



PROCUREMENT SENSITIVE INFORMATION

NOT FOR PUBLIC RELEASE UNTIL JANUARY 2009

Recommendations for USAID/Benin's HIV/AIDS Strategy 2006–2013

Prepared by

Dr. Souleymane Barry, Team Leader, The Synergy Project
Dr. Leon Kessou, Consultant
Dr. Sennen Hounton, Consultant

Submitted to

U.S. Agency for International Development
Cotonou, Benin

Submitted by

The Synergy Project
TvT Global Health and Development Strategies™
A division of Social & Scientific Systems, Inc.
1101 Vermont Avenue, NW, Suite 900
Washington, DC 20005, USA
Telephone: (202) 842-2939
Fax: (202) 842-7646

USAID Contract: HRN-C-00-99-00005-00
January 2004

PROCUREMENT SENSITIVE INFORMATION

This work was supported by The Synergy Project, through USAID contract HRN-C-00-99-00005-00. The interpretations expressed in this paper are those of the authors and do not necessarily reflect the views of Social & Scientific Systems, Inc., or the United States Agency for International Development.

PROCUREMENT SENSITIVE INFORMATION

ACKNOWLEDGMENTS

We appreciate the excellent support of USAID/Benin staff, Nicodeme Conde in particular, in completing this important assignment. Mr. Conde provided important insights and facilitated our contacts with organizations and resource persons. He also accompanied us during consultations in Cotonou and other cities.

We are grateful for the warm welcome and collaboration demonstrated by The National HIV/AIDS Control Program (NACP) in the Ministry of Health, and by regional and district authorities, USAID implementing partners and other development partners, religious leaders, and local nongovernmental organizations. The team is particular pleased with the dedicated support and collaboration demonstrated by Dr. Valentine Medegan-Kiki, Deputy Director and Chief Epidemiologist at NACP. Finally, we thank Synergy staff members Deanna Crouse, Gary Merritt, Ruth Hope, and Joshua Rosenfeld for their contributions, support, and patience.

CONTENTS

ABBREVIATIONS AND ACRONYMS	v
EXECUTIVE SUMMARY	vii
I. SITUATION ANALYSIS	1
I.A. HIV/AIDS in Benin.....	1
I.B. Framework for a National Response	2
I.C. USAID Current HIV/AIDS Program and Coverage	3
I.D. Other Partners and Their Contributions	5
I.D.1. Government of Benin	5
I.D.2. Coopération Française	5
I.D.3. European Union	5
I.D.4. German Technical Assistance Organizations	5
I.D.5. Canadian International Development Agency	5
I.D.6. Coopération Suisse	6
I.D.7. The Joint United Nations Programme on HIV/AIDS	6
I.D.8. United Nations Development Programme	6
I.D.9. World Health Organization.....	6
I.D.10. United Nations Children’s Fund (UNICEF).....	6
I.D.11. The World Bank	6
I.D.12. The Global Fund to Fight AIDS, Tuberculosis and Malaria	7
I.D.13. Faith-Based Organizations and Nongovernmental Organizations.....	7
I.D.14. Other Local Potential Partner Networks	7
I.E. Assets Supporting Benin’s Relatively Favorable HIV/AIDS Situation	8
I.E.1. Effective Programmatic Interventions	8
I.E.2. Demographic and Societal Factors.....	9
I.F. Constraints and Critical Threats.....	10
I.F.1. Constraints.....	10
I.F.2. Critical Threats.....	12
I.G. Gaps and Needs in HIV Programming and Priority Concerns and Programmatic Implications... 12	
I.G.1. Strategic Gaps and Needs	12
I.G.2. Priority Concerns and Programmatic Implications.....	13
I.G.3. Priority Target Populations.....	15
I.G.4. Key Pillars of the Next Generation of HIV/AIDS Responses	16
II. PROPOSED USAID/BENIN HIV/AIDS STRATEGIC PLAN	19
II.A. Strategic Objective for HIV/AIDS.....	19
II.A.1. Rationale for the Proposed Strategy	19
II.B. Principal Intermediate Results and Activities	19
II.B.1. Intermediate Result 1: Enhanced Knowledge Generation and Dissemination	21
II.B.2. Intermediate Result 2: Strengthened Collaborative Programming, Co-Financing, and Technical Networking	22
II.C. National and Geographic Focuses.....	24

II.D. Critical Assumptions.....	25
II.D.1. HIV/AIDS Is Addressed as a Development Challenge.....	25
II.D.2. USAID Is Committed to Positioning its Unique Comparative Advantages to Foster Effective Use of Greater Funding Levels	25
II.D.3. There Will Be No Decrease in the Commitment and Collaboration of Key Stakeholders to Support HIV/AIDS Interventions	25
II.E. Implementation Modalities.....	26
II.E.1. Technical Assistance Needs.....	26
II.E.2. Recommendations for Implementation.....	26
III. RESULTS AND REPORTING	27
III.A. Magnitude and Nature of Expected Results	27
III.B. Country Reporting and Performance Indicators and Targets.....	27
III.B.1. Sector-Specific Strategic Objectives	28
III.B.2. Improved Knowledge Generation and Dissemination	28
III.B.3. Strengthened Collaborative Programming, Co-Financing, and Technical Networking....	28
III.C. Contribution to International and Expanded Response Goals	29
III.D. Planned Surveillance, Surveys, and Other Monitoring and Evaluation Activities	29
IV. BUDGET AND USAID MANAGEMENT	31
IV.A. Funding.....	31
IV.B. USAID Management and Technical Assistance Needs.....	31
IV.C. Higher Levels of Support	32
Annex 1: Contacts and Persons Interviewed.....	33
Annex 2: Bibliography.....	41

ABBREVIATIONS AND ACRONYMS

AIDS	acquired immune deficiency syndrome
AMCES	Association of Faith-Based Organizations for Health
APH	Action for Humanity
BHAPP	Benin HIV/AIDS Prevention Program
CALS	subdistrict committee to fight HIV/AIDS
CCLS	Comité Communal de Lutte Contre le SIDA
CDLS	Comité Départemental de Lutte Contre le SIDA
CFA	Franc des Colonies Françaises d'Afrique
CNLS	National AIDS Control Council
CIDA	Canadian International Development Agency
Consortium ALAFIA	National Association of Microfinance Specialists in Benin
CSCU	District Health Center
DHS	Demographic and Health Survey
EQUIPE	Equity and Quality in Primary Education
FENAPEB	National Association of Schooling Children in Benin
GTZ	German Technical Assistance Organization
HIV	human immunodeficiency virus
IFAD	Institut de Formation et d'Action pour le Développement des Initiatives Communautaires Durables
KfW	Kammerschaft für Wiederaufbau (German Development Bank)
NACP	National AIDS Control Program
NGO	nongovernmental organization
PSAMAO	Prevention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest
PHR ^{plus}	Partners for Health Reform ^{plus} Project
PMTCT	prevention of mother-to-child transmission
PNLS	National HIV/AIDS Control Program
PPLS	Projet Pluri-sectoriel de Lutte contre le VIH/SIDA
PROSAF	Benin Integrated Family Health Program
PSI	Population Services International
ROBS	Réseau des ONG béninoises de Santé
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Twenty years after the emergence of HIV/AIDS, Benin continues to rank among the few sub-Saharan countries with an emerging but relatively contained HIV/AIDS epidemic. Prevention efforts aimed at high-risk behaviors of sex workers and truckers—in Benin and across the subregion—combined with rising degree of AIDS awareness among the general population, nationwide availability and accessibility of condoms, and a sustained focus on treatment of sexually transmitted infections have all contributed to averting a large number of HIV infections. In addition, certain core societal values and norms, perhaps especially the dynamism and strong work and behavioral ethics of Benin’s women, male circumcision, and typically moderate consumption of alcohol, may have contributed to Benin’s relatively favorable HIV/AIDS situation.

HIV is, however, now firmly established in the general population, with a national prevalence estimated at between 2 percent and 4 percent of reproductive-age people, according to the national HIV sentinel surveillance system. A 2002 study conducted by the Canadian-supported STI/HIV (SIDA-3) project revealed alarming HIV rates of 40 percent and 60 percent among sex workers in urban and rural areas, respectively.

Benin is vulnerable to a rapidly growing HIV/AIDS epidemic because of several interrelated factors, including the following:

- Inadequate leadership and lack of vision for a coherent national strategy that builds on important assets within Beninese society;
- Limited knowledge about the range of critical biological, socio-demographic, and economic factors that drive the HIV/AIDS situation and responses to it;
- Persistent inattention to interpersonal and counseling support for both sero-negative and sero-positive individuals, lack of care for people living with HIV/AIDS, and inattention to the dichotomy between prevention and care, which results in widespread stigma and an inability of the society to mobilize for the HIV/AIDS challenge;
- Disproportionate focus on sex workers at the expense of sexual networking issues and bridging populations, including married men and unmarried young men with casual partners;
- Limited effectiveness of current interventions aimed at young people;
- Gender inequities and traditional cultural norms that encourage the spread of HIV/AIDS, including mandatory widow inheritance upon the death of a husband;
- Limited capacity of public and private institutions and organizations to develop and support evidence-based HIV/AIDS interventions;
- Limited resource base of the Government of Benin, USAID, and other development and implementing partners, and inadequate programmatic partnerships and technical networking.

Proposed Strategy

The proposed strategic plan builds on the comparative technical advantages of USAID/Benin to support the next generation of HIV/AIDS responses and a continued focus on development sectors that have benefited from extensive USAID support over recent years—education, health, governance, and civil

society development. The most important departure of this strategy from past approaches is to position limited resources for HIV/AIDS work and predominant technical capabilities to optimize the use of ever-increasing funds from the Government of Benin and its development partners.

The proposed strategic objective is expanded use of quality prevention-to-care continuum related services, products, and effective practices. Two key strategic approaches are proposed for achieving the objective, giving two principal intermediate results: 1) enhanced knowledge generation and dissemination, and 2) strengthened collaborative programming, co-financing, and technical networking strengthened.

Three essential thrusts feature prominently in the strategy:

1. Build the knowledge base and leadership necessary to facilitate a vision with “clear and compelling imagery that offers an innovative way to improve, which recognizes and draws on traditions, people’s emotion and energy, and connects to actions that people can take to realize change.”¹
2. Facilitate a continuum of services from prevention to care to reduce stigma and promote the involvement of civil society and people living with HIV/AIDS in the formulation and implementation of the next generation of HIV/AIDS responses.
3. Place collaborative programming and networking at the center of USAID/Benin’s HIV/AIDS strategy. While USAID/Benin may choose to concentrate on selected geographic areas, it should facilitate a low-cost mechanism to provide technical assistance to key public and private institutions and other development partners.

It is proposed that USAID/Benin reassign overall coordination of its HIV/AIDS program to the Mission’s Program Office to facilitate collaboration and integration of the HIV/AIDS agenda with other key sectors, and to expand HIV/AIDS and sexually transmitted infection prevention services, products, and practices across sectors. The Program Office seems best positioned to:

- Manage a Mission-wide, multisector program so that each strategic objective team is accountable for specific HIV/AIDS results and takes advantage of its respective assets.
- Take advantage of its multifaceted relations with the Government of Benin and other donors as well as with the USAID-funded West Africa Regional Project to foster collaborative planning and co-financing.

Two key program elements of the next generation of HIV/AIDS responses are listed below.

1. Improve knowledge generation and dissemination systems that include:
 - Partnerships among local and international institutions exclusively dedicated to knowledge generation and dissemination, driven by a joint and inclusive research agenda;
 - Easy-to-use investigation methods, tools, and support materials;

¹ Nutt and Backoff 1995.

- A range of innovative dissemination strategies including information technologies (e.g., Web pages and proactive online communications).
2. Strengthen local (commune)-based collaborative programming, co-financing, and technical networking, including:
- A dedicated technical support mechanism with a low-cost fellowship program to implement HIV/AIDS projects receiving funding from the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, including proposal development;
 - Joint working groups to build consensus for objectives and critical aspects of the HIV/AIDS program, including development and testing of common methodologies, tools, and support materials;
 - A local network of technical partners and consultants to support the education, health, civil society, and microfinance sectors;
 - Joint proposal development between local institutions, international universities, and nongovernmental organizations.

USAID's collaborative partners should place the development of a prevention-to-care continuum at the center of their networking strategies while targeting in-school and out-of-school youth, bridging populations and their sexual networks (formal and informal prostitutes); and couples. Other target populations must include parents; teachers; youth opinion leaders; leaders in the informal economy; health workers; and national and local cultural, religious, and political leaders.

In accordance with their comparative advantages, collaborative partners should strive to achieve the following illustrative specific objectives:

- Develop a greater understanding of best practices/lessons learned in HIV prevention and care, and promote a positive approach to HIV/AIDS;
- Build on the positive core values and assets of Beninese society and promote innovative approaches to HIV risk avoidance and reduction;
- Encourage the systematic involvement of persons living with HIV/AIDS in partnership development;
- Address stigma and discrimination;
- Develop interpersonal/counseling and support services that take advantage of the network of nongovernmental organizations, schools, public and private health facilities, and microcredit associations;
- Encourage couple counseling and knowledge of one's HIV serological status;
- Promote involvement of credible opinion leaders and role models;
- Address gender issues with a particular focus on prostitution and practices that mandate widow inheritance upon the death of a husband;
- Encourage competency in counseling, and case management of sexually transmitted infections, opportunistic infections, and HIV/AIDS;
- Build a referral system for the prevention-to-care continuum;
- Strengthen forecasting, logistics, and management systems for condoms, HIV test kits, and drugs to treat opportunistic infections and HIV/AIDS.

It is recommended that USAID/Benin give priority to providing technical leadership in developing HIV counseling services and referral systems to support a basic package of prevention and care services. Two key strategic approaches for achieving this will be to strengthen integration of HIV/AIDS interventions into priority sectors (health and family planning, education, nongovernmental organizations, and governance) and to leverage more financial resources for HIV/AIDS activities from the Government of Benin and its development partners, as well as from USAID’s West Africa Regional Project.

Assumptions and Special Concerns

Three critical assumptions are discussed in this document: 1) USAID/Benin’s commitment to addressing HIV/AIDS as a development issue; 2) USAID/Benin’s commitment to serve the technical assistance needs of other development and implementing partners; and 3) sustained commitment of key stakeholders other than USAID/Benin. Four special concerns are also examined: stigma, youth and the ABC approach (i.e., Abstain, Be faithful, and use Condoms), bridging populations, and gender inequities.

