

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR BENIN

Second regular session 2023

Comments by Belgium	UNFPA country/regional office response to comments
<p>Belgium welcomes that a summary of the different CPDs (UNFPA, UNDP and UNICEF) was presented to donors on 13/04. Next to this consultation, bilateral informal exchanges are taking place with UNFPA. This is essential to us as a core donor and we would like to encourage UNFPA to keep engaging in a more proactive dialogue with Belgium according to its status of core partner on various topics.</p>	<p>UNFPA thanks Belgium for this important comment, which is well noted. UNFPA appreciates the importance of maintaining close consultation and partnership with all stakeholders and partners and aims to take this even further during the very important implementation phase that lies ahead.</p>
<p>The 3 themes selected for the 2023-2026 country program are part of UNFPA's mandate and are in line with the country's needs, as set out in national policy documents. However, the upward or stagnant trend of some key indicators challenges UNFPA on its approaches. We appreciate the synergy approach between UN agencies for greater impact, but it is urgent to innovate by relying, among other things, on the new tools offered by artificial intelligence and digitalization. Through the #SheDecides initiative, Belgium has funded innovative digital initiatives. To what extent are these tools integrated into the new program?</p>	<p>UNFPA thanks Belgium for this comment. As part of the implementation of UNFPA's 2022-2025 Strategic Plan, innovation and digitalization have been identified as part of six interconnected accelerators. UNFPA Benin is fully committed to making this an essential lever for achieving the results of its CPD, as elaborated in paragraphs 16 and 18.</p> <p>To this end, the Country Office intends to continue using and scaling up technological solutions such as "Ma Vie, Mon Choix", developed thanks to funding from Belgium, to contribute to sexual health education and the fight against GBV, both in and out of school. This solution is now part of a sub-regional initiative (#Tech4Youth) which aims to be an open ecosystem of innovation and content sharing. Additionally, several exchanges have already taken place between Enabel Benin and the Country Office on the subject of digitalization, not only to take advantage of other solutions developed, but also and above all, to identify synergies of action. UNFPA Benin will also take into account digital solutions developed within the framework of #SheDecides and explores how they can be leveraged for the new programme.</p> <p>Finally, in para 27, the CPD has been slightly amended to reflect a technical correction regarding implementation modalities, removing the reference to national and direct execution modalities. The corrected</p>

	<p>wording of that sentence in para 27 now reads: “The programme, in line with the harmonised approach to cash transfers modalities. will manage financial risks and strengthen national capacities based on the micro-assessment recommendations of implementing partners.”</p>
<p>Benin voted in 2021, the law 2021-04 which supplements and clarifies the one of 2003 relating to sexual and reproductive health concerning the voluntary termination of pregnancy. This law, which expresses the political will to remove barriers to the enjoyment of women's sexual and reproductive rights, is still controversial and poorly accepted in national public opinion. What measures does this program take to ensure that this law is better known and applied?</p>	<p>UNFPA thanks Belgium for this comment. UNFPA appreciates the challenges noted with the implementation of this and other legislation where a holistic engagement of various actors and stakeholders is needed. Under output #1, para #20-(c) <i>“intensifying, through strategic communication campaigns, the mobilization of key actors and partners, including donors, the private sector and civil society organizations (CSOs), to support the Government in the effective implementation of policies, strategies, and laws,”</i> UNFPA will work with government and other key partners to increase understanding and support implementation of the 2021-04 law.</p> <p>This intervention will be complemented by those under output #2, para # 20-(g) <i>“improving knowledge of regulatory and legislative texts among youth, women, and the community.”</i> Output # 2 aims at transforming <i>“harmful social norms that hinder the use of social services”</i>, including those interventions promoted under the 2021-04 law, among others. To do so, the programme will support translating these laws into local languages, among other strategies.</p>
<p>Benin launched in March 2023 the 5th general census of population and housing (RPGH5) and intends to organize in September 2023 national meetings on population growth and development As the lead UN institution on the challenges of population, and in view of the themes of this country program, how UNFPA can seize these opportunities to boost actions in Benin?</p>	<p>UNFPA thanks Belgium for this comment. UNFPA is one of the key partners supporting Benin’s 5th general population and housing census and the 2023 national meeting on population growth and development. UNFPA is providing support and guidance to ensure Benin’s 5th general population and housing census meets international standards, and UNFPA will provide quality updated data to inform national programmes and policies, including the 2060 Benin vision.</p> <p>The forthcoming 2023 national meeting on population growth and development is timely. UNFPA is already supporting the government in</p>

