

Advancing Partners & Communities
Country Program in Review
Benin

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Country Program in Review
Benin



ADVANCING PARTNERS & COMMUNITIES

Advancing Partners & Communities (APC) is a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

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JSI RESEARCH & TRAINING INSTITUTE, INC.

JSI Research & Training Institute, Inc., is a public health management consulting and research organization dedicated to improving the health of individuals and communities. JSI collaborates with government agencies, the private sector, and local nonprofit and civil society organizations to improve quality, access and equity of health systems worldwide.

FHI 360

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. FHI 360 serves more than 70 countries and all U.S. states and territories. FHI 360's work is grounded in research and science, strengthened by partnerships and focused on building the capacity of individuals, communities and countries to succeed.

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Table of Contents

06	Acronyms	18	Breaking Barriers to Family Planning
08	Background	19	Coordinating Hands-on Learning Approaches
09	Program Overview	21	Demonstrating Safe Contraceptive Injectable Delivery in Communities
11	Results Summary	23	Pioneering DMPA-SC Introduction
12	Partnerships	24	Integrating Guidance for Injectable Contraception into National Curricula
13	Moving toward a Healthier Benin	26	Serving as a Model for Family Planning Programming
14	Strengthening NGO Capacity	27	Lessons Learned
15	Working with Communities	28	The Way Forward
18	Strategizing to Improve Community Health Systems		



Acronyms

APC	Advancing Partners & Communities
CHW	community health worker
M&E	monitoring and evaluation
MOH	Ministry of Health
NGO	nongovernmental organization
PIHI	package of high-impact interventions
RC	relais communautaire (community health worker)
USAID	United States Agency for International Development





Joshua Yospyn/ISI

BACKGROUND

The evolution of Benin's health sector over the last decade has been remarkable. The private health sector has rapidly expanded, especially in urban areas. The Ministry of Health (MOH) and supporting ministries have matured and attracted leaders who embrace innovation. The country adopted a multi-tiered, evidence-based strategy to develop and roll out a package of key health services and practices, and committed to achieving universal health coverage and the Sustainable Development Goals. Recognizing community health as the foundation of a prosperous nation, the MOH developed the country's first National Community Health Policy in 2015 to guide strategic investments to advance health for all.

Ten years ago, Benin had one of the world's lowest rates of modern contraceptive use at around 6 percent in 2009. Since then, the government has made ambitious commitments to improve family planning, including joining the Ouagadougou Partnership and setting the FP2020 goal to increase modern contraceptive use to 20 percent by 2020.

With a growing population of 11 million, many of whom reside in rural areas where access to health care is limited, Benin faces high maternal and child mortality. A critical shortage of qualified health workers and health inequity between the rich and poor exacerbates service access and quality. Benin has more to achieve to ensure universal access to affordable, equitable, and high-quality health care. But the country is well on its way.

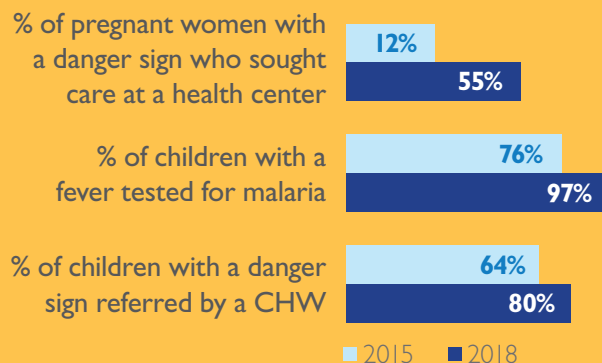
PROGRAM OVERVIEW

Between September 2012 and April 2019, the USAID-funded Advancing Partners & Communities Project (APC), implemented by JSI Research & Training Institute, Inc. and FHI 360, supported community health programs in Benin, primarily in 10 USAID priority health zones and at the national level. The project focused on three main areas: 1) helping Benin reach its community health goals; 2) expanding and strengthening the country's package of key health services and practices; and 3) institutionalizing and expanding community-based family planning.

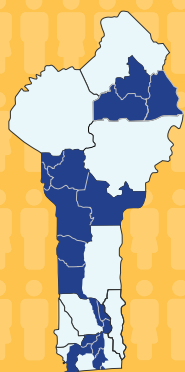
APC is honored to have been a part of Benin's remarkable progress. The project forged strong, trusting partnerships with the MOH and other ministries, local government, private sector, nongovernmental organizations (NGOs), and communities. APC's work advanced health in Benin because of consistent financial and technical support from its donor and other international partners, particularly the United Nations Population Fund, UNICEF, and the Gates Foundation. APC focused on achieving its core objectives while responding to new developments and requests from USAID and the MOH.



