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Community Development Projects in Grand Popo

Women's Health

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Degree Programme in Nursing
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Laurea University of Applied Sciences **Abstract**
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The thesis aims to contribute to the nursing knowledge in relation to the health of women in Grand Popo, by answering the research question, 'what are the past community development projects in Grand Popo with implications on women's health?' The purpose therefore, of the thesis is to review and describe past community development projects and to discuss their possible impact on women's health in Grand Popo. The community-based research involved engaging with all the stakeholders in the rigorous process of inquiry and data collection towards understanding the subject matter.

Leininger's ethnonursing research method was used in the implementation of this study, using the 'Observation- Participation- Reflection' enabler. Data collection was guided by Leininger's ethno-demographic tool, which was adapted to conform to Leininger's Semi-Structured inquiry guide for open unstructured question. Data was later analysed using the Leininger's Four-phase data analysis tool.

The findings concerning the impact of past community development projects on women's health were unmeasurable, due to inaccessibility of sufficient information concerning relevant development projects and the lack of concrete information concerning women-centred health promotion projects in the area. However abstract conceptions were formulated from the material collected and feedback from the locals to draw conclusions and recommendations for further inquiry into the subject.

Keywords: ethnonursing, community development projects, women's health, Grand Popo

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1 Introduction

Africa lags behind the rest of the world on all health indicators. Much of the gap took place in the 1980's as a consequence of the Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) which has affected Africa the most out of all countries of the world (State of African Healthcare, KPMG Africa 2012). Combat against HIV/AIDs, malaria and other diseases formed part of the Millennium Development Goal (MDG) number 6. This goes hand in hand with MDG 3 (promotion of gender equality and women empowerment), MDG 4 (reduction of child mortality) and MGD 5 (improvement of maternal health) as subjects of interest in relation to this study. The deadline however for the MDG's was 2015 (Millennium project, 2002-2006).

Women's health has been identified by the United Nations (UN) as key to social and economic development in Africa. According to World Health Organization's (WHO) top ten issues affecting women, cancer, reproductive health, maternal health and HIV are the most common factors influencing women's health. Sexually transmitted diseases contribute to development of cancer as well as still births. Mental health and violence against women are also a challenge in Africa and other developing countries (Life course, WHO 2015). Women in Africa represent 50% of the continent's human resource. It is logical that investment in health care systems will positively impact women's health and play a big role in Africa's socioeconomic development. Challenges relating to women's health can be attributed to different forms of discriminations in their daily lives, gender-based violence and inequality, poverty and weak economic capacity (Centre for Global health and Diplomacy, 2014).

The state of health care in Benin is still wanting as to other African and developing countries around the world. The life expectancy in Benin is estimated at 60 years for both sexes according to 2012 statistics by WHO, signifying improvement during the last decades. Improvements have been observed in the infant and under five mortality rates, but more still needs to be done regarding maternal mortality. Malaria is the leading cause of morbidity in the general population with a prevalence of 41%. HIV/AIDS prevalence is stable at 1.2% since 2005 consequently due to the increased access to Antiretroviral medicines. In Grand Popo, population health statistics are scanty and therefore any future efforts to promote women's health, requires an understanding of the developmental milestones that support the improvement of the local health care system.

2 Description of main concepts

In order to understand the women's health situation in Grand Popo, all relevant aspects relating to demographics, social policies, community development plans and the health care systems had to be described. Prior to the commencement of the study, these main concepts were identified and categorized as follows:

2.1 Women's health

Women's health is defined as the effect of disease on the female gender and generally encompasses physiological and psychosocial elements. It refers to a state of physical, mental and social wellbeing as experienced by women (medical dictionary). Various intergovernmental initiatives and discussions have been held within Africa to highlight the challenges facing women's health and strategies to address the issue. For example, in 2006, a ministerial delegation from 48 African countries congregated in Maputo, Mozambique and it was unanimously agreed that women's right of access to health care was under threat, and that poor sexual and reproductive health was the leading killer (UNFPA, 2006). Similarly, a WHO report by the Commission on Women's health in the African Region published in 2012 stated that interventions on women's health promotion that focus solely on public health issues are ineffective, because they fail to recognize the interconnectedness of health with other factors in the society and therefore a multisectoral approach is imperative. The report findings indicated that underinvestment in women's health, poor health systems design and inadequate empowerment were the main drivers of the adverse trends in women's health indicators (WHO, 2012). Lack of information and economic poverty were identified as an important part feeding into the poor state of women's health. Factors such as poor living conditions, lack of infrastructural development such as roads, access to reliable water sources can considerably impact women's health and economic wellbeing. Women socioeconomic empowerment through education and facilitation to participate fully in the job market is important to achieve better health outcomes. In addition, access to credit, land and agricultural extension services to women contributes to the wellbeing of households in many settings.

The WHO Global Health Observatory (GHO) classifies maternal health, life expectancy and causes of death as major indicators of women's health. According to recent statistics by the observatory monitoring health for the newly adopted Sustainable Development Goals (SDGs), there are a thousand maternal deaths globally every day, while a third of all female deaths are due to cardiovascular disease and stroke. The average global life expectancy at birth for both sexes in 2015 was 71.4 years. In Benin, the female life expectancy at birth stood at 61.1

years in 2015. This represents a progressive increase in life expectancy for females and generally both sexes over the previous years. (Global Health Observatory/WHO, 2016).

The recently adopted SDGs set new comprehensive health-related targets to promote global population health including that of women. Women and girls have particular health needs that health care systems in low-income countries often fail to provide. There are conditions that only women experience and that impact negatively on their health such as pregnancy and childbirth which in itself is a physiological and social process with health risks and that require health care (Women & Health; WHO, 2009). Targets that closely relate to women include SDG 3.1 maternal health, SGD 3.7 Sexual & reproductive health and SDG 16.1 Violence against women (Millennium project, 2006).

2.2 Grand Popo

Benin is considered one of the stable democracies in West Africa's sub Saharan region with a population of about 10 million according to 2013 Census on Population and housing (PDC, 2013). Grand Popo is a small touristic town within the Department of Mono, located on the coast of the Atlantic Ocean South West of the Republic of Benin. It is 85 km from the Administrative capital Cotonou and lies on a major transit route for people and commodities along the RNE1 road from Lagos to Accra. It has an area of 289 km^2, and a population density of approximately 60,000 inhabitants. The official language in Benin is French and majority of the locals in Grand Popo speak 'Mina'.

