for health professionals, and opening/authorizing private health facilities; (ii) bring a technical and financial support to PSSP, to the MoH, to Orders and Associations for the organization of four dissemination workshops of the new law; (iii) support Orders and Associations to periodically realize the pre-examination of private practice authorizations, and authorization to open private health facilities submitted by their members during the period; and (iv) providing a technical and financial assistance to the Ministry of Health for the digitalization of new inspection tools, and for the participation of departmental focal points of Orders and Associations to pre-authorization inspections, with the help of these digitalized tools.

***1.1.1.1 (a) Support PSSP, Orders and Associations of health professionals to organize a advocating meeting with the Presidency of the Republics' committee in charge of health reforms in order to advocate for the modification process of the law 97- 020.***

PSHPA organized in May 2019 a diagnosis-workshop on the quality of the authorization process of private practice for medical and paramedical professionals in Benin. At the end of this workshop, bottlenecks were identified, including the existence of constraining dispositions in the law n° 97-020 of June 17, 1997 which regulates this practice. The MoH expressed a need for the review of this law by organizing a national workshop. PSHPA supported the organization of 2 sessions of law review by the Group of Health Professionals Regulatory Bodies, including delegates of every health Order and Association, in November 2019, then by the DNSP, under the auspices of the MoH Secretary General, for the MoH managers, in June 2020. During each session, participants analyzed the law and proposed specific amendments for its improvement. The collection and consolidation of all the amendments should result in the proposal of a new law, easing the approval process of private practice authorizations.

The organization of an advocacy meeting during Year 3, towards the committee responsible for health reforms, whose members for the majority (Ministry of Justice, Finances and the *Agence Béninoise pour la Règlementation Pharmaceutique* (ABRP; Benin Agency for Pharmaceutical Regulation) already took part in the previous workshop, aimed at strengthening the advocacy, to activate the modification process of the law n° 97-020 of June 17, 1997, based on the amendments suggested by different stakeholders.

Results expected during Year 3:

- A meeting report including a roadmap leading to the modification of law n° 97-020 of June 17, 1997
- Submission of the new law to the deliberations of Parliament

***1.1.1.1 (b) Organize with the PSSP, the MoH and the Orders and Associations of Health professionals, four (4) dissemination workshops for the new law***

This activity aimed at introducing the new law to all the health system actors, in order to enable a better access to reliable information on modifications of the regulation of medical and paramedical private practice and on compliance with the new law. The new law dissemination will be done through efficient strategies, including technical and financial support for the PSSP, MoH, Orders and Associations for the organization of four (4) dissemination workshops towards targets.

During each dissemination workshop, the new law will be introduced to participants (from 20 to 25), in order to make sure that they understood the new law. At the end of the session, a simplified version of the new law will be distributed to participants. The approach will be to work with the PSSP and the MoH to cover all the national territory through four inclusive workshops, including a digital one (01) in Cotonou, for the departments of Littoral and Atlantique, where internet access is more reliable, one (01) in Bohicon for the departments of Ouémé, Zou and Mono, one (01) in Parakou for the departments of Borgou and Alibori.

Results expected during Year 3

- Report for each workshop
- 1000 booklets of the new law produced and distributed

#### ***1.1.1.2 Provide technical assistance to Orders and Associations (NCBNCP, CONSFB, ANBIIDE) for the pre-examination of private practice authorization request files***

The pre-examination of medical and paramedical private practice authorization request files include the reception of files, their registration, and the study of registered files, before their transmission to the technical commission on health of the DNSP. Each order and association periodically organize its pre-examination session of authorization request files submitted by their respective members. Overall, during the file study session, the team in charge appreciates the completeness of each file and the validity of each document before validating the file, or not, by respecting the guidelines provided in the procedures manual.

During the first two years, the project signed a memorandum of understanding with each *Ordre*, which enabled to conclude this activity with success. During Year 3, PSHPA will continue to support Colleges of Physicians, of Midwives, and the *Association Nationale Béninoise des Infirmières et Infirmiers Diplômés d'Etat* (Benin National Association of State Registered Nurses), to complete the pre examination on a quarterly basis and as needed of private practice authorization request files and authorizations to open private health facilities submitted by their members during this period.

Result expected during Year 3:

- A report by session and by Order and Association, which includes the list of studied and approved request files in each category

#### ***1.1.1.3. Provide technical assistance to the Ministry of Health, Orders and Associations of health professionals for the digitization of new tools used for inspection visits related to authorizations to open private health facilities***

The inspection visit is the second step in the process of granting authorization to open private health facilities. The tools used during inspection visits make it possible to that the facility meets all standards, equipment and furniture is provided for each room and sufficient technical equipment is provided for each room.

At the end of the workshop to assess the quality of the licensing process for the private practice of medical and paramedical professions in Benin, the stakeholders expressed the need to update the tools used during the inspection visits in order to improve them. Thus, with the technical support of the PHSPA project, the Colleges of Physicians and Midwives and the Associations of Nurses have created new tools for carrying out inspection visits. To secure or to facilitate the archiving of data collected during pre- or

post-authorization inspection visits, the project will provide technical assistance to the MoH through a consultant, for the digitization of new inspection visit tools.

Results expected during Year 3:

- The new tools for pre- and post-authorization inspection visits are finalized and available in digital form.

***1.1.1.4 Provide financial support for departmental advisers of orders and associations to participate in pre-authorization inspection visits using digital tools***

The pre- and post-authorization inspection visits which were previously carried out exclusively by teams of Orders and Associations from the national level, are being decentralized and should be carried out with the participation of departmental focal points. During its second year of implementation, PSHPA supported the Colleges of Physicians, Midwives and the Benin National Association of State Registered Nurses to carry out several activities related to IR 1, including the training of departmental focal points on the practice of inspection visits. In Year 3, the project will technically and financially support the participation of departmental focal points in carrying out pre- and post-authorization inspection visits using the new digital tools. The various private health facilities (PHFs) concerned will be monitored during the quarterly accreditation and supervision visits.

Result expected during Year 3:

- 275 PHFs visited for pre-authorization inspection

***1.1.1.5. Support the technical commission of the MoH in the study of private practice authorization request files and authorizations of opening/exploitation of private health facilities***

The examination of medical or paramedical private practice authorization request files is carried out by the technical commission of the MoH. It receives from the various orders and associations, the files pre-examined and validated by each of them on the basis of the criteria initially selected (completeness of each file, validity of each document, compliance with the guidelines of the procedures manual, etc.).

During the second year, the project supported the organization of the meetings of the above commission, which made it possible to obtain new authorization decrees. In the third year, the project will continue to support the commission through four review sessions bringing together around 30 participants.

Results expected during Year 3:

- 4 committee session reports
- Copy of the private practice authorization decrees and of opening private health facilities

**Task 1.1.2. Provide technical assistance to the DNSP/MoH for the easing of the licensing process to private providers and authorizations of private facilities, by focusing on clients' needs**

During the second year, PSHPA supported the DNSP/MoH to carry out the two main activities planned as part of the easing of the licensing process. This involved the organization of two (2) workshops to

disseminate the manual of procedures and two (2) bi-annual tripartite MoH, Orders and Associations meetings, under the leadership of the PSSP.

During Year 3, PSHPA will: (i) support the MoH, Orders and Associations to organize a workshop to review the manual of procedures for obtaining private practice authorizations, and authorization to open private health facilities (based on the new law); (ii) support the organization of semi-annual tripartite meetings with the PSSP, the MoH and the Orders/Associations to assess the status of the authorization process.

***1.1.2.1. a) Support the MoH, the Orders and the PSSP in the organization of a workshop to review the manual of procedures for private practice authorization, and authorization for the opening and exploitation of private health facilities in connection with the new law***

The manual of procedures for obtaining private practice authorizations and to open private health facilities makes it possible to perpetuate the procedures at stakeholder level, to save time for medical and paramedical private practice authorization applicants and to reduce the risk of rejection of submitted files.

The manual of procedures is designed to be dynamic because it is adapted to the dispositions of law n° 97-020 of June 17, 1997, which regulates medical and paramedical practice, a law still in force. With the ongoing advocacy for the amendment of this law, the need to update the procedures manual will arise. To this end, PSHPA will support the MoH, the orders and the PSSP to organize a workshop to review the procedures manual in order to take into account the changes made to the law currently in force.

Results expected during Year 3:

- Report on review workshop
- Copy of the reviewed manual of procedures

***1.1.2.1. b) Organize semi-annual tripartite meetings with the PSSP, the MoH and the Orders/Associations to assess the status of the authorization process***

PSHPA's approach to this activity draws its foundation from J2SR (Journey to self-reliance). In J2SR's roadmap for Benin, this activity fits into three pillars, including the balance of social groups, government efficiency and children's health.

As with all of our public-private dialogue efforts, the PSSP will take the leadership of this activity as part of the project's technical assistance to facilitate devolution and sustainability. The project is currently strengthening the capacities of the PSSP through IR3, with full participation of its executive secretary and members of the board of directors in the activities of IR 1, 2 and 4.

With this perspective, this activity will consist in organizing two easing meetings between stakeholders, notably the PSSP, the MoH and the Orders and Associations of health professionals, in connection with the medical or paramedical private practice authorization process. These meetings, held in real time during the second year of project implementation, made it possible to:

- Evaluate the examination of private practice application files and of opening/exploitation of private health facilities;
- Identify bottlenecks in the examination of submitted files (common to all files or specific to certain files)
- Propose corrective measures to remove the identified bottlenecks



- Find the appropriate mechanisms to inform applicants awaiting authorization, who are encountering difficulties in the submitted files' progress

For Year 3, PSHPA will support the organization of 2 semi-annual tripartite meetings under the leadership of the PSSP, with the active participation of the MoH and professional health Orders and Associations.

Result expected:

- Report of the semi-annual tripartite meetings

### Task 1.1.3. Implement a quality standard system in PHF (Private Health Facilities)

During Year 2, PSHPA continued to support the MoH in terms of strengthening quality standards for emergency obstetric and neonatal care and post abortion care, through High Impact Package of Interventions (HIPI) and RMNCH trainings. It also helped the MoH to adapt private health sector accreditation tools in collaboration with PSSP.

#### **1.1.3.1. Evaluate new MoH accreditation tools for the private health sector**

In Year 3, PSHPA will continue to work with the PSSP and the MoH to streamline private sector accreditation tools based on the lessons learned in the first two years. Specifically, PSHPA will organize an evaluation workshop to assess the effectiveness of mentioned tools, in collaboration with the PSSP and the MoH. This assessment will enable PHSPA to propose possible adjustments for the refinement of the accreditation tools.

Results expected in Year 3:

- Evaluation report which includes recommendations on private health sector accreditation tools

### Task 1.1.4. Identify three innovative financing strategies accessible to PHFs

The three innovative financing strategies offered by PSHPA are CSR (Corporate Social Responsibility), access to financing and advocacy for the integration of private providers into ARCH.

During the first two years, PSHPA collaborated with CEBAC-STP to develop RMNCH programs in two (2) dispensaries per year in workplaces (SOGEMA, SOBEMAP, *les Huileries du Benin* and Fludor). It has also advocated with companies to provide RMNCH services to their employees through their workplace clinics, as part of their CSR activities. Additionally, PSHPA has worked to strengthen collaboration between PSSP and the ARCH program through various direct discussions on the feasibility of integrating the private sector into ARCH. In this regard, the project supported the conduct of an additional assessment to compare the costs of the health baskets of private health facilities services in connection with the ARCH.

During Year 3, PHSPA will continue to work with CEBAC-STP to strengthen corporate CSR activities. PSHPA will also advocate for the integration of private providers into the ARCH process.



