

**BENIN**  
**GLOBAL NUTRITION (Grant SC149904)**  
**THEMATIC REPORT**  
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## C. List of Acronyms

ANC:	Ante Natal Care
CHD:	Child Health Days
CHW:	Community Health Worker
CLTS:	Community Lead Total Sanitation
CMAM:	Community Management of Acute Malnutrition
CPD:	Country Programme Document
DHS:	Demographic and Health Survey
EMICOV:	Enquête Modulaire Intégrée sur les Conditions de Vie des Ménages
HD:	Health District
HMIS:	Health Management Information System
IMCI:	Integrated management of Childhood Illness
IYCF:	Infant and Young Child Feeding
IMAM	Integrated Management of Acute Malnutrition
KFP:	Key Family Practices
LNS:	Lipid-Based Nutrient Supplement
MICS:	Multiple Indicators Cluster Survey
MNP:	Multiple Micronutrients Powder
MoH:	Ministry of Health
NGO:	Non-Governmental Organization
NID	National immunization Days
ODF:	Open Defecation Free
PSN:	Programme Strategic Note
SAM:	Severe Acute Malnutrition
SDGs:	Sustainable Development Goals
UN:	United Nations
UNDAF:	United Nations Development Assistance Framework
USD:	United States Dollars
VAS:	Vitamin A Supplementation
WASH:	Water Sanitation and Hygiene
WCARO:	West and Central Africa Regional Office
WHA:	World Health Assembly

## D. Executive Summary

Chronic malnutrition remains a significant public health concern, despite a trend in the reduction of the prevalence observed during the last decade. The prevalence of chronic malnutrition among children of 0 to 59 months of age decreased from 43% in 2006 (DHS, 2006) to 32% in 2017 (DHS, 2017-2018). Nevertheless, the number of stunted children amounted to more than 650,000, and the rate of wasting did not change significantly. The *“Enquête Modulaire Intégrée sur les Conditions de Vie des Ménages (EMICOV 2011)”*, the Multi Indicators Cluster Survey (MICS 2014) and the Demographic and Health Survey (DHS 2017/2018) showed respectively a prevalence of wasting of 5.2%, 4.5%, and 5.0% among under-five children. With 1.1% of prevalence of severe acute malnutrition, the national burden is estimated at more than 44,000 children suffering from SAM every year. To address malnutrition during the 2014-2018 Benin-UNICEF Programme of Cooperation, UNICEF supported the scaling-up of a package of evidence-based nutrition-specific interventions focusing on the first 1,000 days, such as the promotion of infant and young child feeding (IYCF) practices, home fortification with multiple micronutrient powders and the treatment of severe acute malnutrition. A focus on nutrition-sensitive interventions relating to health and WASH was also part of UNICEF's strategy.

Regarding prevention, the promotion of IYCF and ANC visit reached a 100% completion rate, with 1,167 villages covered in the 9 out of 34 Health Districts targeted. In this geographical area, a total of 134,792 new pregnant women and 72,544 new mothers of children of 0 to 36 months of age were reached by these interventions. The implementation of integrated community-based WASH and nutrition activities in 20 open defecation-free (ODF) certified villages also contributed to this achievement. Owing to successful partnerships established with other actors and NGOs, the geographical coverage was extended to 2,217 out of a total of 5,290 villages nationwide. This contributed to the increase of the number of new beneficiaries to 415,880 pregnant women and 199,125 mothers of young children.

Following the integration of early breastfeeding in the newborn care, approximately 90% (3,130 out of 3,485) of babies were breastfed within the first hour following their delivery. This result was achieved through the individual tracking of newborn implemented in the southern Health District of Zogbodomey-Bohicon-Zakpota. The approach will be extended to other Health Districts targeted in the new Country Programme.

A total of 8,515 children of 5 to 23 months of age from the municipality of Malanville and 5,069 children of the same age group from Karimama were respectively reached and benefited from home fortification interventions with MNP and LNS during the lean season.

Concerning the treatment of severe acute malnutrition, the results show a noteworthy progress in the number of admissions, with an increase from 5,567 children in 2015 to 16,321 (53% girls and 47% boys) in 2018. 37% of the national estimated burden were admitted for treatment in 2018. This progress was possible thanks to the integration of the treatment of SAM in 100% (207) of targeted health facilities, and to the regular supply of 546 additional health facilities at national level with adequate products. A total of 753 health facilities out of 1,484 (50.7%) are currently able to provide the SAM treatment.