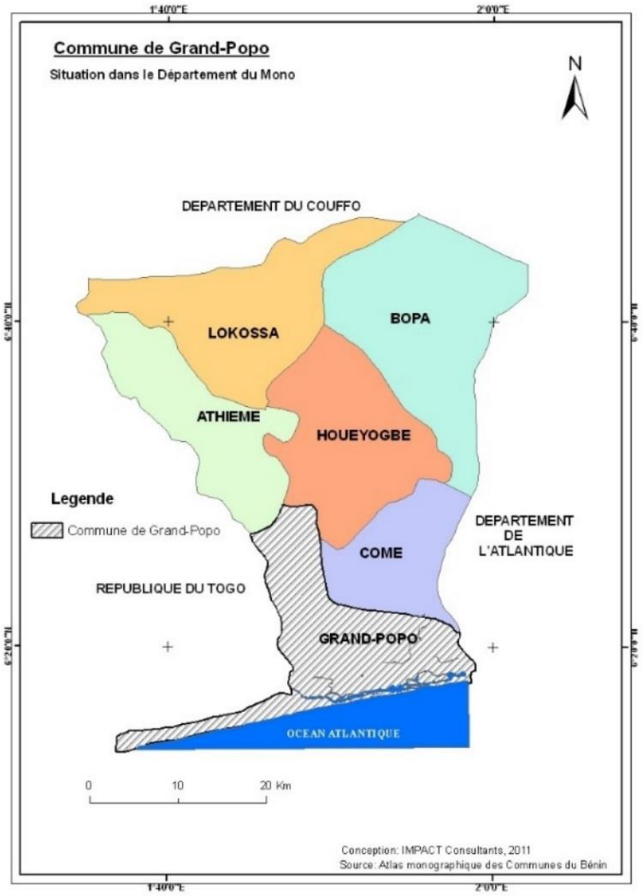

Figure 1: Map illustrating the location of Grand Popo within the department of Mono. Reference: 2nd Generation PDC, 2013.

The map above illustrates the division of Mono department into six communes including Grand Popo. Lokossa, located north of the department of Mono is the administrative capital. According to the third general census of population and housing conducted in 2013 (RGPH 3 INSAE, 2002; PCC, 2014-2015), there are up to 44 villages in Grand Popo detailed in the table below. These villages fall under seven districts namely: Grand Popo, Sazué, Agoué, Djanglanmey, Adjaha, Gbéhoué and Avlo with a total population of 55,795. Grand Popo contributes 11.2% to the total population of the department of Mono.
The representation of women is about 52%. In 2002, the sex ratio was 100 women for 92.7 men in Grand-Popo (PDC, 2013).

Districts	Villages / Urban neighborhoods	Total villages	Population (2013)
Adjaha	Adjaha, Cotocoli, Conho, Kpovidji, Sehocondji, Todjonoukoin, Tokpa-Aïzo	07	8 005
Agoué	Agoué1, Agoué 2, Ayiguinnou, Hillacondji, Nikuoécondji, Zogbédji	06	13 264

Avlo	Ollongo, Avlo-Houta, Hokoè, Kouèta et Avlo, Kpèko	06	4 725
Djanglanmey	Dévikanmè, Djanglanmé, Gountoèto, Hamalangni, Kpatchacondji, Tolèbèkpa, Tomadjihoué	07	7 193
Gbéhoué	Adimado, Gbéhoué Waci, Gbéhoué xwéla, Kpablè, Sohon, Zogbédji	06	6 160
Grand-Popo	Agonnékanmè, Ewécondji, Houtagbo, Hevê, Houndjohoundji, Hounsoukoè, Onkuihoué, Yodocondji	08	11 714
Sazué	Adankpé, Gnito, Sazué, Vodomè	04	4 734
TOTAL		**44**	**55 795**

Table 1: Population distribution per district and breakdown of the villages. Source of statistics: INSAE, Provisional results, RGPH, 2013. Reference: PCC, 2014.

Percentage proportion of men is 48% and 52% for women. 45% of the population is young people of up to 59 years of age. The total population is estimated to grow to over 60,000 inhabitants by 2016. Grand Popo contributes 11.2% to the population of the department of Mono. Based on recent data, 78% of the population is rural (PDC 2nd generation 2013-2018). According to the table above, Agoué has the largest number of rural inhabitants followed by Grand Popo.

2.3 Community development project

One of the important and pivotal documents for this research is the second generation Grand Popo Community Development Plan (PDC) 2013-2018 and other related documents. In October 2012, the Mayor of Grand Popo with technical and financial assistance from local partners and international French cooperation (GIZ) launched a process of reviewing the Communal Development Plan (PDC) to conform to national policies (PONADEC, SCRP) and the millennium development goals (MDGs). In addition, Grand Popo adopted from 2009 other development plans, among them including the Communal plan for Hygiene and sanitation (PHAC) as well the contingency plan.

However, other operational documents of the Communal development plan (PDC) were drawn and developed from the PDES and SDAC which included the Priority Actions Programmes (PAP) 2004-2009 and a Local programme for Environmental Management (PLAGE) 2004-2007. On page sixty of the document, the administration of Grand Popo identified and categorized eighteen community development projects into four programmes for implementation as outlined in the table below.

Programme	No. of projects
Governance	2
Social	6
Economic	4
Environmental management	6
TOTAL	**18**

Table 2: Categorization of projects in programmes (Ref: PDC 2nd generation, 2013).

3 Purpose statement and research question

3.1 Purpose statement

The purpose of the thesis is to review and describe the past community development projects and to discuss their possible impact towards the promotion of women's health in Grand Popo. It aims to contribute to the nursing knowledge concerning women's health in Grand Popo.

3.2 Research question

The research question is: 'what are the past community development projects in Grand Popo with implications on women's health?'

4 Methodology

4.1 Ethnonursing research

Leininger's ethnonursing research methodology is used in this study and is defined by Leininger as the study and analysis of local or indigenous people's viewpoints, beliefs, and practices about nursing care behaviours and processes of designated cultures (Polit & Beck 2004, p.252; Leininger 1985, p.38). This method of research was developed in the 1960's. It is used in health-related disciplines to provide transcultural care to people of diverse cultures, with the purpose to discover, document and explain the interdependence of care and culture phenomena, highlighting the differences and similarities between and among cultures. It is designed to establish a naturalistic open inquiry and discovery method to tease out complex, elusive and largely unknown nursing dimensions such local people's viewpoints such as human care, health, wellbeing and environmental influencers (Leininger & McFarland, 2006. Pg. 44).

Leininger developed enablers to assist ethnonursing researchers to attain data bearing on health, care and wellbeing of specific cultures, practices and nursing care phenomena. The

three Phase *Observation- Participation- Reflection (OPR)* enabler was used as a guide to enter and maintain constant interaction with people within their cultural context to study their ways of life in a systematic and reflective way. This tool is very important in aiding the researcher to obtain authentic, accurate and meaningful data about the study subject.

Leininger's ethno demographic tool of data collection is adaptable to conform to Leininger's semi-structured inquiry guide to enter a community under study, hear their stories and make holistic regional-specific discoveries (Leininger, 1997. Pg. 81-84, 97). The OPR tool (*See table below*) is comprised of observation, listening, participation and reflection as a combined process of data collection and analysis (Leininger & McFarland. 2006, p. 50-52).