Improved Health Outcomes



Source: project data



**Reached more than
3 million
people
in 10 USAID-priority
health zones**

RESULTS SUMMARY

APC provided technical assistance and capacity building to staff from three NGOs, operating in 10 USAID-priority health zones in rural, urban, and peri-urban areas. The project trained 28 staff to develop workplans and quarterly reports and on financial planning and reporting, monitoring and evaluation, family planning compliance, and project management. Skill-building improved NGO management, as well as supervision and support of associated community health workers (CHWs), resulting in improved community health outcomes. Additionally, the project engaged local and civic leaders to advocate for community health investments at the mayoral level, which resulted in budget lines specifically for community health activities in 2019.

The project led development of a national community health strategy to guide Benin's package of high-impact interventions (PIHI) in urban and peri-urban communities and organized two national fairs, reaching more than 7,000 people with information on community health interventions to improve health care-seeking behaviors.

With APC support, the MOH improved reproductive health indicators by offering family planning services in communities and challenging social norms that prevent family planning uptake. In 2015, APC partnered with the MOH to pilot community-level delivery of Noristerat, the two-month injectable contraceptive, by aides-soignantes, facility-based nurses' aides who provide immunization outreach services. An evaluation of the pilot showed that aides-soignantes could safely and effectively provide injectable family planning services and that women were satisfied with these services.

Because of these results, in 2016 the Government of Benin decided to distribute DMPA-SC (Sayana Press), a small, pre-filled, easy-to-use three-month injectable, at the community level by the lowest-level CHW cadre, known as relais communautaires (RCs). Benin rapidly translated the evidence to practice, and the MOH established a consortium of financial and technical partners to introduce community-based DMPA-SC beginning in May 2017. To date, 1,164 RCs have been trained to administer DMPA-SC, and over 8,000 women have adopted this contraceptive method. Three thousand of these women are first-time contraceptive users. Now that DMPA-SC introduction is underway with CHWs supplying the method under health facility provider supervision, the MOH is ready to pilot a trial to allow women to inject the method themselves.





PARTNERSHIPS

APC partnered with government agencies, NGOs, international donors, implementers, and local communities to help the Government of Benin (GOB) achieve its health care improvement commitments and national goals. APC used a people-centered approach to advocacy and capacity building to convene stakeholders. Listed below, they represent various health system tiers, sectors, and even countries, to exchange ideas and generate strategies to advance the community health agenda.

Ministry of Health

Central Purchase of Essential Medicine
 Departmental health directorates
 Directorate of Maternal and Child Health
 Directorate of Pharmacies, Medicines, and Diagnostics
 Directorate of Programming and Planning
 Directorate of Public Health
 Health zone management teams
 Health facilities
 National Malaria Prevention Programme

Other Ministries & Government Entities

Ministry of Planning and Development
 Ministry of Secondary Education and Technical and Vocational Training
 School of Social Medicine at the University of Parakou

Donors & NGO Partners & Projects

Accelerating the Reduction of Malaria Morbidity and Mortality
 Advancing Newborn, Child and Reproductive Health
 Beninese Association for Family Planning
 Beninese Midwives Association

Beninese Association for Social Marketing and Health Communication
 BUPDOS
 Coopération Technique Belge
 DEDRAS
 Institute for Reproductive Health
 Population Services International
 SIA N'SON
 United Nations Population Fund
 UNICEF
 USAID Benin

Communes and Local Communities

Arrondissement and village chiefs
 Mayors
 Community health workers
 Faith, community, and locally elected leaders

Coordination and Working Groups

Community PIHI Activity Coordination Committee
 Family Planning Technical Working Group

MOVING TOWARD A HEALTHIER BENIN

When APC began in 2012, the GOB had already made critical community health investments, including developing and rolling out PIHI, its package of water, sanitation, and hygiene, maternal and child health, nutrition, malaria, and family planning interventions. While the country integrates PIHI at all levels of the health system, APC provided technical assistance to NGOs that implement it at the community level. These NGOs receive funding directly from USAID to train, support, and monitor CHWs to provide the PIHI services. APC also helped these NGOs develop their technical expertise, particularly to use data for decision-making, as well as administrative and operational competencies. APC worked closely with individuals at all levels of the health system and across sectors to raise awareness about community health, support local investment, and strategize future planning.

