

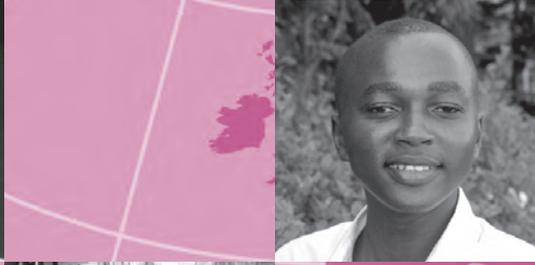
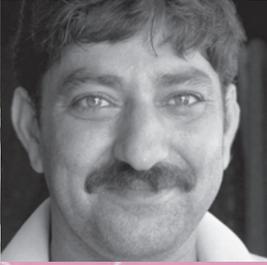
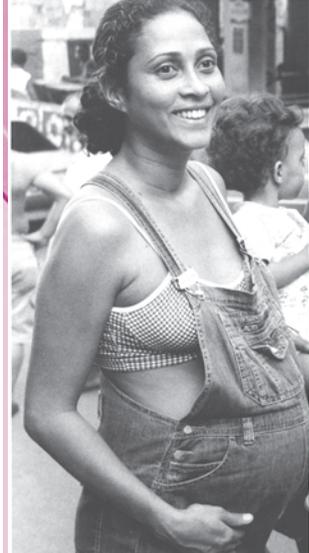


# BENIN FINAL REPORT

October 1998–February 2004

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

**USAID**  
FROM THE AMERICAN PEOPLE





**Final Report**  
**for the**  
**Implementing AIDS Prevention**  
**and Care (IMPACT) Project**  
**in Benin**

**October 1998 to February 2004**



# **Benin Final Report**

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*By Family Health International*

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## **GLOSSARY OF ACRONYMS**

|        |                                                              |
|--------|--------------------------------------------------------------|
| AIDS   | Acquired immune deficiency syndrome                          |
| BSS    | Behavioral Surveillance Survey                               |
| CEFOP  | Centre de Formation et de Recherche en matière de Population |
| FHI    | Family Health International                                  |
| HIV    | Human immune deficiency virus                                |
| IMPACT | Implementing AIDS Prevention and Care                        |
| NGO    | Nongovernmental organization                                 |
| PNLS   | Projet National de Lutte Contre le SIDA                      |
| UNAIDS | The Joint United Nations Programme on HIV/AIDS               |
| USAID  | U.S. Agency for International Development                    |

## **EXECUTIVE SUMMARY**

The Implementing AIDS Prevention and Care (IMPACT) Project, implemented by Family Health International (FHI), helped the Government of Benin increase the amount and quality of information needed for planning strategic HIV/AIDS prevention and care programming. FHI/IMPACT worked with the Benin Mission of the U.S. Agency for International Development (USAID) to help determine specific needs. These needs proved to be special studies, and FHI was consequently a key player in conducting a response analysis that inventoried the country's response to HIV.

Following the successful completion of that study, and at the request of the USAID/Benin Mission, FHI/IMPACT helped the Projet National de Lutte Contre le SIDA (PNLS) plan and implement a national Behavioral Surveillance Survey (BSS). During subsequent months, FHI/IMPACT continued to help PNLS staff upgrade their skills in data cleaning, data analysis and report writing. IMPACT also helped build capacity for social and behavioral science research.

# **PROGRAM STRATEGIES, IMPLEMENTATION AND RESULTS**

## **Introduction**

FHI/IMPACT began work in Benin in 1998, providing technical assistance to the Projet National de Lutte Contre le SIDA (PNLS) to conduct a response analysis for HIV/AIDS programs in the country. The analysis targeted health providers to inventory the country's response to the epidemic. Later, FHI/IMPACT assisted the USAID Mission in the development and implementation of a national Behavioral Surveillance Survey (BSS) targeting sex workers, truckers/transporters and youth. Over the life of the project in Benin, the Mission provided \$318,361 in funding to FHI/IMPACT. FHI/IMPACT worked primarily with the national government and a local research agency, Centre de Formation et de Recherche en matière de Population (CEFORP).

## **Country Context**

The impact of HIV/AIDS in Benin has been relatively low compared to other African countries. In 2003, UNAIDS estimated Benin's HIV prevalence at 1.9 percent, with approximately 68,000 people living with HIV/AIDS and 5,800 deaths due to AIDS. Additionally, 34,000 children had lost a mother or father to AIDS by the end of 2003. HIV prevalence among sex workers has declined steadily since 1996, although it remains high and is currently reported to be 38.9 percent.

Throughout the 1990s, the Republic of Benin made a gradual transition to a democratic government and free-market economy. Today, although its economy is improving, Benin remains one of the poorest countries in Africa. With an annual growth rate of 2.8 percent, Benin's population of 6,918,000 will undoubtedly increase in the coming years, which may reverse some of the gains achieved from economic expansion. Benin's democratization, which opened borders and allowed for more freedom of movement, may also contribute to rising HIV seroprevalence in rural areas, which since the mid-1990s has surpassed seroprevalence in urban areas. According to the PNLS, villagers who migrate to neighboring countries for work may return to Benin with the virus. Many also believe that transport workers may be bringing HIV to rural areas. As of now, few prevention activities targeting these populations have been implemented.

