

BENIN

Global Nutrition Thematic Report – Grant SC149904 January – December 2016

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*Prevention of malnutrition: a child is being screened by a Community Health Worker in
Malanville (department of Alibori)*

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C. List of Acronyms

CMAM :	Community Management of Acute Malnutrition
CO :	Country Office
GAM :	Global Acute Malnutrition
IYCF :	Infant and Young Child Feeding
MICS :	Multiple Indicators Cluster Survey
MoH :	Ministry of Health
NGO :	Non-Governmental Organization
RUTF :	Ready to Use Therapeutic Food
SAM :	Severe Acute Malnutrition
SENS :	Standardized Expanded Nutrition Survey
SMART:	Standardized Monitoring and Assessment of Relief and Transitions
USD :	United States Dollars
WHA :	World Health Assembly

D. Executive Summary

Benin faced a lack of disaggregated nutrition data for decision making and planning at decentralized level. The mean surveys conducted to date produce data at departmental level. In 2014 Benin has realized its first nutrition survey using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology. The results have revealed for the first time a large disparity between the communes.

In 2015 Benin requested additional resources from Thematic Funds to fill key information gaps in Nutrition data, using the SMART methodology. It was planned to set up and train a national technical committee to coordinate and provide technical advice for future SMART surveys. One staff from the Nutrition Office within the Ministry of Health was trained on the SMART and Standardized Expanded Nutrition Survey (SENS) methodology in 2015, in Dakar. In 2016, since Benin had not planned to conduct nutrition surveys on a regular basis using the SMART methodology, it was decided in close concertation with the Ministry of Health, to cancel the training of a national committee. It was agreed that a national consultant with a solid experience in SMART could be hired at the appropriate time to conduct a nutrition survey. In addition, the staff member from the MoH who was trained can contribute to improve the quality of surveys.

To date, USD 15,685 (22.4%) were used in 2015 to enhance the capacities of the MoH. One person was trained on the SMART methodology, and three others on Nutrition in Emergency. The remaining funds will be used to reinforce the capacity of Community Health Workers in the delivering of counseling on infant and young child feeding (IYCF) at community level.

E. Strategy Context in 2016

The Thematic Budget Allocation is focused on the nutrition Outcome (Outcome 4) of the Strategic Plan 2014-2017. The Republic of Benin is a small coastal country in West Africa, with an estimated population of 10 million people in 2013 (General Census of Population and Housing, 2013), increasing by 3.52% per year and spread over 114, 763 square kilometers.

Undernutrition is a significant public health issue in Benin. Although the prevalence of acute malnutrition has decreased from 5.2% in 2011¹ to 4.5% in 2014² nationwide, the results of a UNICEF-supported nutrition survey conducted in April 2016 in the Health District of Malanville-Karimama, revealed global acute malnutrition rates ranging from 11% to 15%, which reflect a critical situation. The prevalence of chronic malnutrition in Benin is above the public health threshold, affecting 34 per cent of children aged 0-59 months (MICS 2014), and resulting in more than 650,000 stunted children at any given time.

UNICEF's strategic approach to address the various forms of malnutrition affecting children in Benin is to scale up a package of evidence-based nutrition-specific interventions (e.g. counselling and promotion of IYCF practices, management of severe acute malnutrition).

In 2015 Benin has requested additional resources from Thematic Fund to be utilized strategically for filling key information gaps in Nutrition data, using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology. The first SMART survey was conducted in 2014, in the department of Alibori, which generated significant interest at national level and among NGOs. UNICEF and Catholic Relief Services have conducted a second SMART survey in the department of Atacora (North West) in 2015.

UNICEF had anticipated that funds would be utilized to reinforce capacity at national level, to apply the SMART methodology, which is critical to generate evidence for Nutrition programming both at

¹ Enquête modulaire Intégrée sur les Condition de Vie des Ménages

² Multi Indicators Cluster Survey (MICS)

national and decentralized levels. The idea was to set up a SMART Committee that would serve as an in-country technical task force to support and coordinate SMART surveys. In 2016, however, given that there were no plans and no funds to apply the SMART methodology after the training, the Nutrition Office within the Ministry of Health decided to cancel the training of other prospective committee members. After training one core staff, this body assumed that in case of need, a national consultant with a strong SMART experience could be hired to support the implementation of the survey. In addition, the trained staff within the MoH will be involved in the planning and implementation. Consequently, 22.4% of the thematic fund were used to date. As shown in Table 3, infant and young child feeding (IYCF) was less funded in 2016. In 2017, funds will be used to support the training, monitoring and supportive supervision of Community Health Workers (CHWs) in the programme areas, mainly on Infant and Young Child Feeding promotion at community level.

