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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Benin

Proposed indicative UNFPA assistance: \$18 million: \$9 million from regular resources and \$9 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2014-2018)

Cycle of assistance: Eighth

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	1	1.5	2.5
Family planning	3	3.0	6.0
Gender equality and reproductive rights	1	1.0	2.0
Young people's sexual and reproductive health and sexuality education	2	2.5	4.5
Data availability and analysis	1	1.0	2.0
Programme coordination and assistance	1	-	1.0
Total	9	9.0	18.0

I. Situation analysis

1. Benin is a stable country with functioning institutions. The Government is implementing institutional reforms. It is determined to reduce poverty, especially among the most vulnerable populations, who are vulnerable to flooding and other humanitarian crises. Benin, with a UNDP human development index of 0.436 in 2012, ranks 166 of 187 countries.

2. Poverty, which is linked to the low economic growth rate (3.5 per cent in 2011), is a major concern. In 2011, 36.2 per cent of the population lived below the poverty line. Poverty is more common in rural areas (35 per cent) than in urban areas (23 per cent). It especially affects households headed by women. To address this situation, the Government seeks to eradicate poverty and improve the quality of life of the population.

3. The population, estimated at 9.3 million, is growing at an annual rate of 3.25 per cent. The total fertility rate is 4.9 children per woman, and contraceptive prevalence is estimated at 7.9 per cent, according to preliminary results from the 2011-2012 demographic and health survey. Contributing to the high fertility rate are: (a) sociocultural barriers to family planning; (b) inadequate management of the logistics management system; and (c) a lack of efficient strategies to stimulate demand for family planning services.

4. One of five adolescent girls has given birth by the age of 20. The trend towards an early onset of sexual activity exposes adolescents to the risks of unwanted pregnancies, abortions, sexually transmitted infections, HIV/AIDS and curtails educational attainment.

5. Life expectancy at birth is 59.2 years. The maternal mortality ratio is high (397

maternal deaths per 100,000 live births). Contributing factors include: (a) the insufficient provision of emergency obstetric and newborn care; (b) the low utilization of family planning services; (c) the high unmet need for family planning (30 per cent); (d) the lack of adequate sexuality education programmes for youth and adolescents; and (e) the lack of skilled human resources and their unequal distribution. Newborn and infant mortality rates are high.

6. The HIV/AIDS prevalence rate was 1.2 per cent in 2010, with disparities between rural areas (1.8 percent) and urban areas (2.2 percent). The HIV epidemic shows signs of 'feminization'.

7. Two of three Beninese people are under the age of 25. Young people under the age of 15 represent 46.8 per cent of the population. The 15-59 age group makes up 47.7 per cent of the population, while people over 60 represent 5.5 per cent. The 2013 census will provide updated information on the population structure.

8. Women represent 51.5 per cent of the population, 33 per cent of the Government, and 8 per cent of Parliament. Efforts to provide free education for girls helped to increase the gross enrolment rate of girls by 107 per cent in 2010 and 108 per cent in 2011.

9. The situation of females, particularly girls, is negatively impacted by a number of factors, including: (a) their limited access to sexual and reproductive health and rights; (b) the persistence of gender-based violence and harmful practices, such as early marriage; and (c) the prevalence of female genital mutilation (13 per cent in 2006).

II. Past cooperation and lessons learned

10. The seventh country programme helped to improve access to high-quality reproductive health services, including those addressing:

(a) sexually transmitted infections; (b) the prevention of HIV/AIDS; and (c) the integration of population, gender and equity issues.

11. The final evaluation of the seventh UNFPA country programme, 2009-2013, identified the following achievements: (a) the revision and development of numerous strategic documents; (b) the mainstreaming of population issues into the national development strategy; (c) improved access to emergency obstetric and newborn care and family planning services; and (d) enhanced utilization of CHANNEL (a computer software programme to manage health supplies).

12. Additional achievements identified by the evaluation included: (a) the carrying out of an assessment of emergency obstetric and newborn care needs; (b) the adoption of a law combating violence against women; (c) the promotion of reproductive health services for adolescents and youth; (d) repairs of obstetric fistula (the programme surgically treated 585 of 645 women who were screened from 2009-2012); (e) the management of humanitarian emergencies triggered by floods in 2009 and 2010; and (f) the improved availability and use of sociodemographic data for reliable programming.