	<p>the preparation and framing of the debates to ensure human rights and informed choices remain central to the meeting. Additionally, UNFPA will also work with other stakeholders and partners to advocate and advance the sexual and reproductive health and reproductive rights of the young people who are the focus of the CPD.</p>
Comments by Germany	UNFPA country/regional office response to comments
<p>Germany welcomes the sound analysis which points out the significant strides being made by the government of Benin to advance issues raised, but also highlights continuous challenges concerning access to sexual and reproductive rights, high rates of GBV, child marriage and female genital mutilation. Data show that the Northern region are particularly affected by these problems. This is the region which is also affected by the spill over of insecurity and violent attacks.</p>	<p>UNFPA expresses its appreciation to Germany for this important comment and notes the issue of the unique challenges faced in the Northern region.</p>
<p>Thus, Germany would have welcomed a stronger focus of the programme on the Northern regions. It suggests to revise the programme in this regard. It is suggested to align the UNFPA programme more to the UNICEF country programme which clearly has a focus on the 4 Northern departments.</p>	<p>UNFPA thanks Germany for this comment. Please note that the Northern regions are major intervention areas for several UNFPA projects in Benin. The UNFPA programme, guided by a human rights-based approach and “leaving no one behind” principle, is aligned both to the UNSDCF and the geographical areas which are prioritised for interventions at the national level. Furthermore, paragraph 16 (a) of the CPD underlines the focus on leaving no one behind, stating: “‘leave no one behind,’ where an analysis will be completed to understand the needs of those furthest left behind to tailor appropriate interventions better.” This will further support UNFPA efforts to target its interventions in those regions most in need.</p> <p>In addition, the programme will contribute to ensuring service continuity, including in emergency settings, due to spill over of violence in the North, while leveraging available resources from partners on family planning, EMonC, GBV, and harmful practices, prioritizing those most in need. Also, UNFPA will take advantage of UN joint programmes and</p>

	UNSDCF geographical areas of intervention and seek to build partnerships and alliances to reach the furthest at risk of being left behind.
<p>In addition, the programme would greatly benefit from an indicator which clearly aims at promoting sexual and reproductive rights, reaching a higher number of adolescent girls and women with access to family planning services, including modern contraceptives. Also, indicators specifically addressing child marriage and female genital mutilation should be considered. Currently, indicators are formulated in a rather general way. (Specific indicators only address GBV and access to neonatal care.)</p>	<p>UNFPA thanks Germany for this comment. Please note that the issues of child marriage and female genital mutilation will be addressed under indicator # 2, output # 2 of the CPD “ <i>Number of functional diversity inclusive community advocacy platforms, aimed at eliminating discriminatory social and gender norms, stereotypes and practices, as well as gender-based violence and harmful practices.</i> ”</p> <p>This indicator addresses child marriage and female genital mutilation and is important to track the achievement of the CPD aim of “strengthening community protection mechanisms for vulnerable populations, using a positive masculinity approach, to eliminate gender-based violence, early pregnancy, and marriage, as well as female genital mutilation” (see para # 22-e).</p> <p>Additionally, Output 3, indicator 1 is relevant to this issue as well as that of promoting sexual and reproductive health and rights, especially adolescent girls, i.e., “<i>Number of adolescents and youth, including those with disabilities, who benefited from services.</i>” <i>Baseline: 3,073,067; Target: 4,500,000</i>”</p> <p><i>In addition, there are several outcome indicators in the IRRF that capture these issues:</i></p> <ul style="list-style-type: none"> -Number of women, adolescents and youth who received high-quality SRH, family planning, HIV and GBV services - Contraceptive prevalence (modern methods) - Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months -Proportion of women aged 20-24 years who were married or in a couple before the age of 18 -Proportion of women aged 15-19 years married or in a union - Unmet need for family planning

