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Programme, the United Nations
Population Fund and the
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Project Services**

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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Benin

Proposed indicative UNFPA assistance:	\$29.5 million: \$5.7 million from regular resources; and \$23.8 million through co-financing modalities or other resources
Programme period:	3 years (2024-2026)
Cycle of assistance:	Tenth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2026

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I. Programme rationale

1. Benin, a West African country with an area of 114,763 km², has a fast-growing population (2.8 per cent per annum) estimated at 12.8 million in 2023. Over 51.2 per cent of the population are women; 46.8 per cent are young people under age 15; 31.8 per cent are adolescents and youth aged 10-24 years, and 4.3 per cent are aged over 60 years. The weight of young people represents high social demand in a context of higher poverty (38.5 per cent) and an opportunity to harness the demographic dividend if appropriate investments are made in human capital, gender equality, and good governance.
2. The population is concentrated in the south (56.6 per cent). The north and the centre host 33.9 per cent and 7.2 per cent, respectively, while 55.4 per cent are rural and 44.6 per cent urban, according to the Institut National de la Statistique et de la Démographie (INSTaD), 2022. Migration (migrants represent 2 per cent of the population) remains marginal (International Organization for Migration, 2023). People with disability (0.9 per cent) may have been underreported in the 2013 census; they require special attention, to ensure that no one is left behind.
3. Fertility levels remain high (5.7 children per woman in 2018 and 4.7 in 2021), largely fuelled by social norms, adolescents' and youth's limited access to information and high-quality services. It is higher in rural areas (5.1), among poor women (5.4) and non-educated women (5.2). The fertility varies from the highest rates in the Hills department in the centre (5.6) and Couffo (5.6) in the south, to the lowest in the Littoral (3.1), driven by Cotonou (3.1). In 2017-2018, 20.1 per cent of girls aged 15-19 years had children; this demonstrates early childbearing, jeopardizing their right to fulfil their potential. The adolescent fertility rate is high particularly among uneducated girls (126.4 per 1,000); poor girls (110.5 per 1,000) and girls from rural areas (88 per 1,000) (MICS, 2021-2022).
4. Benin is a low-middle-income country, with an economy growing at 7.2 per cent in 2021 (3.8 per cent in 2020 and 6.9 per cent in 2019), demonstrating resilience to the COVID-19 pandemic. Between 1990 and 2019, Benin's human development index increased from 0.364 to 0.545, before decreasing and reaching 0.525 in 2021 (Human Development Report 2021/2022). The Gini index is 0.418, reflecting significant income and wealth inequalities. The unemployment rate is low (2.4 per cent), hiding a high underemployment rate (72.9 per cent), which correlates with precarious conditions of living for a significant part of society.
5. Politically stable, Benin has a culture of democratic and peaceful transition of power. The country has distinguished itself over the last years with a strong commitment to advance social issues and the feminist and women's rights agenda, which includes advancing sexual reproductive health and rights, through legal and institutional reforms. The adopted electoral code 2019-43, establishes 24 seats for women in parliament, resulting in 29 elected women out of 109 members in 2023. The creation of the National Institute of Women and the nomination of a woman as Vice-President shows strong efforts towards strengthening women's participation in decision-making. This creates an enabling environment for the achievement of the three transformative results of UNFPA and the International Conference on Population and Development (ICPD) Programme of Action.
6. Benin has developed a series of policies, strategies and plans that consistently integrate population dynamics, as they relate to youth, the demographic dividend, family planning, maternal and neonatal mortality, gender equality and gender-based violence and harmful practices prevention, as well as tackling the impact of climate change across sectors and through humanitarian response. Benin faces challenges related to the spillover of the security situation in the Sahel, and the impact of climate change, resulting in prolonged drought (north) and increasingly disastrous flooding in lowland areas.
7. The modern contraceptive prevalence rate (12.1 per cent in 2017-2018) has improved but remains low (16.9 per cent). It is lower among poor and uneducated women (9.2 per cent and 10.0 per cent, respectively). The main reasons are insufficient governance in the health sector, poverty and the persistence of social norms and beliefs. The unmet need for family planning is 29.8 per cent for married women aged 15-49 years and 31.4 per cent among young girls aged 15-19 years (Multiple Indicators Cluster Survey (MICS), 2021-2022). The demand for family planning satisfied is 31.8 per cent for women aged 15-49 years and 33.0 per cent for young girls aged 15-19 years.
8. The maternal mortality ratio remains high. The United Nations estimates (2023) show an insufficient decrease between 2015 and 2020 (from 591 to 523 per 100,000 live births), despite a national emergency obstetrical and neonatal care network of 109 facilities covering 94 per cent of the population. Over 78.1 per cent

