

Republic of Benin

Country programme document 2014-2018

The draft country programme document for Benin (E/ICEF/2013/P/L.4) was presented to the Executive Board for discussion and comments at its 2013 annual session (18-21 June 2013).

The document was subsequently revised, and this final version was approved at the 2013 second regular session of the Executive Board on 6 September 2013.

Basic data[†]

(2011, unless otherwise stated)

Child population (<i>millions, children under 18, boys/girls</i>)	2.3/2.3
Under 5 mortality rate (<i>per 1 000 live births</i>)	106
Underweight (<i>%, moderate and severe, 2011-2012</i>)	21
(<i>%, boys/girls, urban/rural, poorest/wealthiest</i>)	23/19, 19/23, ../.
Maternal mortality ratio (<i>per 100 000 live births, adjusted, 2010</i>)	350 ^d
Use of improved drinking water sources (<i>%, 2010</i>)	75
Use of improved sanitation facilities (<i>%, 2010</i>)	13
One-year-olds immunized with DPT3 (<i>%</i>)	85 ^b
One-year-olds immunized against measles (<i>%</i>)	72 ^b
Primary school enrolment/attendance (<i>%, net boys/girls</i>)	94/88
Survival rate to last primary grade (<i>%, boys/girls</i>)	73/62
Adult HIV prevalence rate (<i>%, 15-49 years of age, male/female</i>)	1.2
HIV prevalence rate among pregnant women (<i>%, 2009</i>)	1.1
Child labour (<i>%, children 5-14 years old, boys/girls, 2006</i>)	47/45
Birth registration (<i>%, children under 5, 2006</i>)	60
(<i>% boys/girls, urban/rural, poorest/wealthiest</i>)	61/60, 68/56, 46/75
Gross national income (GNI) per capita (<i>United States dollars</i>)	780

[†] Additional data on children and women and notes on the methodology used to obtain estimates are available at www.childinfo.org.

^a The figure in the table is the adjusted maternal mortality ratio calculated by the United Nations Maternal Mortality Estimation Inter-agency Group. The reported estimate at the country level is 397 deaths per 100,000 live births, according to the Demographic and Health Survey, 2006.

^b The vaccination figures in the table are the inter-institutional estimates calculated by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The sex-disaggregated data provided by WHO in 2006 is as follows: DPT3, male 66% and female 68%; measles, male 60% and female 62%.

Summary of the situation of children and women

1. Benin is a West African country with an area of about 114,763 km²; it has a warm and humid climate that causes seasonal flooding. The country has enjoyed political stability and democracy since 1990. The population is young: in 2012, out of a total of 9.4 million residents, 51 per cent were female, 52 per cent were children under the age of 18 and 17 per cent were under the age of 5.

2. The growth rate of real gross domestic product in Benin was estimated at 3.5 per cent in 2012, which, given the high population growth rate (3.2 per cent), is grossly inadequate to achieve a sustainable reduction in poverty. The country has a low level of human development, with a human development index estimated at 0.427 in 2011, ranking 167th out of 177 countries globally. Persistent socioeconomic challenges include great inequality and poverty, with 36.2 per cent of the population living below the poverty line (\$0.7). In addition, 14 per cent of children experience both income and non-income poverty (lack of access to health,

education and social protection services) and significant geographic, socioeconomic and occasionally gender disparities.

3. In terms of health, the country is characterized by high morbidity and mortality rates, despite numerous programmes and reforms implemented in recent years. Communicable diseases are the major causes of morbidity and mortality in children, with an estimated mortality rate of 106 deaths per 1,000 live births in 2011 for children under 5, a decrease from 125 in 2006. The prevalence of chronic malnutrition is at a critical level (over 40 per cent), as are maternal and neonatal mortality related to childbirth complications.

4. With regard to primary education, the gross enrolment ratio increased from 98.5 per cent in 2007 to 110.6 per cent in 2010 (106.9 per cent for girls), while the gap in the enrolment rate between boys and girls decreased from 8 to 6 points. However, there are still significant disparities linked to environment and lifestyle, family income and disability. The low rate of primary school completion (71 per cent) and the quality of education remain matters of concern. Thirty-four per cent of children aged 5 to 17 work; of these, 10 per cent are victims of trafficking. Despite continuing challenges in the field of child protection, there has been relative improvement in the rate of birth registration of children under 5, which increased from 60 per cent in 2006 to 80 per cent in 2011.

