

UNIVERSAL PERIODIC REVIEW- HUMAN RIGHTS COUNCIL UNICEF INPUTS - BENIN

I. Trends¹

1. Benin is rated 95th out of 102 developing countries on the basis of 2004 data for the Human Poverty Index. While economic growth has fallen below 4% since 2003, the incidence of monetary poverty rose from 28.5% in 2002 to 37.4% in 2006. The incidence is higher in rural areas and is over 45% in 8 of the 77 local authority areas, mainly in the North. Targeting the MDGs, the Growth strategy to reduce Poverty (2007-2009) is linked to six Strategic Development Orientations for the 2006-2011 period, aimed at putting Benin on the path to becoming an emerging country. Resources from debt relief under the HIPC initiative have been used mainly to pay community recruited primary school teachers and provide primary health care access for destitute persons.

2. Growing political realization of the relationships between poverty reduction and the achievement of children's rights has been accompanied by stronger Government commitments in priority areas which are reflected in the second PRSP (2007-2009) which emphasises, inter alia, children's education, health and protection and the prevention of HIV/AIDS. Public awareness of children's rights has also increased.

3. Besides the CRC and the African Charter on the Rights and well being of the Child, Benin ratified: the ILO Conventions n^{os} 138 and 182 (minimum employment age; elimination of the worst forms of child labour), the UN Convention against Transnational Organized Crime with its three additional protocols, the Palermo Protocol on Trafficking with its additional protocols and the Optional Protocol to the Convention against torture. In 2006, the Committee on the Rights of the Child examined the second periodic report (1998-2002) made by the Government, which is now tackling most of the issues raised in the Committees' concluding observations, especially as regards the inclusion of the best interests of the child in legal provisions, increasing available resources, working with civil society, listening to children and promoting their participation, child survival and development, care of OEV, trafficking of children and juvenile justice.

4. The overall trend in Benin is therefore one of improving respect for children's rights, especially in the areas of the right to life, to health, to education, to a family life and protection. Nevertheless, several areas still present major challenges, especially as concerns violence to children (including FGM), girls' education, early and forced marriage, trafficking, child labour and infanticide.

5. Various ministries have institutional responsibility for specific aspects of children's rights (Ministry in charge of Justice, Ministries in charge of Education, Ministry of Health, Ministry of the Family and the Child, Ministry of Labour) while the National Commission on the Rights of the Child, set up in 1999 is responsible for coordinating the activities of all national and international structures promoting children's rights and has a focal point in each ministry. At operational level, there is a National Monitoring and Coordinating Unit on Child Protection. Government services and civil society organisations are members of both institutions.

6. Data collection and analysis on issues of children's rights has improved and is used in programming activities. This includes the national Census (2002), which has a volume on vulnerable population groups, covering orphans and handicapped children and three DHS (1996, 2001, 2006) The third DHS disaggregates results not only by sex, urban/rural areas and regions but also by poverty quintiles² and also contains a separate chapter on child protection. In addition, the preliminary results of the survey on household living conditions EMICOV) provides data on monetary and non-monetary poverty levels, access to clean water and schooling for each local government area. Several specific studies have been undertaken on orphans and vulnerable children; working children, children in informal Islamic schools, child trafficking and sexual exploitation while KAP studies have covered HIV/AIDS, the PMTCT, care of young children and on alimentation of HIV infected infants. The database on development (BenInfo) in the National Statistics office has been strengthened to

¹ WHDR, 2006 ; Draft CCA, 2007; EMICOV, 2006; A world fit for children, 2006; National child protection policy and strategies, 2007.

² Desegregation by poverty quintiles was not available in the previous DHS reports. They were presented in a joint study by the National Statistics Office and UNICEF in 2003.

monitor progress towards MDGs while the Ministry of the Family and the Child houses the Observatory on Children, Women and the Family as well as a database on child protection (ChildPro) linked to the 6 regional offices.

7. National policies, strategies or plans are being implemented for maternal and neonatal survival, for child protection and for basic education (education for all). In addition, more resources have been mobilized from both national and external sources to strengthen children's rights, especially in the areas of health and education. In operational terms, particular efforts have been made over the last few years to reduce child mortality through targeted activities and by maintaining immunization levels, to increase schooling rates (especially of girls) and improve teaching quality as well as to improve the situation of vulnerable children.

