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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Benin**

Proposed indicative UNFPA assistance: \$20.3 million: \$9 million from regular resources and \$11.3 million through co-financing modalities and/or other, including regular, resources.

Programme period: Five years (2009-2013)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	4.1	5.9	10.0
Population and development	1.3	2.7	4.0
Gender equality	1.3	2.7	4.0
Programme coordination and assistance	2.3	-	2.3
Total	9.0	11.3	20.3



## I. Situation analysis

1. The population of Benin, estimated at 8 million, is growing at a rate of 3.25 per cent per year. The population is relatively young: about 47 per cent are younger than 15, and about 21 per cent are aged 10 to 19. The population is expected to double in 22 years.

2. The economic growth rate, which was 3.6 per cent in 2006, barely keeps pace with the population growth rate. This makes it difficult for the Government to meet the social needs of the population. Poverty increased from 28.5 per cent of the population in 2002 to 37.4 per cent in 2006.

3. The total fertility rate was estimated at 5.7 children per woman in 2006. Between 2001 and 2006, the contraceptive prevalence rate for modern methods fell from 7.2 per cent to 6.2 per cent, and the unmet need for family planning rose from 27 per cent to 30 per cent. During the same period, the maternal mortality ratio declined from 474 to 397 deaths per 100,000 live births, while the infant mortality rate dropped from 160 to 125 deaths per 1,000 live births.

4. Benin has an HIV prevalence rate of 1.2 per cent (2006). The infection rate in urban areas (1.7 per cent) is almost double that in rural areas (0.9 per cent). Prevalence is also higher among women (1.5 per cent), especially pregnant women (2 per cent), than among men (0.8 per cent). Half of HIV infections occur among people younger than 25. Adolescent girls are more vulnerable than boys.

5. The general health status of the population is poor. Contributing factors include: (a) insufficient access to livelihood opportunities and reproductive health services, especially for women and youth; (b) the precariousness of the health-care system; (c) the low level of resources allocated to maternal health; (d) the lack of empowerment, autonomy, resources and information, particularly among youth and women; and (e) insufficient investment in strategies aimed at

preventing sexually transmitted infections and HIV/AIDS.

6. The political stability of Benin has attracted migrants fleeing instability in their own countries. Non-nationals accounted for 49.2 per cent of the population in 2002. The urban population increased from 38.9 per cent in 2002 to 41.8 per cent in 2007. Urbanization is fuelled by the uneven distribution of socio-economic infrastructures and employment opportunities across the country.

7. Women represent 51.5 per cent of the population and account for 59.7 per cent of the economic activity. However, their participation in the decision-making process is limited. Only 6 of 26 government ministers are women. Similarly, only 9 of 83 parliamentarians, and 4 of 77 mayors, are female. Violence against women persists. Female genital mutilation and cutting has declined slowly, from 17 per cent in 2001 to 13 per cent in 2006.

8. These trends suggest that the Millennium Development Goals related to reproductive health and gender equality are unlikely to be achieved by 2015. Additional investments and efforts are required to: (a) provide high-quality reproductive health services; (b) carry out outreach measures among poor and vulnerable populations; and (c) eliminate gender disparities and inequalities and address harmful traditional practices.

## II. Past cooperation and lessons learned

9. The sixth UNFPA country programme helped to establish an information system for population and development issues, which supported sector-wide policies and the national poverty reduction strategy. The programme also provided medical supplies and equipment, including reproductive health commodities, in maternity hospitals. In addition, it supported the development of a national reproductive health commodity security plan, as well as health insurance schemes in two communes.

10. The programme supported the integration of population, reproductive health and gender issues into development plans, programmes and strategies, including the national poverty reduction strategy. It also strengthened the political commitment to provide financial support to the programme. In addition to carrying out several population-related studies and surveys, the programme helped to institutionalize population and reproductive health modules in training centres for primary and secondary school teachers and in two universities.

11. The programme found that disaggregating data by sex and region helped to identify gender disparities with regard to achieving the Millennium Development Goals. It also discovered that improved technical services in health centres and in information activities conducted by community radio stations led to increased health centre attendance rates, antenatal and post-natal consultation rates, and birth attendance for women, which helped to reduce maternal and neonatal mortality in programme areas.

