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United Nations Population Fund

Country programme document for Benin

Proposed indicative UNFPA assistance: \$23.0 million: \$8.0 million from regular resources and \$15 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2019-2023)

Cycle of assistance: Ninth

Category per decision 2017/23: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.0	9.0	13.0
Outcome 2	Adolescents and youth	1.0	3.9	4.9
Outcome 3	Gender equality and women's empowerment	1.8	2.1	3.9
Programme coordination and assistance		1.2	-	1.2
Total		8.0	15.0	23.0

I. Programme rationale

1. The population of Benin is estimated at 11,200,000 in 2017, with a growth rate of 3.5 per cent. Women make up 51.2 per cent of the population, 46.5 per cent of whom are of childbearing age. The population is young, with 66 per cent aged under 25 years. The 15-59 year age group represents 47.7 per cent of the population, while those aged over 60 years do not exceed 5.5 per cent. According to the national transfer accounts 2015 report, the economic support ratio is estimated at one producer per two consumers. This high dependence impedes the country's economic growth, which has averaged 5 per cent over the last five years.

2. Structural and institutional reforms, including the establishment of the observatory for the demographic dividend, are under way to initiate the structural transformation of the economy and to take advantage of the window of opportunity opened since 1993.

3. Fertility remains high. According to the 2013 census, the total fertility rate was 4.8 children per woman. Maternal mortality, at 335.5 maternal deaths per 100,000 live births in 2013, remains a challenge compounded by the lack of skilled human resources. Contraceptive prevalence increased from 8 to 12.5 per cent between 2012 and 2014 with large disparities based on place of residence. It has doubled in rural areas (from 5 to 10.4 per cent) and increased from 11 to 15.4 per cent in urban areas. According to a 2017 survey on the availability of reproductive health products, 59 per cent of health facilities experienced stock-outs while the unmet need for family planning was 33.1 per cent.

4. Adolescents and youth account for 31.8 per cent of the population, and early fertility increases their vulnerability. In 2014, 17.4 per cent of them reached childbearing age. The number of adolescents pregnancies that took place in schools was 3,045 in 2016-2017. Explanatory factors include unfavourable social norms, the lack of access to comprehensive sexuality education, and the low availability of adolescent and youth-friendly services. This situation also increases the risk of HIV and AIDS and sexually transmitted infections. The prevalence of HIV and AIDS in the general population has stabilized at 1.2 per cent since 2006, but this headline figure conceals the increase in this prevalence among young people aged 15-24 years, from 0.1 in 2015 to 0.3 per cent in 2017 for boys.

5. Child marriage and female genital mutilation persist. In 2014, 16 per cent of girls aged 15-19 were already married; the incidence of female circumcision, at 9.2 per cent, varies regionally with: 23.7 per cent in Alibori, 9.3 per cent in Atacora, 37.6 per cent in Borgou and 36.8 per cent in Donga.

6. In this context, the eight programme has contributed to the following key results: In sexual and reproductive health; a) a network of 125 EmONC health facilities with the integration of the half-yearly monitoring of emergency obstetric and neonatal care (EmONC) and the monitoring of maternal deaths and response in four health zones; (b) a strengthened logistics management system with annual security surveys, the introduction of the Informed Push model to reach the last users in four health zones, the expansion of the contraceptive method tlike sayana press and training of 1,129 community volunteers for the distribution of contraceptives in communities; (c) 570 women with obstetric fistulas treated; and (d) the recruitment of 187,502 additional users during the five year time.

7. For adolescents and youth sexual and reproductive health, the programme contributed to build the the capacity-building of a youth panel composed of 13 youth networks and associations in advocacy and service delivery; setting up seven user-friendly health centres, supporting the development of an age-appropriate sexual health education programme, and piloting the "learning about living" concept. In addition, 74,122 adolescents and young people received family planning services and 18,503 were screened for HIV.

8. With regard to gender equality and women's empowerment, 262 women have benefited from: the implementation of standard procedures for dealing with violence

against women and their operationalization in five health zones and in the central office for the protection of minors.

9. Lastly, data availability has been improved through: a) the fourth population census, the fifth demographic and health survey, surveys on the living conditions of households and the availability of reproductive health products; (b) the mainstreaming of the demographic dividend into strategic documents such as the current National Development Agenda.

10. The final evaluation of the eighth programme highlighted as a lesson learned the importance of ensuring the relevance of interventions to people's needs and national priorities. However, strengthening these interventions in the areas of EmONC, family planning, addressing gender-based violence, and the reproductive health of adolescents and youth with a view to a progressive scaling up remains a challenge for the new programme.

