



Ministerie van Buitenlandse Zaken

Sexual and Reproductive Health and Rights

Organisation		Date			Reporting period			
Embassy of the Kingdom of the Netherlands, Cotonou, Benin		June 2016			2015			
Activity Number	Name	2015 Actual expenditure	Implemented by Name organisation	Channel	Result area Result area	Rfo marker MRGation/Adaptation	Significant/prncipal	Gender marker Significant/prncipal
24077	Amour & Vie	928.813	PSI/ABMS	NGO	General	Not applicable	[...]	Significant
25379	Leaders_regilleux	207.961	PSI/ABMS	NGO	General	Not applicable	[...]	Significant
24558	PF SUD BENIN	38.516	ABPF	NGO	Quality healthcare services	Not applicable	[...]	Significant
26732	Démarrage SRAJ	0	MEFPD	Government	Youth, information and choice	Not applicable	[...]	Significant
26996	Contraceptifs- SRAJ	0	MEFPD	Government	Health commodities	Not applicable	[...]	Significant
27877	Plan d'action 2-ième semestre 2015	22.308	Coalition des OSC-PF	NGO	Youth, information and choice	Not applicable	[...]	Significant
28155	KPMG CI PITA SSRAJ 2014	0	KPMG CI	Research institute and companies	General	Not applicable	[...]	Not applicable
26731	UNICEF protection des enfants	0	UNICEF	Multilateral organisation	Youth, information and choice	Not applicable	[...]	Not applicable
28050	Education Sexuelle Intégrée	187.681	APESSA	NGO	Youth, information and choice	Not applicable	[...]	Significant
27441	Eto Obi Odo	635.100	CeRADIS	NGO	Youth, information and choice	Not applicable	[...]	Significant
27442	ABPF Plan Stratégique	300.000	ABPF	NGO	General	Not applicable	[...]	Significant
27443	ABMS Plan Stratégique	2.000.000	ABMS	NGO	General	Not applicable	[...]	Significant
26167	FAP	134.259	COT	Research institute and companies	General	Not applicable	[...]	Not applicable
25206	COT FAP Santé/Genre	644	DEVELOPING COUNTRY-BASED NGO GROUP	Government	Youth, information and choice	Not applicable	[...]	Significant