12. Another lesson learned was that civil society organizations and networks (of parliamentarians; youth, religious and political leaders; and journalists) can facilitate the passage of legislation and mainstream population, gender and reproductive health issues in local sectoral policies and programmes, particularly the national poverty reduction strategy. This occurred as a result of the policy dialogue, national capacity-building efforts and advocacy activities carried out by such groups. Efforts are needed to improve the utilization of data and to build capacity at the grass-roots level.

13. Challenges include the need for the Government to: (a) scale up successful interventions; (b) mainstream human rights and culture into development policies, programmes and strategies; (c) improve the use of data for development purposes; (d) reduce violence against women; (e) effectively enforce laws; (f) reduce maternal morbidity and mortality; and

(g) emphasize the importance of family planning in achieving health and development goals. Meeting these challenges requires mobilizing internal and external resources (including human resources), improving the quality of reproductive health services and increasing the use of such services.

### **III. Proposed programme**

14. The proposed programme is aligned with the national poverty reduction strategy, the common country assessment, the Programme of Action of the International Conference on Population and Development, the UNFPA strategic plan, 2008-2011, the Millennium Development Goals, human rights principles, the United Nations Development Assistance Framework (UNDAF) for 2009-2013, and the Maputo Plan of Action.

15. The goal of the programme is to: contribute to government efforts to balance economic and demographic growth, reduce poverty and improve the quality of living of the population. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

16. The programme will have national coverage with regard to reforms, policies, strategies and data collection. It will integrate and decentralize operational activities, with priority given to selected rural areas. The focus will be on women, adolescent girls and youth.

#### *Reproductive health and rights component*

17. The expected outcome of this component is: by 2013, the population (particularly women, pregnant women, adolescents and youth) will have access to and better utilize high-quality reproductive health services, including services for obstetric fistula and the prevention of sexually transmitted infections, HIV and AIDS. There are three outputs under this component.

18. Output 1: Strengthened national and local institutional and technical capacity to monitor and coordinate key elements of the Maputo Plan of Action. This will be achieved by: (a) building the capacity of national staff in advocacy in order to reposition family planning in the development agenda and emphasize the need to reduce maternal mortality; (b) conduct operational research; (c) introduce reproductive health modules in the initial training of health services staff; and (d) provide reproductive health care to displaced persons, refugees and victims of gender-based violence.

19. Output 2: Increased access to a comprehensive and integrated package of high-quality reproductive health services, including family planning, the management of sexually transmitted infections, and the prevention of HIV/AIDS. This will be achieved by: (a) developing family planning and emergency obstetric, neonatal and post-abortion care services, including community-based services and services focusing on preventing and treating obstetric fistula; (b) developing a quality-assessment system for reproductive health services (building technical competency, restoring maternity centres and upgrading equipment); (c) addressing health problems suffered by the elderly; (d) preventing and carrying out early testing for breast and uterine cancers; (e) strengthening partnerships between the public and private sectors, civil society organizations and networks; and (f) promoting health insurance schemes.

20. Output 3: Strengthened demand for reproductive health services at the community level in programme areas, particularly among vulnerable groups such as women, adolescents, youth, uniformed personnel and sex workers. This will be achieved by: (a) promoting programmes that integrate communication and life skills focusing on reproductive health, sexually transmitted infections, HIV and socio-economic issues, including gender issues; (b) addressing the reluctance of certain segments of the population use reproductive health services; (c) developing outreach communication efforts to address reproductive health issues, including

sexually transmitted infections and HIV infection among adolescents and youth; (d) developing partnerships with community-based radio stations, non-governmental organizations (NGOs) and local leaders; and (e) expanding reproductive health services for adolescents and youth.

#### *Population and development component*

21. The expected outcome of this component is: population and human rights issues are better addressed in development policies and programmes, in order to improve the quality of life of the population and to reduce poverty. This will be achieved through two outputs.

22. Output 1: Improved capacity of national staff and institutions to develop, implement, monitor and evaluate population and development policies and programmes, including reproductive health and gender issues, within the national poverty reduction strategy. This will be achieved by: (a) building the capacity of national staff members and institutions responsible for designing, coordinating, monitoring and evaluating population and development policies and programmes; and (b) conducting operational research in population and development.