Since 2014, two rounds of VAS integrated to Polio-NIDs have regularly been organized. At least a coverage of 95% of children who received two doses of vitamin A per year has been steadily reported. However, in 2018, only the first round of VAS took place. Though it was initially planned to be distributed in November in the course of the Measles and Rubella immunization campaign, the second dose was not administered. Delays in the implementation of activities prior to the campaign and the outbreak of the Lassa Haemorrhagic Fever led to several postponements. The one-week immunization campaign was finally launched on March 4, 2019.

A total of USD 324,103.77 was allocated to the Country Office in 2018. Almost 100% of Global Nutrition Thematic Funds were utilized and contributed to the achievement of the above-mentioned results.

## E. Strategic Context of 2018

The Thematic Budget Allocation is focused on Nutrition: Outcome 4 of the 2014-2017 Strategic Plan and Outcome 3 of the 2018-2021 Strategic Plan. 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.

Benin Country still faces the challenge of stunting despite a decrease reported in 2018 from 43% (2006 DHS) to 32% (2017-2018 DHS) (). With a national population growth rate of 3.5%, the absolute number of stunted children increased despite a decrease in the stunting prevalence. Therefore, Benin is off course for the 2025 World Health Assembly (WHA) target related to the reduction of the number of stunted children<sup>1</sup>. The persistence of certain beliefs and behaviors linked to the nutrition of infants and pregnant women, the inadequate service quality, and a limited integration of services are part of the significant drivers that impede optimal nutrition outcomes.

The rate of acute malnutrition (wasting) among under-five children has been stable in recent years with 5.2% in 2011<sup>2</sup>, 4.5% in 2014<sup>3</sup>, and 5.0% in 2017-2018<sup>4</sup>. Although the national average is 5%, the rate of wasting reaches the new medium threshold of 5 - 10% in six departments as shown in Figure 1.

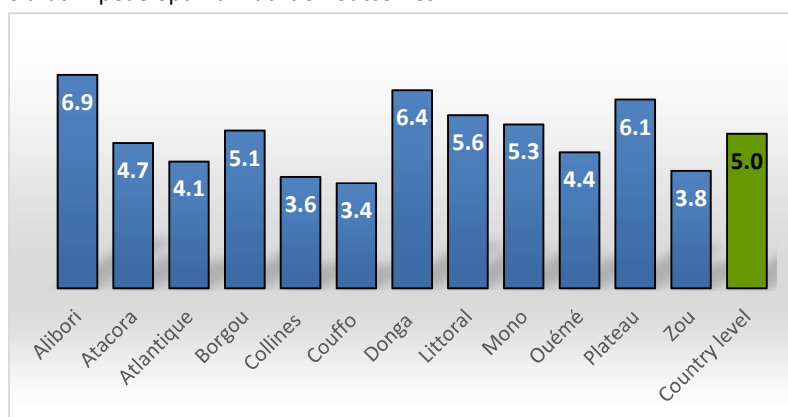


Figure 1: Prevalence (%) of wasting (Weight-for-Height) by department (Source: DHS 2017/2018)

In 2018, the Government of Benin through the leadership of the National Council for Food and Nutrition, conducted a nutrition situation analysis prior to the development of a new multisectoral nutrition policy and strategic plan. The key points of the analysis revealed the low coverage of both nutrition specific and sensitive interventions, the weakness of the multisectoral coordination despite the creation of the National Council for Food and Nutrition, and the persistence of social norms that impede the adoption of IYCF practices. Stakeholders generally recognized that the work performed in the sectors of food security, WASH, Health, Education and Social Protection help improve nutrition outcomes.

The National nutrition policy and multisectoral strategic plan will be developed in 2019 with the technical and financial support of UNICEF and the World Bank.

2018 marked the end of the 2014-2018 Benin-UNICEF Programme of Cooperation. The new Country Programme for the 2019-2023 period will support the attainment of the prioritized SDG targets, particularly SDG 2 and the Hunger Zero Strategy. The nutrition component of this new programme will support national efforts to improve the nutrition and well-being of infant and young children by fighting chronic malnutrition. UN Agencies have also developed a new United Nations Development Assistance Framework (UNDAF) for the 2019–2023 period. It aims at creating an enabling environment for inclusive, participatory and equitable development and ensuring no one is left behind.