Result Area 1				Youth, information and choice				
Result question 1a: To what extent are young people better informed? What evidence is there that they are making healthier choices regarding their sexuality?				The MoH introduced a programme for electronic data collection (DHIS; 2) which is a unique platform for the health sector data. However the contributions of the private sector (40-50% of the consultations) are largely not yet included. No new population based data are available for 2015. Number of youth organisations and of young people involved in activities to promote healthy and responsible sexual behaviour is gradually growing. Young people seem to be more aware of issues of responsible sexual behaviour. Both ABPF, ABMS and CeRADIS are supported by the embassy to run programs and youth clubs to increase SRHR knowledge of adolescents and youth. Support is also given to the development of curricula for an in-school CSE.				
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Results 2016	Source
Indicator 1: Percentage using condoms at last high-risk sex, by age group (MDG indicator 6.2)	15-19: f: 29.3 m: 27.3 20-24: f: 54.6 m: 62.2 EDS 2012	15-19: f: 80 m: 80 20-24: f: 80 m: 80	15-19:f:33.0m:40.3 20-24:f:36.0m:45.8	-	15-24:f:34,1m:43,7	15-24:f. N.A. m: N.A.		
Indicator 2: Percentage of young people (15-24) with comprehensive correct knowledge of HIV/aids (MDG indicator 6.3)	15-19: f:25.5 m: 27.1 20-24: f:23.5 m: 36.9 EDS 2012	15-19: f: 30 m: 40 20-24: f: 30 m: 40	15-19:f: 26 m: 27 20-24:f: 24 m: 37	-	15-24:f:21,6m:31,4	15-24:f. N.A. m: N.A.		
Indicator 3: Percentage of young people (15-24) who did an HIV test during the last year and know the result	15-19: f:15.5 m: 6.3 20-24: f: 20.9 m: 8.9 EDS 2012	15-19: f: 20 m: 20 20-24: f: 20 m: 20	15-19:f: 9.4 m:3.8 20-24:f:18.0m:7.6	-	15-24:f:17,8m:6,8	15-24:f. N.A. m: N.A.		
Indicator 4: Percentage of young people having had sexual onset before age 15	15-19: f: 11.9 m: 16.8 20-24: f: 11.7 m: 15.2 EDS 2012	15-19: f: 10 m: 10 20-24: f: 10 m: 10	15-19: f:12 m: 17 20-24: f:12 m: 15	-	15-24:f:16,0m:15,0	15-24:f. N.A. m: N.A.		
Indicator 5: Percentage of women (15-24),sexually active and using a modern method of contraception, in areas supported by programs financed by the embassy	NA	60%	57.9%	NA	ABMS 61.8%	ABMS: N.A. ABPF : N.A.		
Indicator 6: Percentage of young people (15-24), not married, who used a condom during the most recent sexual intercourse, in areas supported by programs financed by the embassy	NA	30%	25.6%	NA	f: 64,5;m:58,6; 15-19: 62.3 20-24: 62,5,T: 62,4	f. N.A. ;m: N.A. 15-19: N.A. 20-24: N.A. ;T: N.A.		
Indicator 7: Number of young people provided with Family Planning through embassy supported programmes	NA	ABMS 6.500	ABMS 4.207	ABMS 3.325	ABMS: 9.113 ABPF: 28.968 Total: 38.081	ABMS: f: 20.413; h: 2.523; T: 22.936 ABPF: f: 14.334; h: 33.081; T: 47.415 Total: 70.351		Annual Reports 2015 of ABMS and ABPF
Result question 1b: (1) With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school?				The embassy organised a 3 day programme around the passage of the Dutch Youth Ambassador at the UN in the framework of the 'Building bridges' project which resulted in a lot of publicity. The 'Health Comission' of the Youth Parliament was educated on SRHR and the National Youth Council was supported to organise its annual meeting. A group of around 40 young people were trained in making photographs of situations of VAW. The best photo's will be exposed at cultural centra and secondary schools to initiate discussion on the topic resulting in a change of attitude/behaviour. A study on teenage pregnancies in secondary schools was finalised. The study was one of the inputs in the formulation of a project to develop CSE curricula for the primary and secondary schools. Development of this programme was facilitated by advocacy towards government and religious leaders. Through a consultancy on the feasibility of free FP services for youth, the government was assisted in planning for the operationalisation of a commitment made at the International Conference of FP in Addis Ababa in November 2013. ABPF, ABMS, CeRADIS programmes supported by the embassy, all have a coponent of CSE both in-school as out-of-school. Some programmes involve the union of teachers which has a collaboration with the CNV (NL). In 2015 the embassy developed its 'Youth strategy' which was well received by a number of embassies and in 'The Hague'.				
Result question 1b: (2) With which results have programmes contributed to opportunities for young people have their voice heard and stand up for their right?								
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number (or %) of youth-friendly (health) centres with reproductive health services and providing information, supported by the embassy	0	ABMS 15 ABPF -	ABMS 5 ABPF 3	ABMS 13 ABPF 3	ABMS 15 ABPF 3	ABMS 15 ABPF 9		1: ABMS annual report 2: ABPF annual report
Indicator 2: Number of young people being counselled for HIV/STI/contraception and/or tested for HIV/STIs in centers supported by the embassy	NA	1:28.000; 2:84.317 T:112.317 1: f. :% 2: 69%	1:6.500; 2:28.813 T:35.313 1.f. :% 2: 78%	1:8.492;2:60.756 T: 69.248 1. :%2:68%	1: 19.192;2:70.550 T: 89.742 1.f. :%2:f: 57%	1: 46.218; 2: 62.536; T: 108.754 1: f: 72% 2: 30%		1: ABMS annual report 2: ABPF annual report
Indicator 3: Number of pupils reached through peer education on HIV/STI/FP and comprehensive sexual education through embassy supported programs	NA	1: - 2:301.781 T: >301.781 1f: - 2f: 67%	1:4.393;2:0 T:4.393 1:53%; 2:-	1:8.869;2:152.016 T:160.885 1f: 49%; 2f: 71%	1:13310; 2:193104 T:206.414 1f:48%; 2f: 69%	1: 12.544; 2: 7.418; T: 19.962 1: f: 46%; 2: 54%		1: ABMS annual report 2: ABPF annual report
Indicator 4: Number of young people reached through peer education on HIV/STI/FP and comprehensive sexual education out of school	NA	1: - 2: 141.212 T: > 141.212 1f: - 2f:57%	f: 0 m: 0 t: 0	1: 53.688;2:74.988 T: 128.676 1f: 71%; 2f:53%	1: 53.688;2:74.988 T: 128.676 1f: 71%; 2f:53%	1: 32.956; 2: 351; T: 33.307 1: f: 86%; 2: 93%		1: ABMS annual report 2: ABPF annual report
Indicator 5: Number of (young) people reached through social media from organisations supported by the embassy	NA	NA	f: 1.380 m: 4.380 t: 5.760	f: 4.869 m: 16.303 t: 21.172	1:f:6.871; m:21.759 ABPF 1.064 CeRADIS -	1: 632.154; 2: 7.108; T: 639.262 1: f: 25%; 2: N.A.		1: ABMS annual report 2: ABPF annual report
Indicator 6: Number of (young) people reached through free telephone lines supported by the embassy (Choices and opportunities Fund; DGIS)	NA	NA	5.139	25.856 23.168	1:f:6744;2:m:10117 ABPF - CeRADIS -	1: 24.053 ; 2: 0 1: f: 45%		1: ABMS annual report 2: ABPF annual report
Indicator 7: Number of parents reached through peer education with the aim to improve parent-adolescent communication on SRHR	NA	NA	ABMS 5.178 ABPF -	ABMS 163.276 ABPF 813	ABMS 77.157 ABPF 1.514 CeRADIS -	1: 99.459; 2: 317; T: 99.776		1: ABMS annual report 2: ABPF annual report
Indicator 8: Number of young people in SRHR governance structures 1: ABPF (nat + reg); 2: A&V (CNS + CLS); 3: Cadre Institutionnel SRAJ (nat + reg)	NA	1: f:12; m:6; T: 18 2: - 3: -	1:f:11;m:6; T:17 2: 4 3: - GT: 21	1:f:12;m:6;T:18 2: 14 3:-- GT: 32	1:f:12; m:6; T:18 2: 296 3:	1: 30; 2: 53; T: 83 1: f: 50%; 2: f: 66%		1: ABMS annual report 2: ABPF annual report
Indicator 9: Number (and %) of teenage girls (<20) that are pregnant or have a child					17%			DHS 2012

