

BENIN
GLOBAL HEALTH (Grant SC189901)
THEMATIC REPORT
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Prepared by:

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C. List of Acronyms

CHW:	Community Health Worker
CO:	Country Office
DHIS2:	Data Health Information Software 2
HD:	Health District
HMIS:	Health Management Information System
iCCM	integrated Community Case Management
IYCF:	Infant and Young Child Feeding
KFP:	Key Family Practices
LQAS	Lot Quality Assurance Sampling
MICS:	Multiple Indicators Cluster Survey
MDG	Millennium Development Goal
MNP	Multiple micronutrient powders
MoH:	Ministry of Health
NGO:	Non-Governmental Organization
PSN:	Programme Strategic Note
RUTF:	Ready to Use Therapeutic Food
UNFPA:	United Nations Fund for Population
USAID	United States Agency for International Development
USD:	United States Dollars
WHA:	World Health Assembly
WHO:	World Health Organization

D. Executive Summary

In Benin, despite efforts to reduce infant and child mortality, progress in this area is not significant enough, and the current situation remains a huge challenge for the country and all technical and financial partners. Neonatal mortality remains stagnant, and about 105 children under the age of five, including 35 newborns, die every day. This is mostly due to preventable diseases such as malaria, diarrhea, acute respiratory infections, newborn infection, prematurity and asphyxia.

To improve the health of the population, a continuum of health services strategy has been developed, mainly targeting hard-to-reach communities. This strategy focuses on Community Health Workers (CHWs) whose capacity has been strengthened to deliver high impact interventions at community level. The package of interventions includes the integrated Community case management (iCCM), promotional and preventative health interventions, also known as key family practices such as the follow-up of newborns during the first week of life through home visits; immunization, early and exclusive breastfeeding, good Infant and Young Children Feeding (IYCF) practices, Vitamin A supplementation, early recognition of danger signs and reference of children for appropriate medical care. Supportive activities are performed by health staff who assess the CHWs' performance and pay them incentives.

At health facility level, emphasis is put on improving medical care of new-borns.

The Global Health Thematic Fund received in 2018 enabled UNICEF-Benin in addition with other funds to improve supportive activities of the CHWs including, supervision, performance assessment and incentives payment for the implementation of the above-mentioned interventions. These funds contribute also to support the monitoring of maternal, neo-natal, child activities through LQAS survey.

Over the reporting period, the following results were achieved:

- CHWs treated 90,246 cases of malaria, 30,492 cases of acute respiratory infections and 17,879 cases of diarrhea.
- 28,613 newborns benefited from home visits during their first week of life, aiming at detecting life-threatening clinical signs.
- 87% of the 2,290 supported CHWs went through quarterly performance assessments and received incentives accordingly.
- The stock out of medicines at community level was reduced from 43% to 23 % enabling CHWs to provide live saving care to the community
- 78% of newborns from the ZoBoZa Health District received appropriate surveillance and care at health facilities during the first 48 hours of life, before their discharge.

E. Strategy Context

The economy of Benin is based on agriculture which accounts for 47.1 per cent of the total workforce. The country is ranked 167 (out of 177 countries) in the 2011 Human Development Report. Benin had an annual economic growth rate of 3.5 per cent in 2012 against 4.1 per cent in 2009, far below the minimum level of 7 per cent which was required to achieve the Millennium Development Goals (MDG) by 2015. Contributing factors include the global financial and food crisis that is worsened by country-wide poverty. 40.1% of the population lived below the national poverty line in 2015 against 36.2% in 2011. (Source: National Institute of Statistics and Economic Analysis, 2015.)

In Benin, the progress in reducing under-five mortality is not significant enough. The current situation remains a challenge for the country and technical and financial partners. Neonatal mortality remains stagnant with 30 per 1,000 live births (DHS V- 2017) against 32 per 1,000 live births in 2006 (DHS III 2006) whereas the under-five mortality rate reduced from 125 per 1,000 live births in 2006 to 96 per 1,000 live births in 2017.

To address this issue, UNICEF and other technical and financial partners supported the Government in scaling-up the equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and the promotion of healthy behaviors. A special emphasis was put on community health for the management of the three major killer diseases of children, the promotion of key family practices, and the improvement of medical care for newborns at facility level.