Leininger's Ethnonursing Three Phases: Observation- Participation- Reflection				
Phases	**1**	**2**	**3**	**4**
Description	Observation & Active Listening (Virtually no active participation).	Observation with limited participation	Participation with continued observations	Reflection & Reconfirmation of findings with participants

Table 3: Leininger's Ethnonursing Enabler Observation- Participation- Reflection Phases (Leininger & McFarland. 2006, P. 52)

Ethnonursing research investigation requires adherence to major guidelines and strategies in collecting and analysing data (Journal of Transcultural Nursing, Leininger. 1997, p.97). Firstly, it necessitates the travel to the area of study. Secondly, detailed observations, reflections, descriptions, participant experiences and data derived from documented reports of past health promotion projects and unstructured open ended inquiries using open ended statements and enabler strategies are presented. The third guideline requires withholding of researcher's own prejudices, opinions and interpretations so that the participants can express their own views and ideas. It requires active listening, review of documented material and self-reflection together with research mentor; in this case, field assistant and translator.

Lastly, the cultural context of the phenomena is studied in detail. This refers to the totality of the way of life of the community with reference to the phenomenon under study and is extremely important in accurately interpreting the research findings. It involves examining historical, biosocial, cultural values, language expressions, technology and other environmental influencers of the people being studied (Leininger & McFarland. 2006, p. 53-55).

4.2 Data collection

Leininger's three phase guide was adopted for data collection and analyses guided by the 'Observation-Participant-Reflection enabler.' (Leininger & McFarland. 2006, p. 63). According to Leininger, data collection and analysis involves continuous processing and reflection by the researcher from the first day of the study with regular coding, processing and analysis until all data are collected (Leininger & McFarland. 2006 pg. 62-63).
Data collection took place mainly at the community health centre in Grand Popo and it involved daily interaction with the health professionals and the visiting patients. The initial phase of data collection was solely observational. I was stationed at the health centre's maternity unit with the intention of observing projects geared towards promotion of maternal health in the community. In the second phase, I assumed an active role and interacted closely with the doctor and the midwives with the help of a translator in order to understand the protocols, currently running maternal health promotion projects and other development projects that impact on women's health. Informal discussions with community members coupled with observation helped to create a wide understanding of the general health situation of the population. Consultation with stakeholders entailed selection of certain individuals for their relevance to the topic of investigation, based on their knowledge and understanding of the population (Issa A.O., 2004). In the third phase of the data collection process, field visits were conducted to four sub-districts and villages to seek opinions about the state of women's health. Interviews with community representatives, traditional healers and birth attendants helped to widen the scope of understanding concerning the impact of community development projects in the rural areas. The following table describes the rationale for selection of documented data from reports on community development.

INCLUSION	**EXCLUSION**
Local government documentation, project reports, credible internet sources	Uncreditable sources
Local community development projects relevant to health promotion	Development projects not related to health promotion
Specific projects related to women's health promotion	Not related to community health promotion

Table 4: Data selection criteria

4.3 Data analysis

It is aimed at understanding the abstract meaning using critical thinking and creativity based on the data and information collected. It requires time and conceptual energy (Hoskins, 2004). Leininger's four phases of data analysis was used as an enabler to facilitate indepth,

rigorous and systematic analysis of qualitative ethnonursing research data bearing on the theory of Culture care (Leininger, 1987; Leininger 2006. Pg. 61). It entailed description of observed data and information provided through word of mouth from relevant sources. Insider and outsiders' views are analysed within the subject matter looking out for similarities. This data is filtered out for its relevancy to the subject under inquiry.

Officially documented data of previous development projects are then identified and categorized. The third phase consists of pattern and contextual analysis involving scrutinization of details of the conducted projects to discover saturation of ideas and recurrent patterns of explanations and interpretations relating to women's health promotion. In the final phase, major themes were identified out of the total number of planned or previously implemented projects that have potential impact on the health of women.

Leininger's Phases of Ethnonursing Analysis for Qualitative Data
Fourth Phase Based on the data collected and reviewed, the following themes can be identified with relation to the projects that have been previously conducted or those planned for future implementation • Socioeconomic empowerment: PADFAH, PADT, PAFILoc, PDIE, PDT • Health promotion: PASP, PAAEP, • Advocacy: Strengthening Local Democracy Project (PRDL), PAAEP
Third Phase Patterns and contextual analysis • PASP: Population health promotion The PASP project is aimed at improving the health status of populations including the poor and vulnerable populations and encourage active participation by the community in the socio-cultural development of the town. Under this project, there have been so far three active and/or completed projects in the commune of Grand Popo. One of the objectives of the PASP project is to ensure poor and vulnerable communities have better access to health care. In addition to that, increase coverage of health workers and provide proper living conditions. The PAAEP complements health promotion efforts of the PASP project, in the sense that it is aims at improving access to potable clean water thereby improving sanitation. The Planning and Environmental development programmes all together improves the infrastructural capacity to deliver quality health care to the poor and vulnerable populations in the remote areas.
Second phase **Category I**: Social development projects • PASP- Project to Improve Health of Populations • PAPS- Project for social protection

- PAAEP- Project for the improvement of access to potable clean water
- PAAEP- Project to improve enrolment to primary education
- Project to strengthen public safety
- Project Access to Sustainable Energy Services
- Ophthalmological health promotion projects by the local NGO VDH.
- Canadian organization health promotion projects.
- National malaria and tuberculosis programs supported by the government of Benin

Category II: Economic development projects

- PAFILoc: Project to stabilize and manage local finances
- PDIE- Project to support economic infrastructure development
- PADFAH- Project to support the development of agricultural and fisheries sectors.
- PADT- Project to support development of tourism

Category III: Projects to support local governance

- Strengthening Local Democracy Project (PRDL)
- Modernization project of the Municipal Administration

Category IV: Development Program Planning and Environment

- Project Planning and Urban Management (EMAP)
- PDT- Transport development project.
- Waste Management Project Solid Household (PGDSM)
- Project to Improve Living Environment (PACV)
- Sustainable Management of Natural Resources Project (PGDRN)
- Project Adaptation to Climate Change (PACC)

First Phase

Based on documented and observational data a number of projects conducted in Grand Popo were identified. These included the national malaria prevention programme spearheaded by the government aimed at protecting pregnant mothers and their new-borns from malaria infections, which account for the highest cause of patient visits to health centres (PDC, 2013). The programme entails distribution of an insect-repellent-treated mosquito net to mothers in the villages. The continuity of this project could not be confirmed. In addition to this, first trimester pregnant mothers after provided with tetanus vaccinations and prophylactic malaria medications during their initial prenatal visit. The WHO reports that 9 out of 10 women in Benin use antenatal consultation services (WHO, 2006). This can be assumed to be true for Grand Popo as well due to unavailability of confirmatory documentation.

