Creating a scorecard to strengthen sexual and reproductive health and rights services in Benin

An effective tool for actioning high-impact interventions

This case study was developed by the WHO country office with support from the Country Strategy and Support (CSS) and the Prevention of Unsafe Abortion (PUA) unit at UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) Department of Sexual and Reproductive Health and Research (SRH). The work was undertaken as part of a collaborative project to address unsafe abortion through a health system strengthening approach. The project ran from 2019–2023 and included ten countries; three WHO regional offices; and five WHO HQ departments working together through a technical working group coordinated by HRP.
Background

Benin has a large young population below the age of 25 years, indicating a current and growing need for availability and access to sexual and reproductive health services. The country faces high rates of maternal and neonatal morbidity and mortality, unmet demand for family planning supplies and services, the impact of unsafe abortion on women's health, and the increasing feminization of the HIV/AIDS pandemic. While Benin has clear objectives for improving sexual and reproductive health, reliable data at the subnational level is needed to realize these objectives for improving reproductive, maternal, neonatal, child and adolescent health.

Benin: Facts

<table>
<thead>
<tr>
<th>Health system</th>
<th>Maternal health</th>
<th>Fertility &amp; family planning</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Women receiving at least 4 antenatal care visits</td>
<td>52% 89.9% 107.4%</td>
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<tr>
<td>Births attended by skilled health personnel</td>
<td>Proportion of institutional deliveries</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>Modern contraceptive prevalence rate</td>
<td>12.4%</td>
<td></td>
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<tr>
<td>Unintended pregnancy rate</td>
<td>End 1994</td>
<td>17%</td>
<td></td>
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<tr>
<td>Abortion rate increased by</td>
<td>End 2019</td>
<td>22%</td>
<td></td>
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</tbody>
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Benin aims to improve access to a full range of quality sexual and reproductive services as a right for all couples, individuals and young people. It envisages upscaling of contraceptive usage from 12.4% (2019) to 21.8% (2023) and reduction of maternal and infant mortality.
Intervention

Adaptation of the WHO Scorecard for strengthening the sexual and reproductive health programme

Overcoming disruptions caused by the COVID-19 pandemic to the continuity of reproductive, maternal, newborn, child and adolescent health services, Benin adapted the WHO Regional Office for Africa scorecard to monitor progress on sexual and reproductive health and rights indicators in the country. Progress has been made towards:

1. Adopting the regional scorecard as an accountability tool for monitoring and evaluation of sexual and reproductive health and rights progress;
2. Initiating data entry and analysis based on available data; and
3. Developing the national sexual and reproductive health and rights scorecard.

How was the scorecard developed?

The scorecard was developed through a wide-ranging consultative process led by the Ministry of Health, with technical and financial support from World Health Organization. A series of workshops were organized in which stakeholders engaged in several stages of reflections, consensus-building and validation to arrive at a set of indicators for the Benin sexual and reproductive health and rights scorecard.

Stage 1 – Selecting indicators

Based on the availability of data, 31 indicators, including complementary indicators with qualitative data, were added in the scorecard (22 indicators at the regional level + 9 complementary indicators added in Benin scorecard).

Data was to be collected through the Demographic and Health Surveys programme.
Stage 2 – Method of scoring and scorecard utilization

During the consultations, stakeholders decided on the scoring and utilization approaches.

Established a traffic light system of assessment for indicators – red (not on track), yellow (in progress), green (on track)

Finalized the periodicity of filling in the scorecard

Planned for sexual and reproductive health and rights strengthening in annual workplans, and for advocacy at all levels of the health pyramid (according to the level of scorecard indicators)

Identified the scorecard users and target groups at all levels of the health pyramid

Sexual and reproductive health programme managers

Health development partners

Policy-makers

Stage 3– Validation and establishing the functional process

Collection, analysis, finalization and validation of the scorecard was done by the stakeholders.


Impact of the scorecard

Usage of the scorecard

Strengthened sexual and reproductive health and rights integration into the action plans

Enabled evidence-based policy development and updation

Improved gap analysis and rectification

Highlights of the process

Identification of gaps from the country perspective; filling of these gaps

Presentation of the 22 indicators selected at the WHO regional workshops

Analysis of indicators for relevance

Addition of nine new indicators

Definition of scoring thresholds using the traffic light system

Conclusion

Despite the challenges posed by the COVID-19 pandemic, Benin successfully introduced the scorecard, which will support advocacy for improving sexual and reproductive health and the exercise of reproductive rights in the country. The stage is now set to ensure the continuity of essential sexual and reproductive health and rights services by prioritizing sexual and reproductive health and rights on the political agenda; providing representation to the vulnerable and marginalized; identifying challenges to programme implementation; and enhancing collaboration for actioning high-impact interventions.