In 2018, with the support of UNICEF West and Central Africa Regional Office (WCARO) and through various workshops, the capacities of Government's representatives and of civil society organizations were strengthened to enable them take over major challenges regarding infant and maternal nutrition. These included: pregnant women

<sup>1</sup> The Global Nutrition Report, 2016

<sup>2</sup> *Enquête modulaire Intégrée sur les Condition de Vie des Ménages*

<sup>3</sup> Multi Indicators Cluster Survey (MICS)

<sup>4</sup> Demographic and Health Survey (DHS) 2017/2018

and adolescents girls nutrition; the implementation of the Code of Marketing of Breastmilk Substitutes; and the creation of Breastfeeding-Friendly Health Systems to support breastfeeding.

## F. Results in the Sector

The Thematic Fund contributed to the achievement of meaningful progress under Outcome 4 of the 2014-2017 Strategic Plan.

### *The prevention of chronic malnutrition is strengthened*

Regarding the prevention of malnutrition, the promotion of IYCF was scaled up to 100% of the programme's health facilities thanks to the training of 1,213 health workers, the integrated promotion of Key Family Practices (KFP) including essential IYCF practices, and the integrated training of CHWs on Key Family Practices (KFP) in 1,167 administrative villages of the 9 Health Districts. A multisectoral coordination within the national SUN Movement platform and the establishing of a strategic partnership with other partners and projects in the field of nutrition or food security (World Bank, GIZ, CTB / Enabel, Red Cross of Belgium) contributed to the extension of promotional interventions to 2,217 villages out of a total of 5,290 (42%) countrywide. The promotion of IYCF counseling by health workers through both fixed and outreach strategies also enabled 134,792 new pregnant women to attend ANC visits. 72,544 under 3 years children and their mothers benefited from interpersonal (individual or group sessions) counselling on IYCF. This effort enabled to reach 415,880 new pregnant women at national level with ANC visits and 199,125 mothers of children of 0 to 36 months of age.

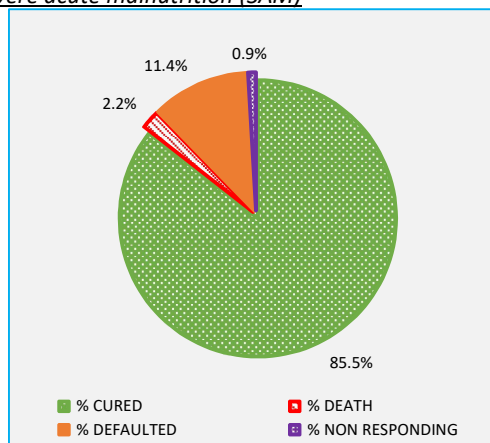
The prevention of chronic malnutrition at community level has been reinforced through partnership with an NGO previously contracted by UNICEF to implement the Community Lead Total Sanitation (CLTS) approach. The Community IYCF Counselling Package developed by UNICEF was used to implement a community based programme in 20 ODF certified villages in the commune of Zakpota (Southern department of ZOU). Following the supportive activities carried on by female animators recruited by NGOs (one for 5 villages), 77 IYCF support groups, action groups and local hygiene committees were trained and involved in the promotion of IYCF practices, social mobilization and home visits. 1,520 under 2 years children with their mother out of the 2,000 expected were enrolled in the growth monitoring at community level and benefited from a regular follow-up. Mothers received counselling and support to exclusively breastfeed their children or to feed them with diversified complementary food, using locally available products. The complementary food demonstration monthly reached an average of 2,059 mothers of children of 6 to 23 months of age.

An individual tracking of newborn was implemented in the Health District of Zogbodomey-Bohicon-Zakpota (department of Zou). An individual tracking tool was developed and used to follow- up each newborn. A total of 58 health workers from 25 health facilities were trained on the newborn package care which included early breastfeeding and Kangaroo care for low birth weight children. A total of 3,485 were followed up and among them, 3,130 (roughly 90%) were early breastfed within the first hour of birth. Prior to the implementation of this approach, the Health District conducted an in-depth assessment of the performance and service delivered by health facilities to identify the performance gap and assess the quality of care provided. A corrective action plan was elaborated and implemented. It comprised specific supervision interventions adapted to each health facility.

The prevention of malnutrition was reinforced in two municipalities recurrently affected by food insecurity. A total of 8,515 children from 6 to 23 months of age out of 9,215 (92.4%) in the municipality of Malanville and 5,069 children of the same age group out of 6,052 (87.75%) in Karimama were respectively reached with home fortification with Multiple Micronutrients Powder (MNP) and Lipid-Based Nutrient Supplement (LNS) during the lean season.

