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OTHER FUNDS AND PROGRAMMES
UNITED NATIONS FUND FOR POPULATION ACTIVITIES
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Benin

Maternal and Child Health and Family Planning Programme

Estimated UNFPA contribution:	\$1 460 390
Estimated value of the Government's contribution:	\$3 940 305
Duration:	Three years
Estimated starting date:	1 January 1981
Executing Agencies:	World Health Organization (WHO) UNFPA
Government Co-operating Agency:	Ministry of Public Health

I. Summary

1. UNFPA proposes to assist the Government of Benin, a borderline* country for UNFPA assistance, in the amount of \$1,460,390 over three years, in the establishment of a nationwide family health programme. UNFPA funds would cover costs of training materials and audio-visual equipment, medical supplies and contraceptives, vehicles and one international expert in maternal and child health and family planning (MCH/FP).

II. Background

2. With an area of 112,622 square kilometres, Benin is one of Africa's smallest countries. The first modern population census, conducted in March 1979 with UNFPA assistance, indicated a population of approximately 3,338,000. The United Nations estimates the present population at 3,530,000. About 46.1 per cent of the population are under the age of 15, and 44.3 per cent of all women are in the fertile ages 15 to 49.

3. About 69 per cent of the population live in the rural areas, while about 54.8 per cent of the economically active population are employed in the primary sector. This latter figure is low compared with other Western African countries, and is partly explained by the fact that the majority of economically active women (68.4 per cent) are engaged in small businesses. Per capita gross national product, according to World Bank estimates, was \$230 in 1978.

4. The population is unevenly distributed. Population density is about 31 people per square kilometre over-all, and about 113 per square kilometre of arable land. The country is divided administratively into provinces, districts, communes, and villages.

5. The estimated crude birth and death rates are, respectively, 48.8 per thousand and 19.1 per thousand, implying an annual natural growth rate of 2.97 per cent. The gross reproduction rate is estimated at 3.3.

6. Life expectancy at birth is estimated at 46 years, with the infant mortality rate at about 149 per thousand live births. It is generally recognized that many births and deaths are never reported, especially in the rural areas.

7. The health situation is considered by the Government to be unsatisfactory. The major diseases are infectious and parasitic in origin, representing 54 per cent of all diagnoses. They mainly affect children under 5 years of age and are linked to poor hygiene and malnutrition. The number of health personnel is insufficient; currently there is one physician per 36,000 persons, one dentist per 380,000 persons, one midwife per 12,900 persons, and one nurse per 3,200 persons.

8. As for health facilities, Benin currently has five hospitals with a total of 1,260 beds, 34 health centres with 760 beds, 214 dispensaries, and 78 maternal and

*I.e., would qualify as a priority country for UNFPA assistance, if a 2 per cent variance from the threshold levels were allowed.

child health (MCH) centres. These facilities are poorly equipped and are located mainly in urban areas. Drugs, equipment, and other supplies are scarce. Currently, family planning services are delivered in MCH centres with the support of the Comité National du Benin pour la Promotion de la Famille (CNBPF), an affiliate of the International Planned Parenthood Federation (IPPF). In 1979, the first year these centres offered family planning services, there were 3,878 acceptors of family planning methods; by mid-1980 this number had increased to 17,639 regular users. This figure represents only 2 per cent of the target population.

9. The national development plan for 1977-1980 identifies as the principal population concerns of the Government the high levels of morbidity and mortality and the unbalanced spatial distribution of the population. Although there is no explicit population policy, the Government favours the integration of family health, including family planning, into the basic health services delivery system. The Government has also expressed its support for the integration of sex education and population education into the school curricula.

10. The national development plan proposes creating a national health system designed to eradicate the principal causes of morbidity and mortality in the country and to provide access to health care for all citizens. The system will stress preventive as well as curative medicine, provision of education in nutrition and health, the combining of modern and traditional medicine, with the gradual replacement of the latter by modern practices, equipment and medicines. In the first stages, medicines will be provided free of charge at village pharmacies; eventually all health services will be provided free. The system will be completed by a health insurance component. Each health unit at the village, commune, district, provincial or national level is to be adequately staffed, and equipped with vehicles and necessary drugs.