SERVICES IN THE PIHI PACKAGE



water



sanitation & hygiene



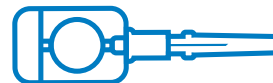
maternal & child health



nutrition



malaria



family planning

2013

Conducted assessment of local NGOs selected to receive grants

Mapped approximately 15,000 CHWs

2014

Began building capacity of 3 local NGOs receiving grants

2016

Supported a local organization to conduct a baseline household survey in 10 health zones

2017

Supported startup of 3 local NGOs in 6 health zones

Held the first national community health fair in Savalou

2018

Developed an urban/peri-urban PIHI strategy

Held the second national community health fair in Dogbo

24 capacity-building workshops for NGOs

-  activity planning
-  data management
-  financial management

28 NGO staff trained

-  managers
-  staff

NGOs supported 2,080 CHWs to deliver high-quality care

-  health education
-  PIHI services

STRENGTHENING NGO CAPACITY

BUILDING TECHNICAL AND ORGANIZATIONAL COMPETENCY

Over the course of the project, APC provided technical assistance to three Beninese NGOs, BUPDOS, DEDRAS, and SIA N'SON. Support to the NGOs took many forms. APC helped the NGOs standardize their work by developing a single workplan format with a uniform M&E platform and data collection approaches.

APC identified priority capacity areas for the NGOs, and held 24 workshops for staff over the course of the project. Workshops focused on building expertise to better implement the technical PIHI areas. Staff improved their data management and decision-making skills through Excel training sessions and collaborative data validation and analysis meetings. During joint supervision visits with APC, the MOH, and other partners, NGO staff learned how to monitor and support the CHWs linked to their organizations.

The NGOs used the knowledge and tools they acquired to strengthen PIHI delivery and develop project documents and reports, all critical to sustaining capacity to support community health in Benin.



WORKING WITH COMMUNITIES

RAISING COMMUNITY HEALTH AWARENESS

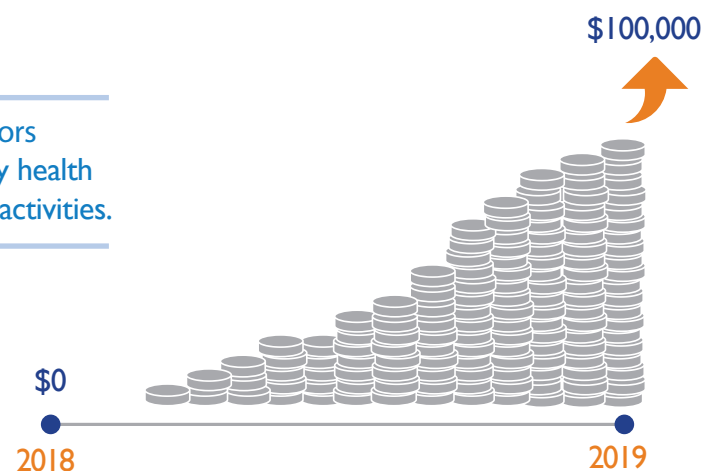
Over the course of the project, APC led a host of activities with the MOH and partners to convene people from different backgrounds, raise awareness on key community health issues, generate enthusiasm, buy-in, and ownership, and facilitate action-planning.

In 2017, APC and the MOH held the first national community health fair to promote the National Community Health Policy and raise health awareness. Approximately 7,000 people attended, including the Ambassador of the United States to Benin, local kings, ministers, local parliamentarians, and project partners. Participants listened to panel presentations and visited learning stations. The overwhelmingly positive response led APC to organize a second fair in 2018, which focused on local government's role in community health financing.

SUPPORTING LOCAL INVESTMENTS

APC worked with USAID Benin and the MOH to raise awareness about the importance of community health and supporting local investments. In collaboration with the PIHI NGOs, APC educated 19 town mayors about the importance of community health, and helped them develop new budget lines for community health and nutrition activities. Together, the mayors allocated \$100,000 for community health in 2019.

With support from APC, 18 local mayors allocated funds to support community health services and developed plans to guide activities.



“We quickly came to realize the importance of this community health, and decided that the district council should provide their support for the achievement of community health in Tchaourou.”

— Mr. Bio Sounon Bouco, Mayor of the District of Tchaourou



STRATEGIZING TO IMPROVE COMMUNITY HEALTH SYSTEMS

REACHING THE URBAN POOR

Benin is experiencing rapid urbanization as people migrate to cities and suburban areas for education and work opportunities. Although cities often have more wealth and better health services, they are also marked by significant inequity of these benefits. The challenges associated with a growing urban poor population must be overcome by specific but multi-faceted strategies. In 2017, USAID Benin and the MOH asked APC to develop an operational model and national strategy document for implementing PIHI services in urban and peri-urban settings.

During an interactive workshop, donors, NGOs, and other partners discussed these rapid population shifts, their implications for Benin, and how PIHI services can most effectively be delivered to poor urban communities. Participants examined national demographic and health data, learned about strategies and lessons from other sub-Saharan Africa countries, and created a PIHI operational model adapted to an urban/peri-urban context. After the workshop, APC and partners modified PIHI job aids to reflect the realities of urban centers. The job aids include guidance for data collection for family planning, which will be rolled out in urban and peri-urban communities in 2019.

In 2018, nearly half of Benin's 11.5 million people lived in urban areas.