F. Results in the Outcome area

Benin has received as thematic allocation USD 70,000 as show in Table 2. Thanks to other resources, meaningful progress is being achieved and aligned with the 2014-2017 UNICEF Strategic Plan's Key Programme Areas under Outcome 4.

In 2016, UNICEF supported the implementation of Community Management of Acute Malnutrition (CMAM). The number of new admissions in the CMAM programme has increased from 5,307 in 2015 to 13,300 in 2016. The increase in access to treatment service at frontline health centre level through frontline health workers training, providing ready to use therapeutic food (RUTF), anthropometric equipment and medicines contributed to this progress. The proportion of health centres with severe acute malnutrition (SAM) treatment has increased to 85% in the programme area, which contributed to increased national access to 40% of health facilities. At community level, the training of 2,419 CHWs has allowed 76% of targeted villages to provide screening and referral of severe acute malnutrition services at community level.

National capacities to promote infant and young child feeding were reinforced. UNICEF has supported the Ministry of Health to strengthen its capacity on IYCF counselling. Several sessions took place, including the training of master trainers at national level, the training of trainers at departmental and Health District level, as well as the training of frontline health workers. In the first phase, a total of 58 people were trained at central and department level as trainers. In the second phase at total of 407 health workers were trained as counsellors. Thanks to this training, 67 frontline health centers currently have at disposal skilled staff with a capacity to deliver individual or group sessions of counseling to pregnant women and mothers with children under 2 years.

UNICEF has supported two rounds of vitamin A supplementation, and deworming at national level as a public health intervention to improve child nutrition and reduce morbidity and mortality. 95% of children aged 6 - 59 months received two doses of vitamin A. At least 3.2 million of children aged 6-59 months were reached during each round.

Despite the significant efforts made, the covering of certain nutrition-specific interventions remain low. Whereas almost all pregnant women (around 80%) are giving birth in health facilities, only 46% of newborn are breast-fed within one hour following their birth, and 41% are exclusively breast-fed according to MICS 2014. The same source indicates that only 13% of children aged 6-23 months received a minimum acceptable diet. In addition, estimates show that Benin is not on track towards most World Health Assembly (WHA) targets. For instance, the current annual average reduction rate in the number of children suffering from stunting is estimated at 3.1% against 5.2%³ required to meet the WHA target by 2025.

A year after the launch of the SDGs, the Government of Benin presented to all stakeholders its roadmap for the implementation of the Sustainable Development Goals (SDGs). The central commitment of the

³ Based on data from Stevens et al. (2013); UNICEF, WHO and World Bank (2014)

SDGs "Leave no one behind" was taken into account throughout this roadmap that is broken down into several stages, the main ones being: ownership by SDG stakeholders; integration and budgeting of SDGs into national policies and planning; financing of SDGs and setting up of a monitoring framework in Benin.

With regard to nutrition, the current challenges remain the mainstreaming of a multisectoral approach to achieve nutrition results for children. Despite the creation of a National Food and Nutrition Council, few sectors have incorporated nutritional objectives and indicators in their policy and strategic plan. In addition the package of evidence-based interventions - mainly nutrition specific interventions which directly impact on malnutrition - is not adequately scaled up nationwide.

UNICEF is supporting the government in implementing an equity focus approach so as to achieve results upstream, midstream, and downstream. UNICEF has supported the Government to conduct a bottleneck analysis which has been identified in line with the enabling environment (weakness of coordination, social norms, lack of budget line for nutrition) and the demand. Subsequently, substantial information will be available on the development and implementation of the nutrition programme.

G. Financial analysis

It was not possible to generate from the Dashboard, the table of planned budget by outcome area in the 2016 annual work plan. (No figures were available.) However, as a thematic contribution to Nutrition Outcome, the programmable amount allocated in 2015 to the Country Office (CO) is USD 70,000, until 31 December 2017. As indicated in Table 4, to date, a total of USD 15,685 (22.4%) was used to enhance the capacities of the Ministry of Health in Nutrition in Emergency and to support UNICEF staff cost. The remaining balance of USD 53,315 will be used to support future activities and staff cost.

Table 1 below shows that as a Country level thematic contribution, the CO received USD 70,000 to date under the Grant SC149904.

