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**USAID/BENIN**

**COUNTRY STRATEGIC PLAN  
FY 1998 - 2003**

**JANUARY 30, 1998**



BANENI HESSOU



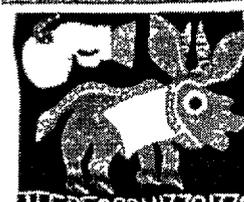
BEHANZIN 1889-1889



GUEZO 1818-1858



KPENELA 1774-1889



TEGBESSOU 1732-1774



GLELE 1858-1889



AKABA 1685-1708



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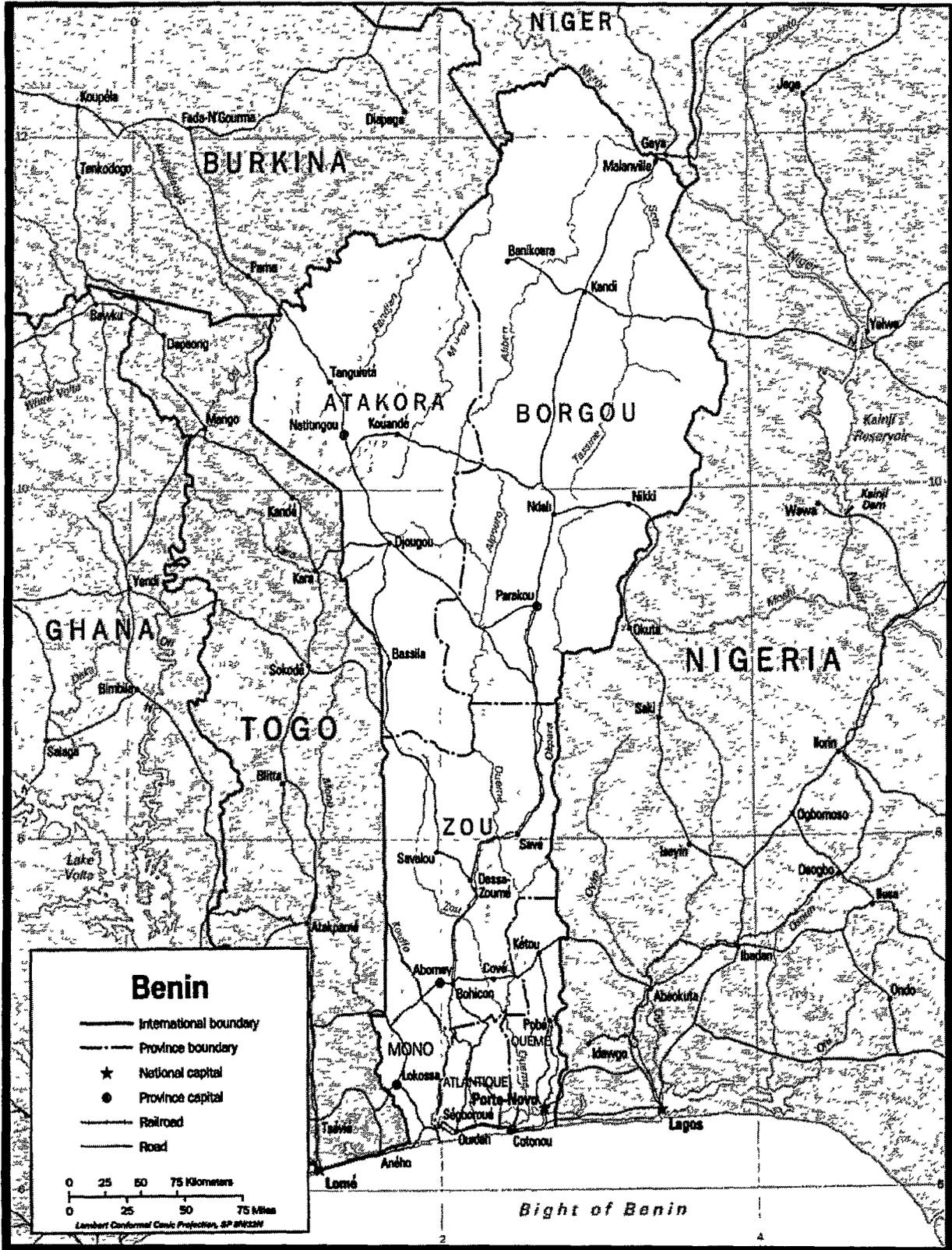
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## EXECUTIVE SUMMARY

The previous USAID/Benin Strategy for the five year period 1994-1998 was developed in the context of a collapse in Benin's economy and public institutions, the final conclusion of a long period of deterioration that had begun two decades before. Public debt was unpaid, banks had closed their doors, the government had stopped paying salaries for two years, and people had lost their savings. In effect, the state was bankrupt and public services had stopped. The education sector had become dysfunctional. Gross enrollment rates had dropped alarmingly. According to our previous strategy, besides being unpaid, "most teachers did not have access to an established curriculum or teaching guides. Few students had access to textbooks or teaching materials. Indeed, the Ministry of Education had not had discretionary funds for non-salary expenses in a decade."

In response to this crisis, prominent leaders came together in 1990 to form the now famous National Conference that laid the foundation for Benin's political and economic liberalization and its democratic revival. One of the principal outcomes of that conference was that the new government was mandated to reestablish the primary education system. The new government in 1992 turned to USAID/Benin to help it put primary education back on its feet. Such was the basis of our program and our education strategic objective for the past strategic period.

Six years later, one can say that an enormous amount has been accomplished. Adequate financing for education has been obtained. It now receives about 27% of the national budget. Teachers are being paid regularly; they teach for the most part from a curriculum with the elements of didactic materials; and the use of textbooks is much more widespread. As a result, gross enrollment percentages have moved from the low 40s to the high 60s. The percentage of girls attending schools has increased. While it can be rightly claimed that the primary education system in Benin has become functional, it is a long way from providing equitable access to a quality learning environment.

Under our new strategy for the period 1998-2003, the overall purpose of our education strategic objective remains that of providing quality basic education on an equitable and expanded basis. The constraints to achieving this purpose, however, have evolved. The education system is no longer in a collapsed state. It suffers from over centralization, weak financial management, and organizational inefficiencies. These conditions are generic in the public sector in Benin, and we use the term "deficient governance" to describe this condition in the text. Our strategy, therefore, has had to shift somewhat, in order to address this constraint. To achieve the overall purpose, our strategy will focus on decentralization, strengthened community-level partnerships, and improved management. We want to do more to increase girls' education. Our strategic approach to improve basic education will continue to address system constraints at the central level while developing new management arrangements at the community level in partnership with civil society. This strategy has been developed as a result of close consultation and dialogue with our counterparts in the Ministries of Education and Finance, with our NGO partners and with

our donor colleagues in the education sector.

For our new strategy, we have been given the authority to proceed with the development of a second strategic objective in health. The Demographic and Health Survey done in Benin in 1996 clearly identified the seriousness of health problems and the extent to which they present development obstacles. Benin has among the worst maternal and child health statistics in Africa, the use of family planning services is among the lowest, and the HIV infection rate, while growing, is still at a level where prevention efforts can make a serious impact. The results of this study, along with other assessments and studies, have led to an intensive 18 months of discussion and dialogue with our counterparts and other development partners. This process resulted in the definition of our family health results framework and the approval of an agreement with the GOB on the development of an integrated family health program that would be regionally focused.

The relationship between governance and education apply to the health sector as well. Lessons learned have been applied in the development of a regional program that avoids the dysfunction of a highly centralized system. Rather than attempting to expand family health services through a national program based at the central level, our strategy is to develop an integrated, pilot program in one region of the country, in direct collaboration with the local authorities and the private sector. We will build community management and partnerships with civil society into the program from the inception. We will seek a policy environment from the central level MOH that enables greater regional and local management of health services.

Improving democratic governance is our third programmatic area and remains a special objective. Given the deficient governance constraints in the education and health sectors, our DG program takes on critical importance. The DG Special Objective will maintain its cross-cutting role by building on reform efforts to reduce governance constraints in the education and health sectors. Activities under this special objective will be targeted at facilitating decentralization efforts already underway. They will strengthen NGOs, civil society actors, and local management of education and health services. Through power sharing between the public and the private sector and/or local government, and through improving the legal and regulatory environment, we intend to increase the capacity of civil society to demand more transparent, accountable and efficient government.

At our parameters meeting in Washington in November 1997, we were instructed to prepare a strategy for two scenarios: one at a funding level of less than \$16 million a year, and a low scenario of \$9 million a year. The strategy summarized above meets the first funding scenario. We have reluctantly decided to drop our family health strategic objective to meet the low scenario. We came to this conclusion because it is the one that least jeopardizes the development benefits accomplished to date, and the one that most preserves the integrity and potential synergy built into our program.

We have developed this strategy with the help and support of our colleagues in

REDSO/WCA and USAID/Washington. Our selected virtual partners have provided enormously useful guidance and insights. In fact, without their assistance, the quality of our strategy would be much reduced. We have also developed the strategy in close collaboration with other U.S. agencies at post, namely the Peace Corps, USIS, and the Embassy. The Embassy's most recent Mission Program Plan (MPP) for Benin identified support of democracy and good governance, economic liberalism and sustainable development as primary policy goals. Our strategy not only is in full accord with these goals, but is the primary resource available for achieving them. Benin is a country of hope that is putting in practice ideas of development and democracy that we value. For all these reasons, it deserves our support. We work closely with Peace Corps in variety of education-related areas. We also work closely with USIS, particularly in the DG area. We make use of the IV program to jointly fund Benin participants in the legislative, WID, and journalism areas. Together with USIS, we co-funded an assessment of the National Assembly. We collaborate with the Embassy on the use of Self-Help and 116e Human Rights Funds. We believe our strategy is well-integrated with the objectives of the other agencies at post, that it fits well with Agency goals, and that it supports the overall U.S. foreign policy objectives for Benin.

## ABBREVIATIONS

ABPF	Beninese Association for Family Health
AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS Impact Model
AIMI	Africa Integrated Malaria Initiative
ANEC	Autonomous National Electoral Commission
APE	Parents' Association
ARI	Acute Respiratory Infection
ATI	Appropriate Technology International
ATLAS	African Training Leadership for Advanced Skills
BASICS	Basic Support for Institutionalizing Child Survival
BHR/PVC	Bureau of Humanitarian Response/Private and Voluntary Cooperation
BINGOS	Benin Indigenous Non-Governmental Organizations Strengthening
CBD	Community Based Distribution
CCS	Communal Health Complex
CEPPS	Consortium for Elections and Political Process Strengthening
CIMEP	Community Involvement in the Management of Environmental Pollution
CLEF	Children's Learning and Equity Foundations
COGEC	Commune Health Management Committee
CPR	Contraceptive Prevalence Rate
CRS	Catholic Relief Services
CSP	Country Strategic Plan
DDE	Regional Directorate of Education
DGT	Democracy and Governance Team
DHR	Democracy and Human Rights
DHS	Demographic and Health Survey
EDUCOM	Education and Community
EHP	Environmental Health Project
EU	European Union
FED	European Development Fund
FENAPEB	Federation of Parents' Associations
FP	Family Planning
FSN	Foreign Service National
FQL	Fundamental Quality Level
GDP	Gross Domestic Product
GERDDES	Research Group on the Democratic, Social, and Economic Development of Africa
GLOBE	Global Learning and Observations to Benefit the Environment
GOB	Government of Benin
GON	Government of Nigeria
GTZ	German Technical Cooperation
HEPS	Health Education in Primary Schools
HPN	Health, Population, and Nutrition

HRDA	Human Resource Development Assistance
IDA	International Development Association
IEC	Information, Education, Communication
IFESH	International Foundation for Education and Self-Help
IMCI	Integrated Management of Childhood Illnesses
INFRE	Institute for Training and Research in Education
IR	Intermediate Result
KPC	Knowledge, Practice, Coverage
MCDI	Medical Care Development International
MCH	Maternal and Child Health
MOE	Ministry of Education and Scientific Research
MOF	Ministry of Finance
MOH	Ministry of Health
MOP	Ministry of Plan
MPP	Mission Program Plan
NGO	Non-Governmental Organization
OCF	Other Child Feeding Program
OE	Operating Expense
ORS	Oral Rehydration Salts
PENGOP	Primary Education NGO Project
PETTP	Primary Education Teacher Training Project
PHN	Population Health Nutrition
PNLS	National AIDS Control Program
PRIME	Primary Providers' Education and Training in Reproductive Health
PSC	Personal Services Contractor
PSI	Population Services International
PTA	Parents and Teachers Associations
PVO	Private Voluntary Organization
R4	Resources Review and Resources Request
R & R	Results and Resources
RAPID	Resources for the Awareness of Population in Development
ROBS	Beninese Health NGO Network
SO	Strategic Objective
SPO	Special Objective
STD	Sexually Transmitted Disease
TAACS	Technical Assistance in AIDS and Child Survival
TBA	Tradition Birth Attendant
TFR	Total Fertility Rate
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations International Childrens Emergency Fund
USPVO	United States Private Voluntary Organization
VITA	Volunteers in Technical Assistance

WCA West and Central Africa  
WE World Education  
WHO World Health Organization

# **1. COUNTRY BACKGROUND AND STRATEGY CONTEXT**

## **1.1 Country Overview and Development Context**

Since 1991, the growth of Benin's democratic institutions has made it a model for West Africa. Benin's commitment to political and economic liberalization is beyond question. Political and economic reform has become institutionalized and has taken root. The country has organized two consecutive presidential elections, the most recent in 1996, that were free, fair and transparent, each making possible a smooth transfer of power. Such a record is almost without precedent in Africa and is the best evidence of the health of Benin's democratic institutions. Progress in democratization continues and it is not dependent on personalities. The legislative and judicial branches of government are alive and well and the constitutional court in particular exercises effective checks and balances against executive abuse of power. In this subregion where countries have turned away from democracy and political liberalism, Benin is playing an important moderating role.

Benin has faithfully followed its structural adjustment program, and macroeconomic reforms have begun to take effect. Fiscal balance has been achieved, the market sets prices, and economic growth has averaged 5% over the five-year period of 1992-1997 while inflation has been stabilized at around 3%. These impressive reforms, however, have had a limited impact on poverty. Infant, child and maternal mortality rates, although falling, are among the highest in West Africa. Contraceptive prevalence is low, reported at 3.4% for modern methods by the Demographic and Health Survey (DHS, September 1996). This survey also reported a fertility rate of more than six children per woman and a population growth rate over 3.1% per year. This means that Benin's population will double in less than 25 years, adversely affecting the gains of economic growth and placing stress on its limited social infrastructure. The HIV infection rate has increased from .5% in 1990 to 3.1% in 1997. Illiteracy is estimated at 75% overall and 80% for women.

There are systemic problems as well. The GOB is only able to spend about 60% of its non-salary recurrent expense budget for education; for health, the rate is even lower. The underlying cause of weak absorptive capacity and low efficiency is deficient governance. At the micro level, government exists not to provide public services but to exercise power and authority. A national bureaucracy from the earlier Marxist-Leninist period remains highly centralized, resists change, and is characterized by pervasive rent-seeking. Public officials are not easily held accountable by citizens, are poorly paid, lack incentives to serve the public good, often occupy a dual role in the private sector, and usually conduct their business under much less than transparent conditions. Planning, budgeting and audit mechanisms are very weak. Such are the constraints in the ministries of education and health, and these explain why the quality and quantity of basic education and health services are low. Deficient governance also explains why about 75% of the economy is in the informal sector. Until reliable mechanisms for accountability and a predictable legal and regulatory framework are put in place, prospects for increases in private investment and

the growth of manufacturing are limited.

Because of the open political climate, Beninese discuss these issues in the public fora and criticize corruption in government. A free and lively press is not afraid to report on the performance of public officials.

Building on the successes and lessons learned from the last country strategy plan, we plan to continue to support primary education and family health. We will refocus the next 1998-2003 strategy to better address governance issues. We will place more emphasis on improving absorptive capacity in the education and health sectors. We will improve the enabling environment so local entities can play a greater role in the provision of basic education and family health services. Our integrated strategy is made up of elements that are mutually-reinforcing and geographically focused as well.

## **1.2 Relationship of the Program to U.S. Foreign Policy Interests**

Recent history suggests that democratic countries tend to be more stable, prosperous and much less likely to wage war on their neighbors than authoritarian countries. It also suggests that democratic countries are more apt to play a moderating and restraining role in the event of regional instability and civil strife. Benin fits this profile very well and has played such a role in this subregion in West Africa. In fact, in terms of institutionalizing democracy, we think it is an African model. The armed forces are apolitical. The GOB respects human rights. The most recent Mission Program Plan for Benin identified support of democracy and good governance, economic liberalism and sustainable development as primary policy goals. Our strategy not only is in full accord with these goals, but is the primary resource available for achieving them. This is a country of hope that is putting in practice ideas of development and democracy that we value. For all these reasons, it deserves our support. Looked at from a negative perspective, were the Benin experience to fail, where so much has been accomplished, it would represent a setback to U.S. interests in Africa. We need to help make Benin work.

## **1.3 Role of USAID Benin as a "twinning mission" or "mini-hub"**

Under the plan to restructure REDSO/WCA and to assure that essential services formerly provided by REDSO/WCA continue, USAID/Benin is twinned with Togo, Nigeria, Gabon and Congo (Brazzaville). While the details of the twinning arrangement are not yet worked out, present plans call for us to manage the accounting for SSH and 116(e) DHR programs in the twinned countries, and to provide some contracting and program related assistance to these countries.

