



REPOSITIONING FAMILY PLANNING IN BENIN

Status of Family Planning Programs in Benin

Brief

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Overview

Since 2001, the United States Agency for International Development (USAID), the World Health Organization (WHO), the William and Flora Hewlett Foundation, and other partners have collaborated with African governments on an initiative to raise the priority of family planning (FP) in their national programs by strengthening political commitment and increasing resources. This concept is known as “repositioning family planning” (RFP). In 2011, the RFP initiative gained momentum when national leaders from eight francophone West African countries approved the Ouagadougou Call to Action, a commitment to take concrete actions to increase FP use.

This brief summarizes the key findings and recommendations from a 2012 assessment of Benin’s RFP initiative.

Benin is one of the world’s poorest countries, with an annual per capita income of US\$1,580. Poverty is widespread, especially in rural areas where three in four of Benin’s people live.

Benin’s current population is estimated at 9.4 million people. It is projected to grow to 13.5 million people by 2025 and 23.3 million by 2050. The population is very young, with 44 percent of Benin’s people younger than 15 years old. Family size remains high. Women have an average of 5.5 children each, according to recent estimates. Despite the preference for large families, a national survey in 2006 found that three in 10 women would like to space or limit future births, indicating an unmet need for family planning. About 6 percent of married women ages 15–49 are using modern contraceptive methods, and an additional 11 percent use traditional methods.

Enabling Policies

Benin has various policy statements that support family planning. Local observers suggest that these documents be consolidated to link to operational objectives. Also, service delivery guidelines need to be updated to reflect current best practices.

Major policies, plans, and guidelines supporting FP/RH are in place.

These include the

- National Policy for Reproductive Health
- Reproductive Health Law
- Roadmap for Family Planning

To strengthen FP services, the government needs to

- Expand access to high-quality affordable FP services
- Update service delivery guidelines
- Implement an integrated communication plan
- Strengthen FP oversight committees
- Track FP expenditures
- Budget for contraceptive commodities

In the context of socioeconomic development and health goals, the National Plan for Health Development (PNDS) for 2009–2018 supports equitable, high-quality healthcare, including reproductive health (RH) and FP services. The Population Policy Declaration, revised in 2006, covers diverse policies related to population and development interactions.

National policies specific to RH and FP programs include the: Policies, Norms, and Standards on Reproductive Health (1998); National Policy for Reproductive Health 2011–2016; National Strategy for the Security of Reproductive Health Products (SNSPSR) 2011–2016, followed by the Operational Plan; National Strategy for Repositioning Family Planning in Benin; and National Bidirectional Strategy to Integrate Family Planning/Sexually Transmitted Infections/HIV/AIDS.

In 2003, Benin adopted the Reproductive Health Law, which guarantees the right of individuals and couples to reproductive health, equitable access

to reproductive healthcare, and respect for the physical integrity of women and girls. The law also acknowledges that equality between men and women regarding rights and dignity in reproductive health is fair and includes the principle of self-determination regarding marriage and procreation.

After the 2011 Mbour, Senegal, conference for civil society organizations (CSOs) working in family planning, the Ministry of Health (MOH) designed the Roadmap for Family Planning. As the central framework for all FP actors (state, donors, civil society), the Roadmap includes a provision for setting up the National Commission for Policy Dialogue among Researchers and Decisionmakers on Reproductive Health.

Program Implementation

The assessment found that the FP environment in Benin has become more favorable in recent years. Accordingly, ratings made in 2009 may no longer be valid. Still, the 2009 ratings indicate a country program in need of additional support. In 2009, Benin's Family Planning Program Effort score, which rates 30 indicators reflecting policies, services, evaluation, and access to contraceptives in national FP programs, was 35.1 out of a possible score of 100.¹ Similarly, its 2009 Contraceptive Security Index was 47.7 on a scale of 100, indicating a relatively low level of contraceptive security.²

Within the MOH, the FP Department under the Directorate of Maternal and Child Health (DSME) has overall oversight of FP services and is actively involved with other ministries. It oversees FP training and supervision as well as the annual review of the Table of Contraceptive Procurement. With the creation of the National Panel for Family Planning, which includes public and private agencies, the DSME now organizes the framework for FP discussions and reflections. Other MOH units that work on FP are the Planning Service for Adolescent and Youth Health and the Nutrition Service.

Family planning is included in the Minimal Package of Services that the government requires each health facility to provide. However, in rural and hard-to-reach areas, FP services may be limited or unavailable due to lack of health service providers. Benin has a critical shortage of health professionals, with fewer than one physician per 10,000 people and about 8 nurses and

midwives per 10,000 people. In health centers, qualified staff members are able to prescribe contraceptives and oversee FP services. The MOH does provide refresher training on FP for health workers. FP funds are also used to purchase contraceptive commodities and support logistics systems.

The MOH has initiated several activities to increase demand for FP services, including FP promotional activities at all levels of the health system, training of journalists in FP, a campaign to encourage men to become involved in FP, advocacy among community leaders for FP, and research on the needs, demand for, and acceptance of family planning at the community level.