Benin is at risk for increased spread of HIV due to poverty, prevalent risk behaviors, and migration of workers in and out of the country. These factors are compounded by high rates of illiteracy and poor access to health care.

## **Program Strategies and Activities**

Initially, FHI/IMPACT conducted formative research and explored needs for technical assistance. Meetings were held with USAID, the PNLS and NGOs to:

- Compile background information on the burden of HIV/AIDS in Benin.
- Develop a list of specific research and prevention activities in the country.
- Identify possible interventions to curb the spread of HIV/AIDS.

The PNLS provided data on prevalence rates and trends culled from ongoing surveillance systems and identified possible factors contributing to the epidemic. A significant rise in HIV prevalence rates in the previous ten years, unmet need for family planning services and prevalent risk behaviors all contributed to the justification for immediate action.

Two FHI/IMPACT representatives and two consultants conducted an extensive assessment in May and June of 1999, including visits to four of Benin's six departments and meetings with key stakeholders including USAID, the Ministry of Health, public and private clinics, local and international NGOs, and community organizations. Existing HIV/AIDS activities, perceived needs, and constraints and opportunities were considered. One of the key findings from the assessment was the need for immediate implementation of a national BSS. A local research NGO, CEFORP, was selected as implementing agency for this activity.

FHI/IMPACT supported the BSS and provided systematic and intensive technical assistance to CEFORP throughout the entire implementation process. The assistance included many aspects of BSS research and implementation, including:

- Initial training in BSS methodology.
- Developing the BSS.
- Developing a comprehensive budget.
- Developing and fine-tuning the questionnaire.
- Supervising data collection on sex workers.
- Data analysis.
- Dissemination planning.
- Final report writing.

The BSS provided crucial information for future planning. Among important findings are the following:

- The level of knowledge about HIV/AIDS and ways to prevent transmission was weak in the target populations surveyed, especially among those between 15 and 24 years old.
- Sexual activity in target populations was characterized by behaviors that increase the risk of HIV transmission, including young age at first sexual contact, multiple partners and numerous partners in a short period of time. The risk behaviors were more common in rural areas and among women, unmarried truck drivers, and sex workers in Mono, Atacora and Oueme.
- Condoms were not used consistently, despite their accessibility and effectiveness at preventing the transmission of STIs and HIV.

## **Implementation and Management**

Due to the level of funding and scope of work, FHI/IMPACT did not establish an in-country presence in Benin. All technical assistance was managed through the FHI/Arlington office. FHI/IMPACT provided two separate subagreements to CEFORP to implement the BSS and disseminate regional reports. These subagreements were awarded based on the unique ability of CEFORP to carry out these tasks.

One major constraint encountered during implementation of the BSS was the timing of the survey activities for sex workers. Originally, the sex worker survey was to be conducted in December 2001. However, due to the fact that the majority of sex workers in Benin are Nigerian and return to Nigeria during December to celebrate the Christmas holidays, the interviewers were unable to locate an adequate number of sex workers to fulfill the sampling size requirements. The survey of this target population was rescheduled, thereby delaying the completion of the BSS.

## Benin Program Timeline

| Program Activities                                      | FY1998 | FY1999 | FY2001 | FY2002 | FY2003 | FY2004 |
|---------------------------------------------------------|--------|--------|--------|--------|--------|--------|
| Preliminary assessment                                  |        |        |        |        |        |        |
| Support for developing national HIV/AIDS strategic plan |        |        |        |        |        |        |
| Needs assessment                                        |        |        |        |        |        |        |
| BSS planning                                            |        |        |        |        |        |        |
| Budget drafting                                         |        |        |        |        |        |        |
| BSS training                                            |        |        |        |        |        |        |
| Data analysis and dissemination planning                |        |        |        |        |        |        |
| Disseminating BSS results                               |        |        |        |        |        |        |

## Program Results

Program outputs:

FHI/IMPACT contributed directly to the quality of HIV/AIDS programming in Benin. The Behavioral Surveillance Survey guides the PNLS in planning of both prevention and care activities. The technical assistance provided to the research organization CEFORP helped build capacity in both knowledge and skills and will remain as a professional asset to Benin.

## **LESSONS LEARNED AND RECOMMENDATIONS**

### **Challenges/Lessons Learned**

#### *Workplan and timeline planning*

Planners need to investigate all aspects of the intended target audiences before finalizing BSS plans. The survey of sex workers in Benin was delayed due to the fact that most of the sex workers left the country during the month of December, when the data collection was to take place. This delay led to increased project costs as a result of the extended timeline. BSS planning must take into account the availability of survey participants and data collection should be scheduled accordingly.

#### *Capacity of implementing partners*

Conducting a BSS is a complicated process and implementers need time and practical experience to become proficient. While CEFORP proved to be the most capable local partner to implement the BSS, the organization would benefit from further administrative, organizational and technical strengthening.