45%

APC supported the development of Benin's first national urban health strategy



STRATEGIZING TO ACHIEVE THE DEMOGRAPHIC DIVIDEND

APC and USAID/Benin supported the Ministry of Planning and Development to raise awareness of the demographic dividend and about how investing in family planning is critical to realizing it. Local officials, religious leaders, women leaders, and civil society actors attended workshops, where they identified actions to achieve the demographic dividend through a multi-sectoral approach, incorporating ideas and research from the family planning, education, health economy, and governance sectors. Workshop attendees drafted a National Population Policy Plan to guide decision-making to achieve economic growth.



BUILDING COMMUNITY TRUST IN HEALTH CARE SERVICES

"My daughter Moufidath would not be alive if the PIHI staff hadn't come knocking at my door. When my daughter's belly and face began to swell, everyone in my family thought it was witchcraft. Despite much hesitation on our part, the health workers visiting our home convinced us to bring her to the health center. There, they explained that she was sick due to poor diet and lack of protein. Now I understand the reason that Moufidath was sick. I have explained this to other women in our village so that this never happens to their children. We realize that we already have what we need to fight this type of illness! I'm proud that I followed the advice of PIHI staff. They saved my daughter, and I am so grateful."

— Moufidath and her mother after they received treatment from a CHW affiliated with SIA N'SON NGO.



AN EXCEL-LENT TRAINING ENDEAVOR

“In November 2016, APC held an interactive training workshop for 22 NGO staff members who wanted to increase their proficiency of Microsoft Excel. A post-training exam indicated that participants had quickly mastered new concepts and techniques, as their knowledge increased by 80 percent. Many, including Mamantou, were enthusiastic about the course. “The training was very useful to me. Before, there were several concepts in Excel that I didn’t understand, such as autofill, and skipping between lines. Now I know many more things.” Following the training, APC staff provided on-site mentoring and supervision for NGO staff who needed further support.

— Mamantou participated in a Microsoft Excel training workshop, organized by APC.

IMPROVING COMMUNITY HEALTH PLANNING THROUGH DATA

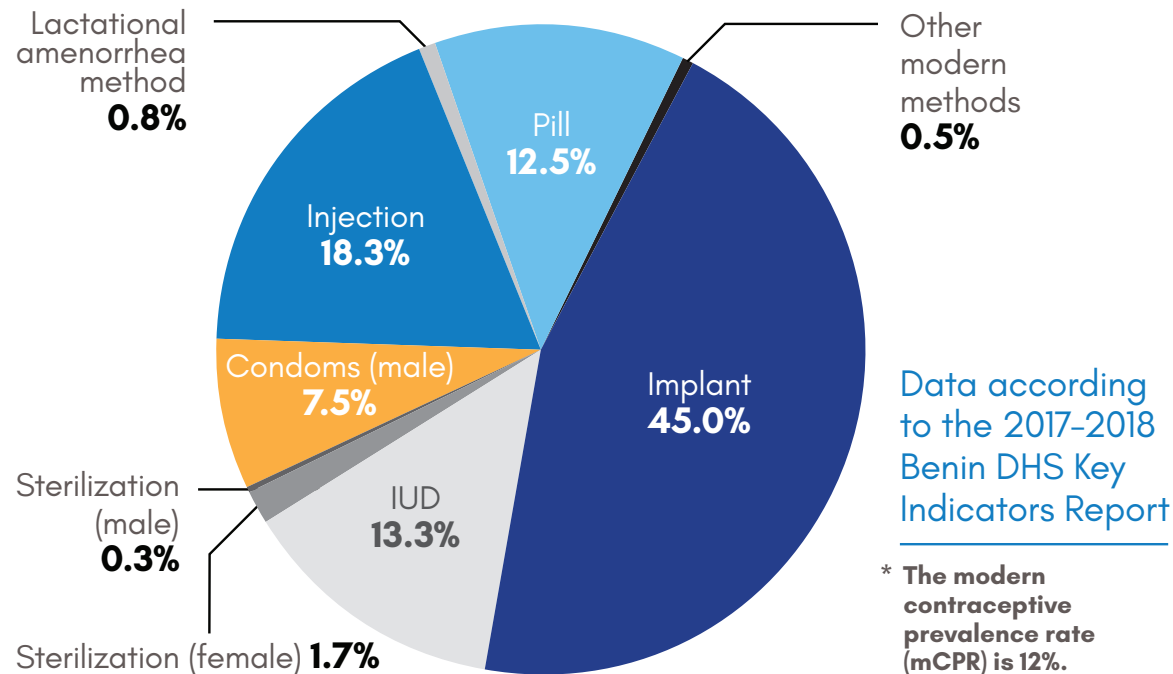
APC supported the MOH to use planning and decision-making to inform community health programs. Mapping the approximately 15,000 CHWs in the country was a first critical step for understanding the distribution of CHWs and the processes and inputs—such as training, supervision, and supplies—needed to support them.