23. Output 2: Accurate and up-to-date sociodemographic data disaggregated by gender and age are produced and used. This will be accomplished by: (a) supporting ongoing systems for data collection and analysis (population census and surveys); (b) strengthening the system for disseminating and archiving data disaggregated by sex; (c) supporting studies related to emerging issues such as migration and ageing; and (d) advocating the utilization of data for policy review and decision-making.

#### *Gender equality component*

24. The expected outcome of this component is: the legal and socio-economic environment promotes gender equity and

equality and seeks to eliminate gender-based violence. There are two outputs under this component.

25. Output 1: Improved national and local policies and action to promote human rights and gender equality. This will be achieved by: (a) mainstreaming gender and human rights in planning and budgeting, and enforcing culturally sensitive policies; (b) disseminating laws; (c) advocating the adoption of laws protecting women and girls; and (d) building the capacity of legal and paralegal staff to understand regulations and laws promoting gender equality.

26. Output 2: Increased availability of legal and protective services in communities for cases of gender-based violence, particularly those affecting the reproductive health of women and girls. This will be achieved by: (a) building the capacity of civil society organizations, social centres and health centres to prevent gender-based violence and care for the victims of such violence; (b) advocating the prevention and reduction of gender-based violence, especially female genital cutting; and (c) promoting communication that seeks to prevent and eliminate violence against women.

#### **IV. Programme management, monitoring and evaluation**

27. UNFPA and the Government will implement the programme using national implementation modalities, including the harmonized approach for cash transfers. UNFPA will define the intervention areas in consultation with the Government and with other United Nations organizations. UNFPA will also develop and implement joint programmes with other United Nations organizations and other key partners.

28. The Government will conduct monitoring and evaluation activities in collaboration with UNFPA and in accordance with the national poverty reduction strategy and the United Nations Development Assistance Framework (UNDAF) monitoring plan. The

programme calls for quarterly performance reports as well as annual, midterm and final reviews. The programme will strengthen the capacity of the National Implementing Unit and other relevant entities with regard to monitoring and evaluation.

29. The ministry in charge of development will coordinate the programme. The country office will establish accountability mechanisms as well as communication strategies and mechanisms to share best practices. The Government and the UNFPA country office will also prepare, implement and evaluate a resource mobilization plan and will strengthen national capacity in resource mobilization.

30. The UNFPA country office in Benin consists of a representative, an assistant representative, an operations officer, two programme officers and support staff. UNFPA will reinforce office capacity by adding core and programme staff, in accordance with the revised country office typology and the UNFPA human resources policy. The Dakar subregional office team, when established, will provide technical support to the programme. The programme will also make use of additional national, regional and international expertise, including through South-South cooperation.