Assessment of results achieved by NL across the entire Result Area 1	Youth, information and choice
Assess achieved results compared to planning:	B. Results achieved as planned
Reasons for result achieved:	The statistics are not reliable because of different definitions used in different years. ABPF reaches mostly 90-110% of its targets and in general there is a trend of increasing service statistics. ABMS had ambitious targets which not always were reached but also ABMS has a positive trend in service delivery. 2015 statistics concerning specific attribution to embassy support are not well comparable with 2014 statistics due to the change from project support to institutional support. 2015 has been a year of change from a project approach to an institutional support for ABMS and ABPF with the expectation of organisational capacity building and through that more sustainable results. Collaboration with the government was suspended temporarily because of fraud in the water sector support programme. This also impacted on the health programme.
Implications for planning:	More emphasis is needed on organisational capacity building especially in subcontracting local NGO's and in Planning and M&E. The annual report of the MoH offers good opportunities to determine regional differences in results and needs. Efforts are needed to reach consensus on indicators and data collection. The capacity building should lead to more sustainable results, if also sustainable divers sources of income are being established. Coordination by Govt/MoH is weak and therefore harmonisation and coordination among NGO's is important. Curriculum development on CSE requires a long time of experimenting and will be completed in 2017. Thereafter the curriculum will be scaled up in primary and secondary schools of which the teachers are being trained through a NICHE project. Linking the 2 programmes is crucial. The voice of young people will be further strengthened through a capacity building support for the National Youth Council and the Youth Parliament of Benin.

