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COM ENDORSEMENT LETTER TO ACTING DIRECTOR OF U.S. FOREIGN ASSISTANCE HENRIETTA FORE

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SUBJECT: Foreign Assistance Performance Report on Fiscal Year 2007: Benin

CONTEXT

*Since the March 2006 landslide election of President Boni Yayi on a platform of change for an emergent Benin, the Government of Benin (GOB) has systematically focused on its priorities: economic growth, poverty reduction and peaceful transformation to a fully democratic nation. Presidential coalition gains in 2007 legislative elections, subsequent negotiation of a pro-government parliamentary coalition majority, and the appointment in June of a new cabinet of technocrats all strengthened President Yayi's ability to reform. He is well-positioned to continue his ambitious economic reform program, improve the availability and quality of public services, notably in education and health, and reduce corruption. The dynamic partnership between the United States of America and Benin covers several domains based on shared goals of investing in people, fostering economic growth, combating corruption, protecting human rights and promoting regional peace and security.*

*Benin made several important advances toward its goals in FY 2007. Economic growth showed reasonable gains, with forecasts predicting a modest continual rise over the next two years, owing mainly to recovery in re-export activity and cotton production and strong growth in construction. In a move intended to further stimulate overall economic growth, the Government of Benin announced a privatization program for state-owned companies in the cotton, telecommunication*

*and energy sectors for 2007-08. President Yayi's fight against corruption intensified with both symbolic and concrete actions. In July 2007, he led a 10-kilometer anti-corruption and good governance march, which was followed by a series of similar marches headed by ministers and political leaders. First steps were also taken to tackle the chronic corruption at the Port of Cotonou, including the firing of key port authorities, one of whom is a member of the President's political party, accused of complicity in customs fraud.*

*President Yayi's vision of a 'Marshall Plan' for education would devote significant resources to building and staffing schools with qualified teachers. In collaboration with an organized U.S. government (USG)-led donor group for education, Benin successfully developed a Ten-Year Education Sector Development Plan. The Plan outlines the policy, capacity and management issues confronting Benin's education sector and the financial requirements for effectively addressing them. The Plan led to Benin's admission into the Education for All – Fast Track Initiative, a partnership between donor and developing countries to support education and ensure accelerated progress towards the Millennium Development Goal of Universal Primary Education. Once admitted, Benin successfully submitted an application to the World Bank's Fast Track Initiative catalytic fund and obtained \$76.1 million to begin rapid implementation of its ten-year Plan.*

*Other Government of Benin actions demonstrated strong commitment to improving its most vulnerable citizens' health. The Ministry of Health undertook a first-ever national distribution campaign coordinated with and supported by donors, including the USG. Approximately 1.8 million of insecticide-treated bed nets were distributed to protect against malaria, treatment for intestinal worms, and vitamin A supplements to children under five years of age. Following the decision to eliminate primary school fees, frequently cited as barriers to enrollment, the Government of Benin also announced a plan to initiate free health care for children under the age of five. Acknowledging USG contributions to date, notably the Presidential Malaria Initiative (PMI), President Yayi declared October 12 to be an annual U.S. appreciation day.*

*USG resources contributed greatly to Benin's FY 2007 achievements, often exceeding program targets. Anti-child trafficking efforts led to the successful reintegration of 135 children into their communities and to reinsertion of 39 children into their families, and to the creation of transit centers in additional areas of Benin. A total of 675 civil society organizations received training and/or assistance and more than 500 individuals were trained in areas such as fiscal*

*management and procurement processes to strengthen decentralization and reduce corruption. To address huge numbers of unqualified and poorly trained classroom teachers, almost 12,000 primary school teachers received in-service training, 156 school administrators were trained, and over 22,000 learning materials were provided to teachers. Health service delivery also improved as a result of U.S. assistance. Health messages reached almost 222,000 people via one-on-one counseling, group awareness and education sessions, home visits, and clinic talks. A toll free line for both reproductive health and HIV issues recorded more than 51,655 calls. More than 13,000 individuals participated in a pilot community-based health financing scheme, 55 percent more people than anticipated.*

## ISSUES

*Notwithstanding significant advances, some targets slipped, notably in health worker training, which had to be rescheduled. Training delays and postponements resulted from coordination issues at the local and central levels, lack of timely Ministry of Health clearances for training materials, and changing Ministry priorities. The Girls' Education and Community Participation activity planned for FY 2007 stalled but is expected to begin in early FY 2008 with related targets.*

*Important FY 2007 achievements also bring new development challenges. The \$76.1 million Fast Track Initiative funds will strain Benin's absorptive and implementing capacity to spend the funds effectively within the Initiative's timeframes. Failure to show progress within the first year of implementation could block subsequent funding. The resulting budget gap would jeopardize Benin's achievement of ten-year educational goals. Elimination of school fees increases as intended the number of children in primary school but also exacerbates the already critical shortage of classrooms and adequately trained teachers. Similarly, President Yayi's plans to eliminate health care fees for children under five would increase access to care for a vulnerable segment of the population but further strain the health system's capacity to provide adequate quality services.*

*Therefore, sustained U.S. government assistance will be critical for Benin to make substantial and sustainable improvements in its ability to deliver better services to more of its people. In October, President Yayi sent a letter to President Bush to request increased funding for his education initiatives. Indeed, consistent funding for education is critical to achieving Benin's goals of double-digit economic growth and contributing to the success of the \$307 million USG investment in Benin's Millennium Challenge Corporation Compact.*

## **Operation Unit: Benin**

### ACRONYMS

ACT	Artemisinin-based Combination therapy
AEI	African Education Initiative
AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
CSO	Civil Society Organization
CYP	Couple Years Protection
DILS	Defense Institute for International Legal Studies
DOD	Department of Defense
EONC	Emergency Obstetric and Neonatal Care
FP/RH	Family Planning/Reproductive Health
GOB	Government of Benin
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IMCI	Integrated Management of Childhood Illness
IMET	International Military Education and Training
ITN	Insecticide-Treated bed net
LLITN	Long-Lasting Insecticide-Treated bed net
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-governmental Organization
PESEPE	Pedagogical Support for Effectiveness of Primary Education
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-to-Child Transmission
ProFam	Franchised Network of Private Clinics
RDT	Rapid Diagnostic Test
SP	Sulfadoxine-pyrimethamine
TA	Technical Assistance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

# **Benin 2007 Performance Report**

## **Operating Unit Performance Summary**

In FY 2007, U.S. foreign assistance reinforced Benin's efforts to improve the health and educational status of its people, among the lowest in the world but crucial for Benin to achieve its goals of reducing poverty and increasing economic growth. Resources focused on improving access to improved health and educational services. Primary school teachers and school administrators were trained to improve their ability to implement the national competency-based curriculum, developed with U.S. government support, and learning materials, virtually the only available for primary school teachers, were produced. Health assistance resulted in more Beninese receiving quality health services and products, including family planning commodities, insecticide-treated bed nets to prevent malaria, and drugs for safe delivery. Funding also produced key management diagnostics on which future assistance to improve health service quality will build.

U.S. resources also supported Benin's efforts to promote good governance and fight corruption, an impediment to achieving growth. The capacity of public and civil society organizations to investigate, track, and denounce corrupt practices in all sectors was strengthened. Work in this area also focused on improving gender equity by increasing women's participation in local development and communal decision-making processes, necessary for the achievement of sustainable and equitable growth and a healthy democracy. Funds also helped to establish transparent and objective evaluation criteria to measure the efficient and transparent management of human and financial resources in the education and health sectors.