5. The situation of children and women in Benin can be explained generally by governance problems, which lead to poor implementation of public policy owing to sometimes unrealistic budgetary decisions and a lack of transparency in resource management. The situation can also be attributed to the national context, which is marked by weakened economic production systems and capacity and feeble efforts to curb the cultural practices and beliefs that act as barriers to the utilization of basic social services. Nevertheless, efforts continue to improve the situation and implement the recommendations of the Committee on the Rights of the Child, in particular with regard to strengthening the legal and institutional framework for child protection.

Key results and lessons learned from previous cooperation, 2009-2013

(a) Key results achieved

6. The 2011 midterm review, annual reviews and monitoring of progress have shown that most of the expected results were achieved.

7. In the area of health, the programme helped strengthen the policy and institutional framework by supporting the development and implementation of national policies, strategies and plans relating to the performance of the health system. It also contributed to a strengthened health information management system, improved access to health services, including services to prevent mother-to-child HIV transmission and nutrition, water, hygiene and sanitation services, particularly in outlying areas, and the adoption of practices and behaviours that promote child survival. These outcomes contributed to a reduction in the infant and child mortality rate, which decreased from 125 deaths per 1,000 live births in 2006 to 106 deaths per 1,000 live births in 2011, and in the maternal mortality ratio,

which, over the same period, fell from 400 deaths per 100,000 births to 350 deaths per 100,000 births.

8. In the area of education, the programme conducted a vigorous social mobilization campaign that emphasized education for girls, which contributed to a positive trend towards gender parity. It also helped to increase net enrolment through the provision of school kits to children from the poorest households and support for primary schools located in the communes with the lowest educational performance. Lastly, an evaluation demonstrated that a skills development programme for 10,000 community teachers improved the quality of education.

9. In the area of child protection, the legislative, policy and institutional framework was strengthened through the adoption of a policy document and strategies for child protection; the development of a national plan to combat child trafficking; establishment of committees on child rights in the communes; strengthening the operational capacity of the justice system; and the drafting of a specific law on violence against women and girls. Through the programme, thousands of vulnerable children, in particular child victims of violence and exploitation, benefited from social protection services. Lastly, the birth registration rate increased from 60 per cent in 2006 to 80.2 per cent in 2011.

10. In addition to its interventions at the sectoral level, the cooperation programme contributed to the establishment and implementation of national development policies and strategies to improve children's living conditions through the integration of child rights concepts into the Poverty Reduction and Economic Growth Strategy, the development of a comprehensive social protection policy, the generation of knowledge on social budgeting, and capacity-building of local stakeholders in the design, implementation and monitoring and evaluation of social programmes. In addition, the situation analysis conducted in 2011 revealed many disparities and guided the development of the new programme. Lastly, the capacity of institutions and communication outlets, including community radio stations, was strengthened, which facilitated discussion of issues relating to children's rights at the local level.

(b) Lessons learned

11. The 2009-2013 programme primarily focused on providing services through a range of interventions, which did not always lead to the optimal use of services, in particular by the most vulnerable. The next cooperation cycle will further examine the determinants that affect demand for services.

12. Interventions were too scattered, which made it difficult to trace results. In order to improve efficiency, the programme should focus on a limited number of departments and communes, to ensure maximum geographic convergence of activities and comprehensive coverage that takes into account all forms of disparity. In the current cycle, work with communes, which is based on the integration of programme activities into their development plans, has been relatively weak. These efforts should be enhanced because, in the context of decentralization, they promote a holistic approach to supply and demand for services and foster equitable development that is fundamentally sustainable. In this regard, the next programme should seek to replicate the results achieved by partnerships with town councils, which have been aimed at ensuring that activities in the areas of survival and education are ultimately sustainable.

13. The harmful effects of social norms and practices that act as socio-cultural barriers have been underestimated. A better understanding of these barriers is required to improve programme results. Communication relating to development issues has relied too heavily on a vertical and sectoral approach, which has hampered the achievement of expected results in terms of the adoption of best practices. It is important to redirect actions towards a more holistic approach that will encourage dialogue between rights holders and duty bearers and promote an environment that is more supportive of children.

14. Moreover, while the integration of issues of equity into programming has improved, this approach has not yet become systematic, as limitations in the information system prevent it from accounting for certain marginalized populations, such as children with disabilities. It will be important to strengthen the generation of information on certain vulnerable groups and to emphasize the disaggregation of data. This will improve strategies used to target the poorest and will facilitate the identification of remedial measures required to achieve equitable progress for children.