Result Area 2	Health commodities
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<p>Result question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?</p>	<p>Health care infrastructure coverage in Benin is around 93,1%. It is lowest in Zou region (84,2%). The Govt of Benin is to be commended for allocating a substantial amount in the national budget for HIV/AIDS control (especially purchase of ARV's). Mobilisation of these funds in time remains a challenge. The GFATM remains the most important donor in the health sector, with well organised programmes which however are rather vertical and somehow operating in isolation putting their sustainability at risk. A lot of work has been done, also supported by the embassy, to develop concept notes for new GFATM funding, proposals that largely have been approved by the GFATM with a total funding of € 63,4 million of which 21,4 million for HIV/AIDS control.</p> <p>In the 2nd half of 2015 the strikes have been reduced resulting in better accessibility of health services. Distribution of testkits, medicines etc up to health care facility level remains a challenge as are fake products.</p> <p>Despite slowly raising FP coverage, fertility in Benin yet remains high (5,4).</p>
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Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Contraceptive Prevalence Rate - modern methods- all married women 15-49 in developing regions	15-19: 9.5 % 20-24: 9.4 % all women: 9.0%	adults: >15%	15-19: 9.5% 20-24: 9.4% all women: 9.0%	all women: 11.9%	15-49: 12,4	12,2 % (Couffo: 4,3%; Atacora: 23,7%)		Annual Report 2015 MoH
Indicator 2: Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)	15-19: 34.6 % 20-24: 33.7 % all women: 32.6 %	NA	15-19: 34.6 % 20-24: 33.7 % all women: 32.6 %	-	15-49: 15,7	N.A.		
Indicator 3: Proportion and number of the access to antiretroviral therapy of people living with HIV (MDG indicator 6.5)	NA	ad : ch : 63% total: 36.000 90%	ad : 24.147 ch : 1.871 total: 26.018 67%	ad: 23.436 70% ch: 1.374 49% tot: 24.810 59.51%	ad: 27.241 ch: 1.609 tot: 28.850 58%	ad: 31.757 ch: 1.845 T: 33.602		Annual Report 2015 MoH
Indicator 4: Number clinics providing focussed ANC that also offer PTME services	NA	817	545	628/817 77%	847/1.043 81%	N.A.		
Indicator 5: Number of centers providing ARV treatment	NA	NA	82	92	ABMS 0 ABPF 6 Govt 93	ABMS 0 ABPF 6 Govt 91		Annual Report 2015 MoH
Indicator 6: Unmet need for family planning of 20% poorest						N.A.		
Indicator 7: Unmet need for family planning of 20% richest						N.A.		
Indicator 8: Number of couples protected by various contraceptives (= Couple Year Protection (CYP)						ABMS: 256 192 ABPF: 41.740		Annual Reports ABMS and ABPF

Result question 2b: (1) With which results have programmes contributed to a greater choice in and sufficient availability of contraceptives/medicines?
Result question 2b: (2) With which results have sociocultural barriers preventing women from using contraceptives been addressed?

Both ABMS and ABPF run fixed and mobile SR clinics with the full choice of FP methods (except sterilisation). They + CeRADIS advocate with different gatekeepers (govt, parliament, religious leaders and traditional leaders) to take away barriers for FP and more in particular barriers to the acceptance of youth sexuality. The embassy supported the MOH with € 500.000 to purchase 65.100 implants. The embassy financed a consultancy on the feasibility of free FP services for adolescents and youth.

Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Number of couples protected by various contraceptives (Couple Year Protection = CYP), 1: ABMS/PSI 2: ABPF 3: MoH	1:- 2: 25.560 3:	1:- 2: 44.167 3:	1:- 2: 24.887 3:-	1:- 2: 34.971 3:-	1: 24.547 2: 54.742 3:-	1: 256.192; 2: 41.7490		Annual Reports ABMS and ABPF
Indicator 2: Contraceptives distributed with support from embassy programme 1: ABMS/PSI 2: ABPF 3: MoH (000) FC= Female condom IUD= Intra Uterine Device Imp.= Implant	FC: 1: 2:- IUD: 1: 2:- Imp: 1: 2:-	FC: 1:65 2: IUD: 1: 2: Imp: 1: 2:-	FC:1:1; 2:-; T: 1.1 IUD:1;2; 2:-;T: 2.2 Imp:1;2; 2:-; T: 2.2	FC:1:0.6;2:-;T:0.6 IUD:1;3;1;2:-;T:3.1 Imp:1;4;2;2:-;T:4.2	FC: 1:7.8; 2: 0.7; IUD:1:0.1; 2: 3.7;Imp:1:0.5; 2: 7.0;	FC: 1:12.9 2: 0.8; IUD:1: 18.2 2: 2.7; Imp:1:4.9; 2: 24.569;		Annual Reports ABMS and ABPF
Indicator 3: Number of confessional health centres that provide a complete FP package according to the ABMS standards	ABMS 0 ABPF 0	ABMS 6 ABPF 0	0	0		ABMS: 10 ABPF: N.A.		Annual Reports ABMS and ABPF
Indicator 4: Number of religious leaders sensitised on the benefits of FP	ABMS - ABPF -	A&V 60 ABPF -	ABMS 50 ABPF 161 Total: 211	ABMS 72 ABPF 95 Total: 167	ABMS 893 ABPF 120 Total: 1.013	N.A.		
Indicator 5: Number of journalists trained on SRHR issues with support from embassy	NA	NA	ABMS - ABPF - T:-	ABMS 23 ABPF 0 T: 23	ABMS 38 ABPF 12 T: 50	ABMS: 33; ABPF: 20		Annual Reports ABMS and ABPF
Indicator 6: Percentage of organisation budget provided by embassy	ABMS: 6.8 ABPF: (2012)	NA	ABMS: 6.8 ABPF : 25.9	ABMS: 27.9 ABPF: 33.3	ABMS: 48% ABPF: 46%	ABMS:47% ABPF: 23%		Annual Reports ABMS and ABPF

Assessment of results achieved by NL across the entire Result Area 2	Health commodities
Assess achieved results compared to planning:	B. Results achieved as planned
Reasons for result achieved:	Statistics remain problematic. CYP ABMS based on sale of contraceptives. ABPF numbers are based on service delivery. Definition of new acceptors of FP is also ambiguous. ABMS and ABPF programmes are well running. CeRADIS has joined in 2015 but due to capacity issues the programme was temporarily halted. Although the MoH produces statistics per region, this information is not really shared and used to plan complementary action by NGO's. Support from the embassy plays an important role in creating acceptance of FP by religious leaders. The embassy also played an active role in supporting the Concept Notes for the GFATM which resulted in the approval of important GFATM support.
Implications for planning:	As direct support to govt/MoH remains difficult because of PFM issues, more emphasis on capacity building of embassy's NGO partners will be aimed at, especially in planning, M&E (with consensus on indicators), administrative capacity (to increase absorption capacity by subcontracting local NGO's) but at the same time to step up coordination among these embassy partners at embassy level but certainly also at regional/district level. Capacity building of the Govt/MoH will be undertaken in collaboration with other donors, especially UNFPA.

Result Area 3	Quality healthcare services							
Result question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector improved?	Utilisation of health care services is more or less stable with slight increases in coverage of FP and in ARV treatment. As the strikes of health personnel have decreased, service delivery has improved. A recruitment drive of nurses in the public sector surprisingly has not improved the ratio of nurses/population (instead it has halved it!) though according to the MoH annual report the situation of midwives improved.							
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Antenatal care coverage (at least one visit and at least four visits) (MDG indicator 5.5)	2.4% / 58.2% EDS 2012	98.5%	101%	98.9%	1 visit : 98% 4 visits: 28,9%	1 visit: 98.4% 4 visits: 29.4%		
Indicator 2: Proportion of births attended by skilled health personnel (MDG indicator 5.2)	84.1% EDS 2012	98.5%	93.8%	91.6%	90.3%	89.4% of which 9.6% in the private sector		Annual Report 2015 MoH
Indicator 3: Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV	NA EDS 2012	90%	49.9%	49.8%	53%	67%		Annual Report 2015 MoH
Indicator 4: Percentage of deliveries through C/S	NA	NA	7.8	7.8		9.20%		Annual Report 2015 MoH
Indicator 5: Proportion of births attended by skilled health personnel of 20% poorest						N.A.		
Indicator 6: Proportion of births attended by skilled health personnel of 20% richest						N.A.		
Indicator 7: Percentage of government's budget allocated to health sector						5.8%		Annual Report 2015 MoH

Result question 3b: (1) With which results has your programme contributed to improved cooperation between public and private healthcare services?
Result question 3b: (2) With which results has sexual and reproductive health care including emergency obstetric care become more affordable and accessible?