These achievements reinforce U.S. government assistance in the area of economic development, which is provided through Benin's five-year, \$307.3 million compact with the Millennium Challenge Corporation (MCC). MCC is assisting Benin to remove constraints to economic growth and support improvements in physical and institutional infrastructures.

A prosperous, stable Benin will be an important U.S. regional ally. Assistance to support Benin's defense and military reform operations strengthened the country's abilities to respond to terrorism, secure its maritime borders, and interact effectively with its neighbor, thereby solidifying its potential as a leader in promoting regional stability.

All mission activities are in full compliance with their 22 CFR 216 determinations.

### **Program Area Performance \ 1 Peace & Security \ 1.3 Stabilization Operations and Security Sector Reform**

Development assistance provided to Benin with IMET funding in FY07 produced results which strengthened the Government of Benin's (GOB) capacity to respond to challenges from terrorism, increase its Armed Forces English language capacity, and strengthen its officer corps. USG funding provided 662 days of training to 36 senior GOB personnel. While the provision of 662 days of training did not meet the goal of 1000 days, the 36 trained senior level staff exceeded the goal of 25.

The training provided included a Defense Institute for International Legal Studies (DILS) seminar on the

"Legal Aspects of Combating Terrorism" for 33 senior GOB military and civilian leaders. The GOB chose this topic instead of training on readiness for peacekeeping operations which was the program presented in the FY07 Operation Plan. The seminar on combating terrorism was well received with enthusiastic participation from the GOB.

The naval officer who attended the Naval Staff College returned to Benin to become the Chief of Operations for Benin's Navy which is a strategically important post for U.S. efforts to increase the capability of Benin's Navy to control its waters. Another Air Force officer successfully attended the Defense Resource Management Institute training course.

Additionally, IMET funding paid for one GOB armed forces English instructor to attend the Basic English language instructor training provided by DOD resulting in an increase in the GOB's capacity to provide English language instruction to its Armed Forces. The English language training portion of the program presented the only significant set-back. A Beninese student was to receive Advanced English language instruction. Unfortunately, all the Beninese military personnel who were qualified for the training were deployed during the time DOD offered the training.

The USG assistance provided during FY07 increased the GOB's ability to respond to terrorism, enhanced its language abilities to interact with other Anglophone militaries, and aided the development of a professional, American trained, officer corps. As Benin's capacity in all these areas increases it will become an ally with whom the U.S. can deepen its military cooperation and who can play a larger role in stabilizing the sub-region.

#### **Program Element Performance \ 1 Peace & Security \ 1.3 Stabilization Operations and Security Sector Reform \ 1.3.6 Defense, Military, and Border Restructuring, Reform and Operations**

IMET provided training on combating terrorism, increased the number of qualified English instructors in the Beninese military, and sent officers to advanced DOD training courses. A total of 662 days of training were provided to 36 senior level members of the GOB. The target of 1,000 days of training (explained below) was not reached, but the goal of training 25 senior level officials was exceeded.

The Defense Institute for International Legal Studies (DILS) provided the terrorism training in a seminar on the "Legal Aspects of Combating Terrorism" for 33 senior GOB military and civilian leaders. While the original FY07 operational plan called for training on readiness for peacekeeping operations, the GOB chose the alternate topic and increased attendance from a projected 20 military officers to 33 military and civilian attendees as it wants to adopt a proactive approach to combating terrorist activities. The GOB chose an influential group of senior military and civilian leaders for the course who actively participated in the course. The GOB has expressed a desire for further training in this area.

IMET funding also paid for one GOB Armed Forces English instructor to attend the Basic English language instructor training provided by DOD resulting in an increase in the GOB's capacity to provide English language instruction to its Armed Forces. A candidate for the Advanced training could not be identified as the Benin military deployed all qualified candidates during the training period. During FY08 the USG will work with the GOB to ensure the availability of a qualified candidate for Advanced English language training.

The naval officer who attended the Naval Staff College returned to Benin to become the Chief of Operations

for Benin's Navy which is a strategically important post for U.S. efforts to increase the capability of Benin's Navy to control its waters. Another Air Force officer successfully attended the Defense Resource Management Institute training course.

All programs, with the exception of the advanced English language training program, met with excellent cooperation from the GOB enabling the USG to reach its goals for IMET funding. In FY08 increased IMET funding would send additional Beninese military officers to U.S. Armed Forces staff and war colleges. The GOB very much wants to send officers for this training but the lack of funding and slots at the colleges for Beninese military personnel have prevented them from doing so.

### **Element Indicator Narrative \ 1 Peace & Security \ 1.3 Stabilization Operations and Security Sector Reform \ 1.3.6 Defense, Military, and Border Restructuring, Reform and Operations**

As discussed in the narrative, the FY07 target in number of days of training was not met due to the inability of the GOB to identify a qualified candidate for advanced English language trainer training. The FY07 target for number of personnel trained was exceeded as 33 people were trained in the DILS seminar on combating terrorism instead of the projected 20.

### **Program Area Performance \ 2 Governing Justly & Democratically \ 2.2 Good Governance**

During the reporting period, foreign assistance funds were used to support the Government of Benin's (GOB) efforts to consolidate the gains it has made in its peaceful transformation into a model of economic growth and good governance in the region. Support focused on improving the availability and quality of public services and controlling corruption, two of the GOB's major priorities.

Activities in the area of good governance focused on increasing the capacity of citizens, civil society organizations (CSOs), local governments, and public accounting institutions to work as partners to achieve common results. Achievements include increased transparency in local government management, effective public sector outreach for greater citizen involvement, and an increase in the public's participation in decision-making and oversight in local governance. In applying decentralization regulations, local governments, citizens, and CSOs learned by doing and developed and implemented projects through a participatory process and followed public procurement regulations, some for the first time.

CSOs and public institutions actively pursued anti-corruption reforms and succeeded in increasing public awareness of corruption as well as their potentially powerful role in providing oversight and acting as a check on corruption. Partnerships among the public and private sectors, citizens, and community and civil society groups were established and strengthened to improve accountability and transparency in the delivery of public services. These improvements lay the foundation upon which the GOB and its development partners can build upon to improve the health and educational status of Benin's people, currently among the lowest in the world but essential for reducing poverty and achieving sustained and equitable economic growth.

### **Program Element Performance \ 2 Governing Justly & Democratically \ 2.2 Good Governance \ 2.2.3 Local Government and Decentralization**

With foreign assistance funds, 25 local communes received training, technical assistance, and grants to increase local governments' performance, transparency, and outreach for greater citizen involvement. The

training and assistance employed a learning-by-doing approach, which allowed local governments and citizens to solidify their newly acquired knowledge and skills by implementing key aspects of Benin's decentralization laws and policies on developing plans, procuring services, raising revenues, and providing services. One commune receiving a grant and technical assistance reported that for the first time since the advent of decentralization, it followed official public procurement regulations to implement activities planned under the grant.

A total of 675 CSOs also received technical assistance and training on working with local governments to address identified needs and improve the delivery of public services. The improved collaboration among local governments, CSOs, and private citizens increased the ability of local communes to initiate and implement participatory development plans. The micro-grant program provided local governments and citizens with first-hand knowledge of participatory and transparent project planning, implementation, and monitoring and evaluation. In addition, specific technical assistance targeted local public financial systems and actors to ensure transparency and respect of public financial laws, resulting in strengthened public accounting systems in the communes which received grants.