The main strategies developed to achieve the expected results are:

- Service delivery by CHWs with in-community management of malaria, diarrhea and pneumonia cases;
- Enhanced surveillance and care to newborns during the first 48 hours in health facilities, and follow-up home visits by CHWs during the first week of life;
- Communication for development (C4D) interventions with the leadership of communities to promote key family practices. The Theory of Change focused on 6 key family practices: home visits to newborns within the first week of life, immunization, early and exclusive breastfeeding, appropriate Infant and Young Child Feeding (IYCF) practices, knowledge of danger signs and early reference for care, Vitamin A supplementation starting with the six months' routine consultation.
- Creation of partnerships with stakeholders including municipalities, local associations, USAID and its implementing NGOs for synergistic action.

At operational level, UNICEF provided support to 4 out of 12 departmental health directorates, and to 9 out of 34 Health Districts.

The main partners were the Ministry of Health, WHO, UNFPA, the World Bank, USAID, the Belgian Technical Cooperation, Catholic Relief Services, and Population Services International.

The key challenges related to:

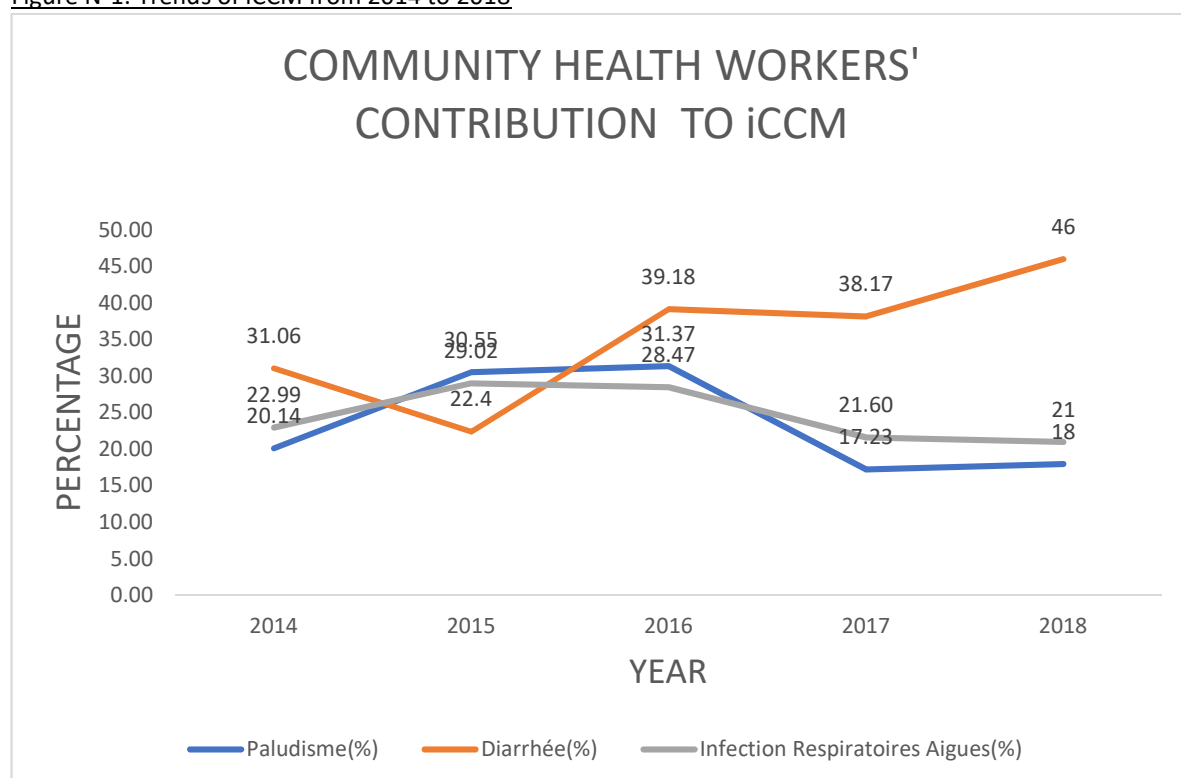
- Supply chain management to avoid stock out of life-saving commodities,
- Resource mobilization for Child Health through global funding mechanisms such as the Global Fund, GAVI, etc.
- Improvement of the reporting of disaggregated community health data and inclusion of these data in the Data Health Information Software 2 (DHIS 2) system.