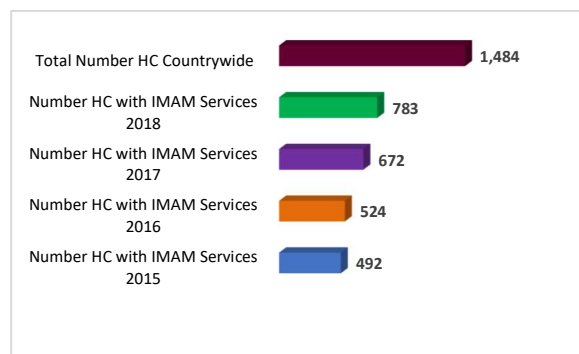
**Access to treatment is enhanced for children suffering from severe acute malnutrition (SAM)**

Since 2016, the access of children to treatment service at frontline health centre level is on a strong upward trend. From 5,567 children in 2015, the number of admissions in 2018 reached a total of 16,321, which corresponded to 37% of the national estimated burden (44,000). Admissions were composed of 47% of boys and 53% of girls. Figure 2 presents the performance of SAM treatment among 12,660 children discharged in 2018. Joint efforts involving the Government and other partners in terms of technical support, monitoring and supervision, have boosted the quality of treatment. The following results were registered: 85.1% cured; 2.1% deaths; 11.9% defaulters; and 0.9% of non-responding to treatment.



**Figure 2: Performance of SAM treatment among children discharged (Source: Benin SAM Database generated from DHIS2)**

The above-mentioned achievements were possible due to an increase in the number of health facilities providing treatment for SAM. In 2018, the scaling up of this treatment was reinforced through the development of synergy and partnership with other stakeholders (World Bank, GIZ, CTB / Enabel, Belgian Red Cross), especially in Health Districts not covered by the 2014-2018 Country Programme. This resulted in a continuous increase of the number of health facilities providing the treatment of SAM as shown in Figure 3.



**Figure 3: Coverage of IMAM services availability (Source: Benin SAM Database generated from DHIS2)**

The proportion of health facilities treating SAM per department reveals gaps in service availability (figure 3), especially in the departments of Littoral and Mono where the prevalence of wasting is above the national average of 5%.

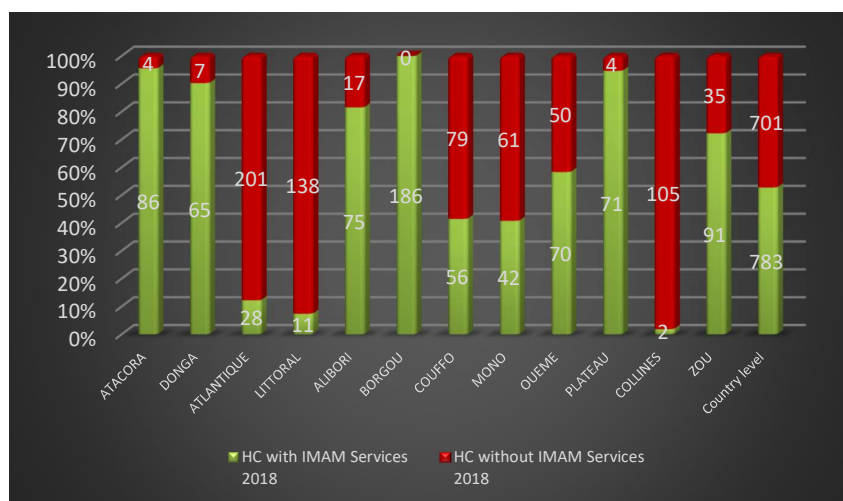


Figure 3: Coverage of IMAM services availability by department (Source: Benin SAM Database generated from DHIS2)

#### Administration of Vitamin A Capsules to children from 6 to 59 months of age is integrated in the vaccination campaign throughout all Health Districts

In 2018, two rounds of VAS were planned to provide two doses of vitamin A to children from 6 to 59 months of age. The first round was integrated to the Polio-NID campaign in April and a high coverage of VAS was then achieved. Administrative data reported that 3,368,230 (103.5%) children of 6 to 59 months of age out of 3,251,846 received vitamin A capsules. During this first round, no Health District reported a coverage lower than 80%. The second dose was not administered. It was initially planned to both be distributed throughout Child Health Days as a pilot experience in ten Health Districts (in October) where the equity approach in vaccination was implemented, and in November during the Measles and Rubella immunization campaign in the remaining 24 Health Districts. Subsequently, the decision was taken to integrate VAS into the Measles and Rubella campaign for all Health Districts. Delays in the implementation of activities prior to the campaign and the outbreak of the Lassa Haemorrhagic Fever have led to several postponements. The campaign was finally scheduled in March 2019. However, with the introduction of the new Measles-Rubella vaccine in the routine vaccination, a six-month contact point was scaled up nationwide to accelerate timely access to vitamin A for children from 6 to 11 months of age. The CHD strategy will be implemented in 2019 as well. The implementation of a six-month contact point and CHD will definitively help avoid missing vaccination rounds.