8. Child mortality has dropped from 151‰ in 1991-1996 to 125‰ in 2001-2006 and is on track for achieving the MDG target of 65‰ in 2015. However, the level is higher in rural areas, in the North of the country and among less prosperous households while the neonatal mortality rate (32‰ in 2001-2006) means that a quarter of all under-five deaths occur during the first month of life. Antenatal consultancy rates have risen to 88% and assisted births to 78%, although gaps remain between poorer and more prosperous households and between regions. The maternal mortality rate dropped from 474 (1996) to 397 deaths per 100 000 live births (2006). Complete immunization of children has been kept at the level of over 40% since 1996. Exclusive breastfeeding of children less than 6 months old has increased from 38% in 2001 to 43% in 2006.

9. The proportion of underweight children has dropped from 22.9% to 18.4% over the 2001-2006 period. But chronic malnutrition has increased from 30.7% in 2001 to 43.1% in 2006 and even higher rates are registered among children from the poorest families throughout the country (49.5%) and in the extreme North (63%), on the border with Niger and the southern limits of the Sahel. Out of 77 local authorities, 33 risk food insecurity. Anaemia prevalence has dropped but continues to be a major problem, still affecting 78.1% of children aged 6-59 months old (82% in 2001) and 61.3% of women of child bearing age.

10. The percentage of households with clean water supply has increased over the past ten years from 56% to 70.6%, well on the way to achieving the MDG target. However, only slow progress has been registered in sanitation and hygiene with 69.5% of households still without a toilet or latrine while only 28% of mothers have adopted adequate hand washing practices. A national campaign to promote hand washing is being prepared.

11. The number of children in primary schools more than doubled in the 10 years from 1996/97 to 2005/06 and gross primary schooling rates increased from 71% to 92% over the same period. Important differences remain in schooling rates between regions and between poor and prosperous households. The gender gap, more apparent in the higher grades, is down from 32 points in 2002-2003 to 13.7 points in 2005-2006 but still remains one of the highest in the region and is a factor impeding the achievement of the MDG, as are the low completion rates (estimated at 41% in 2005/06), mainly due to overcrowded classrooms, poor teaching quality and parents' poverty. In secondary schools, the number of children more than tripled between 1993/94 and 2004/05, but the gender gap is even more important than in primary schools.

12. Through increased government and public awareness, new legislation and capacity building, important efforts have been made to combat child trafficking, provide care for orphans and vulnerable children and introduce alternative measures for children in conflict with the law.

II. Recent developments in relation to children's rights (2003 - 2007)³

1. In 2005, Benin ratified the optional protocols to the CRC on the sale of children, child prostitution and child pornography and on children in armed conflict. Agreements to prevent child trafficking were signed with

³ MFEC., *Protection de l'enfance : politique et stratégies*, 2007; UNICEF Annual Reports 2005, 2006, 2007; MJLDH., *A world fit for Children*, 2006; DHS, 2001, 2006 ; Ten year Development Plan, 2006

Nigeria⁴, 8 ECOWAS countries and all 26 member States of ECOWAS and ECCAS while bilateral agreements are under discussion with Gabon and Togo. New national laws were enacted on the Suppression of Female Genital Mutilations, on Sexual and Reproductive Health and on Prevention and the Care and Control of HIV/AIDS, on the Protection of Children against Sexual Harassment and on Children's' Travel and Suppression of Child Trafficking as well as the Persons and Family Code (which abolished many aspects of customary law). In addition, the first volume of the Children's Code (in press) contains all the laws and administrative texts related to child survival, development and protection while a second volume will contain the proposed legislation which has been submitted for review to Supreme Court, before transmission to parliament. Simplified versions of the CRC and the Persons and Family Code have been published in national languages while both children's and human rights are gradually being introduced into primary school classwork. However, the legislation is not well known by the population as customary law still dominates popular perception and there is also a high illiteracy rate. In collaboration with a parliamentary group for children (Association of MPs' Friends' of Children), the national parliament is now considering a law to institutionalise the children's parliament, which is already registered as a non profit association.

2. A Health sector policy and a National Health Development Plan cover the 2007-2016 period. In December 2006, the President announced the Governments' intention to provide free health care for children under-five and financial scenarios to make this operational have been prepared for Government consideration. Suggestions have been made that care of pregnant women might also be covered.