Taking these countries one by one, Benin shares about an 800-kilometer border with Nigeria, its neighbor to the east. Driving distance from Cotonou to Lagos is about two hours. Events in Nigeria will strongly impact on Benin, whether the problems are political,

economic, health pandemic (HIV/AIDS, tuberculosis, for example) or others. Benin's close proximity to a huge economic market, driven by a 100 million plus Nigerian population, is more than enough to assure its economic future, provided it has access. The potential for Benin exporting value-added food and cosmetic products, commercial services, and textiles to the Nigerian market is enormous. On the political front, the GOB maintains very good relations with the Government of Nigeria. Dialogue is constant between the two countries. The GON has declared French to be its second national language, while the GOB wants to become more anglophone. We believe the GOB exerts a moderating influence on the GON, to the extent any country is able to do so. We are prepared to do the accounting for Nigeria's SSP and 116e DHR programs, provided we get approval to hire additional FSN controller staff. The USAID/Nigeria program has much in common with ours. We have already sent staff of some of our DG partners on study tours to Lagos to observe community advocacy programs in action. We are both involved in family health and AIDS control programs with NGOs. When we are assigned our PHN officer, we will be able to provide some technical oversight to the health programs in Nigeria. For all these reasons, then, there are many interests that bind together Benin and Nigeria. Our being twinned with USAID/Nigeria is a good fit.

Lome, Togo, is a two hour drive from Cotonou. The US Embassy in Lome is staffed by an embassy commercial officer who also covers Benin. The US Embassy in Cotonou is staffed by an embassy budget and fiscal officer who also covers Togo. A precedent already exists for twinning responsibilities that would facilitate USAID/Benin's accounting of SSH and 116e DHR programs in Togo. The residual USAID program in Togo consists of activities financed under the regional family health and AIDS control program. When we are assigned our PHN officer, we would be in a position to provide some technical support.

For Gabon and Congo/Brazzaville, with our additional FSN controller staff, we will be able to take on the accounting of SSH and 116e DHR programs. Although we are not aware of residual USAID-funded activities in Gabon or Congo/Brazzaville, we will be responsive as we can to any programming that may be needed in these two countries.

#### **1.4 USAID's Customer Service Commitment**

USAID/Benin's customers are primarily the 70-80 percent of Beninese living in rural communities, particularly vulnerable groups such as women and children. These populations tend to have low incomes, constrained opportunities for economic advancement, poor access to social services (health, education), and limited capacity to influence political and policy-making processes.

USAID/Benin uses a range of tools and methods to understand its customers' priorities, needs, as well as feedback on programs provided. These methods include: interviews, beneficiary surveys, needs assessments, studies, counterpart meetings, site visits, workshops, annual reviews, and evaluations.

As more fully explained in the approved USAID/Benin customer service plan, customer and partner feedback is incorporated into our programs through such means as collaboration during planning, and performance monitoring and evaluations. Customer and partner satisfaction with our efforts is gauged by periodic customer satisfaction surveys. Such surveys are then used as guides to reorient resource flows or amend programs and activities. Monthly newsletters also serve as a means of sharing information with customers and partners on success stories, and lessons learned from field activities.

### **1.5 Development Partners, Donors, International Financial Institutions**

Between 1991 and 1995, Benin received approximately \$1.6 billion in foreign assistance. In 1996, it received \$261 million in foreign assistance, 20% less than in 1995, but representing about 11.5% of Gross Domestic Product. The contributions of the top ten donors represents more than 77% (\$200 million) of the total for 1996. These were: France (\$38 million), Japan (\$33 million), FED (\$25 million), World Bank (\$20 million), United States (\$19 million), Germany (\$18 million), Canada (\$15 million), Denmark (\$14 million), Switzerland (\$11 million) and UNDP (\$8 million). Taken together, total foreign assistance amounted to 86% of the GOB public investment budget in 1996.

## **2. PROPOSED STRATEGIC PLAN**

### **2.1 Plan Parameters--Staying the Course**

In charting the map towards USAID/Benin's achievement of the Mission goal, "Enduring Economic and Social Progress," we proposed in our "USAID/Benin Parameters Paper" and AID/W approved our plan to stay the course in the areas of primary education, family health, and democratic governance. We proposed to refocus our approach to better address democratic governance in the new FY 1998-2003 strategy, in order to improve absorptive capacity constraints in the education and health sectors. An interagency group, chaired by the AFR/DAA, on November 25, 1997, endorsed the Mission's plan to build on the impressive results obtained in education, health and democratic governance; and to raise the health special objective to the level of strategic objective, maintain education as a strategic objective and democratic governance as a special objective. USAID/W advised USAID/Benin to develop its strategic plan based on an annual program budget of under \$16 million dollars over the next five years and at the Mission's current staffing level. The Mission was also directed to present a brief explanation of what program results would be lost under a low budget scenario of \$9-10 million per year. Finally, the Mission was asked to incorporate into its strategy the twinning arrangements approved by the AFR Bureau on regional restructuring.

### **2.2 Refined and New Approaches: Integration is the Key**

Our last five years' experience in the health and education sectors has shown that systemic governance problems at the central level are responsible for low absorptive capacity and are impeding the expanded delivery of improved services in these sectors. Our revised approach, therefore, is to place more emphasis on decentralization in the education and health sectors, in order to achieve results. We seek to strengthen the role of local communities and civil society in the management and financing of schools and health centers as an integral part of our education and health program. By assisting the government to devolve effective power to the local level and by enhancing the advocacy, management and decision-making skills of local public and private entities, we will increase the absorptive capacity and efficiency of the government. Moreover, by encouraging local participation, we will gain sustainable improvements in the delivery of health and education services. Empowerment at the local level, in turn, can act as a powerful force for greater accountability and transparency at all levels of the society. Under the old strategy, we recognized the cross-cutting and synergistic nature of democratic governance activities in relation to the health and education programs. Under the new strategy, we are elevating democratic governance activities within our two strategic objectives in order to more actively seek synergy and to capture the maximum developmental impact.

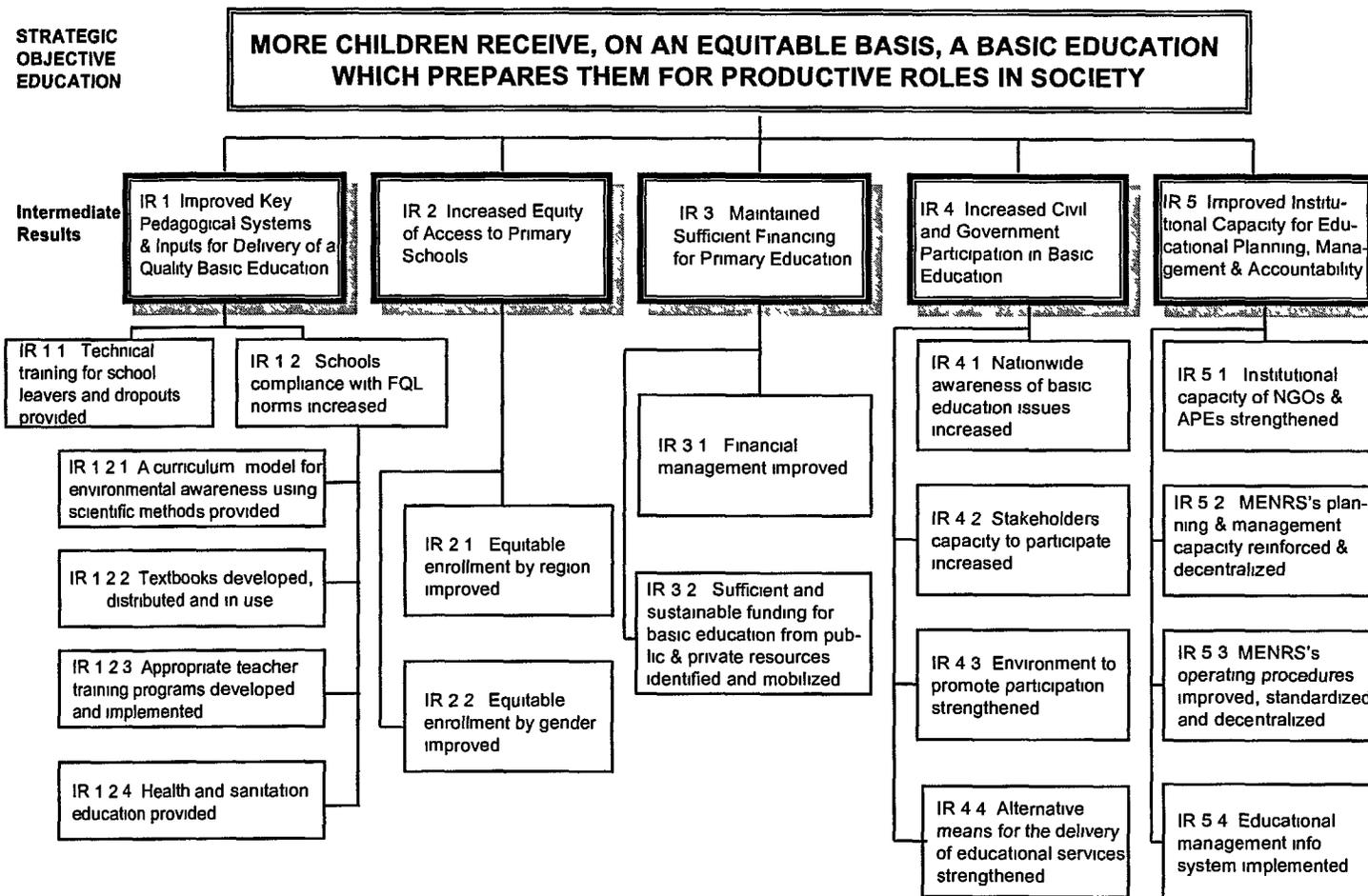
Our second approach is to seek more coordinated effort with donors and development

partners. This approach, while a standard feature of any USAID assistance program, will take on greater emphasis under the new strategy. There are at least two reasons for this. The first has to do with funding levels. USAID/Benin is simply not a big player in democratic governance (DG) compared to the other donors. The European Community alone provides over \$15 million to DG related activities that cover a period of five years. France and Germany are also big players. At between \$1 and 2 million per year, our program can have little impact alone. In concert with others, however, it can have a much greater impact. We are already in partnership with the European Union (EU) through the Transatlantic Initiative. Our joint DG sector assessment conducted in 1996-7 resulted in linking the major donors and has provided not only a reference document, but a basis for discussion and coordinated planning, which we intend to develop during the next five years. Given the integrated nature of the democratic governance special objective and the synergistic relationship between DG and the health and education programs, USAID/Benin will develop and strengthen those activities in the health and education sectors which involve DG elements and will maintain regular information flows on other donor and development partner DG activities which impact on health and education.

Our third strategic refinement is to concentrate the integrated and synergistic nature of the program by bringing it into geographical focus in the northernmost region of Borgou. This will happen in the following ways. The component of our education program that deals with strengthening local organizations and parents' associations, implemented by World Education, is already based in Borgou, as is the component that develops health education in schools, implemented by Medical Care Development International (MCDI). Our pilot Integrated Family Health Program, which is directed at decentralization and strengthening community involvement in health delivery, will take place in Borgou and will make use of the local groups trained under these two education activities. Our family health program has Global Bureau PHN field support components managed by Basic Support for Institutionalizing Child Survival (BASICS), Environmental Health Program / Community Involvement in the Management of Environmental Pollution (EHP/CIMEP), and Primary Providers' Education and Training in Reproductive Health (PRIME) that have all arranged to develop activities in the Borgou region. Our program with Songhai to provide agricultural and livestock management training to school leavers and drop outs will establish a technical training center in Borgou. Our micro enterprise support and lending activities managed by Volunteers in Technical Assistance (VITA) and Appropriate Technology International (ATI) will target graduates from the Songhai training center and will have offices in Borgou.

Our three-pronged strategic approach -- program integration/synergy/geographic focus, decentralization/local involvement, and coordinated donor DG effort -- provides the framework for the formulation of each of our strategic objectives in education and health and our special objective in DG.

## RESULTS FRAMEWORK FOR USAID/BENIN'S EDUCATION STRATEGIC OBJECTIVE



## **2.3 Strategic Objectives**

### **2.3.1 STRATEGIC OBJECTIVE: EDUCATION**

**“More Children Receive, on an Equitable Basis, A Basic Education Which Prepares Them for Productive Roles in Society”**

#### **Linkage to Agency Goals and Objectives**

The strategic objective fits within Agency Goal 3: “Human capacity built through education and training” and more specifically supports Agency Objective 3.1.: “Access to quality basic education, especially for girls and women, expanded.”

#### **Linkage to Government of Benin Goals, Approaches and Commitment**

Access to education is seen by the GOB and its citizenry as having an especially high priority. On the one hand, education is the single most important means to assure long-term informed participation in the political and economic life of Benin. On the other hand, primary education is a government service -- the largest in Benin -- touching the lives of the majority of families in the country. How the Benin government delivers this critical service is a good indicator of how government is seen as performing overall: its effectiveness, its fairness and equity, its accountability and its transparency.

In May 1997 the GOB held an Education Round Table, involving all sectors of Beninese society and donor partners. At this meeting, Benin reconfirmed its commitment to primary education reform with an added emphasis on community participation and equity, particularly for girls. The “Educational Policy Framework Document”, which was approved by the Council of Ministers in January 1991, is the official statement of the GOB education reform effort. USAID efforts in the education sector were designed to support this education policy framework, specifically in the area of primary education. Such support will continue in the Country Strategic Plan for the period 1998-2003.

#### **Problem Analysis**

The GOB is actively pursuing its education reform efforts, but the majority of primary schools in Benin are still not providing quality education on an equitable basis. While the overall primary school enrollment rate in 1996 was 69% and girls enrollment is increasing, wide regional and gender disparities still exist. The primary school enrollment rate in the Atlantique region, which includes the capital Cotonou, was 95% in 1996, but in one of Benin’s northern regions, Borgou, it was only 41%. The gap between girls and boys also

remains high. In 1996, the ratio of girls to boys in primary schools nationwide was .57. While the MOE is aware of these gaps, it has yet to develop an effective response because it remains a highly centralized organization that suffers from organizational inefficiencies. Civil society is not as yet adequately involved in the reform process. Primary school teachers are insufficient in number and the MOE has yet to institutionalize any type of formal in-service teacher training program. While the Fundamental Quality Level (FQL) standards give the MOE a gauge to measure school-level improvements, there is a lack of consensus in the GOB concerning the relative priority of these standards and the means of achieving them. The MOE low utilization of budgeted funds (at a rate of 36% by the third quarter of 1997), limits the educational impact which could be attained by a more rational use of existing resources. One of the most disquieting statistics concerns the completion rate: out of every 1,000 Beninese children who enter primary school, only 220 pass the leaving exam six years later.

### Constraints

The constraints to improving basic education are related to deficient governance and lack of coherent policy. While there still is resistance to education by parents in northern rural areas, the MOE's managerial and organizational weaknesses have impeded it from responding to strong demands for education in other geographic areas. The system's lack of internal and external efficiency further undermines attempts to promote enrollment or retention at the primary level. Management inefficiencies at the central level explain the irregular and inequitable allocation of educational resources in the schools such as textbooks and teachers' guides, didactic material and basic school furniture. While a management information system and planning capacity are slowly being built, data is not disseminated nor is it adequately used to identify policy options for an optimal distribution of educational services. Decentralization of the planning and management of primary school inputs and finances and the devolution of decision-making authority to regional levels has not been sufficient. While civil society, communities and educational staff show evident readiness and press for the decentralization of some educational services, the strong political will needed at the central level to support such an effort is lagging.

### Affected Customers and Targeted Area

The immediate beneficiaries will be about 700,000 primary school students nationwide (estimated to increase to over 800,000 by 2003) and the estimated 100,000 drop-outs. Intermediate customers are: the Ministry of Education (MOE), the Ministry of Finance (MOF), teachers and other school staff, parents, NGOs/PVOs, and local communities.

### **Highlights of Results and Lessons Learned from FY 1994-1998 Country Strategic Plan**

Benin's primary education reform program has made significant progress in the area of enrollment, and improving institutional capacity of the Ministry of Education, particularly in

terms of management information, planning and budgeting. Enrollment has increased from a base of approximately 400,000 students in 1991 to over 700,000 students in 1997. Fundamental Quality Level (FQL) indicators, i.e. those fundamental inputs to ensure an adequate primary education system, have been developed for all aspects of the primary school system. There is a growing network of active Parents' Associations and NGOs. Furthermore, girls' enrollment has increased proportionately with boys'. Curriculum and textbook reform is well underway throughout the primary grades, and the government has taken steps to hire more teachers. Twenty-six hundred new primary school teachers were hired in 1997, on a contractual basis, and were given an initial training program. To date the reform has had a significant impact on GOB budget allocations for the primary education sector, an area in which the GOB's contribution in 1991 was almost entirely in the form of salaries. An adequate expenditure tracking system was also established. However, despite these significant accomplishments, the reform is far from complete.

The major lesson learned during the last Country Strategic Plan period (1994-1998) is that, for the educational reform to take root, it must have the active involvement of civil society and local communities. Education reform needs to pay more attention to learners, to make sure that the delivery of key inputs reach the students.

Even if primary school completion rates are significantly increased the problem of adequate training, for those without a primary school education, will remain. Many do not complete school or cannot find permanent employment after primary school, a reflection of the growing problem of urbanization and unemployment gripping Benin.

### **Causal Relationships and Critical Assumptions**

To build on the successes experienced under the 1994-1998 Strategic Plan, we believe that a broadening of USAID interventions from the national, central government level to also include direct assistance to local NGOs, PVOs, targeted primary school districts and Parents' Associations will prove necessary to achieve the results set out in this document. The involvement of NGOs and Parents will be complementary to that of the MOE. While the MOE will continue its functions at the national level, NGOs and parents will contribute by addressing rather specific issues at the level of each school. Preliminary data, cited by World Education in their last mid-term report, indicates significantly higher enrollment and retention rates in schools with active Parents' Associations. Continued limited and well defined assistance to the Ministry of Education will complement activities currently underway by other donors and will contribute to the GOB's decentralization plan and ongoing capacity building. If we are successful, USAID/Benin expects that throughout Benin, not only in the capital and selected urban centers, Beninese children will be better prepared to contribute to Benin's economic growth. Post primary school training will increase their income earning potential. The involvement of parents and eventually students in civic affairs will prove to be a positive force in maintaining an open and transparent democracy. A better educated populace will contribute to improved maternal

health and smaller, more prosperous families.