13. The seventh country programme also built an environment for the development of strategic alliances with political and religious leaders, the media, youth and women's associations.

14. Challenges and lessons learned included the need to: (a) improve the utilization of data to increase equity; (b) build the capacity of health centres to significantly reduce maternal and neonatal morbidity and mortality; (c) ensure the effective integration of youth issues into development policies and programmes; (d) reduce violence against women and girls; (e) reposition family planning

in the national development agenda; and (f) enhance the integration of human rights and culture into development policies, programmes and strategies. Meeting these challenges will require mobilizing internal and external resources, including high-quality human resources, and improving the use of these resources.

III. Proposed programme

15. The proposed programme seeks to: (a) improve access to emergency obstetric care and newborn care and family planning services; (b) promote the rights of youth and women in an equitable manner in the area of maternal health; (c) integrate the needs of youth; and (d) increase the availability of high-quality, disaggregated data on gender and population, including in humanitarian crises.

16. The programme is based on the national priorities identified in the 2011-2015 strategy for growth and poverty reduction, the common country assessment and the Programme of Action of the International Conference on Population and Development. It will also be aligned with the UNFPA strategic plan, 2014-2017, the Millennium Development Goals and the principles of human rights, gender equality and gender equity. The programme is based on the 'delivering as one' approach, focusing on the priorities outlined in United Nations Development Assistance Framework (UNDAF), 2014-2018.

17. The proposed programme will seek to reduce poverty by targeting the most vulnerable populations and by addressing national priorities in five focus areas: (a) reducing maternal and neonatal morbidity and mortality; (b) increasing access to family planning; (c) promoting gender equality and women's fundamental rights; (d) increasing the access of young people to sexual and reproductive health services; and (e) improving the availability and analysis of data. These five areas will help to

achieve the goals set in UNFPA strategic plan, 2014-2017.

18. The strategies and interventions are based on national priorities related to sustainable growth and the enhancement of human capital. The programme is aligned with the UNDAF, 2014-2018, particularly the UNDAF outcome related to equitable access to high-impact health interventions, including family planning and the prevention of HIV.

19. UNFPA and the Government will implement the programme using a human rights-based approach. The programme will focus on: (a) repositioning family planning in the national development agenda; (b) young people's sexual and reproductive health and rights, including sexuality education; and (c) prevention services for HIV and sexually transmitted infections.

Maternal and newborn health

20. Output 1: The national capacity in emergency obstetric care and neonatal care is enhanced in programme intervention areas. The programme will support: (a) the expansion of emergency obstetric care and neonatal care; (b) the implementation of a training plan for the on-site re-training of health-care providers; and (c) the provision of medical equipment to health facilities to enable the establishment of a referral and counter-referral system.

21. Output 2: The national capacity to prevent and manage obstetric fistula and to promote the social reintegration of fistula patients is improved. The programme will achieve this output by: (a) establishing a systemic approach with service models for women suffering from obstetric fistula; and (b) training health-care providers in the overall management of obstetric fistula.

Family planning

22. Output: The national capacity in community-based interventions in the area of family planning is enhanced. To achieve this output, the programme will: (a) support the establishment of a reliable information and logistics management system for the supply of high-quality reproductive health commodities; (b) promote the community-based distribution of contraceptives; (c) support the entities in charge of implementing social marketing efforts; and (d) improve the access to and use of contraceptive methods.

Gender equality and reproductive rights

23. Output: The national capacity to combat gender-based violence and offer high-quality services is strengthened, including in humanitarian situations. The programme will achieve this output by: (a) strengthening advocacy efforts and political dialogue to promote human rights through strategic partnerships; (b) establishing mechanisms to prevent and manage the consequences of violence against women, supported by a multisectoral national committee; (c) developing and implementing procedures to support operational standards; and (d) promoting communication to protect reproductive rights and eradicate violence against women and girls.

Young people's sexual and reproductive health and sexuality education

24. Output 1: Strengthened capacity of young people to access family planning. The programme will achieve this output by: (a) building the capacity of young people in the area of social mobilization; and (b) making family planning services available for youth.