The project also helped the MOH strengthen community health data collection, monitoring, and management, and integrate CHW-collected data into the national health management information system, called the DHIS2. By 2019, 305 indicators across a range of areas—such as home visits, outreach, monitoring pregnant women, women who recently delivered, and newborns, and stock management—had been integrated into the DHIS2.

During the community-level DMPA-SC rollout, APC helped identify, test, and finalize family planning indicators to monitor and provide timely updates on the introduction process.

BREAKING BARRIERS TO FAMILY PLANNING

Benin has a history of low family planning use due in part to conservative religious and social norms. In 2013, the GOB pledged to improve national reproductive health indicators and to introduce family planning services at all levels of the health system, including providing injectables at the community level. Though injectables were a popular method in Benin at the time, women could only access them at health facilities, which limited access for women living in rural communities. APC efforts have helped the GOB forge a path to meet its family planning goals.



2013

Organized a study tour for Benin's MOH and USAID partners to learn about community-based family planning projects in Ethiopia

2014

MOH approved pilot delivery of Noristerat at the community level

2015

Developed training curricula, job aids, and M&E tools for CHWs to deliver Noristerat, a two-month injectable contraceptive

Began pilot; trained health workers via cascade approach

2016

Conducted a learning visit to Burkina Faso to prepare for DMPA-SC introduction in Benin

Adapted a DMPA-SC training and M&E and communication tools for Benin

2017

Evaluated Noristerat pilot phase and disseminated findings

Introduced DMPA-SC in health facilities and communities

2018

Completed DMPA-SC rollout in 10 USAID-priority health zones

Integrated DMPA-SC and Noristerat training modules into National Medico-social Training School



COORDINATING HANDS-ON LEARNING APPROACHES

Since its inception, APC has encouraged learning and incorporating best practices from family planning projects in neighboring countries to strengthen programming in Benin. Over seven years, APC supported the MOH and its partners to partake in workshops, conferences, and educational tours across Africa and in the United States. In 2013, MOH stakeholders traveled to Ethiopia to attend the International Conference on Family Planning. While there, they took the opportunity to participate in an educational tour to observe how CHWs accessed rural communities, taught families about health practices, and empowered women to improve their health. In 2015, MOH stakeholders paid an educational visit to Burkina Faso to observe the community-based introduction of DMPA-SC. These opportunities illustrated the benefits of task sharing and laid the groundwork for further investments in community-based family planning in Benin.

DEMONSTRATING SAFE CONTRACEPTIVE INJECTABLE DELIVERY IN COMMUNITIES

In 2013, the GOB pledged to introduce injectable provision at the community level to provide services in rural areas, where people have little access to health facilities. Benin adopted a task sharing approach to delivering health services through CHWs in villages so that facility-based workers could focus on more specialized tasks.

In 2014, the MOH approved APC's pilot to allow aides-soignantes to administer Noristerat in communities. Between August 2015 and May 2016, APC trained 23 aides-soignantes to do this. During this time period, nearly 2,000 women were counseled on family planning for the first time; nearly 450 women chose to use Noristerat; and 250 women chose to obtain other methods, including pills, implants and IUDs, from the local health facility. The evaluation of the pilot showed that health workers can effectively and safely administer injectables in communities, and that women were satisfied with their services. As a result, the MOH committed to introducing DMPA-SC as part of its strategy to expand family planning access for thousands of women.

PILOT PROGRAM FOR ADMINISTRATION OF NORISTERAT IN COMMUNITIES



23
aides-soignantes
trained



2,000
women counseled on family
planning for the first time



Nearly **450** women
chose to use Noristerat
250 women chose other
methods, including pills,
implants, and intrauterine
devices



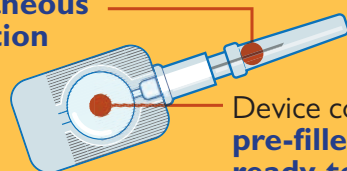
After finishing their training on Noristerat administration, these aides-soignantes helped bring new family planning methods to their communities.

WHY IS DMPA-SC AN EXCITING NEW METHOD?

Provides **3 months** of contraceptive protection



Short needle for **subcutaneous** application



Is easy to use.

