



Funding mechanism and implementation arrangements

The overall cost of the project:
200 billion FCA approximately 350 million USD

The project is based on a pilot experiment carried out within a health zone in Benin, allowing us to test its acceptability to the local population. The activities of the project are designed to complement existing interventions in the sector.

Nutritional supplements will be provided free of charge to target groups, and prenatal consultations will be free of charge. An extensive communication campaign will be carried out to support the demand and consumption of nutritional supplements. A gradual implementation approach has been adopted to ensure that operational difficulties are adequately taken into account at the generalization stage.

The operational management of the project in the localities covered will be ensured through a partnership to be established between the National Food and Nutrition Agency (ANAN), the National Primary Health Care Agency (ANSSP) and the General Directorate of Social Affairs (DGAS).



Understand to act in favour of nutrition!



GOVERNEMENT
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First 1000 days nutritional supplementation project executive summary 2024-2028

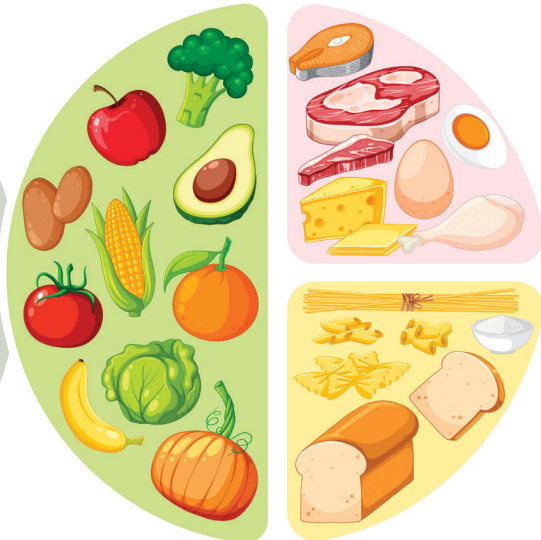


Context and rationale

Current dietary practices in Benin do not ensure optimal nutritional intake for all children in order to prevent deficiencies that are at the root of malnutrition problems, particularly stunting among children under five. The relative prevalence of stunting has fluctuated sharply over the years, **rising from 39% to 45% (EDS 2001; 2006), then falling to 34% (MICS 2014), before increasing again to 36.5% (MICS 2021-2022).**

Stunting particularly affects children in the first 1,000 days of life. Between 18 and 23 months, the prevalence of stunting was 46.6% (MICS 2021-2022).

To prevent nutritional deficiencies in children during the first 1,000 days of life, a pilot experiment in nutritional supplementation was carried out in the **Akpro-Misséré, Avrankou** and **Adjarra** health zones to assess the workability of this intervention, with a view of modeling its scaling-up. After three months of experimentation, key lessons have served as the basis for the development of the project.



Analysis



Malnutrition's impact on public health

Chronic malnutrition exposes children to increased risks of disease and stunted growth. The state of malnutrition not only raises the risk of infant mortality, but also incurs health costs for families and the state.

Impact of malnutrition on cognitive and educational development

Deficiencies in essential nutrients severely affect children's brain development, resulting in lifelong cognitive limitations. Children with reduced learning capacity perform less well at school, reducing their chances of accessing future economic opportunities. Such a vicious circle contributes to the persistence of poverty.



Economic and productivity issues related to malnutrition

Malnutrition affects a country's economic productivity, notably through reduced work capacity and higher medical costs. It could account for up to 11% of GDP in some African countries due to lost productivity and medical expenses (Continental Report on the Cost of Hunger, African Union 2021). Therefore, investing in child nutrition from the first 1,000 days of life offers an opportunity to strengthen human capital and support long-term economic growth.



The cost of inaction

The scourge of nutritional deficiency results in lost growth and productivity, estimated at \$3,000 billion a year worldwide. Conversely, scaling up nutrition interventions generates economic benefits. According to the World Bank, every dollar invested in combating deficiency malnutrition generates 23 dollars benefits.

Vulnerability of pregnant and nursing women

Pregnant and breastfeeding women are also vulnerable to malnutrition, which affects both their health and that of their children. Nutritional deficiencies during pregnancy and breastfeeding impair infant development, exacerbating the risks of stunting and child malnutrition.



Compliance with the Sustainable Development Goals

Tackling malnutrition is crucial to achieving the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being). Improving nutrition as part of the first 1,000 days will enable Benin to respond more effectively to these objectives, while helping to reduce inequalities and boost living standards.

Project Outline

General objective: To help improve the nutritional status of children aged 0 to 59 months.

Specific Objective 1 :
provide multi-nutrient supplements to 75% of pregnant and nursing women

Specific objective 2 :
provide multi-nutrient supplements to 75% of children aged 6 to 23 months

Specific objective 3 :
Provide Vitamin A supplements to all children aged 24 to 59 months and anthelmintic medicines to all children aged 12 to 59 months

Expected outcome:
small quantity lipid-based nutrient supplements are provided to 75% of pregnant and nursing women

Expected outcome:
small quantity lipid-based nutrient supplements are provided to 75% of children aged 6 to 23 months.

Expected outcome:
Vitamin A supplements are provided to all children aged 24 to 59 months and anthelmintic medicines to all children aged 12 to 59 months.

Component 1:
Supply of nutritional supplements and services, with 98.6% of the total cost

Component 2:
Information, education and communication, with 0.6% of total costs

Component 3:
Steering and support, with 0.8% of total costs