F. Results in the Outcome area

1. The rolling out of ICCM programme to expand access to cost effective and life-saving treatment for children suffering from pneumonia, diarrhea, and malaria, especially in hard-to-reach and remote areas (beyond 5 kilometers of a health facility) where CHWs could identify these illnesses and provide low- cost, simple, and lifesaving treatments.

Figure 1 shows the contribution of CHWs in the iCCM during the 2014-2018 period.

Figure N°1: Trends of iCCM from 2014 to 2018

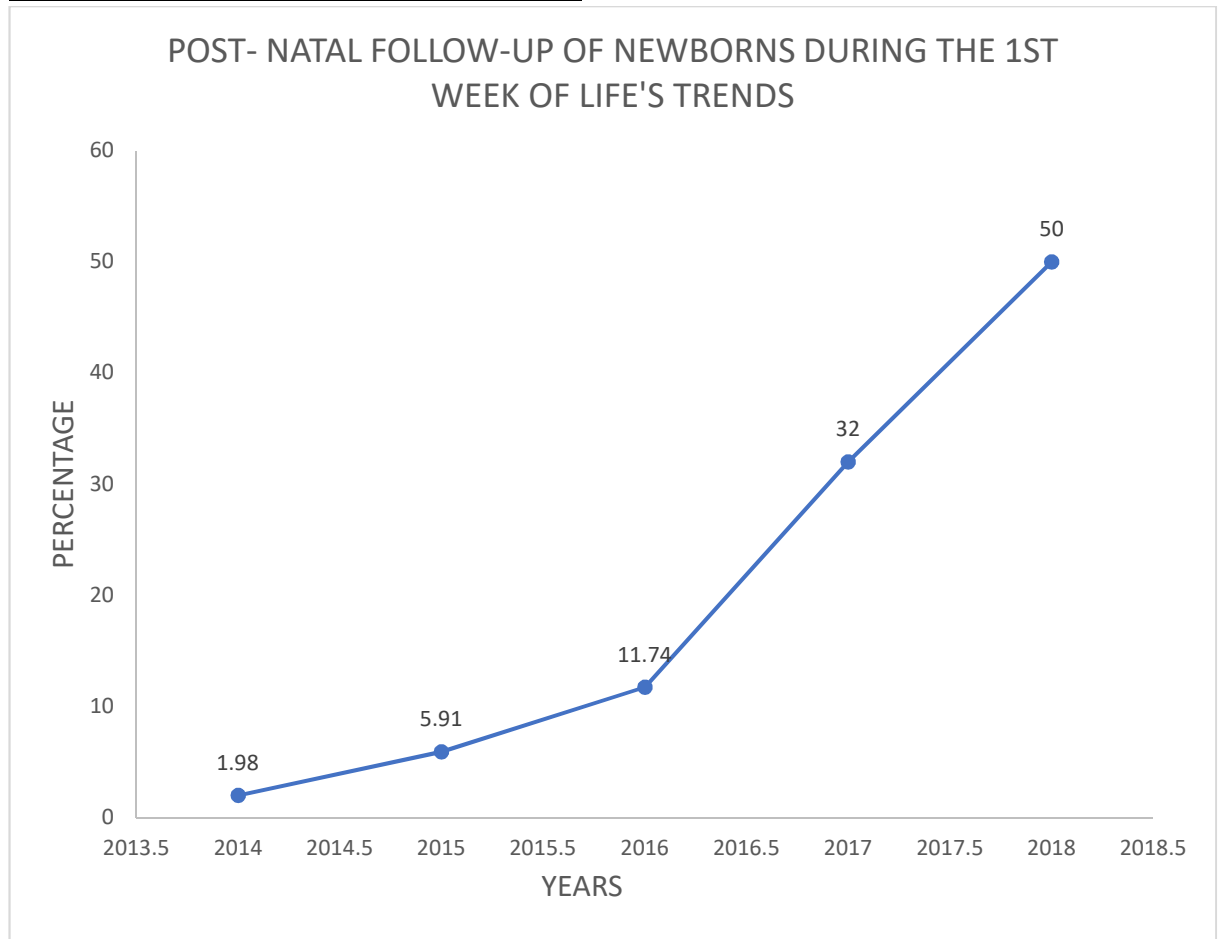


As shown in Figure No. 1, in 2018, the contribution of CHWs to the treatment of diarrhea increased as 46% of cases of diarrhea were treated against 31.06% in 2014. A decrease was observed in the treatment of pneumonia cases with 21% of cases treated against 23% in 2014. The malaria curve decreased to 18% from 20,14% in 2014 (after a peak of 28.47% in 2017). The decrease of the malaria curve in 2017 and 2018 was due to the stock out of the Artemisinin Combinative therapy (ACT) medicine.

