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MCH PROGRAM DESCRIPTION

Benin



Overall MCH and health sector situation

Benin has a population of approximately 8 million, 44 percent of whom are below the age of 15. Benin ranks 163 out of 177 countries on the United Nations Human Development Index. The per capita annual income is about \$510. With an annual growth rate of almost 3 percent, Benin's population will double in the next 24 years. The burgeoning population exerts a huge influence on demands for social services, including health and water. In these areas, Benin faces particular challenges due to entrenched poverty, low knowledge and health-seeking behavior, and persistent weaknesses in the management and delivery of health services.

Despite these fundamental challenges, in recent years key health indicators have shown consistent and considerable improvement. For example, U5MR declined from 160/1,000 (DHS 2001) to 125/1,000 (DHS 2006). Nevertheless, key outcome-level indicators remain troubling. The last Demographic and Health Survey (DHS-3) reported a significant drop in the vaccination rate in Benin. National rates of completed vaccination in children aged

12 to 23 months anytime before the survey declined from 59 percent in 2001 (DHS-2) to 47 percent in 2006 (DHS-3). Infant and child mortality rates remain among the highest in coastal West Africa mainly due to preventable childhood illnesses, especially malaria, acute respiratory infections, and diarrhea. These three illnesses account for 70 percent of visits to health centers and 65 percent of under-5 deaths. Nationally, MMR in the recent DHS was reported as 397 per 100,000 live births. Women in Benin have a lifetime risk of maternal death of 1 in 17.

The Ministry of Health (MOH) is committed to a significant and lasting reduction in child and maternal mortality. Over the past decade, the MOH has reorganized its structure through the creation of health zones or zones sanitaires (often called districts in other African countries). These zones are designed to facilitate decentralized planning and management, as well as to facilitate the efficiency of resource allocation and the rehabilitation of referral units. Each zone covers a population of 100,000 to 150,000 inhabitants. Through this reorganization, the MOH intends to reinforce and reorient current services, promote interventions for high-prevalence diseases, and ultimately promote the effective decentralization of health services.

A wide variety of health facilities, pharmacies, and other services exist in the private sector, and most of these are situated in the urban centers. In addition, many religious institutions and some NGOs run hospitals or dispensaries, or provide training, health education, and other health services. It is estimated that the private/NGO/concessional sector actually provides at least 30 percent of health services in Benin. Overall, 19 percent of medical personnel work in the private sector, including approximately 37 percent of physicians, 16 percent of nurses, and 14 percent of nurse midwives.

The Government of Benin has approved the 3-year, \$42 million U.S. President's Malaria Initiative for Benin, which will complement other donor efforts to combat malaria, notably the World Bank's Booster program, and will have a significant impact on reducing the number of deaths related to malaria in pregnant women and children under 5.

MCH interventions at the Mission level

USAID activities focus on 1) creating a supportive policy environment; 2) increasing access to quality services and products; and 3) increasing demand for health services and products. For maternal and child health, services and products to vulnerable populations must be increased in the areas of essential and emergency obstetric care (safe delivery through active management of the third stage of labor (AMTSL) and treatment of postpartum hemorrhage), essential newborn care, integrated management of childhood illnesses (IMCI), immunizations (including polio), surveillance, and prevention and treatment of diarrhea with oral rehydration therapy (ORT) and zinc. In 2007, USAID-supported programs reached 462,000 individuals with integrated family health services. It is expected that 400,851 people will be reached in 2010, mostly pregnant women and children under 5. Child survival interventions, including diarrhea disease prevention through social marketing, ultimately target children under 5 nationwide.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

U.S. Government assistance supports an integrated family health program that addresses family planning, maternal and child health, infectious diseases, and HIV/AIDS. The USAID/Benin Family Health program (2006–2011) includes two major activities: a 5-year, \$15.5 million integrated family health project, *Projet Intégré de Santé Familiale (PISAF)*, implemented in the central region of the country, and a 5-year, \$14 million social marketing and HIV/AIDS prevention project implemented nationally.

Specific actions supported as part of the MCH approach

USAID focuses on strengthening the health system's ability to provide evidence-based family health services that meet the needs of communities and families and to help communities become more active participants in their own health and in the health system. The approach relies on a multipronged strategy to strengthen health care service systems by working in partnership with Benin's MOH and collaborating organizations to strengthen effective planning, financial, and human resource management for health zones; strengthen local capacity for decentralized management, community mobilization, and behavioral change communication; expand group insurance programs (*Mutuelles de Sante*); increase availability of health services and products and establish community-based service provisions; strengthen health worker competencies in critical clinical areas by monitoring performance through facilitative supervision and reviewing outcomes; and implement community mobilization and behavior change communication (BCC) efforts to stimulate demand for health services at the community level through peer education, local radio stations, and other media venues.