Procurement and Budgeting

To implement the proposed strategy, it is recommended that USAID/Benin recruit two implementing partners. Partner 1 would focus on knowledge generation and dissemination and could be part of a larger consortium that includes other USAID partners that focus on governance and civil society development. Partner 2 would help integrate HIV/AIDS interventions across sectors supported by USAID and respond to the main technical assistance needs of the Government of Benin and its other development partners.

Because only limited funds are available for HIV/AIDS activities, it is recommended that USAID/Benin reduce its investments in interventions that already are largely accepted as vital to HIV/AIDS prevention and that already benefit from significant government and other donor support (e.g., awareness-raising, prevention activities for high-risk groups, condom social marketing, and sexually transmitted infection case management) and redirect its funding to new, challenging areas that are crucial for the next generation of HIV/AIDS responses. The relatively low-cost technical assistance mechanism proposed for Partner 2 should allow continued support of traditional intervention packages with funding from the Government of Benin and its other development partners.

The table below presents an estimated budget for the next seven years. It includes a line item for one program-funded, local-hire staff person.

Funding Categories	Budget
Partner 1	\$600,000
Partner 2, technical support for sectors supported by USAID/Benin	\$800,000
Partner 2, technical support for other development and implementing partners	\$500,000
USAID program staff	\$100,000
Total	\$2,000,000

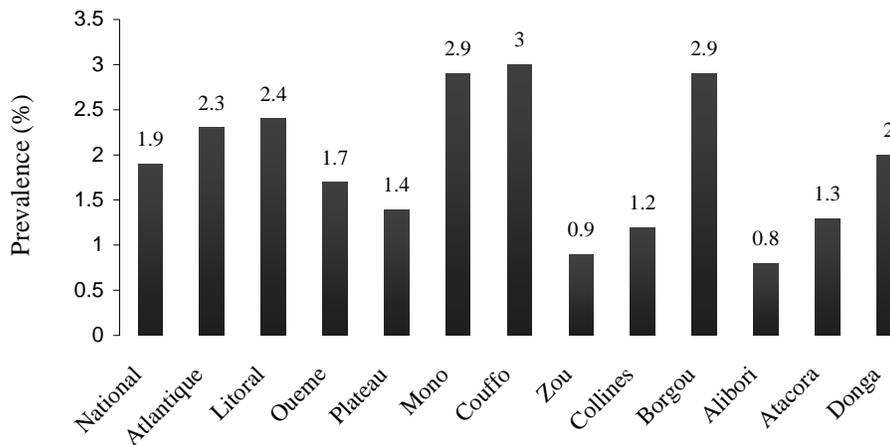
I. SITUATION ANALYSIS

I.A. HIV/AIDS in Benin

According to the Joint United Nations Program on HIV/AIDS (UNAIDS) and the U.S. Agency for International Development (USAID), Benin continues to have a generalized, low prevalence of HIV—estimated in 2002 to be between 2 percent and 4 percent.² The latest 2002 HIV sentinel survey suggests that overall HIV prevalence in the general population shows significant disparities in location and among populations most at risk. HIV prevalence is higher among vulnerable populations with high-risk behaviors, such as commercial sex workers (39 percent in Cotonou and 59 percent outside Cotonou).³ The overall trend of HIV prevalence among commercial sex workers has been on a steady increase since 1990.

Data from the National HIV/AIDS Control Program (*Programme National de Lutte Contre le VIH/SIDA/IST* (PNLS)) indicate that persons living with HIV/AIDS in Benin are likely to be adults aged 25–49, male (the male: female ratio is 1.5:1.0), with little education, single, and jobless. However, many infected individuals are housewives, small business owners, or teachers, and those whose male partners are businessmen, professionals, truckers or drivers, or otherwise employed.

Figure 1: Prevalence of HIV by Department
Benin National Sero-Prevalence Survey, PNLS 2002



Selected geographic areas show HIV seroprevalence rates far above the national average (Couffo, 58 percent; Mono, 53 percent; Borgou, 53 percent; Litoral and Atlantique, 26 percent). The PNLS showed high prevalence in Parakou (237 percent above the national average), Come (174 percent), Aplahoue (137

² Kiki-Medegan Fagla 2002.

³ Ndour et al. 2003.

percent), Ouidah (126 percent), Dogbo (90 percent), Bassila and Natitingou (53 percent). The epidemic is spreading more rapidly in rural areas than it is in urban areas.⁴

Although sexual contact remains the main mode of HIV transmission in Benin, mother-to-child transmission is reported to be increasing significantly, and currently accounts for nearly 25 percent of all new cases. Data on HIV transmission in health settings are not available; however, a significant number of health workers are experiencing accidental exposure to the blood of infected individuals in hospital settings.^{5,6}

No reliable data exist on the demographic and socioeconomic impacts of the epidemic on key sectors. However, demographic data from the sentinel surveillance system indicate that the workforce in the health and informal business sectors may be particularly affected.⁷

I.B. Framework for a National Response

The PNLIS was created in 1987, and is located within the Ministry of Health. Since that year, the World Health Organization (WHO) and other partners have been supporting the efforts of the Government of Benin to develop an appropriate national response. Between 1987 and 2001, the government developed and implemented a short-term plan (1987–1988) and two medium-term plans (for the 1989–1993 and 1994–1998 periods), as well as a strategic plan to fight HIV/AIDS for the 2000–2005 period.

The National Strategic Framework delineates 13 priority areas for intervention, as follows:

1. Promoting behavior change communication among the general population.
2. Reducing the prevalence of sexually transmitted infections and ensuring prompt diagnosis and treatment.
3. Promoting the use of condoms.
4. Improving blood transfusion safety.
5. Reducing the prevalence of HIV/AIDS in the 10–24 year age group.
6. Reinforcing the capacity of rural and urban women to engage in the fight against HIV/AIDS.
7. Reducing mother-to-child HIV transmission.
8. Significantly reducing HIV/AIDS prevalence among migrants.
9. Reducing the prevalence of HIV/AIDS and other sexually transmitted infections among sex workers and their clients.
10. Taking care of persons living with HIV/AIDS.
11. Optimizing the viability of HIV/AIDS epidemic surveillance.
12. Surveying behavior change in targeted populations.
13. Promoting biomedical and operational research.

⁴ Kiki-Medegan Fagla 2002.

⁵ Kossouh 2000.

⁶ Fanou 2003.

⁷ Kiki-Medegan Fagla 2002.

USAID/Benin's current strategy for the 2001–2005 period is consistent with the Government of Benin's strategic plan for the fight against HIV/AIDS and supports the government's key priority interventions.

The Government of Benin has shown increasing recognition of the threats posed by HIV/AIDS and commitment to take the lead in fighting the pandemic. In 2002, with the support of the World Bank, the government created the National AIDS Control Council (CNLS) and decentralized coordinated bodies to foster a multisectoral approach to HIV/AIDS prevention, care, and support. The government also established HIV/AIDS focal units in each ministry to develop specific plans to educate their respective workforces and to contribute to the fight against HIV/AIDS, taking into account the respective assets and priorities of each sector.

Accordingly, along with the CNLS, the Government of Benin also created regional committees (i.e., CDLS), district committees (i.e., CCLS), and subdistrict committees (i.e., CALS) to fight HIV/AIDS. While CDLS committees are slowly becoming operational, most CCLS and CALS committees have not yet been initiated.

The CNLS is under the direct authority of the head of state. Its mandate is to lead and coordinate the fight against HIV/AIDS in Benin, provide policy guidance, and foster resource mobilization. The CDLS, CCLS, and CALS collectively operate under the authority of the heads of the regions (*prefets*), the mayors, and the subdistrict chiefs, respectively.

Although creation of the CNLS and other decentralized structures are important steps, the process has generated institutional rivalries and issues regarding roles and responsibilities, especially for networking among the longstanding PNLs and the newly created CNLS, CDLS, CCLS, CALS, and public and private implementing partners. Most importantly, the CNLS process has highlighted the urgency to clarify the overall mandate of policy and coordination bodies with respect to public and private implementing partners. To date, the PNLs has placed much focus on implementing key interventions as opposed to empowering local public and private organizations and institutions for program implementation.

I.C. USAID Current HIV/AIDS Program and Coverage

USAID/Benin has provided important and multifaceted support to the PNLs since 1989, with funds that average \$2 million annually. USAID's current HIV/AIDS strategy is two-tiered, with national-level interventions (i.e., support to the Ministry of Health/PNLs, donor collaboration, policy dialogue, social marketing, and evaluation) and decentralized support to four departments (Atlantique, Borgou/Alibori, Mono/Couffo, and Zou/Collines).

USAID/Benin has focused on prevention by making affordable condoms widely available through activities being carried out by Population Services International, while targeting sex workers and migrant populations (truck drivers in particular), in collaboration with the German Development Bank (*Kammerschaft für Wiederaufbau* (KfW)) and the *Prevention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest* (PSAMAO) project. Collaboration with KfW allowed USAID/Benin to reallocate to other interventions HIV/AIDS funds that were originally meant for condoms. Recently, USAID/Benin

renewed funding to Population Services International to support behavior change communication programs focusing on high-risk populations (sex workers, truckers, and uniformed personnel) in strategic locations, in close collaboration with its PSAMAO regional initiative. The project also focuses on expanding *Amour et Vie* (Love and Life), a behavior change communication program targeting in-school and out-of-school youth in collaboration with nongovernmental organizations and mass media. The three-year (2002–2005) funding for HIV/AIDS and other reproductive health activities is \$5 million.

The other main instrument of USAID/Benin in the 2002–2006 period is the *Programme de Prevention du VIH/SIDA au Benin* (Benin HIV/AIDS Prevention Program (BHAPP)), which is led by Africare and JHPIEGO. The primary mandates of BHAPP are to target high-risk population groups, including out-of-school youth, and to strengthen sexually transmitted infection case management in public health facilities in Atlantique, Mono/Couffo, and Zou/Collines Departments, with emphasis on locations along major transportation corridors. BHAPP also provides technical assistance to PNLs in HIV/AIDS surveillance, strategic planning, and setting norms and standards to improve surveillance and behavior change communication. Total funding for this project is \$4.5 million.

USAID/Benin also supports HIV/AIDS interventions through the Benin Integrated Family Health Program (PROSAF) in northern Benin, which is implemented by University Research Corporation. PROSAF works with the region and its districts to strengthen sexually transmitted infection case management, and supports integration of HIV/AIDS interventions in behavior change activities focusing on reproductive health within a network of local nongovernmental organizations.

In its current strategy, USAID/Benin has committed \$250,000 for 2.5 years of institutional support to PNLs and has contributed to funding the first behavioral surveillance survey, which was conducted in 2001.

Another important and strategic HIV/AIDS intervention has been the provision of HIV/AIDS expertise within the USAID implementing partner team Equity and Quality in Primary Education (EQUIPE)), which is in charge of supporting primary education. EQUIPE has begun consultation with the HIV/AIDS focal unit in the Ministry of Education to determine the areas most in need of technical support.

Through the POLICY Project, USAID funded the development of the AIDS Impact Model, an analysis and decision-making tool. The POLICY Project also supports a network of journalists to provide quality information on health issues and HIV/AIDS. Other USAID support includes financing for HIV/AIDS interventions by the National Federation of Parent-Teacher Associations through World Education, and microfinance associations through CARE International.

I.D. Other Partners and Their Contributions

I.D.1. Government of Benin

Financial commitments by the Government of Benin have reached 1 billion CFA (\$1.9 million) for 2003 HIV/AIDS activities. Half is allocated to construction. PNLs disbursed 90 percent of this funding in fiscal 2003. The Government of Benin plans to double its allocation to 2 billion CFA (\$3.8 million) for HIV/AIDS activities in fiscal 2004.

I.D.2. Coopération Française

Coopération Française supported the establishment of a voluntary testing center in Cotonou with approximately \$250,000 per year. Coopération Française also supported Benin's epidemiological surveillance system, including the purchase of reagents, and the establishment of Benin's Initiative for Access to Antiretrovirals, which is procuring antiretroviral drugs to treat 430 patients with HIV or AIDS. Coopération Française supports the ESTHER Project by providing €700,000 (\$898,546) to PNLs for integrated support to people living with HIV/AIDS. Coopération Française plans additional support to reinforce prevention activities; prevention of mother-to-child transmission; epidemiological surveys; and counseling, testing, and care services. The planned budget for these activities is estimated at 0.5 billion CFA (\$960,000) for the 2002–2005 period.

I.D.3. European Union

The European Union maintains a focus on ensuring blood safety. The estimated budget for the 1999–2001 period was €0.7 million (\$898,546). The European Union is developing a plan to strengthen blood transfusion institutions in six departments in southern Benin.

I.D.4. German Technical Assistance Organizations

The German aid agency GTZ and the German Development Bank KfW support HIV/AIDS training for health agents in social mobilization, provision of supplies and equipment for testing, and support for local information, education, and communication activities with a two-year budget of approximately €60,000 (\$77,000). GTZ and KfW have set aside €5 million (\$6.4 million) in the 2002–2005 period for condom procurement and to support condom social marketing activities being carried out by Population Services International under USAID guidance.

I.D.5. Canadian International Development Agency

The Canadian International Development Agency (CIDA) provides CD\$3.07 million (US\$2.4 million) for its SIDA3 Project (2001–2005). The project targets populations with high-risk behaviors, and focuses especially on formal and clandestine sex workers and their partners, providing diagnosis and treatment services for sexually transmitted infections in selected major cities, including Abomey/Bohicon, Cotonou, Lokossa, Parakou, and Porto-Novo.

I.D.6. Coopération Suisse

Coopération Suisse has supported blood safety interventions in Borgou and Zou departmental hospitals. Coopération Suisse has also supported training for health care workers in pretest and posttest counseling. The three-year budget for the 1999–2001 period was approximately \$120,000.

I.D.7. The Joint United Nations Programme on HIV/AIDS

UNAIDS assists the Ministry of Health/PNLS with technical leadership, advocacy, and coordination services. Recently, the UNAIDS Expanded Theme Group made great strides toward collaborative planning, advocacy intervention targeting high-level government policymakers, and development of Benin's proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Theme Group includes bilateral agencies such as USAID, CIDA, Coopération Française, and the European Union.