Table 1: Country-level thematic contributions to outcome area received in 2016

Outcome Area 4 : Nutrition
Thematic Contribution Received for outcome Area 04 by UNICEF Benin
(In US Dollars)

Donor	Grant number	Contribution Amount	Programmable Amount:
Global - Nutrition	SC149904	70,000	70,000
Total		70,000	70,000

Table 2 below shows the details of expenditures by Outcome area in 2016

Table 2: Expenditures in the outcome Area

Outcome Area 4: Nutrition
Benin
2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational targets	Expenditures Amount *			
	Other Resources - Emergency	Other Resources – Regular	Regular Resources	All programme Accounts
04-01 Infant and Young child feeding	755	122,026	4,927	127,708
04-02 Micronutrients	3,951	335,413	408,371	747,735

04-04 Community-based management of acute malnutrition	2,803	59,791	539,562	602,156
04-05 Nutrition and emergencies	42,340	15,081	154,720	212,141
04-06 Nutrition # General	3,851	530,548	111,332	645,731
Total	53,699	1,062,859	1,218,912	2,335,471

Tables 2 and 4 give the details of expenditures in the outcome. In 2016, UNICEF Benin utilized USD 2,335,471 to implement nutrition Outcome area activities. Around 52% of expenditures were from regular resources (RR) and 46% were from others resources (OR). Details by organizational targets show that 32% were used to support micronutrients activities especially vitamin A supplementation, 28% for nutrition in general and 26% for CMAM. These data demonstrate that the activities related to the prevention of malnutrition, mainly infant and young child feeding are insufficiently funded. The training on infant and young child feeding counseling effectively took place in 2016, and health workers were trained in 5 out of 9 supported Health Districts.

Table 3: Thematic expenses by programme area

Fund Category	All Programme Accounts
Year	2016
Business Area	Benin - 1170
Prorated Outcome Area	04 Nutrition
Donor Class Level2	Thematic
ROW LABELS	EXPENSE
<i>Other Resources - Emergency</i>	<i>10,394</i>
04-05 Nutrition and emergencies	10,394
<i>Other Resources - Regular</i>	<i>5,291</i>
04-05 Nutrition and emergencies	5,291
GRAND TOTAL	15,685

Table 3 shows the thematic expenses by programme area. A total of USD 70,000 have been allocated to the CO in 2015. To date USD 15,685 (22.4%) were utilized to support activities. Funds were used to train one staff from the Nutrition Office within the Ministry of Health on SMART and SENS methodology in 2015, in Dakar. In addition, the capacities of the Ministry of Health to provide a nutrition response in emergency situations were enhanced through the participation of 3 staff to the regional workshop on Nutrition in Emergency, in March 2016, in Dakar. Consequently, the communes of Malanville and Karimama that have experienced a nutrition crisis in 2016, with respectively a global acute malnutrition rate of 11.4% and 15.1% have received a timely response. Through supplying health centers with ready-to-use therapeutic food (RUTF), milk and essential medicines and cash, UNICEF has contributed to screen and treat 1,280 children with a cured rate of 80%.

Table 4: Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2016
Business Area	Benin - 1170
Prorated Outcome Area	04 Nutrition
ROW LABELS	EXPENSE

04-01-01 Infant and young child feeding implementation (including BFHI)	62,264
04-01-04 Growth monitoring and promotion	53,171
04-02-01 Vitamin A supplementation	363,321
04-02-02 Elimination of iodine deficiency	6,448
04-02-04 Home fortification	234,712
04-04-01 Treatment of Severe Acute Malnutrition	428,570
04-05-02 Nutrition # emergency preparedness and response	162,266
04-06-01 Nutrition # General	588,271
04-06-05 Routine nutrition information systems and reporting	977
08-01-04 UNDAF preparation and review	4,631
08-01-06 Planning # General	22,827
08-02-03 MICS # General	11,899
08-02-04 DevInfo	7,071
08-02-05 Other multi-sectoral household surveys and data collection activities	3,901
08-03-02 Communication for Development at sub-national level	78,465
08-05-01 Supply # General	26,079
08-06-02 Building global/regional/national stakeholder evaluation capacity	6,648
08-09-06 Other # non-classifiable cross-sectoral activities	266,025
10-07-12 Management and Operations support at CO	353
1161 Nutrition surveillance	-147
1162 Manage and treat Severe Acute Malnutrition	175
7921 Operations # financial and administration	6,274
7931 Human resources and learning	147
Unknown	1,119
GRAND TOTAL	2,335,470

H. Future activities

In 2017, funds will be used to develop the counseling skills of CHWs in delivering and providing counseling on infant and young child feeding. In this regard, it is planned to implement the following activities:

- Training 2,730 CHWs in nine Health Districts, on infant and young child feeding counseling;
- Post training supervision of CHWs ;
- Quarterly supervision of CHWs

I. Expression of thanks

UNICEF-Benin would like to express its deep gratitude to the Thematic Fund for the generous contribution to support nutrition activities in Benin.

The contribution of the Thematic Fund helped strengthen the national capacity to respond to humanitarian needs, particularly in nutrition crisis situations. This financial support significantly

contributed to improve the nutritional status of under-five children in Benin.

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