Exploiting the opportunity created by the high level of antenatal care (88%), the strategy to reduce maternal and neonatal mortality has become a priority and has been strengthened through better equipment in maternity clinics and hospitals as well improvement of the quality of antenatal visits and birth assistance. In line with the proposals of the African Heads of State meeting in Syrte (2005) and a joint WB-WHO-UNICEF-UNFPA mission on maternal, new-born and child survival (march 2007), the Government is promoting low cost packages in this field.

PMTCT procedure has been updated and is now practiced in 46% of public and private maternity clinics as compared to 39% in December 2006 while an extension plan is in discussion with the National Programme to Combat AIDS (PNLS). In addition, paediatric care for 500 infected children was launched with UNICEF support in 2006 and is underway at 5 pilot sites.

The prevalence of major childhood illnesses (malaria, respiratory affections, diarrhoea) has been reduced. No new cases of Guinea worm or polio have been reported in Benin since 2005 or of neonatal tetanus since 2006. Immunisation has been kept at a high level and is coupled with vitamin A distribution and deworming while zinc supplements have been introduced in some Health Districts. 30% of children with diarrhoea were treated with patent or domestic ORS. A national campaign to distribute free impregnated bed nets for all under-five year old children was carried out in late 2007⁵, covering more than 98% of the target. Malnutrition remains a major problem and a protocol for both clinical and out patient treatment of acute malnutrition has been drawn up and is being tested in the North of the country most affected by malnutrition. Community based action is being promoted, as with malaria prevention and the care and the management of childhood illnesses.

3. A sector wide, ten year Educational Development Plan (2006-2015), approved in late 2006, was strengthened by the approval of the National Policy on Girls' Education and Training in April 2007, giving an official seal to the national "All Girls in School" campaign. However, the major educational policy decision has been the abolition of all school fees at the start of the 2006/07 school year, leading to an important increase in primary school enrolment in 2007/08. This was accompanied by an increase in the national education budget allocation from 20% to 30% in 2007 and the eligibility of Benin for the Fast Track catalytic fund for \$ 76 million over a 3 year period. All community recruited teachers are now paid by the Government and their retraining programme approved and initiated, relying mainly on in-service training and coaching. Three Teacher Training colleges were reopened and the first batch of 900 teachers qualified in 2006/2007. Over 3 000 new teachers were recruited in 2007/2008 and followed an accelerated training course. At the start of the 2007/08 school year, an

⁴ Cooperation Agreement to Prevent, Suppress and Punish trafficking of Persons with emphasis on Women and Children.

⁵ In 2006, 20% of under-fives slept in adequately impregnated bed nets, an increase from 7.4% in 2001.

emergency programme built 311 classrooms and a programme to build 6 000 more classrooms was launched, including 1 200 in a second emergency programme. A primary education programme has been started for apprentices and in 2006, a feasibility study was undertaken for a 3 year accelerated primary education programme for drop-outs and over age children based on the experience gained from initiatives taken by civil society organisations.

The design of a national strategy to promote integrated development of young children is under way since 2006 and will benefit from the results of a KAP study undertaken in 2007, while several partners are now promoting community based pre-school centres.

4. A national policy and strategy for child protection with a 5 year action plan has been submitted for Government approval, while a strategy on the integration of handicapped persons has also been drawn up. Action plans have been drawn up by the Ministry of the Family and the Child for the care and reinsertion of vulnerable children which aim, *inter alia*, at improving birth registration and reducing child violence, exploitation and FGM, as well as supporting OVC and their families, improving access to social services for handicapped children and improving rehabilitation work.

40% of children's births were still not registered in 2006, with disparities between poor and rich households. Registration costs will be reduced by extending the administrative census (RAVEC) to under fifteens.

A national study on child trafficking is being published which identifies traffic routes and recruitment areas. Guidelines and procedures have been implemented for trafficked children who are received in specialised centres run by civil society organisations. Over 1 400 local committees to combat trafficking have been set up and trained in 26 local authorities, their yearly action plan being followed by the Social Centre in each local authority. The more dynamic committees have taken on the general promotion of child protection, dealing for instance with child violence, forced marriage, etc. A framework for cooperation between actors in the North of Benin has been set up and an integrated strategy and action plan is now being implemented. In addition, the bilateral Benin-Nigeria Committee meets biannually to revise its' joint action plan.