I.D.8. United Nations Development Programme

The United Nations Development Programme (UNDP) has been assisting PLNS to reinforce its institutional capacities to coordinate, manage, and document its HIV/AIDS activities. The UNDP budget for these activities was approximately \$720,000 for the 1997–2002 period. UNDP was appointed by the Government of Benin to serve as the principal recipient to manage funds it receives from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The rationale for this decision is to facilitate quick disbursement and accountability of such funds for activity implementation.

I.D.9. World Health Organization

The WHO provides limited technical and institutional support to PNLS. The two-year budgets for 2002–2003 and 2004–2005 are, respectively, \$60,000 and \$50,000.

I.D.10. United Nations Children's Fund (UNICEF)

UNICEF will support a pilot mother-to-child HIV transmission prevention program in health facilities in three locations (Pobè-Kétou-Adja Ouèrè in Ouémé, Abomey-Djidja-Agbangnizoun in Zou, and Sinendé-Bembèrèkè in Borgou). UNICEF will also support pilot initiatives that target out-of-school youth, schoolgirls, and children who have been orphaned by AIDS.

I.D.11. The World Bank

The World Bank is a major development partner for HIV/AIDS prevention and care activities in Benin through the following activities:

- The regional multisectoral AIDS project *Projet Pluri-sectoriel de Lutte contre le VIH/SIDA* (PPLS) has a four-year (2003–2006) budget of \$18 million. Its main goal is to control the prevalence of HIV and to reduce the impact of the disease on persons infected and affected by HIV/AIDS. It aims to engage a new range of major stakeholders from key sectors by intensifying the fight against HIV/AIDS, providing resources to civil society and public sector partners to fight the disease, and reinforcing the capacity of the civil society and the public sector to implement and sustain HIV/AIDS interventions.

- The regional Corridor Project involves five countries (Benin, Côte d'Ivoire, Ghana, Nigeria, and Togo). The budget for the 2004–2007 period is \$16.6 million, and the project will focus HIV/AIDS interventions along migratory roads and borders between countries.

I.D.12. The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund has allocated a three-year grant to the Government of Benin to strengthen HIV/AIDS, tuberculosis, and malaria interventions. The Global Fund recently approved \$11,348,000 for HIV/AIDS activities in 2003–2005 and \$2,173,404 for tuberculosis control. The Government of Benin and its partners plan to support a range of prevention, care, and treatment interventions, including the development of voluntary counseling and testing services, reduction of mother-to-child transmission, increasing access to antiretroviral therapy, and providing care for orphans.

I.D.13. Faith-Based Organizations and Nongovernmental Organizations

Faith-based and nongovernmental organizations support a range of critical interventions in remote areas. They include the following:

- Catholic Relief Services/Caritas sponsors the Sèdékon Project, which provides care, treatment, and support, including antiretroviral therapy to persons living with HIV/AIDS, in Davougou, in Zou Department; Boko, in Borgou Department; and Porto-Novo, in Ouémé Department.
- Plan International/Benin supports a project that provides integrated services, including income-generation activities to communities highly affected by HIV/AIDS in Aplahoué, Lalo, and Klouékanmè in Couffo department in collaboration with the local nongovernmental organization *Institut de Formation et d'Action pour le Developpement des Initiatives Communautaires Durables* (IFAD).
- Action for Humanity (APH) is a German nongovernmental organization located in Gohomey (Dogbo) that provides care, treatment, and support to persons living with HIV/AIDS. APH has already purchased mobile CD4 testing equipment and plans to provide antiretroviral therapy to 120 eligible persons living with HIV/AIDS in collaboration within the framework of the Benin antiretroviral therapies access initiative. APH is developing a resource mobilization strategy that targets international donors and leverages World Bank PPLS funding.
- Médecins sans Frontières has been working in Dogbo since 2002, and supports a voluntary counseling and testing center. Médecins sans Frontières already provides psychological and social care and support to persons living with HIV/AIDS, and medical care in collaboration with the Missionary St. Camille hospital. Médecins sans Frontières also plans to provide antiretroviral therapy as funding becomes available.

I.D.14. Other Local Potential Partner Networks

The design team identified additional stakeholders who are eager to participate or strengthen their involvement in the fight against HIV/AIDS. They include the following:

- Networks of traditional and spiritual leaders remain powerful opinion leaders in Benin. PNLN has initiated advocacy training for these groups.
- Association of Faith-Based Organizations for Health (AMCES) is an association of missionary health care providers, who provide 40 percent of health care services in Benin. AMCES collaborates with Catholic Relief Services/Caritas on the Sèdékon Project.

- Associations of persons living with HIV/AIDS are emerging and becoming more vocal, organized, and involved in key HIV/AIDS programming and implementation. Recently, a few associations have openly criticized the shortage of antiretroviral drugs and their lack of involvement in HIV programming, resource allocation, and program management.
- Réseau des ONG béninoises de Santé (ROBS) is a network of Beninese nongovernmental health organizations that facilitates coordination and capacity-building services for its members.
- Consortium ALAFIA is an association of microfinance institutions, local community leaders, and a network of 800,000 clients who hold regular meetings. Consortium ALAFIA provides a gateway for educating and engaging local leaders in the informal economy and targets specific microcredit programs to vulnerable, young, out-of-school women.
- The Federation of School-Parent Associations (FEDAPEB) can provide an avenue of support for school-based HIV/AIDS interventions. FEDAPEB will have to nurture its relations with teachers and school managers.
- Association des Femmes Juristes du Benin (Women Lawyer Association of Benin) is playing an important role for women's rights and respect, and is an important advocate behind the Family Code that was recently approved by parliament. This network of educated women has established legal-support centers and conducted several debates and training on key women's issues.

I.E. Assets Supporting Benin's Relatively Favorable HIV/AIDS Situation

The design team explored some of the hypotheses that might explain why HIV/AIDS prevalence remains comparatively low in Benin. A clear understanding of these factors is important for building on the achievements and assets of Beninese society in order to improve and expand effective HIV programs. The assessment team's provisional conclusions will have to be validated by appropriate studies, evaluations, and research.

I.E.1. Effective Programmatic Interventions

Twenty years after the emergence of HIV/AIDS, Benin is one of the few sub-Saharan countries with a generalized low-prevalence HIV epidemic. Efforts to raise awareness with active involvement by nongovernmental organizations, early prevention efforts to ensure the safety of blood transfusions, and the focus on people who practice high-risk behaviors, combined with nationwide condom availability and accessibility and a sustained focus on sexually transmitted infection case management, have, collectively, almost certainly contributed to averting many HIV infections.

Openness and collaboration by the Government of Benin with USAID and other donors facilitated the early introduction of HIV/AIDS prevention measures. Awareness of HIV/AIDS is almost universal. Eighty percent of men believe HIV/AIDS can be avoided. According to the 2001 behavioral surveillance survey, condom use during the last sexual act among female sex workers and truck drivers is reported to be as high as 90 percent and 81 percent, respectively. Indications of improved treatment-seeking behaviors for sexually transmitted infections also exist. The 2001 Demographic and Health Survey showed that 76.6 percent of men with a sexually transmitted infection reported having informed their partners, compared with 51 percent reported in the 1996 Demographic and Health Survey.

USAID and its implementing partners, in collaboration with the Ministry of Health/PNLS and key donors, have played a leadership role by supporting social-marketing interventions and emphasizing the involvement of nongovernmental organizations in HIV/AIDS interventions. From 1990 to March 2003, the social marketing programs implemented by Population Services International, which were supported by USAID and KfW, sold more than 46 million Prudence condoms. The current and planned USAID interventions through 2005 will undoubtedly continue to prevent many HIV infections.

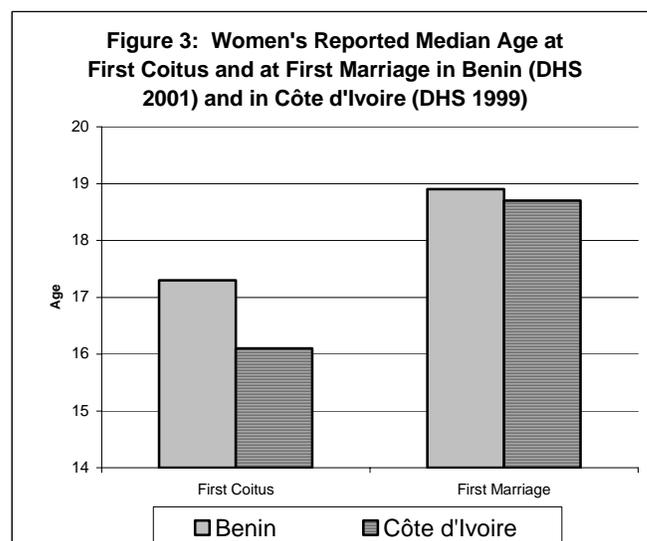
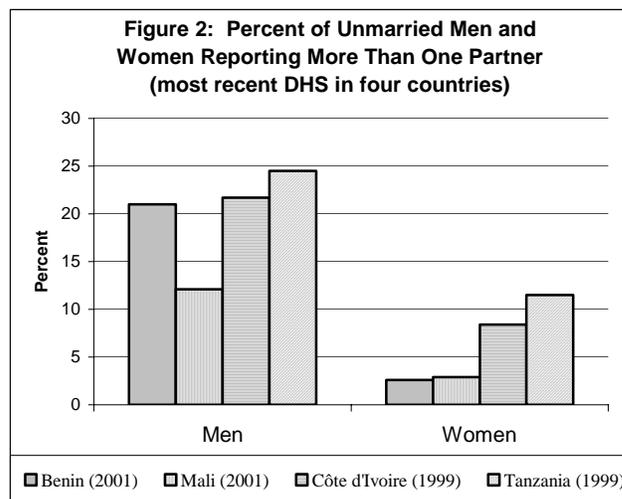
A sustained focus on sexually transmitted infections by the Ministry of Health in collaboration with a project being supported by the Canadian International Development Agency may also explain the positive trend in sexually transmitted infection treatment-seeking behaviors. The recently awarded BHAPP and PROSAF projects, which are funded by USAID, are expected to continue to strengthen the Ministry of Health's capacity to manage sexually transmitted infections in four regions.

I.E.2. Demographic and Societal Factors

The strategy design team believes that other demographic and societal factors are useful in understanding Benin's comparatively low levels of HIV infection. Other countries, such as Côte d'Ivoire, which have much higher rates of HIV infection, have also benefited from this basic package of interventions, although the interventions may have come later in these neighboring countries, and other factors such as per capita investments and the density of transport and migration levels, may not be easily comparable to Benin.

Nevertheless, Demographic and Health Survey data suggest that women in Benin have fewer nonregular sexual partners and a later age of sexual debut compared with their peers in countries such as Côte d'Ivoire, which has a higher prevalence (Figures 2 and 3). Demographic and Health Survey data and consultations with a range of local partners suggest a broad consensus that social norms in Benin favor significantly lower risks for sexually transmitted infections, including HIV.

Figure 3 shows that the gap between the median age of first sex and first union appears to be greater in Côte d'Ivoire (2.9 years) than in Benin (1.3 years). Ninety-two percent of women are married by age 25.



It is also worth noting that whereas no adequate data were found to compare alcohol consumption or prevalence of male circumcision across countries, according to many observers in Benin, alcohol consumption is comparatively moderate and circumcision is more prevalent. As indicated above, the observations on the reasons behind Benin's relatively favorable HIV situation should be validated by appropriate studies and research.

I.F. Constraints and Critical Threats

Several constraints and threats that require priority attention are indicated in the following sections.

I.F.1. Constraints

Limited Knowledge Base of HIV/AIDS. The gap in knowledge appears to be the most critical deficiency in developing an effective HIV/AIDS program. Most attention has focused on measuring HIV prevalence and specific behaviors without a concomitant understanding of the critical factors that shape the HIV dynamics and behaviors, and overall community responses or lack of responses. Little attention has been paid to understanding and monitoring the key demographic and socioeconomic determinants of the HIV/AIDS epidemic, and the value systems and norms. For program development and evaluation, HIV/AIDS stakeholders have relied primarily on the quantitative, five-year Demographic and Health Survey, the annual HIV/STI surveillance surveys, Ministry of Health sector statistics, and behavioral surveillance surveys. Few implementing partners, such as Population Services International and Africare/BHAPP, have conducted formative research for their own program design and development needs.

As importantly, the limited knowledge base on HIV/AIDS is scattered between the PNLs and different development and implementing partners. A systematic documentation or analysis of HIV/AIDS interventions has not been conducted in Benin since the first HIV/AIDS prevention efforts in 1987. Most of the decentralized institutions and organizations, as well as community-based organizations, have not benefited from the knowledge gained or lessons learned over the past 20 years, not only in Benin, but in other parts of Africa as well. The Ministry of Health/PNLs may not always be aware of important and effective interventions implemented in remote areas, which is evidenced by the work conducted by Plan International, which supported a local nongovernmental organization, IFAD, in Mono Department.

Accordingly, communities, civil society, and critical opinion leaders are marginally involved in understanding the trends to date and participating in the definition of the HIV/AIDS responses. As much as the national program continues to be driven by international agendas, local nongovernmental organizations and decentralized structures are also waiting to respond to the priorities being set and funded by national stakeholders. This may explain why certain areas in Mono Department that face a serious HIV epidemic continue to benefit from limited or irrelevant HIV/AIDS interventions. In these areas, the dramatic HIV/AIDS situation is fueled primarily by the migration of young men to countries with high rates of HIV infection, and mandatory widow inheritance upon the death of a husband. Yet these critical factors for HIV dissemination have not received much attention by PNLs or any major development partner, with the exception of Plan International.

Limited Financial Resources for HIV/AIDS by USAID. A budget of \$2 million for HIV activities seems too limited to adequately respond to Benin's critical needs. With greater financial flows from the Government of Benin and its development partners, real opportunities will exist to develop effective partnerships to expand and sustain effective interventions. The collaboration between the Government of Benin, KfW, USAID, and Population Services International for sustaining social marketing interventions provides a successful model of effective partnership. As much as the Government of Benin and other key development partners may be eager to take advantages of the comparative technical advantages of USAID partners, they will be reluctant to fund the high operating costs of USAID's implementing partners.

