

COUNTRY TEAM

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Objectives	Gaps	Proposition for overcoming the gaps	Needs	Available resources	Stakeholders	Resources supported by stakeholders	Responsible
50% of providers from 2 CHU (HOMEL, CNHU) of CHD 5, 10 HZ and 10 private health facilities providing services offer post-abortion care (PAC)	Lack of trained staff to offer PAC/FP services	Train 230 (midwives) SFE, Gynecologists, IDE maternity (30 CNHU-CUGO HOMEL 30 50 PRIVATE 120 HZ)	Financial resources, material resources (models, MVA syringes, flip chart etc. ..)	Trainers, training guide, contraceptives	Ministry of Health, Technical Financial Partners (PTFs) (UNFPA, USAID, (Beninese Social Marketing Association (ABMS / PSI), AFD, Swiss Cooperation, Embassy of the Netherlands, Belgian Technical Cooperation, UNICEF etc ...)		Ministère de la Santé (MOH)

	Lack of demonstration models for MVA, FP etc. ...	Acquire demonstration models					
	Inadequate medical and technical equipment (MVA syringe, PAC kits)	Acquire the medical-technical equipment					
Ensure the complete treatment according to the protocols of 80% of women with incomplete abortion (MVA or misoprostol, PF, HIV screening, cervical cancer screening) within 2 CHU (HOMEL, CNHU), 5 CHD, 10 and 10 HZ private health facilities trained in post-abortion care (PAC)	Absence of PAC room	Organize planning workshops for scaling up PAC room in Homel and CUGO					
<i>Succeed in providing PAC/FP counseling to at least 80% of women seeking PAC with 70% actually leaving with a contraceptive method in two CHU (HOMEL, CNHU), 5 CHD, 10 HZ and 10 private health facilities trained in PAC</i>	FP services not integrated with PAC	Establish a mechanism to manage and control contraceptives in PAC rooms					
	Counseling not systematically performed for all women receiving PAC	Organize a workshop for making flipcharts and monitoring tools for PAC					
		Edit and disseminate monitoring tools and flip charts					

	Systematically offer combination hormonal contraceptives in PAC services	Organize quarterly supervision of providers trained in targeted health facilities					
	Lack of implementation and stock out of contraceptives in PAC rooms						
Establish tools for the collection of data on PAC including contraceptive methods, misoprostol, HIV testing and cervical cancer of the uterus	Diversity and incompleteness of data collection tools on PAC	Harmonize data collection tools at all levels					
		Systematically record all cases of PAC in the registers provided for this purpose					
Organize monitoring of the implementation of activities and the annual evaluation of results	PAC not included in routine monitoring activities	Organize a workshop for the review of tools and mechanisms for monitoring and evaluation of the Direction de la Santé de la Mère et de l'Enfant (DSME) taking into consideration PAC					
		Edit and disseminate tools for monitoring and evaluation					