Comments by the Netherlands	UNFPA country/regional office response to comments
The country Program Documents is focused on the needs of the country specifically on GBV, SRGR and climate. The program is aligned with the priorities of the government	UNFPA is grateful to the Netherlands for this comment. Indeed the process towards developing the CPD has been consultative and involved a close partnership with, and is in line with, the priorities of the Government of Benin.
Partnerships with government institutions and civil society are well developed in the document	UNFPA thanks the Netherlands for this comment which is well noted.
The synergy between United Nations agencies is also well mentioned	UNFPA thanks the Netherlands for this comment which is well noted.
There are no partnerships or synergy with bilateral donors including the Netherlands, which is strange because NL, USAID and Canada do have partnerships with UNFPA	<p>UNFPA thanks the Netherlands for this comment. UNFPA values its strong partnership with all donors, including bilateral ones. The Netherlands, as well as USAID and Canada, are among UNFPA's key valued partners. The Country Office further looks forward to strengthening these relationships during the implementation of the new CPD.</p> <p>In developing the CPD, UNFPA has also developed an <i>integrated partnership and resources mobilisation</i> document, which will be used to guide its partnership efforts. This document makes specific reference to the Kingdom of the Netherlands.</p>
Comments by United States <i>(USAID/Benin : Marius Gnintoungbe & John Bernon)</i>	UNFPA country/regional office response to comments
<p>We appreciate UNFPA's description of the local context in Benin and we concur with UNFPA's assessment. However, there are several important pieces of information that should be added to provide a comprehensive understanding of the situation:</p> <p>(i) Although the MOH has a network of 109 health centers for the Emergency of Obstetric and Newborn Care network, this network is not effectively operational to deal with emergency situations. It is essential to prioritize the operationalization of this network across all departments of the country and even consider expanding it to ensure better management</p>	<p>UNFPA expresses its appreciation to the United States for its valuable comments and suggestions. (i) It is correct that whilst the network of 109 Emergency of Obstetric and Newborn Care network maternity units covers 94% of the population, the maternal mortality ratio remains high (from 591 to 523 per 100,000 live births) due to the poor quality of services as described in the CPD (cf para # 8). This is of concern and is included as one of the challenges for the new programme (para # 12). The 3rd output of the programme focuses on integrating services and improving their quality, as elaborated in (par 24). Since 2018, UNFPA</p>

of obstetric and neonatal emergencies. By doing so, we can contribute significantly to reducing maternal and neonatal mortality rates;

(ii) While efforts are being made by the government to enhance human resources coverage in health centers, it is important to acknowledge that the technical capabilities of the recruited health workers remain weak. Strengthening their skills and expertise is imperative to improve the quality of care. The quality of care provided remains a pivotal factor in reducing maternal, neonatal and infant mortality rates.

(iii) Benin benefits from World Bank funding dedicated for the reduction of maternal and neonatal mortality. This funding specifically focuses on enhancing the quality of care in healthcare services. Therefore, it is vital for the CPD to take into account the implementation of this project and align its interventions accordingly to prevent duplication and maximize impact.

(iv) Addressing sexual and reproductive health challenges among adolescents and youth is a significant concern in the country, as highlighted in the CPD. However, it is important to clarify if the planned activities will solely target youth within educational institutions. It is crucial to ensure that non-scholar adolescents and youth can also access essential information and services to prevent early pregnancies effectively.

Overall, while the CPD demonstrates a strong focus on EmONC, FP/SRH, it is essential for it to take a more proactive approach in addressing the country's challenges. The GOB places a priority on the quality of care, and aligning the CPD with this emphasis will be instrumental in achieving the desired outcomes.

Regarding the UNFPA Country Programme Document (CPD), we would like to provide the following technical comments: (i) Lack of specific focus on the Community Health Strategy: While the CPD mentions building the capacity of community actors and reinforcing community knowledge from the community to the health care center, it does not explicitly discuss support for the recently launched Community Health