Country programme, 2014-2018

(a) Summary budget table

(In thousands of United States dollars)

<i>Programme components</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	6 133	25 967	32 100
Basic education	4 000	10 780	14 780
Child protection	3 750	6 250	10 000
Social policies, planning, monitoring and evaluation	4 620	1 000	5 620
Intersectoral	7 500	–	7 500
Total	26 003	43 997	70 000

Note: UNICEF plans to mobilize some \$2.5 million from other resources — emergency” (ORE) for the response to the effects of seasonal flooding.

(b) Preparation process

15. Based on the Poverty Reduction and Economic Growth Strategy II (2011-2015) adopted in March 2011, the United Nations system together with the Government developed a common country assessment, which was validated in July 2012, and a United Nations Development Assistance Framework in December 2012. The UNICEF programme, which has drawn its guidelines from these tools, will help achieve the national objectives, particularly in the areas of social protection, health (including HIV/AIDS, nutrition and basic sanitation), basic education, protection against social vulnerability and abuse, participation, and crisis and disaster management.

16. The key areas of focus of UNICEF interventions are based on the situation analysis completed in 2011 and take into account issues of equity and barriers to the exercise of children’s rights, the recommendations of the Committee on the Rights

of the Child and reports on the universal periodic review process. These recommendations placed a special emphasis on maternal and child health, harmful cultural practices and the need to reduce the gender gap in education.

(c) Programme components, results and strategies

17. The goal of the programme is to allow every child in Benin to be born and grow up in an environment that supports the exercise of his or her rights. An integrated, intersectoral and unified approach will be used with a view to reducing disparities. The program will aim to serve as a model for strengthening systems and creating programming based on areas of convergence where children experience multiple forms of hardship. The four departments and seven communes where all programme components will take coordinated action present specific and distinct geographical and cultural characteristics: the arid north-east, the region from which children are trafficked, the lake region and the peri-urban districts of the capital.

18. The Child survival and development, Basic education and Child protection components will support the development and implementation of sectoral policies at decentralized level. They will help to strengthen systems, rendering them able to provide quality services, especially to the most vulnerable and difficult to reach children and in emergency situations. The first component will help to ensure that children under 5 years of age, pregnant women and households benefit equitably from high-quality activities having a major impact on health, HIV/AIDS, nutrition and basic sanitation, while promoting good practices in households and communities. The second will help girls and boys between 3 and 17 years of age, particularly those from under-schooled groups, to access education and to complete quality basic education. The aim of the third component is for children, especially the most vulnerable, to avoid risky behaviour and to increase their use of services that deliver justice and protect them from violence and exploitation and for communities to adopt human rights-compliant practices. The fourth component, Social policy, planning, monitoring and evaluation, will support the others in a cross-cutting manner, by ensuring that the national development policies and strategies that have been drafted and implemented and the communication landscape help to reduce disparities and, with the participation of children and young people, to improve children's living conditions.

19. To achieve these results, UNICEF will adopt a human-rights- and gender-equality-based approach. The main strategies to be employed are: (a) capacity-building to strengthen systems; (b) support for the delivery of quality services, through advanced strategies, community-based interventions and revitalizing the system from the bottom up; (c) communication for development to enhance the demand for and adoption of practices that are conducive to children's survival and personal development; (d) generation of specific knowledge on children's rights, including their violation and their strategic use in providing an adequate response; (e) political dialogue and advocacy for the development of a child-friendly environment, with particular attention to the most vulnerable children; and (f) partnership with a group of stakeholders at the central and local levels in order to generate resources and major commitments to benefit children.

(i) Child survival and development

20. Child mortality remains very high despite a drop from 125 to 106 per thousand between 2006 and 2011. This progress has been made as a result of the drafting and implementation of a national health policy, decentralized planning and the implementation of guidelines for promoting and monitoring community health. However, challenges remain, with disparities and bottlenecks in supply (availability of essential products, skills and human resources) and demand (social beliefs and practices).

21. To remove these barriers and ensure equitable access to health — notably, to high-impact interventions — the component will target 19 communes situated in nine health zones where indicators for child survival and development are particularly low, as well as a peri-urban district of Cotonou, thus reaching some 400,000 children under 5, 100,000 pregnant women and 360,000 households. The programme will aim to strengthen the health system by building the capacity of 280 public and private health facilities so that they can deliver integrated quality services, including at the community level. It will advocate a scaling up of successful models, such as Community Integrated Management of Childhood Illness (C-IMCI), through a performance-based funding approach and partnership with municipal councils to ensure the long-term sustainability of the results achieved. It will seek to influence cultural norms and practices that hinder demand for services. It will also aim to systematize and extend the use of enhanced monitoring methods which can be used to track real-time progress towards equitable results.

