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FROM THE AMERICAN PEOPLE



USAID/BENIN STRATEGIC FRAMEWORK
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ACRONYM LIST

AGOA	African Growth and Opportunity Act
AOR/COR	Agreement Officer Representative/Contracting Officer Representative
CDC	Centers for Disease Control
CHW	Community Health Worker
CREC	Cotonou Entomological Research Center
CRIET	Cour de Répression des Infractions Economiques et du Terrorisme
CSO	Civil Society Organization
CVE	Countering Violent Extremism
DHS	Demographic Health Survey
DIS	Development Information Solution
G2G	Government to Government
GBV	Gender-Based Violence
GDO	General Development Office
GDP	Gross Domestic Product
GOB	Government of Benin
HDI	Human Development Index no
HMIS	Health Management Information System
ICS	Integrated Country Strategy
INSS	Interim National Security Strategy
FP	Family Planning
LEP	Locally Established Partner
LPC	Limited Presence Country
MEL	Monitoring, Evaluation, and Learning
MO	Mission Objective
MOH	Ministry of Health
MoEF	Ministry of Economy and Finance
NMCP	National Malaria Control Program
NTD	Neglected Tropical Disease
NUP	New and Underutilized Partners
ODA	Official Development Assistance
OGI	Open Government Initiative
OTI	Office of Transition Initiatives
PAG	Programme d'Action du Gouvernement
PEPFAR	President's Emergency Plan for AIDS Relief
PFMRAF	Public Financial Management Risk Assessment Framework
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PTF	Partner Technical and Financial Group
SDG	Sustainable Development Goal

SF	Strategic Framework
TWG	Technical Working Group
UHC	Universal Health Coverage
UNDP	United Nations Development Program
VEO	Violent Extremist Organization
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization
YLPP	Young Logisticians Professionals Program

EXECUTIVE SUMMARY

Benin is advancing on its development journey, facing important challenges of health, democracy, and stability. While President Talon's ambitious development goals outlined in the *Programme d'Action du Gouvernement* (PAG) have resulted in significant achievements, the day-to-day reality for many Beninese is still challenging. The population is mostly young, works in the informal economy, and is faced with high rates of morbidity and mortality from preventable illnesses treated by an underequipped health system. High morbidity from malaria, shocks related to the COVID-19 pandemic, and increasing rates of HIV among key populations are all concerns. There are also persistent gender gaps in household decision making, the political participation of women, and access to education for girls, and Benin ranks low at 159 on the UN Gender Inequality Index. Health care service delivery, access, and supply chains are in need of support. However, a productive and efficient health care system is not possible unless the contextual conditions of democratic challenges and threats to security and stability are also addressed.

In the last five years, Benin's democratic reputation has been questioned by many international stakeholders and watchdog organizations, stemming from political reforms that restrained the space for open competition. Furthermore, Benin is faced with a crisis on the northern border as there has been a significant uptick in violence from extremist organizations encroaching on Beninese territory to attack its security forces as well as plant roots and recruit young people into their ideology. These organizations exploit the vulnerabilities of the communities in the northern departments.

To address these development challenges, USAID/Benin's strategic objective is "Benin is more capable of fostering a healthier, more stable, and more democratic society." The focus on health results continues from the last strategy and emphasizes expanded delivery of quality health services and strengthened governance of health-sector resources. High-priority disease and health areas also now include programming to combat the spread of HIV as well as prepare Benin for future pandemics. New to the 2022-2027 strategy is the intermediate result (IR): Democracy, rights, and stability enhanced. This IR builds off programming USAID has achieved through using central funds in human rights and election processes. It also incorporates stability as a primary concern and anticipates leveraging current Office of Transition Initiatives (OTI) programming and future programming developed through the U.S. Strategy to Prevent Conflict and Promote Stability (SPCPS). The identified intermediate results are bolstered by cross-cutting priorities that target populations vulnerable to inadequate health services and gender-based violence (GBV), gender equality and equity, and the New Partnerships Initiative. The above stated strategic objective aligns with Embassy and USG strategies and represents a development approach that coordinates closely with other donors and the Government of Benin (GOB). As a Limited Presence Country (LPC) Office we achieve our objectives under the oversight of the West Africa Regional Mission in Accra, Ghana, and our staffing is supported by the Regional Mission. Additionally, the Regional Mission implements activities in Benin in areas of energy; trade and investment; water, sanitation, and hygiene; peace and governance; and health.