Device comes **pre-filled and ready-to-use**

99% effective preventing pregnancy when used correctly



Women can be trained to **self-inject**



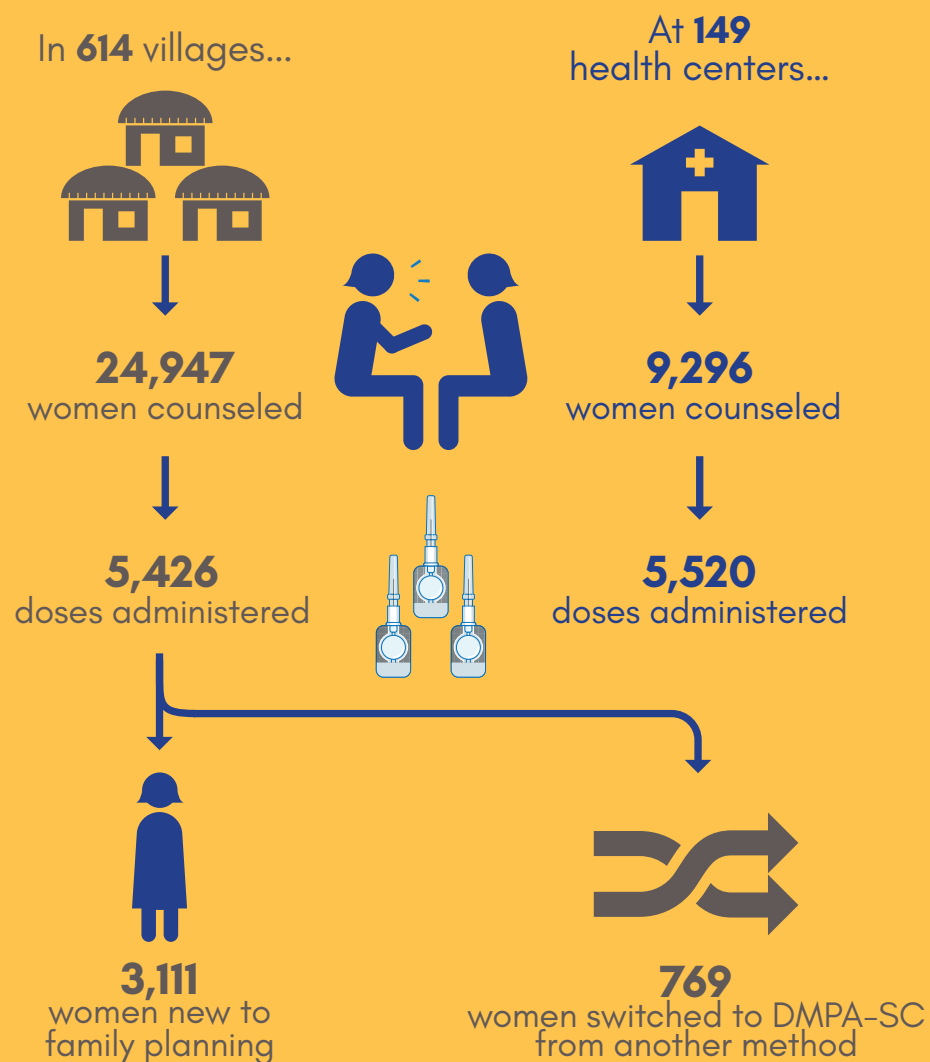
PIONEERING DMPA-SC INTRODUCTION

In 2016, the MOH authorized public-sector introduction of DMPA-SC via CHWs. In May 2017, APC led a consortium of organizations to introduce DMPA-SC via a cascade training approach in 10 health zones. The approach involved educating community leaders about family planning, DMPA-SC rollout, and how they could support the CHWs to deliver the method in their villages. APC also worked with the MOH to integrate the product into the national health system tools, reporting forms, and DHIS2 platform. In 2019, the MOH will lead national-level scale up of community-level provision of DMPA-SC based on APC's experience.

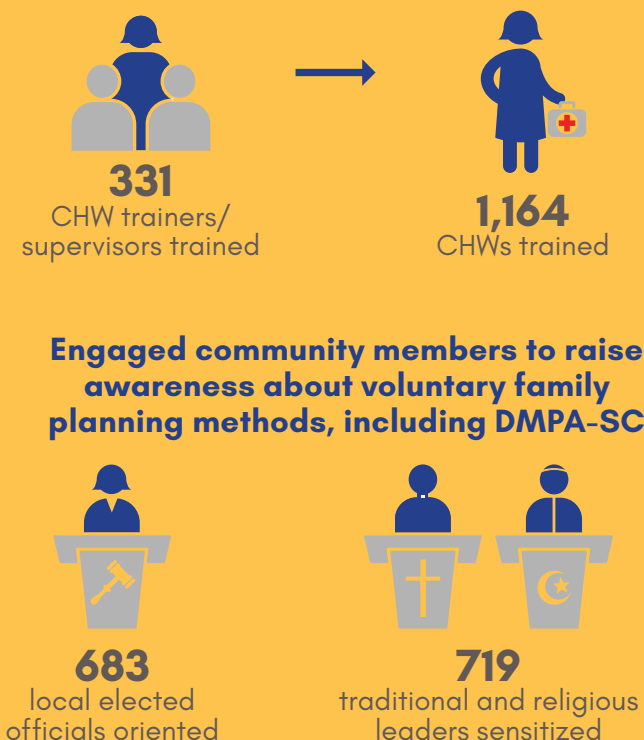
Community-based family planning, including DMPA-SC, is significant in Benin because it expands contraceptive access to women who otherwise would not receive family planning services due to geographic constraints. Bringing health services closer to where people live results in more equitable distribution of health services and ultimately, healthier populations.