#### **Program Element Performance \ 2 Governing Justly & Democratically \ 2.2 Good Governance \ 2.2.4 Anti-Corruption Reforms**

US foreign assistance focused on reinforcing the capacities of Benin's three supreme public audit institutions and multiple advocacy groups to investigate, track, and denounce corrupt practices and behaviors. Training, technical assistance, and other support was provided to improve the audit institutions' performance and reporting and to develop audit action plans. A change in Benin's government during the reporting period and a mandate from the new administration to the audit institutions to conduct a series of important audits of public accounts meant that all the actions planned were not able to be conducted during the time frame previewed. Training and assistance was also provided to 675 local and 6 national CSOs on advocacy and monitoring for corrupt behaviors as well as participation in planning and implementation of local development plans to enhance transparency.

The supreme audit institutions expressed a desire to include CSOs as partners in their training on disseminating information on good management control procedures. Inclusion of CSOs led to the establishment of a permanent exchange framework to ensure continuing dialogue among the institutions, CSOs, and the private sector on fighting corruption. In addition to conducting public opinion and information gathering surveys, USG-supported CSOs organized four televised debates on corruption in Benin's customs and tax administration, held multiple press conferences, and arranged for radio debates on corruption in the education, health, and agricultural sector. They also worked successfully with the GOB to establish December 8 as National Anti-Corruption Day with several high-profile events organized to commemorate the day.

In Benin as a result there is increased public awareness of corruption; an enhanced awareness and increased capacity of the role of CSOs in fighting corruption; and increased partnerships to improve accountability and transparency in the public sector.

#### **Program Area Performance \ 2 Governing Justly & Democratically \ 2.4 Civil Society**

US foreign assistance provided training and technical assistance to civil society organizations (CSOs), local governments, and public institutions to increase collaboration among them and strengthen Benin's efforts to

combat corruption, implement decentralized government, and consolidate and extend its democratic reforms to all citizens. Activities focused on building the capacity of CSOs to advocate for and communicate with the media, public entities and private citizens on key issues, including anti-corruption, HIV/AIDS, and girls' education. Activities also supported CSO involvement in planning and implementing local development projects.

As a result, there are strengthened relationships among CSOs, local governments, and public institutions; increased participation of CSOs in local decision-making; and an enhanced informational environment in which CSOs are engaged and empowered to participate in democratic processes. The strengthened relationships between civil society and public institutions are also crucial for achieving results in other areas addressed by US foreign assistance which focus on increasing citizen participation and oversight in managing local schools and health centers and supporting private citizens and CSOs in demanding improved public services. Achievements in this area also complement the efforts of the GOB to reduce corruption in all sectors and to consolidate and advance its transformation to a model of democracy in the region.

### **Program Element Performance \ 2 Governing Justly & Democratically \ 2.4 Civil Society \ 2.4.1 Civic Participation**

Foreign assistance focused on reinforcing the relationships between CSOs, local governments, and public and private institutions to support Benin's efforts to continue its transformation to a fully democratic society. A total of 681 CSOs received training and technical assistance to build their capacity to work with local and national public and private institutions on developing and implementing plans and policies and advocating for improved service delivery and on key issues such as anti-corruption, girls' education, and HIV/AIDS. In addition, 134 of them also received assistance to improve their internal organizational capacity. Twenty-five local governments and three national audit institutions received training and assistance to increase their capacities to work with CSOs and the private sector to improve collaboration, transparency and shared decision-making in local and national planning and budget processes and on monitoring for effective service delivery.

### **Program Area Performance \ 3 Investing in People \ 3.1 Health**

USG assistance to the health sector in Benin focuses on increasing demand for and access to health services, products and prevention measures and improving the Ministry of Health's (MOH) ability to provide quality services through adequate policies, management and planning systems, trained personnel, and community participation and oversight.

Health commodities have been made available for distribution, community knowledge and attitudes have improved and resulted in an increased demand for and use of family health package of services, and the quality of the health system has been enhanced through trainings on quantification to correctly estimate commodity needs, logistics management training, implementation plans for quality assurance, new procedures and protocols for financial and human resource management, training and support for formative supervision, and development of job description requirements as standards for performance assessment. Community-based health insurance schemes being successfully implemented on a pilot basis were evaluated. Information from the evaluation is being used to improve use as well as strengthen the organization and management of the schemes. As they are succeeding in increasing access and use, a feasibility study to explore expansion is planned.

In addition to improvements in service delivery, other USG supported activities are contributing to a more responsive health care sector. USG assistance financed work to increase civil society participation and support for decentralization in the health sector. Workshops were conducted with health care workers, health facility management committees, and local elected officials on the role and responsibilities of each in the co-management of health facilities in the decentralized system. A USG partner developed ascendant planning process has been adopted as the national norm by the MOH. Commune and health facility management committees and health center staff have been trained in the process and results from a USG supported peer-led health facility assessment were used in the ascendant planning process in project areas to develop local action plans.

Challenges remain in working through and with the central and peripheral levels of the MOH. Assistance will continue to focus on improving MOH capacity to plan, manage and implement quality service delivery; increasing demand and access; and developing transparent and accountable community supported local management systems.

### **Program Element Performance \ 3 Investing in People \ 3.1 Health \ 3.1.1 HIV/AIDS**

USG supported activities worked to increase access to and demand for HIV/sexually transmitted infection prevention and case management services and products as well as improve the quality and delivery of these services.

Access to condoms increased with the creation and effective operation of new distribution points throughout the country, with 18,684 sales points providing 77% coverage nationally. In reinforcement of the mass media campaign consisting of 1,490 radio and 157 TV spots, intensive behavioral change communication (BCC) activities by local NGOs reached more than 86,974 people in the targeted at-risk populations of truck drivers, sex workers, taxi drivers and youth with one-on-one counseling sessions and group sessions. With peer education, targeted activities for youth also included the quarterly “Amour & Vie” youth magazine and weekly radio shows conceived of and produced by youth. A toll free line for both reproductive health and HIV issues recorded more than 51,655 calls received since its establishment in FY07. USG supported voluntary counseling and testing services succeeded in enrolling an increased number of individuals, almost quadrupling its target related to people receiving their test results while BCC activities have contributed to increases in the consistent use of condoms by sex workers aged 15-29 with casual partners in intervention areas. Additional community outreach activities for abstinence/be faithful and abstinence/be faithful/use a condom messages focused on communications through home visits have not yet been conducted as the community-based agents are currently being trained.

Awareness of HIV/AIDS among a wide range of policy makers, including the Minister of Economy and Development, was increased through the development and dissemination of a second AIDS impact model. Policy norms and protocols for prevention of mother to child transmission (PMTCT) were revised and distributed with a communication framework. Activities to pilot test integrated services for sexually transmitted infections, HIV/AIDS, and family planning are underway in selected public health clinics. Some additional quality improvement and service delivery activities such as training for health workers in PTMTC and HIV palliative care and community mobilization training were delayed by poor planning and frequent interferences on the part of the central and departmental health authorities. Training activities are being re-scheduled for FY08.

### **Program Element Performance \ 3 Investing in People \ 3.1 Health \ 3.1.3 Malaria**

The USG strongly supported the GOB efforts to combat malaria through the provision of recommended commodities to prevent and treat malaria. Artemisin-based Combination Treatment (ACT) drugs were made available for simple and severe malaria treatment in USG supported project areas. The USG also contributed LLITNs for a pilot mini campaign in the project area as well as the national free distribution campaign of LLITNs for children under five years old. Additional bed-nets were distributed through social marketing channels throughout the country and a clinic- and community-based subsidized distribution pilot. Demand for bed-nets surpassed supply and evaluation of the subsidization pilot showed reduced incidence of febrile illness and confirmed cases of malaria in the targeted group of children under five. In addition to people reached through mass media radio diffusions, peer and group awareness and education sessions reached approximately 27,000 people.