2. The training and deployment of front-line CHWs who can promote Key Family Practices through home visits and group health education.
3. Home visits to newborns during the first week of life, to recognize danger signs and refer to the facilities if needed.

Figure No. 2 shows the trend of post-natal follow-up of newborns during home visits.

Figure No. 2: Post-natal follow-up of newborns trend



The diagram shows the progress achieved in the follow-up of newborns at home from 2014 (1.98%) to 2018 (50%). This noticeable increase proves a high commitment of CHWs in performing home visits.

4. Advocacy for financing that incited the government to allocate about USD 3,000,000 to community health in the national budget for 2019. Likewise, the municipality of Péhunco planned to pay incentives to its community health workers throughout 2019.
5. The reduction of medicine stock out from 43% to 23 % thanks to the setting up of a better supply chain management mechanism through an alarm system and improved coordination through direct interactions (through phone calls) between the coordinators of the health districts, the CHWs, the health facilities staff, UNICEF Health Specialist and the Supply Manager of the National Programme of Malaria at the Ministry of Health.
6. The revision and adaptation of the community health system's indicators and registers, in view of inserting collected data in the DHIS2;
7. Regular monitoring of CHWs, data completeness, the supply of CHWs with working tools, and the increase of their incentives contributed to enhance their motivation in the follow-up of newborns at home.
8. Quarterly supportive supervision performed by the health staff to strengthen the capacity of CHWs highlighted a significant improvement of their competences.

9. The payment of incentives to CHWs following performance assessment reinforced their commitment to deliver.
10. After the updating of the national list of essential drugs, 3,000 copies have been printed and distributed to professionals countrywide to enable them prescribe adequate medicines.
11. Monitoring of newborns vital signs during the 48 first hours of life: with the initiative of newborns' surveillance during the first 48 hours of life implemented in Banikoara health district, the percentage of newborns tested between the 6th and 48th hours of life increased from 52% in 2015 to 82% in 2017. 89% of the newborns remained in the health facility 48 hours after their birth for follow-up and care against 56% at the beginning of the initiative. This 48 hour-stay in a medical environment was an opportunity to give 79% of newborns an appropriate systematic birth examination, to immunize 76% of them with BCG and to have 99% recorded in the civil registry.

Although noticeable results were achieved, major challenges remain at national level. These include: the lack of computer-skilled nurses who can capture community data into the Data Health Information Software 2 (DHIS2); and the insufficient funding that hinders the scaling-up of the financing of community health.

G. Financial Analysis

Planned budget by thematic sector

In 2018, a total of USD 5,183,198 was planned and USD 6,629,504 was funded (Table 1) for the thematic sector. The difference between the planned budget and the funded is due to the significant mobilization of other regular resources during the year. Indeed, over USD 4.130 million from ORR were mobilized in 2018. This represents about 80% of the planned budget for all types of funding.

Table 1: Planned budget for the thematic sector

Thematic sector: Child Survival and Thrive

Planned and funded for Country Programme 2018 (in US Dollars)

Intermediate Result	Funding Type	2018 Planned Budget	2018 Funded budget
Planning, Coordination and Monitoring	RR	585,146	200,504
	ORR		155,052
	ORE		0
Mother, Newborn and Infant Health and HIV	ORR	801,685	425,863.44
	ORR		572,540
	ORE		
Nutrition	RR	501,314	376,093.67
	ORR		829,555
	ORE		0
WASH	RR	432,090	60169
	ORR		499,466
	ORE		0
IMCI	RR	607,435	194,599
	ORR		651,876
	ORE		0
C4D and KFP	RR	554,388	295,176
	ORR		790,890
	ORE		0

Emergency preparedness and response	RR	175,221	127,767
	ORR		2,406
	ORE		31,399
Programme support	RR	1,525,919	786,157
	ORR		629,127
	ORE		864
Total		5,183,198	6,629,504

Thematic contribution for thematic sector

A total amount of USD 513,754 was received in 2018 for thematic sector related to Child Survives and Thrives. A new allotment of USD 313,754 was received in 2018 for Child Health and Maternal and newborn health related to MSTP 2018-2021.