25. Output 2: Enhanced provision of essential sexual and reproductive health services for adolescents and marginalized

youth. To achieve this output, the programme will support: (a) capacity-building for advocacy and the provision of services to adolescents and youth; (b) improving programme coordination and partnerships to meet the needs of adolescents and young people; (c) promoting communication for behavioural change; and (d) supplying populations in emergency situations with reproductive health services.

Data availability and analysis

26. Output: Institutional and technical capacity in data collection and analysis is strengthened to inform decision-making and policy formulation in the areas of population dynamics, youth, gender equality and reproductive health. This will be achieved by: (a) supporting continuous and periodic systems for data collection and analysis; (b) supporting specific and in-depth studies on population and development issues; (c) advocating the use of sociodemographic data for decision-making; and (d) capacity-building of executives and entities responsible for the conception, coordination, monitoring and evaluation of policies and programmes on population and development, and integrating the needs of young people.

27. The programme will provide national coverage in the areas of reform, policies, strategies and data collection. The programme will also support integrated, decentralized operational activities, mainly in programme intervention areas. The programme will focus on vulnerable populations, particularly women of childbearing age, adolescents and young people.

IV. Programme management, monitoring and evaluation

28. The Ministry of Development will coordinate the programme. UNFPA and the Government will implement the programme using the national execution modality,

including the harmonized approach to cash transfers. UNFPA, in consultation with the Government and other United Nations organizations, has determined the programme intervention areas. The programme will develop and implement joint projects.

29. The Government will conduct monitoring and evaluation activities in collaboration with UNFPA. They will conduct these activities in accordance with the national monitoring plan of the strategy for growth and poverty reduction and the UNDAF, notably through quarterly joint field monitoring and progress reports, as well as through annual, midterm and final reviews.

30. UNFPA and the Government will establish a mechanism to ensure accountability to programme beneficiaries. UNFPA and the Government will develop strategies that capitalize on past experience and strengthen communication to increase the visibility and accountability of programme interventions. UNFPA and the Government will also establish, implement and periodically evaluate a resource mobilization plan. The programme will strengthen the national capacity for leadership and resource mobilization.

31. The country office consists of a representative, programme staff and operations staff. National and international expertise will be required to enhance resource mobilization efforts. UNFPA will integrate safety and security risks into the planning of the programme, and will also implement mitigation measures.

32. The country office will seek technical support from the West and Central Africa regional office and from technical units at UNFPA headquarters. The programme will also use national, regional or international expertise, as required.

RESULTS AND RESOURCES FRAMEWORK FOR BENIN

<p>National priority: Sustainable acceleration of growth and transformation of the economy, as well as enhancement of human capital</p> <p>UNDAF outcome: By 2018: (a) children under five years of age, adolescents, women of childbearing age and those in situation of crisis have equitable access to, and make use of, quality, high-impact health interventions, including interventions in the areas of nutrition, family planning, HIV prevention and basic sanitation; and (b) communities adopt practices that promote health in the municipalities benefiting from the programme</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Maternal and newborn health</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio Baseline: 397 maternal deaths per 100,000 live births; Target: 200 maternal deaths per 100,000 live births • Percentage of births attended by skilled health-care provider Baseline: 84%; Target: 90% 	<p><u>Output 1:</u> The national capacity in emergency obstetric care and neonatal care is enhanced in programme intervention areas</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health facilities that provide all basic emergency obstetric care services Baseline: 10; Target: 20 • Number of health-care providers trained in basic emergency obstetric care and comprehensive emergency obstetric care Baseline: 10; Target: 200 	<p>Ministries of: Economy and Finance, Health, and Youth</p> <p>United Nations Children’s Fund (UNICEF); UNDP; World Health Organization</p> <p>Community organizations; networks; non-governmental organizations</p>	<p>\$2.5 million (\$1 million from regular resources and \$1.5 million from other resources)</p>
	<p><u>Output 2:</u> The national capacity to prevent and manage obstetric fistula and to promote the social reintegration of fistula patients is improved</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of health-care providers trained to manage obstetric fistula Baseline: 10; Target: 30 • Number of female patients with fistula treated and cured Baseline: 136; Target: 500 	<p>Directorate of Mother and Child Health; health districts; Ministry of Health</p> <p>United States Agency for International Development (USAID)</p> <p>Community organizations; non-governmental organizations</p>	
<p>Family planning</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Prevalence of modern contraceptive use Baseline: 7.9%; Target: 15% • Unmet need for family planning Baseline: 30%; Target: 10% 	<p><u>Output:</u> The national capacity in community-based interventions in the area of family planning is enhanced</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of health-care providers trained in contraceptive technology Baseline: 40; Target: 200 • Number of trained community volunteers involved in community-based distribution of contraceptives Baseline: 150; Target: 1,000 • Number of health-care providers trained in logistics management of reproductive health commodities Baseline: 0; Target: 100 	<p>Directorate of Mother and Child Health; health districts; Ministry of Health</p> <p>USAID</p> <p>Community organizations; non-governmental organizations</p>	<p>\$6 million (\$3 million from regular resources and \$3 million from other resources)</p>