11. In view of the above context, and of the challenges addressed by the United Nations Development Assistance Framework (UNDAF) 2019 -2023 and of the UNFPA 2018-2021 Strategic Plan for 2030, this programme is intended to be the first of the various consecutive programmes to be developed by 2030. It aims to make a substantial contribution to reducing the unmet need for family planning in view of the evolving demographic profile of the population. The results of this programme will be strengthened by future cycles to achieve the UNFPA transformative results: zero preventable maternal deaths, zero unmet needs for contraception, zero incidents of gender-based violence including child marriage.

II. Programme priorities and partnerships

11. In agreement with pillar three of the 2016-2021 Government Action Plan, "Strengthening human capital through basic social services" and the Sustainable Development Goals (SDGs) related to health and gender equality, justice and partnership SDGs 3, 5, 10, 16 and 17, this programme contributes to the results of the UNDAF 2019-2023, Outcome 2, outputs 2.1; 2.2 and 2.3. It is also aligned with the UNFPA Strategic Plan (2018-2021) based on the categorization of Benin in the red quadrant of the engagement approach of UNFPA in countries. The programme will make a significant contribution to changing the age structure of the population in order to facilitate the realization of the demographic dividend, which is a national priority. This will be done through supporting the recruitment of 262,000 additional family planning users (including 80,000 sexually active adolescent girls and young people in the context of family planning 2020) to progressively reduce the unmet needs for contraception. Thus, UNFPA will intensify its advocacy efforts and technical support in order to ensure: (i) supply chain management strengthening; (ii) young people's life skills and livelihoods are developed, (iii) sexual and reproductive health and rights are high on the government agenda, (iv) comprehensive sexuality education is integrated in the school curriculum starting from kindergarden, (v) gender imbalance has improved including the decreased prevalence of gender-based violence.

12. The focus will be on: universal access to reproductive health services and rights, especially for adolescents and young people, including out-of-school girls and unmarried mothers, to prevent unwanted pregnancies and increase access to information and reproductive health (RH) services. Priority will be given to the most vulnerable in the marginalized groups: adolescents with early and unwanted pregnancies, victims of violence against women and girls, including child marriage and female genital mutilation, survivors of obstetric fistula, people with disabilities and those in need of humanitarian assistance.

13. By 2023, the programme should contribute to reducing contraceptive stock-outs from 59 per cent to 20 per cent, increasing the access of those left behind to family planning services. In addition, it will contribute to supporting the availability of data for decision-making and monitoring of the SDGs through: the fifth population census (GPHC5), the dissemination of the results of the 2018 health and demography survey and the implementation of the Performance, Monitoring and Accountability 2020 survey

on family planning. Innovative, robust strategic partnership and leadership initiatives for stakeholder coordination will be developed around reaping the rewards of the demographic dividend; UNFPA will consider ways of working closely with partners including the United States Agency for International Development on this matter.

14. An integrated partnership and resource mobilization plan with the Government, non-governmental organizations, United Nations organizations, the World Bank Group, civil society and the private sector will be implemented. Bilateral financial partners including the Kingdom of the Netherlands, Belgium, the French Development Agency, and Canada will also take part in resource mobilization. Civil society organizations, UN Volunteers, local elected officials, as well as religious and traditional leaders, will also contribute to the implementation of the programme in their respective areas of expertise.

A. Outcome 1: Sexual and reproductive health

15. *Output 1: The central structures responsible for population policies have increased technical and institutional capacities to plan and promote the implementation of family planning, maternal health and social protection, in particular for women, adolescents and the most disadvantaged young people, including in situations of humanitarian crisis.* The program will contribute to: (a) the development or updating of sectoral policies and strategies on the basis of ongoing reforms; (b) their dissemination and high-level advocacy for their implementation; (c) the establishment of a mechanism for collecting, analyzing and publishing data; (d) policy evaluation; (e) the coordination of the partnership for resource mobilization in support of large national data collection and subregional initiatives around reproductive health such as the Ouagadougou partnership FP2020.