The key/critical assumptions underlying the expected outcomes above are:

- The continued policy commitment of the Government of Benin to basic education reform and decentralization; political stability and continued economic stability, if not growth.
- Major donor commitment and cooperation in basic education will continue.
- The proportion of the national budget devoted to MOE budget remains at a minimally acceptable percent of public investment.

### **Commitment and Complementarity of Activities with Development Partners**

Donor coordination in education in Benin is on-going and will continue through the end of the Country Strategic Plan (1998-2003). Dialogue between donors and the GOB paved the way for the preparation of the first round table on education in Benin held in May 1997. Donors meet on a regular basis to ensure continued coordination and to eliminate duplication of effort. While USAID is the principal donor in primary education, there is donor participation and cooperation in this and other aspects of the education system. USAID's SO efforts are focused on improving the quality of primary education. Related to that effort, the World Bank is funding improvements in the Ministry of Finance's (MOF) financial management capacity. One of the most significant constraints to the Ministry of Education's ability to fulfill its mandate has been a dependence on the MOF to make budgetary resources available to the MOE on schedule and in adequate amounts. A more efficient MOF should improve absorptive capacity in all the line ministries. The World Bank is complementing USAID's efforts in financing and providing training of MOE personnel in management and supervision of all aspects of primary school systems. The World Bank is joined in the school construction effort by the European Union. The latter is also involved in agricultural training. In 1997, the GOB received a loan from the Japanese government for school construction. The French are active in secondary school technical assistance and secondary education capacity building. UNICEF is involved in girls education. Lastly, the African Development Bank, through its soft loan window financing, complements USAID activities in teacher training and girls education. As a group, these donors contributed \$15 million in 1996, (the last data available).

### **Strategic Approach**

The Mission's program in education that began in 1991, and which focused on policy level improvements and institutional strengthening primarily at the central level, will continue to expand. We will continue to provide technical assistance to strengthen the planning and

management capacity of the MOE. We will address the lack of efficiencies in resource delivery by working within the system to improve the system, using FQL standards as a measure of success. We will tackle the problem of regional disparities by working with the MOE to decentralize specific management functions while providing direct assistance through PVO activities. We will promote equity of access by working with the newly created National Network for Girls' Education and with local NGOs that specialize in girls' education. We will further encourage the participation of civil society by reinforcing Parents' Associations (APEs) and community-level groups. We will address the issue of absorptive financial capacity in the MOE by streamlining conditionalities and continuing to provide technical assistance in financial management. We have been in continuous discussion with our GOB partners to revise funding mechanisms so that timely funding will be released to the primary education sector. To raise the completion rate, we will continue to focus on improvements at the classroom level. We will study and test pilot programs of skills training for school leavers and dropouts. USAID/Benin's strategic approach to improving basic education thus will continue to address system constraints at the central level while developing new management arrangements at the community level in partnership with civil society.

USAID/Benin and selected partners have begun addressing the need for skills training for primary school leavers through the SONGHAI project (an agriculturally focused technical training project). We plan to use this model as a basis for exploring other opportunities to enhance the skills and earning power of school leavers through self sustaining pilot programs in the private sector. The Mission is well aware of the mixed track record for skills training programs. We will need to study this matter to find answers to critical questions. Who is unemployed? Why don't they have jobs? What is the market? Are there jobs that routinely remain unfilled?, etc. Once we answer these questions we will be able to begin a program to assist this segment of the population.

USAID will continue its highly integrated approach with the family health SO and democracy and governance SPO. LEARNLINK, a new communications project accessed through the Global Bureau, will assist Benin in setting up, for the first time, INTERNET linkages between health, education and governance entities on the regional level as well as between Ministries. Peace Corps will assist the Mission in expanding the GLOBE environmental education program throughout the primary education system and include INTERNET access. USIS will continue to contribute to the GLOBE program, as well as a pilot project to train primary school English teachers. We will also work with Peace Corps in selected areas of our girls' education program and job skill training. We will have an integrated health and primary education program with our family health partner organizations in the Borgou region, making use of the synergies between family health and primary education services. Our program will continue to expand community empowerment and participation in primary education and by extension in governance through the expansion of our grant with World Education to strengthen and support Parents' Associations and the BINGOS (Benin Indigenous Non-Governmental Organizations Strengthening) Project to strengthen NGOs, particularly in the area of girls' education.

The Mission's PL 480 Title II program, along with the World Food Organization's school feeding program, has had success in supporting primary education and girls education. Schools with feeding programs have shown a consistently higher enrollment and retention rate. We plan to explore ways to make this school feeding program sustainable.

### **Expected Results**

In order to reach our strategic objective "More Children receive, on an equitable basis, a basic education which prepares them for productive roles in society," we have developed five intermediate results: continued improvement of key pedagogical systems and inputs; increased equity of access to basic education; assurance of sufficient financing for primary education; increased civil participation in basic education; and continued improvement of planning, management and accountability.

#### **Intermediate Result 1: Improved key pedagogical systems and inputs for delivery of a quality basic education**

We will assist the Ministry of Education (MOE) in developing an appropriate curriculum and relevant pedagogical materials for classroom use. We will train teachers to more effectively use the new curriculum. We will use the FQL tracking system recently put in place at the MOE to monitor decentralized needs and assist in the procurement and delivery of educational inputs such as textbooks, desks/benches, and teaching materials to the classrooms. FQL data will also be used to track fundamental quality indicators related to recruitment of teachers, school infrastructure and school mapping.

After an in-depth analysis of the track record of skills training, USAID/Benin will develop an expanded program geared toward those children who either don't finish primary school or who fail to continue their education after completing primary school.

#### **Intermediate Result 2: Increased equity of access to primary schools**

USAID/Benin will continue to strengthen Parents' Associations through our work with local NGOs, and assist in the development of a national network for girls education. The network will sensitize the public to the needs and advantages of educating girls and will identify ways to overcome cultural barriers to girls education. We will propose ways to create incentives for teachers, communities, and girls, to ensure that more girls and children from rural communities have access to quality education. The Mission and the MOE will address gender awareness issues in curricula, textbooks, and teacher training modules. The public and the local media will play a larger role in sensitizing the greater community to equity and access issues

#### **Intermediate Result 3: Maintained sufficient financing for primary education**

The Mission will assist the MOE in developing a financial planning tool that will track

exactly how much is spent on education by subsector (primary, secondary, etc.), by category (salaries, textbooks, teacher training, etc.) and by source of financing (parents, the GOB, donors, etc.). We will continue to work with the MOE and the MOF to ensure that there is adequate financing for the essential components of the reform program, (such as teacher training, textbooks, and girls' education). The Mission will assist the MOE in developing a procedures manual for budgeting, financial management and internal control systems. USAID/Benin will continue to monitor improvements in the GOB's overall financial management capability.

**Intermediate Result 4: Increased civil and government participation in basic education**

Education should not only be the concern of the MOE, but the concern and responsibility of all. USAID will help the MOE work more effectively with other ministries and other bodies such as the Education Commission of the National Assembly. We will assist the MOE to mobilize the media in disseminating information about the importance of a basic education. The Mission will continue to support NGOs and Parents' Associations in their attempt to play a larger role. Our World Education project has impacted positively on the quality of school management and infrastructure. In numerous cases, parents have contributed to solving the following problems: teacher shortages, lack of adequate classrooms, and a lack of proper management of school funds. USAID will support NGOs and, through them, Parents' Associations in their efforts to become more involved in educational decision making. We will also encourage the government to support private initiatives to promote children's education.

**Intermediate Result 5: Improved institutional capacity for educational planning, management and accountability**

The focus of this IR is to assist the GOB in establishing a strengthened central capacity that will allow for a more decentralized and efficiently functioning educational system. We will help the government devolve more power to local government and to local school districts. We will also help foster the linkages between them. We will further facilitate the decentralization process through better use of education data both at the central and regional levels, and the development of a central and regional planning capacity. We will support the MOE in adopting systemized procedures that will ensure maximum use of resources. To that effect, we will assist the MOE in creating a planning unit to efficiently plan and budget education programs. The planning unit will work with FQL to provide data to the MOE so as to promote a better informed decision-making process and to facilitate equitable procurement of inputs at the classroom level.

**Development Impact and Sustainability**

The expected impact of our strategy will be greater access to a better education, and a better quality of life for all Beninese citizens. We will ensure that a greater number of

primary school age children receive an education that more adequately prepares them to attain an improved quality of life. True sustainability will hinge on the ability of civil society to continue, once they learn how, to influence resource allocation decisions which affect their communities.

By the end of the year 2003 we expect to see the following changes in Benin's basic education system:

- a 75% gross enrollment rate, with an equal proportion of girls as boys;
- an increased completion rate from 21% to 42%;
- communities participating in school level management decisions;
- learning materials used by competent teachers to teach relevant and useful skills in most of the primary schools in Benin;
- funds properly managed and accounted for at all levels of the primary education system; and
- job skill training pilot programs for school leavers and primary school graduates enabling them to enter the job market.

The sustainability of the primary education reform program and the sustainability of democracy in Benin are dependent on an informed, active civil society within an environment where education inputs reach the intended recipients and schools are well-managed. To that end, the Mission is placing over half of its education resources in strengthening community participation in primary education. We envision a basic education sector in five years that has stronger community linkages, equitable access by gender and locality, more relevant skill development and higher education quality.

For those children who do not complete primary school or who do not have the means to go on to secondary school, there will be technical training available that is relevant and responsive to the needs of their country. This training will be in the private sector and will be self-financing. In order to assist the graduates in getting started, a credit system will be created to enable graduates to launch their own businesses and to become financially self-reliant.

### **Results Monitoring Plan**

We will continue to use existing baseline and indicators which include both quantitative and qualitative measures for determining impact for all aspects of the program, except skill training, which will be refined during preparation of the annual Results Review and

Resource Request submission.

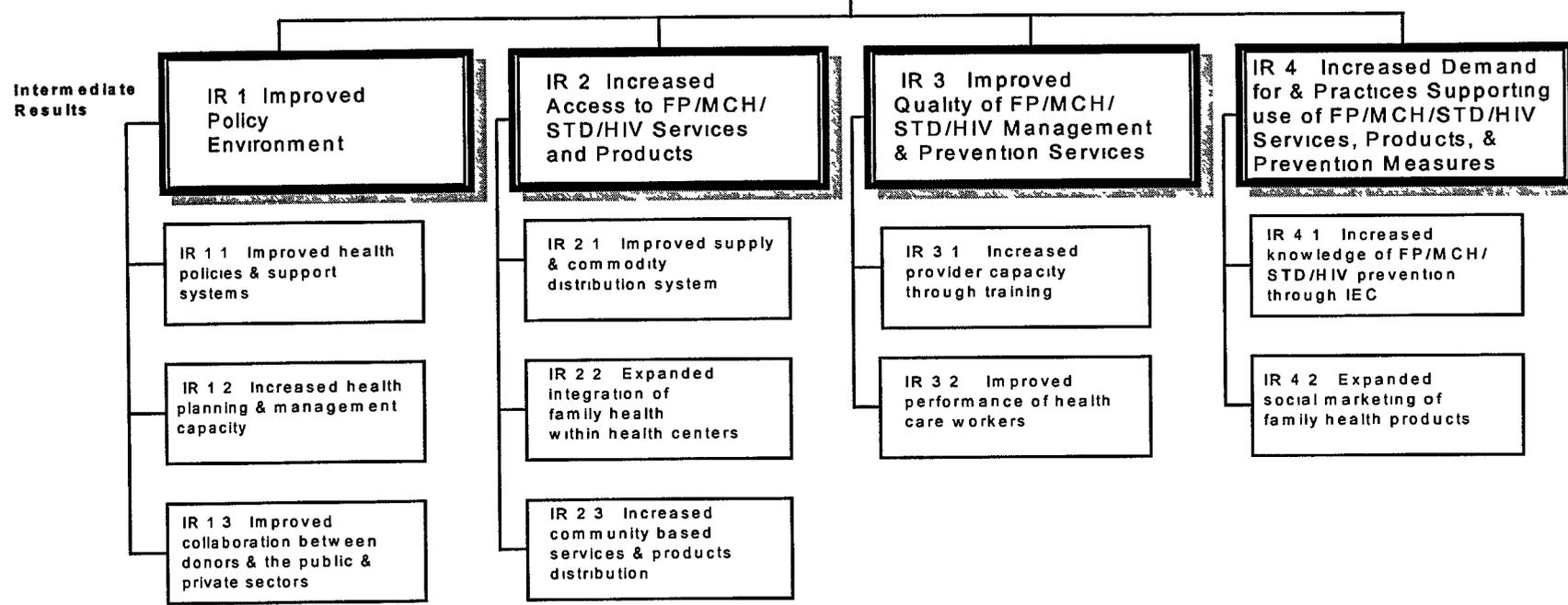
There are four basic elements to the basic education monitoring plan:

- collection and analysis of data from the management information systems created by the CLEF Project and other USAID/Benin-financed activities;
- yearly independent evaluations to validate the data collection and analysis;
- site visits by Mission staff; and
- establishment of an “end-use checking” mechanism in which members of the civil society (through the National Federation of Parents' Associations), the GOB and donors periodically visit schools using statistically valid random sampling techniques to determine if primary education inputs are being delivered and effectively used.

## RESULTS FRAMEWORK FOR USAID/BENIN'S HEALTH STRATEGIC OBJECTIVE

STRATEGIC OBJECTIVE HEALTH

**INCREASED USE OF FP/MCH/STD/HIV SERVICES AND PREVENTION MEASURES WITHIN A SUPPORTIVE POLICY ENVIRONMENT**



## **2.3.2 STRATEGIC OBJECTIVE: HEALTH**

### **"Increased Use Of FP/MCH/STD/HIV Services and Prevention Measures Within A Supportive Policy Environment"**

#### **Linkage to Agency Goals and Objectives**

USAID/Benin's Health Strategic Objective contributes to the achievement of Agency Goal 4: "World population stabilized and human health protected." It supports the following objectives under this goal: unintended and mistimed pregnancies reduced; infant and child health and nutrition improved and infant and child mortality reduced; deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced; HIV transmission and the impact of the HIV/AIDS pandemic reduced; and the threat of infectious diseases of major public health importance reduced.

#### **Linkage to Government of Benin Goals, Approaches and Commitment**

The GOB's National Health Strategy 1997-2001 has as its global objectives to improve the quality and accessibility of health services and improve community participation and service utilization. Key elements include decentralization, improved planning and management, reduction of principal diseases, and improved reproductive health. The objectives of access and community participation are reinforced through the implementation of a cost-recovery system based on the Bamako Initiative and a successful national drug distribution system. USAID/Benin supports the GOB strategy through its programmatic emphasis on family health (family planning, maternal and child health, and STD/HIV prevention) as well as improved prevention and management of principal diseases and improved management of health services through capacity building. It further supports the GOB strategy through its intermediate results of access and quality of health services as well as its emphasis on improved community-based initiatives and partnership with the private sector. Our strategy helps implement the National Population Policy, adopted in 1996. This primarily normative document has among its objectives the improvement of key maternal and child health indicators as well as the promotion of responsible fertility through a contraceptive prevalence target rate of 40% by the year 2016.

#### **Problem Analysis**

The 1997 estimated population of Benin was 5.9 million with a population growth rate of 3.1% per year. The 1996 Demographic and Health Survey (DHS) shows a national total fertility rate (TFR) of 6.3. The impact of education on fertility is dramatic: women with no education have more than twice the number of children (7) as those with secondary schooling (3.2). Though knowledge of family planning methods is high (80% of women in

union are familiar with at least one method) and expressed desire for limitation or spacing of births is 31%, the contraceptive prevalence rate (CPR) for modern methods is only 3.4%. In addition, availability and quality of services are low and health workers are not adequately trained in family planning. Contraceptive supply is unreliable in public as well as in private health centers. Information, education, and communication strategies to increase demand are non-existent.

Infant mortality remains high at 94 per 1,000 live births. The under five mortality rate is 167 per 1,000 live births. Although immunization is counted as a success in Benin, with 56% complete vaccination coverage, the major causes of morbidity and mortality are beyond the scope of immunization: malaria, diarrhea, and acute respiratory infections. Chronic malnutrition of children further exacerbates children's health status. Although 97% of children are breastfed, only 14% are exclusively breastfed for the first 4 months of life. The problem is further compounded by the low utilization of health centers and the poor quality of health services. Maternal mortality is estimated at 498 per 100,000 live births, however, some studies show this to be as high as 900. Given the low CPR and high unmet need for contraception, it is believed that a fairly large proportion of maternal deaths are due to illegal abortion. A large proportion of women deliver at home (40%) with the support of traditional birth attendants. Lack of qualified personnel to deal with complications and inaccessibility of emergency services contribute to the high mortality in cases of complications.

While the seroprevalence rate is relatively low at approximately 3.1% in 1997, this rate represents an exponential increase from the 0.5% in 1990. There is no significant difference between urban and rural rates. It continues to increase steadily, according to the National AIDS Control Program. Given the high rates in neighboring countries and migratory patterns, prevention efforts are of the utmost priority. The DHS shows that only 5% of men have never heard of AIDS whereas, among women, this figure is 20% and as high as 45% in the Borgou region. About 82% of men perceive themselves as being at no or very low risk of HIV infection. This low perception of risk is reflected in a low percentage of condom use for STD/HIV prevention (27%).

Although the GOB has made some of the right policy decisions with regard to health reform, the health sector suffers from the same systemic, governance problems as the education sector. Translating policy choices in favor of primary health care into effective, concrete actions remains a huge challenge. Some laws continue to present barriers to reproductive health, such as the Law of 1920 which prohibits the use of contraceptives. Systems to facilitate the management of a decentralized health care system and to assure the access and quality of services are not in place. Weaknesses persist in conducting policy analyses, using data and other research findings to make policy and programmatic decisions, and translating these decisions and policies into action. National strategies for family planning training and service delivery still do not exist.