Stigma. Addressing stigma remains an important element in the fight against the HIV/AIDS epidemic. The continuing stigma inhibits persons living with HIV/AIDS from becoming involved in the HIV/AIDS fight. Early detection is important to improved prevention of HIV transmission, especially among those who practice high-risk behaviors or those subject to the high-risk behaviors of their partners. If infected individuals know of their infection, they are better able to protect others. If their partners know of the infection, they are or should be better able to protect themselves. Unfortunately, most people have not wanted to know whether they have acquired HIV, and those who do learn they have HIV do not want it to be known by others, including their partners. Despite an active program of public information, stigma and shame still are quite prevalent due to discrimination against those with HIV infection. Seeking assistance is said to bring discrimination, denial, and blame within the family and alienation from the community. Discussions of sexual matters, including HIV/AIDS, even within the family, have not been encouraged. These are powerful inhibitions to changing the knowledge and behaviors of people who practice high-risk behaviors, or enabling their at-risk partners to take preventive measures, or both.

Respective Roles of NACP, PNLS, Sectoral HIV/AIDS Focal Units, and Decentralized Public HIV/AIDS Structures. The roles and responsibilities of all the Beninese governmental organizations involved in the HIV/AIDS fight remains confusing. Addressing this is critical in order to facilitate the collaboration and effective use of limited HIV/AIDS resources. Tackling this problem will require more than just the clarification of government executive orders that recently created the CNLS and the decentralized public HIV/AIDS structures. Effective networking among these structures will require a commitment to developing a common vision and team building.

HIV/AIDS Program Development and Management. Extensive consultation with development and implementing partners indicates that most managers at the national and subnational levels have not received formal or comprehensive training in HIV/AIDS program development and management. This lack of skills facilitates neither results-driven programming nor effective use of limited resources.

National Norms and Standards. The current HIV/AIDS program relies on a set of national norms and standards to guide the development of interventions and monitoring systems for HIV sentinel surveillance; case management of tuberculosis, sexually transmitted infections, and AIDS; blood safety; and universal precautions. The USAID-funded BHAPP project is placing considerable attention on strengthening these norms and standards; however, glaring deficiencies persist for several aspects of HIV prevention, care, and support. These deficiencies exist in information, education, and communication activities; behavior change communication activities; counseling and interpersonal communication services for specific populations; HIV advocacy; and services to prevent mother-to-child transmission.

I.F.2. Critical Threats

Benin remains vulnerable to an HIV/AIDS crisis. As much as current interventions have averted and continue to prevent many HIV infections, they are too limited and fragmented to support a decrease in HIV prevalence. Several factors constitute key threats that could fuel a growing HIV/AIDS crisis, including the following:

- A limited number of community/district-driven and sustained responses to the HIV/AIDS epidemic. Accordingly, an overwhelming number of locations in Benin do not benefit from basic HIV/AIDS interventions.
- A limited capacity of regional, district, and local implementing partners to develop and support the implementation of effective HIV/AIDS responses. Thanks to the regional multisectoral AIDS project PPLS, there has been greater funding for regions, districts, and communities. A rapid assessment of these interventions points to their poor quality and lack of focus on results and attention to monitoring and evaluation.
- A high rate of HIV infection among very mobile sex workers in both urban and rural areas, despite reportedly high condom use with occasional partners. One key explanation for this is a lower perception of risk and self-efficacy by sex workers with their regular partners.
- A lack of effective interventions that target the sexual networks of bridging populations (i.e., young, unmarried and sexually active young men and women, and married men with casual partners), which are a critical factor in HIV transmission to the general population. According to the 2001 Benin Demographic and Health Survey, about 7 out of 10 unmarried and married men reportedly did not use a condom during the last sexual act they had with a nonregular partner, this in a context in which a high proportion (92 percent) of women are married by age 25 or in a polygamous marriage (45 percent).
- Gender inequities and traditional cultural norms encourage the spread of HIV/AIDS. For example, the practice of widow inheritance continues.
- Decreasing age of sexual debut among young men and women. For example, the proportion of adolescent females aged 15–19 who never had sex declined from about 47 percent to 44 percent between 1996 and 2001. In addition, some young people experience a sustained influence of pornography from modern mass media throughout West Africa.

I.G. Gaps and Needs in HIV Programming and Priority Concerns and Programmatic Implications

I.G.1. Strategic Gaps and Needs

Two strategic gaps have emerged from the design team's HIV/AIDS assessment: a knowledge gap; and insufficient high-quality, technical assistance organizations capable of taking advantage of greater HIV/AIDS funding and resources from other sectors to support the next generation of HIV/AIDS responses.

USAID/Benin's sustained support for important sectors such as education, health, governance, and civil society development provides an important asset to developing the next generation of HIV/AIDS

responses. With the exception of the health sector and related nongovernmental organizations, most sectors have so far not received significant, sustained technical support for HIV/AIDS activities. Yet these sectors include critical populations (in-school youth, teachers, parents, health workers, national and local leaders, nongovernmental organizations) and assets that are essential to an effective HIV/AIDS program.

Other donors such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria are financing HIV/AIDS interventions without having their appropriate technical assistance needs met. Given the limited HIV/AIDS resources of USAID/Benin, it will be vital to nurture relations with other bilateral donors and partners to determine the most critical areas for technical assistance and to facilitate leveraging and an effective use of available resources. Accordingly, USAID should:

- Dedicate attention to generating and disseminating knowledge to foster an effective vision and culturally sensitive actions; and
- Focus its predominant technical advantages to support not only USAID's focused agenda, but also the critical technical assistance needs of the Government of Benin and its key development and implementation partners in accordance with availability of resources.

Collaborative programming and implementation, as well as technical networking, require that funds be used effectively. USAID and its implementation partners should propose a joint agenda with key public and private institutions and development partners, rather than develop specific USAID programs driven by USAID funding. Such an agenda should be driven by a strategic and coherent operational plan that harnesses the comparative advantages and particularities of key stakeholders. The collaboration between the Government of Benin, KfW, USAID, and Population Services International offers an important example of an effective cost-sharing strategy that allows innovative programs initiated by USAID to be sustained.

Such effective collaboration will also require the clarification of roles and responsibilities among key national, regional, district, and community stakeholders. It is imperative that local public and private implementation partners be empowered to focus on the following issues:

- Leadership development and advocacy;
- National strategic planning, policy formulation, and coordination;
- Resource mobilization;
- Setting of national quality standards;
- Monitoring, evaluating, and researching topics of national significance;
- Partnership development; and
- Building sustained mechanisms to build the capacity of decentralized public and private structures and nongovernmental organizations that can serve as champions of the HIV/AIDS cause.

I.G.2. Priority Concerns and Programmatic Implications

Stigma and the Importance of Developing a Continuum of Prevention-to-Care Services. In Benin, the development of an effective and culturally sensitive HIV/AIDS program continues to be stymied by the stigma associated with HIV/AIDS. As in many countries, many historic and persistent factors have contributed to institutionalizing the stigma associated with HIV/AIDS. These include

awareness activities that rely on fear, the presentation of AIDS as an immediate death sentence and a disproportionate focus on high-risk populations, combined with limited attention to educating and developing the interpersonal communication skills of health workers toward persons living with HIV/AIDS. Unfortunately, health personnel continue to be one of the main sources of stigma generation. This negative environment does not encourage people living with HIV/AIDS to become involved in fighting the epidemic, nor does it prompt a productive societal debate that could encourage the development of both a vision and sound strategies to build on Benin's assets.

There is a broad consensus among key stakeholders in Benin that maintaining the dichotomy between prevention and care, and continuing to pay inappropriate attention to the care, treatment, and support needs of persons living with HIV/AIDS will continue to affect Benin's ability to develop an effective response to HIV/AIDS. This view is consistent with the lessons learned in Senegal, Uganda, and elsewhere. It is essential that USAID collaborate with the Government of Benin and its development and implementation partners to contribute to the design of a prevention-to-care continuum of services using its comparative technical advantages and financial resources. Educating health personnel to develop supportive attitudes toward persons living with HIV/AIDS will also be critical to the development of an effective prevention-to-care continuum.

Youth and the ABC (Abstain, Be Faithful, Use Condoms) Approach. Promoting condom use among sexually active young people has been the main strategy for combating HIV/AIDS in this age group. This narrow strategy has fueled debates with religious groups that play a critical role in Beninese society, yet this approach has its limitations. According to the 2001 Demographic and Health Survey, only about 3 out of every 10 adolescents in the 15- to 19-year age group used a condom during their last sexual act with a nonregular partner.

Consultations with persons involved in HIV/AIDS work and who are not associated with religious groups or parent associations indicate significant skepticism regarding the effectiveness of promoting abstinence, delaying first sex, and being faithful. They argue that modernization, decreased family and community support, and promotion of sex in the mass media make it a challenge to rely on prevention strategies other than the promotion of condoms.

This skepticism illustrates the miscommunication and distrust that exists among key HIV/AIDS stakeholders in Benin. It will be essential to develop a shared vision and consensus for a balanced approach to HIV/AIDS prevention. Data from Uganda and Zambia, for example, indicate that it is possible to reverse the trend of lower age of sexual debut among adolescents.

Bridging Populations and the Importance of Maintaining Condom Availability and Accessibility. Although condom use is reported to be high among sex workers and bridging populations (e.g., married men), sexually active youth with casual partners continue to have significant exposure to HIV infection. As noted above, approximately 3 out of every 10 youth reportedly used a condom during their last sex act with nonregular partner. However, the sexual networks of bridging populations may include partners other than official sex workers, who report higher condom use with casual partners.

Now that HIV infection is firmly established in the general population, it is essential to better understand and target prevention messages toward the sexual networks of bridging populations. While it is necessary to ensure that condoms remain available, accessible, and affordable, interventions that target bridging populations need to be culturally sensitive and designed to encourage behavior modification toward faithfulness and the need to understand one's responsibilities as parents, role models, and future spouses.

Gender Inequities and Poverty Alleviation. Out-of-school and disadvantaged young women need special attention. These women become vulnerable to sexual exploitation and may engage in regular, casual sex as a strategy for daily survival or to finance their vocational training. Data from Demographic and Health Surveys indicate a declining percentage of adolescent girls aged 15–19 who have never had sex (47 percent in 1996 compared with 44 percent in 2001).

So far, these disadvantaged young women have not benefited from interventions other than condom promotion and sexually transmitted infection prevention messages. It may be as important to link these women with poverty alleviation activities such as micro-credit programs, for example. Micro-credit programs have emerged as the most powerful community-based asset for alleviating poverty in Benin. The Association of Microfinance Institutions (Consortium ALAFIA), for example, has a network of 800,000 members and credit flows of about 46 billion CFA (\$83 million).

The cultural practice of mandatory widow inheritance when a husband dies, which has led to the destruction of many households in the Mono region, has not received national attention. The practice is also believed to be prevalent in other regions. Addressing this important problem will require the development of support services for women whose husbands die from AIDS. HIV/AIDS stakeholders can also take advantage of the recent legislation that protects persons living with HIV/AIDS and the recent Family Code passed by parliament to more effectively address gender inequities.

I.G.3. Priority Target Populations

The design team identified several populations that should receive attention from USAID and other development partners. These include in-school and out-of-school youth, bridging populations and their sexual partners (e.g., formal and informal sex workers), and couples. Other populations that should be targets of HIV prevention messages include parents, teachers, youth opinion leaders, leaders in the informal economy, health workers, national and local cultural leaders, and religious and political leaders.

Focusing on youth and their sexual partners is critical to maintaining a low HIV seroprevalence, because 60 percent of the new infections in sub-Saharan Africa are believed to occur among youth. This intervention will also engage parents, teachers, and youth opinion leaders in the fight against HIV/AIDS and build on USAID/Benin investments and linkages in the education sector.

In Benin, the informal economy plays an important role in poverty alleviation by providing vocational and informal training opportunities for out-of-school youth. The consortium of micro-credit organizations plays a critical role in financing the informal economy. Developing partnerships with key players in the informal economy will be essential for exploring innovative ways to prevent HIV infections among out-of-school youth.

Just as important, leaders in the informal economy who are respected and deeply rooted in their communities constitute an important asset for achieving effective, locally driven, community-centered responses. They constitute important role models in their communities because they play leadership roles by maintaining the informal economy during difficult times while relying on their own assets and hard work.

HIV/AIDS constitutes an important threat to local economies, specifically to the micro-credit organizations and their 800,000 members. High health care costs affect the repayment of credits when members are affected by HIV/AIDS. USAID/Benin can take advantage of its commitment to civil society development to leverage this important asset of Benin's society in the fight against AIDS and minimize the impact of HIV/AIDS on this important sector, which includes a large proportion of women.

The Government of Benin encourages voluntary testing and counseling, and is scaling up prevention of mother-to-child transmission interventions. These represent opportunities to encourage couples to seek HIV prevention and AIDS care services. Because a large proportion of women are married or in a polygamous marriage, it would be beneficial to take advantage of the high number of women who seek antenatal care to encourage couple counseling and family-centered HIV prevention and care services.

Another important population for focusing interventions is the 6,000 health workers located in more than 1,500 public and private health facilities across the country. The fight against HIV/AIDS will be jeopardized if this important group of professionals continues to stigmatize people with HIV/AIDS, because they will cease to have the competency and motivation to provide basic quality counseling, care, and support, and they will cease to become a credible and competent resource for community-based interventions.

Finally, developing and sustaining interventions that target political leaders and credible cultural, religious, and political leaders are recommended. Engaging both national and local leaders in the fight against HIV/AIDS has proven essential in the limited number of African locations where the fight against HIV/AIDS has met with success. With the government's commitment to decentralize, it will be important to focus on district and department leadership to achieve recognition of HIV/AIDS as an issue that requires dedicated leadership, commitment, and resources. Just as important, it is necessary to identify and engage credible role models for each population group so as not to rely on leaders who never had credibility, or who have lost their credibility.

I.G.4. Key Pillars of the Next Generation of HIV/AIDS Responses

The key pillars of the next generation of HIV/AIDS programming responses should be as follows:

- Support knowledge generation and dissemination.
- Build a clear vision that “has a clear and compelling imagery that offers an innovative way to improve, which recognizes and draws on traditions, people's emotion and energy, and connects to actions that people can take to realize change.”⁸

⁸ Nutt and Backoff 1995.

- Engage and enhance the leadership of persons living with HIV/AIDS.
- Develop a culturally sensitive continuum of prevention-to-care services.
- Maintain the availability of condoms, HIV test kits, drugs to treat opportunistic infections, and antiretroviral drugs.
- Focus on key populations that are critical to HIV dissemination and responses.
- Build and sustain the engagement of political leaders and credible opinion leaders.
- Strengthen collaborative programming, co-financing, and implementation at the national and subnational levels.