COUNTRY CONTEXT

The Republic of Benin (Benin), a strong U.S. partner, is a West African country bordered by Togo, Nigeria, Burkina Faso, and Niger. Of its 12.5 million population, 50 percent live in rural areas,¹ and 50.8 percent are women.² Benin is a young country, with roughly 65 percent of its population under the age of 25.³ Benin's classification with the World Bank rose in 2020-2021, from a lower-income country to a lower-middle income country. Though its ranking on UNDP's Human Development Index increased by 49.7 percent from 1990-2019, Benin is still placed in the low human development category and positioned at 158 out of 189 countries and territories. Benin's overall Sustainable Development Goals (SDGs) score is 49.9 percent, with continued stagnating progress on Goal #1 "No Poverty" and Goal #3 "Good Health and Well-Being."

Almost 85 percent of Benin's labor force works in the informal economy. The country's economy is highly dependent on agriculture and informal re-export and transit trade with Nigeria. Transit trade with Nigeria comprises 20 percent of Benin's annual gross domestic product (GDP).⁴ This ultimately dropped to 2.3 percent in 2020 as a consequence of the COVID-19 pandemic and the related border closure with Nigeria.⁶ In 2020, higher food prices pushed inflation to 3 percent with public spending being the primary driver of growth. Benin's economy also relies on re-export of imported commodities (e.g., second-hand cars, and rice) to Nigeria and official exports in agricultural products such as cotton and cashew nuts. Weak domestic resource mobilization places Benin among the lowest-ranking countries in the West African Economic and Monetary Union (WAEMU), despite implementation of tax policy and administrative reforms since 2016.⁷

The Government of Benin (GOB) published its new 2021-2026 Action Plan, or PAG II, in early January 2022, of which the following are of importance to USAID's programming: Pillar 1: Reinforce Democracy, Rule of Law, and Good Governance, and Pillar 3: Sustainably Increase the Social Well-Being of Populations. Pillar 3 includes (1) specific social development foci such as promoting an enabling environment for public-private health partnerships, improving the governance of public healthcare centers, the construction of five new hospitals, and scaling up of the GOB's insurance project for the enhancement of human capital (ARCH) services, and (2) cross-cutting issues of youth inclusion and entrepreneurship, as well as gender equality and women's empowerment.

HEALTH

High rates of morbidity, mortality, and malaria place enormous strains on Benin's development. Data from 2019 estimates Benin's life expectancy at birth to be 63.43 years. Low quality care remains a reality for public and private health care sectors, with the private sector providing more than 50 percent of all health services, and health systems being inadequately equipped and lacking accountability.

¹ USAID International Data and Economic Analysis (IDEA). [Benin Country Profile](#). Retrieved March 9, 2022.

² L'Institut National de la Statistique et de la Démographie. [Population](#). Retrieved March 9, 2022.

³ CIA World Factbook. [Benin Country Profile](#). Retrieved March 9, 2022.

⁴ World Bank Databank. [GDP Growth \(Annual %\) - Benin](#). Retrieved March 9, 2022.

⁵ Brookings Institute. (2019, October 29). [The Effects of Nigeria's Closed Borders on Informal Trade with Benin](#). Retrieved March 9, 2022.

⁶ The land border closure with Nigeria lasted from August 2019 to December 2020. African Development Bank Group. [Benin Economic Outlook](#). Retrieved March 9, 2022.

⁷ World Bank. [Benin Country Overview](#). Retrieved March 9, 2022.

Through its PAG II, the GOB articulated specific health goals, and placed a particular emphasis on achieving Universal Health Coverage (UHC). In 2019, Benin's UHC index was 38/100,⁸ while about 10.92 percent of households spend more than 10 percent of their total incomes/expenditures on health.⁹ As noted in the gender analysis, decision-making power at the household level is largely by men, including decisions related to family planning and reproductive health.

According to officially reported statistics as of July 2022, fewer than 30,000 individuals among Benin's population and visitors have tested positive for COVID-19. However, there is still a way to go in reaching the World Health Organization's (WHO) 70 percent vaccination goal. Despite the generally low number of reported cases, COVID-19 has significantly stressed an already overburdened health care system.

MALARIA

Malaria is the leading cause of morbidity and mortality, accounting for 44 percent of medical consultations and 31 percent of hospitalizations. In 2018, the World Bank reported malaria incidences of 386.2 per 1,000 population at risk.¹⁰ Malaria prevalence remains high with 28 percent of children carrying malaria parasites. While the disease is endemic to the entire country, it affects the northern departments most severely. Among PMI countries, Benin is second, only to Liberia, in malaria prevalence.