***1.1.4.1. Enroll, train in advocacy two new company health centers and do quarterly monitoring of the four company health centers providing RMNCH services***

PSHPA, in collaboration with the PSSP and CEBAC-STP, will register two new workplace health centers, through two partnership agreements. PSHPA will support CEBAC-STP to sensitize the medical staff of the dispensaries of the four companies of the first two years (SOGEMA, SOBEMAP, the SHB and Fludor) to expand the use of RMNCH products and services, and also advocate at the level of local health authorities to make RMNCH products available in mentioned health centers. PSHPA will support CEBAC-STP to monitor these six clinics on a quarterly basis regarding the availability and use of RMNCH products

Results expected during Year 3:

- Copy of the partnership agreement with the two new companies
- 4 quarterly monitoring reports of the six health centers activities

**Task 1.1.5. Give support through selected organizations to provide authorization support services**

During its third year, PSHPA will: (i) provide support to the MoH, the Orders/Association and the PSSP to finalize and operationalize the digital platform designed for the publication of the granted authorizations; (ii) provide financial support to the departmental focal points of Orders and Associations and to the DDS for the organization of semi-annual post-authorization supervision visits, as well as the sensitization of students at the end of their training in Universities and health professionals training schools, on the process of authorizations granting.

***1.1.5.1. Provide technical and financial support to the MoH, Orders/Associations and the PSSP to finalize and operationalize the digital platform designed for the publication of approved authorizations***

The dissemination of decrees signed by the Minister of Health is the last step in the process of granting authorization for private practice, and of PHF opening authorization. To date, the signed decrees are published by the DNSP for orders and associations. The applicant has no formal channel to be informed. Indeed, anyone who is fortuitously informed can withdraw a copy of the decree that concerns him at the level of the Health Regulation Service, where a register is kept to allow withdrawals. It is in this context of difficult access that the DNSP expressed the need to now have a digital platform for the dissemination of the authorizations granted, in order to allow, among other things, any applicant to consult online, the content of the signed decrees. In May 2020, PSHPA supported the DNSP and the DIP/MoH to launch the platform installation.

During the third year, PSHPA will provide technical and financial support to the MoH, Orders/Associations and the PSSP to finalize and operationalize the digital platform created to publish granted authorizations.

Results expected during Year 3:

- A functional digital platform for publishing authorizations

***1.1.5.2. Provide technical and financial support to departmental focal points of the Order of Physicians and the DDS to carry out semi-annual (post-authorization) supervision visits***

The law 97-020 of June 17, 1997, provides in Article 20: "inspections shall be carried out at least twice a year in authorized health facilities in order to verify or monitor compliance with the laws and regulations in force". However, for various reasons, post-authorization inspection of private health facilities is not yet carried out systematically. Thus, the MoH and other stakeholders expressed the need to strengthen the capacities of focal points to carry out proximity supervision in private health facilities in order to maintain or increase their performance and to prepare them for accreditation, if need be.

During the third year, PSHPA will provide technical and financial support to the departmental focal points of the Order of Midwives and to the DDS, to carry out post-authorization supervision visits.

Results expected during 3:

- 175 Private Health Facilities visited through post-authorization supervisions

***1.1.5.3. Provide technical and financial support to the departmental focal points of the Order of Midwives and the DDS to carry out semi-annual, post-authorization supervision visits***

During the third year, PSHPA will provide technical and financial support to the departmental focal points of the Order of Midwives and to the DDS, to carry out post-authorization supervision visits.

Results expected during 3:

- 175 Private Health Facilities visited through post-authorization supervisions

***1.1.5.4. Provide technical and financial support to the College of Physicians, the MoH and the PSSP to sensitize 180 students at the end of their training in the faculties about working in the private sector or opening private practice facilities***

Among the strategies adopted to significantly increase the number of registered and authorized private health facilities, is the provision of support services for private practice licensing process and for opening private health facilities.

During the third year, PSHPA will provide technical and financial support to the College of Physicians, the MoH and the PSSP to organize sensitization sessions on the process of obtaining medical private practice authorizations, for a group of 180 students at the end of their training in medical faculties, in order to prepare them to compile, in real time, authorization request files for private practice and for the opening of private health facilities.

Results expected in Year 3:

- 180 sensitized students in training schools

***1.1.5.5. Provide technical and financial support to the Order of Midwives and the MoH to sensitize 100 students at the end of their training, about working in the private sector, or opening private health facilities***

During the third year, PSHPA will provide technical and financial support to the Order of Midwives, the MoH and the PSSP to organize awareness sessions with students at the end of their training in approved

schools, on the process of obtaining authorizations for medical private practice, in order to prepare them to constitute in real time regulatory authorization applications for private practice and for opening private health facilities.

Results expected during Year 3:

- 100 midwives schools students sensitized

***1.1.5.6. Provide technical and financial support to the Benin National Association of State Registered Nurses and the MoH to sensitize 100 students at the end of their training, about exercising in private practice or opening private health facilities***

During the third year, PSHPA will provide technical and financial support to the Benin National Association of State Registered Nurses, the MoH and the PSSP to organize awareness sessions on the process of obtaining medical private practice authorizations for students at the end of their training in approved schools. These awareness sessions will prepare them to compile in real time, regulatory private practice authorization request files and files for the opening of private health facilities.

Results expected during Year 3:

- 100 students at the end of their training sensitized

***1.1.5.7. Seek support from APIEX to help the PSSP train owners of Private Health Facilities in the training protocol for small and medium-sized enterprises.***

During the first two years, the PSHPA worked closely with the MoH, the PSSP, the Orders and Associations of Health Professionals to improve the process of obtaining the authorizations required to open a private health facility. PSHPA has also collaborated with these stakeholders to educate students from different universities at the end of their training about the authorization process.

During the third year, PSHPA will build on the efforts made by providing technical assistance targeting newly authorized providers as well as those in fiscal years 1 & 2, in order to facilitate the formalization process through the registration of private health facilities with APIEX (former GUFÉ), as small and medium-sized enterprises. In this regard, online information sessions for these authorized health facilities will be facilitated by APIEX, in collaboration with the PSSP.

Expected results during Year 3:

- 175 PHF are sensitized on the registration procedure at APIEX

## **Task 1.1.6. Conduct training in service delivery, administration, strategy and business management**

During Year 2, PSHPA trained 79 PHFs in service delivery, administration, strategy and business management and met 13 representatives of banks and microfinance institutions to inform them of the role and the importance of the private health sector. Likewise, PSHPA shared with bankers the possibilities for financial institutions to lend more to private health establishments.

During Year 3, PHSPA will continue to strengthen the connection between PHFs, banks and microfinance institutions through meetings with the PSSP and training workshops for the benefit of PHFs.

***1.1.6.1.a Provide training to 175 providers of PHF on emergency obstetric and neonatal health and post-abortion health, Redirected Prenatal Consultation (RPC), vaccination, prevention, diagnosis and CEP of malaria cases, family planning and gender***

During Year 3, the PSHPA will train 175 RMNCH service providers on HIPI. This training will gradually enroll Private Health Facilities (PHF) in all health zones of the country with 15 to 20 participants per session. It is planned to hold nine training sessions. If COVID-19 prevents face-to-face meetings, PSHPA will organize virtual trainings when possible.

Results expected during Year 3:

- 175 providers trained

***1.1.6.1.b Provide training in administration and business strategy and management to 175 health facilities through professional association***

In collaboration with the PSSP, PSHPA will train 175 health facilities in service delivery, administration, strategy and business management. In total, 7 training sessions will be organized with 25 participants each.

Results expected during Year 3:

- 175 providers trained

***1.1.6.2. Train the promoters of the PHFs enrolled in the project in access to financing strategies***

PSHPA in collaboration with the PSSP, will organize two discussion and advocacy meetings with banks, microfinance institutions (MFIs) and service providers to arouse the interest of banks and MFIs to lend to service providers

Results expected during Year 3:

- 2 meetings held

***Sub-IR 1.2 % increase of private health facilities accredited in RMNCH services***

Progresses expected compared to the performance standards of sub-IR 1.2 in Year 3:

- 268 registered non-accredited private health facilities receiving quarterly accreditation visits have benefited from project support
- 38 registered private health facilities receiving quarterly accreditation visits are accredited through project support
- 350 providers who received on-the-job training on high impact RMNCH services

## Task 1.2.1. Provide technical assistance to the PSSP and the MoH to implement the accreditation of Private Health Facilities (PHF) and provide accreditation support services

During Year 2, several meetings held with the MoH (alongside the heads of the DNH) and the PSSP, made it possible to use an adapted manual to evaluate the Ministry of Health accreditation standards for the private health sector. Likewise, the development of a guide for the use of accreditation standards and its pre-test, enabled its adoption with the support of the MoH, through the new *Agence Nationale des Soins de Santé Primaire* (ANSSP; National Agency for Primary Health Care) and the DNMH. These various steps taken have enabled the project and the PSSP to better prepare the accreditation process for Year 3 of the project, by ensuring the availability of tools and human resources to support the PSSP and private health facilities.

### **1.2.1.1 Carry out periodic accreditation visits to 268 eligible private health facilities**

This will involve bringing the Private Health Facilities (PHFs) that provide RMNCH services into the accreditation process through visits to 268 PHFs. These visits will certify the facilities in certain service areas for their accreditation. Primarily, the evaluation will focus on RMNCH components. Even if certain cross-cutting accreditation themes, such as management, accounting, financial solvency of health establishments, can also be assessed, the maternal and child health departments will be at the center of the assistance provided within the framework of the project. Also, before the start of the visits, the PHF promoters will be briefed on the accreditation process and the tools that will be used, so that they can learn to do their self-assessment. Before the actual assessment, an inventory visit as a diagnostic audit will provide an improvement plan, the implementation of which will help to set up the appropriate assessment schedule for the PHF visited. In addition, each evaluation visit will be an opportunity for capacity building to improve the quality of RMNCH services. At the same time, the project will strive to help health facilities improve and maintain their accreditation score in the relevant component. Thus, depending on the evolution of the performance of each facility, coaching sessions may be organized. Two semi-annual meetings will be organized to share lessons learned in order to improve the process.

Results expected during Year 3:

- Quarterly accreditation visit report of 268 private health facilities
- Two semi-annual meeting reports

## Task 1.2.2. Establish norms and quality standards for the private sector

During the first two years, sessions held with the main actors, notably the MoH, the PSSP made it possible to adopt a training program on the HIPI. The said program will be carried out during training sessions by the SONU champions of the MoH.

### **1.2.2.1 Disseminate new malaria supervision tools through on-site training**

During on-site follow-ups, new malaria supervision tools will be presented to providers and a copy will be left in the facility.

The project Integrated Health Services Activity (IHSA) of USAID developed an integrated monitoring tool on malaria based on the monitoring tools of the *Programme National de Lutte Contre le Paludisme* PNLN (National Malaria Control Program). This new, more complete tool takes into account: (i) the laboratory and the pharmacy for the diagnosis and treatment of malaria; (ii) maternal and child health

and gender-based violence. When validated, this new tool will be disseminated across all PHFs, which have been enrolled since the first year of project implementation.

Results expected during Year 3

- 175 copies of new malaria supervision tools distributed on-site training

### Task 1.2.3. Support in-service training in high impact RMNCH services

#### **1.2.3.1 Conduct in-service training on sites during post-training supervision**

PSHPA will work with departmental trainers accredited by the *Direction de la Santé de la Mère et de l'Enfant*, (Direction of Mother and Child Health; DSME) with whom it worked during the second year for face-to-face training on emergency obstetric and neonatal health and post-abortion health for this activity. PSHPA will work with the pool of trainers to conduct supervision sessions to facilitate the transfer of skills to the 175 participants of the RMNCH trainings conducted in Year 2 for the benefit of 350 other providers who did not participate in the previous trainings. Sessions and supervision will focus on standards, management and use of equipment for emergency obstetric and neonatal health and post-abortion health, malaria prevention, diagnosis and management, family planning and gender. Two semi-annual meetings will be organized to assess lessons learned in order adjust the process.

Results expected during Year 3:

- 350 service providers trained on site during post-training follow-ups and coaching sessions
- 2 semi-annual meetings organized

#### **1.2.3.2. Provide technical assistance to the PSSP to pilot and evaluate the first e-learning module on emergency obstetric and newborn health and post-abortion health**

Based on the training materials used during the face-to-face training, modules in SONU and SAA have been offered for continuing training and will be available on request, online and offline. The finalized training content will be inserted on the platform. Slides developed for audio recording to accompany PowerPoint slideshows will be corrected. Then all content will be hosted on the PSSP website. There will be a pilot phase to test the proper functioning of the software, the internet connection and the computer equipment. Visitors of the site will have a username and password.