### Constraints

The MOH suffers from a long history of highly centralized bureaucracy. It lacks management and planning capacity necessary for effective execution of a national health strategy. Efforts to improve health care are often uncoordinated, fragmented and lacking in coherence. The health sector suffers also from systemic governance problems, described elsewhere, resulting in low absorptive capacity. Although decentralization has been embraced as a principle, it has not been implemented effectively. The utilization rate for public sector clinics is low. Health care is provided primarily by traditional healers. There is a high concentration of health workers in the southern part of the country whereas, in more isolated northern areas, health worker to patient ratios are inadequate. The private sector provides about 25% of medical care but is largely unregulated.

The low status of women and the high rates of female illiteracy are major constraints to improving health status. Women are not empowered to make health choices. Men present a formidable barrier to the adoption of family planning. Practices harmful to women's health, such as female genital mutilation, still exist. Benin's traditional pronatalist, patriarchal society tends to resist change.

#### Affected Customers and Targeted Areas

Beneficiaries of this SO will be children 0-5 years of age and men and women of reproductive age (15-49). This represents between 3.5 and 4 million individuals. Those who will be targeted most intensively are individuals in these groups in the Borgou region, about 650,000 individuals. Intermediate customers will be the MOH, the MOP, NGOs, health care providers in the public and private sectors, and community-based organizations.

The health strategy will focus its integrated efforts in one geographical area: the region of Borgou which is the northeastern area of Benin bordering Nigeria and Niger and represents 46% of the land mass of Benin. Borgou was selected using the following criteria: severity of health problems, complementarity of donor activity, presence of a developed private health sector, and integration with other Mission activities to maximize the synergy with education and democracy and governance activities. Other limited interventions will take place in the Oueme region in conjunction with Africare's BHR/PVC child survival program and other field support activities. Lessons learned from the Oueme activities in the areas of malaria and the Integrated Management of Childhood Illnesses (IMCI) will be applied to Borgou. The regional focus will be reinforced by targeted national interventions on the policy level so that activities under this pilot program can be replicated in other regions.

#### **Highlights of Results and Lessons Learned from FY 1994 - 1998 Country Strategic Plan**

The Mission has supported STD/HIV prevention activities through condom social marketing, community education campaigns, and institutional strengthening of the National AIDS Control Program. Condom distribution rose from 355,000 in 1990 to 3,082,000 in 1997, an increase of 23% over 1996. Support for child survival activities has been through social

marketing of oral rehydration salts (ORS), training of village health volunteers in diarrhea prevention and management, and through a grant to UNICEF's child survival program. As a result of these interventions, usage of ORS in the target regions has gone from an average of 10% to 30%. USAID also financed a series of studies including a population/family planning needs assessment (1994) and a Demographic and Health Survey (DHS), the first ever in Benin, which was completed in September 1996. These studies indicate the need for immediate intervention to strengthen capacities in maternal and child health, to integrate family planning services into the ongoing public sector programs, and to develop initiatives in the NGO sector to increase access to adequate family planning and maternal/child health services. Global Bureau field support projects have also contributed to results in the health sector. PRIME has been active in reproductive health assessment and training. BASICS is currently in the process of establishing a regional office in Borgou to implement child survival activities and the Environmental Health Project's "community involvement in the management of environmental pollution" has begun activities in Borgou. The POLICY Project has a field representative in Cotonou supporting the dissemination of population policy, developing advocacy skills of NGOs, and fostering the growth of a health NGO network. Other field support partners include Mothercare, Family Planning Logistics Management, and the Africa Integrated Malaria Initiative.

During FY 1994-1998, many sector assessments were done, extensive discussions with partners took place, and results to be achieved were formulated. We have a solid analytical base on which to identify lessons learned. These include:

- 1) A more limited scope, regionally focused intervention has a higher likelihood of success given the low absorptive capacity and inefficiency of the central level MOH;
- 2) Partnership with the private sector is essential to meet health needs;
- 3) Given constraints of the current health care delivery system, innovative community-based approaches emphasizing self-sufficiency and prevention will lead to greater sustainability;
- 4) Although health needs are great, lack of donor financing is not a limiting factor.

### **Causal Relationships and Critical Assumptions**

The major obstacles to the use of family health services are: lack of access, poor quality of services, lack of information about the benefits of these services and products, and system constraints within the MOH. Our strategy is therefore based on the causal relationship that increasing the access, quality, and demand for services will lead to increased use of services. Services and products need to be made accessible in order for them to be used. These services must be delivered in a manner which is respectful of the client and which promotes confidence in the safety and effectiveness of the service. Customer awareness

and knowledge of services and products must be increased in order for them to see the value of adopting new health behaviors. A policy environment that encourages activities leading to the achievement of increased access, quality, and demand is necessary. This policy environment will enhance capacities for sustainable management of health systems and more effective coordination of donors and private sector providers which in turn will facilitate attainment of the intermediate results of access, quality, and demand.

Additional causal relationships identified in this strategy are the following:

- Increasing private sector and community-based involvement will increase access to services.
- Increasing use of family health services will result in a healthier population and a strengthened human resource base.
- Decreasing demographic growth rate will lead to more sustainable economic development.

The following critical assumptions were made in the development of the health strategy:

- The GOB will implement its National Health Strategy and National Population Policy, including decentralization and integration of family planning into primary health care services.
- The GOB, USAID, and key donors will continue to collaborate in order to improve quality and access to integrated health care.
- Targeting a specific geographic area will decrease the constraints posed by the centralized bureaucracy of the Ministry of Health (MOH).
- The private sector will continue to provide increasing amounts of quality health care to the population.
- Community health management committees will continue and will include services selected under this SO.

### **Commitment and Complementarity of Activities with Development Partners**

The health sector is supported by numerous multilateral, bilateral, international non-governmental organizations (NGO), and Beninese NGOs. (See Annex E: "Health Sector Partners"). In the areas of family planning, maternal and child health, and STD/HIV prevention, USAID/Benin's main partners are the United Nations Fund for Population Activities (UNFPA), the International Planned Parenthood Federation affiliate (ABPF), the

German Association for Technical Cooperation (GTZ), Population Services International (PSI), UNICEF, and Africare. UNFPA provides assistance to the MOH's population and development objectives. The ABPF has been providing reproductive health services for 20 years and is the principal provider of contraceptives in the private sector. GTZ's primary health care program has focused on reproductive health with an emphasis on community-based initiatives in family planning and maternal and child health. PSI has a social marketing program for condoms, oral rehydration salts, and most recently has received approval to market a low dose oral contraceptive. UNICEF provides assistance principally through support to the MOH's goals in the areas of health system development, MCH and reproductive health, and nutrition. Africare has recently begun implementation of a BHR/PVC child survival program in the Oueme region incorporating family planning, HIV prevention, and malaria prevention. USAID/Benin's primary partners in the Borgou region are GTZ and the Swiss Cooperation which provides infrastructure and management support to the Regional Directorate of Public Health in Borgou.

Other partners in the health sector whose interventions include infrastructure development, capacity-building, and reinforcement of health systems include the World Bank, the World Health Organization (WHO), the United Nations Development Program (UNDP), the French Cooperation, the European Union (EU), and the governments of Canada, the Netherlands, Italy, and Japan. The EU plays a leadership role in the coordination of donor support by chairing regular meetings on health matters. Total disbursement by donors in 1996 in the health sector was about \$15 million. (For specific amounts by individual donors, see Annex D, p. D5-D8).

### **Strategic Approach**

USAID/Benin's overall approach to achieving the Health SO is to implement an integrated program of family health activities in the target region of Borgou supported by selected policy activities at the national level. Our strategy will focus on innovative community-based approaches and the strengthening of existing community structures. We will improve service delivery in both public and private sector clinics in Borgou and will reinforce the capacity of health sector NGOs nationally through an NGO network. Concurrent with institutional and systems strengthening at the MOH central level, we will reinforce decentralized management of health care by assuring that delegations of authority are given to regional health directorates. Results will be achieved through collaboration not only with the different actors in the health sector, especially on a decentralized level, but also through synergy with other sectors such as education and democracy and governance.

The promotion of girl's education clearly forges the link between education and the improvement in health status of women and children. The Health Education in Primary Schools (HEPS) program of the Education SO directly impacts health by integrating health promotion activities into primary school and by using primary school children as change agents for improved health behaviors. Other linkages which could take place between

education and health are the use of the Parents' Associations (APE) to disseminate health information, the revision of primary school curriculum to include health and hygiene information, and the integration of health themes into women's literacy programs.

The Health SO supports democracy and governance by increasing civil society's participation in Benin's health care system. Emphasis is placed on the integration of the private sector, especially NGOs, in the delivery of family health services through training and other technical support. USAID/Benin will increase community involvement in health by improving the capacity of community health management committees (COGEC) to better participate in health service management and by empowering communities to identify and resolve their health problems. USAID/Benin's decentralized approach to health furthers regional autonomy. On the policy level, providing advocacy skills for reproductive health to NGOs furthers the role of civil society. The development of an NGO health network (ROBS) supports civil society democratic organization and collaboration. Support to BINGOS II health micro-projects and collaborative community-based activities with Volunteers in Technical Assistance (VITA) and Appropriate Technology International (ATI) further builds on the linkages between health and democracy and governance.

Strong linkages exist between USAID/Benin's P.L. 480 Title II program and the Health SO. Catholic Relief Services (CRS), which implements the Title II program, addresses maternal and child health issues through its Health and Nutrition Project. This community-based program provides health education on nutritional practices as well as disease prevention behaviors. It includes a savings program to assure access to an affordable and healthy diet. CRS further contributes to the Health SO through its HIV counseling program.

### **Expected Results**

#### **Intermediate Result 1: Improved Policy Environment**

The approaches to be used to achieve Intermediate Result 1 include improving: 1) health policies and support systems; 2) health planning and management capacity; 3) coordination between donors and the public and private sectors. The systems which need to be either reinforced or developed in order to implement the Health SO include: an improved health management information system; norms, standards, and clinical protocols for family health; a contraceptive logistics and distribution system; and a national strategy for reproductive health training. We will support the MOH in strengthening its planning and management capacities, in order to develop and implement appropriate national strategies to address priority health problems. We will also encourage decentralized management of health programs. This support will include training of staff, especially in strategic planning, as well as provision of equipment to facilitate this role. Making policy information, data, and data analyses available to those in decision-making positions will be an integral part of this capacity-building. Support of the MOH's role as coordinator of health sector activities, especially donor assistance, will be provided in the form of technical and material assistance, such as internet access through the Leland Initiative. USAID/Benin will also

participate and support the donor roundtable chaired by the EU and also facilitate the coordination of agencies involved in family health. With regard to the private sector, at present, there are few formal mechanisms for collaboration between the public and private sectors; nor are there mechanisms for assuring the quality of the services provided by the private sector. USAID/Benin will support activities to formalize partnerships between government and non-governmental service providers. The support of NGO networks, which can represent the private sector and advocate for their participation, will further this process. On the local level, the coordination of donors and the public and private sector will be even more important in the implementation of health activities in the Borgou region.

**Intermediate Result 2: Increased Access to FP/MCH/STD/HIV Services and Products**

In order to increase access to services and products, USAID/Benin will: 1) improve the supply and distribution of commodities; 2) expand the integration of reproductive health services in the health centers; and 3) increase community-based services and product distribution. Through technical assistance and training, a national-level contraceptive distribution system will be established. We will be responsible for contraceptive supplies, in collaboration with UNFPA, the Directorate of Family Planning, ABPF, and the central drug distribution system. Forecasting, stocking, and distribution will be improved. Supply will further be increased through the expansion of a social marketing program that makes family health products available through a variety of sale points. Integration of family health services into both public and private sector clinics will be expanded through the training of health center personnel in family planning, the integrated management of childhood illnesses, and other selected maternal and child interventions. The inclusion of reproductive health into the curriculum of medical and paramedical schools will further assure its integration in the future. Community-based services and distribution will further increase access. The communal health center (CCS), its management committee (COGEC), outreach workers, and existing community health agents will all be involved in developing more creative and efficient approaches to community-based services. COGEC members will be trained to become better advocates for disease prevention in the communities they represent. USAID/Benin will use NGOs and social marketing channels to communicate health messages and to increase access to selected health products.

**Intermediate Result 3: Improved Quality of FP/MCH/STD/HIV Management and Prevention Services**

Our strategy to improve quality of services will be to increase provider capacity through training and improve performance of health care workers through supervision. USAID/Benin has participated in the revision of the norms and standards of family health and will continue with this process until it is completed and health workers are trained in the use of these standards. Concurrently with the integration of reproductive health into the curriculum of medical and paramedical schools, health agents in the field will be trained as well. To this end, a pool of qualified trainers will be formed to instruct public and private sector health agents in family health, including family planning, integrated

management of childhood illnesses, and the management of STDs. Clinic auxiliary personnel will also be trained where appropriate, as these individuals are often sought to respond to health emergencies that require specialized skills and training. On a community level, capacities of community health agents, such as traditional birth attendants and traditional healers, will be increased to provide higher quality prevention information, services, and referrals. Specific curricula will be developed and adapted for use with these groups. An adequate supervisory system for the public sector will be put in place to ensure the provision of quality services. A mechanism whereby quality services can be assured in the private sector will need to be developed as well.

**Intermediate Result 4: Increased Demand for and Practices Supporting Use of FP/MCH/STD/HIV Services, Products, and Prevention Measures**

The approach to increase demand and appropriate behaviors will focus on information, education, and communication (IEC) and social marketing to increase knowledge and change behaviors. IEC strategies will focus on the identification of regional and ethnic characteristics unique to the Borgou region in order to identify messages which will have the greatest possibility to lead to behavior change. With illiteracy rates as high as 80% in some areas, IEC activities supported by USAID/Benin will rely in large measure on the use of traditional means of communication, such as griots, musicians, and traveling theater groups to increase awareness of and demand for health services. Messages will also address beliefs, cultural taboos, misconceptions and attitudes that present obstacles to the use of health services. Improvements in access and quality of services will cause an increased demand for such services.

We will continue to expand our successful social marketing program. This program will increase access to condoms, child survival products such as oral rehydration salts, and hormonal contraceptives as well as improve knowledge and acceptability of such products. It will increase demand through information, education, and communication that will raise the level of awareness of STD/HIV and prevention measures, the dangers of dehydration from diarrhea and the importance of oral rehydration therapy, and the benefits of child spacing for the health of the mother and the child. Activities under IEC include message development, awareness-raising sessions, training of village health workers and outreach workers to disseminate messages, distribution of IEC materials, and IEC training of partner NGOs. We will target men and adolescents in particular.

**Development Impact and Sustainability**

Achievement of the Health SO will have the impact of decreasing demographic growth and promoting smaller and healthier families which in turn will increase sustainable development. Maternal and infant mortality due to frequent and closely-spaced births will decrease. Through the improvement in services and the adoption of health promotion behavior, SO activities will decrease infant and child mortality.

Sustainability will be achieved through support for policies that remove barriers to family health and establish viable systems to institutionalize behavior change and empower communities to take responsibility for their health care. Support for the implementation of the national population policy, continued improvement in cost recovery activities and essential drug distribution, decentralization, and community-based initiatives will promote sustainability. The establishment of a system of contraceptive procurement and distribution will assure continued access to these commodities. Training of health workers, especially pre-service training, will assure the access to quality services. Partnership and capacity-building of the private sector and the empowerment of communities in the management of health services as well as the enhancement of measures for fees for services and sales of drugs will also strengthen sustainability. Appropriate messages targeting key groups at risk will show the benefits of services and products and promote durable behavior change. In synergy with USAID/Benin's education and DG programs, improving the status of women through increased education and increasing the role of civil society in the management of health care will further promote sustainability of this health objective.

### **Results Monitoring Plan**

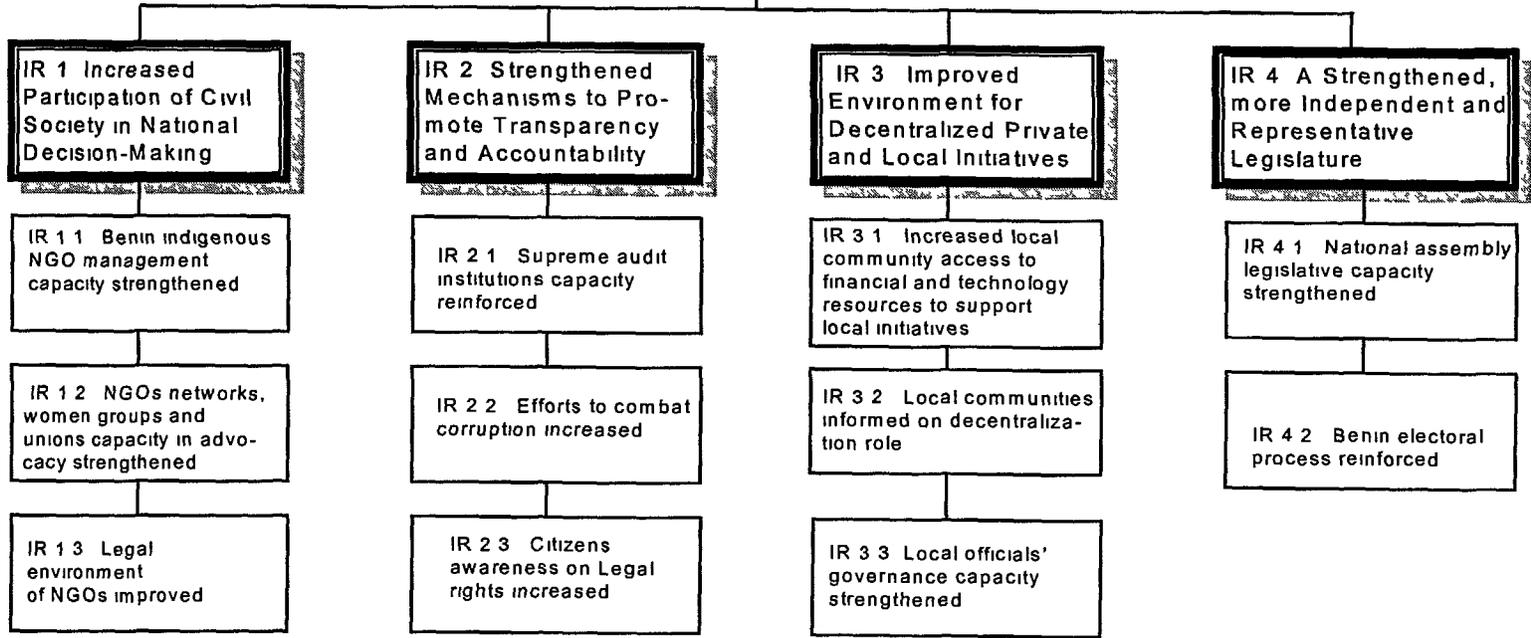
Benin's first DHS was completed in 1996 and provides the baseline data for many of the fertility and health indicators that will be used to measure the results of this SO. A second DHS will be done in 2001. Other assessments, such as a training needs assessment done by PRIME and a Knowledge, Practice, and Coverage (KPC) nutrition study done by Catholic Relief Services (CRS), have been performed which provide baseline data and can be repeated to determine change. Baseline surveys will be done in association with certain activities, such as health practices associated with malaria, health facility assessment for the Integrated Management of Childhood Illnesses (IMCI), health provider surveys, and assessments of nutrition activities. These surveys will be repeated at designated time intervals to measure impact. Data will be collected from health center records, supervision records, interviews, and observation. Other partners, for example, multilateral organizations such as UNICEF or PVOs such as Africare and PSI, monitor results on a regular basis. The method of collection and the validity of their results will be determined prior to the use of this data. Some data collected by the MOH's Health Management Information System could be used, particularly on a quarterly basis at the sub-prefecture level. Some indicators and targets will measure impact at the national level; however the majority will measure impact at the regional level in Borgou.