Table 2: Thematic contributions Received in 2018

Donor	Grant number	Contribution Amount	Programmable Amount
Global – Thematic Health	SC189901	313,754	313,754
Global – Thematic Nutrition	SC189903	200,000	200,000
Total		513,754	513,754

Expenditures in the thematic sector

In 2018, a total of US 5,979,667 was spent to support investment in the thematic sector related to Child Survives and Thrives (Table 3). Regarding the key result areas of Child Health and, Maternal and newborn health, an amount of 2,501,262 were utilized to achieve the results described above. This amount represents 41.83% of the total expenditures of the thematic sector. 16.5% of expenditures were related to Maternal and newborn health and 83.5 % to Child Health.

Table 3: Expenditure in the Thematic Sector by results area

Thematic Sector: Child Survive and Thrive

Benin

2018 Expenditure by Key-Results Areas (in USD)

Organizational Targets	Expenditures Amount			
	Other Resources – Emergency	Other Resources – Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	0	40,045	371,712	411,757
21-02 Immunization	0	1,447,770	595,813	2,043,583
21-03 Child Health	0	391,354	1,698,151	2,089,505
21-04 Prevention of stunting and other forms of malnutrition	0	466,180	42,105	508,285
21-05 Treatment of severe acute malnutrition	6	232,484	463,424	695,914

21-06 Treatment and care of children living with HIV	0	151,216	41,123	192,339
21-07 HIV prevention	0	1,893	19,547	21,440
21-08 Early childhood development	0	0	0	0
21-09 Adolescent health and nutrition	0	17,174	-329	16,845
TOTAL	6	2,748,116	3,231,545	5,979,667

Thematic expenditures by results area

Table 4 shows a breakdown of expenditures of Thematic contributions by results area. A total of USD 344,847 was utilized to contribute to the results achieved and described above. The total expenditures for result areas of Maternal and newborn health and, Child Health, amounted USD 158,056.

Table 4: Thematic expenses by Results Area

Fund Category	All Programme Accounts
Year	2018
Business Area	Benin - 1170
Prorated Goal Area	Survive and Thrive
Donor Class Level2	Thematic
ROW LABELS	EXPENSES
<i>Other Resources - Emergency</i>	0
<i>Other Resources - Regular</i>	344,847
21-01 Maternal and newborn health	2,538
21-03 Child Health	155,518
s21-04 Prevention of stunting and other forms of malnutrition	50,268
21-05 Treatment of severe acute malnutrition	40,703
21-06 Treatment and care of children living with HIV	95,820
TOTAL	344,847

Expenses by Specific Intervention Codes

Table 5 below shows a breakdown of expenses by specific intervention code in 2018 in the thematic sector. A total of USD 5,979,667 was spent to support the intervention of Child Survives and Thrives in 2018. The total of USD 846,484 funded to Maternal and Newborn and, Child community-based Health promotion has been utilized to achieved intermediate results related to community health area.

Table 5: Expense by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2018
Business Area	Benin - 1170
Prorated Goal Area	21 Survive and Thrive
ROW LABELS	EXPENSES

21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	13,986
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	195,042
21-02-01 Demand for immunization (C4D)	491,161
21-02-02 Immunization supply chain, including cold chain	222,267
21-02-05 Immunization operations	318,279
21-02-11 Polio social mobilization for campaigns	501,818
21-02-14 Polio operational costs	16,754
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	430,764
21-03-02 IMNCI facilities	77
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	343
21-03-10 HSS - Health systems procurement and supplies management	350,297
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	202,394
21-03-15 HSS - implementation research in Health	14,625
21-03-16 HSS - Management Information Systems	55,124
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	94,933
21-04-03 Vitamin A supplementation in early childhood (children under 5)	173,488
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	387
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	16,832
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	32,353
21-05-01 Care for children with severe acute malnutrition	417,230
21-05-02 Capacity building for nutrition preparedness and response	6,523
21-05-99 Technical assistance - Treatment of severe acute malnutrition	1,018
21-06-01 Infant and child HIV diagnosis (PITC)	40,388
--21-06-03 HIV health and community system strengthening to improve access and adherence	90,046
21-07-09 PMTCT programme support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages	10,922
21-09-07 Adolescent development - health and wellbeing	17,585
26-01-01 Country Programme process (including UNDAF planning and CCA)	15,811
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	18,016
26-02-01 Situation Analysis or Update on women and children	257
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	55,781
26-02-07 Data dissemination	305
26-02-08 Programme monitoring	14,450
26-03-01 Advocacy and partnership-building for social behaviour change	52,506
26-03-03 Children, adolescent and youth engagement and participation	7,776
26-03-05 Innovation, multi-media content production and dissemination	30,207