The national tuberculosis prevention and treatment programme is also ongoing, but data specific to women is unavailable. Suspected TB cases are documented and patients are closely monitored and provided with free medications in addition to nutritious food subsidies to encourage adherence to treatment.

The Corridor Programme to raise awareness about HIV/AIDS and to encourage testing and safe sex was also conducted in Grand Popo. According to informant reports, the project

collapsed in 2012 due inadequate funding and the results and implications therefore could not be signified. There have also been random health promotion projects according to the locals, by international NGOs for instance a Canadian organization that conducted medical camps in the recent past. Details however could not be obtained and efforts to reach the organization were futile. During the course of the study, I observed a local NGO that conducted an eye clinic treatment camp in the centre of Grand Popo, but the officials were sceptical to diverge details concerning their activities.
Leininger, M. 1991. Culture Care Diversity and Universality: A Theory of Nursing. New York. National League of Nursing (p.95).

Table 5: Data Analysis according to Leininger's model of data analysis.

5 Findings

Detailed review of the 2nd generation PDC 2013-2018 revealed a number of projects that have been outlined for implementation in Grand Popo as outlined in the table below. This document details the culmination towards the drawing up of the first generation development plan, which begun in 2013 through the 'Lagoon Project' that was conducted by the Municipal of Grand Popo with technical assistance from the Beninese Agency for the Environment (ABE) and financial assistance from the French Cooperation. The drafting of the first generation development plan brought together the Master Plan for Communal Development in 2025 (SDAC) in 2012 and the Economic and Social Development Plan (PDES) in 2015. According to the document, the overall vision for Grand Popo by the year 2025 is to be a touristic and agro-alimentary hub where water and the eco-system are preserved for future generations (PAD, 2015).

5.1 Programme for local economic development

The objective principal of the 2nd generation communal development plan (PDC) is to improve the lives of the inhabitants of Grand Popo. The Integrated Modular Survey on Living Conditions (EMICoV) below indicates the persistence of poverty in the town of Grand-Popo during the period 2006 to 2011 with a percentage rise from 21.2% in 2007 to 47.67% in 2011.
The PDC aims to alleviate monetary poverty at least from 47.67% in 2011 to 41.67% in 2018 and similarly non-monetary poverty from 33.5% to 27.5% in 2018. There have been five documented projects geared towards economic development including tourism, agricultural and local infrastructure development. Existence of the communal center for agricultural promotion (CeCPA) paved the way for projects such as FAFA and FAIA to support agricultural

development and therefore uplift the living standards of the locals. Fishing is a major economic activity largely practiced by men in addition to motorcycle and car taxi business. Small-scale agricultural activities such as farming and livestock rearing (onions are a major cash crop exported to Togo and other parts of Benin) the major income source to the local smallholder farmers. Documental reports of the above mentioned projects were not accessible.

	Monetary poverty			Non-Monetary poverty		
	Benin	Mono	Grand-Popo	Benin	Mono	Grand-Popo
2006	37,4	37,16	38,36	40,3	59,54	46,89
2007	33,3	27,6	21,2	39,7	49,2	30,2
2009	35,21	46,5	48,1	30,8	44,9	33,5
2011	36,2		47,67			

Reference: EMICoV Report; PDC 2nd Generation. 2013

Table 6: Comparative Evolution of the incidence of income poverty and non-monetary

According to EMICoV investigations, several sociodemographic factors influence the evolution of poverty:

- Gender of household head: households headed by women are less poor than those headed by men. This point is confirmed by World Bank reports that indicate female headed households in Benin experience lower poverty levels (28%) compared to male headed households (38%) even though the women are more vulnerable to economic uncertainties and lack of opportunities and underrepresentation of women in decision making positions.
- The age of the household head: households headed by heads of household whose age is between 25-35 years are less poor
- The level of the household head: households where the head has no education have 1.9 times more poor in monetary terms than those whose head of household is the level of primary in 2007
- The area of the head of household activities: the agriculture-livestock-forest sector fishing (-3.9%) only decrease in income poverty) is where the evolution of poverty is low, indicating more activity in the sector.

5.2 Local governance programmes

Politically, the PDC points out that lack of sufficient representation of women in decision-making positions leads to low citizen participation. According to the community development plan, two projects have been planned or implemented towards improvement of local governance and community participation in decision-making. These include modernization of the municipal administration and strengthening local democracy project. There is only one elected woman councillor out of the entire 52 district representing the commune (SWOT, PDC, 2013). It is assumed that the project to strengthen local democracy (PRDL) has facilitated the election of women village heads constituting a 14% representation. In addition, 32.3% of the municipal administration personnel (62 officers in 2012) are women. Lack of enough gender representation limits the awareness of the locals, especially women about their right to information and their duty to give their opinions on the decisions taken by the municipal authorities. No documentations were available to shed more light on the details of the projects.

5.3 Social development programmes

A support project for the improvement of primary education (PAAEP) has seen the building of new classrooms in parts of the remote districts of Grand Popo as well as improving the teacher to student ratio (PDC, 2013). The PASP (*Projet d'Amélioration de la Santé des Populations (PASP*) project was designed with a purpose to improve the health of the poor and vulnerable populations empower them to take an active part in the socio-cultural development of the town (PAD, 2015). This was to be achieved by improving access to better health care for the poor and vulnerable population through advocacy with the Ministry of health, for the provision of health equipment to the health centres in the commune and recruitment of at least three additional health workers to *Gbéhoué*, *Hanmlangni* and *Tokpa-Aizo*. Access to health care has also improved by the construction of an accommodation unit for the midwifery in the village of *Hevè* in Grand Popo. Access to sustainable energy services has also improved through an energy project that saw the construction of solar panels at the Grand Popo health centre and other rural dispensaries for example *Kpatcha-Condji* village dispensary in *Djanglanmey* (PAD,2015).

There has been in the recent past a decline in the trend of attendance to the health facilities in Grand Popo and consequently lower rates of prenatal consultations, assisted childbirth and postnatal consultations (2nd Generation PDC, 2013). Records of maternal mortality at the Grand Popo community centre were not clear, because most complicated child deliveries are handled at the *Comé* district hospital located a few kilometres away from Grand Popo. Morgue and ambulatory services are unavailable in Grand Popo, and only at the *Comé* district

hospital. Assisted deliveries are however conducted at the hospital. There has been only one record of maternal mortality recorded at the local hospital in the last five years according to the staff.