Result expected during Year 3:

- The online learning module of the theoretical training in SONU/SAA is launched

#### **Sub-IR 1.3 % increase of private health facilities that report data on high-impact RMNCH services to the National Health Management Information System (NHMIS)**

##### **Progresses expected compared to performance standards of sub-IR 1.3 during Year 3:**

- 150 registered private health facilities enrolled by the project are supervised at least once by the MoH during the last 6 months.
- 150 registered private health facilities enrolled by the project which report quarterly in NHMIS

## Task 1.3.1. Develop data management supervision systems at the health zone level

### ***1.3.1.1 Provide logistical and financial support to the 34 health zones to organize semi-annual integrated supervision visits for the benefit of private health facilities***

In order to support the control of health action in the private sector, PSHPA supports health zones in carrying out two semi-annual supervisions each year for PHF in their area of jurisdiction. To this end, PSHPA will provide financial support for the implementation of two supervisions integrated by health zone management teams.

Result expected during Year 3:

- Two integrated supervisions are carried out by health zones towards at least 150 private health facilities in the 34 health zones.

## ***Task 1.3.2 Connect at least 50% of registered private clinics supported by the project to NHMIS***

### ***1.3.2.1 Support the MoH for the training of providers of private health facilities in filling out NHMIS tools in the DHIS 2***

PSHPA will continue to support the MoH for the training of providers of private health facilities in filling out SNIGS tools in DHIS 2 in order to contribute complete and high-quality data to DHIS 2.

Result expected during Year 3:

- 150 healthcare facilities fill in the data in DHIS 2 every quarter

### ***1.3.2.2 Support the MoH to carry out quarterly supervision visits of DHIS 2 data quality controls in the private system***

DHIS 2 data entered by private health facilities must undergo data quality control quarterly. This exercise aims at getting private health facilities to provide quality data in DHIS 2, by monitoring a random sample every quarter, of a few key RMNCH indicators: validity, reliability, integrity and precision.

Results expected in Year 3:

- Supervision reports available

### ***1.3.2.3. Organize a data quality control workshop for DHIS 2, of private facilities with the MoH***

In accordance with AMELP, the data collected during the quarterly DQA (Data Quality Assurance) will be analyzed during the quarterly workshops in the presence of actors from the health zones and the DPP/MoH. This exercise will allow each zone to note shortcomings and organize feedback to health facilities for better results. Indeed, the collection of data from the private sector follows the same process as that of the public sector at the health zone level. Thus, during the national routine workshop, the data for each health zone already contains those of the private sector.



PSHPA is currently strengthening the capacities of private health facilities to provide their data in DHIS2 in collaboration with the PSSP, the DPP and in particular health zone data managers who work directly under the Director of Health Statistics of the DPP/MoH. PSHPA also supports HZ in integrating and validating data from the private sector at the same time as that from the public sector. During Year 3, the project will continue to help the DPP take the lead in this data validation process and ensure that data from private sector facilities are combined with those from the public sector at the health zone level.

Results expected during Year 3:

- DQA carried out each quarter to assess the indicators' quality level

## Intermediate Result 2 (IR2): Increase the availability of affordable and quality health products through private sector channels

Within the framework of the activities of the IR2 component, PSHPA will endeavor to remedy the frequent non-availability of and the limited access of private health facilities to subsidized RMNCH products. PSHPA will provide data to the MoH to make decisions on product flows and potentially reduce supply costs for the government as well as for the private sector. In collaboration with the PSSP, PSHPA will facilitate collaboration between the MoH and the lucrative private sector, NGOs, faith-based organizations and social marketing partners in order to integrate them into Universal Health Coverage (UHC). PSHPA will work to build the capacity of the public and private sectors to increase the products availability.

### ***Sub-IR 2.1. Increase in the volume of key quality RMNCH products in the private sector***

#### **Progresses expected compared to performance standards of sub-IR 2.1 during Year 3**

- 2 semi-annual market data exercises carried out
- 15% increase (compared to the beginning) of RMNCH tracer products unit volume
- Market analyzes of quarterly used products for budget monitoring and quantification needs

### **Task 2.1.1. Work with an expert subcontractor “without conflict-of-interest” to conduct an in-depth study of the flow, logistics and quality of key RMNCH products, from manufacturer to final user.**

PSHPA in collaboration with IQVIA conducted a review of prices, availability of stocks, flow and logistics of RMNCH products in the private sector. Likewise, a landscape assessment of product quality tests was carried out to assess the condition and compliance with national quality testing standards (for example, pre- and post-import quality testing and quality assurance at the point of service). These activities have enabled PSHPA to obtain a database of the market data for the supply chain of RMNCH products, specifically those of FP, malaria, vaccines, ORS/Zinc and products for water purification.

During Year 3, the project will continue to collect current data on the pharmaceutical market every six months, the results of which will be shared with key actors, particularly the MoH, and recommendations will be shared with the Ministry in the context of advocacy and political dialogue.



2.1.1.1. Work with a "conflict-of-interest" expert subcontractor to collect routine data on the pharmaceutical market bi-annually

As with the first two years of project implementation, PSHPA will work with IQVIA during Year 3 to obtain monthly data feeds of RMNCH products from private pharmaceutical wholesalers. This national level data is divided into eight regions and covers 13 RMNCH products on sale in pharmacies, integrating both gender and youth concerns.

Results expected during Year 3:

- 2 Market data analysis reports of disseminated RMNCH products

**2.1.1.2. Organize two feedback sessions on the results of RMNCH data analyzes for the MoH, CAME and Technical Financial Partners (TFPs) and make recommendations for advocacy, political dialogue and action (participation in the Technical Supply Group).**

PSHPA will organize two biannual workshops for the restitution of market data for the benefit of the MoH, the PSSP, the Order of pharmacists, private wholesalers distributing pharmaceutical products, CAME and TFPs. This data will help the stakeholders understand the quantification and regulatory reforms needed to increase the use of RMNCH quality products. PSHPA will also facilitate 4 quarterly meetings with the MoH RMNCH Product Supply Chain Technical Working Group to assess the availability of RMNCH products, identify current gaps, future needs and make recommendations for advocacy, political dialogue and action in terms of opportunities and strategies for the private sector. PSHPA will participate in these two workshops to include recommendations and considerations on gender and youth related to the use of RMNCH products

Result expected during Year 3:

- 2 reports of the two market analysis workshops carried out with representatives of the MoH, the PSSP, the Order of pharmacists, the CAME and the TFPs.
- 4 Reports of the MoH four quarterly meetings with the TFPs to assess the supply chain of RMNCH products.

**2.1.1.3. Complete the report on the semi-annual routine analysis of the RMNCH environment and share it with the Ministry of Health, CAME and Technical and Financial Partners**

A biannual report of the results of data analysis of RMNCH products, completed by the feedback workshop recommendations will be finalized and distributed to all stakeholders.

Results expected during Year 3:

- 2 reports on the supply chain of RMNCH products in the private sector are disseminated

## Task 2.1.2. 35% increase in unit volume of RMNCH tracer products

During the past two years, PSHPA has carried out the collection of historical RMNCH basic data. The sharing of those data and the project's advisory support to the various stakeholders facilitated decision-making, gradually contributing to the availability of RMNCH products throughout the supply chain. In the medium term, this has resulted in an increase in the volume of RMNCH products in the private sector.

During Year 3, PSHPA will strengthen the mechanism for acquiring family planning (FP) products from subsidized Malaria Control Inputs (ILPs), including for the benefit of company dispensaries. While continuing to organize joint quarterly supervision of PHFs, the project will continue to support actors in the supply chain for better management of the availability of RMNCH products and to provide technical assistance to the supply chain on forecasting and quantification activities of RMNCH products in the private sector. This support will of course integrate the gender and youth dimensions of the project.

#### ***2.1.2.1 Provide logistical and financial support to private company clinics monitored by CEBAC-STP to benefit from the acquisition mechanism of FP products, from ILPs subsidized to CAME***

During Year 2, CEBAC-STP worked with corporate health centers. PSHPA monitored the activities implemented by CEBAC - STP, including the selection and validation of the two new companies enrolled for Year 2 in connection with the PSSP. The project supported the development of the CEBAC - STP work plan, through a MOU. Thanks to this document, CEBAC-STP has strengthened the staff capacities of the four company health centers, for a better offer of RMNCH services, a good supply of Malaria Control Inputs (ILP) and subsidized family planning (FP) products.

In Year 3, PSHPA will, through the CEBAC-STP and the PSSP, define the roles and responsibilities of each stakeholder involved in the implementation through a working session with the PNL, the DSME, the Coordinating Doctors of Health zones and managers of infirmaries of 6 enlisted companies. The project will also train the facilities' managers of RMNCH products in the use of tools, which will be made available to them. Furthermore, the project will ensure the signing of the memorandum of access to the distribution depot between the health zone and the companies concerned. Finally, the project will ensure the permanent availability of RMNCH products in these company infirmaries and the reporting of management data for those products.

Results expected during Year 3:

- A report on the implementation of FP inputs and the fight against malaria

#### ***2.1.2.2. Collaborate with the PSSP and Chemonics to strengthen the management control of RMNCH products in private health facilities***

During Year 2, even if the initial programming of field supervision was disrupted by the COVID-19 pandemic, PSHPA organized a joint quarterly supervision mission to ensure that the distribution depots managers in the health zones take the needs of private health facilities into account when assessing the supply of tracer products from RMNCH to CAME. Also, this supervision made it possible to check the availability of RMNCH products, to assess their storage conditions at the depots and to develop a problem-solving plan for all the problems identified during the mission.

During Year 3, PSHPA will collaborate with the PSSP and Chemonics for a better involvement of young logisticians in monitoring the management of RMNCH products in private health facilities. More specifically, this will involve evaluating the availability of inventory management tools for RMNCH products, controlling storage conditions (vaccine temperatures in cold rooms and refrigerators), collecting RMNCH products consumption data, controlling the quality of monthly reports from health facilities on the basis of management tools and ensuring the improvement of the performance of the logistics management information system of RMNCH products. An unannounced review will be carried out during the integrated supervision visits planned for the activity.

Result expected during Year 3:

- Quarterly supervision report of young logisticians

**2.1.2.3. Provide technical assistance to the MoH, CAME and departments for the organization of consultation frameworks related to the supply chain and on forecasting and quantification activities of private sector RMNCH products**

In order to meet the requirements of the health product supply chain management, the MoH has set up the National Committee for the Supply of Health Products (CNAPS). In Year 3, PSHPA will continue to support meetings of this committee, in order to help improve the availability and accessibility of essential drugs in the private sector. Through these same meetings, the project will help improve the activation of the early warning system and update of the national supply plan, keeping in mind the needs of the public, private and community level. In addition, PSHPA, in the "Roll Back Malaria" (FRP) meetings, will address the problems related to the management of ILPs in order to ensure the availability of RMNCH products in private health structures and, if need be, help resolve supply chain issues. Furthermore, working sessions will be held with the health zones distribution depots managers in the project intervention areas.

Results expected during Year 3:

- 34 working sessions reports with health zones distribution depots managers in project intervention areas.

**2.1.2.4. Provide technical support for the semi-annual organization of meetings to validate ILPs consumption and distribution data**

During Year 2, PSHPA participated in the biannual ILP validation meeting of consumption and distribution data, which brought together all the stakeholders concerned. In Year 3, PSHPA will continue to participate in meetings with the PNL and the DSME and will help organize two biannual workshops to validate data from RMNCH products. This will strengthen the quality control system of consumption data resulting from the use of those products through the DRZs, public and private health facilities. PSHPA will help provide the MoH with quality data as well as complete reports from private health facilities, submitted on time. This will improve the quality of its previously unreliable consumption data, as the low completeness and promptness rate currently constitute a weakness for the Logistics Management Information System (LMIS) of health products.