of pregnant women had at least one antenatal visit; only 52.6 per cent had more than four visits, with variations between rural (45.6 per cent) and urban (63.3 per cent) areas. Overall, 90.6 per cent of deliveries occur in health facilities, of which 80.8 per cent are assisted by qualified personnel. However, rural areas (87.7 per cent of births in health facilities, of which 75.6 per cent assisted) are less advantaged than urban areas (95.4 per cent in health facilities, of which 88.7 per cent assisted). The direct causes of maternal mortality are dystocia (18.3 per cent); preeclampsia and eclampsia (16.5 per cent); haemorrhages (15.7 per cent); and postpartum infections (1 per cent). HIV is a significant factor (6.4 per cent of 28 per cent) for indirect causes, according to *Enquêtes Rapides, Soins Obstétricaux et Néonataux d'Urgence (E-R SONU) Benin, 2016*. The three delays (deciding to use health services, getting to a health facility, and receiving adequate treatment there) are contributing factors that need to be tackled. Obstetric fistula affects 3.5 per cent of women in childbearing, 92 per cent of whom have been treated in 2021 (80.5 per cent in 2019).

9. The gender inequality index of 0.612, ranks Benin at 158 out of 189 countries. Despite a significant arsenal of reforms and laws, and the National Gender Promotion Policy, with several action plans and standard operating procedures, gender inequality remains a concern due to the persistence of harmful social norms, insufficient resources allocated to social services, poverty, and low education of women and girls. Gender-based violence affected 45.9 per cent of women and 67.1 per cent of adolescents aged 15-19 years in 2022 (National GBV study 2022). Although the legal age for marriage is 18 years, 5.9 per cent of girls are married before the age of 15 and 31.8 per cent before the age of 18. Child marriage affects rural areas and poor girls more; 16.2 per cent of girls aged 15-19 years are married in rural areas against 8.5 per cent in urban areas. It is highest in the north: Donga (28.8 per cent); Atacora (27.4 per cent); and Alibori (21.6 per cent). If child marriage and early childbearing ended in 2015, the immediate annual gains in Benin would have been equivalent to \$23 million, rising to \$541 million by 2030. Female genital mutilation is more practised in the northern region, reaching 37.6 per cent in Borgou.

10. The achievements of the previous programme cycle are the following: (a) helped to develop a costed National Family Planning Plan (2019-2023) and a National Health Development Plan (2018-2022); (b) reached 985,944 new users of modern contraceptives; (c) supported integrated services, including information for adolescents and youth, implemented in the 34 health zones of the country; (d) enabled 2,368,678 adolescents and youth to access youth-friendly reproductive health and gender-based violence services through comprehensive sexuality education in schools and out-of-school settings; (e) supported the extension of comprehensive sexuality education in 35 of 77 municipalities, which reached 809,820 adolescents and youth; (f) helped to avert 290,296 unwanted pregnancies and 1,746,319 couple-years of protection achieved through increased availability of commodities to 'the last mile'; (g) supported the data and evidence production system through the civil registration system, the multiple indicators cluster survey (2020-2021), and preparation of the fifth census; and (h) established and strengthened the network of activists from youth and women's organizations.

11. These achievements were enabled by active partnerships established with national, bilateral, multilateral, philanthropic, academic, private sector and civil society actors, such as prefects, local elected officials, traditional and religious leaders, schoolchildren, and youth and women-led associations. Lessons learned from the previous programme are: (a) strong involvement of the decentralized government structures improved programme implementation; (b) diversifying profiles of the 'Men Get Involved' committees members trained in using the standard operating procedures improved gender-based violence prevention; (c) agile, flexible and adaptive planning helped to strategically reorient the programme in the context of COVID-19 pandemic; (d) involvement of young people, religious and traditional leaders encouraged them to adopt gender transformative approach; and (e) use of digital technology and drones enabled life-saving products transportation, especially in hard-to-reach areas.