## RESULTS AND RESOURCES FRAMEWORK FOR BENIN

<b>National priority:</b> human capacity-building <b>UNDAF outcome:</b> by 2013, the population benefits from increased and equitable access to high-quality basic social services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome:</b> By 2013, the population (particularly women, pregnant women, adolescents and youth) will have access to and better utilize high-quality reproductive health services, including services for obstetric fistula and the prevention of sexually transmitted infections, HIV and AIDS</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Modern contraceptive prevalence rate increased from 6.2% to 15%</li> <li>Percentage of births attended by qualified staff increased from 74% to 90%</li> <li>Rate of Caesarean sections in relation to live births increased from 2.6% to 5%</li> </ul>	<p><b>Output 1:</b> Strengthened national and local institutional and technical capacity to monitor and coordinate key elements of the Maputo Plan of Action</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of policies and programmes formulated in compliance with the Maputo Plan of Action</li> <li>Number of reproductive health programmes and strategies formulated in compliance with gender equality and equity</li> <li>Resources mobilized for the implementation of the Maputo Plan of Action</li> </ul> <p><b>Output 2:</b> Increased access to a comprehensive and integrated package of high-quality reproductive health services, including family planning, the management of sexually transmitted infections, and the prevention of HIV/AIDS</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of health centres offering comprehensive emergency obstetric care services increased from two to six</li> <li>Number of health centres offering basic emergency obstetric care services increased from 0% to 100%</li> <li>Percentage of health centres in programme areas offering services focusing on reproductive health, family planning, sexually transmitted infections and HIV in accordance with standards</li> <li>Percentage of health centres offering at least three modern family planning methods</li> <li>Percentage of staff in health centres who consider gender disparities as a problem affecting the supply and utilization of services</li> </ul> <p><b>Output 3:</b> Strengthened demand for reproductive health services at the community level in programme areas, particularly among vulnerable groups such as women, adolescents, youth, uniformed personnel and sex workers</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of entities offering complete adolescent and youth reproductive health services</li> <li>Percentage of youth in programme areas who know at least three methods to prevent unwanted pregnancies</li> <li>Percentage of youth in programme areas who know at least three methods of HIV/AIDS transmission and at least three methods of preventing sexually transmitted infections and HIV/AIDS</li> <li>Percentage of women and men who favour reproductive health rights for women and girls</li> </ul>	<p>Ministries of: Defence; the Family and Children; Health; Planning; and Youth, Sports and Leisure</p> <p>Global Fund to Fight AIDS, Tuberculosis and Malaria; Joint United Nations Programme on HIV/AIDS; United Nations Children's Fund (UNICEF); United Nations Development Fund for Women (UNIFEM); World Health Organization (WHO)</p> <p>Civil society organizations</p> <p>Bilateral cooperation with Belgium, Germany and Switzerland; United States Agency for International Development (USAID)</p>	<p>\$10 million (\$4.1 million from regular resources and \$5.9 million from other resources)</p>

<b>National priority:</b> promotion of good governance and participatory development <b>UNDAF outcome:</b> by 2013, public institutions, local governments and civil society continue to implement rules of good governance and better manage crises and natural disasters				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Population and human rights issues are better addressed in development policies and programmes, in order to improve the quality of life of the population and to reduce poverty</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of plans and programmes integrating population dynamics, reproductive health, human rights and gender equality</li> <li>Number of baseline social indicators taken into consideration in integrated databases</li> </ul>	<p><u>Output 1:</u> Improved capacity of national staff and institutions to develop, implement, monitor and evaluate population and development policies and programmes, including reproductive health and gender issues, within the national poverty reduction strategy</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>All sector-wide, regional and local plans and programmes are formulated and updated to integrate population, gender, culture and human right issues into planning, including budgeting</li> </ul> <p><u>Output 2:</u> Accurate and up-to-date sociodemographic data disaggregated by gender and age are produced and used</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of communes and health zones equipped with operational sociodemographic databases disaggregated by sex and age</li> <li>At least two departmental management charts are operational</li> </ul>	<p>Ministries of: Higher Education and Scientific Research; and Planning</p> <p>UNICEF; UNIFEM; African Capacity Building Foundation; Millennium Challenge Account</p> <p>Bilateral cooperation with Denmark, the Netherlands and Switzerland; USAID</p>	<p>\$4 million (\$1.3 million from regular resources and \$2.7 million from other resources)</p>
Gender equality	<p><u>Outcome:</u> The legal and socio-economic environment promotes gender equity and equality and seeks to eliminate gender-based violence</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Gender-specific human development index increases from 0.422 in 2005 to 0.460 in 2013</li> </ul>	<p><u>Output 1:</u> Improved national and local policies and action to promote human rights and gender equality</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Percentage of laws promoting gender equality and the elimination of the gender-based violence adopted, disseminated and enforced at all levels</li> </ul> <p><u>Output 2:</u> Increased availability of legal and protective services in communities for cases of gender-based violence, particularly those affecting the reproductive health of women and girls</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of NGOs and associations involved in preventing gender-based violence and in caring for and supporting the female victims of such violence</li> <li>Percentage of staff in courthouses and police stations who intervene to reduce gender-based violence and provide care and support services for the victims</li> </ul>	<p>Ministries in charge of: the Family and Children; Planning; and Women's Affairs</p> <p>UNIFEM; WHO; World Bank; Netherlands Development Organization; OXFAM Québec; Plan Benin; USAID; NGOs</p> <p>Bilateral cooperation with Belgium, the Netherlands, Russian Federation and Switzerland</p>	<p>\$4 million (\$1.3 million from regular resources and \$2.7 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$2.3 million from regular resources</p>