<p>Gender equality and reproductive rights <u>Outcome indicator:</u> • Number of mechanisms for the enforcement of laws and policies favourable to gender equality and reproductive rights Baseline: 0; Target: 2</p>	<p><u>Output:</u> The national capacity to combat gender-based violence and offer high-quality services is strengthened, including in humanitarian situations</p>	<p><u>Output indicators:</u> • Number of organizations and civil society networks supported by UNFPA that promote the concept of gender equality among men and boys Baseline: 6; Target: 12 • Availability of a national multisectoral programme to prevent and reduce gender-based violence and manage its consequences Baseline: 0; Target: 1</p>	<p>Ministry of Family; Parliament The Netherlands; USAID Civil society organizations; grass-roots community organizations</p>	<p>\$2 million (\$1 million from regular resources and \$1 million from other resources)</p>
<p>Young people's sexual and reproductive health and sexuality education <u>Outcome indicators:</u> • Adolescent birth rate Baseline: 21%; Target: 10% • Percentage of young people aged 15-24 who both correctly identify ways to prevent the sexual transmission of HIV and reject major misconceptions about HIV transmission Baseline: 75%; Target: 100%</p>	<p><u>Output 1:</u> Strengthened capacity of young people to access family planning</p>	<p><u>Output indicators:</u> • Number of health-care providers in youth centres who have been trained in contraceptive technology Baseline: 20; Target: 100 • Number of trained youth volunteers involved in community-based distribution of contraceptives Baseline: 100; Target: 1,000</p>	<p>Ministry of Family; Parliament The Netherlands; USAID Civil society organizations; grass-roots community organizations</p>	<p>\$4.5 million (\$2 million from regular resources and \$2.5 million from other resources)</p>
	<p><u>Output 2:</u> Enhanced provision of essential sexual and reproductive health services for adolescents and marginalized youth</p>	<p><u>Output indicators:</u> • Availability of a sexuality education programme tailored to different ages Baseline: not available; Target: available • Number of people trained in the conception and implementation of sexuality education programmes Baseline: 20; Target: 100</p>	<p>Ministries of: Defence; Education; Health; Youth UNICEF; UNDP; USAID</p>	
<p>Data availability and analysis <u>Outcome indicator:</u> • Availability of census population data Baseline: no data available; Target: data available</p>	<p><u>Output:</u> Institutional and technical capacity in data collection and analysis is strengthened to inform decision-making and policy formulation in the areas of population dynamics, youth, gender equality and reproductive health</p>	<p><u>Output indicators:</u> • Number of people trained in the production, in-depth analysis and dissemination of census and survey data Baseline: 40; Target: 200 • Number of in-depth studies and analyses of data from surveys and censuses conducted Baseline: 4; Target: 20 • Number of people trained to mainstream issues related to population dynamics in development policies and programs Baseline: 30; Target: 200 • Number of advocacy sessions to mainstream issues related to population dynamics in policies and programmes Baseline: 5; Target: 20</p>	<p>Department of Development Policies; Ministry of Development; Ministry of Education; National Institute of Statistics and Economic Analysis</p>	<p>\$2 million (\$1 million from regular resources and \$1 million from other resources)</p>
			<p>European Union; France; UNDP; UNICEF; USAID; World Bank</p>	<p>Total for programme coordination and assistance: \$1 million from regular resources</p>