The health system was strengthened through trainings and increased supervision. Health care professionals were trained in quantification of malaria commodities, use of the Rapid Diagnostic Test (RDT), and on six new malaria policy directives. Trainings included clinical and laboratory sessions as well as management issues. Supervision after training was also reinforced and more health clinics are receiving formative supervisory visits. In addition, seven hundred copies each of the new treatment protocol and algorithms were printed and distributed.

### **Program Element Performance \ 3 Investing in People \ 3.1 Health \ 3.1.6 Maternal and Child Health**

USG assistance supported activities to improve quality services in essential and emergency obstetric care (EONC), including safe delivery with active management of third stage of labor (AMTSL) and treatment of post-partum hemorrhage, and integrated management of child illnesses (IMCI). Health professionals in both public clinics and a franchised network of private clinics, ProFam, were trained in ECON and AMTSL. After training, AMTSL was used in 92% of deliveries in ProFam clinics. Although providers are also using the technique in public health facilities, the data is not yet being collected in clinics as part of the national information system. One set back to safe delivery is continued stock-outs of the essential drug, oxytocin. Provision of the drug is covered under activities planned with FY 07 funds and orders have already been placed.

Efforts to train health providers in IMCI have been delayed due to discussions with the GOB around the efficacy of a condensed training model. In the absence of training on IMCI, activities focused on two components of the IMCI model, namely malaria and treatment of diarrheal diseases. Mass media radio spots on treatment of diarrhea with oral re-hydration solution reached the general population and additional education sessions reached approximately 27,000 individuals.

Additional activities to support the government of Benin's plan to accelerate the reduction of maternal and neo-natal mortality include overall improvements in the quality of health services. The health system in Benin has benefited in FY07 from trainings on quantification to correctly estimate commodity needs, logistics management training, implementation plans for quality assurance, new procedures and protocols for financial and human resource management, training and support for formative supervision, and development of job description requirements as standards for performance assessment.

### **Program Element Performance \ 3 Investing in People \ 3.1 Health \ 3.1.7 Family Planning and Reproductive Health**

During FY07 access to high quality voluntary family planning and reproductive health services was increased due to the expansion of community-based programs and private sector. A franchised network of private clinics, ProFam, has added additional clinics to now total 30 clinics nation-wide. A quality assessment of the network services was conducted with results being used to develop and begin implementing quality service improvement plans in the clinics. ProFam clinics also began communication and education activities in the clinic and surrounding communities. Almost 6,000 home visits, 1,900 community education sessions and 130 clinic talks reached over 36,000 men and women with family planning and reproductive health information. Telephone calls to the toll free line for reproductive health information topped 51,655 calls indicating people's desire to find out more about existing services and make informed decisions about their reproductive health. Mass media communication reached individuals through radio and TV spots but less people than expected were reached with FP/RH messages by interpersonal communication and education sessions due to a concentration of efforts on the development of materials and training of local drama, dance and songs groups to conduct awareness activities. These outreach efforts have led to increasing numbers of new family planning acceptors and CYP exceeded targets.

Public health facility workers received training in contraceptive technology, logistics management, and quantification. These trainings along with technical assistance and continued USG support for the implementation of the GOB's reproductive health commodities security strategy have dramatically reduced the number of clinics experiencing stock-outs of contraceptives, declining from 92% in FY06 to 50% in FY07. Nationwide, contraceptive needs have been quantified and USG and other donors are coordinating efforts to respond to the population's needs in contraception.

Work began on expanding sites for Norplant insertion, due to the popularity but non-availability of the method in rural areas, and activities to pilot test integrated services for sexually transmitted infections, HIV/AIDS, and family planning in selected public health clinics. Some planned trainings in FP/RH were not conducted due to poor planning at the central level and frequent interferences with the peripheral level. These activities have been postponed and will be re-scheduled for FY08.

#### **Element Indicator Narrative \ 3 Investing in People \ 3.1 Health \ 3.1.1 HIV/AIDS**

HIV/AIDS activities were conducted by new mechanisms begun in 2006. Many targets were not set until after plan submission. FY07 targets were revised, non-relevant targets dropped, and performance is compared to these targets. Number trained to promote HIV/AIDS prevention was lower because training for 295 community agents was delayed. Home visits they will conduct are the only activities planned for disseminating abstinence/be faithful messages to targeted audiences. Other outreach activities include additional behavior change messages. Other training targets were not met due to interferences from central level creating delays and inability of departments to reschedule health worker trainings during FY07. Additionally, health workers in charge of community mobilization were not designated in order to be trained. All delayed trainings will take place in FY08. Counseling and testing exceeded target due to inclusion of a project working with armed services on providing VCT. Number of organizations provided with TA for institutional capacity building was higher because it was also given to businesses joining the business council formed to focus on workplace issues. TA for policy did not meet target because some activities were delayed due to interference from central level.

#### **Element Indicator Narrative \ 3 Investing in People \ 3.1 Health \ 3.1.3 Malaria**

Malaria activities were conducted by new mechanisms begun in 2006. Baseline surveys provided some preliminary information for target setting, while the remainder was not available until after plan submission. Targets have been established/ revised and performance is compared with these targets. The number of ITNs distributed significantly exceeded target. Sales for socially marketed nets were twice that expected and 150,000 nets were distributed early as part of the USG contribution to Benin's first national free bednet distribution campaign. Due to support to improve management and conduct outreach, more people were covered by community health schemes than anticipated. Incidence of stock-out was much lower. Activities did not meet the performance appraisal target as the requirement is not respected in public services. Health officials at department and zone level are being coached in respect to this duty. An indicator was added to account for the SP that has been purchased for the launch of PMI activities. There are no plans to spray houses under the existing mechanisms, indoor residual spraying will be conducted in FY08 by PMI. The National Malaria Control Program utilized WHO financial support instead of USG to develop national malaria training guidelines.

### **Element Indicator Narrative \ 3 Investing in People \ 3.1 Health \ 3.1.6 Maternal and Child Health**

MCH activities were conducted by new mechanisms begun in 2006. On-going baseline surveys provided some preliminary information for target setting, while the remainder was not available until after plan submission. Targets have been established/ revised and performance is compared with these targets. Targets for assisted deliveries were not met due to the numbers of women who use public ANC services but then deliver in the private sector. Number of women receiving AMSTL, cases of child diarrhea treated, and newborns receiving essential care should be higher but public clinics are not currently collecting this information. USG assistance is supporting modifications to the health data collection system. Due to support to improve management and conduct outreach, more people were covered by the community health schemes than anticipated. The incidence of stock-out was also much lower. Activities did not meet the performance appraisal target as the requirement to write performance appraisals is not respected in public services. Health officials at department and zone level are being coached in respect to that duty. M&E training and development of monitoring plans for department and zone levels were rescheduled for FY08 as were remaining research activities.

