

An Action Plan to Reduce Maternal and Neonatal Mortality

For women in Benin, the lifetime risk of maternal death is one in 12. The country's infant mortality rate is 94 deaths per 1,000 live births, and trained attendants are present during only 38% of deliveries (WHO and World Bank, 1997; Population Reference Bureau, 2001). To improve this situation, Benin has become the first country in its sub-region of West Africa to develop a comprehensive national action plan to reduce maternal and neonatal mortality. Training, logistics, and birth preparedness form the key components of the Emergency Obstetric and Neonatal Care (EONC) strategy, finalized in 1999 by the Benin Ministry of Health (MOH) in collaboration with the Regional Health and Development Center (CREDESA) and the National Midwives Association (NMA). Funding from USAID and technical assistance from PRIME were instrumental in completing the strategy, and PRIME II is now in the process of helping to design and implement interventions that will realize the plan's objectives.



PRIME II in Action: Benin Country Program

Testing New Protocols
for Better Family Health Care

An Action Plan to Reduce Maternal
and Neonatal Mortality

Collaboration and Coordination
with PROSAF

Training Pharmacists as
Family Planning Service Providers

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A New Curriculum for Primary Providers

Maternal deaths in Benin are caused most frequently by severe anemia, hemorrhaging, and postpartum or postabortion infections. Poor sanitation and the lack of appropriate medications contribute to these outcomes. Building the capacity to respond to complicated pregnancies and postpartum emergencies, PRIME II has helped to develop a national training curriculum for nurses, midwives, and other primary providers of EONC services. Following the training of trainers and supervisors, a program to implement the curriculum will begin in early 2002; as of November 2001, 22 trainers from selected health districts in each of the country's departments have been trained using the curriculum. The wide scope of this program will also include non-training interventions that cover areas such as job descriptions, transportation, supervision, and provider motivation. Meanwhile, the MOH is working with USAID and other partners to guarantee that drugs and vaccines will be available in health centers nationwide.

Assessing the Need in Maternity Centers

To better understand the current situation, PRIME II and the MOH conducted a performance needs assessment using the Performance Improvement (PI) approach in Malanville/Karimama health district in the northern department of Borgou. Completed in November 2000, the study found numerous factors contributing to high rates of maternal and

neonatal mortality. Personnel are unqualified in nearly half of the district's maternity centers, where the causes of gaps between actual and desired performance include the lack of job descriptions, supervision systems, infection prevention measures, EONC knowledge and skills, training capability, and transportation networks for referrals. The situation in the health centers is aggravated by logistical problems in maintaining adequate equipment and supplies, including medicines.

Making Community Plans for Birth Preparedness

Improving logistics and the knowledge and skills of primary providers, while crucial first steps to safer motherhood for Beninese women, are not enough in a country where many women give birth in their homes without trained assistance. As the performance needs assessment revealed, pregnant women and their caregivers at the community level are not trained to recognize and respond to emergencies and often delay care-seeking. These delays create further complications that cost women and infants their lives. A PRIME II pilot project in two communities in Malanville/Karimama health district will foster better health outcomes by encouraging birth preparedness, in which pregnant women, families, and communities make detailed plans for how they would respond to an emergency if it were to occur. These plans make provisions for emergency transportation to health centers and referral hospitals, and stress timely prenatal care to identify and prepare for potential complications.

Lending support to PRIME II's efforts in Borgou is the USAID/Benin bilateral PROSAF project, which works to improve integrated family health services throughout the department. PROSAF representatives participated in the performance needs assessment process in Malanville/Karimama and are supporting PRIME and the MOH by training trainers, reinforcing supervision systems and skills, and improving logistics.

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