11. From 1972 through 1980, UNFPA has provided assistance to Benin totalling \$1,625,844 (as of 31 October 1980). UNFPA assisted a national population census, the enumeration for which took place in March 1979. Data processing is still under way although preliminary results have been published. Support was also given for a census communication project to assist the Government's Central Census Bureau in implementing a multi-media strategy to inform citizens of the benefits of the census. In 1980, UNFPA began assistance to preparatory activities of the national fertility survey, to be undertaken within the framework of the World Fertility Survey. Also, in 1980, the Government began to undertake a demographic survey with the assistance of UNFPA.

12. UNFPA support for the introduction of population and sex education into the schools is being provided in two phases. In the first phase, now completed, the Ministry of Education was assisted in conducting a survey among teachers as well as the public to determine cultural values and knowledge concerning matters of sex and reproduction; this phase also involved provincial and national seminars at which survey findings were disseminated and requirements for initiating population and sex education in the schools discussed. A second phase will aim at sensitizing and training teachers in population matters and providing audio-visual material to implement full integration of population and sex education into school curricula.

13. In October 1980, UNFPA fielded a needs assessment mission to Benin to study the population needs and population assistance required by the Government in future years, and on the basis of the recommendations of which future UNFPA assistance will be determined.

14. Other external population assistance has been provided by such non-governmental organizations as Family Planning International Assistance (FPIA) and by the International Planned Parenthood Federation (IPPF) through the CNBPF. This assistance has included provision of family planning-related commodities and support for integration of family planning with MCH services and nutrition education, for training of midwives and nurses in service delivery, and for activities aimed at improving the status of women.

III. The project

15. The proposed project would be directed towards 1) promoting MCH/FP; 2) providing education in family life and responsible parenthood; 3) training various categories of health care personnel in delivery of comprehensive services at provincial, district, commune and village levels; and 4) strengthening the management, administration and supervision of the health care delivery system, especially as these affect the delivery of MCH/FP services.

16. The long-term objective of the project would be, within the Government's plans for a nationwide health service delivery system, to improve the country's ability to deliver health services, especially integrated MCH/FP services, and to make these services available to all who request them.

17. The short-term objectives would be:

1) to determine MCH/FP service needs through knowledge, attitude and practice (KAP) surveys conducted in six provinces. One survey would be made before project implementation to define the major problems limiting the efficiency and effectiveness of MCH/FP delivery. Two years later, another survey would assess attitudinal changes towards health and fertility resulting from MCH/FP service delivery;

2) to develop a health manpower training programme and implement training activities at provincial, district, commune, and village levels. This programme would train nurses, midwives, auxiliaries and paramedical personnel to manage, supervise and deliver primary health and MCH/FP services;

3) to improve MCH/FP services at village level by providing registered nurses/midwives who would visit each village twice a week to keep people aware of and informed about the benefits and availability of MCH/FP services. These registered nurses and midwives would also supervise village auxiliary health workers and replenish needed medical supplies; and

4) to foster public awareness of and community participation in MCH/FP activities by providing training for, and supporting the activities of, other community groups such as mothers' groups, MCH educational groups meeting at dispensaries, and health brigades.

18. UNFPA has been requested to provide assistance to cover the development of teaching/training materials, training manuals, and audio-visual equipment; provide a motorcycle to each registered nurse/midwife who is involved in the project; contraceptives, and vehicles for technical and over-all managerial supervision; and

support an international expert in MCH/FP to help with co-ordinating and supervising all project activities in the areas of personnel training, provision of MCH/FP services as well as programme management, operational research, and evaluation.

19. UNFPA has allocated \$580,740 for pre-project activities to commence in 1981. The Executing Agencies would be the World Health Organization and UNFPA. The Ministry of Public Health would be the Government Co-operating Agency.

20. The proposed breakdown of UNFPA support for the three-year period (1981-1983), subject to the availability of funds, is as follows:

International personnel	\$249 420
Local personnel	305 670
Subcontract	20 000
Training	124 600
Equipment	600 600
Contraceptives	69 000
Miscellaneous	<u>91 100</u>
Total	1 460 390

21. The status of project development as of February 1981, is as follows:

Approved	\$580 740
Pending	<u>879 650</u>
Grand Total	1 460 390

IV. Recommendation

22. The Executive Director recommends that the Governing Council:

(a) Approve the project for Benin for the three-year period 1981-1983 in the total amount of \$1,460,390; and

(b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Benin and with the Executing Agencies.