### **Element Indicator Narrative \ 3 Investing in People \ 3.1 Health \ 3.1.7 Family Planning and Reproductive Health**

FP/RH activities were conducted by two new mechanisms begun in 2006. On-going baseline surveys provided some preliminary information for target setting, while the remainder was not available until after plan submission. Targets have now been established/ revised and performance is compared with these targets. Some of the activities did not achieve their targets due to postponement of training and other activities on the part of health officials at department level (FP/RH training and introduction of new approaches). Two other targets were also not respected. Fewer people heard messages because efforts by one partner were focused on developing materials and training drama and song groups to conduct awareness raising activities and the requirement to write performance appraisals is not respected in the public services. Health officials at department and zone level are being coached in respect to this duty. Due to support to improve management and conduct outreach, more people were covered by community-based health schemes than anticipated. The incidence of stock-out was also much lower. An information gathering activity to investigate compliance with FP/RH laws and regulations was postponed due to shortages in procurement staff at USAID.

## **Program Area Performance \ 3 Investing in People \ 3.2 Education**

Virtually all of the FY07 targets were surpassed, some with significant increases. The major achievements of the period included in-service teacher training, training of administrators and production of teacher learning materials. The more than 22,000 learning materials produced and distributed include manuals for student teachers in the newly opened teacher training colleges and a regular pedagogic journal produced several times a year for primary school teachers. These are particularly noteworthy as they are the only learning materials the Beninese teachers receive on a regular basis and cover a variety of topics to improve classroom instruction and knowledge of the national curriculum. They also have regular articles on the application of gender equity and HIV/AIDS.

Support to the education sector also included technical assistance in developing and adopting a policy on preventing HIV/AIDS as well as action plans at the national and local levels for its implementation. Guidelines and tools for teacher performance evaluations were also developed and piloted. Additionally, USG assistance supported the development of Benin's basic education human resource base. Funds enabled an employee of the Ministry of Primary Education to complete a Master's degree in Educational Leadership in the US.

Despite reaching almost 12,000 teachers with in-service training, large numbers of unqualified and poorly trained teachers represent a major obstacle in improving the primary education system in Benin. Of the approximately 30,000 active teachers, more than half do not have even the basic teacher qualifications and all require more training in order to properly teach the competency-based national curriculum. In addition, motivation and morale of Beninese teachers is very low, causing chronic absenteeism and poor performance.

A primary education sector capable of fulfilling the educational needs of its children is crucial to Benin's development. USG assistance will continue to support the GOB to build a competent and qualified teaching force and address the gap between boys and girls' access to and continuing enrollment in school.

### **Program Element Performance \ 3 Investing in People \ 3.2 Education \ 3.2.1 Basic Education**

The main focus of the basic education element during FY07 was on teacher training and developing learning materials for teachers, both of which are central concerns of basic education in Benin. Almost 12,000 teachers received in-service training, 156 administrators were trained, and over 22,000 learning materials were provided to teachers. As the only learning material support the primary teachers receive on a regular basis, the quarterly pedagogic publication has provided the teachers with an open forum to address theoretical and practical information needs. Despite no longer being a free publication, subscriptions have increased over 20% during the past year. Bi-monthly in-service training workshops are now being routinely prepared by GOB pedagogical advisors and over 90% of teachers reported finding them more useful in addressing the issues of classroom instruction and management. In addition, a recent evaluation of the in-service teacher training activities showed a 50% improvement in teachers' understanding and classroom instruction of the USG supported competency-based national curriculum.

The commitment of the Ministry of Primary Education has been an important factor in the policy activities undertaken during this period. Several important policies and guidelines were drafted and adopted, including a national HIV/AIDS policy and action plans for its application at the local level that has created increased awareness within the central and decentralized education agencies and guidelines and regulations for teacher performance evaluation.

Addressing the gender imbalances in the education sector is central to education area program activities. The FY07 program includes the launching of a major activity to address the continuing gap in girls' access to and retention in primary school. As the numbers of women teachers is low, funds will also focus on recruiting and training women who wish to become teachers.

Despite the gains made in FY07, much remains to be done to build a capable and qualified teaching force in Benin. Basic education activities will continue to focus on increasing the numbers of qualified teachers and improving skills in teaching by working with the GOB on human resources policy development, providing pedagogical materials for the newly opened teacher training colleges and supporting a distance learning program designed to allow currently active but unqualified teachers to earn a teaching certificate.

### **Program Element Performance \ 3 Investing in People \ 3.2 Education \ 3.2.2 Higher Education**

During the performance period, USG assistance supported an employee of Benin's Ministry of Primary Education in a long-term academic training program in the US. The participant successfully completed a Master's degree in Educational Leadership and returned to Benin to apply his education to strengthening the Ministry's capacity to develop and implement effective policies with the aim to deliver improved quality education to more Beninese children.

### **Element Indicator Narrative \ 3 Investing in People \ 3.2 Education \ 3.2.1 Basic Education**

Several of FY07 actual performance measures were significantly higher than the targets due to the inclusion of an additional mechanism, Pedagogical Support for Effectiveness of Primary Education (PESEPE) project, implemented with funds appropriated in years prior to FY 07. This increased the number of administrators and teachers trained, as well as the numbers of learning materials produced. FY08 targets were adjusted to again add the activities of the PESEPE project, which will be completed in FY08. These activities include training for educational administrator and in-service teacher training, as well as production of teacher learning materials. The FY08 targets are also significantly increased in terms of teachers trained and learning materials provided with USG support, as a new activity to be added to the education program will provide support for a newly developed distance education program that will train the 15,000 unqualified but active community teachers. This program will provide learning materials for the distance education course and pilot a teachers' motivation initiative.

### **Program Area Performance \ 3 Investing in People \ 3.3 Social and Economic Services and Protection for Vulnerable Populations**

USG assistance focused on supporting UNICEF's on-going work to combat child trafficking.

The complex nature of child trafficking requires an integrated approach at the policy, community and trans-national level. The USG supported implementation of a new law outlawing child trafficking in Benin, cross border cooperation between Benin, Togo and Gabon, and work with transporters to develop and adopt a "Guide of conduct of transporters for the legal transportation of children." This and other policy work has led to increased rigor on travel with children and transporters found illegally transporting children are being detained and judged. USG has also supported UNICEF to develop and operate a national database to provide reliable indicators on child protection and help identify vulnerable children who need special protection measures. Interventions to combat child trafficking were expanded from south and central Benin

to include northern departments, which have some of the lowest social and economic indicators, making families and children increasingly vulnerable to traffickers.

Trafficked children are often physically and mentally abused and most have not been to school. Their interception and reintegration allows them to regain their health and return to school or other non-formal education opportunities. USG supported social services activities have led to transit centers being opened in the northern region to facilitate their reintegration; public denouncement and open discussion of trafficking; and increasingly vigilant communities. Of the 270 intercepted children served by the transit centers, 50% have been successfully reintegrated into their communities and 39 have been reinserted into their families. Reinsertion is more difficult to achieve because it requires long term interventions and such conditions as basic education and better income in the households to insure a sustainable reinsertion process.

Long term success in protecting children and eliminating child trafficking relies on the work of the USG, GOB and other international organizations to increase access to basic education, diversify the economy, and improve health care. USG assistance will focus on improving basic education and health after FY08 and will continue to address some of the root causes and improve conditions to both prevent child trafficking and allow reinsertion of child victims of trafficking.

### **Program Element Performance \ 3 Investing in People \ 3.3 Social and Economic Services and Protection for Vulnerable Populations \ 3.3.1 Policies, Regulations, and Systems**

Despite advances made in coordination and collaboration through the establishment of a Child Protection Task Force and Network of NGOs, there has continued to be a need for an effective data collection mechanism at the communal and regional levels to provide the data against which to plan interventions and measure impact. USG assistance has supported UNICEF to develop a management tool for data collection and provide training on how to report data accurately. During FY07, 377 people were trained in data collection for the national database and, during the first six months of operation, data from approximately 1245 data collection instruments have been received. These data are being entered into the database to provide reliable indicators on child protection and help identify vulnerable children who need special protection measures. More than 1 000 vulnerable children have been identified through social surveys in the 10 target communes.