12. The challenges are (a) deconstructing harmful social norms that encourage the continued practice of gender-based violence and harmful practices in the use of maternal health and family planning services; (b) supporting the functionality of quality emergency obstetrical and neonatal care services to 'the last mile'; (c) reducing delays in seeking services; (d) supporting the functionality of intrasectoral and intersectoral coordination mechanisms, involving private, public and local actors as well as donors and partners; (e) operationalizing the financing approach; (f) continued disaggregated data production, including at the decentralized level, to improve monitoring progress and targeting those most at risk of being left behind (adolescent and youth and persons living with disabilities); (g) spillover of insecurity in the north. The new programme, building on the common country assessment and the country programme evaluation

recommendations, reconfirmed by the strategic dialogue outcomes, will focus on adolescents and marginalized youth needs.

II. Programme priorities and partnerships

13. The proposed programme was developed as a call to action with the Government and in consultation with United Nations agencies, academia and development partners as well as civil society organizations, including those of the furthest left behind groups (persons with disabilities, youth, among others). It is guided by Benin's national priorities, as outlined in the Programme of Action, 2021-2026 and Benin-2025 Alafia Vision, which aims to achieve "a well-governed country, united and peaceful, with a prosperous and competitive economy, cultural influence and social well-being". Fully aligned with the three priorities of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2026, the programme will contribute to the 2030 Agenda for Sustainable Development and African Union Agenda 2063. It will continue advocating as the lead agency for the ICPD Programme of Action, the voluntary ICPD25 national commitments and the ICPD+30 implementation. Aligned to the Sustainable Development Goals (SDGs) 3, 5, 10, 13 and 17, the programme plans to accelerate the achievement of the UNFPA Strategic Plan, 2022-2025, and the three transformative results, with a focus on reducing, through an integrated approach, the unmet need for family planning (from 29.8 per cent to 25 per cent) as the entry point for reducing preventable maternal deaths by 10 per cent, promoting emergency obstetrical and neonatal care services and reducing gender-based violence and harmful practices.

14. To reach this goal by 2026, the programme will prioritize sexual and reproductive health and rights, including family planning, with emphasis on the most at risk of being left behind, especially those with disabilities and living in precarious conditions, especially in areas at risk of flooding or drought. Particular attention will also be given to the economic empowerment of young people through entrepreneurship support programmes, including through existing strategic partnerships with the United Nations Capital Development Fund. The programme will build on the youth leadership, to co-create and implement interventions that are responsive to their demands, leveraging the activists, youth and women's networks established and strengthened under the previous programme. Attention will equally be given to strengthening the capacity of specific groups of people identified through disaggregated data analysis. The programme will also coordinate multisectoral interventions for a high-quality, integrated approach to support the sexual and reproductive health and rights of young people.

15. This integrated approach to address sexual and reproductive health and rights, family planning, maternal health and gender-based violence services will be scaled up, with particular emphasis on increasing demand and services at decentralized levels, mostly home to vulnerable populations. The programme will also leverage existing flagship initiatives and solid partnerships at the community, local and national levels with governmental institutions, adolescents and youth and women (as beneficiaries and actors), religious and traditional leaders, donors, academia, other United Nations agencies, the private sector, civil society organizations, community-based organizations and the media.

16. While focusing on human rights, gender-transformative and intergenerational approaches, attention will be given to the following accelerators: (a) 'leave no one behind', where an analysis will be completed to understand the needs of those furthest left behind to better tailor appropriate interventions; (b) granular disaggregated data, evidence and intelligence to analyse inequities in access to sexual and reproductive health and rights; (c) partnerships with academic institutions, the private sector, including start-ups and incubators in technological innovation, South-South and triangular cooperation to engage key reproductive health, family planning and gender-based violence stakeholders for more financing and support from sectoral ministries to mobilize domestic resources and scale up progress towards the three transformative results; (d) effective and efficient solutions through innovation, including digitalization and the use of new technologies, such as drones, for key products and commodities delivery; and (e) building resilience of health systems and communities, for better adaptation and mitigation of the impacts of climate change.