Results expected during Year 3:

- 2 reports of biannual data validation meetings including those of the private sector.

**Task 2.1.3. Ensure the analysis of routine semi-annual data of key RMNCH products from the market**

**2.1.3.1. Perform the semi-annual routine analysis of RMNCH tracer products**

During Year 3, PSHPA will do a biannual analysis of routine data from RMNCH products collected by IQVIA and those collected from the *Association Béninoise de Marketing Social* (ABMS; Beninese Association of Social Marketing), by Population Services International (PSI) and the *Association Béninoise pour la Promotion de la Famille* (ABPF; Beninese Association for the Promotion of the Family), by the ANSSP/DSME and the project. The analysis and triangulation of these different data collections will help

the MoH and the various stakeholders to make real-time decisions in order to improve the performance of RMNCH products supply chain, integrating gender and youth dimensions.

Results expected during Year 3:

- 2 semi-annual analysis reports of routine data triangulated with those of the ABMS, PSI and ABPF

#### Task 2.1.4. Help the Government of Benin and private sector actors to interpret and use the results of market data analysis

Using a market-based approach, PSHPA will provide technical assistance to the Ministry of Health, PSSP and the College of Pharmacists, DDS and HZ to interpret, analyze and use gender sensitive market data (p. Ex., Volume and type of products distributed, met and unmet needs, stock shortages and shortages) to understand quantification, drug quality testing and regulatory reforms needed to increase the use of quality RMNCH products. PSHPA will facilitate quarterly Ministry of Health meetings to assess RMNCH services, identify current gaps and future needs, and make recommendations for advocacy, political dialogue and action in terms of opportunities and possible strategies to reach vulnerable populations, especially young people and teenagers.

##### **2.1.4.1. Organize a biannual consultation workshop with actors from the national, departmental and Health zone levels involved in the management of RMNCH products.**

In order to have a highly performing RMNCH supply chain products with a failure rate of less than 5%, PSHPA will organize during Year 3 an annual consultation workshop with all stakeholders at the central, departmental and operational levels that are involved in the management of RMNCH products. This workshop will allow the difficulties related to the supply chain to be shared and problems related to the current supply chain of RMNCH products identified during the quarterly supervisions to be addressed. This meeting will also help all stakeholders to suggest a strategy to remove bottlenecks, share experiences especially those from areas that have developed a sustainable system, and improve maternal newborn and child health. This workshop could be organized in person or virtually depending on the evolution of the COVID-19 pandemic in the country.

Results expected during 3:

- A review of the supply chain is available

#### **Sub-IR 2.2. Improvement of the regulatory environment of RMNCH products**

##### **Progresses compared to performance standards of sub-IR 2.2 during Year 3:**

- 120 pharmacies or private pharmaceutical depots registered at the district level

#### Task 2.2.1. Finalize the comparative analysis on pharmacy networking and the advertising of RMNCH products in the sub-region as part of the harmonization of regional regulatory agencies

During Year 2, PSHPA conducted a series of prospective studies to better understand the regulatory environment for health products, in particular RMNCH products, in order to understand a comparison of the networking of pharmacies and the advertising of those products in the sub-region. The aim of such an approach, is to have elements of advocacy in favor of the improvement of the regulatory environment of RMNCH products.

In Year 3, PSHPA will continue this process by adopting the results of the various studies, in particular the recommendations of the studies on the impact of networking and marketing on RMNCH products. PSHPA will also facilitate the organization of advocacy to soften the laws on RMNCH products networking and marketing.

#### ***Task 2.2.1.1. Advocacy with the authorities for an easing of laws related to the impact of networking on RMNCH products***

In Year 2, PSHPA organized, in collaboration with the PSSP and the MoH, a 20-person workshop to reflect on the implementation of recommendations gathered from the study of the impact of networking on RMNCH products.

In Year 3, the project will provide support to the PSSP to organize advocacy among decision-makers for the revision of the decree on advertising of health products.

Results expected during Year 3:

- An advocacy strategy including a roadmap for the easing of the law

#### **Task 2.2.2. Finalize the case study on the liberalization of pharmaceutical prices**

##### ***2.2.2.1. Advocacy with the authorities for a relaxation of laws related to the liberalization of RMNCH products prices***

Reflections were carried out during Year 2 in the form of a workshop of 30 people organized in collaboration with the PSSP and the Ministry of Health on the recommendations resulting from the output of the pharmaco-economic study of RMNCH products by decision-makers. During Year 3, PSHPA will finalize and start the implementation of the advocacy strategy.

Depending on the scope of study main findings, the PSHPA project will support the PSSP to advocate with decision-makers for the revision of the health product advertising decree.

Result expected during Year 3

- 1 Advocacy report available

#### **Task 2.2.3 Work with the Ministry of Health and private sector actors, to streamline the pharmaceutical registration process and harmonize with regional regulatory bodies**

**2.2.3.1 Support the Agence Béninoise de Règlementation Pharmaceutique or Beninese Pharmaceutical Regulation Agency (ABRP) in the dissemination of the pharmaceutical card data to encourage the application of pharmacists to open new private pharmacies**

PSHPA gave financial assistance to the Beninese Pharmaceutical Regulatory Agency (ex DPMED) for the establishment of the 2020 - 2022 pharmaceutical map; the subsequent report was only available in the second quarter of 2020 due to administrative delays at the level of the Ministry of Health. Support will be given during Year 3 to the ABRP for the dissemination of this pharmaceutical map through two local newspapers as well as the modalities of access to new sites.

Results expected during Year 3:

- The new pharmaceutical map is disseminated

**2.2.3.2. Provide financial support to the MoH in the organization of 2 sessions to analyze the submitted files for authorizations to open new pharmacies**

As part of the facilitation of the process of granting new sites listed by the new pharmaceutical map, the project intends to provide technical and financial assistance to support the committee in charge of the analysis of applications for new pharmacies and support the dissemination of the list of pharmacists which have received authorization to open.

Result expected during Year 3:

- 2 meetings of the file analysis committee held
- List of those who received the published opening authorization

**2.2.3.3 Develop the list of pharmaceutical depots**

PSHPA will assist the Beninese Pharmaceutical Regulatory Agency for inspection visits and site identification for the establishment of depots in districts without pharmacies.

Results expected during Year 3:

- The list of new deposits is disseminated

## **Task 2.2.4. Present a business case to support pharmaceutical advertising**

**2.2.4.1. Organize a workshop to reflect on the various recommendations gathered from the study of the impact of advertising on RNMCH**

Following the results of the study of the impact of advertising on RNMCH completed during Year 2, PSHPA will support the PSSP in organizing a workshop of 20 people to reflect on the implementation of the study's recommendations. This workshop will bring together members of the PSSP, the MoH's technical departments and specialized agencies of the health sector.

Results expected during Year 3:

- A workshop report is available with a roadmap for the implementation of recommendations

#### **2.2.4.2. Advocacy with the authorities for a relaxation of the laws on the advertising of RMNCH products**

During Year 2, PSHPA conducted the study of the impact of advertising on RMNCH products. The recommendations from this study deserve a training and advocacy workshop for health authorities

During Year 3, PSHPA will support the PSSP in advocating with decision-makers for the revision of the decree on advertising of health products.

Results expected during Year 3:

- An advocacy report is available with a roadmap for the implementation of recommendations.

#### **Task 2.2.5. Strengthen collaboration between PSSP and CSU insurance providers**

##### **2.2.5.1. Organize with the PSSP, the MoH and other stakeholders, a workshop to develop the operational plan for the recommendations gathered from the study on the costs applied in the private sector, including the planning of lobbying and advocacy actions**

During Year 2 of the project, PSHPA provided technical and logistical support to the PSSP to conduct a study of the costs applied in the private health sector in connection with the ARCH (Insurance for the Strengthening of Human Capital) and organize the validation workshop of this report. This study was accompanied by recommendations that PSHPA will support in Year 3, along with the organization of a workshop to plan their implementation. The project will collaborate with the PSSP in panel discussions with the ARCH management unit, the National Health Insurance Agency (ANAM), the offices of the MoH and the Minister of Social Affairs, the Reform Commission, etc. for the purpose of lobbying them.

Results expected during Year 3:

- Recommendation implementation plan available

### **Intermediate result 3 (IR3): Reinforced public-private commitment to promote the achievement of RMNCH results**

As part of this IR, PSHPA will continue to build the capacities of the PSSP to make it a facilitator, defender and interlocutor of all private sector actors vis-à-vis the MoH and other key partners. To do this, PSHPA relies on the recommendations from the various programmatic guidance and governance tools of the PSSP, namely: the capacity building plan, the resource mobilization plan, the advocacy and communication plan, the strategic development plan, to better meet its needs in terms of human, financial, organizational and institutional resources.

In addition, PSHPA is working to promote the Public Private Partnership (PPP) for the achievement of Universal Health Coverage (UHC), simultaneously supporting the formalization of frameworks for dialogue and consultation between public and private actors, the periodic planning and organization of the meetings about those frameworks at the health zone level, and the development of a national policy to structure the PPP interventions from the MoH to the operational level.



PSHPA will also support an annual analysis of the regulatory landscape in order to update the regulations concerning private practice authorizations to open and operate, the provision of high-quality RMNCH services, human resources, the supply chain, and the governance and financing of health in Benin, etc. Additionally, the project will facilitate the participatory review of results, to inform reform implementation processes in the sector.

**Progresses compared to performance standards of sub-IR 3.1 during Year 3:**

- 20% increase in PSSP resources
- 2 new associations join the PSSP
- 1 mechanism established to mitigate conflicts of interest between the PSSP and its members
- 1 PSSP advocacy plan established
- PSSP advocacy plan implemented

***Sub-IR 3.1. Increased platform leadership, management and governance capacity***

**Task 3.1.1. Identify challenges related to PSSP membership and establish a membership growth plan**

During Year 2 of the project, PSHPA completed the development of the growth and retention plan for PSSP members, which guides it in the implementation of key actions to achieve the programmatic objective of 10 new memberships by 2023. Thus, the introductory interpersonal meetings with some of the associations considered as potential members of the PSSP and listed in the plan have started. Also in Year 2, PSHPA strengthened the operational capacities of the PSSP through the provision of two Technical Assistants (TAs).

During Year 3, PSHPA will support the continuation and expansion of these awareness meetings. They will take the form of information and motivation meetings, first with the managers of each targeted association and then with the whole organization, with a more extensive agenda. These meetings will draw attention to questions of general interest affecting the life of those associations, as well as the contribution of the PSSP to their promotion.

***3.1.1.1. Organize, through Technical Assistants (TAs), interpersonal and group meetings with 15 potential member associations, in order to convince them to become PSSP members***

The membership of a new association in the PSSP will be the result of a process of associative marketing, which includes meetings of persuasion and motivation both interpersonal and group. To do this, during Year 3 of the project, PSHPA will help the 2 TAs recruited and made available to the PSSP to plan and organize monthly awareness sessions with potential member associations, at a rate of at least 2 associations per month. These sessions will focus on the advantages of belonging to the PSSP as well as the administrative support that the PSSP can provide them in order to formalize their membership.

Results expected during Year 3:

- 2 new associations join the PSSP



### **3.1.1.2. Disseminate the charter on social entrepreneurship, taking into account the interests of associations as well as that of their members**

Social entrepreneurship in the context of PSSP means that part of the income generated by the "paid" services it offers can be used for its self-financing. However, on the basis of the principle of collective participation in the enjoyment of this income and with regard to the orientations of the growth plan and retention of its members, the PSSP would benefit from allocating part (i.e. 3 to 10%) of its financial interests to member associations for their own functioning. This method of sharing resources is structured in a charter that PSHPA will help the PSSP to disseminate during Year 3. This charter will be the subject of a graphic designer printing of 1000 copies and its dissemination will take the form of a presentation workshop, followed by its distribution in paper or electronic form, through all the information channels within its reach.