In countries where porous borders facilitate movement and trade, it is often difficult to distinguish between illegal and criminal activities and legitimate family, cross-border activities. As well as technical support to align national laws to international conventions and assistance with the implementation of a new law outlawing child trafficking in Benin, work is being done to reinforce cross border cooperation between Benin, Togo and Gabon. National mappings of the various actors in combating trans-border child trafficking have been realized and a workshop to consolidate these mappings and strengthen synergy and coordination mechanisms among partners is planned for early FY08. USG assistance is also supporting work with transporters. A “Guide of conduct of transporters for the legal transportation of children” was developed with representatives of the transporter’s association. The guide was validated and adopted as a guide of conduct during a one-day workshop with transporters and drivers, policemen, local radio stations, religious leaders, and NGO representatives. The agenda included discussions on the role of transporters in combating child trafficking and partnership with transporters. Representatives of the trade unions of transporters/drivers have signed an agreement listing their vow to respect the Guide of Conduct clauses for legal transport of children. One thousand copies of the guide have been reproduced and are being disseminated in the 10 communes.

## **Program Element Performance \ 3 Investing in People \ 3.3 Social and Economic Services and Protection for Vulnerable Populations \ 3.3.2 Social Services**

Under this element, activities focused on reducing the incidence of child trafficking and providing standardized quality care and reintegration for child victims. USG assisted activities took on the challenges of a lack of transit centers and insufficient numbers of preventative and surveillance activities in the North; lack of capacity in the Ministry of Family, Solidarity and Social Protection at the district level, and lack of an established mechanism to refer cases.

Partnerships with indigenous NGOs for the care and reintegration of child victims of trafficking have led to the establishment of 4 newly opened in-transit centers in the Northern departments of Benin. To date 270 children have been reached with assistance through the transit centers with 135 children so far successfully reintegrated into their communities and 39 reinserted into their families.

Prevention activities were conducted throughout the communes. Eight public information and awareness campaigns and 582 discussions/debates on children's rights legislation, the negative consequences of child labor and child exploitation, parental responsibilities, and the importance of education for children, girls in particular, were held during FY07, reaching more than 56,000 people in the 10 communes targeted. In addition, more than 700 copies of the 2006 law against child trafficking were distributed. Thirty-two educational radio programs in French and local languages were conducted on the same topics and a film on child trafficking shown. Support and training was also given to local theatre, dance and song groups enabling them to compose songs and sketches focused on child trafficking that were presented during the large awareness campaigns.

Ministry of Family, Social Protection and Solidarity (MFSPS) staff at the district and commune level and staff from the 5 partner NGOs were trained in planning and monitoring interventions directed towards combating child trafficking. In total 177 people increased their capacity to plan and supervise local anti-trafficking activities and local committees acting as community surveillance mechanisms. They are also involved in developing referral systems for preventing child trafficking and have identified over 1 000 vulnerable children through social surveys in the 10 target communes.

### **Key Issue Performance \ Local Organization Capacity Development**

USG funds supported work with local governments, CSOs and NGOs to strengthen their internal organizational capacity and ability to implement programs effectively. Local governments and institutions received training and technical assistance that focused not only on building their capacity in participatory and transparent project planning and implementation, financial management, and monitoring and evaluation but also on how to work with each other and the private sector to address identified needs and improve delivery of public services.

Local health and education sectors also benefited from assistance for capacity building. Guidelines and tools for teacher performance evaluations were developed and piloted with the Ministry of Primary Education and regular formative supervision has become the norm in USG-supported health centers. Public health workers also performed the first peer-led management quality assessment of the health system, a process that will be repeated biannually.

## **Key Issue Performance \ Anti-Corruption**

A major obstacle to Benin's goals of reducing poverty and achieving economic growth is corruption. Foreign assistance supported the GOB's efforts to increase the transparent and effective management of public resources to improve service delivery. Funds promoted the participation of CSOs in local decision making and oversight and also increased the capacity of CSOs and public institutions to investigate, track, and denounce corrupt practices in all sectors. Funds also supported reforms in the primary education sector's teacher evaluation system by developing more transparent and objective evaluations for both teachers and supervisors. Evaluation criteria for supervisors now include measures on efficient and transparent management of human and financial resources. Transparent management and public accountability was also a focus of activities in the health sector. Funds supported efforts to ensure staff in USG assisted health-facilities received written performance appraisals.

## **Key Issue Performance \ Applied Research**

Applied and development research activities are providing the knowledge and understanding necessary to plan activities and develop the materials and methods essential to meeting the needs of Benin's population. Baseline studies on quality of management and services in public and private health clinics; special studies on behavioral determinants among populations at high risk for HIV/AIDS and acceptability of and distribution channels for a newly formulated oral re-hydration therapy; and evaluations on community-based health insurance schemes and demand for and impact of bed-net distribution activities on the prevalence of malaria in children under five were conducted.

Additional research in the health sector and extensive surveys in the education sector are planned. The information from the primary education surveys will be used by USAID to develop and initiate new activities and provide baseline information to measure progress on key quantitative and qualitative indicators.

## **Key Issue Performance \ Community Mobilization/Participation**

To ensure that all of Benin's citizens participate in and benefit from its continued democratic transformation, funds were used to support the involvement of community groups in planning, implementing, and monitoring development activities at the commune level. Communication activities mobilized citizens to demand improved health services, raise awareness on corruption, and advocate for vulnerable groups such as women and girls and people affected by HIV/AIDS. Communities were also motivated to advocate and mobilize resources for projects to address their needs. Education activities planned for the performance period and funded with FY07 money have not yet gotten underway but will focus on increasing communities' participation in enrolling and maintaining more girls in school and effective and transparent school management.

## **Key Issue Performance \ Civil Society**

To support Benin's efforts to ensure that all of its citizens participate in and benefit from its continued democratic transformation, foreign assistance funds strengthened the capacity of civil society to participate in decision making processes at the national and local government levels. Funds also increased the capacity of CSOs, such as public health center community management committees, to advocate for increased transparency in planning and managing public resources. Education activities planned for the performance

period and funded with FY07 money have not yet gotten underway but will focus on increasing the participation of Parent Associations and Mothers' Associations in local school management.

### **Key Issue Performance \ Increasing gender equity**

Increasing gender equity and improving the status of women are essential to accelerating growth and development in Benin. To that end, almost half of the 23,873 CSO members benefiting from training and support were women and many activities initiated in the communes addressed women's involvement in local development, communal decision-making processes, and politics. Communication activities reached both men and women with messages advocating for vulnerable groups such as women and girls, increasing awareness of children's rights and the importance of education for girls, and mobilizing communities to demand quality health services for both men and women. In-service teacher training and teacher learning materials included the topics of gender equity and overcoming gender bias in the classroom. Planned education activities will focus on increasing communities' participation in enrolling and maintaining girls in school and participation of Mothers' Associations in school management.

### **Key Issue Performance \ Africa Education Initiative (AEI)**

AEI funding in Benin was used to increase the quality of basic education in Benin. Specifically AEI funds supported in-service teacher training and training for educational administrators. In addition, AEI funds were used to design and produce teacher learning materials. USAID supported in-service training is the only support provided to thousands of active but unqualified teachers in Benin.