17. The programme will contribute to achieving the national priority of steadily improving the social well-being of the population, including in emergency settings, by strengthening capacities to improve access to high-quality integrated services covering reproductive, maternal, newborn and child health; emergency obstetrical and neonatal care; respectful care; comprehensive abortion care, in line with World Health Organization guidelines and the national legal framework; minimum initial service package; adolescent sexual and reproductive health; postpartum family planning; obstetric and gynaecological violence; and gender-based violence. Capacity building, knowledge management, coordination, advocacy and service delivery will be required as modes of

engagement. These will be supported by strategic and operational partnerships, based on strategic communication with policymakers, service providers and the communities involved.

18. Leveraging existing, strong and high-level national political commitment and the enabling institutional environment as well as the achievements of ongoing initiatives, such as the Sub-Saharan Women Empowerment and Demographic Dividend project, the programme will contribute to creating a conducive environment, free from gender-based violence and harmful practices, which enables adolescents and young people to fully enjoy their sexual and reproductive health and rights. A funding map and an innovative finance plan to cover the costs of the programme will be developed.

A. Output 1. By 2026, sectoral partner ministries have increased institutional capacity to develop, update and coordinate, with the active participation of youth, the implementation of social protection and resilience policies and strategies to facilitate universal access to sexual and reproductive health and rights for adolescents, youth and women, especially the most disadvantaged, including in emergency settings

19. Under the coordination of the Ministry of Planning, this output will support the effective implementation of existing social policies and strategies, creating an enabling institutional environment to ensure the continuity of services and acceleration of the implementation of the ICPD Programme of Action and the achievement of the three transformative results.

20. The main intervention are: (a) supporting the updating of existing policies, strategies and plans or the development of new ones, to strengthen integrated services for adolescents, girls and women that include family planning, sexual and reproductive health and rights, emergency obstetrical and neonatal care, HIV prevention, gender-based violence response; (b) increasing youth leadership and participation in decision-making and in the development and implementation of these policies, through capacity building of youth-led organizations; (c) 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; (d) empowering, through awareness and strategic communication campaign on laws and policies, adolescents, youth, women, including people living with disabilities, as rights holders to protect their rights to decent services; (e) supporting the development of a financing strategy to address the funding gaps for the implementation of national policies and strategies; and (f) contributing to partnerships and coalition-building for resource mobilization and action.

B. Output 2. By 2026, actors in charge of social protection, at all levels, have the appropriate operational capacities to strengthen psychosocial care mechanisms and promote the transformation of discriminatory social norms within communities, in favour of empowerment of adolescents, youth, women and girls, as well as vulnerable people, enabling them to use available social services and prevent gender-based violence

21. Under the coordination of the Ministry of Social Affairs and Microfinance, this output will, grounded in a gender-transformative approach, create an enabling environment for the prevention of gender-based violence and harmful practices and the use of social services.

22. The main interventions are: (a) building the capacity of community actors (youth, traditional and religious networks) and beneficiaries (adolescents, women and persons with disabilities) to promote, through inclusive and intergenerational dialogue, positive cultural values and transform harmful social norms that hinder the use of social services; (b) engaging more religious and traditional leaders to change social norms, within existing platforms or new coalitions; (c) strengthening youth and women participation in decision-making; (d) supporting social mobilization and advocacy to promote positive social norms and social inclusion; (e) 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; (f) empowering adolescents and women, through strategic partnerships, to improve their socio-economic well-being, through innovation, entrepreneurship and employability, and greater access to financial assets and services; (g) improving knowledge of regulatory and legislative texts among youth, women and the community; and (h) strengthening integration and coordination of interventions and funding, including at decentralized levels.