## RESULTS FRAMEWORK FOR USAID/BENIN'S DEMOCRACY & GOVERNANCE SPECIAL OBJECTIVE

SPECIAL OBJECTIVE  
DEMOCRACY AND  
GOVERNANCE

**IMPROVED GOVERNANCE AND REINFORCED DEMOCRACY**

Intermediate  
Results



### **2.3.3 SPECIAL OBJECTIVE: DEMOCRACY AND GOVERNANCE**

#### **“Improved Governance and Reinforced Democracy”**

##### **Linkage to Agency Goals and Objectives**

This special objective supports the Agency goal of strengthening democracy and good governance. The Agency’s four democracy objectives are: 1) the rule of law strengthened; 2) credible and competitive political processes developed; 3) a politically active civil society promoted; and 4) more transparent and accountable government institutions encouraged. The USAID/Benin special objective is linked to Agency objectives 2, 3 and 4.

##### **Linkage to Government of Benin Goals, Approaches and Commitment**

This objective is consistent with the decisions driving Benin’s dramatic democratic turnaround in 1990 and the GOB policies in support of political and economic liberalism. During the *Conference Nationale* of February 1990 a democratic system of government in a free market economy was established and a new constitution adopted. This constitution provides for a system of checks and balances against executive power, a free and lively press, a multi-party system, and local, legislative and presidential elections. A bill on decentralization is being debated by the National Assembly. The GOB’s position on good governance is that neither development nor democratization is sustainable without it. Its position on accountability and transparency in the public sector is that its successful implementation depends on civil society involvement.

##### **Problem Analysis**

Despite Benin’s success in establishing democratic institutions at the macro level, it has been less successful in improving democratic governance and affecting effective decentralization at the local level. A joint macro governance assessment by the Mission and the European Union, conducted in 1996, concluded that much greater attention is needed to improve democratic governance and to achieve balance in the separation of powers. A significant obstacle caused by deficient governance is low absorptive capacity and inefficiency in the public sector. Deficient governance poses obstacles to development and limits the achievement of results in the education and health sectors.

##### **Constraints**

The bureaucratic regime constraints consist of inefficiency, lack of transparency and accountability, endemic corruption and rent seeking behavior, all of which reduce the capacity of the GOB to absorb foreign assistance. Public officials are not easily held

accountable by citizens, are poorly paid, lack incentives to serve the public, often occupy a dual role in the private sector, and usually conduct their business under much less than transparent conditions. Planning, budgeting and audit mechanisms are very weak. Such are the constraints in the Ministries of Education and Health, and these explain why the quality and quantity of basic education and health services are low.

The lack of a transparent, fair and predictable legal and regulatory environment acts as a major constraint to private and local initiatives. The poor enabling environment is compounded because a considerable part of the population is unaware of its legal rights. The insufficient participation of civil society, in the form of NGOs and professional organizations, in national and local decision making is a direct outcome of the poor enabling environment. Although we have supported the strengthening of NGOs under our BINGOS project for the last several years, a critical mass of NGOs still does not exist to influence decision-making at the national level. Furthermore, the 1901 law on associations, instituted by the French and which still governs the operations of all associations in Benin, does not sufficiently differentiate between the various types of civil groups, nor does it set operational standards. Not-for-profit NGOs, which are intermediaries between grass roots communities and the government and donors, are treated in legal and operational terms in the same fashion as commercial trade associations, professional organizations or for-profit associations. As a result, the rules under which not-for-profit NGOs should operate are not clear. Neither is it clear the role they can effectively play in advocating for their constituents, nor how they should relate to government in carrying out this role. NGOs need to work in a more fair, transparent and predictable legal, ethical and operational context in order to become more effective players in national and local decision-making.

Another constraint to good governance is the relative weakness of the National Assembly. There are long delays in approving critically needed legislation having to do with decentralization and the family code, for example. Legislative commissions to monitor public policy issues such as privatization and the conduct of elections also suffer long delays in being established. These delays appear to have little to do with substantive debate on the nature of the legislation, but rather with the capacity of the deputies to become sufficiently informed in order to make a timely and considered judgement.

Women continue to play a limited role in national and local election politics and do not begin to approach representative numbers in the National Assembly or in local government.

#### **Affected Customers and Targeted Areas**

The beneficiaries of the DG special objective program will be the population at large, as well as those beneficiaries under the Education and Health Strategic Objectives. Intermediate customers will be NGOs, GOB ministries, National Assembly, Chamber of Accounts of the Supreme Court and the Electoral Commission.

## **Highlights of Results and Lessons Learned from FY 1994-1998 Country Strategic Plan**

Since 1994, USAID/Benin's assistance increased the number, improved the operational capacity, and strengthened the advocacy role of NGOs in Benin. In 1994, our strategy limited its governance interventions to reinforcing capacities of NGOs because the nascent NGO movement (273 NGOs), formed after the National Conference of 1990, was judged to be weak and ineffective. Realizing that NGOs play an important role as development partners, we took the lead role in providing training and technical assistance to about 25 NGOs. That assistance allowed the NGO movement to gain credibility. As a result, up to ten workshops are now organized weekly by NGOs on key issues. The NGO movement slowly began to assume its intermediary role between grassroots organizations and the GOB. In 1994, for example, more than five coalitions of NGOs (health, environment, good governance, elections, education) were formed in order to combine their resources for greater impact in the common fight against poverty. From 200 NGOs registered at the Ministry of Interior in 1994, the total number of NGOs increased to more than 1000 in 1997. However, despite these considerable achievements, only about 10% operate in a more democratic and professional manner and are largely concentrated around Cotonou. The legal and institutional environment of NGOs remains ill-defined. Consequentially, the critical mass of NGOs capable of advocating for citizens needs and influencing local and central government decision making is still lacking.

USAID/Benin supported legislative and the presidential elections, held in 1995 and 1996, the conduct of which were judged to be fair, just and transparent. Through financial support for electoral commodities and a grant to GERDDES/Afrique, a local NGO, we supported civic education conferences. However, collaboration between the various actors was lacking and members of the electoral commission were highly politicized; and the training of electoral officials was not well planned. Post-election evaluations recommended that the Autonomous National Electoral Commission (ANEC) be institutionalized to improve its capacity to organize and monitor elections.

USAID supported activities initiated by NGOs to assist parents' associations build their institutional capacity. Five of the six regions of Benin now have a parent's association at regional level and a National Parents Association Federation has been established. These associations are actively involved in school management. Similarly, a significant number of NGOs are now involved in the promotion of health services.

As part of its efforts to consolidate Benin's democracy and increase civil society's participation in decision-making, the Mission initiated actions in 1996 to support the GOB's public administration reform efforts. USAID provided discrete financial assistance to sensitize citizens on decentralization, public administration reform and the judiciary. Training was also provided to citizens in accountability and transparency, advocacy, and project management. The 1996 joint USAID and EU macro-governance assessment, the first of its kind in West Africa, is widely used by all private and public partners and is viewed as a background document for governance actions.

USAID/Benin's experience of the last six years has yielded important lessons for the development of this new strategy.

First, given the cross-cutting nature of DG, positive results can only be obtained through concerted action with the Mission's health and education programs, through coordinated planning with other donors and our development partners, and through close collaboration with USIS and the Embassy.

Second, strengthening NGO networks and other civil society institutions around sector issues strengthens civil society, its capacity to advocate, and its capacity to make partnerships with governmental authorities to improve health and education services.

Third, increasing the number and capacity of NGOs is a necessary but not sufficient condition to make them effective advocates and active participants in civil society. The legal and institutional framework must be clearly defined, understood and adhered to.

### **Causal Relationships and Critical Assumptions**

Based on our experience of the last five years, results achieved and lessons learned, we posit that the following four elements will strengthen DG and will improve basic education and health services. These causal elements are: 1) fostering transparent, accountable and efficient governance practices and systems at all levels; 2) increasing the capacity and involvement of civil society in decision-making, especially in the health and education sectors; 3) promoting decentralization, power sharing and strengthening private, local and community management capacity; and 4) improving the enabling environment to facilitate the participation of civil society, especially women, in public affairs.

The main assumptions on which the democracy and governance strategy is based are: 1) Benin continues to be committed to political liberalism in which citizens are empowered to associate, vote, and speak freely and their human rights respected; 2) separation of powers is sustained, administrative reform and decentralization continue; and 3) the military understand its role in a democratic society and remain in the barracks. These assumptions are critical for the achievement of our objectives in education and health as well.

### **Commitment and Complementarity of Activities of with Development Partners**

Coordinated planning with development partners and other donors is essential to obtaining meaningful results. USAID will support the decentralization process by complementing efforts undertaken by the French, German and Swiss cooperation entities and the World Bank. We will assist in alleviating administrative constraints to the development of private initiatives along with the Canadians, World Bank and UNDP. We will pursue collaboration with the German and French in reinforcing the effectiveness and independence of the

legislature, and foster the participation of the civil society in decision-making with the assistance of the World Bank the Dutch, German, Danish, and Swiss. Cumulatively, these donors contribute approximately \$13 million each year.

### **Strategic Approach**

The DG Special Objective will maintain its cross-cutting role by building on reform efforts to reduce governance constraints in the education and health sectors. Our approach will combine decentralization in service provision (education and health NGO support/local government empowerment), civil society development (NGO and professional networks strengthened), and economic initiatives (access to appropriate technologies and credit), so that communities can play a more active role in the management of the services made available to them. Through power sharing between the public and the private sector and/or to local government, and through improving the legal and regulatory environment, we intend to increase the capacity of civil society to demand more transparent, accountable and efficient government.

Integration, coordination and synergy are the main strategic approaches to achieving the democracy and governance special objective. We will help to create linkages between civil society, public administration and other donor programs. Although DG resources will not be spent on health and education programs, per se, activities financed under these programs will lead to improved governance because of the priority placed on decentralized approaches, local empowerment and civil society strengthening.

We will reinforce existing groups and institutions to achieve sustainable results, rather than by creating new ones. Though training is one of the important means we would use in reinforcing groups and institutions, our objective will not be achieved until such organizations start empowering their own members and staff. We will encourage democratic processes within private organizations and will strengthen the institutional capacity of local institutions.

The launching of the Leland Initiative in Benin, expected in the spring of 1998, promises to bring Benin into much closer contact with the rest of the world. We expect to see an enormous increase in the flow of information and ideas as a result.

We will target the following intermediate results: 1) increased participation of civil society in national decision making; 2) strengthened mechanisms to promote transparency and accountability; 3) improved environment for decentralized private and local initiatives; and 4) a strengthened, more independent, and representative legislature. Achievement of the special objective is dependent on the successful implementation of all intermediate results. However, more efforts and mission resources will be given to IR1 and IR3 because they demand more on-the-ground monitoring of local organizations than the intermittent efforts associated with IR4 which include elections.

## **Expected Results**

### **Intermediate Result 1: Increased participation of civil society in national decision-making**

To achieve this IR, USAID, in collaboration with all US PVOs involved in basic education and health, such as AFRICARE, World Education, MCDI, will reinforce capacities of local NGOs, through training and technical assistance, so they can influence public policy decision-making. The critical mass of effective NGOs necessary for sustainable impact and in effecting central government decision making has not been reached. Building on the success of the Benin Indigenous Non-Governmental Organizations Strengthening Project (BINGOS) in professionalizing twenty national NGOs, we will build a critical mass of NGOs and local associations capable of implementing education, health, and governance activities at the grassroots level and advocating related issues on behalf of their beneficiaries. We will place more emphasis on national NGOs that can effectively represent grassroots needs in education and health. The activities under this result will: 1) strengthen indigenous NGO management capacity; 2) reinforce NGOs networks and women's groups capacity in advocacy; and 3) refine the legal environment and define the ethical and operational code of NGOs so that NGOs understand how to operate accordingly.

### **Intermediate Result 2: Strengthened mechanisms to promote transparency and accountability**

USAID/Benin will assist activities of the GOB to follow-up on the recommendations from the National Conference of 1990 to create transparent partnerships between public administrators and civil society. We will help develop a comprehensive, prioritized audit plan and train the Chamber of Accounts auditors and Executive branch's Inspector General Corps in order to improve and sustain auditor's execution of their responsibilities. In collaboration with the National Advisory Commission on Ethical Conduct in Public Administration and civil society actors, we will increase efforts to combat corruption by institutionalizing such programs in selected NGOs. Other activities include pilot activities to reduce illegal payments, surveys on the economic effects of reducing illegal payments on exports/imports, sensitizing civil society on its role in fighting corruption, and assistance to the GOB in revising or developing corruption regulations and in enforcing existing regulations. Education and health funds may be used to enhance financial management and audit capacities within relevant ministries.

### **Intermediate Result 3: Improved environment for decentralized private and local initiatives**

This IR seeks to increase community participation in local governance decisions that affect them. It also attempts to strengthen local government's capacity to support local development actions. By building on community activities already being fostered through

the education and health sectors, and other donor activities and by supporting new ones, USAID/Benin will: 1) increase local community access to resources (such as micro finance and appropriate technologies) to support local development; 2) enhance community participation in decentralization and the role of civil society in effective local governance; 3) strengthen local officials' governance capacity to ensure that local governments and other decentralized institutions possess sufficient authority to generate and manage resources; and 4) foster effective linkages among local associations and between local associations and local government. These activities are expected to generate more revenues for decentralized municipalities for use in local programs.

**Intermediate Result 4: A strengthened, more independent, and representative legislature**

Under this IR USAID/Benin intends to increase the deliberative capacity of the National Assembly in voting laws, assist this legislative body to institute more democratic and effective legislative processes, and enhance the dialogue between legislators and constituents. We expect that pending laws affecting the operations of the education and health sectors will be passed. We will support efforts leading to the revision of the electoral code such that the Autonomous National Electoral Commission becomes a permanent and independent entity. In our support of electoral activities, we will encourage greater participation of women in the local and national electoral and legislative processes. We expect to see the legal and regulatory framework clarified, and made more equitable, predictable and enforceable. Activities include technical support, training and observation tours for elected national assembly members and administrative and support staff to develop mechanisms for improved representation and involvement of constituents. We intend to improve management information systems for facilitating legislative decision making and to provide parliamentarians and support staff with skills and knowledge on lawmaking which will give them greater authority over budgetary matters. We will help improve collaboration between public administrators, parliamentarians and communities and citizens.

**Development Impact and Sustainability**

At the end of this CSP, the GOB will have demonstrated measurable progress reforming governance such that it becomes more decentralized, transparent, accountable and responsive to development needs, particularly in education and health. Increased numbers of NGOs and NGO networks will be advocating an improved delivery of basic education and health care services at the local level. Partnership between the GOB and civil society will be consolidated. The GOB will have become more of a development partner and service provider than a controller and exerciser of authority. Self-governance capacity at the community level will have been strengthened and an increased amount of resources raised at the local level will be supporting education and health services. A reinforced NGO movement, particularly those involved in education and health, the development of

professional associations of small enterprises and other producer organizations, and improved transparency and accountability of government, are all part of sustaining improved governance.

### **Results Monitoring Plan**

Given the need to report accurate information on program impact and the difficulty in measuring progress in the governance area, a number of indicators will be used to monitor progress and to measure achievement of the special objective. Indicators will be refined to ensure collection and measurement of impact of the program on women and to ensure that indicators capture synergistic results related to our health and education strategic objective programs. We will initiate activity-related surveys or assessments in each results area to establish baselines and targets for indicators. We will perform regular site visits. We will review activity reports and meet with the implementing agencies and beneficiaries on a regular basis.

Sources of data and information used in measuring performance indicators will include activity reports, GOB/National Assembly reports, internal reviews, surveys on customers and partners and evaluations from other multilateral and bilateral partners.

The Mission will collaborate with virtual members at USAID/Washington and most importantly with our partners to develop or refine Special Objective Results.

### **3. PERFORMANCE MONITORING PLAN**

USAID/Benin will monitor program performance in accordance with our Mission-wide "Performance Monitoring and Evaluation Plan", which describes the process and procedures for monitoring performance, measuring and reporting results, and conducting assessments. Each strategic objective and special objective team will take the lead in ensuring that appropriate indicators are developed, baselines established, targets determined, and data sources are regularly consulted and verified. We will pay particular attention to ensuring that indicators capture qualitative changes as well as quantitative ones and that the data desegregated by gender, region, age, etc.