The ABMS and ABPF programmes both include social franchising of the private sector health care providers. ABMS has a large social marketing programme for condoms and contraceptives. The CeRADIS programme will also work with the private sector. ABPF has a fund for indigent clients but the use of it is not very clear (? % of clients assisted in that way). The embassy supported a consultancy on the feasibility of free FP services for youth. The govt decision on this is still awaited for. The mobile clinics managed by ABMS and ABPF provide SR/FP services in isolated areas without health care services, often through campaigns of free services. The embassy does not support emergency obstetric care programmes.

Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Percentage Out of Pocket Expenditure of total Health Expenditure (1) Percentage govt budget allocated to the health sector (2)	1: 2: 5.6 (2012)	1: 2: 15	1: 42.2 2: 6.6	1: N.A 2: 7.1	1: N.A. 2: 6.8	1: ? 2: 5,8%		Annual Report 2015 MoH
Indicator 2: Number of health workers per 10,000 inhabitants 1: doctors; 2: nurses; 3: midwives	1: 2: 6.6 (EDS 2012) 3:	1: 2: 3:	1: 1.7 2: 5.4 3: 6.6	1: 1.6 2: 5.0 3: 6.0	1: 1.5 2: 4.8 3: 1.4	1: 1.6 2: 4.9 3: 1.4		Annual Report 2015 MoH
Indicator 3: Number of health workers who received IST on SRHR incl. HIV/AIDS supported by the embassy (ABMS+ABPF+MOH) 1: doctors; 2: nurses; 3: midwives	NA	1: 0+ 2: 20+ 3: 10+ -	1: 0+0 T:0 2: 9+0 T:0 3: 0+0 T:0	1: 0+0 T: 2: 10+4 T: 14 3: 4+8 T:12	1: 0+3+1 T: 4 2: 0+10+0 T:10 3: 0+20+0 T:20	1: 6+0+0 T: 6 2: 19+0+0 T: 19 3: 8+0+0 T: 8		Annual Report 2015 MoH
Indicator 4: Number of regions in which embassy implementing partners participate in regional coordination	NA	ABMS 2 ABPF 6	ABMS 2 ABPF 1	ABMS 2 ABPF 1	ABMS 3 ABPF 1	5		Annual Report 2015 MoH
Indicator 5: Costs of one year of CYP (US\$)	ABMS: 39.69 ABPF MdS:	ABMS: ABPF MdS:	ABMS: 39.69 ABPF : 3.7 MdS:	ABMS: 17.7 ABPF: 4.2 MdS:	ABMS: ? ABPF: 3.2 MdS:	ABMS: ? ABPF: 3.4 MdS:		Annual Report 2015 MoH
Indicator 6: Budget utilisation rate MoH	NA	95%	87%	87,00%	86.4%	National budget : 108% External financing: 24% Total : 84,1:		Annual Report 2015 MoH

Assessment of results achieved by NL across the entire Result Area 3	Quality healthcare services
Assess achieved results compared to planning:	C. Results achieved poorer than planned
Reasons for result achieved:	The capacity of the MoH to manage the sector remains below what is needed. Human resources are concentrated in the MoH itself, in the offices and in urban facilities. Coordination at national and decentral level is weak. The sector remains a collection of donor programmes and projects. Funding from the national budget is low which affects the ownership of the sector. Nevertheless, only a fraction of available donor funding is actually utilised. Private sector is extensive, but poorly regulated and not really integrated in the MoH planning and monitoring. Civil Society contributes effectively but also lacks a coordination mechanism and remains dependent from donor funding.
Implications for planning:	The direction of the new govt will be awaited for while with the new minister and other donors a restructuring and further decentralisation of the MOH is being discussed. In the mean time NGO's will be supported and will be encouraged to collaborate with the MoH at national and at regional/district level. ABMS, ABPF and CeRADIS will continue to support the private sector, mainly in improving quality of care. PSD instruments will be examined for possibilities to improve the regulation of the private sector. PSD instruments will also be examined for their use to improve supplies from district warehouses to health facilities.