C. Output 3. By 2026, the operational capacities of structures at the central, intermediate and peripheral levels are strengthened to ensure universal access to key information and an integrated, high-quality sexual and reproductive health and rights, family planning and gender-based violence essential services package, including in emergency settings, for adolescents and young people, women of childbearing age, pregnant women and women who have recently given birth, newborns, people with disabilities and other vulnerable people living in peri-urban and rural areas

23. Under the coordination of the Ministry of Health, this output aims at reinforcing integrated services, strengthening their availability, accessibility, acceptability and use, while generating demand through strategic communication.

24. The main interventions are: (a) strengthening and systematizing an integrated and essential package of services to include family planning, sexual and reproductive health and rights, emergency obstetrical and neonatal care, HIV, gender-based violence response for adolescents, particularly girls; (b) strengthening service provider capacities through training, post-training follow-up, supervision, coaching/tutoring/mentoring, and a targeted health personnel motivation system; (c) supporting health facilities with medical equipment and supplies, (d) strengthening the logistics chain management and the functionality of the national emergency obstetrical and neonatal care network; (e) intensifying interventions to reinforce the quality of services by strengthening the maternal death surveillance and review system, mentoring and implementing related recommendations; (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; (g) advocacy and building partnerships for the implementation of innovative means for commodity transportation and distribution, including in cross-border areas; (h) improving the coordination framework at the decentralized levels through greater proximity and efficiency and better quality of technical assistance in implementing the interventions; and (i) monitoring access to social services for young people, women and girls, people living with disabilities and stigmatized populations, including through the application of remediation or resilience measures in border areas.

D. Output 4. By 2026, national, and decentralized institutions in charge of data collection have strengthened their capacities to produce high-quality disaggregated statistics, for decision-making and targeting those most at risk of being left behind and for monitoring national policies and programmes and the progress of international engagements

25. Under the coordination of the Ministry of Economy and Finance, this output will contribute to generating up-to-date evidence and data that show progress, identify people at risk of being left behind and help in planning immediate, short-term and long-term corrective actions. This will be achieved through capacity building, advocacy and the development of an integrated strategic partnership and resource mobilization approach.

26. The main interventions are: (a) reinforcing mechanisms of collecting, centralizing, analysing and publishing comprehensive disaggregated data at national, decentralized and sectoral levels; (b) supporting existing data collection platforms, including during emergencies; (c) strengthening data analysis and publication, including civil and vital statistics, for monitoring and evaluation of policies and programmes, including on the Sustainable Development Goals and the three transformative results; (d) contributing to strengthening the coordination of data collection and evidence-generation systems for integrated planning, including the development of innovative solutions through technical skills building; (e) supporting operational research and an in-depth census and multiple indicator cluster surveys and databases, as well as analysis for the production of relevant thematic reports; (f) strengthening partnerships for resources mobilization for the census and the demographic and health survey; (g) supporting the use of the data at all levels in the evaluation of national policies and strategies; and (h) supporting capacity building, including through training, of early warning, preparedness and response to crises, and a common operational system on population and statistics.

III. Programme and risk management

27. The country programme will be coordinated by the Ministry of Economy and Finance through its UNSDCF Management Unit. Sectoral coordination mechanisms will be established to facilitate dialogue, joint interventions and programming, and effective programme implementation. In line with the harmonized approach to cash transfers, the programme will manage financial risks and strengthen national capacities based on the micro-assessment recommendations of implementing partners. It will be implemented through the engagement of partners, as indicated in the partnership and resource mobilization plan, building on the comparative advantage of UNFPA and the strategic plan partnership approaches.

28. The programme's partnership and resource mobilization and communication plans will be periodically reviewed and updated. These plans will also address the challenges related to the transition from funding to financing. Joint programmes will be strengthened with other agencies to mobilize additional resources. The country office will establish partnerships with multilateral and bilateral donors, the private sector (members of the Chamber of Commerce), municipalities, foundations and local businesses and financial institutions to ensure the effective implementation of the programme. The programme will leverage ongoing initiatives and projects.

29. The country office, with the support of the regional office, will analyse the current human resource capacity and provide the required skill-mix adjustment to deliver the results. In addition, the office will leverage critical expertise within the UNCT, national partners, other development or humanitarian actors, regional technical hubs, think tanks and institutions to reinforce the normative roles of UNFPA. The office will leverage technical assistance from the regional office and UNFPA headquarters as well as through South-South and triangular cooperation. The programme will mobilize young people, women and people with disabilities through volunteerism and engagement, including United Nations Volunteers and interns.