In accordance with our strategic approach, monitoring and reporting activities will ensure that we capture the synergistic impact of our integrated program, account for the results which emerged from donor coordination, and integrate the effects of P.L. 480 Title II food monetization activities under each appropriate objective. This will require concerted action on the part of our strategic teams in the analysis and correlation of data. We will report on our experiences and lessons learned through the annual R4 (Resources Review and Resources Request) report. At appropriate points, we will conduct assessments of the effectiveness of our integration model and make modifications, as needed in our team operations and in our program. We will report as well on our approaches to donor and partner coordination and how we manage this process to facilitate our obtaining and sustaining our program synergy. As our portfolio of indicators will need to capture the comprehensive impacts, we will refine indicators, as required, to ensure this.

We have conducted a base line Demographic and Health Survey (DHS) in 1996. This study has been accepted as the reference document by the GOB for morbidity, mortality and fertility data. We plan to do another DHS in 2000-1. Data from this survey will enable us to measure impact through a number of indicators, including contraceptive prevalence, unmet demand for family planning, vaccine and ORS coverage, infant mortality, fertility, level of education, literacy, knowledge of contraceptive methods, awareness of AIDS, etc.

Tables are included below for each strategic and special objective, a detailed listing of results, indicators/measurements, baseline, and targets. These tables are working documents and will be refined as necessary to ensure the most accurate and comprehensive reporting.

**PERFORMANCE MONITORING INDICATORS AND TARGETS**

**INTERMEDIATE RESULTS AND INDICATORS  
MORE CHILDREN RECEIVE, ON AN EQUITABLE BASIS, A BASIC EDUCATION  
WHICH PREPARES THEM FOR PRODUCTIVE ROLES IN SOCIETY**

Strategic/Special Objective and Intermediate Results	Performance Indicator	Baseline	Target (1998-2003)
<b>Education Strategic Objective:</b> More children receive, on an equitable basis, a basic education which prepares them for productive roles in society	a. Primary School completion exam pass rate - % of pass rate for girls - % of pass rate for boys - ratio of pass rate girls/boys	51 (1995) 57 (1995) .89(1995)	80 80 1.00
	b. Textbooks per student	62(1996)	2.00
	c. Rate of teachers with professional qualification (C.A.P. exam)	45% (1995)	60%
	<b>Intermediate Result 1:</b> Improved key pedagogical systems and inputs for delivery of a quality basic education	a. Percent of graduates employed in skill area within 6 months of graduation	TBD
b. Schools compliance with FQL priority norms. <sup>1</sup>		TBD	TBD

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Priority FQL norms will be determined this year as part of the revised CLEF Program

<b>Intermediate Result 2:</b> Increased equity of access to primary schools	a. Gross Enrollment Rate (GER) - for girls - for boys - girls/boys ratio  b. Geographic equity: <sup>2</sup> - GER for Borgou - GER for Atlantique - Enrollment Ration Borgou/Atlantique	52% (1996) 84% (1996) .62 (1996)  41% (1996) 95% (1996) .43 (1996)	78% 78% 1.00  78% 95% 1.00
<b>Intermediate Result 3:</b> Maintained sufficient financing for primary education	Primary education budget as a percent of total education budget <sup>3</sup>	53.9%(1996)	50%
<b>Intermediate Result 4:</b> Increased civil and government participation in basic education	Number of trained APEs	208 (1997)	1,000
<b>Intermediate Result 5:</b> Improved institutional capacity for educational planning, management and accountability	Overall financial rating in procurement, budgeting, cash management, accounting, reporting, auditing and payroll on a scale from 1 to 3 (lowest to highest)	1.25 (1997)	2.5

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The Borgou region has the lowest enrollment rate while the Atlantic region has the highest rate

Based on research for Least Developed Countries, an allocation of 50% of education budget for primary is deemed adequate. Benin must maintain at least this level.

**PERFORMANCE MONITORING INDICATORS AND TARGETS**

**INTERMEDIATE RESULTS AND INDICATORS  
INCREASED USE OF FP/MCH/STD/HIV SERVICES  
AND PREVENTION MEASURES WITHIN A SUPPORTIVE POLICY ENVIRONMENT**

<b>Strategic/Special Objective and Intermediate Results</b>	<b>Performance Indicator</b>	<b>Baseline</b>	<b>Target (1998-2003)</b>
<b>Health Strategic Objective:</b> Increased use of FP/MCH/STD/HIV services and prevention measures within a supportive policy environment	a Contraceptive prevalence rate (proportion of women of reproductive age using a contraceptive method)	3.4% Nat'l 2.5% Borgou	8.4% 7.5%
	b ORS use rate (% of children with diarrhea in the past 2 weeks receiving ORS)	26% Nat'l	75%
	c Measles coverage rate	52% Borgou	80% Borgou
	d Condom use rate (% of men who know about HIV who use condoms to prevent infection)	10% Borgou 16% National	60% Borgou 70% National
<b>Intermediate Result 1:</b> Improved policy environment	a Existence of a strategic plan for expanding a national family planning program	No	Yes
	b Reproductive health integrated into medical and para-medical schools	No	Yes
	c Integrated Management of Childhood Illnesses (IMCI) adopted by the MOH and adapted to Benin	No	Yes
	d Number of appropriately disseminated policy analyses (AIM/RAPID)	0	12
	e Strategic and operational action plans developed in collaboration with public, private, and donor partners in the Borgou region	None	Annually
	f Number of NGO members in health NGO network (ROBS)	15	50

<b>Intermediate Result 2:</b> Increased access to FP/MCH/STD/HIV services and products	a % of public sector and private sector clinics offering basic package of FP/MCH/STD/HIV services	TBD	90%
	b % of service delivery/sales points experiencing no stock-out in contraceptives over the past 12 months	TBD	90%
	c Unmet need for family planning services	26%	13%
	d Number of sales points offering family health socially marketed products		
	- Condoms ( <i>Prudence</i> )	1500	3500
	- ORS ( <i>Orasel</i> )	425	1000
- Oral Contraceptive ( <i>Harmonie</i> )	0	400	
e % of women age 15-49 living in communities where community-based distribution of family health products exists	17% Borgou	65% Borgou	
<b>Intermediate Result 3:</b> Improved quality of FP/MCH/STD/HIV management and prevention services	a % of health agents trained in basic package of family health services including FP, MCH, STD management	TBD	95% Borgou
	b Proportion of health center staff who provide basic package of services according to revised norms and standards of care	TBD	75% Borgou
	c % of traditional birth attendants (TBA) in target area trained in delivery of quality prenatal care (including appropriate referral) and safe deliveries	TBD	90%
	d health agents demonstrating improved case management of malaria	TBD	75% Borgou
	e % of postpartum women, infants (6-11 months) and children (12-36 months) receiving Vit A according to protocol	TBD	90% Borgou

<b>Intermediate Result 4: Increased demand for and practices supporting use of FP/MCH/STD/HIV services, products, and prevention measures</b>	a Proportion of couples stating their intention to space or limit births	TBD	60% Borgou
	b % of infants 0-4 months old exclusively breastfed	TBD	40% Borgou
	c % of women who know a sexual means of prevention of AIDS	TBD	99%
	d Proportion of mothers knowing how to manage child with malaria, diarrhea, and acute respiratory infection (ARI)	TBD	85%
	e % of population having been exposed to a social marketing message	35%	95%

**PERFORMANCE MONITORING INDICATORS AND TARGETS**

**INTERMEDIATE RESULTS AND INDICATORS  
IMPROVE GOVERNANCE AND REINFORCED DEMOCRACY**

<b>Strategic/Special Objective and Intermediate Results</b>	<b>Performance Indicator</b>	<b>Baseline</b>	<b>Target (1999-2003)</b>
<b>Democracy and Governance Special Objective:</b> Improved governance and reinforced democracy	a Number/percent of targeted local and national government units and civil society organizations demonstrating improved democratic governance processes	32 (1997)	50
	b Targeted communities with mechanisms for citizens participation in decision-making (narrative)	N/A	N/A
	c Number of regulations on corruption enacted by government on civil society's initiative	TBD (1998)	25
<b>Intermediate Result 1:</b> Increased participation of civil society in national decision-making	a Number of functional Civil Society organizations in targeted areas	40 (1997)	140
	b Percent of targeted Civil Society NGOs paying membership dues	TBD (1998)	60%
	c Percent of BINGOS Advisory Board members involved in advocacy and networking activities	TBD (1998)	80%
	d Number of instances where Civil Society organizations in targeted areas worked together to achieve a common community objective	TBD (1998)	50%

<b>Intermediate Result 2:</b> <b>Strengthened mechanisms to promote transparency and accountability</b>	a Number of audits performed by supreme audits institutions	20 (1997)	50
	b Number of corruption or ethics cases brought to trial/hearing	TBD (1998)	20
	c Number of regulations decreed by government to curtail corruption	TBD (1998)	50
	d Frequency of dissemination of information provided to civil society on corruption	5/yr (1998)	20/yr
<b>Intermediate Result 3:</b> <b>Improved environment for decentralized private and local initiatives</b>	a Percent of locally generated revenues reinvested in public services in targeted local communities	5% (1998)	30%
	b Percent of loans serving the very poor including women	10% (1998)	50%
	c Number of pumps and presses sold to local groups and individuals	200 (1998)	1700
	d Percent of consultation meetings between local government and citizens including civil society organizations in targeted areas	10 (1998)	100
	e Percent of population surveyed that demonstrate knowledge on decentralization principles	TBD (1998)	80%
	f Number of targeted local officials trained in good governance	TBD (1998)	200
<b>Intermediate Result 4:</b> <b>A Strengthened, more independent, and representative legislature</b>	a Number/percent of bills and/or resolutions amended or initiated by National Assembly	42 (1997)	60
	b. Number of local hearings/consultations of National Assembly Deputies with their constituents	TBD (1998)	200
	c Percent of women candidates in local and national elections	TBD (1998)	30%

## **4. RESOURCE REQUIREMENTS**

This Country Strategic Plan is presented under the two different budget scenarios agreed upon during the parameters meeting held in Washington this past October. These scenarios are presented in Tables 1 and 2 and represent the: 1) present scenario at \$16 million; 2) low budget scenario at \$9 million per year. These tables also provide an estimated workforce summary and OE level for each of the budget scenarios.

### **4.1 Resource Requirements for the \$16 Million Mission Program**

The \$16 Million budget scenario supports the programs for the Mission's two Strategic Objectives of Basic Education and Health, and the Special Objective of Democracy and Governance. This level represents the optimum development plan for USAID/Benin in terms of results gained relative to both OE and program resources expended. This optimization is obtained because of the synergy created by the integration of results across the Mission's Strategic and Special objectives, as well as by the economies of scale obtained in program management and oversight.

To take full advantage of prior USAID investments, successes, and leadership, we strongly recommend that the \$16 million program level be maintained to allow us to develop our health program into an integrated and coherent part of the overall portfolio.

#### **4.1.1 Staffing Resources**

In order to most effectively use the skills of the Mission staff, individuals involved in such areas as training and public partnership work as team members of more than one Strategic or Special Objective team. Due to the current staffing shortage situation, and our being called on to assume regional twinning responsibilities for Togo, Gabon, Congo-B and Nigeria, we anticipate that multiple team membership will continue and become increasingly necessary.

Discussions with the Embassy staff on the support provided to, and obtained from, the neighboring Embassies in Togo and Nigeria have begun in order to identify the most cost effective ways to manage our regional support accounting responsibilities for Self Help and 116e Human Rights programs.

If USAID/Benin is fully staffed, and is provided the staff agreed upon by the Africa Bureau to manage the additional twinning workload, then the Mission can manage the \$16 Million program and OE resources at the staffing level reflected in Table 3.

#### **4.1.2 Operating Expense Resources**

Due to favorable changes in the exchange rate, and the anticipated availability of computer and related equipment for USAID/Benin from the REDSO office in Abidjan, the Mission is

anticipating a straightlined OE budget from 1998 to 1999, despite the additional staff costs involved in support of the Mission's regional responsibilities. The inflation rate in Benin is currently stable at approximately 3%. Since most of our OE costs are in local currency, we have chosen that figure to estimate the increase in OE requirements in the outlying years.

#### **4.1.3 P.L. 480 Title II Food Resources**

Catholic Relief Services (CRS) has been working in Benin since 1958 and implements the Title II program in all the six regions of the country at a funding level of \$1.8 to \$1.9 million per year.

In support of the Education Strategic Objective, CRS/Benin contributes to the improvement of quality and equity in education by providing P.L. 480 Title II resources to schools through the Other Child Feeding Program (OCF).

In support of the Democracy and Governance Special Objective, CRS works through the Human Rights Program implemented in the northern part of Benin to train para-legals to provide legal counseling to the villagers and their communities, as well as organizing human rights conferences and seminars.

The CRS HIV counseling project supplements our health program. Through the provision of material and financial resources, the community based Maternal and Child Health program (MCH), addresses persistent problems of malnutrition and poor health.

MCH is coupled with a savings program which was developed as a cross-cutting activity (between education, health, and governance) to respond to the lack of income which impedes an adequate and healthy diet. This combination also facilitates local communities' access to other revenue sources for financing their children's education, the building of community schools, and access to health facilities and good nutrition for school-age children.

Under Title II, CRS has provided P.L. 480 food commodities to more than 100,000 refugees, in collaboration with the UNHCR. In order to enhance food security, CRS has also developed and implemented a cereal bank pilot project.

During the next five years the Mission envisions additional synergies between CRS objectives and those of USAID/Benin. The Basic Education strategic objective intends to incorporate CRS's comparative advantage in community-based activities to progressively implement a community-based school access project. CRS also plans to expand its village banking and to collaborate with us on improving access to micro-finance activities.

#### **4.1.4 Field Support**

Over the next five years, the Democracy and Governance Special Objective expects to allocate \$1.5 Million to field support through the add-on mechanism. The allocation is planned to provide \$700,000 for HRDA/ATLAS, \$500,000 for CEPPS, and \$300,000 for anti-corruption. Transfers to the Global Bureau under USAID/Benin's Health Strategic Objective are expected to average \$2 million per year during the next several years under the \$16 Million core budget scenario. This field support will be used for technical assistance in policy, training, child survival, environmental health, malaria prevention, population fellowship program support, technical assistance in HIV/AIDS, family planning logistics management, and centralized contraceptive procurement.

If the Health Strategic Objective is cut as projected under the \$9 million budget scenario, then the level of field support required by the Mission from the Global Bureau will decline by \$2 million per year.

#### **4.2 Resource Requirements and Program Ramifications for the \$9 Million Budget Scenario**

Under this scenario, we have reluctantly decided to drop our health program. Eliminating this program alone brings us to the desired funding level because the entire budget for health is equivalent to the difference between the current and low budget scenario. We believe this option is better than attempting to cut a little from each of our three programs, which runs the risk of our not being able to accomplish anything of significance in any of them. Our DG program is underfunded as it is and simply doesn't offer significant savings. Eliminating our health program offers two additional advantages: it is still in its initial stages and our main activity has not yet begun; and dropping it would be minimally disruptive to our overall staffing structure. The least damaging option, the one that least jeopardizes the development benefits accomplished to date, the one that most preserves the integrity and potential synergy built into our program, is to maintain the funding levels for our education and DG programs and to drop our health program.

##### **4.2.1 Loss of Program Results**

Although there are other donors who are financing programs in the health sector, none is as directed as ours at delivering family planning services. The overall expected results of our program will be considerably reduced, given the synergistic impact of an integrated education, DG and family health program geographically focussed in Borgou. Continued demographic growth would further burden the already stressed educational system which lacks the resources to support increases in class enrollment. On the family level, parents would not be able to choose their family size according to their means, and provide for the education of all their children. The health status of children in school could diminish. With regard to the impact on democracy and governance, civil society's participation in Benin's

health care system would not be increased. The private sector's role in the delivery of quality reproductive health services would not expand, and health choices for civil society would not be made more available. The capacity of communities to manage their health problems would not improve.

With respect to our responsibilities as a twinning mission, dropping our health program under the low budget scenario would mean we would not have the technical staff to help monitor health activities in Nigeria and elsewhere as may be required.

#### **4.2.2 Staffing Resources**

Due to chronic understaffing problems, the loss of the Health program in Benin would result in a small drop in the staffing level of two FSN staff, two Fellows, and one USDH. The work done by the other Mission staff that currently support the Health team in addition to their other responsibilities, would then be more narrowly channeled to focus on the management and implementation of the Education and Democracy and Governance Strategic and Special Objectives and P.L. 480 Title II program.

#### **4.2.3 Operating Expense Resources**

The reduction in staff described above would result in an estimated reduction in OE expenses of approximately \$100,000 in 1999. The low figure in OE savings is due to the offsetting increase in staff costs the Mission will incur to support the Mission's regional twinning responsibilities. The 3% local inflation factor is used in estimating the costs for the outlying years.