Expected result during Year 3:

- 1,000 copies of the charter distributed and workshop report available

### **3.1.1.3. Organize an experience-sharing workshop on issues of associative governance for the benefit of PSSP members**

The quality of governance constitutes a factor of mobilization within an organization. Although the diversity of the associations members of the PSSP is perceived as an asset, the quality of their management has an impact on their level of resources mobilization (human and financial) and consequently on the PSSP.

During Year 3, PSHPA will provide logistical support to the PSSP to organize, for the benefit of the presidents, secretaries and treasurers of member associations, a workshop to share good practices in associative governance. Through the TAs, PSHPA will advise the PSSP on the creation and facilitation of a community of practices on the subject via dedicated networks, including WhatsApp groups, Zoom exchanges, etc., which will promote harmonization within these networks with minimal management rules.

Results expected during Year 3:

- Workshop report available

### **3.1.1.4. Support the PSSP in the coordination and dissemination of a public conference on private health sector challenges in order to strengthen its visibility**

The context of the health reforms now implemented in Benin brings forth issues and challenges on which the positioning of the PSSP as a guide and defender of the private health sector interests, would enhance its visibility. During Year 3, PSHPA will provide logistical and financial support to the PSSP to mobilize 2 local media (ORTB and Channel 3) in order to carry out and broadcast a public conference by focusing the center of interest on its contribution to strengthening the health system. PSSP will also use other channels within its reach to ensure wider coverage of this conference. (Website, social media, etc.).

Result expected during Year 3:

- Conference held and the broadcast is available

## Task 3.1.2. Support the PSSP in the implementation of its resource mobilization plan

### **3.1.2.1. Continue to strengthen the PSSP's operational capacity, including the mobilization of PSSP resources by maintaining two Technical Assistants**

During Year 2 of the project, PSHPA made available to the PSSP, 2 TAs, one in charge of its institutional and organizational development and the other in charge of health business development issues. In the opinion of the PSSP, the relevance of the key roles assumed by these TAs for the benefit of its influence and the strengthening of its self-financing capacity is confirmed. For a good follow-up of the resource mobilization actions they initiated and the realization of other self-financing opportunities for the benefit of the PSSP, PSHPA will extend the consultancy contract of these 2 TAs, during the Year 3.

Result expected during Year 3:

- Contract of both TAs extended for one year

### **3.1.2.2. Provide through the Technical Assistants an advisory support to the PSSP in the implementation and management of new projects aimed at strengthening its financial autonomy**

With the support of the 2 TAs, the PSSP has, during year 2, focused its attention on identifying niches for mobilizing resources, developing and submitting projects to its partners with the goal of capturing them. During Year 3 of the project, PSHPA will focus on the concrete implementation of projects which funding has been completed, by prioritizing their management, a guarantee of its reputation and its trust capital with partners. PSHPA will monitor the TAs on a monthly basis in the implementation of advisory support activities on these areas of interest.

Result expected during Year 3:

- Monthly activity reports of AT available

### **3.1.2.3. Provide technical and financial support to the PSSP for the performance of its annual management audit**

The capacity building of the PSSP involves, among other things, a look at its finances, the way they are managed and the possible problems that their management raises in order to put in place corrective measures. For this, during Year 3, PSHPA will recruit a consultant to perform the PSSP management audit. This will ensure optimal management of projects for which the mobilization of funding is underway.

Results expected during Year 3:

- Management audit report available

#### **3.1.2.4. Provide technical and financial support to the PSSP to organize the 2nd edition of the Bénin Santé Symposium (symposium on Benin Health system) (2021)**

Bénin Santé 2019 was a great first success for the PSSP and a new edition was proposed with the objectives of resource mobilization, institutional strengthening and visibility. During Year 3, PSHPA, will provide technical support to the PSSP in the preparation, organization and reporting of Bénin Santé 2021, as a local event. PSHPA will also provide financial support to the PSSP to cover some strategic expenses for the event.

Results expected during Year 3:

- Report of Bénin Santé 2021 available

#### **Task 3.1.3 Put in place a functional mechanism to mitigate conflicts of interest within the PSSP**

##### **3.1.3.1. Organize a workshop for the adoption and training of the PSSP of/in the conflict of interest prevention and management policy**

During Year 2, PSHPA supported the PSSP technically in developing a policy for the prevention and management of conflicts of interest. This is a good governance tool for the PSSP, which guides it on the main principles of managing conflict of interest situations. During Year 3, PSHPA will provide technical and logistical support to the PSSP to organize a training workshop in order to facilitate the document's implementation.

Result expected during Year 3:

- Workshop report available

#### **Task 3.1.4. Support the PSSP in the implementation of its advocacy and communication plan including the promotion of a sustainable Public Private Partnership in the health sector and the influence of the Platform on health policy issues**

##### **3.1.4.1. Develop the graphic charter and related supports (Template, etc.) of the PSSP**

For an association in search of identity and notoriety such as the PSSP, the graphic charter (logo, font type, color scheme, slogan, space, margin, etc.) comes from an institutional marketing approach and brings together a set of visual elements that will allow it to have homogeneity and consistency between its internal and external visual communication. In this context, during the third year of the project, PSHPA will support the PSSP to develop this communication tool.

Result expected during Year 3:

- Graphic charter available

### **3.1.4.2. Develop and produce promotional materials for the PSSP (1000 information brochures and 5 roll up banners)**

The implementation of the PSSP communication and growth plans recommends it to have various communication materials and advertising aimed at providing more information about the PSSP to its target groups. During Year 3, PSHPA will provide, through TAs, technical support to structure key PSSP information on media that are easily readable and understandable by its audience (brochures and roll up banners).

In addition to its history, its mission, values and principles of action, member segments or associations, and areas of intervention, these media will focus the attention of readers or visitors on its flagship projects oriented on "high value-added services" for the benefit of its members, the key results obtained and the testimonies of beneficiaries. PSHPA will ensure the graphic printing of 500 brochures per semester and roll up banners with the help of a service provider and will make them available to the PSSP for use.

Results expected:

- 1000 information brochures and 5 roll up banners available for the PSSP

### **3.1.4.3. Organize 2 biannual meetings on the national public-private consultation framework**

Year 2 of the PSHPA project was partly devoted to technical support to the MoH to develop a national policy on PPP in the health sector based on the recommendations of the first regional PPP forum organized by the West African Organization of Health (WAHO) in the ECOWAS region, which asked member countries of the West African region "to develop national PPP strategies and strengthen the national framework for consultation between the public and private sectors".

During Year 3, PSHPA will provide technical and logistical support to the MoH, to implement this policy through the organization of 2 biannual members meetings signed by ministerial decree to lead the PPP framework at the national level.

Result expected during Year 3:

- Semi-annual report of the national framework available

### **3.1.4.4. Provide financial and logistical support to health zones to organize quarterly public-private consultation framework workshops**

During Year 2 of the project, PSHPA continued to provide technical and logistical support to 8 health zones to establish public-private consultation dialogue between health actors as a means of strengthening the system's performance at the decentralized level.

During Year 3, this support will continue in the 8 areas that were covered during the first two years, and then expand to 24 other areas. It will make it possible to evaluate the situation and the operationalization plan of the new areas. It will also allow support to managers training, the planning and organization of quarterly meetings, the piloting of the process of amendment, validation and signature of the memorandum of understanding between the PHFs and the Managing Health Zone Teams (Equipes d'encadrements de Zones Sanitaires; EEZS), which set the commitments of the parties. Indeed, Abt has observed that in most West African countries where it has intervened, PPP activities need to be supported by PPP strategies/policies to better orient stakeholders towards specific actions of

partnership. This is why, in addition to actions at the level of health zones, PSHPA proposes to set up a national PPP policy and a consultation framework to structure and conduct specific PPP projects. This approach is a lesson learned from Senegal, Ivory Coast and Madagascar.

Result expected during Year 3:

- Inventory report of 24 new HZ together with the available operational plan
- Managers meeting reports available

#### **3.1.4.5. Provide financial and technical support to the PSSP to set up and operationalize its decentralization or representation plan at the zone level**

During Year 2 of the project, PSHPA provided technical and logistical support to the PSSP to set up 4 focal cells at the zone level. Through these cells, the PSSP ensures its representation at the base. During Year 3, PSHPA will continue to technically assist the PSSP in the animation of the first 4 cells, then in the process of designation, installation and operation of these focal cells in 10 other targeted health zones.

Result expected during Year 3:

- Report on the establishment of a functional focal cell in 10 HZ departments

#### **3.1.4.6. Copy and disseminate 500 copies of the NGO partnership agreement authorizations procedures manual for the benefit of the MoH**

During Year 2 of the project, PSHPA provided logistical and financial support to the MoH to organize a workshop to validate a manual of partnership agreement authorization procedures with NGOs accredited by the Ministry of Health. This is an implementation guide whose appropriation remains essential by the actors for its correct application in identifying the activities and areas of intervention of each non-governmental organization working in Benin in the health sector.

In this context, PSHPA will provide logistical support to the MoH during Year 3, by soliciting the services of a graphic designer, to produce 500 copies of the manual. PSHPA will also assist the MoH in organizing two dissemination workshops (one in the south and one in the north) with 100 NGO representatives.

Results expected during Year 3:

- 500 copies of the manual disseminated

### **Task 3.1.5. Provide technical assistance to the PSSP in the implementation of the ARCH program with the participation of the private sector.**

#### **3.1.5.1. Organize with the PSSP and other private sector actors, a study of the costs of health baskets to facilitate the inclusion of the private sector in the implementation of ARCH**

During Year 3 of the project, a cost study on the private sector health basket will be completed with the strong involvement of the PSSP to develop advocacy arguments, including messages to raise awareness and mobilize actors at various levels on the added value of the private sector integration in the implementation of ARCH.

Results expected during Year 3:

- Study recommendations documented in the form of advocacy tools

### **Sub-IR 3.2. Annual documentation on the private health sector regulatory environment**

#### **Task 3.2.1. Update the annual regulatory landscape documentation report**

During Year 2 of the project, PSHPA provided technical support to the PSSP and the MoH to produce the annual review of the regulatory landscape of the private health sector and the pharmaceutical sub-sector through the provision of a consultant, who supported the reform committee.

During Year 3, PSHPA will support the analysis of a new annual review of the regulatory landscape in order to update the regulations and health institutions induced by the reforms, notably concerning private practice authorizations, the provision of RMNCH quality services, human health resources, the supply chain, governance and financing of health in Benin, etc. and facilitate participatory review of results, to inform reform implementation processes in the sector.

Results expected during Year 3:

- Updated and disseminated report

## **Intermediate result 4 (IR4). Innovative and successful health models are identified, piloted and applied**

### **Sub-IR 4.1. At least one innovative and successful model is piloted and applied**

#### **Progresses compared to performance standards of du sub-IR 3.1 during Year 3:**

- 1 innovative and successful health model is piloted

#### **4.1.1. Identify at least four innovative and successful models for the private health sector**

PSHPA conducted research, which made it possible to evaluate, identify and choose from among five health models for the private sector group practices as the most appropriate model to pilot in Benin. In Year 2 of the project, PSHPA was concerned with determining the feasibility of the practical group model chosen for the case of Benin. In this regard, it conducted an assessment of the economic potential of two examples of health practices, the diagnostic hub and the cooperative-type healthcare practices in Benin. This assessment aims to identify the economic potential of each group practice example (diagnostic hub and cooperative clinic) in connection with the country's health environment and the project's programmatic expectations.

#### **4.1.1.1. Organize an evaluation workshop on health models and develop a piloting plan for the chosen model**

During Year 3, PSHPA will organize a validation workshop for the evaluation of group practice examples, in order to take advantage of the technical advantages of the choice to be made. This half-day workshop will bring together the PSSP and the MoH, TFPs and will also provide a piloting plan for the chosen model. This plan will include, among other things, the schedule of tasks and responsibilities, the

intervention mechanism/methodology and possibly an estimation of costs. This plan will also identify potential obstacles and the means to remove them to facilitate implementation.