30. In case of emergency, the programme will ensure an adaptive response, in line with the UNFPA mandate. Security arrangements will help to mitigate operational and programmatic risks. The main external risks are spillover of insecurity, climate change, the ongoing effects of the COVID-19 pandemic and the potential risk of other epidemics, limited financial and human resources, and harmful social norms. Implementation of UNFPA Social and Environmental Standards in Programming will ensure that there is no inadvertent harm to people and the environment caused by its programming; it will also strengthen the quality of interventions by maximizing the benefits to stakeholders involved and promote efficient programming.

31. A strategic risk mitigation action plan will be developed, building on UNFPA risk assessment tools, the current political commitment and an enabling environment, as well as the UNSDCF risk management strategy. It will support the National Strategy for the Prevention of Violent Extremism; the effective implementation of measures and reforms to diversify and attract foreign investment; the establishment of an integrated national development finance framework to attract innovative financing; and the National Disaster and Risk Reduction Strategy and related contingency plans, in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030, Plan of Action.

32. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at country, regional and headquarters levels with respect to country programmes are described in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

33. The programme will adopt a results-based management approach, using sectoral data platforms and databases to produce high-quality evidence-based analysis to support the transparent monitoring of progress. The overall programme coordination, monitoring and evaluation mechanisms will be aligned to those established under the UNSDCF through the Management and Coordination Unit.

34. The advancement of results-based management will be grounded in rolling out the 'RBM Seal' initiative. This will include capacity building, results monitoring, data collection, real-time monitoring, analysis, course correction, annual reviews and other innovative approaches. The programme will integrate monitoring and reporting of the country programme results framework with the UNSDCF.

35. Technical meetings on the UNSDCF and joint field visits will complement the online monitoring actions via mobile and web-based applications. The establishment of a results information system, and the development of specific data collection and analysis tools with baseline values, targets and annual monitoring indicators will allow for the assessment of the progress made each year. UNFPA will work with the Government and other partners to provide high-quality technical support and backstopping for national monitoring of the SDGs and assistance for the voluntary national reports and the universal periodic reviews. The final country programme evaluation will be conducted to assess progress and share lessons learned and recommendations.

RESULTS AND RESOURCES FRAMEWORK FOR BENIN CPD (2024-2026)