#### 4.3 Resource Requirements Tables

**TABLE 1**  
**RESOURCE REQUIREMENTS (FYs 1999 - 2003)**

**Base Scenario**  
**(\$16.0 million)**

<b>Strategic (SO) and Special (SPO) Objectives</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
Education SO: More children receive, on an equitable basis, a basic education which prepares them for productive roles in society.	7.0	7.0	7.0	7.0	7.0
Health SO: Increased use of FP/MCH/STD/HIV services and prevention measures within a supportive policy environment.	7.0	7.0	7.0	7.0	7.0
Democracy and Governance SPO: Improved governance and reinforced democracy.	2.0	2.0	2.0	2.0	2.0
<b>Total OYB including Global</b>	<b>16.0</b>	<b>16.0</b>	<b>16.0</b>	<b>16.0</b>	<b>16.0</b>
OE (\$ million)	1.9	2.0	2.0	2.1	2.1
Workforce	69	70	70	70	70

**TABLE 2**  
**RESOURCE REQUIREMENTS (FYs 1999 - 2003)**

**Low Scenario**  
**(\$9.0 million)**

<b>Strategic (SO) and Special (SPO) Objectives</b>	<b>FY 1999</b>	<b>FY 2000</b>	<b>FY 2001</b>	<b>FY 2002</b>	<b>FY 2003</b>
Education SO: More children receive, on an equitable basis, a basic education which prepares them for productive roles in society.	7.0	7.0	7.0	7.0	7.0
Democracy and Governance SPO: Improved governance and reinforced democracy.	2.0	2.0	2.0	2.0	2.0
Total OYB including Global	9.0	9.0	9.0	9.0	9.0
OE (\$ million)	1.8	1.8	1.9	1.9	2.0
Workforce	64	64	64	64	64

**TABLE 3**

**USAID/Benin Resource Requirement  
Strategy Period FY 1999 - FY 2003  
Summary Workforce by Budget Scenarios**

Category	FY 1999		FY 2000		FY 2001		FY 2002		FY 2003	
	Base Scenario	Low Scenario								
USDHs	7	6	7	6	7	6	7	6	7	6
OE Internat'l Hire	2	2	2	2	2	2	2	2	2	2
OE Local Program	51	49	51	49	51	49	51	49	51	49
Fellows	7	7	8	7	8	7	8	7	8	7
	2	0	2	0	2	0	2	0	2	0
<b>Total</b>	<b>69</b>	<b>64</b>	<b>70</b>	<b>64</b>	<b>70</b>	<b>64</b>	<b>70</b>	<b>64</b>	<b>70</b>	<b>64</b>
OE Requirements in (\$ million)	1.9	1.8	2.0	1.8	2.0	1.9	2.1	1.9	2.1	2.0

Note: OE requirements do not include costs for ICASS.  
Both scenarios include personnel required to execute mission's twinning responsibilities.

## ANNEXES

ANNEX A

UNCLAS

AIDAC

SECSTATE 01419

ACTION: AID  
INFO: AMB DCM

DISSEMINATION: AID/3  
CHARGE: AID

VZCZCC00690  
RR RUEHCO  
DE RUEHC #1419/01 0061527  
ZNR UUUUU ZZH  
R 061523Z JAN 98  
FM SECSTATE WASHDC  
TO AMEMBASSY COTONOU 5874  
BT  
UNCLAS SECTION 01 OF 02 STATE 001419

AIDAC

E.O. 12958: N/A

TAGS.

SUBJECT: USAID/BENIN PROGRAM AND BUDGET PARAMETERS

1. SUMMARY. ON NOVEMBER 25, 1997 AN INTER-AGENCY GROUP MET TO DETERMINE PROGRAM AND BUDGET PARAMETERS FOR USAID/BENIN'S COUNTRY STRATEGIC PLAN (CSP) TO BE SUBMITTED BY FEB. 1998. THE MISSION'S CURRENT CSP ENDS ON SEPT. 30, 1998. THE GROUP INCLUDED PARTICIPANTS FROM USAID'S AFR, M, G BUREAUS, AND THE STATE DEPARTMENT BUREAU FOR AFRICA. DAA/AFR CAP DEAN CHAIRED THE MEETING. THE GROUP ADDRESSED THE KEY POINTS IDENTIFIED BY USAID/BENIN IN ITS PARAMETER SETTING BRIEFING PAPER. THESE INCLUDED BENIN'S IMPRESSIVE PERFORMANCE IN THE INSTITUTIONALIZATION OF DEMOCRATIC REFORMS AND ITS ROLE AS A MODEL FOR WEST AFRICA; THE STRONG PROGRAM SYNERGIES BETWEEN BASIC EDUCATION, HEALTH AND GOVERNANCE; THE MISSION'S DECISION NOT TO REQUEST ADDITIONAL FUNDING OR STAFFING RESOURCES BEYOND PRESENT LEVELS; AND THE PROPOSAL TO UPGRADE THE SPECIAL OBJECTIVE IN HEALTH TO-A STRATEGIC OBJECTIVE. THE MISSION PROGRAM SCOPE UNDER THE DIFFERENT BUDGET SCENARIOS AND THE STRATEGY IMPLICATIONS WERE DISCUSSED ISSUES ASSOCIATED WITH BENIN'S ONE STRATEGIC OBJECTIVE, TWO SPECIAL OBJECTIVES, THE PROGRAM APPROACHES, FUNDING MECHANISMS AND SPECIFIC EXPECTATION FOR CSP SUBMISSION WERE ADDRESSED. END SUMMARY.

2. BENIN'S DEVELOPMENT CONTEXT

THE MISSION'S PARAMETERS PAPER WAS HIGHLY COMMENDED FOR ITS CONTENT, CLARITY AND BREVITY. THE MISSION DIRECTOR'S PRESENTATION OF THE BENIN DEVELOPMENT CONTEXT WAS ALSO WELL RECEIVED. THE POSITION OF BENIN AS ONE OF FIVE FULLY SUSTAINABLE DEVELOPMENT MISSION IN WEST AFRICA AND THE GROWTH OF ITS DEMOCRATIC INSTITUTIONS HAVE MADE IT A MODEL FOR WEST AFRICA AND IT PLAYS A MODERATING ROLE IN THE SUBREGION. MACRO-ECONOMIC REFORMS ARE BEGINNING TO TAKE EFFECT, FISCAL BALANCE HAS BEEN ACHIEVED, THE MARKET SETS PRICES, AND ECONOMIC

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GROWTH HAS AVERAGED FIVE PERCENT OVER THE LAST FIVE YEARS WHILE INFLATION HAS STABILIZED AROUND THREE PERCENT. THE PARTICIPANTS WERE ENCOURAGED ON HEARING THE MISSION DIRECTOR'S FIRST HAND ACCOUNTS OF THE PROGRESS OF THE MISSION'S CURRENT PROGRAM AND COMMENDED USAID/BENIN'S ACHIEVEMENT OVER THE PAST FIVE YEARS.

### 3. BENIN'S POLICY AND PROGRAM PRIORITY AREAS

A. RE SO1 BASIC EDUCATION. THE MISSION EXPLAINED ITS SUCCESSFUL USE OF NPA UNDER THIS SO DESPITE BENIN'S LOW ABSORPTIVE CAPACITY. THE COMPLETED FOUR TRANCHES HAVE HAD THE INTENDED EFFECT OF ASSURING AN ADEQUATE LEVEL OF FINANCING FOR THE GOB PRIMARY EDUCATION PROGRAM. THE GOB HAS PROGRAMMED 23% OF THE NATIONAL BUDGET FOR EDUCATION AND 50% OF THE EDUCATION BUDGET FOR PRIMARY EDUCATION. USAID/BENIN IS CURRENTLY NEGOTIATING REVISED CONDITIONALITIES FOR THE LAST TWO TRANCHES. SHOULD NEGOTIATIONS NOT SUCCEED, THE MISSION WILL CONSIDER ALTERNATIVE MECHANISMS SUCH AS WORKING WITH NGO'S AND CIVIL SOCIETY ORGANIZATIONS.

B. RE SPO 1 DEMOCRACY AND GOVERNANCE. WE AGREE THAT UNDER THIS SO, ALTHOUGH NOTABLE SUCCESSES WERE EVIDENT, ONLY THROUGH CONCERTED ACTION WITH THE TWO OTHER OBJECTIVES AND COORDINATED PLANNING WITH OTHER DONORS CAN MEANINGFUL RESULTS BE GENERATED. THE MISSION PLANS TO ADDRESS GOVERNANCE ISSUES IN THE STRATEGY THAT WOULD ENABLE LOCAL ENTITIES TO PLAY A GREATER ROLE IN BASIC EDUCATION AND FAMILY HEALTH. THIS WILL REMAIN A SPECIAL OBJECTIVE.

C. RE SPO2 FAMILY HEALTH. THE AFR/SD REPRESENTATIVES NOTED THAT THE MISSION CONTINUES ITS SUCCESSES IN THE AREA OF FAMILY HEALTH AND POPULATION BASED ON USAID'S COMPARATIVE ADVANTAGE BENIN HAS IN PLACE AN EFFECTIVE COMMUNITY-BASED COST RECOVERY SYSTEM, A NATIONAL ESSENTIAL DRUG DISTRIBUTION MECHANISM AND AN IMMUNIZATION PROGRAM. THE 1996 DEMOGRAPHIC HEALTH SURVEY PROVIDES THE BASE LINE FOR MEASURING IMPACT. A SECOND DHS IS PLANNED FOR THE YEAR 2001. USAID/BENIN REQUESTED THAT THIS SPECIAL OBJECTIVE IN HEALTH BE UPGRADED TO A STRATEGIC OBJECTIVE. IN MAKING THIS REQUEST THE MISSION WAS ASKING TO VALIDATE EXISTING ACTIVITIES; NO ADDITIONAL FUNDS FOR OE STAFF ARE CONTEMPLATED. THIS SO WOULD CONTINUE THE STRONG SYNERGIES WITH EDUCATION AND GOVERNANCE. NO NPA WAS BEING CONTEMPLATED. DONOR CO-ORDINATION IS COMING ON STREAM AFTER THE SUCCESSFUL USAID SUPPORT FOR THE DEMOGRAPHIC HEALTH SURVEY COMPLETED IN 1996. USAID WILL ENSURE THAT KEY POLICY AGREEMENTS ARE NEGOTIATED UP FRONT AND THE STRATEGY WILL PROMOTE DECENTRALIZATION.

4. DAA/AFR EXPRESSED STRONG CONCERNS ON THE FUTURE DIRECTION OF THE BENIN PROGRAM UNDER THE EXISTING PROGRAM/BUDGET SCENARIOS. THIS IS A RESULT OF THE CURRENT DISCUSSIONS ON THE RESTRUCTURING OF REDSO/WCA. WITHIN THE BUREAU, THE DECISION TO CLOSE REDSO/WCA HAS BEEN MADE AND A "TWINNING" POLICY WILL BE INTRODUCED IN WCA COUNTRIES. IT WAS CLEARLY EXPRESSED THAT OE, PROGRAM AND STAFF LEVELS WILL NOT BE INCREASING

### 5. CSP SCENARIOS

A. BASED ON THE ABOVE DISCUSSIONS, THE MISSION IS REQUESTED TO PREPARE A CSP WHICH INCLUDES BOTH DA AND PL 480 TITLE II NON-EMERGENCY FUNDING. USAID/BENIN IS TO PREPARE TWO (2) PROGRAM BUDGET SCENARIOS --A "CURRENT" SCENARIO AND AN OUTLINE OF HOW RESOURCES WOULD BE SPENT IN A "LOW BUDGET SCENARIO AS WELL.

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*January 30, 1998*

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USAID/BENIN'S BUDGET LEVEL UNDER THE "CURRENT" SCENARIO WILL BE \$14-\$15 MILLION, AND UNDER THE "LOW BUDGET" SCENARIO WOULD BE \$9\$10 MILLION. PLEASE BEGIN THE CSP ANALYSIS USING THE CURRENT SCENARIO ASSUMING EXISTING USDH AND FSN STAFFING LEVELS. THEN CONSTRUCT A LOW SCENARIO, SPECIFYING PROGRAM PRIORITIES AND RESULTS LOST. THE MISSION SHOULD ALSO INCORPORATE INTO ITS STRATEGY THE "TWINNING ARRANGEMENT" DISCUSSED AT THE NOVEMBER 24 REDSO/WCA RESTRUCTURING MEETING AND FURTHER ELABORATED IN THE A-AA/AFR DECISION MEMO TO BE SIGNED IN THE NEAR FUTURE AND TASK FORCE PROPOSAL ON REGIONAL RESTRUCTURING.

B. BASED ON THE DISCUSSIONS, WE AGREED TO THE PROPOSAL TO ELEVATE THE SPO IN FAMILY HEALTH TO A STRATEGIC OBJECTIVE AT THE HIGH (CURRENT) BUDGET SCENARIO.

C. SINCE THE PARAMETERS MEETING WAS HELD, AFR HAS LEARNED THAT ITS FY 1998 DG LEVELS ARE 8-10% LOWER THAN EXPECTED. PLEASE BE AWARE THAT DG FUNDS ARE IN SHORT SUPPLY AND THAT THIS COULD INFLUENCE FUTURE PROGRAMMING IN BENIN

6. PAST PROGRAM PERFORMANCE:

SO AS TO ENABLE USAID/W'S UNDERSTANDING OF THIS NEXT PHASE OF USAID ASSISTANCE, THE MISSION SHOULD REVIEW THE RESULTS ACHIEVED UNDER THE CURRENT STRATEGY AND DOCUMENT THEM IN THE PROPOSED CSP. FOCUSING ON RESULTS THIS PAST YEAR WILL ALSO OBIVIATE THE NEED FOR SUBMITTING A FULL R4.

7. THE DAA/AFR COMMENTED ON THE TOUGH DECISIONS THAT THE AFRICA BUREAU HAS TO MAKE. USAID/BENIN IS REQUESTED TO CAREFULLY REVIEW THE DECISIONS MADE AT THIS MEETING AND REPORT BACK TO THE BUREAU ON A POSSIBLE SUBMISSION TIME FOR THE CSP. IT WAS SUGGESTED THAT THE SUBMISSION DATE FOR THE CSP BE IN JANUARY 1998 FOR A BUREAU REVIEW IN FEBRUARY 1998. THIS TIME WAS SUGGESTED AS A REASONABLE ONE DUE TO THE MANY BUREAU ACTIONS IN THE 3RD QUARTER OF FY 98 INCLUDING R4 SUBMISSIONS IN MARCH/APRIL IN ADDITION TO COMPLETION OF AEF'S. MISSION WAS ADVISED THAT THE AFRICA BUREAU COULD PROVIDE TECHNICAL ASSISTANCE ON THE CSP DEVELOPMENT AS NEEDED, THROUGH AFR/SD, G, OR MANAGEMENT SYSTEMS INTERNATIONAL STAFF, WHICH HAS A CONTRACT WITH AFR/DP TO PROVIDE SUCH SERVICES. ADDITIONALLY, THE GLOBAL BUREAU OFFERS ITS SERVICES THROUGH TECHNICAL LEADERSHIP AND/OR FIELD SUPPORT APPROACHES AS REQUIRED. COORDINATORS IN EACH CENTER ARE: G/PHN, ROCHELLE THOMPSON; G/DG, MELISSA BROWN; G/EG/AFS, TRACEY ATWOOD; G/EG/EIR, PENNY FARLEY; G/EG/MD, VICTORIA WHITE; G/ENV, JOHN MITCHELL, G/WID, JULIA ESCALONA; AND G/HCD, DONALD FOSTER-GROSS. THE CENTRAL COORDINATOR IS G/PDSP, LORIE DOBBINS. PLEASE CONTACT INDIVIDUALS IN CENTERS WITH SPECIFIC REQUESTS FOR ASSISTANCE OR CONTACT THE CENTRAL COORDINATOR TO FACILITATE THIS PROCESS.

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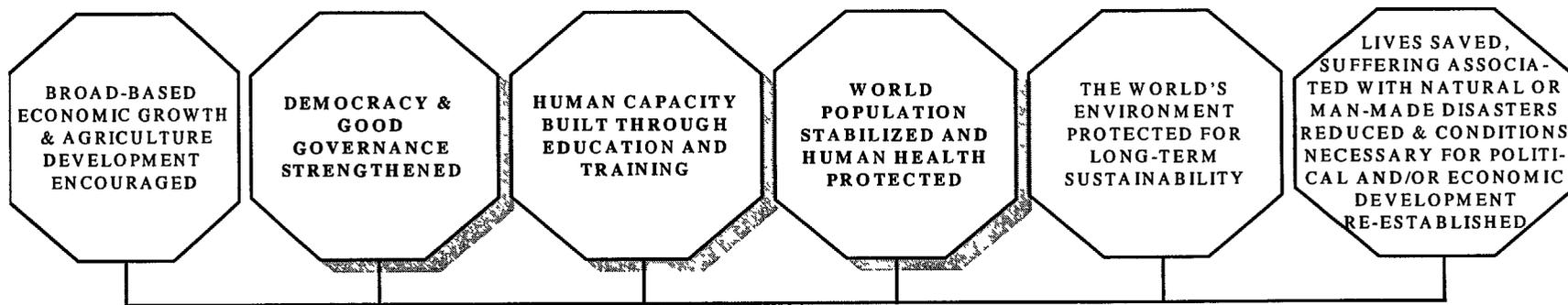
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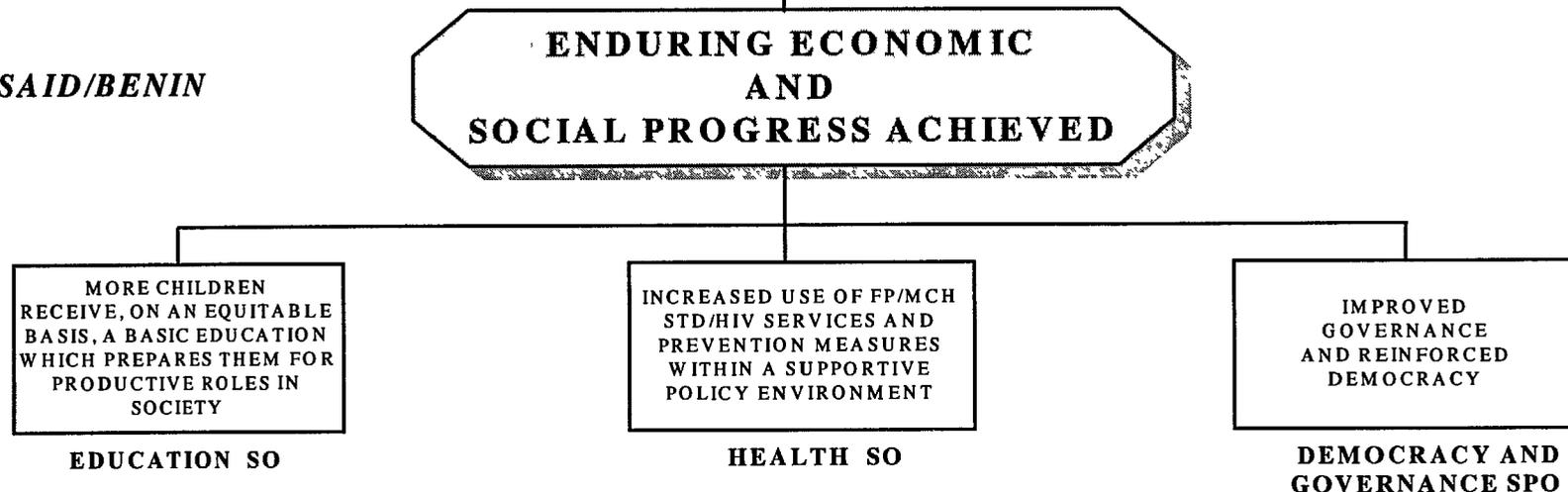
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**USAID/BENIN RESULTS FRAMEWORK FY 1998 - 2003**      ANNEX B  
**AGENCY GOALS AND USAID/BENIN GOAL AND STRATEGIC OBJECTIVES**