II. PROPOSED USAID/BENIN HIV/AIDS STRATEGIC PLAN

II.A. Strategic Objective for HIV/AIDS

The proposed strategic objective for HIV/AIDS work in Benin is **Expanded Use of Quality HIV/AIDS Prevention to Care Continuum Related Services, Products, and Effective Practices**. The USAID Mission proposes two key approaches for achieving the objective: 1) integrate HIV/AIDS interventions into key sectors that USAID supports, and 2) leverage funds from the Government of Benin and other donors to improve the quality of interventions.

The proposed HIV/AIDS strategy and its related Results Framework are based on a current annual funding level of \$2 million. It is assumed that USAID will continue to support Benin's health and education sectors, and to provide funding to ensure good governance, civil society development, and decentralization.

Specific results for achieving the strategic objective will need to be developed alongside USAID/Benin's overall country strategy and in close consultation with the Government of Benin and its other development partners. Nevertheless, the proposed strategic plan should lead to 1) better counseling and interpersonal communication services for key populations, and 2) significant positive behavior change among adolescents and bridging populations.

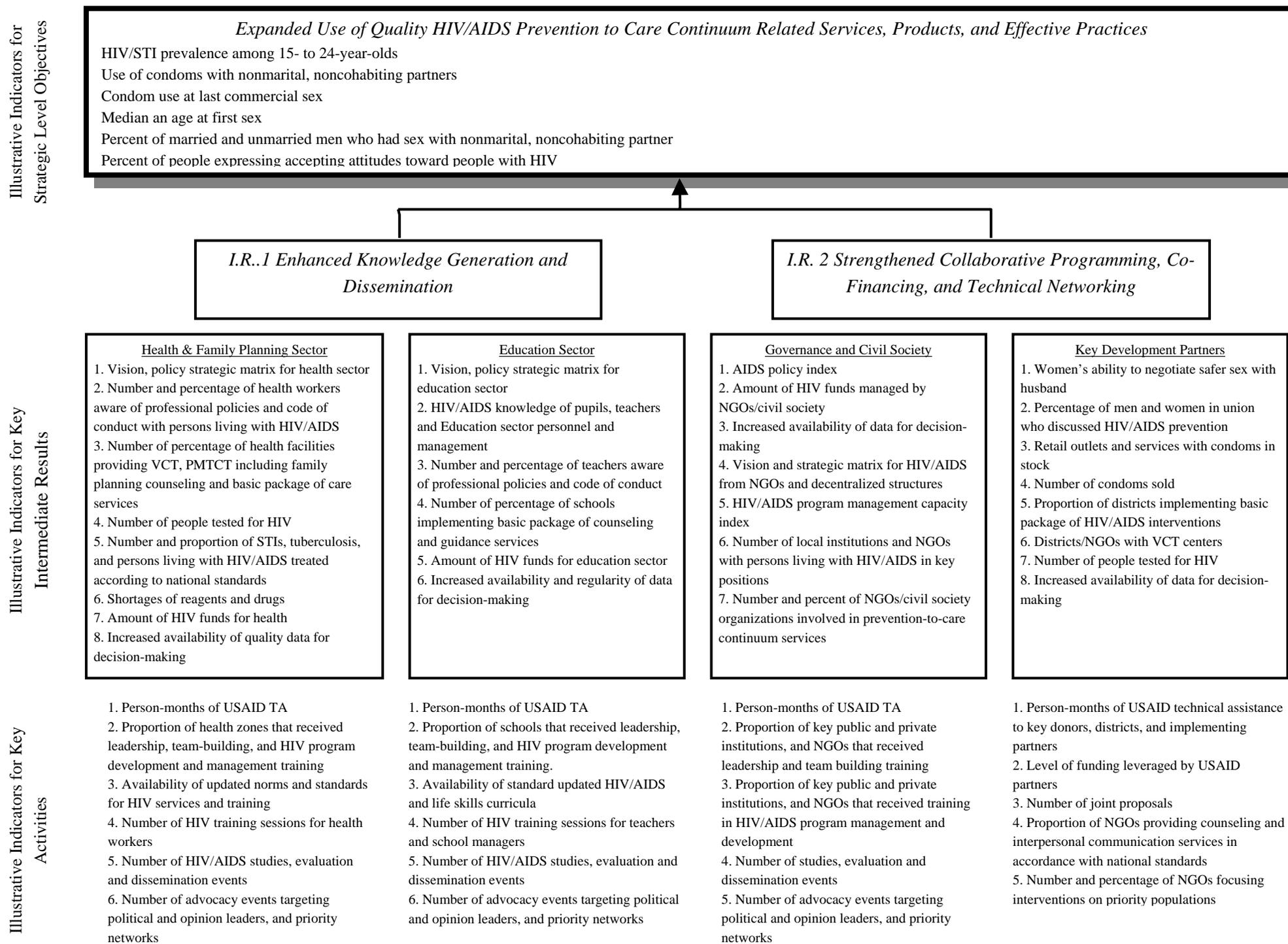
II.A.1. Rationale for the Proposed Strategy

Place Knowledge Generation and Dissemination, and Collaborative HIV Programming and Implementation at the Center of the HIV/AIDS Strategy. The strategic plan builds on the assets of the Beninese society, the momentum and achievements of the current HIV/AIDS program, and the comparative advantages held by USAID and Benin's other development donors. Compared with other donors, USAID is in the best position to take advantage of funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; and the Government of Benin. The strategy is designed to be sustainable by fostering flexible, decentralized, and collaborative programming and financing with key development and implementing partners, regional departments, and local communes.

II.B. Principal Intermediate Results and Activities

Figure 4 displays a framework of the strategic objective, principal intermediate results, and illustrative activities for achieving the strategic objective. In order to best integrate HIV/AIDS activities into the Mission's country strategy plan, the team recommends two key programmatic approaches: 1) knowledge generation and dissemination; and 2) strengthening collaborative programming, co-financing, and technical networking, giving two principal intermediate results.

Figure 4. Results Framework to Guide Integration of HIV/AIDS Interventions into Mission Country Strategy



II.B.1. Intermediate Result 1: Enhanced Knowledge Generation and Dissemination

Rationale. Inadequate data exist for understanding the HIV/AIDS epidemic in Benin. Key decision-makers continue to question the credibility of existing HIV seroprevalence data from the sentinel surveillance system. Ongoing interventions and lessons are neither documented nor disseminated. Assets and threats alike to Beninese society are not investigated. It is unusually difficult to formulate a locally driven, credible vision with culturally sensitive strategies.

Emphasis. Addressing large information gaps should be a highest priority within the HIV/AIDS strategy in the immediate future. Improving the knowledge base is likely to prove the most cost-effective investment for USAID and Benin. Emphasis should be placed on generating and sharing knowledge of the biomedical and socio-economic factors shaping the HIV/AIDS situation and consequent responses for improved decision-making.

Essential Program Elements

- Build a partnership of local and international institutions exclusively dedicated to knowledge generation and dissemination.
- Develop a joint and inclusive research agenda. The design team identified the following illustrative topics to guide the prioritization of a monitoring, evaluation, and research agenda:
 - Ongoing interventions for identifying effective support materials, tools, best practices, and lessons learned;
 - Organizational capacity and behaviors;
 - Trends in HIV/AIDS, sexually transmitted infections, and tuberculosis;
 - HIV/AIDS impact on key sectors and programs (education, health, micro-credit programs, private sector);
 - Factors behind behavior trends;
 - Social norms and values, gender relations, parent-child relations;
 - Poverty trends and profiles;
 - Support systems for targeted populations;
 - Compliance and adherence to antiretroviral therapy;
 - Effectiveness of interventions;
 - Quality of counseling and interpersonal communications services;
 - Quality of existing supervision and referral systems;
 - Quality of HIV/AIDS training programs;
 - Use of available information for decision-making;
 - Development/adaptation of easy-to-use investigation methods, tools, and support materials;
 - Development of a range of innovative dissemination strategies, including the use of information technologies (e.g., developing and maintaining Web pages); and
 - Development of long-term research partnerships with international institutions on a critical international research agenda.

II.B.2. Intermediate Result 2: Strengthened Collaborative Programming, Co-Financing, and Technical Networking

Rationale. USAID/Benin's HIV/AIDS financial resources are too limited to lead the development of the second generation of HIV/AIDS interventions without a clear commitment to collaboration and sensitive technical support to the priorities of the Government of Benin and its major donors. Despite regular meetings of the UNAIDS theme group, technical collaboration and networking among the key development and implementing partners are still limited, and each partner is busy implementing its own program. Limited resources and time are dedicated to identifying, developing, and implementing mutually supportive and complementary interventions. Most importantly, for many reasons, including lack of a shared vision and strategic plan, different funding cycles, and disbursement procedures, current programs are not flexible enough to foster collaboration and joint implementation.

Emphasis. The objectives of Intermediate Result 2 are to establish dedicated and flexible technical support mechanisms and resources to foster collaborative planning and technical networking. This intermediate result recognizes USAID as a critical source of HIV/AIDS technical experts to make effective use of funds available through the Global Fund for AIDS, Tuberculosis and Malaria; the World Bank; the Government of Benin, as well the USAID-funded West Africa Regional Project. The main thrusts of this intermediate result will be to support the development of a continuum of prevention-to-care services and to focus on critical target populations.

Illustrative Essential Components of the Prevention-to-Care Continuum

- Engage persons living with HIV/AIDS in a systematic way, and address stigma and discrimination.
- Provide sustained technical assistance to develop interpersonal/counseling and support services that take advantage of the services and abilities of nongovernmental organizations, schools, public and private health facilities, and micro-credit associations, including targeted centers that offer voluntary counseling and testing, and prevention of mother-to-child transmission services.
- Enhance the competency of health care providers in counseling, case management of sexually transmitted infections, and knowledge of opportunistic infections and HIV/AIDS care.
- Provide technical assistance to build referral systems within a prevention-to-care continuum.
- Provide technical assistance to strengthen forecasting, logistics, and management systems for condoms, HIV test kits, and drugs to treat opportunistic infections and HIV/AIDS.
- Leverage resources from the Government of Benin, its development partners, and the West Africa Regional Project.

Essential Program Elements for Collaborative Programming and Implementation

- Support a dedicated technical support mechanism, including joint proposal development, to implement projects expected to receive funding from the World Bank; the Global Fund to Fight AIDS, Tuberculosis and Malaria; KfW; and other major donors.
- Support the establishment of joint working groups to build consensus for the HIV/AIDS program, and to develop and test common methodologies, tools, and support materials.
- Support joint proposal development between local institutions, international universities, and nongovernmental organizations.

- Build a local network of technical partners and consultants positioned to facilitate development and implementation of a basic package of HIV interventions in the sectors that USAID supports, such as primary education, health, governance, and civil society development.

An illustrative basic and priority package of interventions for each sector is described below.

Primary Education

- Support leadership training and team-building development for key policy-makers and managers of HIV/AIDS activities.
- Support the development of HIV/AIDS policies among school managers, teachers, and in-school youth.
- Support the results-driven development of strategic and operational plans.
- Support the collection and dissemination of data on the effects of HIV/AIDS on the education sector.
- Provide technical assistance to develop and update HIV/AIDS and life-skills materials for both in-school youth and teachers.
- Provide technical assistance to design low-cost models of school-based guidance and counseling services in collaboration with parents, community, and spiritual leaders by building on previous effective experiences.
- Provide technical assistance to develop effective mechanisms that foster access by teachers and schoolchildren to basic prevention and care services.
- Support implementation of HIV/AIDS interventions in USAID-focus communes and in other locations as funding become available from the education sector or from other HIV/AIDS donors and stakeholders.

Health and Family Planning

- Strengthen and disseminate the HIV/AIDS policy for health workers.
- Support results-driven operational plans.
- Support the collection and dissemination of HIV/AIDS, STI, and tuberculosis surveillance data.
- Develop and update HIV/AIDS standards, procedures, and support materials for competency-based training for health workers, and improve their interpersonal communication and counseling skills.
- Provide sustained technical support for the development of service delivery norms and standards for voluntary counseling and testing centers and those that provide prevention of mother-to-child transmission services.
- Integrate HIV/AIDS interventions with family planning services (e.g., strengthen family planning counseling associated with prevention-of-mother-to-child-transmission interventions, promote dual protection use of condoms, integrate family planning counseling with HIV counseling and testing).
- Implement case management of sexually transmitted infections, opportunistic infections, and HIV/AIDS.
- Design and test a referral system for prevention and care services.

- Provide technical assistance to strengthen forecasting; logistics; and management systems for condoms, HIV test kits, and drugs to treat opportunistic infections and HIV/AIDS.
- Support implementation of the above-defined illustrative package of HIV/AIDS interventions in USAID-focused districts (communes)
- Support implementation of HIV/AIDS interventions in USAID-focused communes and in other locations as funding become available from the education sector or from other HIV/AIDS donors and stakeholders

Leadership, Governance, and Civil Society Development

- Support leadership training and team building for staff in CNLS, PNLs, key ministries, nongovernmental organizations, microfinance organizations, traditional and religious leaders, and national and local political leaders.
- Support a low-cost fellowship program dedicated to identifying, placing, and mentoring young leaders.
- Support the results-driven development of strategic plans for health, education, nongovernmental, and civil society organizations.
- Develop a supportive policy environment for HIV prevention, care, and support by sustaining a healthy debate on key HIV/AIDS issues, and foster a vocal citizen base for HIV/AIDS prevention, treatment, and care services in collaboration with civil society organizations and the media.

II.C. National and Geographic Focuses

USAID/Benin should maintain its current two-tiered HIV/AIDS strategy with national-level interventions, and related support in regional departments and local communes. National, regional, and local interventions will be conducted collaboratively with the Government of Benin and key development and implementing partners.

Interventions recommended for the national level may include the following:

- Development of norms, standards, protocols, support materials, tools, and guidelines to ensure quality clinical and other services;
- Supporting the National AIDS Control Program (the PNLs), and selected HIV/AIDS sector focal units;
- Supporting other development and implementing partners;
- Social marketing and targeted behavior change interventions; and
- Surveillance, monitoring, evaluation, and research.

The strategy aims to foster networks of district-based collaborative partners to develop, implement, and expand the next generation of HIV/AIDS responses in both public and private sectors. This approach is consistent with the Government of Benin's policies and the recent establishment of regional, department, and commune committees for the fight against AIDS.

The HIV/AIDS situation, resources, and main activities in all districts should be mapped as soon as is feasible. This mapping should guide the selection of two departments that would include a mix of districts with relatively high and low HIV prevalence rates in both southern and northern Benin, building on past USAID/Benin investments.