A USAID report indicated that just 51% of Benin's poorest residents had their last baby in a government facility compared to 67% and 76% of the wealthiest and second wealthiest quantile respectively (African Strategies for Health, 2015). However, a conference report on maternal, new-born and child survival indicates a 2.7% reduction in maternal mortality trends from 2000-2013 from 490 to 340 deaths per 100,000 live births in Benin (Countdown to 2015, 2014). The government of Benin has a nationwide infant vaccination programme for pregnant mothers against tetanus as well to infants up to 1 year of age. This is offered free of charge due to donor related provisions. According to the chief midwife, this has tremendously reduced maternal mortality in Grand Popo.
Based on the PDC, there have been construction of public latrines in *Adjaha* markets and four institutional latrines in the same district. In addition, two health centres were also constructed in *sehocondj*i and *mononto*. The project for improving access to safe water (PAAEP) has seen the construction of the SONEB WATER PROJECT in *Grand Popo*, *Adjaha* and at the *tokpa-izo* health centre (PHAC, 2013; PDC 2nd generation, 2013). Some however could not be physically confirmed due to logistical constraints. All districts in *Grand Popo* are equipped with at least one health centre representing a coverage rate of 100%. The coverage of health facilities in the town is relatively satisfactory, although the populations of some places have difficult to access health care due to their remote locations- some up to more than 5 km to the nearest health facility (PDC 2nd generation, 2013). Four districts out of seven (*Grand-Popo, Agoué, Gbéhoué, Adjaha*) are partially covered electricity representing a coverage rate of 57%. More electrification projects are underway for the districts of *Djanglanmey* and *Sazué* under the sustainable energy developments project.

The Benin government has developed nationwide health promotion projects like Malaria prevention and treatment, Tuberculosis as well as HIV/AIDS campaigns that have been integrated into the local health community efforts to improve the health of the general population. For instance, the malaria prevention programme aimed at pregnant women and infants is effected by provision of mosquito nets to prevent mosquito bites to first time pregnant mothers as well as malaria prophylactic medicine to third trimester pregnant free of charge. The National programme against Tuberculosis (PNT) spearheaded by the government provides free TB tests after suspect case in addition to free medications and food to patients whose nutrition and adherence to medication is closely monitored. A positive TB test has more often than not indicated coexisting HIV infection. The table below represents the recorded cases in commune of Grand Popo.

Year	Suspected cases	Number of positive
2010	55	11
2011	87	25
2012	75	21
2013	55	11
2014	44	9

Table 2: Grand Popo results of National Tuberculosis programme. Source : Laboratoire de Reference des Mycobactéries (LRM)

The important migratory flow on the Lagos-Abidjan corridor has increased the risk of transmission of HIV-AIDS in the communities including people of Grand-Popo due to the commercial activities that go on along the transport corridor. The urban areas from Ouidah to Hilla Condji, border with Togo remains a space where the risk of transmission of HIV-AIDS is higher. This facilitated the conception of the CORRIDOR project to create awareness about HIV/AIDS and encourage voluntary testing and counselling (PDC 2nd generation, 2013).
The CORRIDOR project which ended in 2012, was a campaign program geared towards the prevention of the transmission of HIV/AIDs along the Abidjan- Accra transport corridor that is a major commercial route involving transport of goods and services. The campaign promoted testing of HIV/AIDS and encouragement of safe sex within the community Currently, HIV/AIDs tests for pregnant women is being done at the Grand Popo maternity unit and has been since 2014 as part of the prenatal check-up.

According to local reports from villagers and informants, there have been in the past local and international organizations working in Benin that have previously conducted health promotion projects in Grand Popo including an ophthalmologic medical project run by a local NGO as well as a Canadian organization that has visited Grand Popo repeatedly in the past. However, documental proofs of these projects could not be obtained. Nineteen projects were identified by the local government of Grand Popo for implementation have been categorised in the table below according to relevant programmes as documented in the communal development plan 2013.

No.	Programme/ Projects
	Programme for local economic development
1.	Support Programme for the Local Economy
2.	Project for the support of Development of Agricultural and Fishery Sectors (PADFAH)
3.	Project to Support Tourism Development (PADT)
4.	Development of Economic Infrastructure projects (PEIR)

5.	Stabilization project for Local Finance (PAFILoc)
	Social Development Program
6.	Support Project for Improvement of Primary Education (PAAEP)
7.	Project to Improve Health of Populations (PASP)
8.	Project Improving Access to Safe Water (PAAEP)
9.	Project to support the Social Protection (PAPS)
10	Project Access to Sustainable Energy Services
11	Project to strengthen public safety
	Local Governance Program
12	Modernization project of the Municipal Administration
13	Strengthening Local Democracy Project (PRDL)
	Development Program Planning and Environment
14	Project Planning and Urban Management (EMAP)
15	Project Development of Transport (PDT)
16	Waste Management Project Solid Household (PGDSM)
17	Project to Improve Living Environment (PACV)
18	Sustainable Management of Natural Resources Project (PGDRN)
19	Project Adaptation to Climate Change (PACC)

Table 7: List of projects adopted by the local authorities of Grand Popo. Reference: 2nd Generation PDC, 2013. Pg. xv

6 Discussion

A UNFPA plan of action from the African ministerial delegation to Mozambique in 2006 resolved to adopt a plan of action to ensure universal access to comprehensive sexual and reproductive health services throughout the continent (www.unfpa.org/swop). This plan included integrating HIV/AIDS related services into sexual health, promoting family planning, supporting sexual and reproductive health of young adolescents, delivering quality antenatal care to promote maternal health in addition to adopting strategies to ensure reproductive health commodity security.

Based on the documents reviewed, the local government of Grand Popo has in the recent past drawn up community development programmes to improve the living condition if its inhabitants. A number of projects have been conducted while others are ongoing in different sectors of the economy. These projects are categorized under various developmental programmes such as economic, social, health and environmental development. Promotion of women's health requires a multisectoral approach due to its interconnectedness with other factors such as socioeconomic and political influences (WHO, 2012). Health in general is interconnected with other sectors of the society and the economy and therefore a review of the individual development projects sheds light into the management and delivery of health care services.

6.1 Socio-economic developments

Poverty in Grand Popo as revealed in the EMICoV report, affects to a larger extent rural areas than urban centres, meaning that 5 out of 10 households live below the threshold income poverty. The increase and later decrease of the non-monetary poverty in Grand Popo between 2006-2009 (see table 7 above) has been attributed to investments in the social sectors by the municipality through the implementation of the first generation PDC but also the different measures taken from 2006 by the Government such as free nursery and primary education. Fishing being the main economic activity in the area, there have previously been projects aimed at sustainable fishing but documental evidence could not be accessed. Poverty in addition predisposes the population to diseases that have been eradicated elsewhere around the world (KPMG, 2012). Furthermore, gender-based inequalities such as in education, income and economic empowerment limit the ability of women to protect their health and achieve optimal health status (WHO, 2009).