Results expected during Year 3:

- Validated evaluation report available
- Plan and steering mechanism for the chosen model available

#### **4.1.2. Pilot one of the innovative and successful models of the private sector and disseminate the results to stakeholders**

##### **4.1.2.1. Implement the pilot plan for the chosen model**

During Year 3, PSHPA, in collaboration with the PSSP, will implement the piloting plan validated through technical assistance for the formalization, development of the business plan and the strategic group monitoring.

Results expected during Year 3:

- Pilot starting report

#### **4.1.3. Apply at least one model in collaboration with the platform and the Ministry of Health**

##### **4.1.3.1. Evaluate the pilot phase and develop the scaling plan for the chosen model**

At the end of the pilot phase, PSHPA will proceed to the evaluation of this phase to draw lessons and identify successes and failures through a consultant dedicated to this task. The consultant will also propose a plan to scale up the model.

Result expected during Year 3:

- Evaluation report available

## Cross-cutting activities

### Gender and Youth

During Year 2 of the project, PSHPA designed and facilitated several trainings and provided briefing on the importance of integrating gender and youth in the health sector activities in general, specifically holding four sensitization sessions organized at the departmental level for the establishment of public-private consultation frameworks.

Thus, two workshops co-facilitated by the Pharmaceutical and Commercial Marketing Advisor and the Gender Advisor enabled various actors in the public and private health sectors to formulate recommendations in order to fuel national-level decision-making for the better inclusion of young people needs, especially in reproductive health.

During Year 3, PSHPA will continue to integrate gender and youth dynamics into activities. PSHPA will conduct a mid-term gender and youth analysis to examine the progress of gender inclusion in years 1-2

of the project, identify persistent gaps, and give recommendations for better gender inclusion in the project last years of activities. This analysis will be conducted simultaneously with the mid-term youth analysis, and all the results will be presented in a single report. PSHPA will use a collaborative approach to design this analysis in Quarter 1, conduct data collection in Quarter 2, conduct data analysis and validation in Quarter 3, and finalize the report in Quarter 4 prior Year 4 work plan.

In addition, PSHPA will develop a training module focusing on Gender Based Violence (GBV) for private health providers. To do this, an inventory of the interventions already underway in the country will be carried out, along with a table of support structures for survivors. This will help participants to properly direct survivors to easily accessible RMNCH services. PSHPA will develop and facilitate gender and youth training for gender focal points in health zones and DDS. To this end, the project will work with the health zones and the DDS to appoint a gender focal point where there is none yet. During Year 3, PSHPA will give preliminary training in gender and health to these gender focal points and will organize for them a global training session on gender and youth for all departments in Quarter 4.

PSHPA will support the PSSP in the Gender Strategy content quality control and its action plan by supporting the collection of institutional data from the PSSP and workshops to 1) identify opportunities to strengthen the current strategy and train PSSP members in gender fundamentals, 2) create a vision for the implementation plan, and 3) validate and disseminate the action plan based on the collected data.

As in previous years, the PSHPA will integrate gender and youth aspects into the activities planned under each IR for Year 3, by revising the activities Terms of Reference (ToR), to ensure female participation (at least 1/3 of the participants) and contribute to the inclusion of gender considerations in the design and content of training courses, workshops and other resources developed. The project will also benefit from two internal gender and youth review workshops to review the progress of gender and youth activities, strengthen the gender and youth capacity of project staff, and identify opportunities and strategies to improve gender and youth integration in project activities.

Expected cross-cutting activities results:

- Final report of the mid-term gender and youth analysis
- List of PHFs having benefited from the appropriate gender and youth modules
- A training module on GBV and the care of survivors is developed and available
- A consultation workshop report and a document of the implementation plan for the PSSP gender strategy
- Two reports of the two gender and youth review workshops.

## Coordination with implementing partners and other USAID stakeholders

PSHPA will continue to collaborate with other USAID implementing partners such as PSI/Transform-Phare for Demand Creation, Management Sciences for Health/Integrated Health Service Delivery, Chemonics/Global Health Supply Chain, including the PNLP on ILPs, as part of the project's contributions to the fight against malaria. PSHPA will also work with donors such as the Belgian Development Agency to coordinate activities in rural and hard-to-reach areas in the north, the World Bank/SWEDD and the French Development Agency (AFD) to identify areas of collaboration, especially for training and linking young people to opportunities with companies in order to achieve the vision set by the Government of Benin and USAID/Benin.



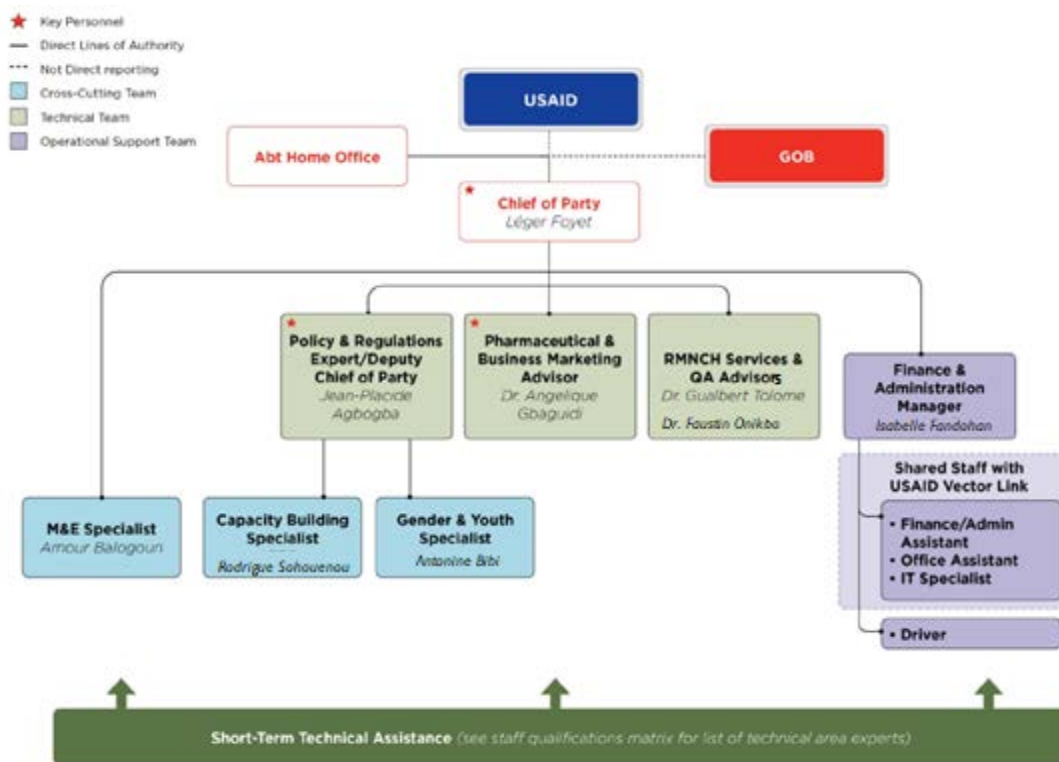
# PROGRAM MANAGEMENT

## Human resources

As shown in the chart in Figure 2 below, the PSHPA project team in Benin is made up of key persons, including a Chief of Party (COP), a Policy and Regulatory Expert/DCOP, a pharmaceutical and commercial marketing advisor. This staff is complemented by a specialist in RMNCH, a specialist in Quality & Assurance (QA), a specialist in capacity building, a specialist in monitoring and evaluation (M&E), a specialist in Gender and Youth and a Finance and Administration Manager (F&A). PSHPA staff also includes an F&A assistant, an administrative assistant and two administrative vehicle drivers. PSHPA shares an IT specialist with the Vector Link project led by Abt Associates.

The country team will continue to be supported by a head office team composed of a portfolio manager, a technical project manager and an F&A manager. The headquarters team will provide technical supervision and management for the duration of the project. Additional short-term local and international experts will provide personalized technical assistance to the country team as needed.

Figure 2. Benin Private Sector Health Partnership Activity Organizational Chart



## Environmental Mitigation and Monitoring Plan

During Year 3, the PSHPA will revise when necessary and submit the Environmental Mitigation and Monitoring Plan (EMMP) based on the USAID/Benin Initial Environmental Review (EIR).

## Partners

Abt Associates leads the PSHPA team. In Benin, Abt will continue to work with its main partners, Medical Care Development International (MCDI) and EnCompass. Abt will use the services of IQVIA for routine pharmaceutical data collection for the available RMNCH products. In addition, Abt will continue to work with the PSSP to strengthen their capacity to act as the interlocutor between the private health sector and the MoH in the process of authorization and accreditation of its members and to advocate for the modification of laws and regulations, which have an impact on the private sector, as well as with CEBAC-STP for CSR activities linking private companies to RMNCH products and services. Table 1 provides an overview of roles in the PSHPA team:

**Table 1. Table of the roles of PSHPA partners**

Partners	Roles
<b>Abt, Lead</b>	Project manager, general management of the activity; reporting and accountability to USAID and the Ministry of Health; management, coordination and supervision of partners and subcontractors; Strategic manager for objectives 2, 3 and 4; coordination of short-term technical assistance (STTA)
<b>MCDI</b>	Strategic manager of objective 1; facilitate activities related to licensing and accreditation; main provider of capacity building, training and supportive supervision activities
<b>EnCompass</b>	Lead activities on gender and youth; develop, implement and monitor the project's gender strategy, including gender and youth related priorities by objective and ensure that all activities integrate gender and youth considerations, including AMELP
<b>IQVIA</b>	Conduct routine analysis of tracer product data to inform evidence-based decisions
<b>PSSP</b>	Strengthen PSSP capacity to act as an interlocutor between the private health sector and the Ministry of Health, to authorize and accredit its members and to advocate for the modification of laws and regulations impacting the private sector

<b>CEBAC-STP</b>	CEBAC-STP: lead efforts to raise funds and increase access to RMNCH products and services with private companies
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## FINANCIAL REPORTING

PSHPA has a budget of \$ 3,155,859 for the period going from October 1, 2020 to September 30, 2021. Table 2 below presents a high-level summary of the budget proposed by PSHPA for the third year, by position, and table 3 presents it by objective and task.

This budget includes the \$ 965,859 which represents the “carryover” of the second year and the funds already committed to the PSHPA for its third year work plan. The PSHPA is officially asking for an additional obligation of \$ 2,190,000 to complete its third year funding.

**Table 2. Budget summary of PSHPA third year by budget line**

Line Item	Amount
<b>I. LABOR</b>	\$448,356
<b>II. FRINGE BENEFITS</b>	\$198,212
<b>III. OVERHEAD</b>	\$138,061
<b>IV. CONSULTANTS - FEES/TRAVEL/ODC's</b>	\$122,392
<b>V. TRAVEL AND PER DIEM</b>	\$822,883
<b>VI. ALLOWANCES</b>	\$96,946
<b>VII. OTHER DIRECT COSTS</b>	\$433,580
<b>VIII. EQUIPMENT</b>	\$0
<b>IX. GRANTS</b>	\$0
<b>X. SUBCONTRACTORS</b>	\$664,125
<b>XI. OTHER INDIRECT COSTS</b>	\$394,981
<b>XII. TOTAL ESTIMATED COSTS</b>	\$3,064,412
<b>XIII. FEE</b>	<u>\$91,447</u>
<b>XIV TOTAL ESTIMATED COSTS PLUS FEE</b>	<b>\$3,155,859</b>