16. *Output 2: Health facilities have increased technical and operational capacities to create demand and offer integrated family planning and quality maternal health services to women, adolescents and young people, including the most vulnerable.* The programme will support: (a) strengthening the provision of integrated reproductive health services including family planning, sexually transmitted diseases and HIV in health facilities for women, adolescents with early and unwanted pregnancies, victims of violence against women and girls, child marriage and female genital mutilation, people with disabilities and those in humanitarian settings. (b) development of the national EmONC network; (c) maternal death monitoring and response; (d) improving the practice of midwifery through support for initial midwifery training schools, and building on-site skills through a tutoring-based approach; (e) support for the implementation of the national strategy for the elimination of obstetric fistulas; (f) strengthening the product information and logistics management system through the capacity development of providers on supply chain management and advocacy to health providers at the post; (g) the optimization of the distribution system for contraceptive products through the “informed push model”; (h) product availability and storage tracking at all levels of the health system and delivery points at the national level; (i) strengthening the role of the private sector by improving the distribution of vital products, the quality of EmONC, the prevention of obstetric fistulas and the provision of family planning services; (j) strengthening partnership with local communities and health zone coordinating physicians to innovate in reaching out to young people, taking into account recent publications on the limited effectiveness of youth-friendly health centres; (k) the integration of the provision of information and clinical services in school (eight) and university (10) medical offices, the implementation of the minimum initial service package on reproductive health in humanitarian emergencies and of the Minimum Preparedness Action Plan; (l) strengthening the South-South Partnership for the UNFPA response in crisis situations.

B. Outcome 2: Adolescents and youth

17. *Output 3: Young people, especially adolescent girls, have the skills and abilities to make informed choices about their well-being and their sexual and reproductive health and rights.* The programme will contribute to: (a) the consolidation of the youth panel into a platform of youth networks built on the pillars of the demographic dividend

(b) strengthening: (i) technical and professional capacities of youth networks and associations in leadership, partnership, advocacy and lobbying to facilitate their employability; (ii) the production and use of disaggregated data to inform adolescent and youth reproductive health policies; (c) the development of a programme for the reintegration of unmarried mothers and support for human trafficking interventions; (d) the gradual extension of comprehensive sexual health education in school and out-of-school settings.

C. Outcome 3: Gender equality and women's empowerment

18. *Output 4: Sector ministries and actors at all levels have enhanced technical and operational capacities to prevent and combat gender-based violence.* The key interventions are: (a) strengthened coordination capacities and creation of synergies between actors in the field of prevention and care for victims of violence against girls and women; (b) support for the establishment of mechanisms for the collection, production and use of disaggregated data; (c) advocacy and operationalization of the "men and boys take action" initiative; (d) expanding the provision of services according to standard operating procedures for dealing with violence, and implementing a joint communication plan with UNICEF regarding the fight against child marriage in 10 health zones, including humanitarian crises situations; (e) developing, implementing and monitoring a national strategy to eradicate female genital mutilation.

III. Programme and risk management

19. The programme is the result of a participatory and inclusive process with the Government, civil society, United Nations organizations and bilateral stakeholders in areas related to the UNFPA mandate. It provides a framework for mutual accountability for the contributions of UNFPA to national priorities. It will cover the whole country with regard to family planning and a dozen health zones for specific themes. The country office and its decentralized office will work with the UNDAF Coordination and Management Unit based in the Ministry of Planning and Development to implement the programme. This Ministry will ensure the overall coordination and monitoring of the programme supported by the collection and use of data. The ministries in charge of health, social affairs, primary, secondary and vocational and higher education, and sports and culture will ensure its implementation.

20. National execution will be the preferred implementation modality through the harmonized approach to cash transfers supported by internal control systems provided by UNFPA procedures.

21. The ongoing evaluation of the political environment will guide implementation as needed during the programme implementation period, during which major community, legislative and presidential elections will take place. There are potential risks related to the paralysis of the administration in the event of strikes, political activities and floods. UNFPA will take actions to anticipate and mitigate such risks. A monitoring and evaluation mechanism for the evaluation plan annexed to the document will be put in place. This will be coupled with periodic reviews of integrated partnership plans and mobilization of additional resources (domestic and external), and communication plans to ensure the visibility of UNFPA.

22. Consistent with the "Delivering as One" principle, management arrangements through the Business Operating Strategy will be prioritized, as well as a joint programme with UNICEF, WHO, UNDP, UNAIDS, UN-Women, FAO and WFP as a priority in the two United Nations concentration areas (ZOBOZA and Malanville-Karimama). In the event of a humanitarian crisis, actions will be rescheduled for an adequate response in line with the UNFPA mandate alongside other agencies and the Government.

23. The programme will rely on technical assistance from other country offices as part of South-South and triangular Cooperation, and from the regional office and UNFPA headquarters. A periodic evaluation of the security system at the administrative and operational levels, including the decentralized office, will be carried out with a view to mitigating risks.