All other departments, however, should be eligible for targeted, demand-driven USAID technical support. Limiting support to fewer geographic areas may allow USAID to increase its technical assistance to other strategic geographic locations. Mapping the HIV/AIDS situation should also guide the decision-making process for deploying USAID technical assistance.

II.D. Critical Assumptions

The proposed strategy is built on the interrelated critical assumptions that follow.

II.D.1. HIV/AIDS Is Addressed as a Development Challenge

The proposed HIV/AIDS strategy assumes that the planned Mission country strategy will continue to support the health and education sectors, the informal economy and microfinance, and the development of good governance and a stronger civil society with particular attention to decentralization. The strategy design team believes that focusing on these areas provides an important opportunity for developing a true multisectoral approach to HIV/AIDS, provided HIV/AIDS is viewed not just as a health issue but as a development challenge. This approach requires innovation to strategically allocate limited HIV/AIDS resources to serve both short-term and long-term development objectives.

II.D.2. USAID Is Committed to Positioning its Unique Comparative Advantages to Foster Effective Use of Greater Funding Levels

Many development partners such as KfW are now financing USAID's implementing partners, or buying into USAID technical support mechanism such as the Demographic and Health Survey or the behavioral surveillance survey. The HIV/AIDS strategy assumes that USAID will build on its credibility with the Government of Benin and key development partners to develop innovative and low-cost technical assistance mechanisms to benefit a broad range of partners and geographic locations.

II.D.3. There Will Be No Decrease in the Commitment and Collaboration of Key Stakeholders to Support HIV/AIDS Interventions

HIV/AIDS interventions currently rely exclusively on donor funding and technical assistance. Financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; KfW, the Canadian International Development Agency, and other donors will be essential for implementing the proposed strategy. It is assumed that 1) the level of government funding for HIV/AIDS activities and the health and education sectors will remain at current levels, and 2) that improved programmatic collaboration and co-financing will lead to better use of current resources. Poor attention to investment and collaboration among donors and implementing partners will be detrimental to the proposed strategy.

II.E. Implementation Modalities

II.E.1. Technical Assistance Needs

Technical assistance is most needed in the following priority areas:

- Leadership development and strategic planning;
- Organizational behavior and development;
- HIV/AIDS program development and management.
- Implementation monitoring, evaluation, research, and documentation, as well as information dissemination and the use of data for decision-making;
- Development and implementation of service delivery norms, standards, protocols, and support materials in the prevention-to-care continuum;
- Development of systems for coordination and collaboration at the national, regional, and district levels; and
- Development and implementation of the next generation of behavior change communication interventions that rely on family- and community-centered approaches.

II.E.2. Recommendations for Implementation

In accordance with the proposed strategy, the design team recommends that USAID competitively recruit two implementation agencies to provide flexible technical assistance, to build on and train a network of local partners and consultants supported by international experts. The first implementing agency (Partner 1) would support Intermediate Result 1, whereas the second agency (Partner 2) would focus on Intermediate Result 2.

During the development of the Mission country strategy, the design team should explore the following options:

- Have Partner 1 work with the implementing partner in charge of good governance to decide how best to generate and disseminate HIV/AIDS information, and combine this work with leadership and civil society development and decentralization activities.
- Position Partner 2 to provide HIV/AIDS technical assistance in the health and education sectors. Partner 2 would be positioned to support the HIV/AIDS objectives of its various partners by providing quality technical assistance in accordance with funding availability.

Both USAID HIV partners would be encouraged to mobilize additional funding to complement the limited funding available through USAID. USAID would emphasize this requirement in the selection criteria and assess the proposed resource mobilization strategy.

III. RESULTS AND REPORTING

III.A. Magnitude and Nature of Expected Results

The expected results will be negotiated in close consultation with the Government of Benin, the key sectors to receive HIV/AIDS technical support, and key HIV/AIDS players. Results will focus on expanding the use and coverage of quality HIV/AIDS services and products, and on supporting Benin's commitment to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), and the Global Fund for AIDS, Tuberculosis and Malaria. Many of these results, baselines, and targets will need to be better defined as data become available.

Within the framework of Benin's follow-up to the declaration of commitment to UNGASS, the Government of Benin and its partners have established specific targets within its HIV/AIDS and tuberculosis proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria. These key targets are associated with the following objectives:

- Increasing the number of people tested;
- Reducing the risk of HIV transmission from mothers to their children;
- Increasing the use of condoms among adolescents and sex workers;
- Promoting abstinence;
- Ensuring the safety of blood transfusions;
- Decreasing the number of sexually transmitted infections;
- Increasing case detection rate and successful tuberculosis treatment;
- Increasing access to antiretroviral therapy; and
- Improving assistance to orphans.

III.B. Country Reporting and Performance Indicators and Targets

As part of its expanded response to HIV/AIDS, USAID has established reporting requirements for Missions in all countries receiving U.S. assistance of \$1 million or more per year. USAID and other partners will be able to rely on USAID HIV Partner 1 to facilitate collection, analysis, reporting, and disseminating of all relevant data.

Currently, USAID/Benin can measure and report on a range of core and performance indicators through the following mechanisms:

- An annual surveillance of pregnant women for HIV and sexually transmitted infections;
- A behavioral surveillance survey scheduled to be completed every 2–3 years that monitors changes in the most at-risk populations (the survey should be modified to include critical bridging populations); and
- A national Demographic and Health Survey every five years that includes an HIV/AIDS module.

PNLS is receptive to the idea of integrating an HIV prevalence study in the next behavioral surveillance survey and Demographic and Health Survey, pending availability of funds to do so.

The illustrative quantitative indicators listed below would cover the reporting requirements for Benin.

III.B.1. Sector-Specific Strategic Objectives

- Seroprevalence rates for HIV and sexually transmitted infections among pregnant women aged 15–24 (annual sentinel surveillance).
- Seroprevalence rates for HIV and sexually transmitted infections among sex workers and bridging populations (behavioral surveillance survey).
- Use of condoms by commercial sex workers.
- Use of condoms by men and women in the past 12 months with nonmarital, noncohabitating partners (Demographic and Health Survey).
- Median age at first sex by young men or young women aged 25–29 (Demographic and Health Survey).

III.B.2. Improved Knowledge Generation and Dissemination

- At least 10 percent of HIV/AIDS funding from the government and key partners is allocated to support research and evaluation.
- The number of quantitative and qualitative studies conducted.
- The number of secondary meta-analyses conducted.
- The number of data dissemination and data utilization workshops conducted.
- The number of best practices and lessons learned documented, analyzed, and disseminated.
- Communication and dissemination statistics from certified Web sites.

III.B.3. Strengthened Collaborative Programming, Co-Financing, and Technical Networking

- Person-months of technical assistance provided by USAID partners to CNLS and PNLs HIV/AIDS focal units in the education sector, key development partners, and nongovernmental organization and association networks, and decentralized structures and networks.
- The level of funding leveraged by USAID partners.
- The number of joint proposals supported by USAID partners.
- Reports from technical working groups and task forces.
- Documents on norms, standards, and procedures for service delivery and referral in the prevention-to-care continuum.
- The number of nongovernmental organizations, associations, health facilities, and schools certified to provide counseling and interpersonal communications services in accordance with second-generation standards.
- The number of individuals and couple clients seen at voluntary counseling and testing and prevention of mother-to-child transmission service centers.
- The number of facilities offering voluntary counseling and testing and prevention of mother-to-child transmission service.
- The number of outlets to sell condoms.

- The number of facilities that offer counseling services.
- The proportion of sexually transmitted infections and opportunistic infections treated according to national guidelines.
- The number of certified facilities offering prevention of mother-to-child transmission services and antiretroviral therapy.
- The number of eligible persons living with HIV/AIDS receiving antiretroviral therapy.
- The number of nongovernmental organizations, schools, associations, and health facilities certified to be part of the prevention-to-care continuum per department and commune.
- An updated directory of nongovernmental organizations and private health facilities engaged in HIV/AIDS activities.
- The proportion of eligible public and private institutions and organizations that received basic training in team building.
- The proportion of eligible public and private institutions and organizations that received basic training in HIV/AIDS program management.

III.C. Contribution to International and Expanded Response Goals

The proposed strategy supports the Government of Benin’s commitment to international goals for combating the HIV/AIDS epidemic. The proposed in-country collaborative approach will allow the Government of Benin to make a significant contribution by helping to meet the intended results of its proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The government will also build on regional initiatives such as PSAMAO, which is led by Population Services International, the World Bank-financed Corridor Project, and the SIDA3 project, which is funded by the Canadian International Development Agency, to prevent HIV transmission by migrant and vulnerable populations with high-risk behaviors, such as sex workers.

The proposed focus on providing technical support to develop a continuum of services from prevention to care will lead to a balance in the range of HIV prevention methods, increase access to quality counseling services, prevent mother-to-child transmission, increase access to antiretroviral therapy for eligible persons living with HIV/AIDS, and improve care and support services for orphans. The proposed strategy will also allow USAID/Benin to help the Government of Benin to establish realistic and credible baselines and targets, and provide regular reports on meeting the objectives of UNGASS, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

III.D. Planned Surveillance, Surveys, and Other Monitoring and Evaluation Activities

The strategic objective baseline and targets will be measured through national surveys that include appropriate sample size and methods to estimate regional figures. These include the following:

- Demographic Health Survey, which is conducted every five years;
- Education Demographic Survey, which is conducted every five years,
- Annual HIV sentinel surveillance; and
- Biennial behavioral surveillance survey.

The Government of Benin is receptive to including HIV seroprevalence surveys in its Demographic and Health Survey and behavioral surveillance survey, which now occurs in many countries. The strategy design team assumes these surveys will receive joint funding from the Government of Benin and its key development partners.

USAID's implementing partner in knowledge generation and dissemination (Partner 1) should work with the Government of Benin and with key development and implementation partners to facilitate the development of a rigorous joint monitoring, evaluation, research, and dissemination plan. This partner will facilitate the collection and joint analysis of critical indicators from key collaborating partners and ensure timely reporting and dissemination.

One of the key mandates of Partner 1 will be to facilitate documentation, analysis, and dissemination of ongoing interventions. Partner 1 will develop a network of collaborating public and private partners at national, departmental, and commune levels to dedicate sustained attention and resources to monitoring and evaluation activities.

IV. BUDGET AND USAID MANAGEMENT

IV.A. Funding

The table below presents an estimated budget for the next seven years. It includes a line item for one program-funded local-hire staff person.

Funding Categories	Budget
Partner 1	\$600,000
Partner 2, technical support for sectors supported by USAID/Benin	\$800,000
Partner 2, technical support for other development and implementing partners	\$500,000
USAID program staff	\$100,000
Total	\$2,000,000

The budget represents current and anticipated funding levels and is consistent with the strategy's proposed package of essential program elements. In accordance with the proposed strategy, it is assumed that USAID's implementing partners will be able to leverage additional resources from the Government of Benin and other donors. Most importantly, the proposed strategy assumes that USAID will foster the establishment of low-cost mechanisms for technical support by making extensive use of public and private institutions, as well as local and regional consultants, who will be supported by a limited core of international experts.

At this stage, USAID will have to make difficult funding choices to maintain its leadership. The strategy design team proposes that USAID/Benin reduce its investments in traditional interventions, which are largely accepted as being critical to HIV/AIDS prevention and which already benefit from significant government and donor support. Instead, these investments should be redirected to new areas in the next generation of the HIV/AIDS response. These traditional areas of support will be eligible for USAID technical assistance if funding for technical assistance or operations work receives financing from partners other than USAID.

IV.B. USAID Management and Technical Assistance Needs

The current Mission staffing pattern for the HIV/AIDS program is appropriate. One full-time, locally hired, HIV/AIDS technical advisor manages the current HIV/AIDS portfolio under the supervision of the Head of Population, Health and Nutrition Division. The strategy design team proposes that the person who holds this position be reassigned to the Program Office to better coordinate HIV/AIDS technical support issues. This move might foster better collaborative planning and co-financing, and take better advantage of the multifaceted relations of the Program Office with the government, donors, and implementing partners alike. As indicated earlier, USAID/Benin might consider establishing a position for a locally hired person who could focus on knowledge generation and dissemination across all sectors receiving USAID support, including the HIV/AIDS agenda.

IV.C. Higher Levels of Support

This strategy assumes that USAID/Benin's current annual HIV/AIDS funding level of \$2 million will not change in the foreseeable future. However, any additional funds that USAID/Benin receives could be used in the following way:

- Providing dedicated and sustained support to additional departments and communes and related public and private partners, as well as providing more technical assistance to development partners to increase the quality of effective HIV responses and to achieve greater results;
- Expanding the local fellowship technical assistance program;
- Building organizational capacity and behaviors of local partners; and
- Strengthening the technical capacity in HIV/AIDS program management, research, and evaluation.