There are also guidelines and procedures for orphans and vulnerable children as well as for children and youths in conflict with the law. Two new centres to for predelinquent youths and children have started preventive outreach activities in the North and the South West areas of the country while alternative measures for children in conflict with the law have been initiated which aim at rehabilitation and community reintegration, although the juvenile ward still exists in most of the prisons.

For OVCs, the new National Strategic Framework (2006-2010) to combat HIV/AIDS/STI includes PMTCT and paediatric care for infected children, care of orphans and vulnerable children and prevention among youths through peer educators, all of which are gradually being generalised. Support to PLWHIV has been developed in partnership between Government services and NGOs as well as a network of PLWHIV in order to identify needs, provide psychosocial support and facilitate community integration. Support for schooling and apprenticeship has also been provided. A framework for local cooperation between actors has been set up in some local authorities through the Ministry of the Family and the Child, which has also set up the Heart of Hope unit to provide support to PLWVIH, which is active at 2 sites. The Ministry also has a support fund for developing local initiatives.

III. Summary of UNICEF capacity building and technical assistance programmes⁶

1. UNICEF's present programme of cooperation with the Government (2004-2008) includes 3 components: Survival, Education and Protection. A community development strategy aims at strengthening local capacities while communication with families, communities and decision makers to promote behavioural change provides support for all three components.

⁶ GoB-UNICEF., Country Programme management plan, 2003; UNICEF., Annual reports 2005, 2006, 2007.

2. Besides providing support for specific government programmes and capacity building, UNICEF actively advocated practical steps to further all areas of children's rights. It has played an important leadership role, piloted several major innovations, served as leverage for funds and promoted partnerships, often as a catalyser.

3. UNICEF provides leadership in the fields of PMTCT of HIV, paediatric care for infected children, care for OVC, child trafficking and girls' education. It also provides leadership to for alternative measures to the detention of children in conflict with the law and has been influential in ensuring the inclusion of child protection and child survival in the second PRSP.

3. UNICEF piloted the implementation of a high impact, low cost package of child survival interventions in 4 health districts, aimed at accelerating the reduction of the under 5 mortality rate. It also piloted the extension of a pilot PMTCT activity in 30 maternities to over 35% of maternity clinics and its integration into the regular infant and mothers care activities as well as the introduction of paediatric care for infected children. UNICEF also worked to integrate the 4 Ps of the "Unite for children against AIDS" campaign and OVC care in the National Strategic Framework to combat HIV/AIDS/STI (2006-2010).

4. Leverage for funds has taken place in several areas, such as : the financing of paediatric care for infected children by the Global fund, MAP2 and the Clinton Foundation, access to the Global fund for malaria as well as Fast Track eligibility, notably by integrating the essential learning package into the sector wide, ten year Educational Development Plan.

4. Partnerships have been promoted both with other Financial and Technical partners and civil society organisations, especially in the field of child trafficking, and girls' education. UNICEF also mobilized other partners to promote better practices in birth delivery and the care for new born children (reanimation in delivery room, systematic exam and management of principal complications) as well as the follow up of new born children at home.

5. Long-term UNICEF support has promoted the regular functioning of a sustainable immunisation programme which has led to the eradication of polio and neonatal tetanus. Similar long term support for water supply and community education activities in infected areas has led to the eradication of Guinea Worm.

6. In particular fields of child rights, UNICEF has also provided support to:

- the inscription of the CRC in the Official Gazette (which is now the principal national legislation on children's rights) and the legislative process for new laws sanctioning child trafficking and regulating children's travel, as well as the elaboration of the Children's Code and the national Policy and strategies for child protection;
- improvement of knowledge on issues related to child rights, including the national child trafficking study, the study of OVC, support for the 2006 DHS and improvements in statistical data on children;
- the promotion of the "All girls in school" campaign and the cost estimate of the Essential Learning Package to accelerate girls education in the Ten Years Education Plan as well as an alternative, accelerated primary education programme.
- the Benin-Nigeria agreement and joint action plan to combat child trafficking (including technical financial and interpretation assistance) as well as the first activity which was a joint awareness raising campaign in the border areas in 2007;
- the installation of the first local committees to combat child trafficking;
- centres run by civil society organisations for trafficked children, reuniting them with their family and integrating them into their community,

7. The programme has also undertaken important capacity building in all three components through training in both technical and local management issues, including improved programming and planning, data gathering and analysis and monitoring.