MATERNAL AND CHILD HEALTH

In 2018, 78 percent of births were attended by skilled health personnel. This figure has been declining compared with previous years' percentages. The maternal mortality rate is moderately improving (per SDG measures), with 397 per 100,000 live births in 2017, while neonatal mortality rates, 30.60 per 1,000 live births as of 2019, are stagnating. Regarding nutrition, 32 percent of children under five are stunted, and 10.07 percent of children up to the age of five are underweight.¹¹

The under-five mortality rate in 2020 was 85.9, a reduction compared to the 93 per 1,000 live births reported in 2018.¹² Key institutional drivers of child mortality are the low quality of public-sector health services, and a low demand for and uptake of key preventive health products and services.

FAMILY PLANNING AND REPRODUCTIVE HEALTH

Nationwide, there is a significant difference in modern contraceptive use based on level of education. The modern contraceptive prevalence rate in Benin is 12 percent among married women according to the USAID-funded Demographic Health Survey (DHS) for Benin from 2017-2018.¹³ In 2019, approximately 35.6 percent of women in Benin had an unmet need for FP - meaning, they wanted to avoid pregnancy but were not using a modern method of birth control.¹⁴ At the household level, decisions related to family planning and reproductive health are largely made by men.

WATER, SANITATION, AND HYGIENE

Urbanization in Benin is challenging municipalities' ability to deliver consistent and quality water and sanitation services as well as make improvements toward the water and sanitation SDGs.

⁸ World Bank Database. [Universal Health Coverage Service Coverage Index - Benin](#). Retrieved March 9, 2022.

⁹ World Health Organization. [The Global Health Observatory: Benin](#). Retrieved March 9, 2022.

¹⁰ World Bank Database. [Incidence of Malaria - Benin](#). Retrieved March 9, 2022.

¹¹ Sustainable Development Report. [Benin Country Profile and Indicators](#). Retrieved March 9, 2022.

¹² UNICEF Database. [Key Demographic Indicators for Benin](#). Retrieved March 9, 2022.

¹³ [Benin DHS Surveys](#)

¹⁴ USAID. [Impact Brief Benin](#). Retrieved March 9, 2022.

Access to safe drinking water along with the practice of adequate sanitation and hygiene continue to be pervasive challenges in low-income communities where up to 22 percent of households are using an unimproved water source.¹⁵ Diarrhea, caused by drinking contaminated water and poor hygiene conditions, remains one of the leading causes of child morbidity and mortality. Open defecation is another pervasive problem: 54 percent of households have no toilet facility, including 69 percent in rural areas.¹⁶ In 2020, 51.15 percent of the population were practicing open defecation.¹⁷

HIV/AIDS

In 2020, the HIV prevalence rate among the general population was one percent. Among people aged 15-49, the HIV prevalence rate was 0.9 percent, with significantly higher rates for women (1.2 percent) than men (0.6 percent). Out of the population aged 15-24, only 15 percent of young women and 18.6 percent of young men have knowledge about HIV prevention.¹⁸ Data from 2020 also reflect that HIV prevalence among the estimated 28,800 sex workers is as high as 8.5 percent. Of the 5,800 men who have sex with men surveyed, the HIV prevalence rate is 7 percent. These general HIV patterns drive a high level of stigma and discrimination.

HEALTH SYSTEMS

Findings from the WHO illustrates that Benin's ratio of 7.5 health workers per 10,000 inhabitants is *significantly lower* than the WHO's recommendation of 25 health workers per 10,000 inhabitants.¹⁹ The GOB's progress toward its goal to regularly augment the national budget for health or allocate 15 percent has not been enough, as the average health budget increase for 2017-2020 has been 4.67 percent, a value constantly declining from 6 percent in 2017 to 3.54 percent in 2020. An increase to 7 percent in 2021 is a direct consequence of different reforms ongoing in governance, infrastructure development, and UHC as a result of the implementation of GOB and Ministry of Health (MOH) action plans. Nevertheless, these reforms create gaps between government capacity, private sector engagement, and the financial and technical partners' road map to strengthen the system. With regard to health commodities, the GOB and their partners have made progress. However, although funds are available, the supply chain still faces a data quality issue for proper forecasting.

DEMOCRACY, STABILITY, AND RIGHTS

From the 1990s until 2017, Benin had been renowned as a stable democracy in West Africa.²⁰ However, the 2019 legislative, 2020 municipal, and 2021 presidential elections were criticized by some observers for not being as inclusive as preceding elections.²¹

Parallel to this, civil society organizations (CSOs) reported a weakened socio-political environment affecting their normal operations over the last few years. Moreover, some legislative reforms also affected civil liberties in freedom of expression and association, which Amnesty International, Reporters without Borders, and the African Court of Human and People's Rights have condemned as a limitation of human rights.