Result Area 4	Rights and respect							
Result question 4a: To what extent have the conditions for women, young people, sexual minorities, sex workers and intravenous drug users improved with regards to their sexual and reproductive rights?	Also thanks to embassy efforts, young people are heard better, at least at national level. They are more often invited to participate in meetings and their opinion is more valued. However at decentral level much remains to be done as well as on the coordination and collaboration of the large number of youth organisations, many of which are involved in AYSRHR. The position of women in decision making remains below expectation as was clear during the 2015 elections of district councils and the parliament. More progress is made on female entrepreneurship. Sexual minorities are rather tolerated but not really accepted. Growing attention is given to this group in the HIV/AIDS control programme. Particularly for health care service delivery.							
Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Percentage of girls married before age 15/19	<15: N.A. <19:23.3 (2006)	NA	<15: 8 <18:34	-	<15:f. 8.8 m:1.4 <19:f:16.9 m:0,7	N.A.		
Indicator 2: Percentage of female genital mutilation in group a: 15-19; b: 30-34 c: total d: rural; e: urban	EDS 2006 c: 13 d: 15	NA	a: 2; b: 9.8;c: 7.3 d:8.8; e:5.5	-	15-49: 9.2% 0-14: 21.1%	N.A.		
Indicator 3: High risk groups included in govt SRHR incl. HIV/AIDS programs MSM; IDU; FSW; MSW; Pris	NA	NA	-	FSW, MSM, UDI, prisoners	FSW, MSM, UDI, prisoners, truck drivers	FSW, MSM, UDI, prisoners, truck drivers		Annual Report 2015 NACP

Result question 4b: (1) With which results has your programme contributed to the identification of or changes in legal and policy barriers for the sexual and reproductive health of women, young (unmarried) people, sexual minorities, intravenous drug users and sex workers?

Result question 4b: (2) With which results has your programme contributed to improving the access of these specific groups to sexual and reproductive health services and commodities?

An MSM network organisation was supported to enter into dialogue with health care service providers and with the police. This dialogue continues and is helpful to resolve 'crisis' situations concerning the MSM community. Within the ABMS, ABPF and CeRADIS programmes also attention for sexual minorities and for SRHR of minorities or vulnerable groups is underlined (e.g. handicapped). ABPF health care facilities have improved physical access for handicapped persons.

Indicator	Baseline	Target 2017	Result 2012	Result 2013	Result 2014	Result 2015	Result 2016	Source
Indicator 1: Documented increase (%) in budgets for AYSRHR 1: Govt; 2: ABMS; 3: ABPF; 4: PLAN-Benin; 5: CeRADIS; 6: OVS; Communes: 7	NA	NA	1: :2: ; 3: 32 4: %;5: %; 6: % 7: %	1: :2:36; 3:39 4: %;5: %; 6: 7:	1: :2:94%; 3:1.2% 4: %;5:43%; 6: 7:	1: :2: ; 3: 15% 4: %;5:: 6: 7:		Correspondence with ABMS, ABPF and CeRADIS
Indicator 2: Number of youth organisations with vocal plaidoyer for AYSRHR towards 1: Govt 2: Communes 3: Civil Society (ABMS+ABPF+Govt)	NA	NA	1: 0 2: 0 3: 0	1: 0+0 2: 0+0 3: 13+0	1: ..+9+.. 2: ..+10+.. 3:	1: ..+9+.. 2: ..+10+.. 3:		Correspondence with ABMS, ABPF and CeRADIS
Indicator 3: Number of Beninese functional LGBT networks that lobby for sexual rights	5 (2011)	NA	10 (ABMS)	10 (ABMS)	2 (ABMS) 0 (ABPF)	2 (ABMS) 2 (ABPF) 1 (CeRADIS)		Correspondence with ABMS, ABPF and CeRADIS

Assessment of results achieved by NL across the entire Result Area 4	Rights and respect
Assess achieved results compared to planning:	B. Results achieved as planned
Reasons for result achieved:	The change of attitudes within society concerning the position of women and minorities is a gradual change. The prospects for such change in Benin are positive, including the prospect for lightening the restrictions on abortion.
Implications for planning:	The embassy should discuss clear, measurable indicators with its partners in the area of improving the rights/situation of women and (sexual) minorities instead of discussing this in general terms. A gender mission will be organised to strengthen the capacity of the embassy in pursue progress in promotion of women rights and in taking gender aspects into consideration.