It is agreeable to all that the health of women impacts that of their children and consequently of the whole family. Analyses of women's health often focuses on female reproductive ages and with it comes specific health challenges such as HIV/AIDS, maternal health, gender-based violence (genital mutilation) and mental health (WHO, 2009). An interview with a traditional birth attendant in the village of *Logo-Condji* detailed how she once had to deliver a baby on the road to the nearest dispensary 5km away, after complications arose during an assisted delivery and the mother died due to complications. Children roaming on the beach of Grand Popo seemed to fend for themselves and sometimes their next of kin. Interaction with them revealed that some are orphans while others are from poor families that cannot provide for them. This has been pointed out in the SWOT analysis (appendix 1) by IMPACT consultants documented in the PDC as a major social problem that affects the psychological health and wellbeing of their female caregivers.

The analysis attributes persistence of poverty to several factors such as low agricultural productivity, persistent financial crisis and perennial floods in the area (2nd generation PDC, 2013).

6.2 Health promotion and sanitation

According to WHO, communicable diseases remain the chief cause of female deaths in low-income regions of Africa up to the age of 60 years. However, in women of 60 years and above, non-communicable diseases are the major causes of death in all regions of the world. Dr Flavia Bustreo, Assistant- director general for Family, Women's and Children's Health at the WHO, reiterated that 4.7 million women died in 2012 from non-communicable diseases before they reached the age of 70 —most of them in low- and middle-income countries (WHO publications, 2015).

During the study, minimal patient traffic to the healthcare unit was observed as well as lack of proper facilities for provide comprehensive medical care to women and the whole community. The facility is equipped with a maternity wing, a small dispensing pharmacy, a nurse's consultation room, a laboratory and administration offices. According to interviews with women visiting the facility for prenatal check-ups at the active maternity unit, the low patient visits to the health centre was due to the inadequate facilities and services available at the unit. This highlighted the need for economic empowerment to enable the community to afford quality health services and proper nutrition.

Basic amenities like water and electricity and present at the facility and other parts of Grand Popo, although affordable only to a few due to high poverty levels. In rural areas of Grand Popo, health systems are not fully developed posing a great challenge that forces women to rely on traditional birth attendants, who lack necessary medical skills to deal with complications associated with childbirth (According to a traditional birth assistant in *Logo Condji* village). Grand Popo has one doctor supported by four midwives, attending to a population of up to 54,000 inhabitants. Lack of enough resources has compromised the quality of health care and therefore undermined the promotion of women's health. The slow reduction in maternal mortality rate in Benin (497 per 100,000 live births in 1996 to 350 in 2012) is an indication that more still needs to be done towards the promotion of women's health.

The SWOT analysis by IMPACT consultants highlights malaria as the number one cause of patient visits to the Grand Popo health centre. Under the PASP project, the local administration of Grand Popo has incorporated national health programmes into the local health system such as the national malaria, tuberculosis and HIV/AIDS prevention and

treatment programmes that have been ongoing for some years now. Initiatives such as the distribution of mosquito nets to families and prophylactic antimalarial medications to pregnant mothers and their new-borns for free, is a sure sign that efforts are being made to reduce maternal and infant mortalities. In addition to this, the government of Benin in collaboration with UNICEF provide mandatory vaccinations to pregnant women (tetanus) and basic immunizations to new-born infants of ages 12 to 23 months. According to the WHO recommendations, a child should receive one dose of BCG vaccine, three doses of DPT and polio vaccines and one dose of measles vaccine. However, inadequate government investment in health care and infrastructure development has made it difficult to provide health care services to remote areas (The state of African Healthcare, KPMG Africa 2012). The local government in liaison with the national government and international organizations have made steps towards infrastructure development such as the construction of the doctor's residence at the health facility in Grand Popo and the installations of solar panels at the Grand Popo health centre and some rural dispensaries, for instance *Avlo* dispensary. This can perhaps have contributed to the increase in the number of births attended by skilled health workers up to 84% in 2012. However, inequality between rural and urban areas as well as different poverty quantiles undermines health promotion efforts.

The PASP project also included a program for Hygiene and Sanitation aimed at achieving 20% of the MDG target of 1,513 latrines in households (252 latrines per year) by 2015. Based on observations, public schools in Grand Popo district visited were equipped with toilets. However, this could not be evaluated due to lack of supportive documentation, although it has been mentioned in the SWOT analysis. There is still a dire need for household/communal toilets in Grand Popo. Fishing villages along the ocean have no toilets and therefore use the ocean for faecal disposal. This study therefore did not yield conclusive evidence-based results concerning the impacts of past community development projects on women's health in grand Popo. On the other hand, there was no documental evidence of any previously conducted projects specific to women's health promotion other than the nationwide antenatal anti-malarial campaigns towards pregnant women and their new-borns.

7 Conclusion

The UNFPA report recommended focusing on good governance and leadership to promote, support and invest in women's health in addition to policy and legislative initiatives to facilitate concrete action toward women's health promotion. On the other hand, multisectoral interventions are also needed to improve responsiveness of health care systems to address women health needs as well as empower girls and women to be active agents of their own interests. Data collection initiatives were also identified as a necessity to enable monitoring of the progress made in achieving the targets for girls and women's health (WHO, 2012). Similarly, a World Bank report on improving health service delivery in developing

countries that reviewed community empowerment strategies for health outlined different approaches that had positive primary outcomes. It concluded that the most successful approaches included providing training opportunities for local health workers, promoting communication and collective action by communities, supporting community ownership and management of services (World Bank, 2009). These strategies were categorized into four broad themes:

- Information and education; training of health workers and community education.
- Inclusion and participation; community partnerships
- Accountability; monitoring and evaluation
- Local organizational capacity; community collective action
- Financial empowerment; community financing (microcredit, income generation schemes).

For example, the Liberian Ministry of Health and Social Welfare, WHO and other partners are working to strengthen the country's 6 midwifery schools, 3 of which are located in rural areas. "Strengthening midwifery is essential to the provision of high-quality maternal and new-born care for all women and new-born babies worldwide, and is critical to the implementation of the Global Strategy for Women's, Children's, and Adolescents' Health," says Dr Anthony Costello, WHO Director, Department of Maternal, New-born, Child and Adolescent Health. The work in Liberia is part of WHO's global effort to provide countries with the guidelines, tools and evidence base to strengthen midwifery so that care can be improved and maternal and neonatal mortality rates can be reduced (WHO, 2016).

8 Ethical considerations and trustworthiness

Nursing ethics refers to a set of moral principles that aim at preventing research participants from being harmed by the researcher and the research process. Ethical and moral responsibilities are an important element in cross-cultural study due to the sensitivity of the participants who often have been marginalized and exploited and therefore vulnerable (Liamputtong. 2010, P.31).
Leininger's ethnonursing method of research ensures that the cultural values, lifestyle, ideas and beliefs of the community are respected in order to gather meaningful data. It however demands cultural tolerance on the part of the nurse going into a new research environment.