7,997 WOMEN ADOPTED DMPA-SC IN 10 USAID-PRIORITY HEALTH ZONES



EMPLOYED CASCADE TRAINING TO ROLL OUT DMPA-SC



The MOH has committed to expanding access to DMPA-SC through nationally scaling the method in the public sector, introducing it in the private sector, and piloting its self-injection by women themselves.



An aide-soignante counsels a client at a local health facility

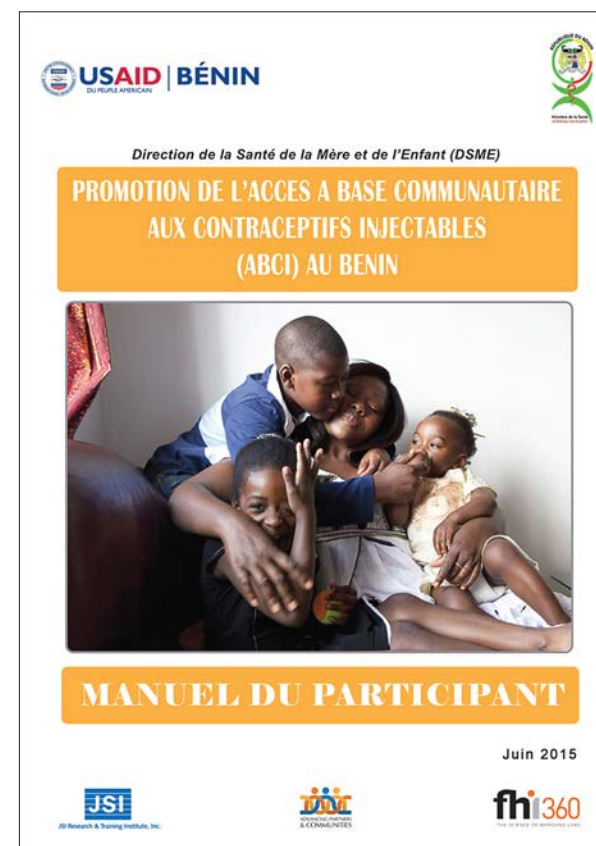
"I have confidence in the family planning services she [an aide-soignante] has brought to the village. She has educated us well and explained the different methods first and counseling and advantages."

— Family planning client

INTEGRATING GUIDANCE FOR INJECTABLE CONTRACEPTION INTO NATIONAL CURRICULA

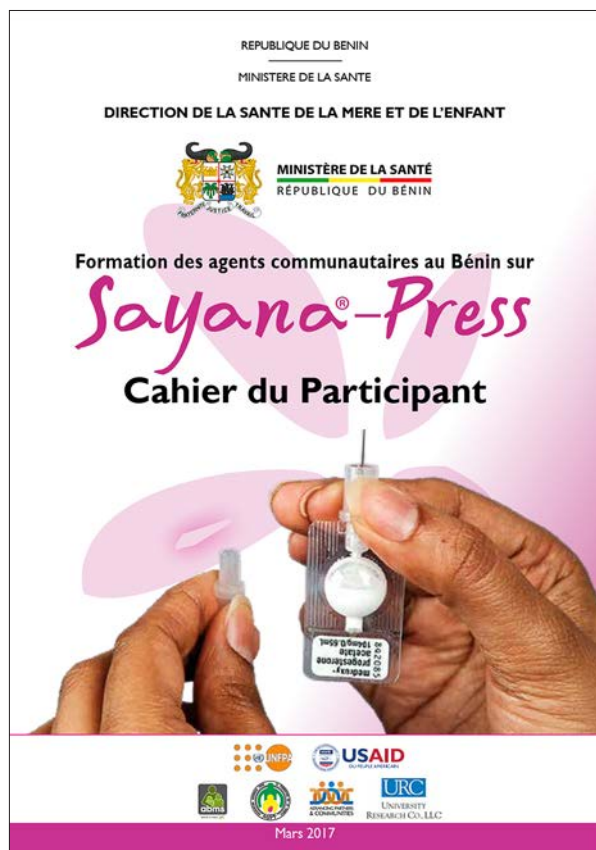
Training and supporting a country's health workforce is key to institutionalizing public health interventions. Aides-soignantes comprise the largest cadre of health workers in Benin and will have a key role in the country's revitalized community health system. However, their curriculum did not include a training module on community-based injectables, which meant that subsequent cohorts would not receive routine training for this intervention.