NATIONAL PRIORITY: Government Action Programme, 2021-2026: Increase the social well-being of the population in a sustainable manner. National Development Plan, 2018-2025: Develop a healthy, competent and competitive human capital.				
UNSDCF OUTCOME(S) 1. By 2026, Benin's population, especially the vulnerable, continuously and equitably uses quality basic social services and social protection.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> ● Proportion of the population benefiting from social protection floors or systems <i>Baseline: 11.6%; Target: 20%</i> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> ● Unmet need for family planning <i>Baseline: 29.8%; Target: 25%</i> ● Percentage of (a) primary service delivery points; and (b) secondary and tertiary service delivery points have at least three modern family-planning methods available <i>Baseline: 85%; Target: 90%</i> ● The country has adopted and implemented national disaster risk reduction strategies, in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030 <i>Baseline: No; Target: Yes</i> 	Output 1. By 2026, sectoral partner ministries have increased institutional capacity to develop, update and coordinate, with the active participation of youth, the implementation of social protection and resilience policies and strategies to facilitate universal access to sexual and reproductive health and rights for adolescents, youth and women, especially the most disadvantaged, including in emergency settings.	<ul style="list-style-type: none"> ● Availability of multi-stakeholders to accelerate the three transformative results and the Programme of Action of the International Conference on Population and Development <i>Baseline: No; Target: Yes</i> ● Number of budgeted policies plans, strategies or programmes, including Minimum Initial Service Package, operationalized to ensure service continuity, for accelerating implementation of the ICPD Programme of Action and the three transformative results <i>Baseline: 9; Target: 15</i> ● Number of ICPD25 and beyond voluntary commitment monitoring reports developed and validated during the 2024-2026 cycle <i>Baseline: 4; Target: 7</i> ● Number of adolescent and youth networks, including networks of youth with disabilities and those affected by other key UNFPA factors, which participate in the formulation and implementation of policies and programmes related to the three transformative outcomes <i>Baseline: 0; Target: 5</i> 	Ministries of: Development Planning; Economy and Finance; Health; Social Affairs; Justice; Education; Sports and Youth; Environment; the private sector, community, religious and traditional leaders and civil society organizations (CSOs), UN agencies, donors, financial and technical partners.	\$5.0 million (\$1.0 million from regular resources and \$4.0 million from other resources)
NATIONAL PRIORITY: Government Action Programme, 2021-2026: Increase the social well-being of the population in a sustainable manner. National Development Plan, 2018-2025: Develop a healthy, competent, and competitive human capital.				
UNSDCF OUTCOME: By 2026, Benin's population, especially the vulnerable, continuously, and equitably uses quality basic social services and social protection				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction of unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicators:</u> <ul style="list-style-type: none"> ● Proportion of women aged 20-24 years who are married or in a 	Output 2. By 2026, actors in charge of social protection, at all levels, have the appropriate operational capacities to	<ul style="list-style-type: none"> ● Existence of a national or subnational multisectoral mechanism to address gender and socially discriminatory norms, stereotypes, practices, and power relations at the individual, social, and institutional levels related to the three transformative outcomes, and this mechanism has <i>all</i> the required characteristics and incorporates 	Ministries of: Health; Economy and Finance; Digitization; Home Affairs; Social Affairs; Higher Education and	\$6.5 million (\$1.0 million from regular resources and

<p>union before age 18 <i>Baseline: 31%; Target: 10%</i></p> <ul style="list-style-type: none"> Proportion of the population benefiting from social protection floors or systems <i>Baseline: 11.6%; Target: 20%</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months <i>Baseline: 45.9%; Target: 25%</i> 	<p>strengthen psychosocial care mechanisms and promote the transformation of discriminatory social norms within communities, in favour of the empowerment of adolescents, youth, women and girls, as well as vulnerable people, enabling them to use available social services and prevent gender-based violence.</p>	<p><i>at least three</i> lagging factors <i>Baseline: No; Target: Yes</i></p> <ul style="list-style-type: none"> 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>Baseline: 0; Target: 3</i> Existence of a national mechanism to engage men’s and boys’ organizations/networks/coalitions promoting positive masculinities that actively advocate for achieving the three transformative results for all communities including young people, those with disabilities and humanitarian settings <i>Baseline: No; Target: Yes</i> 	<p>Scientific Research; Development Planning; Justice; NGOs and CSOs; health training schools; development agency Sèmè City; research centres and communities; the private sector, religious and traditional leaders; UN agencies, donors, financial and technical partners.</p>	<p>\$5.5 million from other resources)</p>
<p>NATIONAL PRIORITY: Government Action Programme, 2021-2026: Increase the social well-being of the population in a sustainable manner. National Development Plan, 2018-2025: Develop a healthy, competent, and competitive human capital.</p>				
<p>UNSDCF OUTCOME: By 2026, Benin’s population, especially the vulnerable, is resilient to shocks and benefits from the fruits of green, diversified, sustainable economic growth that creates decent jobs. By 2026, Benin’s population, particularly the most vulnerable, benefits from a rule of law, a peaceful democracy, good governance and strengthened social cohesion.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction of unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> Maternal deaths per 100,000 live births <i>Baseline: 391; Target: 125</i> Proportion of births attended by skilled health personnel <i>Baseline: 80.8%; Target: 85%</i> Proportion of pregnant women who have completed at least four prenatal visits <i>Baseline: 52.6%; Target: 55%</i> Contraceptive prevalence rate <i>Baseline: 16.9%; Target: 20%</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p>	<p>Output 3. By 2026, the operational capacities of structures at the central, intermediate and peripheral levels are strengthened to ensure universal access to key information and an integrated, high-quality sexual and reproductive health and rights, family planning and gender-based violence essential services package, including in emergency settings, for adolescents and young people, women of childbearing</p>	<ul style="list-style-type: none"> Number of adolescents and youth, including those with disabilities, who benefited from services <i>Baseline: 3,073,067; Target: 4,500,000</i> Existence of new adaptations (including innovations) to improve the availability, accessibility, acceptability, and quality of services related to the transformative results and the adaptations meet all seven criteria <i>Baseline: No; Target: Yes</i> Number of fully functioning emergency obstetric and newborn care facilities supported by UNFPA <i>Basic: Baseline: 13; Target: 25</i> <i>Comprehensive: Baseline: 37; Target: 41</i> Existence of safe and ethical information management systems for gender-based violence incident monitoring and case management supported through inter-agency mechanisms that report at least annually <i>Baseline: No; Target: Yes</i> 	<p>Ministries of: Health; Social Affairs; Home Affairs; Local Governance; Pre-school and Primary Education; Secondary, Technical and Professional Education; Economy and Finance; Development Planning; Higher Education and Scientific Research; municipalities, prefectures, experts, networks of influencers (religious and traditional leaders, women, and youth associations),</p>	<p>\$11.8 million (\$2.3 million from regular resources and \$9.5 million from other resources)</p>