The learning materials produced with USAID funding are also the only form of regular pedagogical materials provided to the teachers. This publication covers a variety of topics such as classroom management techniques, methods to teach the national curriculum more effectively, and information on how to use child-center teaching methods. Both the in-service teacher training activities and the learning materials include the topics of gender equity and overcoming gender bias in the classroom as well as information on HIV/AIDS awareness and prevention among teachers and senior level students.

# 1 Peace & Security - Benin

## 1.3 Stabilization Operations and Security Sector Reform\1.3.6 Defense, Military, and Border Restructuring, Reform and

### Number of US trained personnel at national leadership levels

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
9	25	36	-	35

**362**

### 1.3.6 Defense, Military, and Border Restructuring, Reform and Operations narrative (no more than 1500 characters)

**chars**

As discussed in the narrative, the FY07 target in number of days of training was not met due to the inability of the GOB to identify a qualified candidate for advance English language trainer training. The FY07 target for number of personnel trained was exceeded as 33 people were trained in the DILS seminar on combating terrorism instead of the projected 20.

### 3 Investing in People - Benin

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of health workers trained in the provision of PMTCT services according to national and

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	166	-	-

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	Number of women					Number of men				
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	Number of women					Number of men				
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	86,974	-	-	-	-	-	-	-	-	-	-	-	-

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of individuals trained in counseling and testing according to national and international

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of individuals trained in HIV-related community mobilization for prevention care and/or

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	50	-	100	-

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of individuals trained in HIV-related institutional capacity building

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

#### 3.1 Health\3.1.1 HIV/AIDS

##### Number of individuals trained in strategic information (includes M&E, surveillance, and/or

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	10	-	10	-

## 3.1 Health\3.1.1 HIV/AIDS

## Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

## 3.1 Health\3.1.1 HIV/AIDS

## Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	295	168	353	-

## 3.1 Health\3.1.1 HIV/AIDS

## Number of individuals who received counseling and testing for HIV and received their test results

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	Number of women					Number of men									
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target					
1,808	-	3,053	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

## 3.1 Health\3.1.1 HIV/AIDS

## Number of information gathering or research activities

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	3	2	2	-

## 3.1 Health\3.1.1 HIV/AIDS

## Number of local organizations provided with technical assistance for HIV-related institutional

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	42	-	46

## 3.1 Health\3.1.1 HIV/AIDS

## Number of local organizations provided with technical assistance for HIV-related policy

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	1	2	5	-

## 3.1 Health\3.1.1 HIV/AIDS

## Number of pregnant women who received HIV counseling and testing for PMTCT and received

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	170	-	-

3.1 Health\3.1.1 HIV/AIDS

**Number of service outlets providing counseling and testing according to national and international**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
2	-	5	-	-

3.1 Health\3.1.1 HIV/AIDS

**Number of service outlets providing the minimum package of PMTCT services according to national**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
1	-	2	-	-

3.1 Health\3.1.1 HIV/AIDS

**Number of targeted condom service outlets**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
17,586	17,746	18,684	18,855	-

3.1 Health\3.1.1 HIV/AIDS

**Total number of health workers trained to deliver ART services, according to national and/or**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	5	-

3.1 Health\3.1.1 HIV/AIDS

**Total number of individuals trained to provide HIV palliative care (including TB/HIV)**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	137	24	50	-

**1298 chars 3.1.1 HIV/AIDS narrative (no more than 1500 characters)**

HIV/AIDS activities were conducted by new mechanisms begun in 2006. Many targets were not set until after plan submission. FY07 targets were revised, non-relevant targets dropped, and performance is compared to these targets. Number trained to promote HIV/AIDS prevention was lower because training for 295 community agents was delayed. Home visits they will conduct are the only activities planned for disseminating abstinence/be faithful messages to targeted audiences. Other outreach activities include additional behavior change messages. Other training targets were not met due to interferences from central level creating delays and inability of departments to reschedule health worker trainings during FY07. Additionally, health workers in charge of community mobilization were not designated in order to be trained. All delayed trainings will take place in FY08. Counseling and testing exceeded target due to inclusion of a project working with armed services on providing VCT. Number of organizations provided with TA for institutional capacity building was higher because it was also given to businesses joining the business council formed to focus on workplace issues. TA for policy did not meet target because some activities were delayed due to interference from central level.

3.1 Health\3.1.3 Malaria

**Number of artemisinin-based combination treatments (ACTs) purchased and distributed**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	18,000	-	-

## 3.1 Health\3.1.3 Malaria

**Number of houses sprayed with insecticide with  
USG support**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

## 3.1 Health\3.1.3 Malaria

**Number of information gathering or research  
activities**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	1	-	-

## 3.1 Health\3.1.3 Malaria

**Number of ITNs distributed that were purchased or  
subsidized with USG support**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	268,174	-	26,900

## 3.1 Health\3.1.3 Malaria

**Number of people covered by USG-supported  
health financing arrangements**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	3,325	5,349	8,387	-

## 3.1 Health\3.1.3 Malaria

**Number of people trained in malaria treatment or prevention with USG funds**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	number of women					number of men								
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target				
2,143	-	670	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

## 3.1 Health\3.1.3 Malaria

**Number of USG-assisted service delivery points  
experiencing stock-outs of specific tracer drugs**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	68	5	54	1

## 3.1 Health\3.1.3 Malaria

**USG-assisted facilities' provider staff with a written  
performance appraisal**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	50	7	60	34

1288  
chars

3.1.3 Malaria narrative (no more than 1500 characters)





3.1 Health\3.1.6 Maternal and Child Health

**Number of institutions that have used USG-Assisted MIS System Information to inform**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
1	1	1	1	-

3.1 Health\3.1.6 Maternal and Child Health

**Number of institutions with improved Management Information Systems, as a result of USG Assistance**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
1	-	-	1	-

3.1 Health\3.1.6 Maternal and Child Health

**Number of monitoring plans**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
3	1	2	1	3

3.1 Health\3.1.6 Maternal and Child Health

**Number of newborns receiving essential newborn care through USG-supported programs**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

3.1 Health\3.1.6 Maternal and Child Health

**Number of people covered by USG-supported health financing arrangements**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	2,015	2,674	5,084	-

3.1 Health\3.1.6 Maternal and Child Health

**Number of people trained in maternal/newborn health through USG-supported programs**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	number of women					number of men				
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
156	100	236	150	-	-	-	-	-	-	-	-	-	-	-

3.1 Health\3.1.6 Maternal and Child Health

**Number of people trained in monitoring and evaluation**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
23	70	-	72	-

3.1 Health\3.1.6 Maternal and Child Health

**Number of people trained in other strategic information management**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
14	12	18	20	-

### 3.1 Health\3.1.6 Maternal and Child Health

#### Number of people trained in research with USG assistance

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

### 3.1 Health\3.1.6 Maternal and Child Health

#### Number of special studies

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
1	1	1	2	-

### 3.1 Health\3.1.6 Maternal and Child Health

#### Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	120	33	100	10

### 3.1 Health\3.1.6 Maternal and Child Health

#### Number of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
4,539	-	3,297	-	-

### 3.1 Health\3.1.6 Maternal and Child Health

#### USG-assisted facilities' provider staff with a written performance appraisal

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	50	7	60	34

#### 1279 chars 3.1.6 Maternal and Child Health narrative (no more than 1500 characters)

MCH activities were conducted by new mechanisms begun in 2006. On-going baseline surveys provided some preliminary information for target setting, while the remainder was not available until after plan submission. Targets have been established/ revised and performance is compared with these targets. Targets for assisted deliveries were not met due to the numbers of women who use public ANC services but then deliver in the private sector. Number of women receiving AMSTL, cases of child diarrhea treated, and newborns receiving essential care should be higher but public clinics are not currently collecting this information. USG assistance is supporting modifications to the health data collection system. Due to support to improve management and conduct outreach, more people were covered by the community health schemes than anticipated. The incidence of stock-out was also much lower. Activities did not meet the performance appraisal target as the requirement to write performance appraisals is not respected in public services. Health officials at department and zone level are being coached in respect to that duty. M&E training and development of monitoring plans for department and zone levels were rescheduled for FY08 as were remaining research activities.