26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	75,904
26-04-01 CO/RO Supply - technical assistance and collaboration in supply chain, procurement of goods and services, and logistics	13,064
26-05-11 Building global / regional / national stakeholder research capacity	2,497
26-06-12 Learning	101
26-07-01 Operations support to Programme delivery	1,591,823
28-07-04 Management and Operations support at CO	382,310
30-05-01 Office compliance with UN SMS, SRM and implementation of Security Risk Mitigating Measures (MOSS)	4,224
TOTAL	5,979,667

Planned budget for 2019

The table 6 below shows a breakdown of planned budget and available resources for 2019. A total of USD 13,114,200 is planned of which an amount of USD 12,941,711 is available to date for the implementation. Shortfall concerns supplies, especially essential drug for IMCI and products for the treatment of severe acute malnutrition.

Table 6: Planned budget for 2019
Thematic sector: Child Survive and Thrive
Planned budget and Available Resources for 2019 (in US Dollars)

Intermediate Result	Funding Type	2018 Planned Budget	2018 Funded budget	Shortfall
STRENGTHENING HEALTH SYSTEM	RR	420,000	420,000	0
	ORR	765,924	593,435	172,489
	ORE	0	0	0
STRENGTHENING COMMUNITY PLATFORM (Nutrition IMCI, EPI, ECD, C4D, CLTS)	RR	1,250,000	1,250,000.00	0
	ORR	2,327,332	2,327,332	0
	ORE	0	0	0
IMMUNIZATION PLUS	RR	430,000	430,000.00	0
	ORR	4,436,365	4,436,365	0
	ORE	0	0	0
STRENGTHENING QUALITY OF SERVICES	RR	435,000	435,000	0
	ORR	940,846	940,846	0
	ORE	0	0	0
WASH IN SCHOOLS AND HEALTH FACILITIES/EMERGENCY	RR	364,400	364,400	0
	ORR	1,744,333	1,744,333	0
	ORE	0	0	0
Total		13,114,200	12,941,711	172,489

H. Future Work Plan

The balance of Thematic Fund allocated to the output on child health pneumonia, diarrhea and malaria will contribute to the achievement of the following activities in 2019:

- Supportive Supervision of CHWs by health facilities staff;
- Performance assessments of the CHWs;
- Payment of incentives to the CHWs;

- Extension of the newborn follow-up initiative to another district and introduction of electronic bracelets for the early detection of hypothermia;



Promotion of child nutrition: a female CHW talks to mothers during a cooking demonstration in Malanville

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Newborn follow-up at a health facility in Bohicon: a newborn is wearing an electronic bracelet for the early detection of hypothermia.

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I. Expression of Thanks

UNICEF-Benin would like once again to express its deep gratitude to the Thematic Fund for the generous contribution to support child health in Benin. The financial contribution of the Thematic Fund helped strengthen the capacity of CHWs to deliver health services to vulnerable children living in hard-to-reach areas, thus solving the equity issue they were facing in the nine health districts of the 2014-2018 Benin-UNICEF Programme of Cooperation. These funds will continue to help develop a model for care and follow-up of newborns both at the health center level and at the community level during the first year of the new 2019-2023 Programme of Cooperation.

UNICEF Contacts

1°) François KAMPUNDU, Deputy Representative, fkampundu@unicef.org

2°) Soliou BADAROU, Maternal, New born and Child Health Specialist, sbadarou@unicef.org

3°) Gilbert G. VISSOH, IMCI Specialist, gvissoh@unicef.org