Trustworthiness of this publication is assured based on Leininger's ethnonursing method, that stipulates the entering of a transcultural nurse researcher into the cultural world of the community to get first-hand experience on the field and gather accurate data (Leininger, 2006). I was privileged to work closely with the health professionals and community representatives during data collection and analysis.

The International Council of Nurses code of ethics guides nursing researchers to use recording and information management systems that ensure confidentiality of subjects under study (ICN, 2012). This was ensured by providing genuine information about the intention of the research to the subject community and seeking permission to use pictures, materials and data collected during the study.

9 Limitations

As an 'outsider' conducting a qualitative research in Grand Popo, language and communication was a fundamental tool necessary to understand the human behaviour, social processes and the cultural context (Liamputtong, 2010; Hennink, 2008, P.21). Linguistic and cultural differences with participants presented a major ethical challenge because of the possibility of misunderstanding and misinterpretations between the researcher, interpreter and the participants, which affects therefore the compilation, and reliability of the findings. Interaction with the health professionals at the health centre in Grand Popo was limited due to language barrier and the unavailability of the translator on a fulltime basis. Conversations between the translator, the villagers and community representatives largely went un-understood as the translator only translated what was thought to be beneficial to the study.

Collection of documents from the local government offices in Grand Popo was very lengthy due to bureaucracy. Due to insufficient time, all the material could not be accessed and reviewed. None of the reports concerning the previously conducted and planned projects (see table 6) including other infrastructural developments (see table 5) were accessed.
Limited resources restricted the extent of the field work to the remote villages. Such visits required prior planning and collaboration with the local villager elders to seek their consent in conducting the observations and interviews.

10 Recommendations for further study

Considering the inconclusive findings of this study, it is my recommendation that further research is needed into the individual projects under the different development programmes. For instance there is need to review the supportive documents for the PASP project aimed at population health and social development so as to understand its implications on women's health. Developments in the economic sector also have to be evaluated through the review of the economic development projects under the respective programme. Enough time and resources are needed during data collection due to high levels of bureaucracy and cultural norms that have to be respected.

Knowledge of the French language is an important prerequisite for conducting future studies in Grand Popo to reduce costs and minimise distortion of information via a translator. In addition, assistance by a local field coordinator is important to hasten data collection and facilitate negotiations with stakeholders. Community representatives such as chiefs and village heads are very important in the research process because of their ability to mobilize the community.

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12 Appendices

12.1 Appendix 1

Field	Potential/Opportunities	Constraints/Threats
Health & Sanitation	**Health services** - 1 municipal health center in *Grand Popo*. - 6 district health centers. - 2 maternity hospitals. - 7 village health units. - 7 private and denominational health centers in the districts of *Agoué* and *Djanglanmey*. - 1 UVS to Topka Aizo in the district of Adjaha. - 1 maternity isolated Cotocoli in the district of *Adjaha*. - 1 maternity Houndjohoundji in the district of *Grand-Popo*. - 1 health center in *Gnito*. - Skilled Nursing Staff: 24 officers, 1 doctor, 19 nurses and four midwives	**Health services** - Physician Workforce (1 doctor per 52 303 inhabitants) and midwives (1 midwife per 13,073 inhabitants) is still insufficient. - Lower attendance rate: 40% in 2008, 33.1% in 2010, a decrease of 6.9 percentage points - Malaria, the leading cause of visits to centers of health (38%). Respiratory infections and gastrointestinal respectively the second and third conditions with 15% and 11% of cases of attendance at health centers
	Hygiene & Sanitation - In 2010: Household latrine coverage rate was 6.0% (or 9 latrines average per village 691 family latrines. - Existence of a program for Hygiene and Sanitation: achieving 20% of the MDG target is 1,513 latrines in households (252 latrines per year) by 2015. - Coverage rate of latrines in 73 public schools and 7 private schools: 93.8% according to the standard of a dormitory for 50 students. - Construction of incinerators in health centers Topka Aizo, Hilla and Condji Sazué.	**Hygiene & Sanitation** - Low proportion of households with access is low: 15.6% of households have access to modern toilets and 15.13% of households have access to shared toilets. - Lack of latrines in some villages (Topka Aizo in the district of Adjaha, Kpèco and Hacouè in the district Avlo). - Some schools do not have latrines. - Low coverage of health centers with incinerators: a total of 8 incinerators with only 3 functional (37.5% capacity) in

	- Pre-collection of household solid waste Agoué, Grand-Popo and Hila-Condji by NGOs SALVAGUARDIA and PROGIDEC. - Technical and financial support of the European Union and the Department of Yvelines in France through the Inter-Mono grouping. - Construction of two assembly points	health centers in Grand-Popo and 5 in Agoué are non-functional. - Low coverage of garbage pre-collection services
	Portable water - All districts are supplied with drinking water by the SONEB network except the district of Sazué which is served by an AEV. - Good cover SONEB in the district Agoué and acceptable in the district of Grand-Popo. - Proportion of households with access to drinking Water: 51.1% in 2007 to 56.6% in 2010	**Portable water** - Low coverage of the drinking water network in the boroughs of Adjaha, Gbéhoué, Djanglanmey, Sazué
Governance	**Gender equality** **-** Only one woman elected councillor on all 52 district elected to represent the commune. - 14% of elected village heads are women - 32.3% of the municipal administration personnel (62 officers in 2012) are women.	**Gender equality** - Lack of women in the Municipal Council, no second term of office to a woman no presence in the supreme organ of decision making.
	Leadership - Existence of an organizational flowchart. - 62 agents including 32.3% women - Youth of the majority of staff: 61% are aged 25 to 40 years. - 15 state officials supporting the municipality. - All officers of the municipality are agents of the Community 4% are	**Leadership** - Lack of personnel (21 officers to 62 officers or 34%) that supervise council services. - Some services such as planning service, the service of information and communication have no agents - Insufficient offices to house all services

	permanent staff and 96% of contract agents	
	Security - Presence of the Naval Base SEMAPHORE. - Presence of a Police Commissioner Hilla-Condji. - Presence of Gendarmerie Brigade	**Security** - Risks of road accidents. - No materialization of no man's land (Togo-Benin). - No Electrification of the border area. - The river area between Grand-Popo and Togo constitutes an arms transit zone for contraband and threats jihadists. - Lack of monitoring of maritime space: marine accidents, piracy, maritime pollution degassing vessels, transhipment vessels), arms trafficking and illegal fishing.
	Social protection services - 44 child protection village committees per village. - Presence of organizations: CARITAS, Plan Benin, Born Fonden, ESAM. - Organization of Disabled in association	**Social protection services** - Abandonment by parents of children at the expense of grandparents who do not have the means to take care of the children. - Inadequate resources (human, material) of the SPC