### 3.1 Health\3.1.7 Family Planning and Reproductive Health

#### Couple years of protection (CYP) in USG-supported programs

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	107,298	-	-

## Number of counseling visits for Family Planning/Reproductive Health as a result of USG assistance

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	number of women					number of men (do not use, no need to disaggregate)				
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	6,992	-	-	-	-	-	-	-	-	-	-	-	-

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

## Number of information gathering or research activities

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	2

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

## Number of new approaches successfully introduced through USG-supported programs

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	-	-	-

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

## Number of people covered by USG-supported health financing arrangements

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	5,349	-	-

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

## Number of people that have seen or heard a specific USG-supported FP/RH message

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	107,821	-	-

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

## Number of people trained in FP/RH with USG funds

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	number of women					number of men				
					2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target	2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
173	-	178	-	-	-	-	-	-	-	-	-	-	-	-

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

## Number of policies or guidelines developed or changed with USG assistance to improve access to

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	2	-	-

**Number of service delivery points reporting stock-outs of any contraceptive commodity offered by the**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	56	-	50

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

**Number of USG-assisted service delivery points providing FP counseling or services**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	144	-	-

## 3.1 Health\3.1.7 Family Planning and Reproductive Health

**USG-assisted facilities' provider staff with a written performance appraisal**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
-	-	7	-	34

**1263 3.1.7 Family Planning and Reproductive Health narrative (no more than 1500 characters)**

chars

FP/RH activities were conducted by two new mechanisms begun in 2006. On-going baseline surveys provided some preliminary information for target setting, while the remainder was not available until after plan submission. Targets have now been established/revised and performance is compared with these targets. Some of the activities did not achieve their targets due to postponement of training and other activities on the part of health officials at department level (FP/RH training and introduction of new approaches). Two other targets were also not respected. Fewer people heard messages because efforts by one partner were focused on developing materials and training drama and song groups to conduct awareness raising activities and the requirement to write performance appraisals is not respected in the public services. Health officials at department and zone level are being coached in respect to this duty. Due to support to improve management and conduct outreach, more people were covered by community-based health schemes than anticipated. The incidence of stock-out was also much lower. An information gathering activity to investigate compliance with FP/RH laws and regulations was postponed due to shortages in procurement staff at USAID.

## 3.2 Education\3.2.1 Basic Education

**Number of Parent-Teacher Association or similar 'school' governance structures supported**

2006 *	FY 2007 Target	FY 2007 Actual	2008 Original Target	2008 Revised Target
78	-	-	343	374

**1108 3.2.1 Basic Education narrative (no more than 1500 characters)**

chars

Several of FY07 actual performance measures were significantly higher than the targets due to the inclusion of an additional mechanism, Pedagogical Support for Effectiveness of Primary Education (PESEPE) project, implemented with funds appropriated in years prior to FY 07. This increased the number of administrators and teachers trained, as well as the numbers of learning materials produced. FY08 targets were adjusted to again add the activities of the PESEPE project, which will be completed in FY08. These activities include training for educational administrator and in-service teacher training, as well as production of teacher learning materials. The FY08 targets are also significantly increased in terms of teachers trained and learning materials provided with USG support, as a new activity to be added to the education program will provide support for a newly developed distance education program that will train the 15,000 unqualified but active community teachers. This program will provide learning materials for the distance education course and pilot a teachers' motivation initiative.

## FY 2007 Performance Report - Custom Indicators

Select Program Element	Custom Indicator	2007 Actual	2008 Target
1.3.6 Defense, Military, and Border Restructuring	Number of days of U.S. administered training	662	1,000
2.2.3 Local Government and Decentralization	Number of sub-national government entities receiving USG assistance to improve their performance	25	
2.2.3 Local Government and Decentralization	Number of local mechanisms supported with USG assistance for citizens to engage their sub-national	25	
2.2.3 Local Government and Decentralization	Number of local non-governmental and public sector associations supported with USG assistance	684	
2.2.3 Local Government and Decentralization	Number of individuals who received USG-assisted training, including management skills and fiscal m	539	
2.2.4 Anti-Corruption Reforms	Number of government officials receiving USG-supported anti-corruption training	24	
2.2.4 Anti-Corruption Reforms	Number of people affiliated with non-governmental organizations receiving USG supported anti-corr	26	
2.2.4 Anti-Corruption Reforms	Number of mechanisms for external oversight of public resource use supported by USG assistance	28	
2.2.4 Anti-Corruption Reforms	Number of USG-supported anti-corruption measures implemented	1	
2.4.1 Civic Participation	Number of Civil Society Organizations using USG assistance to promote political participation	681	
2.4.1 Civic Participation	Number of Civil Society Organizations using USG assistance to improve internal organizational capa	134	
2.4.1 Civic Participation	Number of CSO advocacy campaigns supported by USG	10	
2.4.1 Civic Participation	Number of USG-assisted Civil Society Organizations that engage in advocacy and watchdog function	6	
3.1.3 Malaria	Number of improvements to laws, policies, regulations or guidelines related to improved access and u	0	1
3.1.3 Malaria	Number of evaluations conducted by the USG	1	0
3.1.3 Malaria	Number of SP tablets delivered to ANC clinics		2,300,000
3.2.1 Basic Education	Number of administrators and officials trained	156	256
3.2.1 Basic Education	Number of textbooks and other teaching and learning materials provided with USG assistance	22,180	38,000
3.2.1 Basic Education	Number of teachers/educators trained with USG support	11,979	21,000
3.2.1 Basic Education	Number of laws, policies, regulations, or guidelines developed or modified to improve equitable access	3	2
3.2.1 Basic Education	Number of people trained in monitoring and evaluation	85	100
3.2.1 Basic Education	Number of baseline or feasibility studies	1	1
3.2.1 Basic Education	Number of monitoring plans	1	2
3.2.1 Basic Education	Number of sector assessments	7	1
3.2.1 Basic Education	Number of evaluations	2	1
3.2.1 Basic Education	Number of special studies	1	2
3.2.2 Higher Education	Number of host-country individuals receiving USG funded scholarships to attend higher education in	1	
3.3.1 Policies, Regulations, and Systems	Number of social protection policy reforms drafted, adopted or implemented with USG support	1	
3.3.1 Policies, Regulations, and Systems	Number of nationwide poverty/vulnerability mapping efforts being supported	1	
3.3.2 Social Services	Number of people benefiting from USG-supported social services	270	
3.3.2 Social Services	Number of service providers trained who serve vulnerable persons	177	
3.3.2 Social Services	Number of USG assisted organizations and/or service delivery systems strengthened who serve vulne	6	
3.1.6 Maternal and Child Health	Rate of non-polio acute flacid paralysis cases occuring per 100,000 children less th	2	<2