

Benin — BASICS II Country Program

Benin has enjoyed a decade of renewed political and economic progress, but poverty and its problems continue to pose major challenges. Gross national income, converted to international dollars using ‘purchasing power parity’ (PPP), was estimated at \$920 per capita in 2001 by the World Bank¹. Literacy, particularly among women, is low (23.6% in 1999²), and investments in public services barely keep pace with a population growing 3% annually.

Child Survival Program Overview

At the request of the Ministry of Health (MOH) and as part of USAID’s bilateral assistance to the country, BASICS I began work in Benin in 1998 with a focus on nutrition. USAID selected Borgou as its main region for work in family health. Joint planning activities between the Departmental Health Director (DDS) and BASICS II led to the adoption of the MinPak/Essential Nutrition Actions (ENA) approach. This approach seeks to achieve sustained improvements in child nutrition practices through community-based activities as part of an integrated child health program.

Technical Approach

The main strategy of BASICS II work has centered on the ENA approach, which has been wholly adopted by the Ministry of Health in Benin as PMA/N (*paquet minimum d’activités en nutrition*). PMA/N consists of six essential nutrition

actions addressed through a health facilities component, a community component, and a multimedia communications component. In Benin, the Project has placed particular emphasis on exclusive breastfeeding (EBF) and sustained second dose vitamin A supplementation—measures widely proven effective in reducing child mortality. These, together with Africare’s work with malaria control, are integral components of a package of Integrated Management of Childhood Illness at the community level (C-IMCI), which is seen as a model for integrated child nutrition and health throughout the region.

Interventions

The Project supports the development and field application of the health facility and community-based approach for implementing PMA/N interventions component. This package is positioned as an entry point to achieve C-IMCI objectives. Success with EBF and vitamin A supplementation in Borgou-Alibori led

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Benin*.
2. Ibid.

the government to adopt PMA/N as national policy. BASICS II continues work in Borgou to integrate nutrition interventions into IMCI at the community level.

Nutrition

Essential Nutrition Actions. BASICS II interventions in Borgou have increased awareness about the role of nutrition in child health. After three years of implementation, more than 80% of mothers surveyed in the Project’s intervention areas were knowledgeable about key messages related to early initiation of breastfeeding, colostrum, and appropriate introduction of complementary feeding. In 2001, over one-half of mothers of infants under four months in these areas reported that they exclusively breastfed. This represents a substantial increase over 1996, when only 19% of such mothers reported the practice, according to Demographic and Health Survey data for the region.



In 1998, the Project's advocacy led to the addition of vitamin A to national immunization days (NIDs). During the past 18 months, BASICS II was also able to demonstrate success with a strategy of fixed facility distribution of vitamin A supplementation combined with community outreach. In the Borgou/Alibori region, over 54% of coverage was achieved through this strategy. BASICS II is working to transfer key activities in Borgou to PROSAF (*Programme de Promotion Intégrée de la Santé Familiale*), USAID's bilateral project for integrated child health.

Benin—Increase in Exclusive Breastfeeding
Benin/Borgou, 1996–2001



Scaling Up. In collaboration with several partners, the successful PMA/N program has been expanded to the national level in Benin. Facility-based vitamin A supplementation was also adopted and taken to national scale in May 2002. Early information of the national second dose strategy indicates that about 2.1 million capsules have been distributed to children ages 6 to 59 months for their second dose. Overall 80% coverage was achieved. Supplements were also provided to mothers in the early postpartum period.

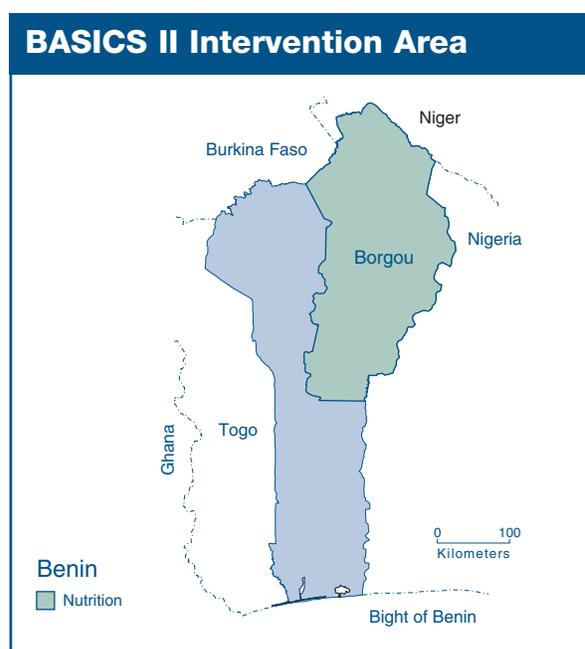
Early involvement by the DDS in Borgou’s PMA/N activities contributed to rapid acknowledgment of success. The MOH’s Division of Nutrition adopted PMA/N as the national nutrition strategy in the recently published 2001-2005 National Nutrition Plan for Benin. The

Project’s success has resulted in leveraged funding for nationwide expansion from other partners, primarily the Cooperation Suisse, GTZ, and the Chinese Development Agency. BASICS II is providing technical support to the MOH in Cotonou and works closely with UNICEF, the World Bank, and other donors.

In addition to the technical support provided to the MOH and other national institutions in Benin, BASICS II is building capacity through its collaboration with WHO-funded Regional School of Public Health, (IRSP, *Institut Regional de Santé Publique*) located in Ouilata, Benin. BASICS II advisors from the West Africa Regional Office (WARO) serve as visiting faculty at the IRSP and use the Borgou experience as a basis for transfer of skills and capacity-building. BASICS II-supported program areas in Borgou are used by IRSP student and faculty as field sites for practical field application.

IMCI

BASICS II played a key role in the introduction of IMCI in Benin at a national orientation adaptation meeting. The project provided technical leadership in pretesting the C-IMCI briefing package with full involvement of all key partners. BASICS II also contributed significant early to the validation of IMCI tools including nutrition modules and helped in identification of the two IMCI pilot sites.



Health Status Overview

Total population of Benin	6.6 million ^a
Under 5 mortality (CMR)	158.2/1000 live births ^a
Infant mortality (<1 year) (IMR)	89/1000 live births ^a
Neonatal mortality (<1 month)	38.4/1000 ^b
Low height for age <3 years (<2 SD)	27% ^b
DPT3 coverage (among children 12–23 months)	88% ^c

a. PHNIP Country Health Statistical Report: Benin, March 2002 Reference Document.
 b. Enquête Démographique et de Santé, République du Bénin, 2001, Rapport Préliminaire
 c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

Key Partners

Ministry of Health: *key implementation partner at local and national levels*

- DDS Borgou/Alibori
- Centres de santé de sous-préfecture ou de circonscription urbaine
- Équipes d'encadrement des Zones sanitaires
- Direction de la Santé Familiale (mainly Service de Nutrition)

USAID bilateral project: *partner in transferring BASICS approaches*

- PROSAF

DDS Borgou: *partners at the local level through support from other donors*

- Population and Health Project (funded by the World Bank)
- Projet d'Appui au Développement Sanitaire (funding from Swiss Cooperation; mainly in Borgou)
- Projet bénino-allemand des soins de santé primaires (funded by Deutsche Gesellschaft für Technische Zusammenarbeit; mainly in Alibori)
- Catholic Relief Services and local non-governmental organizations

National/regional partners: *collaborating partners in the West Africa Region*

- IRSP
- UNICEF (vitamin A capsules)
- AFRICARE