#### The Health Management Information System (HMIS) is improved through the integration of new and reliable nutrition data

UNICEF worked with the MoH to integrate nutrition indicators into Benin's Health Monitoring Information System (HMIS), and to strengthen governance and accountability. The unit in charge of HMIS/DHIS2 within the MoH conducted two workshops to revise existing tools and develop new ones for nutrition routine data collection. As a result, nutrition indicators and tools related to IYCF, SAM treatment, maternal nutrition (Iron and folic acid, counseling) were also updated and improved. The WCAR Nutrition unit provided technical support to the nutrition workshop, which helped improving the quality of its outcomes.



## 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
<b>Total</b>		<b>5,183,198</b>	<b>6,629,504</b>

### 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 200,000 was received in 2018 for Nutrition 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
<b>Total</b>		<b>513,754</b>	<b>513,754</b>

**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 area of Nutrition, an amount of 1,204,199 were utilized to achieve the results described above. This amount represents 20% of the total expenditures of the thematic sector. 42% of expenditures were related to the prevention of stunting and 58% to the treatment of severe acute malnutrition. The cost of the supply explains the high proportion of expenses related to the treatment of severe acute malnutrition.

**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
<b>TOTAL</b>	<b>6</b>	<b>2,748,116</b>	<b>3,231,545</b>	<b>5,979,667</b>

**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.

**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
<b>TOTAL</b>	<b>344,847</b>

#### ***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 1,205,648 funded to nutrition (Table 1) has been utilized to achieved intermediate results related to nutrition area.

**Table 5: Expense by Specific Intervention Codes**

<b>Fund Category</b>	<b>All Programme Accounts</b>
<b>Year</b>	<b>2018</b>
<b>Business Area</b>	<b>Benin - 1170</b>
<b>Prorated Goal Area</b>	<b>21 Survive and Thrive</b>
<b>ROW LABELS</b>	<b>EXPENSES</b>
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
<b>TOTAL</b>	<b>5,979,667</b>

#### **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

WASH IN SCHOOLS AND HEALTH FACILITIES/EMERGENCY	ORE	0	0	0
	RR	364,400	364,400	0
	ORR	1,744,333	1,744,333	0
	ORE	0	0	0
<b>Total</b>		<b>13,114,200</b>	<b>12,941,711</b>	<b>172,489</b>

#### H. Future Workplan

Key Programme Areas under Outcome 3 (Nutrition) of the 2018-2021 Strategic Plan will be supported by the new Global Thematic Fund SC189903. The fund will contribute to achievements related to the integration of IMAM and prevention of malnutrition into the pre-service training curricula. As per the proposal, this fund provides an opportunity for UNICEF to support the Government of Benin in dealing with a high priority regarding teaching and learning practices in pre-service training schools. During the period from 2019-2021, the following activities will be carried out:

- conduct a documentary review and a needs assessment for strengthening nutrition in training schools (for nurses, social workers and nutritionists);
- conduct national advocacy workshops to strengthen the nutrition component in the curricula of pre-service schools and to create a task force for the revision of these curricula;
- Disseminate the findings of documentary review and needs assessment;
- Organize capacity building sessions for the task force members, based on their responsibilities in conducting the curricula revision process;
- Support the revision of pre-service schools' curricula (for nurses, social workers, nutritionists);

#### I. Expression of Thanks

UNICEF-Benin would like to express its deep gratitude to the Thematic Fund for the generous contribution in support of nutrition activities in Benin during the entire period of the 2014-2017 Strategic Plan and the first year of the 2018-2021 Strategic Plan. This financial contribution focused on strengthening the national capacity at health centre level and at community level, and on building sound intervention models that boosted the promotion of optimal nutrition for women and children in Benin.

UNICEF-Benin would like to take this opportunity to welcome the new Global Nutrition Thematic Fund Global Thematic Fund SC189903. Integrating IMAM and the prevention of malnutrition into the training curricula of pre-service training schools is considered a major step by the Government of Benin.

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