¹⁵The WHO/UNICEF [Joint Monitoring Programme for Water Supply, Sanitation and Hygiene \(JMP\)](#), Retrieved March 14, 2022.

¹⁶[Benin DHS Surveys](#).

¹⁷World Bank Database. [People Practicing Open Defecation](#). Retrieved March 9, 2022.

¹⁸[UNAIDS Profile](#). Retrieved March 10, 2022.

¹⁹World Health Organization. [Global Health Observatory Data Repository: Skilled Health Personnel](#). Retrieved March 14, 2022.

²⁰Freedom House. [Freedom in the World Report 2017 - Benin](#). Retrieved March 10, 2022.

²¹Legislative reform laws referenced include [Digital Code](#), [Penal Law](#) and [Penal Procedure Law, and Intelligence Gathering Law](#). Retrieved March 10, 2022.

Benin's stability is further under threat from violent extremist organizations (VEOs) in the north who continue to push southward from the Sahel. A number of assessments have described an increasing risk to violent extremist organizations (VEOs), particularly in the north and vulnerable border areas.²² From December 2021 through July 2022, a dramatic increase in attacks on border forces demonstrated that Benin, as a nation, is under threat. Benin's vulnerabilities that could be exploited by VEOs are deep, and the actions of local and international actors in the next few years can help address drivers of instability including through robust partnerships in the context of the ten-year SPCPS.

CROSS-CUTTING ISSUES

GENDER

GBV is one of the most serious problems facing women and girls.²³ The number of sexual abuse victims recorded in dedicated care centers rose from 2015 to 2018, reaching successively 856, 920, 1,055, and 1,115.²⁴ Although Benin has legal, policy, and institutional frameworks for gender equality and equity in place, these are insufficient to significantly advance gender equality and equity due to lack of enforcement. Political representation of women across local and national levels is low. In 2022, only seven percent of parliamentarians are female.²⁵ Women's limited participation in household decision-making, including those related to health care choices, is one of the most persistent gender gaps in Benin. Further, Benin records high rates of female GBV, and cultural norms and beliefs that value men over women are main drivers restricting women's empowerment and impeding gender equality and equity in the country. Gender-related barriers prevent women and girls from accessing and controlling financial resources, especially when making decisions about family planning and preventative health care services.

YOUTH

According to the World Bank, the literacy rate for youth aged 15-24 reached 60.9 percent in 2018,²⁶ of which 69.8 are males,²⁷ placing Benin below the average 76 percent literacy rate for youth in the same age group in 2020 for all of Sub-Saharan Africa.²⁸ The youth unemployment rate was 3.9 percent in 2020 with around 200,000 Beninese youth reaching working age every year.²⁹ Youth unemployment moderately affected more females than males as of 2019 (5 percent versus 4.6 percent).³⁰ According to the Benin 2018 STEPS country profile, this low unemployment rate hides a high level of underemployment at national level (72 percent in 2015) mostly driven by nearly 90 percent informal employment, which yields a precarious employment situation. Through the PAG II, the GOB has made youth employment a policy priority, mostly focused on urban and educated youth and complemented

²² Assessments include the following: USAID West Africa's Coastal States CVE Risk and Resilience Assessment 2021; [Laws of Attraction](#), Clingendael 2021; "Tracking Violent Extremism Spillover from the Sahel to Littoral West Africa," Elva 2021; OTI Scoping Report, 2021.

²³ USAID PAD 2015 Gender Analysis

²⁴ Contribution nationale volontaire à la mise en oeuvre des ODD au Forum politique de haut niveau (June, 2020)

²⁵ [Inter-Parliamentary Union](#). Retrieved July 14, 2022.

²⁶ World Bank Database. [Literacy](#). Retrieved March 10, 2022.

²⁷ [CEICDATA.COM](#) World Bank. Accessed April 12, 2022.

²⁸ [USAID IDEA Benin](#). Retrieved March 10, 2022.

²⁹ World Bank Database. [Unemployment, Youth Total](#). Retrieved March 10, 2022.

³⁰ [BEAUTIFYDATA](#). Accessed April 12, 2022.

by increasing focus on vocational education.³¹ Underemployment of youth is an easily exploitable vulnerability by VEOs and is a concern for stability in northern regions.