	Culture and leisure - Presence of some infrastructure and equipment: Grand-Popo (Sports Complex. - VILLA KARO cultural centre in Grand Popo, Municipal Stadium and a lecture hall in Adjaha, Gbéhoué (football field) Djanglanmey (lecture hall, Football ground ball).	**Culture and leisure** - Undeveloped municipal sports field. - Existence of play areas in the boroughs.
	Education ***Nursery education*** Between 2011-2012: - Additional 16 nursery schools. Four times more compared to 2003-2004 period. - 31 classrooms in 16 kindergartens - 50 teachers, including 21 skilled representing 42% coverage. - Total enrolment rate of 73%. ***Primary education*** Between 2011-2012: - 66 public primary schools against 47 public primary schools in 2002-2003 representing an increase of 40.4%. - 11 private primary schools, 45% to Agoué, 36% in Grand-Popo, 18% and 18% Adjaha Djanglanmey. - 346 classrooms which 82.4% are in permanent building. - Teacher to pupil ratio of 1:38 compared to 1:60 in 2002-2003. - 304 teachers: 38% of Permanent State employees, 25% on contract - Promotion Rate to next class: 76.6% against 70% in 2002-2003 - Dropout rate: 3.76% for boys and 4.23% for girls.	**Education** ***Nursery education*** - Insufficient classrooms in the districts of Djanglanmey and Sazué. - 58% untrained teachers. - Low enrolment in the district of Sazué representing only 53%. ***Primary education*** - Uneven distribution of schools. The districts of Avlo and Gbéhoué are the least covered with 9% and 11% of schools. - All classrooms are built with precarious materials in the districts of Adjaha, Avlo and Gbéhoué. - 7.2% of classrooms in permanent materials are in deplorable condition (25 classrooms) and 10.2% (36 classrooms) built with precarious materials. - 38% of teachers are community workers - Pupil to teacher ratio: 44 students per teacher in Avlo, Gbéhoué and Djanglanmey. ***Literacy and Adult Education***

	- Completion rate: 78.36% for males and 67.59% for girls. - Parity Index girls / boys: 0.87 against 0.89 in 2007 ***Literacy and Adult Education*** - In 2009: 11 adult literacy centers. - In 2012: 1 single functional adult literacy center. - Literacy rate in 2010: 37.4% against 49.2% in 2007	- High illiteracy rate. - Low coverage in adult literacy centers
	Electricity & Communication services - 4 districts out of 7 (*Grand-Popo, Agoué, Gbéhoué, Adjaha*) are partially covered electricity a coverage rate of 57%. - Electrification projects underway for the districts of *Djanglanmey* and *Sazué*. - Public information through the media such as the radio (FM Mono, FM Ahémé, etc.), the displays on the charts, memos	**Electricity & Communication services** - Low electricity coverage: In 2010, 24.4% of households have access to electricity against 21.7% for the Mono department and 34.2% nationally. - Lack of awareness of people about their right to information and their duty to give opinions on the decisions taken by the local authorities. - Poor access to documents: PDC, administrative accounts, management accounts, sectoral planning documents (PHAC, Contingency Plan, etc.).

Economic	**Exports** - Onion, tomato, pepper, carrot, eggplant, potato, maize, cassava, gari, rice, fish products, bananas, sugar cane, palm oil, etc. - Coconut oils, drink (sodabi), salt, mats. - Reed in the wild. - Livestock products	**Exports** -Flooding in food production areas. - Customs hassle (customs located at bridge tolls often think that garden products are from Togo and therefore must be cleared). - Lack of financial support for large scale production.
	Vegetable production - Existence of alluvial and colluvial soil types in river valleys, lakes, lagoons and more or less waterlogged rich in fertile organic matter. - Development of a market in the commune. - Existence of rivers. - Existence of some agricultural tractors in the town (the mechanization of agriculture in the beginning). - Existence of swamps. - Existence of the communal center of agricultural promotion (CeCPA). - Existence of support projects for the agricultural sector in the municipality (FAFA, FAIA, etc.). - Existence of a potential flow of market garden produce.	**Vegetable production** - Land insecurity. - Lack of credit with a lower interest rate and a period of broad reimbursement. - Lack of proper mechanization equipment. - Non-existence of modern techniques of conservation of farming produce. - Cyclical flooding of fields by the flooding of the Mono. - Destruction of crops by straying animals. - Clay soil in place that results in reduced tilled areas. - Flooding of fields. - Blocking of rain by secret societies at the start of the crop year for ceremonies organizational reasons. - Flooding of fields by parasites (the *Imperata cyclindrica*). - Crisis in the municipal union of producers. - No CeCPA involvement in the implementation of agricultural projects in the municipality.

	Fishing - Dense river network and almost permanent. - Wealth of aquatic ecosystems (various species). - Existence of an institutional framework to promote fishing and certain legislative acts of sustainable resource protection. - Existence of Fisheries Committees (GVC, GF). - Presence of fishing communities with a significant capital of knowledge and expertise. - Existence of fishermen and fishmonger's organizations at various levels. - Existence of sales markets products. - Possibility of development of marshes, shoals and ponds for breeding fish (tilapia)	**Fishing** - Decrease of fish production due to sand encroachment and siltation of the lagoon and the river crossing difficulties of the bar, destructive abuse of lake vegetation (mangrove), misuse of prohibited fishing gear that undermine sustainable management of the resource). - Pollution of marine waters by Kpémé phosphate processing waste in Togo. - Weakness of the Fishermen's equipment due to lack of credit facilities and working capital suitable for fishing activity. - Low storage capacity which prevents sales strategy. - Irregularity of flooding of the Mono river. - Reduced water level as a result of the hydroelectric dam at Nangbéto. - Dangerous violent sea winds especially during harmattan. - Insufficient support technical support to the production, storage and processing of fishery products. - High illiteracy rate among the fishermen. - Lack of community infrastructure (basic amenities) available in the fishing communities. - Uneven participation of male and female representation in the fisheries administration structures and stakeholders in the implementation of support programs. - Unequal access of artisanal and industrial fishermen to fish resources (exploitation of the limited resources of the coastal

		strip by industrial trawlers are artisanal fishermen compete with non-selective fishing gear). - Inadequate and unequal distribution of the supply of fishery products for commercialization and transformation between fishermen. - Inadequate and inequitable distribution of storage capacity and processing large source fisheries products post-harvest losses. - High cost, inadequate and unequal distribution of material and adequate fishing equipment for fishermen.
	Commerce & transport - Existence of markets in the districts. - Existence of Hilla condji border area of important commercial activities. - Existence of microfinance structures. - Banks at Hilla condji. - Project to build a shopping center in Hilla condji	**Commerce & transport** -Very deteriorated road network (rural roads). - Low taxes payment rates (patent and taxes) in markets. - Lack of commercial facilities in the markets (hangars, shops, warehouse, etc.) - Lack of car park in some markets. - Lack of slaughter. - No development of the common market (lack of storm water drainage structures.)

Table 8: SWOT Analysis of Grand Popo town. Source: Impact Consultants, 2013; 2nd generation PDC, 2013