has been supporting the Ministry of Health in analysing the established EmONC network through EmONC monitoring, which identifies gaps in terms of signal functions. These gaps are the subject of capacity-building plans to make this network fully operational. UNFPA is working to fill these gaps, particularly in the Atlantic and Northern departments; at the same time, the main gaps are of a structural nature, notably the lack of quality human resources in sufficient numbers to guarantee 24/7 functionality, and material working conditions, notably infrastructure and equipment. In addition, there are frequent shortages of vital maternal health commodities, hence the need for advocacy to increase funding in the field of maternal and neonatal health, as well as to strengthen synergies between partners to ensure greater complementarity and avoid duplication. The proposed programme aims, among others, to strengthen coordination by maternal health partners in Benin, as is the case, for example, with the "Project For Result" project financed by the World Bank. (ii) The comment is well noted. Please note that under its 3rd output, the programme aims at "(b) strengthening service providers' capacities through training, post-training follow-up, supervision, coaching/tutoring/mentoring, and a targeted health personnel motivation system" (see para # 24).

(iii) UNFPA is committed to coordinating and working with all relevant partners, including the World Bank. Indeed, UNFPA was involved in the elaboration of the World Bank's Program-for-Results (P4R), which is pivotal in driving progress towards realising the three zeros (zero unmet need for family planning; zero preventable maternal death; zero GBV, and harmful practices). The CPD interventions and partnership strategy fully take into account World Bank-funded programmes in this area. UNFPA intends to build on this project, among others, in applying the shift *from funding to financing approach*. (iv) Thanks to its partnership with the Netherlands, UNFPA developed in Benin a successful

Strategy. It would be beneficial for the CPD to outline how UNFPA's interventions align with and contribute to the objectives of the strategy, considering the significant role of community health workers and roving nurses/midwives in promoting health and providing services; and (ii) Absence of geographic focus in interventions: The CPD does not provide sufficient details regarding the geographic focus of the interventions. Given the U.S. concentration of support in the departments of Atacora, Donga, Mono, and Plateau, it would be helpful for the CPD to specify how UNFPA plans to align its activities with the targeted areas and contribute to addressing the development challenges in these regions.

programme on sexual health education for young people in and out of school. The new CPD will build on this experience and progressively scale up this programme (para # 24-f) under the formulation of the 3rd output, para # 24-(f), "improving access to services through improved mechanisms for the rapid transfer of reinforced community knowledge from the community to the health care centre, particularly on recognizing warning signs in pregnancy and childbirth and progressively scaling up comprehensive sexual education, including on the promotion of menstrual hygiene management and self-care".

Regarding the focus on EmONC, FP/SRH and quality of care, this is a core priority of the programme is to strengthen the provision of high-quality integrated services, as expressed in output 3, in response to one of the challenges highlighted in the rationale (para 12-b), indicating the need to support the functioning of quality emergency obstetrical and neonatal care services to 'the last mile'

(i) Lack of specific focus on the Community Health Strategy:

- The CPD is guided by the alignment to national priorities, including the community health strategy. As one of the key partners in the health sector, UNFPA will align its interventions with Community Health Strategy, including with regard to the modality of engaging community health workers. Please note that paragraph 15 of the CPD refers to how the programme will leverage existing partnerships, including at the community level, (...) *"The programme will also leverage existing flagship initiatives and solid partnerships at community, local and national levels with governmental institutions, adolescents and youth and women (as beneficiaries and actors), religious and traditional leaders..."*

(ii) Absence of geographic focus in interventions

- The programme aligns with the UNSDCF and its prioritised geographical areas, guided by a human rights-based approach and

	<p>the principle of “leaving no one behind.” The Northern areas are considered as part of the emergency-affected areas and remain one of the primary focus areas of intervention. In addition, UNFPA will reinforce further the partnership with USAID to enhance impact for populations living in the departments of Atacora, Donga, plateau, and Mono, where UNFPA is already carrying out interventions on sexual health education, combating GBV and harmful practices, adolescent and young sexual and reproductive health and rights, family planning, emergency obstetrical and neonatal care services, empowering youth and women, etc. Furthermore, UNFPA will take advantage of UN joint programmes to build partnerships and alliances to reach the furthest at risk of being left behind.</p>
<p>The CPD aligns well with, supports, and complements numerous U.S. development priorities through its UNFPA's CPD focuses on reducing unmet need for family planning, preventing maternal deaths, and reducing gender-based violence and harmful practices</p>	<p>UNFPA thanks the United States for this comment. UNFPA is committed to an even stronger partnership with the US, among other partners.</p>