The USAID program's geographic focus

The focus of USAID's efforts is the Zou/Collines region in central Benin, with complementary work in Borgou/Alibori in northern Benin and Ouémé/Plateau in the southeast. This represents 6 out of the 12 regions of the country and about 50 percent of the population. USAID works in close collaboration with the MOH to ensure that successful tools and best practices developed and implemented in USAID project areas are adopted nationwide.

The Mission program's relationship to the country's health sector and development plans and strategies

The Benin Government has prioritized improving access and quality in its National Health Development Plan for 2007–2011. Despite the fact that 76 percent of the population lives within 5 kilometers of the nearest basic health facility, only 44 percent use the services. The main constraints to health service use are financial and the poor quality of the services.

To achieve the long-term goal of helping the Government of Benin move toward self-sufficiency and the ability to respond to the health needs of its people, USAID assistance focuses on 1) increasing demand for and access to a minimum package of family health care services designed to protect the health of mothers and children, and 2) improving the MOH's ability to provide quality management and services through the creation of a supportive environment that ensures adequate policies, management and planning systems, trained personnel, and community participation and oversight are in place.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

In December 2006, Benin was selected as one of the countries to receive funding during the third year of the President's Malaria Initiative (PMI). Inclusion in PMI allows Benin to accelerate delivery on a national level of a package of proven interventions focusing on prevention and effective treatment. Malaria control activities under PMI are planned at a national scale and target pregnant women and children under 5. The program is designed to achieve 85 percent coverage of the most vulnerable groups with preventive and therapeutic interventions, and reduce malaria deaths by 50 percent.

Peace Corps also supports maternal and child health activities through health volunteers who collaborate with social service centers sponsored by the Ministry of Social and Family Protection and who provide health education with an emphasis on MCH issues.

Investments and initiatives of other donors and international organizations

USG efforts are coordinated with other national and international partners, including nongovernmental and private sectors, to ensure complementary investments and achievement of MDGs. Health donors coordinate through a working group and a senior donor coordination group to share information and develop common positions.

UNICEF's programs include immunization, training, and equipping health centers. The World Bank, UNFPA, and SIDA support safe labor practices. SIDA and UNICEF provide training in IMCI and emergency obstetric and neonatal care, and the World Bank Booster Project supports malaria interventions for prevention and case management.

Planned results for the Mission's MCH investments over the next 5 years

As Benin is striving to achieve the MDGs, USAID plans to contribute to the Government of Benin's target to reduce U5MR to 70 per 1,000 live births and maternal mortality to 250 per 100,000 live births by 2015. These targets are achievable if the resources currently made available by the donor community (UNICEF, World Bank, Global Fund, PMI, etc.) are used to scale up effective and high-impact interventions. USAID will take the opportunity of leading donors' coordination during the next 12 to 18 months to advocate for policies and better complementarity among donors to favor high-impact and scaled-up MCH interventions.

MCH COUNTRY SUMMARY: BENIN	VALUE
MCH FY08 BUDGET	4,116,000 USD
Country Impact Measures	
Number of births annually*	306,000
Number of under-5 deaths annually	38,000
Neonatal mortality rate (per 1,000 live births)	32
Infant mortality rate (per 1,000 live births)	67
Under-5 mortality rate (per 1,000 live births)	125
Maternal mortality ratio (per 100,000 live births)	397
Percent of children underweight (moderate/severe)	18%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	87%
Percent of women with at least four antenatal care (ANC) visits	61%
Percent of women with a skilled attendant at birth	78%
Percent of women receiving postpartum visit within 3 days of birth***	66%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	54%
Immunization	
Percent of children fully immunized at 1 year of age	40%
Percent of DPT3 coverage	67%
Percent of measles coverage	61%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	N/A
Percent of children receiving adequate age-appropriate feeding	72%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	61%
Percent of children under 6 months exclusively breastfed	43%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	54%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	37%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	65%
Percent of population with access to improved sanitation**	30%
<p>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report *** This number is based on the sum of two numbers: within 5 years preceding the survey, mothers whose last live birth occurred in a health facility and who received a postnatal exam before leaving the health facility (62.8%), and mothers whose last live birth occurred outside a health facility and who received a postnatal exam within 3 days of birth (3.1%). (Unless otherwise noted, the data source is the 2006 Demographic and Health Survey.)</p>	