### **Recommendations**

Surveillance data are most useful when collected every one to two years to monitor changes in knowledge, attitudes and practices related to HIV/STIs. Results from this study indicate that there is a need for intensified education about HIV and methods of prevention, especially among adolescents and young adults.

## HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

### Implementing Partners Matrix

| Current FCO# | Recipient Name | Start Date | Completion Date | Life of Project Budget US\$ | Total Funding US\$ |
|--------------|----------------|------------|-----------------|-----------------------------|--------------------|
| 82730        | CEFORP         | 06/04/01   | 04/30/02        | 91,509                      | 91,398             |
| 85011        | CEFORP         | 01/15/03   | 02/15/04        | 40,261                      | 38,371             |

### Subproject Highlights

| Name                                                                  | Organizational Type | Location | Target Population                | Budget   | Intervention                             | Project Dates                        |
|-----------------------------------------------------------------------|---------------------|----------|----------------------------------|----------|------------------------------------------|--------------------------------------|
| Centre de Formation et de Recherche en matière de Population (CEFORP) | NGO                 | Benin    | Sex workers, youth, transporters | \$91,509 | Special studies, behavior surveillance   | June 4, 2001– June 30, 2002          |
| Centre de Formation et de Recherche en matière de Population (CEFORP) | NGO                 | Benin    | NGO workers, government services | \$40,261 | Special studies, behavioral surveillance | January 15, 2003 – February 15, 2004 |

## ATTACHMENTS

### Country Program Financial Summary

Since 1998, USAID/IMPACT committed \$318,361 to IMPACT/Benin; subproject allocations totaled \$131,659.

IMPACT/Benin activities took place between October 1998 and February 2004. Total life of project expenses as of August 2005 was \$316,967.

| FCO   | Implementing Agency | Total LOP Budget \$US |
|-------|---------------------|-----------------------|
| 82730 | CEFORP              | 91,509                |
| 85011 | CEFORP              | 41,261                |

### Implementing Agency Contact Information

| Agency | Name                                     | Title                                              | Phone/Email                           | Mail                         |
|--------|------------------------------------------|----------------------------------------------------|---------------------------------------|------------------------------|
| CEFORP | Mr. Etienne Kouton<br>Dr. Pierre Klissou | Principal Investigator,<br>BSS<br>Coordinator, BSS | 229-300770/303770<br>ceforp@leland.bj | 03 BP 1079<br>Cotonou, Benin |

## Detailed findings from the Benin BSS (2001-2002)

- **Sample size of target groups:** female sex workers = 1,132; truck drivers = 1,416; unmarried adolescents and young adults = 7,773 (food servers = 1,360, students = 3,212, day laborers = 3,201).
- **Data on female sex workers:** Average age = 30 years; 37 percent had no education, 29 percent reached primary level of education, 34 percent reached secondary; largest groups of sex workers were from Nigeria (32 percent) and Ghana (30 percent), followed by Togo (22 percent) and Benin (11 percent).
- **Data on truckers/transporters:** Average age = 28 years; 36 percent were uneducated, 40 percent reached primary level, 20 percent secondary; the majority were Muslim (79 percent) and from Benin (79 percent).
- **Data on young adults:** Those surveyed were between 15 and 24 years old; all of the food servers were female, while 50 percent of the students and 51 percent of day laborers were male; a large majority reached primary level of schooling, while just one-quarter attained secondary level.

| Indicator                                                                    | Sex workers       | Truck drivers                                     | Adolescents and Young adults |
|------------------------------------------------------------------------------|-------------------|---------------------------------------------------|------------------------------|
| Alcohol use                                                                  | 51%               | 53%                                               | 20%                          |
| Drug use                                                                     | 2.5%              | 3.5%                                              | <1%                          |
| Knowledge of means for preventing HIV transmission                           | 77%               | 8%                                                | 7-20%*                       |
| Knowledge of at least 2 symptoms of STIs                                     | 48%               | 49%                                               | -                            |
| Average # of clients/partners                                                | 13 in last 7 days | At least 2 in last year                           | 2 in last year               |
| Consistent condom use with clients/commercial partners                       | 45%               | 60%                                               | N/A                          |
| Used condoms consistently with non-clients/non-commercial partners           | 69%               | 6% (regular partner)<br>33% (occasional partner)  | -                            |
| Used condom in last sexual encounter with client/commercial partner          | 89%               | 81%                                               | N/A                          |
| Used condom in last sexual encounter with non-client/non-commercial partners | 9%                | 25% (regular partner)<br>59% (occasional partner) | 30%-65%*                     |
| Had positive attitude about those living with HIV                            | 7.5-13%           | 89%                                               | 12-28%*                      |
| Have had a voluntary HIV test and know results                               | 27.7%             | 6.7%                                              | 1-6%*                        |
| Had symptoms of an STI and sought treatment in past year                     | 56%               | 51%                                               | 26-49%*                      |

\*Ranges due to differences by gender and job category





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