22. Programme support will be aligned with national policies and plans with a view to advancing improved maternal and newborn health, elimination of mother-to-child transmission of HIV, polio eradication, elimination of neonatal tetanus, measles control, prevention and treatment of children's diseases and malnutrition, water quality, hygiene and basic sanitation promotion. It will be implemented in partnership with United Nations system agencies (World Health Organization (WHO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS)), the World Bank, bilateral partners (France, United States of America, Netherlands) and non-governmental organizations (NGOs), using the coordination mechanisms of the COMPACT and the Scaling Up Nutrition (SUN) movement.

(ii) Basic education

23. Benin has made significant progress in access to education and gender equity: 9 out of 10 children go to school and the disparity between girls and boys fell by two points. However, the completion rate is not very high (71 per cent) and quality remains low: 29 per cent of 9 to 10 year old pupils have acceptable knowledge of French and Mathematics. Other disparities with regard to access, attendance, completion and transition to secondary school remain and are widening. Lastly, sectoral analyses reveal shortcomings in the management and monitoring of the education system.

24. In light of the analysis, the component will target nine communes which have low access and completion indicators and a peri-urban district of Cotonou. In order to reduce the disparities in equitable access to education, it will devise models for integrating marginalized children into the formal system, as well as education alternatives for adolescents who are not in school or have dropped out. To achieve

this, the component will involve capacity-building for education stakeholders at the central, devolved and decentralized levels in the collection, analysis, management and use of educational information. It will focus on enhancing equity in the transition to secondary school and will help to improve the quality of education by preparing young children for school, training teachers and inspectors, and strengthening the supervision system. The learning environment will be improved through the construction of latrines and the establishment of school governments and mechanisms for combating violence in schools, in collaboration with parents' associations. The component will help the Government to improve the management and oversight of the education system and improve the capacity of actors in emergency preparedness and response. Advocacy efforts will aim to ensure equitable and cost-effective funding of the education system and to enhance accountability at the decentralized levels (departmental directorates, school districts and communes). Under the leadership of the Ministry of Education, this component will strengthen the Ministry's partnership with NGOs, civil society, technical and financial partners (United States of America, France) and the Global Partnership for Education.

(iii) Child protection

25. Despite the improvement of the legal framework, challenges remain concerning child protection. Children are still victims of abuse that includes sexual and physical violence, early marriage, infanticide, excision and other harmful cultural practices that affect their rights to health and development. Furthermore, the worst forms of child labour, trafficking and all other forms of exploitation remain major concerns. The realization of the right to identity is another challenge that remains to be overcome: only 4 out of 10 children in the poorest quintile have birth certificates, compared to 8 out of 10 children in the wealthiest quintile.

26. To remove the barriers in this field, the component will seek to strengthen the child protection system in order to prevent and respond to violence and exploitation in seven communes and a peri-urban district of Cotonou where deprivation of children's rights is prevalent. It will enhance the ability of vulnerable children and adolescents to protect themselves from the risks to which they are exposed — including HIV infection — and of abuse victims to rebuild their lives. It will also help to improve the delivery of protection services by supporting the equitable enforcement of protective legislation and policies and to ensure that children have better access to justice, civil registration services and social services. Furthermore, through communication for development programmes, children, families and communities will make more use of protection services and adopt social behaviour that protects children. Under the leadership of the Ministry of Family, this component will strengthen the partnership with other sectors, NGOs, civil society, technical and financial partners (France, European Union) and United Nations system agencies.

(iv) Social policy, planning, monitoring and evaluation

27. In Benin, the constraints of budget planning and weak national capacities result in a low level of policy implementation. In addition, social programmes to reduce the vulnerability of population groups remain rare despite the troubling situation (approximately 37 per cent of children live in poverty). Furthermore, while the national statistical information system has a substantial amount of quantitative

data, the lack of sufficiently disaggregated data, the limited capacity to use the information and the lack of qualitative analyses mean that interventions are not always appropriately targeted. Lastly, the low level of youth participation in the country's development represents a challenge.