**AGENCY**



**USAID/BENIN**



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## SYNERGY MATRIX

ANNEX C

	EDUCATION SO	HEALTH SO	DEMOCRACY AND GOVERNANCE SPO
EDUCATION SO	---	<ul style="list-style-type: none"> <li>a INTERNET linkages between regional education and health entities on the regional level as well as between Ministry departments (LEARNLINK)</li> <li>b Promotion of girl's education forges the link between education and the improvement in health status of women and children</li> <li>c Integrating health promotion activities into primary school and using primary school children as change agents for improved health behaviors (HEPS)</li> <li>d Use of APEs to disseminate health information and increase services, such as immunization control in schools</li> <li>e Primary school curriculum revised to include health and hygiene information</li> <li>f Integrated health and primary education program with family health partner organizations in Borgou</li> </ul>	<ul style="list-style-type: none"> <li>a INTERNET linkages between regional education and governance entities on the regional level as well as between Ministry departments (LEARNLINK)</li> <li>b Expansion of community empowerment and participation in primary education to strengthen Parents' Associations (PENGOP)</li> </ul>
HEALTH SO	<ul style="list-style-type: none"> <li>a Health SO results will impact education by slowing demographic growth and thus easing the burden on the educational system</li> <li>b Family planning practices will enable parents to choose family size in order to have adequate resources to educate their children</li> </ul>	---	<ul style="list-style-type: none"> <li>e Increasing civil society's participation in Benin's health care system</li> <li>b Integration of the private sector, especially NGOs, in the delivery of family health services through provision of training and other technical support</li> <li>c Empowerment of communities by the EHP to identify and propose solutions to health problems</li> <li>d The development of an NGO health network (ROBS) supports civil society democratic organization and collaboration</li> </ul>
DEMOCRACY AND GOVERNANCE SPO	<ul style="list-style-type: none"> <li>a Building on and consolidating sector-based reform efforts engaged by the Mission to reduce endemic constraints that are impeding results of basic education sector (cross-cutting role)</li> <li>b Strengthening APEs and NGOs, particularly in the areas of girls' education (BINGOS)</li> <li>c Reinforcing supreme audit institutions for transparency in MOE</li> </ul>	<ul style="list-style-type: none"> <li>a Building on and consolidating sector-based reform efforts engaged by the Mission to reduce endemic constraints that are impeding results of health sector (cross-cutting role)</li> <li>b BINGOS program has facilitated the provision of technical assistance to health NGOs</li> <li>c Support to BINGOS II participants in the execution of health micro-projects and collaborative community-based activities with VITA and ATI</li> </ul>	--

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**DONORS ACTIVITIES BY STRATEGIC/SPECIAL OBJECTIVE**

**ANNEX D**

**EDUCATION STRATEGIC OBJECTIVE**

<b>Bilateral/Multilateral Donors and Others</b>	<b>Amount (\$000) 1996 Disburs.</b>	<b>General Area of Intervention</b>	<b>Specific interventions</b>
<b>Bilateral Donors</b>			
Japan	5,826	- Construction	School renovation and construction.
Canada	2,349	- Training	Scholarship. Training of civil servants. Academic and administrative strengthening of the University Polytechnic Complex. Professional and technical training.
France	1,730	- Technical Training - School construction and training of young farmers	Support of appropriate in-service training for the formal and artisanal sectors for state owned and private centers. Initial professional training corresponding to the needs of enterprises by providing technical, material, and financial support. Support for improving management procedures to provide reliable information for operation of the education system.

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Germany	1,641	- Professional training	Technical assistance to the MOE for setting up a strategy for the reform of the professional training system. Creation of a professional training center for head-artisans and apprentices.
Netherlands	217	- Training - School construction	Cooperation between the Faculty of Agronomy of the National University of Benin and the University of Wageningen. Cooperation between 5 Dutch Universities and the National University of Benin for a joint environmental sciences program. 3 to 24 month scholarships for Beninese in the Netherlands. Construction of three classroom buildings in primary schools.
<b>Multilateral Donors</b>			
European Union through European Development Fund	139	- School construction - Training	Construction of classroom building in the Zou, and Mono regions. Co-financed program with Hans Seidel for young farmers in Atacora region.
UNICEF (United Nations International Children Emergency Fund)	190	- Girls education and quality of teaching through EDUCOM	Promotion of girls' education in disadvantaged areas in 100 villages. Involvement of communities in education to promote adequacy between supply and demand and economic needs of the area where the program is implemented. Initiative to link formal education and non-formal education for unschooled children.

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World Bank	56	- Training - Construction	School construction. Vocational and Professional Training.
WFP (World Food Program)	2,290	- Food aid - Construction - Equipment supply	Food supply to schools to promote children's enrollment. Construction of classroom buildings and storage rooms. Supply of trucks and vehicles, and agricultural equipment.
UNHCR (United Nations Higher Commission for Refugees)	13	- Construction - Supply - Increase awareness	Classroom building construction. Supply of benches and desks, books and furniture. Increase awareness on human rights and tolerance.
UNDP (United Nations Development Program)	91	- Training - Literacy	In-service training for artisans. Literacy.
UNFPA (United Nations Fund for Population Activities)	141	- Teaching and research	Education in school on population and family issues. Teaching and research at the University including publication and in-service training.
ADB (African Development Bank)	N/A *	- Training - Construction - Literacy	Promotion of technical training. Construction of technical schools. Literacy for women.
Isl. DB (Islamic Development Bank)	0 **	- Construction	Construction of an agricultural school in the Atacora region. Classroom buildings in the Atacora, Borgou, Mono, and Zou regions.

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WADB (West-African Development Bank)	N/A***	- Private education	Government strategy regarding private schools is to be determined.
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UNDP report 1996 (Planning Ministry, GOB)

- \* The ADB's activities are scheduled to begin in 1997.
- \*\* Commitment has been made however no disbursement occurred in 1996.
- \*\*\* Disbursements are made based on demand by private sector.

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**DONORS ACTIVITIES BY STRATEGIC/SPECIAL OBJECTIVE**

**ANNEX D**

**HEALTH STRATEGIC OBJECTIVE**

<b>Bilateral/Multilateral Donors and Others</b>	<b>Amount (\$000) 1996 Disburs.</b>	<b>General Area of Intervention</b>	<b>Specific interventions</b>
<b>Bilateral Donors</b>			
Canada	319	- Epidemiology surveillance - AIDS	Increase access to health services, AIDS, strengthen community health centers, improve research capability of University health sciences faculty.
France	3,493	- STD/HIV/AIDS - Strengthen Service Delivery - Medical Supplies	Construction/renovation, establishment of HMOs, CNHU (national and university hospital) renovation, vaccine procurement, community health centers .
Germany	704	- Promote primary health care in rural areas - Urban sanitation - STD/HIV	Health education and latrine construction. Training provided at different levels of the public health system.
Netherlands	559	- Improve health coverage- STD/HIV	Strengthening of primary health care services in two health zones, subsidized sales of condoms.

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Switzerland	3,029	<ul style="list-style-type: none"> <li>- Primary health care</li> <li>- Medicine supply and generic drugs</li> <li>- Strengthen health center management</li> <li>- STD/HIV</li> </ul>	<p>Diagnostic studies, drafting emergency plans, and rehabilitation programs for enterprises.</p> <p>Improve government capability in providing primary health care.</p> <p>Training personnel in HIV prevention.</p>
<b>Multilateral Donors</b>			
European Development Fund (FED)	932	<ul style="list-style-type: none"> <li>- Technical assistance</li> <li>- Hospital renovation</li> <li>- Logistics and equipment of departmental health centers, personnel training</li> <li>- STD/HIV prevention</li> </ul>	<p>Porto Novo hospital rehabilitation.</p> <p>Health infrastructure development in five departments.</p> <p>STD/HIV prevention in schools, among sex workers, A-V materials preparation, and rural radio HIV prevention programs.</p>
International Development Association (IDA)	774	<ul style="list-style-type: none"> <li>- Primary Health Care</li> </ul>	<p>Improve government capability to provide quality primary health care</p>
UNDP (United Nations Development Program)	74	<ul style="list-style-type: none"> <li>- Primary Health Care</li> </ul>	<p>Improve management capability of health teams in primary health care centers.</p> <p>Support for maternity hospital.</p>
UNFPA (United Nations Fund for Population Activities)	741	<ul style="list-style-type: none"> <li>- Reproductive health</li> </ul>	<p>Strengthening Family Planning.</p> <p>Support for implementing Population Policy Declaration (DEPOLIPO).</p>
UNICEF (United Nations International Children Emergency Fund)	1,658	<ul style="list-style-type: none"> <li>- Health and Nutrition</li> <li>- Safe motherhood</li> </ul>	<p>Support to health system to reduce maternal and infant mortality and morbidity.</p>



WHO (World Health Organization)	476	<ul style="list-style-type: none"> <li>- Research development</li> <li>- AIDS</li> <li>- Health systems delivery</li> <li>- Mental health</li> </ul>	<p>Support National AIDS Program.  Malaria and other communicable diseases.  Coordination of health interventions and executing of programs funded by other specialized UN agencies.  Patient management and treatment in mental health institutions.</p>
<b>Non Governmental Organizations</b>			
French Progress Volunteers Association	545	<ul style="list-style-type: none"> <li>- Primary health care</li> <li>- Maternal and Child Health</li> <li>- HIV/AIDS</li> </ul>	<p>Rehabilitation and construction of community health centers.  Improve service delivery in maternity center.  Improve nursing care.  Use of sero-positive individuals in AIDS awareness campaigns.</p>
OXFAM-Québec	55	<ul style="list-style-type: none"> <li>- Primary health care</li> </ul>	<p>Vaccination program against 7 communicable diseases.</p>
German Volunteer Service	1,808	<ul style="list-style-type: none"> <li>- Primary health care</li> <li>- Sanitation and hygiene</li> </ul>	<p>Promote primary health care in rural zones; improve sanitation and hygiene in 26 towns.  Latrine construction.</p>
Canadian University Assistance (Entraide Universitaire Mondiale du Canada)	117	<ul style="list-style-type: none"> <li>- Health documentation</li> <li>- HIV/AIDS</li> </ul>	<p>Strengthen National Health Documentation Center, Training Center personnel, Production of health promotion documentation.  Training personnel for HIV/AIDS prevention.</p>

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CRS (Catholic Relief Services)	22	- HIV/AIDS	Management of Sero-positive and AIDS patients; Essential medicines subsidy. Savings and credit program for sero-positive patients.
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UNDP report 1996 (Planning Ministry, GOB)

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**DONORS ACTIVITIES BY STRATEGIC/SPECIAL OBJECTIVE**

ANNEX D

**DEMOCRACY AND GOVERNANCE SPECIAL OBJECTIVE**

<b>Bilateral/Multilateral Donors and Others</b>	<b>Amount (\$000) 1997 Commit.</b>	<b>General Area of Intervention</b>	<b>Specific interventions</b>
<b>Bilateral Donors</b>			
Canada	1,000	- Administrative Reform - Private Sector - Civil Society	Administrative Reform in the Office of the President. Private Sector development. Civil Society organization and management.
Denmark	---	- Civil Society	Civil Society organization and management.
France	3,000	- Institutional Development	Police. Finance. Decentralization.
Germany	2,500	- Civil Society - Institutional Development	Civil Society organization and management. Decentralization. Good Governance. Institutional support to democratic institutions.
Switzerland	1,000	- Civil Society - Institutional Development	Civil Society organization. Decentralization.
<b>Multilateral Donors</b>			
European Union	3,000	- Decentralization	Increasing decentralized cooperation.

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United Nations Development Program (UNDP)	600	- Administrative and Institutional reform	Good Governance. Decentralization. Donors' coordinator.
World Bank	2,000	- Civil Society - Administrative and Institutional Reform - Private Sector - Good Governance	Civil Society organization, management and governance. Decentralization. Private Sector Development. Accountability and Transparency.
<b>Non Governmental Organizations</b>			
Association de Lutte Contre Racisme, l'Ethnocentrisme et le Régionalisme (ALCRER)	N/A	- Anti-Corruption	Transparency and Accountability.
Commission Béninois des Droits de l'Homme	N/A	- Democracy and Human Rights	Transparency during Elections. Civic education.
Centre AFRIKA OBOTA	N/A	- Democracy and Human Rights	Transparency during Elections. Civic education.
Circle des Interdependants (CID)	N/A	- Anti-Corruption	Transparency and Accountability.
Réseau des ONG pour des Elections Pacifiques et Transparentes	N/A	- Democracy	Transparency during elections.

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Institut de Formation et de Coopération Décentralisée (IFCOD)	N/A	- Institutional Development	Decentralization Training.
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## USAID/BENIN PARTNERS

## ANNEX E

### Education SO

Africare, US PVO  
Danish International Development Agency (DANIDA)  
European Union (EU)  
Federation Association of Parents Associations (FENEPEB)  
French Mission of Cooperation and Cultural Action  
German Technical Cooperation (GTZ)  
International Foundation for Education and Self-Help (IFESH), US PVO  
Medical Care Development International (MCDI), US PVO  
Ministry of Planning, Economic Restructuring and Employment Promotion (MPRE)  
Ministry of Finance (MF)  
Ministry of Health (MOH)  
Ministry of Education and Scientific Research (MOE)  
Ministry of Foreign Affairs (MFA)  
Peace Corps  
Songhai Center  
The Mitchell Group (TMG)  
United Nations Development Program (UNDP)  
United Nations International Children Emergency Fund (UNICEF)  
World Bank  
World Education (WE)

### Health SO

Africare  
Basic Support for Institutionalizing Child Survival (BASICS)  
Benin-Germany Primary Health Care Project (PBASSP)  
Benin Indigenous Non-governmental Organization Strengthening (BINGOS)  
Benin-Swiss Health Project (PMSBS)  
Beninese Association for Family Health (ABPF)  
Beninese Association for Social Marketing (ABMS)  
Beninese Association of Midwives  
Beninese Association of Women Jurists (AFJB)  
Beninese Health NGO Network (ROBS)  
Catholic Relief Services (CRS)  
European Union (EU)  
German Technical Cooperation (GTZ)  
Health Education in Primary Schools (HEPS)  
International Baby Food Action Network (IBFAN)  
Ministry of Health (MOH)  
- Directorate of Basic Hygiene and Health  
- Directorate of Family Health

- Directorate of Health Protection
- Directorate of Programming

Ministry of Plan  
National AIDS Control Program (PNLS)  
OSV- Clinique Jordan  
Population Services International (PSI)  
Primary Providers' Education and Training in Reproductive Health (PRIME)  
Research Organizations - CREDESA, CERRHUD, CEFORP  
United Nations Development Program (UNDP)  
United Nations Fund for Population Activities (UNFPA)  
United Nations International Children Emergency Fund (UNICEF)  
World Bank  
World Health Organization (WHO)

### **Democracy and Governance SPO**

AFRICARE  
Appropriate Technology International (ATI)  
Assemblée Nationale (NA)  
Association des Femmes d'Affaires et Chefs d'Entreprise (AFACEB)  
Association des Femmes Juristes du Bénin (AFJB)  
Association des Journalistes du Bénin (AJB)  
Association Médico-sociale de Menontin (AMM)  
Association pour la Formation et l'Intégration de la Femme (AFIF)  
Associations Villes Propres du Bénin (AVPB)  
Canadian Agency for International Development  
Cellule de Moralisation de la Vie Publique  
Centre AFRIKA OBOTA (CAO)  
Centre Béninois des Droits de l'Homme (CBDH)  
Chambre de Commerce et d'Industriel (CCIB)  
Coalition des ONGs pour le Développement Durable (CDD)  
Commission Electorale (CENA I & II)  
Conseil Economique et Social (CES)  
Conseil National pour l'Exportation (CNEX)  
Danish Cooperation  
Ecole Nationale d'Administration (ENI)  
European Union  
Fédération nationale des Associations des Femmes du Bénin (FNAFB)  
Friedrich Hebert Foundation  
Friedrich Naumann Foundation  
German Embassy  
Group d'Etude, de Recherche sur la Démocratie et le Développement Economique et Social (GERDDES)  
Groupe de Recherche et d'Action pour la Promotion de l'Agriculture et du Développement

Durable (GRAPAD)  
Groupe de Recherche et d'Actions pour le Bien-être social (GRABS)  
Hans Seidel Foundation  
Inspection Général Des Finances (IGF)  
Institut de Formation et de Coopération Décentralisée (IFCOD)  
Konrad Adenauer Foundation  
Ministère de la Fonction Publique du Travail et de la Reforme Administrative (MFPTRA)  
Ministère de l'Intérieur, de la Sécurité et de l'Administration Territoriale (MISAT)  
Ministère des Affaires Etrangères et de la Coopération (MAEC)  
Ministère du Plan, de la Restructuration Economique et de la Promotion de l'Emploi (MPREPE)  
Mission Française et d'Action Culturelle  
Netherlands Embassy  
ONG Nouvelle Ethique  
Projet d'Appui aux Développement des Micro-entreprises (PADME)  
Réseau des ONG pour des Elections Pacifiques et Transparentes  
Réseau National des Femmes pour la Parité (RENAFEP)  
Swiss Cooperation  
Union des Journalistes de la Presse (UJPB)  
United Nations Development Program  
Volunteers in Technical Assistance (VITA)  
World Bank  
World Education

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