**Table 3. Budget summary of PSHPA third year by objective and by tasks**

<b>IR 1</b>	<b>1,186,156 \$</b>
Task 1.1.1. Significant increase of registered and authorized PHFs	48,866\$
Task 1.1.2. Provide technical assistance to the DNSP/MoH to ease the process of licensing for private providers and of private facilities authorization by focusing on customer needs	115,416\$
Task 1.1.3. Implement a system of quality standards for PHFs	46,166\$
Task 1.1.4. Identify three innovative financing strategies accessible to PHFs	94,791\$
Task 1.1.5. Support through selected organizations in order to provide authorization support services	66,550\$
Task 1.1.6. Conduct training in service delivery, administration, strategy and business management	200,546\$
Task 1.2.1. Provide technical assistance to the PSSP and the MoH to implement the accreditation of Private Health Facilities (FSP) and provide support services for accreditation	103,874\$
Task 1.2.2. Establish norms and quality standards for the private sector	57,708\$
Task 1.2.3. Support in-service training in high impact RMNCH services	151,996\$
Task 1.3.1. Develop data management supervision systems at health zone levels	92,332\$
Task 1.3.2 Connect at least 50% of registered private clinics supported by the project to NHMIS	207,912\$
<b>IR 2</b>	<b>841,762\$</b>
Task 2.1.1. Work with a subcontractor, expert in “conflicts of interest” to conduct an in-depth study of the flows, logistics and quality testing of key RMNCH products from manufacturer to final user	152,026\$
Task 2.1.2. 35% increase in unit volume of RMNRS tracers products	115,410\$
Task 2.1.3. Ensure the analysis of routine semi-annual data for key RMNCH products from the market	112,027\$
Task 2.1.4. Help the Government of Benin and private sector actors to interpret and use the results of market data analysis	75,411\$

Task 2.2.1. Finalize the benchmarking analysis on pharmacy networking and the advertising of RMNCH products in the sub-region, as part of the harmonization of regional regulatory agencies	98,361\$
Task 2.2.2. Finalize the case study on the liberalization of pharmaceutical prices	65,574\$
Task 2.2.3 Work with the MoH and private sector actors to streamline the pharmaceutical registration process and harmonize regional regulatory bodies	131,149\$
Task 2.2.4. Present a business case to support pharmaceutical advertising	59,017\$
Task 2.2.5. Strengthen collaboration between PSSP and UHC insurance providers	32,787\$
<b>IR 3</b>	<b>884,107\$</b>
Task 3.1.1. Identify challenges related to PSSP membership and establish a membership growth plan	96,313\$
Task 3.1.2. Support the PSSP in the implementation of its resource mobilization plan	244,632\$
Task 3.1.3. Implement a functional mechanism to mitigate conflicts of interest within the PSSP	97,413\$
Task 3.1.4. Support the PSSP in the implementation of its advocacy and communication plan, including the promotion of a sustainable Public Private Partnership in the health sector and the influence of the Platform on health policy issues	187,504\$
Task 3.1.5. Provide technical assistance to the PSSP in the implementation of the ARCH program with the participation of the private sector through advocacy	165,162\$
Task 3.2.1. Update the annual regulatory landscape documentation report	92,083\$
<b>IR 4</b>	<b>136,018\$</b>
Task 4.1.1 Identify at least four innovative and successful models for the private health sector	YI
Task 4.1.2. Pilot one of the innovative and successful models of the private sector and disseminate the results to stakeholders	68,009\$
Task 4.1.3. Apply at least one model in collaboration with the platform and the Ministry of Health	68,009\$
<b>Cross-cutting Activities: Gender and Youth</b>	<b>108,815\$</b>
<b>Total</b>	<b>3,155,859\$</b>

# ACTIVITIES IMPLEMENTATION PLAN

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<b>IR 1: Expanded volume of RMNCH quality and high impact services provided by private sector providers</b>						
<b>Sub-IR1.1. Significantly increased number of registered and approved private health facilities</b>						
<b>Task 1.1.1. Significantly increased number of registered and approved PHFs</b>						
<b>1.1.1.1 (a)</b> Support the PSSP and the Orders and Associations of health professionals to organize an advocacy meeting with the committee in charge of health reforms at the Presidency of the Republic to activate the process of amending Law 97-020	Dr. Faustin Onikpo	A report of the meeting including a roadmap leading to the amendment of Law No. 97-020 of June 17, 1997  Submission of the new law for deliberation by Parliament	x	x		
<b>1.1.1.1 (b)</b> Organize with the PSSP, the MoH and the Orders and Associations of health professionals four (4) workshops to disseminate the new law	Dr. Faustin Onikpo	1.Report of each workshop 2.100 brochures of the new law produced and distributed			x	x
<b>1.1.1.2.</b> Provide technical assistance to Orders and Associations (CNONMB, CONSB, ANBIIDE) for the pre-examination of private practice authorization request files	Dr. Faustin Onikpo	A report by session, by order and association including the list of request files studied and approved by category	x	x	x	x
<b>1.1.1.3.</b> Provide technical assistance to the Ministry of Health and to Orders and Associations of health professionals through a consultant, for the digitization of new tools used for inspection visits related to the granting of authorization to open private health facilities	Dr. Faustin Onikpo	The new tools used by the Orders of Physicians and Midwives and by the Nursing Association during pre-authorization inspection visits are available in digital form.	x	x		
<b>1.1.1.4.</b> Provide financial support to departmental advisers of Orders and Associations to participate in pre-authorization inspection visits using digital tools	Dr. Faustin Onikpo	275 Private Health Facilities (PHF) visited for pre-authorization inspection	x	x	x	x
<b>1.1.1.5.</b> Support the technical commission of the MoH for the study of applications of private practice authorization and authorization to open/exploit private health facilities	Dr. Faustin Onikpo	1. 4 reports from the commission in charge of authorizations	x	x	x	x

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
		2. Copy of the authorization decrees for private practice and the opening/exploitation of private health facilities				
<b>Task 1.1.2. Provide technical assistance to the DNSP/MoH to ease the process of private providers licensing and authorizing private establishments by focusing on customer needs</b>						
<b>1.1.2.1 (a)</b> Support the MoH, the Orders and the PSSP to organize a workshop to review the manual of procedures for authorizing private practice and authorizing the opening/exploitation of private health facilities in compliance with the new law	Dr. Faustin Onikpo	1. Review workshop report 2. Copy revised procedures manual		x	x	
<b>1.1.2.1 (b)</b> Organize semi-annual tripartite meetings with the PSSP, the MoH and the Orders/Associations to assess the status of the authorization process	Dr. Faustin Onikpo	Semi-annual tripartite meeting reports including the list of participants	x			x
<b>Task 1.1.3. Implement a system of quality standards in the PHFs</b>						
<b>1.1.3.1.</b> Evaluate the new MoH accreditation tools for the private health sector	Karamatou BANGOLA	Evaluation report				x
<b>Task 1.1.4. Identify three innovative financing strategies accessible to PHFs</b>						
<b>1.1.4.1.</b> Enroll, train in advocacy two new business health centers (by CEBAC-STP) and do quarterly follow-up of the four business health centers in the provision of RMNCH services	CEBAC-STP	1. Copy of partnership agreement with two new companies (SHB and Fludor) 2. Four quarterly monitoring reports from the four clinics	x	x	x	x
<b>Task 1.1.5. Giving support through selected organizations to provide authorization support services</b>						
<b>1.1.5.1.</b> Provide technical and financial support to the MoH, Orders/Associations and the PSSP to finalize and operationalize the digital platform for the publication of granted authorizations	Dr. Faustin Onikpo	1. A digital platform for publishing authorizations available	x			
<b>1.1.5.2.</b> Provide technical and financial support to departmental focal points of the Order of Physicians and the DDS to carry out semi-annual (post-authorization) supervision visits	Dr. Faustin Onikpo	100 PHFs visited through post-authorization supervision	x		x	
<b>1.1.5.3</b> Provide technical and financial support to the departmental focal points of the Order of Midwives and the DDS to carry out semi-annual (post-authorization) supervision visits	Dr. Faustin Onikpo	75 PHF visited through post-authorization supervision	x		x	
<b>1.1.5.4.</b> Provide technical and financial support to the Order of Physicians, the MoH and the PSSP to sensitize 180 students at the	Dr. Faustin Onikpo	180 medical students at the end of training sensitized in training centers	x		x	

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<i>end of their training in faculties to constitute in real time, regulatory license application files for private practice or for the opening of private health facilities</i>						
<b>1.1.5.5.</b> Provide technical and financial support to the Order of Midwives and the MoH to sensitize 100 students at the end of their training in schools, to constitute in real time, regulatory license application files to exercise in private practice or the opening of private health establishments	Dr. Faustin Onikpo	100 students sensitized in midwifery schools	x		x	
<b>1.1.5.6.</b> Provide technical and financial support to the Benin National Association of State Graduated Nurses and the MoH to sensitize 100 students at the end of their training in schools, to constitute in real time, regulatory private practice license application files or the opening of private health establishments	Dr. Faustin Onikpo	100 nursing students sensitized in training centers	x		x	
<b>1.1.5.7.</b> Seek support from APIEX to help the PSSP train owners of Private Health Establishments (PHE) in the training protocol for small and medium-sized enterprises	Dr. Faustin Onikpo	100 PHE are sensitized on APIEX procedures	x		x	
<b>Task 1.1.6. Conduct training in service delivery, administration, strategy and business management</b>						
<b>1.1.6.1.a</b> Provide training to 175 providers of FSP on emergency obstetric and neonatal health and post-abortion health, RPC, vaccination, prevention, diagnosis and PEC of malaria cases, family planning and gender	DCOP/PRE	175 providers trained	x	x	x	x
<b>1.1.6.1.b</b> Provide training in administration, business strategy and management to 175 health facilities through professional association	DCOP/PRE	175 private health establishments trained	x	x	x	x
<b>1.1.6.2.</b> Train the promoters of PHF enrolled in the project in access to financing strategies	DCOP/PRE	2 meetings held	x		x	
<b>Sub-IR 1.2: Increase in % of registered private health facilities with RMNCH accredited services</b>						
<b>Task 1.2.1. Provide technical assistance to the PSSP and the MoH to implement the accreditation of Private Health Facilities (PHF) and provide accreditation support services</b>						
<b>1.2.1.1</b> Carry out periodic accreditation visits to 268 private health facilities eligible and enrolled in the project.	Karamatou BANGBOLA	Quarterly report of 268 PHF accreditation visits	x	x	x	x
<b>Task 1.2.2. Establish norms and quality standards for the private sector</b>						



Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
1.2.2.1 Disseminate the new malaria supervision tools through on-site training	Karamatou BANGBOLA	175 copies of new malaria supervision tools distributed in PHEs during on-site training	X	x	x	x
<b>Task 1.2.3. Support in-service training in high impact RMNCH services</b>						
1.2.3.1 Conduct in-service training on sites during post-training supervision	Karamatou BANGBOLA	350 providers trained on site during coaching sessions	x	x	x	x
1.2.3.2. Provide technical assistance to the PSSP to pilot and evaluate the first e-learning module on emergency obstetric and neonatal health and post abortion care	Karamatou BANGBOLA	The online learning module of the theoretical training in SONU/SAA is launched	x	x		
<b>Sub-IR 1.3: Increase in % of private health facilities regularly reporting high impact RMNCH services in NHMIS</b>						
<b>Task 1.3.1. Develop data management supervision systems at health zone level</b>						
1.3.1.1 Provide logistical and financial support to the 34 health zones to organize semi-annual integrated supervision visits for the benefit of private health establishments	M&E	2 integrated supervisions are carried out by the health zones for the benefit of 150 PHE in the 34 HZ	x	x	x	x
<b>Task 1.3.2 Connect at least 50% of registered private clinics supported by the project to NHMIS</b>						
1.3.2.1 Support the MoH for the training of private health establishments providers in the filling of NHMIS tools in the DHIS 2	M&E	150 PHE enter the data each quarter in the DHSI2	x		x	
1.3.2.2 Support the MoH to carry out quarterly supervision of DHIS 2 data quality controls	M&E	Supervision reports available	x	x	x	x
1.3.2.3. Organize a data quality control workshop for DHIS 2, private establishments with the MoH		DQA carried out every quarter to estimate the quality level of indicators			x	
<b>IR 2: Increase the availability of affordable and quality health products through private sector channels</b>						
<b>Sub-IR 2.1. Increase in the volume of key quality RMNCH products in the private sector at the department level</b>						
<b>Task 2.1.1. Work with subcontractor expert in “conflicts of interest” to conduct an in-depth study of the flows, logistics and quality testing of key RMNCH products from manufacturer to final user</b>						
2.1.1.1 Work with an subcontractor expert in "conflicts of interest" to collect routine data on the pharmaceutical market every two years	PBMA	2 data analysis reports of RMNCH products on the market are disseminated		x		x
2.1.1.2 Organize two feedback sessions on the results of RMNCH data analysis for the MoH, CAME and FTPs and make	PBMA	a) 2 reports of the two market analysis workshops carried out with representatives of the Ministry of		x		x