Annex 1: Contacts and Persons Interviewed

Action Group for an Integrated and Sustainable Development (GRADID)

Albert Edou, Executive Director

Action Group for a Sustainable Development (GRADDUR)

Amani T. Hounouvi, Executive Director

Action for Humanity

Olivier Bayer, Chief of Party

Nestor Bougla, Administrator

Association of Faith-Based Organizations for Health (AMCES)

Dr. Yves Sossou, Director

Dr. Jean-Pierre Hounyet, Regional Representative Borgou/Alibori

Alfred K. Koussanou, Administrative and Financial Officer

Association of People Living With HIV/AIDS (ALOLE-ALOME Solidarité et Vie)

Ignace Ahouaga, President

Henri Houaga, Secretary General

Roger Eklou, Deputy Secretary General

Sodji Akoua, Financial Officer

Célestine Adda, Project Officer

Danhoungbo, Member

Lucien Kotor, Member

Martin Sodegla, Member

Philomene Sagbo, Member

Laure Davo, Member

Anne-Marie Tohouegnon, Member

Benin HIV/AIDS Prevention Program (BHAPP/USAID)

Sodoloufo Odile, Nongovernmental Organization, Awareness, Advocacy

Dr. Karim Seck, Epidemiological Surveillance and IST

Dr. Seraphin Vissoh, Monitoring Evaluation

Benin Integrated Family Health Program (PROSAF)

Dr. Aguima F. Tankouano, Chief of Party

Susan Aradeon, Behavior Change Communication Specialist

Benin Integrated Family Health Program, Mono/Couffo Departments

Edmond-Bernard Gbemetonou, Departmental Coordinator

Benin Integrated Family Health Program, Zou/Collines Departments

Gilbert Balogoun, Departmental Coordinator
Anna Tavares, Volunteer

Benin Women Lawyers Association (AFJB, Cotonou)

Sabine Michaud, Programme Officer
Firmine S. J. Kpade, Administrative Secretary
Marie-Elise Gbedo, Vice President

Canadian Cooperation West African HIV/AIDS Program (SIDA3)

Dr. Marguerite Ndour, National Coordinator

CARE International/Benin

Franck M. Ahaouandjinou, Project Assistant

CDLS Mono/Couffo

Appolinaire Y. Monguede, Secetaire General

CDLS Zou/Collines

Sylvain Sossou, Chief Monitoring and Evaluation
Micheline Sero
Francis Kpohonsito

Communication and Information Center

Seraphine Akovi, Chief CIC/PNLS
Armand Dossou-Kago, Social Worker
Patricia M. Boya, Social Worker
Pauline M. M. Ayinon, Social Worker
Melahelle Soakoude, Social Worker

Departmental Center for Blood Transfusion (CDTS), Borgou/Alibori Departments

Dr. Delphin Aidewou, Chief
Dr. Jean Kpovenon
Virgile Bonon, Laboratory Technician

Departmental Center for Blood Transfusion (CDTS), Atlantique/Littoral Departments

Dr. Corneille Houangni, Chief

Departmental Direction of Public Health (DDSP), Borgou/Alibori Departments

Dr. Abdoulaye Soulé, Bourgou/Alibori Departmental Director of Public Health

Department Direction of Public Health (DDSP), Mono/Couffo Departments

Dr. Charles J. Sossa, Directeur

Dr. Elysée Y. Somasse, Departmental Representative

Departmental Direction of Public Health (DDSP), Zou/Collines Departments

Dr. Oscar Djigbenoude, Departmental Director of Public Health

Dr. Septime Houessou, Chief Health Protection and Promotion Service

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

Dr. Lothar G. Springer, Senior Technical Advisor

District of Athieme, Mono/Couffo Departments

Codjo Sodokin, Mayor

Equity and Quality in Primary Education (EQUIPE)

Dr. Christina H. N, Chief of Party

Barnabé Daneke, Life Skills Assistant

Dr. Telesphore Houansou, HIV/AIDS Project Officer

Financial Agency for Basic Initiatives (AGeFIB) Mono/Couffo Departments

Pascal D. Degbegni, Chief Departmental Antenna

Jean Koumassou, HIV/AIDS Operations Officer

Financial Agency for Basic Initiatives (AGeFIB) Zou/Collines Departments

Victor Kodjodjou, Operation Officer

International Foundation for Education and Self-Help (IFESH)

Michel Dayamba, Chief of Party

King of Lokossa, Mono/Couffo Departments

His Majesty Tosseh Tossou-Anon Hadagba

Médicins sans Frontières Mono/Couffo Departments

Alena Koscalova, HIV/AIDS Program Officer

Veronique Van Frachen, Medical Coordinator

Christian H. Goulome, Social Technical Advisor

Ministry of Education

Maurice G.B. Koussihouede, National Coordinator of HIV/AIDS focal unit

Ministry of Health

Dr. Yvette C. Seignon Kandissounon, Minister
Dr. Moussa M. Yarou, Executive Director
Dr. Valère Goyito, Director of Family Health
Dr. Pascal Dossou-Togbe, Health Decentralization Technical Advisor

National Association of Microfinance Specialists in Benin (Consortium ALAFIA)

Mathieu Soglonou, Director

National Association of Schooling Children in Benin (FENAPEB)

Roger R. Capo-Chichi, President
Elisabeth Tossou, Coordinator, principal investigator
Charles Nounagnon, Advisor
Albert Lantokpode, President CAPE Cotonou/Sike
Felix Gnanbode, President CAPE Abomey-Calavi
Nestor Anani, Administrative Board FENAPEB
Koukou-Leon Gbaguidi, Member
Désiré Avodagbé, Member
Epiphane Azon, President CAPE Gbgamey
Mireille Boutou, Secretary FENAPEB
Eugenie Gbodogbe, Accounting FENAPEB

National HIV/AIDS Control Program

Dr. Alphonse Gbaguidi, National Coordinator
Dr. Valentine Medegan-Kiki, Deputy Coordinator and Chief Epidemiologist
Marie Constance d'Almeida-Melome, IEC Division Chief
Dr. Alphonse Guedeme, Persons Living with HIV/AIDS Division Chief
Dr. Bertin Affedju, Assistant Epidemiologist
Dr. Isabelle Agueh-Gnanhoui, Laboratory Chief
Dr. Yasmine Ibrahim, Laboratory Unit
Mouniratou I. Mama-Sanni, Sociologist
Dr. René K. Keke, Clinician
Rogatien Azanmasso, Administrative Assistant
Dr. Mathurin Lougbegnon

Network of Nongovernmental Organizations Specialized in Health (ROBS)

Prudencia Ayivi, Technical Assistant, Reproductive Health
Soulé Gougbe, Secretary of Imam of Cadjehoun Central Mosq
Hacynthe Degla, Member Control Commission
Claire Dahou, Secretary of Social and Women Affairs Board
Gregoire Sonounameto
Marius Acotchou, A.E.V
Esteban Houessou, A.E.V
Benoit Tchibozo, Member
Josephat Avoce, Member
Crespin Kakanakou, Cercle de Vie

New Forces for a Sustainable Human Development (FNDH)

Bonito Dosseh, Program Officer

Nongovernmental Organizations in Borgou/Alibori Departments

Salomon Balogoun, Coordinator, SIANSON
Eloi Kabore, Director BSDD
Orou G. Bio, Representative Cerabe ONG
Hamidou I. Chabi, SIDA GOBA ONG
Taibath M. Chabi, Oiel du Septentrion
Saka B. Gounou, APEF ONG
Bernard Bio Tongui, BIOGUE/SPERB ONG
Senior G. Elegbe, Coordinator ASMA ONG
Alassane Idrissou, Executif Director CAPID
Daouda K. Orou, Representative GRADE
Inazan Okoumora, Representative APEM ONG
Philbert Azanhoue, Executif Director OFEDE

Organization for Integrated Development and Environment Protection (ALDIPE)

Jules Behanzin, Deputy Executive Director
Symphorien Assani, Chief Facilitator

Partners for Health Reform*plus* Project (PHR*plus*)

Salamata LY, Program Officer West and Central Africa

Population Services International

John Justino, Chief of Party
Jeremie Houssou, Marketing and Product Distribution

Prefecture Borgou/Alibori Departments

Zourkarnéyni Toungouh, Prefet
Francoise Bagri, Chief Social Assistance Service

Prefecture Mono/Couffo Departments

Simon C. Gbessi, General Secretary of Préfecture
Felix F. Vlavo, Service Affaires Sociales

Prefecture Zou/Collines

Barthelemy Deguenon, Prefet

Prevention of Mother-to-Child Transmission of HIV Program (PRETRAME)

Dr. Isidore Adeyanju, Technical Advisor
Sylvere Gbaguidi, Administrative Assistant

Switzerland Cooperation Social and Health Program (PSS)

Dr. Christophe Y. Dossouvi, National Coordinator
Dr. Alain Sayi, Technical Assistant, PSS/Borgou

Training and Operational Institute for a Development of Sustainable Community-Based Initiatives (IFAD)

Benoit Daoundo, HIV/AIDS Project Officer
Dr. Julien C. Aissan, Health Projects Coordinator
Mathias Ahounou, Micro-finance Projects Coordinator
Ignace Dato, Executive Director

United Nations Children's Fund (UNICEF)

Peter Cuppen, Health Programme Administrator
Dr. Paul Adovoekepe, Health Project Administrator

United Nations Development Program/Thematic Group on HIV/AIDS

Moustapha Soumaré, UN Resident Coordinator President of HIV/AIDS Thematic Group
Andrea Studer, Chief UNDP HIV/AIDS Program

United States Agency for International Development

Harry Lighthood, USAID Mission Director
Barbara Dickerson, Office Program Coordinator
Carrie V. Dailey, Executive Officer
Pascal Zinzindohoue, FHT Leader
Charles Ogouchi, Results and Resources Specialist
Nicodeme Conde, Sr. Tech. Advisor HIV/AIDS
Georgette Pokou, Education Team Leader
Ruben Johnson, Governance Team Leader
Francine Nikoue, Development Assistant Specialist

United States Embassy/Benin

Honorable Wayne E. Neill, Ambassador

Urban District Health Center (CSCU), Lokossa

Dr. Joseph Akodjenou, Care Provider

Dr. Dieudonné Gnonlonfoun, Care Provider

World Bank West African Regional HIV Project (CORRIDOR)

Dr. Leopoldine de Souza, Coordinator

World Health Organization

Dr. Edouard C. Comlanvi, Disease Prevention and Control Officer

Annex 2: Bibliography

- Adjovi, C. 1998. Rapport de l'Enquete Nationale de Surveillance de l'Infection par le VIH au Benin.
[Adjovi, C. 1998. *National Surveillance Survey of HIV Infection in Benin.*]
- Alary, M., L. Mukenge-Tshibaka, F. Bernier, N. Geraldo, C.M. Lowndes, H. Meda, C.A. Gnintoungbe, S. Anagonou, and J.R. Joly. Decline in the prevalence of HIV and sexually transmitted diseases among female sex workers in Cotonou, Benin, 1993-1999. *AIDS*. 2002;16(3):463-470.
- Analyse des obstacles à la prévention de la transmission du VIH de la mère à l'enfant en milieu rural au Bénin: Cas de la Zone sanitaire de PAK, Draft de rapport, 12 Septembre 2003, UNICEF Bénin, Prévention de la transmission du VIH de la mère à l'enfant.
[UNICEF Benin. September 12, 2003. *Prevention of Mother-to-Child-Transmission of HIV- Analysis of impediments to the prevention of Mother-to-Child-Transmission in rural Benin: The Case of PAK Health zone, (draft report).*]
- Analyse de la situation de base en matière de prévention et de lutte contre les IST/VIH/SIDA dans les départements de l'Atlantique, du Zou, des Collines, du Mono et du Couffo: Rapport général, Décembre 2002, Programme de Prévention du VIH/SIDA au Bénin (BHAPP), USAID, JHPIEGO and affiliate, Africare.
[HIV/AIDS Prevention Program in Benin (BHAPP) USAID, JHPIEGO and Africare. December 2002. *Baseline analysis of prevention and the fight against STI/HIV/AIDS in the Atlantic regions of Zou, Collines, Mono and Couffo: General Report.*]
- Analyse de la situation de base en matière de prévention et de lutte contre les IST/VIH/SIDA dans les zones d'intervention du projet : Synthèse du rapport général, Juin 2003, HIV/AIDS Prevention Program (BHAPP), JHPIEGO and affiliate, Africare, USAID Benin.
[HIV/AIDS Prevention Program (BHAPP), JHPIEGO and affiliate Africare. June 2003. *Baseline analysis of prevention and the fight against STI/HIV/AIDS in the designated project zones: Synthesis of the general report.* Cotonou: USAID.]
- Annuaire des statistiques sanitaires 2002, Cotonou 2003, MSP/DPP/Service des Statistiques, de la Documentation et de la Recherche Opérationnelle/PNLS.
[MSP/DPP/Statistics Service for Documentation and Operational Research. 2002. *Directory of Health Statistics, 2002.* Cotonou, Benin.]
- Annuaire des statistiques sanitaires 2001, Cotonou décembre 2002, MSP/DPP/Service des Statistiques, de la Documentation et de la Recherche Opérationnelle/PNLS.
[MSP/DPP/Statistics Service for Documentation and Operational Research. 2001. *Directory of Health Statistics, 2001.* Cotonou, Benin.]

Approche qualitative d'Analyse des Attitudes et Comportements des Jeunes à Risque d'Infection au VIH/SIDA au Bénin: Rapport d'Analyse des entretiens de groupe, version finale, septembre 2001, MENSRS, MSP/PNLS, CEFORP, Projet SIDA 2, Family Health International, PSI.
[MENSRS, MSP/PNLS, CEFORP, Projet SIDA 2, Family Health International, PSI. September 2001. *Qualitative approach to analysis of attitudes and behaviors of young people at risk of HIV/AIDS Infection in Benin: Analytical report on group interviews, (final version).*]

Arrêté ministériel n° 4547/MSP/DC/SGM/PNLS/SA du 17 juin 2003 portant nomination des membres du comité de pilotage du Programme «PETRAME/BENIN», juin 2003, MSP/PNLS.
[PSP/PNLS. June 2003. *Ministerial Order no. 4547/MSP/DC/SGM/PNLS/SA, of 17 June 2003 about the nomination of committee members for the pilot program "PETRAME/BENIN".*]

Arrêté ministériel n° 4548/MSP/DC/SGM/PNLS/SA du 17 juin 2003 portant création, attributions, organisation et fonctionnement de la cellule de coordination du Programme «PETRAME/BENIN», juin 2003, MSP/PNLS.
[PSP/PNLS. June 2003. *Ministerial Order no. 4548/MSP/DC/SGM/PNLS/SA, of 17 June 2003 about the nomination of committee members for the pilot program "PETRAME/BENIN."*]

Arrêté ministériel n° 4549/MSP/DC/SGM/PNLS/SA du 17 juin 2003 portant nomination des membres de la cellule de Coordination du Programme « PETRAME/BENIN », juin 2003, MSP/PNLS.
[PSP/PNLS. June 2003. *Ministerial Order no. 4549/MSP/DC/SGM/PNLS/SA, of 17 June 2003 .about nomination of members of the program coordination cell "PETRAME/BENIN."*]

Atelier de Team Building et Planification des Activités BHAPP et PNLS, Août 2002, submitted to USAID Benin by Benin HIV/AIDS Prevention Program (BHAPP), JHPIEGO and affiliate, Africare.
[Benin HIV/AIDS Prevention Program (BHAPP), JHPIEGO and affiliate Africare. August 2002. *Team Building and BHAPP and PNLS Activity Planning Workshop.*]

Benin HIV/AIDS Prevention Program. February 2003. Performance Monitoring Plan: Description of key indicators. Submitted to USAID/Benin by Benin HIV/AIDS Prevention Program, JHPIEGO, and affiliate Africare.

Bureau for Global Programs/Field Support and Research/Center for Population, Health and Nutrition/Office of Health and Nutrition/Bureau for Africa, Office of Sustainable Development. March 2002. *Handbook of Indicators for HIV/AIDS/STI Programs, first edition.* Washington, DC: USAID.