28. Given the situation, this programme component will conduct a situation analysis, focusing on the disparities and the barriers to equitable access to high-quality basic social services. This analysis will underpin advocacy at the central and decentralized levels for greater investment in social services, through improved budgeting and social protection mechanisms. In addition, monitoring and evaluation of progress made in actions to benefit children, especially the most vulnerable among them, will be strengthened. Strategic partnerships, advocacy and continued political dialogue based on evidence will be the foundation for action in this component. As part of the support to communes in the drafting and implementation of their development plans, it will develop resilience concepts to enable development that is fundamentally equitable and sustainable. Using local radio, it will mobilize populations around priority issues and will also focus on empowering young people to assert their rights. Led by the Ministry of Development, the Government, communes, United Nations system agencies, bilateral partners, communication bodies, civil society, NGOs, adolescents, young people, the private sector, universities and the media will be involved in the implementation of this component.

(v) Intersectoral

29. The costs of this component will cover the operations of the country office, salaries, staff travel and training, as well as the UNICEF contribution to United Nations system common services. They will also ensure the visibility of UNICEF actions.

(d) Relationship to national priorities and the UNDAF

30. The programme is based on the national priorities set out in the PRGSP, in particular those pertaining to strengthening human capital, promoting quality in governance and developing the country in a balanced and sustainable manner. It will help to achieve results in sectoral strategies for health, education, child protection, the advancement of persons with disabilities and the national decentralization policy.

31. The programme outcomes are directly derived from and will help to attain the six intended outcomes of the UNDAF 2014-2018. The UNDAF results include food security, social protection, health and HIV/AIDS, nutrition, family planning, basic sanitation, basic education, protection against social vulnerability and abuse, governance, decentralization and crisis and disaster management.

(e) Relationship to international priorities

32. The programme draws on the Millennium Declaration and Millennium Development Goals. It is based on the UNICEF medium-term strategic plan 2014-2017 and includes in its various components emergency preparedness and response. It takes into account the recommendations made during the 2012 universal periodic review and those of the Committee on the Elimination of Discrimination against Women, as well as the commitments undertaken by Benin vis-à-vis the Committee

on the Rights of the Child, particularly with regard to changes in harmful sociocultural customs and practices. In addition, the programme will support and assist Benin in the implementation of the “A promise renewed” initiative for child survival and of the SUN movement. It is also in line with the post-Busan partnership under the “Delivering as one” initiative of the United Nations system in Benin.

Major partnerships

33. UNICEF will continue to play an active role within the established partnerships and will step up its advocacy and strategic alliances. The agency will support the Government in coordinating the SUN movement. In collaboration with WHO, the United States Agency for International Development (USAID) and UNFPA, UNICEF will monitor the implementation of the activities identified in the “promise renewed” initiative. UNICEF will continue its lead role in coordination among partners in the education sector. In regard to protection, strengthened links will be forged with France and the European Union concerning access to justice for children. New partnerships will be sought with the Agence Française de Développement (French Development Agency) and the European Union in the field of social protection.

34. In line with the UNDAF, UNICEF will participate in the joint programming mechanisms in the areas of survival, the fight against HIV/AIDS, food security, social protection and strengthening national monitoring and evaluation systems. At the decentralized level, the work with communes will call for a closer partnership with the United Nations Capital Development Fund/United Nations Development Programme. Lastly, cooperation with parliamentarians, the media, universities, research institutes and civil society will be strengthened.

Monitoring, evaluation and programme management

35. The mechanism for monitoring and evaluation of the country programme will be incorporated into that established under UNDAF, which is based on that of the PRGSP. The Integrated Monitoring and Evaluation Framework will determine the main monitoring and evaluation activities to be carried out under the annual work plans to be derived from the UNDAF action plan; under that plan UNICEF is the lead agency for intended outcome 3 concerning basic education. Through semi-annual and annual reviews, specific studies, a midterm review in 2016 and regular supervision and monitoring visits in programme intervention areas, it will be possible to assess the monitoring of equitable progress towards the expected outcomes. Furthermore, evaluations in the areas of community health and alternative education will be conducted during the midterm review. The capacities of partners will also be strengthened to improve the monitoring of indicators and to enhance the evaluation function. The main impact indicators and some performance indicators will be measured through demographic and health surveys, multiple indicator cluster surveys and household surveys on living conditions.

36. A steering committee, chaired by the Ministry of Development and comprising the representatives of the lead ministries for the implementation of programme components, will be responsible for coordinating the Benin-UNICEF programme of cooperation.