Major CSOs providing FP services and information are the *Association Béninoise pour la Promotion de la Famille* (ABPF), which serves poor, marginalized and underserved groups as well as youth; *Association Béninoise pour le Marketing Social et la Communication pour la Santé* (ABMS), which provides postpartum intrauterine devices (IUDs) to women; and OSV/JORDAN. Population Services International supports a network of 100 private clinics that offer only long-term methods.

The government has been supportive of private sector FP services. For example, the MOH collaborated with ABMS to set up *Protection Familiale* (ProFam), a network of private clinics that sign agreements to promote contraceptive products. The government also provides tax relief for the importation of contraceptive products by nongovernmental organizations (NGOs). Several NGOs have signed agreements with the Center for Essential Medicines Supply for the management of contraceptive commodities.

While local observers credit DSME's FP Department for leading RFP initiatives, they also recognize the important role of local CSOs, such as the *Association Béninoise pour la Promotion de la Famille* (ABPF), *Association Béninoise pour le Marketing Social et la Communication pour la Santé* (ABMS), and OSV/JORDAN. The Coalition of Civil Societies for Family Planning, which has about 30 CSO members, has prepared an action plan and has the potential to strengthen FP programs. Another new element in advocacy is the recently established

network of parliamentarians in support of population and development.

In addition to the National Panel for Family Planning, a Committee for the Security of Reproductive Health Supplies is being formed. Also, the *Centre de Formation et de Recherche en Matière de Population* (CEFOP), a research center focused on population and FP issues, has been set up.

The major FP funders are USAID, the UN Population Fund (UNFPA), ABPF, Plan Benin, the Netherlands, France, Belgium, Japanese International Cooperation Agency (JICA), and the West African Health Organization. Funding for FP has increased in recent years due to the addition of several new donors and funding increases by long-time donors such as USAID.

Recommendations

Based on suggestions from key informants, the assessment team recommended that the government of Benin and its partners:

- **Increase resources for family planning and expand equitable access to high-quality, affordable FP services.** Identifying the gaps in FP services would provide useful information for donors.
- **Establish and maintain a budget line to purchase contraceptive commodities.**
- **Track expenditures in RH and FP.** New budget accounts need to be set up.
- **Increase multisectoral coordination in the design, implementation, and financing of FP policies and programs.**
- **Issue guidelines on task shifting, community-based provision of oral contraceptives and injectables, and standards for community health workers.**
- **Strengthen the National Panel on Family Planning** by increasing its multisectoral dimension and adding members with communication and development expertise. The committees on the Reduction of Maternal and Neonatal Mortality and the Security of Reproductive Health Products also need rejuvenation.

- **Expand the social franchising network.**
- **Design and implement an integrated communication plan for family planning,** create an internet site, and collaborate with media representatives.
- **Invest in operations research to identify and apply the best FP practices.** Data are needed to inform policy dialogue, policy and program design, planning, funding allocation, budgets, advocacy, guidelines, regulations, and FP program management.

The assessment team's recommendations for civil society organizations are to:

- **Strengthen individual and institutional capacity within civil society and the private sector** to build the next generation of leaders and broaden support for FP programs. It is especially important to identify and nurture FP champions.
- **Collaborate with the MOH to broaden the approach of the social franchising network.**

Benin has made considerable progress in creating a more enabling environment for family planning. Nevertheless, much remains to be done to strengthen ongoing FP programs. According to key informants, the present environment offers opportunities for actions that would not have been possible just a short time ago.

Assessment Report

During 2011–2012, Futures Group (with funding from the William and Flora Hewlett Foundation) conducted assessments in six francophone West African countries to document the status of repositioning FP initiatives. The USAID-funded Health Policy Project conducted two additional assessments. These assessments can serve as a benchmark to highlight gaps in expanding access to FP and identify areas where challenges remain and more attention and resources are needed. The assessments used the Framework for Monitoring

and Evaluating Efforts to Reposition Family Planning, developed by the MEASURE Evaluation project.³

Futures Group conducted the assessment in Benin during March 4–14, 2012. The process included collection of available data on FP programs and funding as well as interviews with 18 key informants, including government officials, civil society organizations, and donors.

For the full report including the sources for cited data, see

Attama Dissirama, Sabine. 2012. *Repositioning Family Planning in Benin: A Baseline*. Washington, DC: Futures Group. Available at: www.futuresgroup.com.

Resources

¹ Ross, John, and Ellen Smith. 2010. *The Family Planning Effort Index: 1999, 2004, and 2009*. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

² The Contraceptive Security Index is based on ratings of 17 indicators related to the supply chain, finance, the health and social environment, access to FP, and use of FP. USAID | DELIVER Project, Task Order 1. 2009. *Contraceptive Security Index 2009: A Tool for Priority Setting and Planning*. Arlington, VA: USAID | DELIVER Project, Task Order 1.

³ Judice, N., and E. Snyder. 2012. *Framework for Monitoring and Evaluating Efforts to Reposition Family Planning*. Chapel Hill, NC: MEASURE Evaluation PRH. Accessed on July 15, 2013, from <http://www.cpc.unc.edu/measure/publications/SR-12-63>.

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