

Collaboration and Coordination with PROSAF

Committed to forging partnerships that advance our ability to improve the performance of primary providers, the PRIME II Project actively responds to situations where cooperation will result in gains greater than any independent achievement. One great example is our program in Benin, where PRIME II initiatives complement the work of the USAID bilateral PROSAF project and also involve partnerships with the World Bank and PBA/SSP (*Projet Bénino-Allemand des Soins de Santé Primaires*), a project funded by the German international development company GTZ.

Partners in Performance Improvement

Collaboration is especially important when PRIME programs employ the Performance Improvement (PI) approach to identify gaps in health care service delivery and help select interventions and the most appropriate implementers—from ministries of health to other global health organizations—to close those gaps. In Benin, the USAID mission invited PRIME II to work with PROSAF to use PI to design and implement an emergency obstetric and neonatal care (EONC) intervention for maternity service providers in Malanville/Karimama health district in the large northern department of Borgou. The program is part of the Benin Ministry of Health's national action plan to reduce maternal and neonatal mortality by training primary providers, establishing community birth preparedness plans, and improving logistics, supervision, and referral systems. PROSAF, an integrated family health program led by University Research Council (URC) and partners, works throughout Borgou and has been involved in each stage of PRIME's PI process.

Sharing Data, Assessing Needs

To determine the best strategies for achieving the goals of the intervention, PRIME II's resident advisor in Benin met initially with PROSAF's chief of party to examine data collected by PROSAF at the beginning of their work in Borgou. The two agreed that PRIME should conduct a performance needs assessment (PNA) to gather specific EONC-related information not found in PROSAF's 1999 health care evaluation of Borgou.

At meetings for project stakeholders in October 2000, tools were prepared for PNA data collection in November. The Ministry of Health and PROSAF lent vehicles to transport the data collectors, who fanned out to gather information from service providers (midwives, nurses, midwife assistants, matrons, and traditional birth attendants) and community



PRIME II in Action: Benin Country Program

Testing New Protocols
for Better Family Health Care

An Action Plan to Reduce Maternal
and Neonatal Mortality

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with PROSAF

Training Pharmacists as
Family Planning Service Providers

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members. This data was analyzed in late November at PROSAF's offices in Parakou. The findings revealed numerous performance gaps in the district's maternity centers, including lack of knowledge and skills, job descriptions, supervision, training capability, and transportation plans. Inadequate equipment and supplies, including medications, compounded the situation.

Defining Roles, Leveraging Resources

After a January 2001 workshop to finalize specific interventions, stakeholder meetings were held to define partner roles in implementation and develop joint workplans. A pilot program in Malanville/Karimama will introduce a national EONC training curriculum for primary providers that has been developed with PRIME II assistance. PRIME is also carrying out a community partnerships pilot project to help two communities prepare pregnant women and their families for upcoming births. PBA/SSP is piloting a community-based pre-paid health care scheme (a *mutuelle*) in one village, and also working to strengthen service delivery in the areas of infection prevention, management, and infrastructure (which includes building health care facilities).

PROSAF is handling aspects of the intervention best suited to its mandate, including logistics, reinforcing supervision systems and skills, training trainers, and supporting the EONC community partnerships. In turn, PROSAF requested PRIME II technical assistance, including the facilitation of a one-day workshop, to expand the pilot program to another district.

PRIME II and PROSAF are also collaborating to field-test Benin's new national service delivery protocols in Borgou, with PROSAF providing funding and PRIME delivering technical assistance. A combination of classroom orientation, tutorials, and self-directed learning is training service providers in the protocols, which were developed by the Ministry of Health with technical assistance from PRIME. The field tests began in June 2001 in three selected health districts in the region. Funding from the World Bank will enable PRIME II to field test the protocols in one health district each in two other departments, Atlantique and Mono.

Suggested citation:
Nelson D, Sebikali B.
*Collaboration and
Coordination with
PROSAF. I | /2001.*
(PRIME PAGES: BJ-3)



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At a July 2001 meeting of USAID partners, the family health team of USAID/Benin's office enthusiastically cited the relationship between PRIME II and PROSAF as an example they would particularly like to have other projects follow.



This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.