IV. Monitoring and evaluation

24. Programme monitoring and evaluation will be based both on the evaluation budget and on the operational annual monitoring plan that will be developed with the collaboration of stakeholders and other partners, and will be articulated around regular monitoring of the programme implementation through field visits, quarterly progress reports, and mid-term and annual reviews of annual work plans.

25. Thematic studies and evaluations will be conducted in accordance with the evaluation plan budget. Analyses of various reports and the data collected quarterly during follow-up visits will inform the strategic information system on programme implementation.

RESULTS AND RESOURCES FRAMEWORK FOR BENIN (2019-2023)

<p>National Priority: Improved access to basic social services: Improved population living conditions</p> <p>UNDAF outcome: By 2023, populations, particularly the most vulnerable populations, are making better use of quality basic social services and universal health coverage, inclusive and comprehensive basic education, a protection against all forms of violence and abuse, and equitable and sustainable access to safe drinking water, basic sanitation and hygiene.</p> <p>UNDAF outcome indicator: Percentage of targeted health facilities using a technical platform to provide quality services in: (i) EmONC (ii) fistula treatments, (iii) family planning including adolescents. <i>Baseline: 20%; Target: 70%</i></p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources USD
<p>Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate <i>Baseline: 14.5%; Target: 25%</i> Maternal mortality rate <i>Baseline: 335.5/100,000; Target: 225/100,000</i> Rate of unmet FP needs <i>Baseline : 33,1%; Target : 24%</i> 	<p><u>Output 1:</u> The central structures responsible for population policies have increased technical and institutional capacities to plan and promote the implementation of policies, in particular social protection systems for women, adolescents and the most disadvantaged young people, including in situations of humanitarian crisis.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Development of the national integrated and costed sexual and reproductive health plan that prioritizes access for adolescents, key populations and marginalized groups <i>Baseline: No; Target: Yes</i> Development of the national budgeted plan for emergency preparedness and response and disaster risk reduction integrating RH <i>Baseline: No; Target: Yes</i> The resource mobilization mechanism for the GPHC 5 is put in place <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Health, civil society, United Nations system, other technical partners, Peace Corps volunteers, UN and other volunteers in Benin</p>	\$1.2 million (\$0.4 million from regular resources, RR and \$0.8 million from other resources, OR)
	<p><u>Output 2:</u> Health facilities have increased technical and operational capacities to create demand and offer integrated family planning and quality maternal health services to women, adolescents and young people, including the most vulnerable.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of additional users of contraceptive methods recruited <i>Baseline: 0; Target: 262,000</i> Establishment of a national network of health facilities EmONC <i>Baseline BEmONC: 1; Target: 30</i> <i>CEmONC: 29; Target: 30</i> Number of women having undergone obstetric fistula surgery <i>Baseline: 0; Target: 500</i> 		\$11.8 million (RR: \$3.6 million OR: \$8.2 million)

<p>Outcome 2 : Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all Contexts</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Adolescent birth rate <i>Baseline: 94%; Target: 84%</i> 	<p><u>Output 3:</u> Young people, especially adolescent girls, have the skills and abilities to make informed choices about their well-being and their sexual and reproductive health and rights.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Existence of a national curriculum to provide comprehensive sexuality education in out-of-school settings <i>Baseline: No; Target: Yes</i> Number of schools offering comprehensive age-appropriate sex education <i>Baseline: 24; Target: 864</i> Existence of an integrated computerized data management system on adolescent and youth sexual health <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Sports, ministries in charge of Education, civil society</p>	<p>\$4.9 million (RR: \$1.0 million OR: \$3.9 million)</p>
<p>UNDAF outcome indicator: Proportion of women, children and adolescents, victims of violence, abuse and exploitation, who have benefited from social care services, by form, age and sex. <i>Baseline: 87%; Target: 50%</i></p>				
<p>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Proportion of women and girls aged 15 years and over who were physically, sexually or psychologically abused in the previous 12 months, by age and location of the events <i>Baseline: 36%; Target: 24%</i> 	<p><u>Output 4:</u> Sector ministries and actors at all levels have enhanced technical and operational capacities to prevent and combat gender-based violence.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of women and girls survivors of gender-based violence who have benefited from a package of essential services <i>Baseline: 0; Target: 500</i> Existence of strategy for the engagement of men and boys in the prevention of gender-based violence <i>Baseline: No; Target: Yes</i> 	<p>Ministry in charge of social affairs, other sectoral ministries</p>	<p>\$3.9 million (RR: \$1.8 million OR: \$2.1 million)</p> <p>Programme coordination and assistance \$1.2 million (\$1.2 million from regular resources)</p>