<ul style="list-style-type: none"> • Unmet need for family planning <i>Baseline: 29.8%; Target: 25%</i> • Percentage of (a) primary service delivery points; and (b) secondary and tertiary service delivery points have at least three modern family-planning methods available <i>Baseline: 85%; Target: 5%</i> 	<p>age, pregnant women and women have recently given birth, newborns, people with disabilities and other vulnerable people living in peri-urban and rural areas.</p>		<p>political and administrative authorities; UN agencies, donors, financial and technical partners.</p>	
<p>NATIONAL PRIORITY: Government Action Programme, 2021-2026: Strengthen democracy, the rule of law and good governance. National Development Plan, 2018-2025: Develop a healthy, competent, and competitive human capital.</p>				
<p>UNSDCF OUTCOME: By 2026, Benin's population, especially the vulnerable, is resilient to shocks and benefits from the fruits of green, diversified, sustainable economic growth that creates decent jobs. By 2026, Benin's population, particularly the most vulnerable, benefits from a rule of law, a peaceful democracy, good governance and strengthened social cohesion.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction of unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> • The country has (a) conducted at least one population and housing census during the last 10 years; (b) achieved 100% birth registration; (c) achieved 80% death registration <i>Baseline: No; Target: Yes</i> 	<p>Output 4. By 2026, national, and decentralized institutions in charge of data collection have strengthened their capacities to produce high-quality disaggregated statistics, for decision-making and targeting those most at risk of being left behind and for monitoring national policies and programmes and the progress of international engagements.</p>	<ul style="list-style-type: none"> • The country has produced key population data outputs with UNFPA support, including <i>at least one</i> of the following data products (physical reports or electronic outputs): subnational population projections; routine vital statistics reports; census reports on youth, migrants, older persons, and populations living with disability; and population megatrends, such as mobility, urbanization and climate vulnerability <i>Baseline: No; Target: Yes</i> • Population situation analysis conducted two times during the programme cycle addressing <i>all</i> of the following: (a) impact of megatrends on achieving the three transformative results and the ICPD Programme of Action; (b) reproductive health and gender shortfalls, including for adolescents and youth; and (c) analysis of the prospects for the demographic dividend <i>Baseline: No; Target: Yes</i> • Number of data management platforms supported, reinforced or updated for progress tracking towards achieving the three transformative results <i>Baseline: 0; Target: 4</i> • Existence of an updated national preparedness and response plan integrating the MISP <i>Baseline: No; Target: Yes</i> 	<p>Ministries of: Health; Development Planning; Economy and Finance; Home Affairs; Digitalization; Social Affairs; Higher Education and Scientific Research; Justice; NGOs, CSOs; health training schools; development agency Sèmè City; research centres; communities; UN agencies, donors, financial and technical partners.</p>	<p>\$5.6 million (\$0.8 million from regular resources and \$4.8 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>\$0.6 million from regular resources</p>