Cadre stratégique national de lutte contre le VIH/SIDA/IST au Bénin décembre 2000, MSP/PSP/PNLS, ONUSIDA.
[MSP/PSP/PNLS. 2000. *National Strategic Framework to fight against HIV/AIDS/STI in Benin.*]

Carte blanche du Ministère de la Santé Publique de 1996-2001, mai 2001, MSP.
[MSP. May 2001. *Carte blanche (free policy) of the Ministry of Public Health from 1996-2001.*]

Coopération entre l'Union Européenne et la république du Bénin: rapport annuel 1999, rapport annuel sur la mise en oeuvre des conventions ACP-UE et autres actions de Coopération, Délégation de la Commission Européenne.

[European Commission. 1999. *Cooperation between the European Union and the Republic of Benin: 1999 Annual Report, annual report on the development of the ACP-EU convention and other cooperation activities.*]

Coopération EU et république du Bénin, Rapport annuel sur la mise en œuvre des conventions ACP-UE et autres actions de coopération: rapport annuel 1999, Délégation de la Commission Européenne.

[Delegation of the European Commission. 1999. *European Economic Commission and the Republic of Benin, Annual Report on ACP-EU conventions and other cooperation activities: 1999 Annual Report.*]

Document d'évaluation de projet pour une subvention proposée d'un montant de 16,6 millions de \$US au bénéfice de la République du Bénin, au nom des cinq états ouest-africains du Bénin, de la Côte d'Ivoire, du Ghana, du Nigeria et du Togo, pour un projet de lutte contre le VIH/SIDA pour le corridor de migration Abidjan- Lagos, document de la banque mondiale, Région Afrique

[World Bank African Regional Office. *Project Evaluation document for a proposed US\$ 16.6 million subsidy for the republic of Benin, in the name of five West African States of Benin, Cote d'Ivoire, Ghana, Nigeria and Togo, to fight against HIV/AIDS in the Abidjan-Lagos migration corridor.*]

Enquête Démographique et de Santé 2001, juin 2002, MCAGPD/INSAE, ORC Macro MEASURE DHS+.

[MCAGPD/INSAE, ORC Macro MEASURE DHS+. June 2002. *Demographic Health Survey 2001.*]

Enquête Démographique et de Santé 2001: rapport de synthèse, juin 2002, MCAGPD/INSAE, ORC Macro MEASURE DHS+.

[MCAGPD/INSAE, ORC Macro MEASURE DHS+. June 2002, *Demographic Health Survey 2001: Synthesis.*]

Enquête Démographique et de Santé 1996, avril 1997, MPREPE/INSAE, DHS/Macro International Inc.

[MPREPE/INSAE, DHS/Macro International Inc. 1996. *Demographic Health Survey 1996.*]

Enquête de surveillance des comportements Bénin 2001: protocole de mise en œuvre, Round 1, 21 mai 2001, MSP/PNLS, CEFORP, Projet SIDA 2, Family Health International, PSI.

[MSP/PSP/PNLS, CEFORP, Project SIDA 2, Family Health International, PSI, May, 2001, *Behaviour Change Surveillance Survey in Benin 2001: working protocol, Round 1.*]

Enquête de surveillance des comportements, phase 1 ~ recensement des sites: Rapport d'exécution de la phase 1, version préliminaire, juillet-septembre 2001, MENSRS, MSP/PNLS, CEFORP, Projet SIDA 2, Family Health International, PSI.

[MENSRS, MSP/PNLS, CEFORP, Projet SIDA2, Family Health International, PSI. *Behavior Change Surveillance Survey, phase1 ~ inventory of sites: Phase1 implementation report, (preliminary version).*]

Enquête de surveillance des comportements à Risque d'Infection à VIH/SIDA/IST au Bénin 2001: Dissémination Nationale des Résultats, mai 2003, MSP/PNLS, MENSRS, CEFORP, Family Health International, PSI-ABMS, Projet SIDA 3.
[MSP/PNLS, MENSRS, CEFORP, Family Health International, PSI-ABMS, Projet SIDA3. May 2003. *Behavior Surveillance Survey of persons at risk of HIV/AIDS/STI infection in Benin 2001: National Dissemination of Results.*]

Enquête sur la distribution des produits objets du marketing social du PSI-Bénin et de l'ABMS: Rapport final, juillet 2002, UNB/CEFORD- Cotonou pour Population Services International et ABMS.
[UNB/CEFORD for Population Services International and the Beninese Association for Social Marketing and Health Communication. July 2002. *Distribution Survey of PSI-Benin and ABMS Social Marketing products: Final Report, Cotonou, Benin.*]

Enquête sur le profil du consommateur au Bénin: Rapport équipe PSI-Bénin, 2001, PSI, Département de la Recherche.
[Population Services International Research Department. 2001. *Survey of Consumer Profile in Benin: PSI-Benin Team Report.*]

Enquête sur les connaissances, attitudes et pratiques relatives au SIDA, à la diarrhée, au paludisme et à la planification familiale au Bénin: Rapport d'analyse CAP 2002; mars 2003, UNB/CEFORD, Cotonou pour Population Services International (PSI) et l'Association Béninoise pour le marketing Social et la Communication pour la Santé (ABMS).
[UNB/CEFORD for Population Services International and Beninese Association for Social Marketing and Health Communication. 2003. *Knowledge, Attitudes and Practices Survey on AIDS, diarrhea, malaria and family planning in Benin: Analytical Report CAP 2002, Cotonou, Benin.*]

Evaluation des Indicateurs de Performance entre 1999-2002: Présentation document, 2003, PSI/Bénin.
[Population Services International/Benin. 2003. *Evaluation of Performance Indicators between 1999-2002: Presentation.*]

Fanou, S.P. 2003. These N0 1045/FSS. Cotonou.
[Fanou, S.P. 2003. Thesis N0 1045/FSS. Cotonou.]

Guide de prise en charge des personnes vivant avec le VIH, 2001, MSP/PSP/ PNLS.
[MSP/PSP/PNLS. 2001. *Guide to care for People Living with HIV/AIDS.*]

Instruments de Fonctionnement du Groupe Thématique ONUSIDA au Bénin, octobre 2000, ONUSIDA-Bénin, OMS, UNICEF, PNUD,
[UNAIDS-Benin, WHO, UNICEF UNDP. October 2000. *Management instruments for thematic groups.*]

Kiki-Medegan Fagla, V. 2002. Rapport des Activités de Surveillance de l'Infection par le VIH et de la Syphilis au Bénin, PNLS, MOH—2002.
[Kiki-Medegan Fagla, V. 2002. *Report on HIV Infection and Syphilis Surveillance Activities in Benin.* Cotonou: MOH/PNLS.]

Kiki-Medegan Fagla V. 2002. Rapport des Activités de Surveillance de l'Infection par le VIH et de la Syphilis au Bénin.
[Kiki-Medegan Fagla, V. 2002. *Report on HIV Infection and Syphilis Surveillance Activities in Benin.*]

Kossouh, F. 2000. Memoire No 227/IRSP. Cotonou.
[Kossouh, F. 2000. *Dissertation No 227/IRSP.* Cotonou.]

Loi N° 2003-04 du 03 mars 2003 relative à la Santé sexuelle et à la reproduction, mars 2003 Assemblée National du Bénin, République du Bénin .
[Benin National Assembly. March 2003. *Law No 2003-04 of March 2003 on the sexual and reproductive health.* Republic of Benin.]

Mobilisation des ressources pour le Plan National de lutte contre le VIH/SIDA/IST 2002-2006, mai 2003, MSP/PSP/PNLS, ONUSIDA.
[MSP/PSP/PNLS, UNAIDS. May 2001. *Resource mobilization for a National Plan to fight against HIV/AIDS/STI 2002-2006.*]

Mutilation génitale féminine, lévirat, veuvage et injustice, janvier 2001, Association des Femmes Juristes du Bénin (AFJB).
[Association of Women Judges of Benin. January 2001. *Female genital mutilation, levirate, widowhood and injustice.*]

Ndour, M., M. Alary, H. Meda, et al. 2003. Prevalence du VIH et des IST Chez les Travailleuses de Sexe au Bénin. Projet SIDA3-Cotonou, Benin.
[Ndour, M., M. Alary, H. Meda, et al. Projet SIDA3. 2003a. *HIV and STI Prevalence among sex workers in Benin.* Cotonou, Benin.]

Non au mariage forcé, Association des Femmes Juristes du Bénin (AFJB), Organisation catholique Canadienne pour le développement et la Paix.
[Association of Women Judges of Benin; Canadian Catholic Organization for Development and Peace, *No to forced marriages.*]

Nutt, P.C., and R.W Backoff. July 1995. *Crafting Vision*. Columbus, Ohio: The Ohio State University College of Business.

Plan Benin. April 2003. *Country Project Outline: Reproductive Health*.

Plan Stratégique 2001-2005, Cotonou avril 2001, Réseau des ONG béninoises de Santé (ROBS), USAID, CARE.

[USAID, CARE, *Network of Beninese Health NGOs*. April 2001. *2001-2005 Strategic Plan*. Cotonou, Benin.]

Politique et stratégies de développement du secteur de la santé 2002-2006; La santé du Bénin, Bulletin d'informations du MSP, 2^{ème} édition 2003.

[The Health of Benin, MSP Information Bulletin, 2nd edition. 2003. *Policy and Strategic Development of the Health Sector 2002-2006*.]

Population Services International. Enhancing HIV/AIDS prevention and Improving Integrated Family and Reproductive Health in Benin, June 2003. Cotonou: Population Services International.

Pour une prise en charge intégrée des malades du SIDA, SIDA les Echos du Programme N°30, jan-fev-mars 2003, PNLS/MSP, Coopération France-Bénin.

[PNLS/MSP, France-Benin Cooperation; AIDS, Echoes from Program No. 30. *Integrated care for AIDS patients*.]

Présentation de l'Association des Femmes juristes du Bénin(AFJB), Octobre 2003, AFJB.

[AFJB. October 2003. *A Presentation by the Association of Women Judges of Benin*.]

Prévention de la transmission Mère-Enfant du VIH au Bénin; Revue du projet PETRAME : Rapport de mission, Août 2002, Ministère de la Santé Publique/PNLS.

[Ministry of Public Health. 2002. *Prevention of Mother-to-Child-Transmission in Benin, Review of the PRETRAME Project: Mission Report*.]

Programme de Coopération Canadienne au Bénin, janvier 2003, Bureau de la Coopération Canadienne (BCC).

[Canadian Agency for Cooperation. January 2003. *Canadian Cooperation Program in Benin*.]

Projet Plurisectoriel de lutte contre le VIH/SIDA/IST: Prospectus «Tous ensemble luttons contre le VIH/SIDA», MCCAGPD/CNLS/PPLS.

[MCCAGPD/CNLS/PPLS. *Multi-sectoral Project for the fight against HIV/AIDS/STI: Prospectus "Together let us fight against HIV/AIDS."*]

Rapport d'activités 2002, MSP/PNLS/Centre d'Information et de Conseil, de dépistage anonyme et gratuit du VIH/SIDA.

[MSP/PNLS/Information and Counseling Center for free anonymous HIV/AIDS testing. 2002. *2002 Activities Report.*]

Rapport d'activités 2001, MSP/PNLS/Centre d'Information et de Conseil, de dépistage anonyme et gratuit du VIH/SIDA.

[MSP/PNLS/Information and Counseling Center for free anonymous HIV/AIDS testing. 2002. *2001 Activities Report.*]

Rapport de l'enquête nationale de surveillance de l'infection par le VIH au Bénin, année 1998, MSP/PNLS, Service Epidémiologie.

[MSP/PSP/PNLS, Epidemiological Service, 1998, *Report on the National HIV Surveillance Survey in Benin.*]

Rapport de l'évaluation des besoins des sites IST dans l'Atlantique, le Mono/Couffo, le Zou et les Collines, juillet 2003, Programme de Prévention du VIH/SIDA au Bénin (BHAPP), USAID, JHPIEGO and affiliate, Africare.

[HIV/AIDS Prevention Program (BHAPP), JHPIEGO and affiliate Africare. July 2003. *Evaluation report of the needs of STI sites in the Atlantic regions of Mono/Couffo, Zou and Collines.*]

Rapport des activités de surveillance épidémiologique de l'infection à VIH et de la syphilis au Bénin, année 2002, MSP/PNLS, Service Epidémiologie.

[MSP/PSP/PNLS Epidemiological Service. 2002. *Report on the Epidemiological Surveillance Activities of HIV and syphilis infections in Benin.*]

Rapport sur le développement humain au Bénin 1999: Création d'emplois durables et développement humain au Bénin, 1999, PNUD-Bénin.

[PNUD-Benin. 1999. *Report on Human Development in Benin 1999: Creation of long-term jobs and human development in Benin.*]

Requête de la République du Bénin au Fond Mondial : VIH/SIDA et Tuberculose, re-soumission, septembre 2002, République du Bénin, Comité National de Coordination des Projets Financés par le Fonds Mondial (CNC)

[National Committee for the coordination of projects financed by the World Bank, 2002, (CNC) *Republic of Benin's proposal to the World Bank: HIV/AIDS and Tuberculosis (re-submission).*]

Results package: HIV/AIDS and STI prevention outline, 1998, USAID-Benin.

Surveillance de l'infection par le VIH/SIDA/IST au Bénin, 2001, MSP/PNLS, Service Epidémiologie.

[MSP/PSP/PNLS Epidemiological Service. 2001. *HIV/AIDS/STI Infection Surveillance in the Republic of Benin.*]

Surveillance de l'infection par le VIH/SIDA/IST au Bénin, 2000, MSP/DNPS/PNLS, Service Epidémiologie.

[MSP/PSP/PNLS Epidemiological Service. 2000. *HIV/AIDS/STI Infection Surveillance in the Republic of Benin.*]

Surveillance de l'infection par le VIH/SIDA/IST en république du Bénin: rapport année 1999, MSP/DNPS/PNLS, Service Epidémiologie.

[MSP/PSP/PNLS Epidemiological Service. 1999. *HIV/AIDS/STI Infection Surveillance in the Republic of Benin: 1999 Report.*]

USAID, Office of HIV/AIDS. January 2003. *Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs.* Washington, DC: USAID.

World Bank Regional Office. October 2001. *Abidjan-Lagos Transport Corridor: Project Concept Document.*