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
recommendations for advocacy, political dialogue and action (participation in the Technical Supply Group).		Health, the PSSP, the College of pharmacists, the CAME and the FTPs. b) 4 Reports of the 4 quarterly meetings of the MoH with the FTPs to assess the supply chain of RMNCH products				
<b>2.1.1.3.</b> Complete the report on the semi-annual routine analysis of the RMNCH environment and share it with the Ministry of Health, CAME and Technical and Financial Partners	PBMA	2 reports on the supply chain of RMNCH products in the private sector are disseminated		x		x
<b>Task 2.1.2. 35% increase in unit volume of RMNRS products tracers</b>						
<b>2.1.2.1</b> Provide logistical and financial support to health centers of private companies monitored by CEBAAC-STP, to benefit from the mechanism of FP products acquisition from ILPs subsidized at the CAME	PBMA	A report on the implementation of FP inputs and the fight against malaria	x	x	x	x
<b>2.1.2.2.</b> Collaborate with the PSSP and Chemonics to strengthen the management control of RMNCH products in private health facilities	PBMA	4 Quarterly supervision reports	x	x	x	x
<b>2.1.2.3.</b> Provide technical assistance to the MoH, CAME and departments for the organization of consultation frameworks related to the supply chain and on forecasting and quantification activities of private sector RMNCH products	PBMA	34 Reports of working sessions with distribution depot managers of health zones in project intervention areas		x		x
<b>2.1.2.4.</b> Provide technical support for the semi-annual organization of meetings to validate ILP consumption and distribution data	PBMA	2 reports of biannual data validation meetings including those of the private sector		x		x
<b>Task 2.1.3. Ensure the analysis of routine semi-annual data for key market RMNCH products</b>						

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<i>2.1.3.1. Ensure the analysis of routine semi-annual data for key market RMNCH products</i>	PBMA	2 semi-annual analysis reports of routine data triangulated with those of the ABMS/PSI and ABPF	x			x
<b>Task 2.1.4. Support the Government of Benin and private sector actors to interpret and use the results of market data analysis</b>						
<i>2.1.4.1. Organize a biannual consultation workshop with actors from the national, departmental and health zone levels involved in the management of RMNCH products</i>	PBMA	A review of the supply chain available	x		x	
<b>Sub-IR 2.2. Improvement of the regulatory environment for RMNCH products</b>						
<b>Task 2.2.1. Finalize the benchmarking analysis on pharmacy networking and the advertising of RMNCH products in the sub-region as part of the harmonization of regional regulatory agencies</b>						
<i>2.2.1.1. Advocacy with the authorities for a relaxation of laws related to the impact of networking on RMNCH products</i>	PBMA	An advocacy strategy including a roadmap for relaxing the law	x	x	x	
<b>Task 2.2.2. Finalize the case study on the liberalization of pharmaceutical prices</b>						
<i>2.2.2.1. Advocacy with the authorities for a relaxation of the laws related to the liberalization of RMNCH products prices</i>	PBMA	1 Advocacy report available	x	x		
<b>Task 2.2.3 Work with the Ministry of Health and private sector actors, to streamline the pharmaceutical registration process and harmonize with regional regulatory bodies</b>						
<i>2.2.3.1 Support the Beninese Pharmaceutical Regulation Agency (ABRP) in the dissemination of pharmaceutical map data to encourage the application of pharmacists to open new private pharmacies</i>	PBMA	The new pharmaceutical card is disseminated	x	x	x	
<i>2.2.3.2. Provide financial support to the MoH in the organization of 2 sessions to analyze the files submitted for the granting of opening authorizations to new pharmacists</i>	PBMA	2 File analysis committee meetings held List of those who received the published opening authorization	x		x	

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<b>2.2.3.3</b> Develop the list of pharmaceutical depots	PBMA	The list of new repositories is disseminated		x	x	
<b>Task 2.2.4. Present a business case to policy makers on the benefits and limitations of advertising pharmaceutical products for public health</b>						
<b>2.2.4.1.</b> Organize a workshop to reflect on the various recommendations resulting from the restitution of the study of the impact of advertising on RMNCH products.	PBMA	A workshop report is available with a roadmap for the implementation of recommendations	x	x		
<b>2.2.4.2.</b> Advocacy with the authorities for a relaxation of the laws on the advertising of RMNCH products	PBMA	An advocacy report is available with a roadmap for implementing the recommendations	x	x	x	X
<b>Task 2.2.5. Strengthen collaboration between the Platform and universal health coverage providers</b>						
<b>2.2.5.1.</b> Organize with the PSSP, the MoH and other stakeholders a workshop to develop the operational plan of the recommendations gathered from the study on the costs applied in the private sector, including the planning of lobbying and advocacy actions	PBMA	Implementation plan for recommendations available	x	x		
<b>IR 3: Strengthen public-private engagement for universal RMNCH service results</b>						
<b>Sub-IR 3.1. Improved leadership, management and governance capacities of the PSSP</b>						
<b>Task 3.1.1. Identify challenges related to PSSP membership and establish a membership growth plan</b>						
<b>3.1.1.1.</b> Organize, through the Technical Assistants, interpersonal and group meetings with 15 potential member associations in order to make them PSSP members	Consultant, CB Specialist	Two new associations join the PSSP	x	x	x	
<b>3.1.1.2.</b> Disseminate the charter on social entrepreneurship, taking into account the interests of associations as well as those of their members	Consultant, CB Specialist	1000 copies of the charter distributed Workshop report available	x	x		
<b>3.1.1.3.</b> Organize an experience-sharing workshop on associative governance issues for the benefit of PSSP members	Consultant, CB Specialist	Workshop report available		x		

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<b>3.1.1.4.</b> Support the PSSP in the organization and dissemination of a public conference on the challenges of the private health sector in order to strengthen its visibility.	Consultant, CB Specialist	Conference conducted and the item broadcast is available		x		
<b>Task 3.1.2. Support the PSSP in the implementation of its resource mobilization plan</b>						
<b>3.1.2.1.</b> Continue to strengthen the operational capacity, including the mobilization of PSSP resources by maintaining the two Technical Assistants within it	Consultant, CB Specialist	Both TA contracts extended over one year	x	x	x	X
<b>3.1.2.2.</b> Provide, through Technical Assistants, advice support to the PSSP in the implementation and management of new projects aimed at strengthening its financial autonomy	Consultant, CB Specialist	Monthly activity reports of TAs available	x	x	x	X
<b>3.1.2.3.</b> Provide technical support to the PSSP for the performance of its annual management audit	COP, CB Specialist	Management audit report available	x	x		
<b>3.1.2.4.</b> Provide technical and financial support to the PSSP to organize the 2nd edition of the Bénin Santé symposium (2021)	COP, CB Specialist	Benin Santé 2021 report available		x	x	X
<b>Task 3.1.3. Put in place a functional mechanism to mitigate conflicts of interest within the PSSP</b>						
<b>3.1.3.1.</b> Organize a workshop for the adoption and training of/in the PSSP's conflict of interest prevention and management policy	Consultant, CB Specialist	Workshop report available	x	x		
<b>Task 3.1.4. Support the PSSP in the implementation of its advocacy and communication plan including the promotion of a sustainable Public Private Partnership in the health sector and the influence of the Platform on health policy issues</b>						
<b>3.1.4.1.</b> Develop the graphic charter and related supports (Template, etc.) of the PSSP	Consultant, CB Specialist	Graphic charter available	x			
<b>3.1.4.2.</b> Develop and produce PSSP promotional materials (1000 information brochures and 5 kakemonos/roll up)	Consultant, CB Specialist	1000 information brochures and 5 kakemonos available on behalf of the PSSP		x		
<b>3.1.4.3.</b> Organize 2 biannual meetings of the national framework for public-private consultation	CB Specialist	Semi-annual report of the national framework available		x		X
<b>3.1.4.4.</b> Provide financial and logistical support to health zones to organize the quarterly workshops of the public-private consultation framework	Consultant, CB Specialist	Status reports of new 24 HZ with operational plans Reports of executive meetings available	x	x	x	X

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<b>3.1.4.5.</b> Provide financial and technical support to the PSSP to set up and operationalize its decentralization or representation plan at the zone level	Consultant, CB Specialist	Report on the establishment of a focal cell in 10 health zones		x		
<b>3.1.4.6.</b> Copy and disseminate 500 copies of the NGO partnership agreement authorization procedures manual for the benefit of the MoH	Consultant, CB Specialist	500 copies of the manual disseminated	x			
<b>Task 3.1.5. Provide technical assistance to the PSSP in the implementation of the ARCH program with the participation of the private sector</b>						
<b>3.1.5.1</b> Organize advocacy towards the MoH and other actors on the possibilities of including the private sector in the implementation of ARCH	Consultant, CB Specialist	Study recommendations documented in the form of advocacy tools	x	x	x	X
<b>Sub-IR 3.2. Annual documentation of the regulatory environment in the private health sector</b>						
<b>Task 3.2.1.</b> Update the annual regulatory landscape documentation report	COP, CB Specialist	Report available		x		
<b>IR 4. Innovative and successful health models are identified, piloted and applied</b>						
<b>Sub-IR 4.1. At least one innovative and successful model is piloted and applied</b>						
<b>4.1.1. Identify at least four innovative and successful models for the private health sector</b>						
<b>4.1.1.1.</b> Organize an evaluation workshop on health models and develop a piloting plan for the chosen model	Consultant	Validated evaluation report available Pilot plan of the chosen model available	x			
<b>4.1.2. Pilot one of the innovative and successful models of the private sector and disseminate the results to stakeholders</b>						
<b>4.1.2.1.</b> Implement the pilot plan for the chosen model	Consultant	Pilot start-up report	x	x	x	X
<b>4.1.3. Apply at least one model in collaboration with the platform and the Ministry of Health</b>						
<b>4.1.3.1</b> Evaluate the pilot phase and develop the scaling plan for the chosen model	Consultant	Evaluation report available			x	X
<b>Gender and Youth</b>						
<b>Gender</b>						

Technical Activities	Lead	Expected results	Quarterly			
			1	2	3	4
<i>Development of Training Module on Gender-Based Violence (VBG)</i>	G&Y Specialist	Consultation Workshop Document and Implementation Plan	x	x		
<i>Support to the PSSP for its gender strategy documents and gender action plan</i>	G&Y Specialist	Consultation Workshop Document and Implementation Plan	x	x	x	x
<i>Training Gender focal points Health zones and DDS on the fundamentals of gender in relation to RMNCH products</i>	G&Y Specialist		x	x	x	x
<i>2 youth integration benchmarking workshops (concomitant with youth integration benchmarking workshops)</i>	G&Y Specialist	Consultation Workshop Document and Implementation Plan		x		x
<i>Gender integration in the activities of the Year 3 work plan and gender module appropriate to the various trainings of the plan.</i>	G&Y Specialist	Current activities	x	x	x	x
<i>Mid-term gender analysis (concomitant with the mid-term youth analysis)</i>	G&Y Specialist	Workshop	x	x	x	x
<b>Youth</b>						
<i>Training Gender focal points Health zones and DDS on RMNCH for adolescents</i>	G&Y Specialist	Nomination note of focal points and their training reports	x	x	x	x
<i>2 youth integration benchmarking workshops (concomitant with gender integration benchmarking workshops)</i>	G&Y Specialist	Two internal meetings organized		x		x
<i>Mid-term youth analysis (concomitantly with the mid-term gender analysis)</i>	G&Y Specialist	Youth part in the report	x	x	x	x
<b>Key:</b> COP = Chief of Party; PRE = Policy & Regulations Expert; PBMA = Pharmaceutical & Business Marketing Advisor; CB Specialist = Capacity Building Specialist; QA Advisor = Quality Assurance Advisor						