APC secured an Advance Family Planning Opportunity Grant to ensure longevity of community-based access to injectable (CBA2I) programming in Benin. The grant allowed the project to integrate an injectables training module that includes guidance on both Noristerat and DMPA-SC administration and related tools into the national curriculum for aides-soignantes. As a result, nearly 1,200 students, who enrolled to become aides-soignantes during the 2018–19 academic year at the National Medico-Social Training School, will learn to administer Noristerat and DMPA-SC. In subsequent years, many more students will learn to administer the method, helping to sustain family planning service delivery at the community level in Benin.



SERVING AS A MODEL FOR FAMILY PLANNING PROGRAMMING

Benin's DMPA-SC introduction was unique because the method was integrated directly into the public sector and provided by MOH staff and CHWs, rather than staff employed by international NGOs. In fall 2018, a high-level delegation from Mauritania visited Benin to learn about the country's experience introducing DMPA-SC at the community level. During the visit, the Mauritanian delegation attended a briefing on the national strategy for DMPA-SC introduction, received an overview of progress achieved and lessons from the project's first year, and visited two DMPA-SC introduction sites, meeting with CHWs, CHW supervisors, and local political and traditional leaders. The delegation was very impressed by Benin's DMPA-SC rollout, especially because the country introduced the product through the existing MOH infrastructure and CHWs. Lessons from Benin's experience will directly inform planning for Mauritania's upcoming DMPA-SC introduction.



DMPA-SC was launched in Benin in 2017.

A portrait of Dangou Inoussa, a middle-aged Black man with a short beard and mustache. He is wearing a white headband with a blue and yellow geometric pattern and a white V-neck shirt with a decorative pattern along the neckline. He is looking directly at the camera with a neutral expression. The background is a plain, light-colored wall.

HOPE ARRIVES FOR A FATHER OF MANY

“My name is Dangou Inoussa, and I am a community health worker in the village of Minanga. I’m 50 years old and my fourth wife is pregnant with my 23rd child. At this rate, I could end up with 50 children! I have a hard time because of this large family. Providing food, school fees, and caring for everyone is a permanent worry for me. I don’t know which saint to pray to. At one point, it got so bad that I started to look for a way out of the situation. I even considered suicide.

Then, at a training in 2015, I learned that there are many ways to limit and plan for birth. Afterward, each of my wives and I decided to adopt a family planning method. I went with two of them to the maternity clinic to choose a method, and I’ll do the same with the other two. If this training had come sooner, I wouldn’t have so many children to care for. Since the training, I’ve been able to convince other men in my village of the benefits of family planning. I would like to thank APC for helping me solve my problems and restoring my will to live.”

— Dangou Inoussa, a CHW working with SIA N'SON NGO, is a proud champion of family planning.

LESSONS LEARNED

STRONG PARTNERSHIPS. APC credits its successes to its working relationships with the GOB, donors, and other partners. Our close coordination from the beginning of the project was critical not only to getting things done but to the overall sustainability of interventions. APC became a trusted partner for the GOB and USAID because of our record of flexibility, creative problem-solving, and executing high-quality, timely work.

HARMONIZE APPROACHES. Convening PIHI stakeholders early in the project to develop a standardized format for documents, such as workplans and annual reports, and establish common M&E reporting indicators provided a way to measure achievements across NGOs and health zones. Gathering PIHI NGOs quarterly to discuss challenges and lessons, validate project data, and learn new skills followed a 'low-dose, high-frequency' training model that improved NGO staff growth and knowledge.

GOVERNMENT OWNERSHIP. From the onset of project activities, APC was responsive to the priorities set by the GOB and worked to facilitate realization of national goals. This approach ensured that the GOB was deeply involved in all interventions, spanning both the PIHI and community-based family planning portfolios. Having the GOB as the ultimate decision-maker guiding strategy rollout helped guarantee the longevity of newly introduced interventions.

STRATEGIC PROGRAMMING. APC capitalized on the momentum created after the government pledged several health commitments between 2010 and 2013, including increasing the national modern contraceptive prevalence rate by expanding access to family planning care. The project offered strategic technical assistance to help the GOB realize its objective by working at the national, regional, and local levels, which allowed ideas and newly introduced interventions to take hold and gain community support more quickly.



Joshua Yospyn/JSI



THE WAY FORWARD

From expanding PIHI in urban areas to overseeing local adaptation of national policies, APC worked hand-in-hand with the GOB and other partners to advance community health and family planning. Because of APC's multi-level advocacy, the GOB and partners expanded community access to two different injectable contraceptives in a relatively short time period. Benin was among the first African countries to introduce and pilot DMPA-SC at the community level, and the country is interested in piloting self-injection of DMPA-SC. APC's strategic, technical, and logistical contributions with emphasis on local ownership has enabled the country to make critical progress toward self-reliance.





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