OVERSEAS DEVELOPMENT ASSISTANCE AND STRATEGIC COMPETITION

The United States is the fourth largest source of gross official development assistance (ODA) to Benin, just after the World Bank, IMF, and EU institutions, with a 2019-2020 average of \$99 million.³² Other notable assistance is received from France, Germany, the Netherlands, and other European countries, and Japan. Gulf Islamic states are also active in the establishment of mosques and sponsorship of Islamic leaders throughout the country. Over the last two decades, the People's Republic of China (PRC) has demonstrated a growing influence in Benin across all social and economic sectors including health care, agriculture, transportation and infrastructure, arts and culture, sports, education, and military cooperation. The PRC's ability to finance and construct projects with fewer conditions assures greater leverage in negotiations, given Benin's large infrastructure gaps. From 2013 through 2018, loans reached \$692 million, with the priority sector being power.³³ In 2021, however, PRC investments supported the GOB's priorities in several areas and, most notably, in communications and broadband. Health also remains an area of importance. Chinese assistance included medical missions and equipment donation in the fight against COVID-19.³⁴

STRATEGIC APPROACH

USAID invested significantly during the 2017-2021 Strategic Framework (SF) implementation period to improve the health of Beninese communities and families. Implementation of activities resulted in stronger health service delivery, building the capacity of central, departmental, and health zone-level health managers and management teams in planning, policy development, and leadership, enabling them to implement strong facility and community-based health services. At the request of the MOH, USAID shifted its intervention focus to the department and health zone levels to maximize improvements in service delivery while reinforcing the health system. In addition, our Office intensified advocacy with the GOB at the national and local levels, including with mayors and traditional leaders, to expand their role in ensuring transparency and accountability in the health sector, thereby strengthening the governance of health sector resources. These interventions yielded impressive outcomes.

After analysis, discussion, and consultations as well as taking into consideration the fact that we have had a productive relationship with the GOB during the previous strategy implementation period, our Office concluded that a continuation of its previous strategic objective will best ensure progress. Therefore, in the development of the 2022-2027 SF, we have not dramatically altered what is already in progress. Rather, through this development process, USAID identified key adaptations within health programming and points of expansion within democracy, rights, and stability programming, and fine-tuned intended results accordingly.

With COVID-19 leaving Benin's health systems even more constrained and the country's challenge to restore its democratic image, USAID's highest-level priorities are strengthening health systems and

³¹ United Nations. [STEPS Profile - Benin](#). Retrieved March 10, 2022.

³² Organisation for Economic Co-operation and Development (OECD). [Country Profile - Benin](#). Retrieved March 11, 2022.

³³ China Africa Research Initiative. [Chinese Loans to Africa Database](#). Retrieved March 11, 2022.

³⁴ aCotonou.com. [Réflexions: Construire une Communauté de Destin, Créer Ensemble un Meilleur Avenir](#). Retrieved March 11, 2022.

improving democracy, rights, and stability. The SF acknowledges the link between improved health systems and democratic values and freedoms. In its interventions and assistance in the coming five years, USAID/Benin will work to ensure that: “Benin is more capable of fostering a healthier, more stable and more democratic society.”

The following principles are reflected in our SF:

- Maintaining and sustainably advancing the core of our health programming requires an integrated process.
- Democratic values and freedoms are now required, more than ever, to support the USG and the GOB’s shared goals in saving lives and reducing morbidity and mortality.

In the health sector, we will accomplish this by focusing health assistance to improve service delivery; continuing the intentional and deliberate integration of health programs; continuing to sharpen the focus on community health; adjusting programming in recognition of HIV/AIDS and emerging epidemics, particularly COVID-19; and strengthening governance of health resources.

The additional focus on democracy, rights, and stability is the most significant change in the 2022-2027 SF. In the democracy, rights and stability realm, USAID will build on progress made during the previous implementation period by improving accountable, transparent, and democratic governance; and engaging citizens and institutions to safeguard democratic processes and human rights as well as address drivers of marginalization, mistrust, and conflict. As the COVID-19 pandemic illustrated, public health outcomes are linked to democracy, human rights, and stability. Governments must have the capacities and systems to respond to health crises and provide routine life-saving care. In fact, governments must have the trust of their citizens to effectively and equitably manage public sector resources as well as be representative and responsive to citizens' concerns. USAID investments in democracy and rights support a stable, responsive, and accountable government as well as a political environment that is conducive and critical to a well-functioning health system.

U.S. FOREIGN POLICY ALIGNMENT

USAID/Benin’s 2022-2027 SF closely aligns with the U.S. Embassy’s Integrated Country Strategy (ICS). The U.S. Embassy sees USAID as a critical tool through which the USG can demonstrate support to Benin’s democratic institutions and processes. USAID’s activities contribute to the following Mission Objectives (MO):

MO 1.1 Benin improves accountable, transparent, and democratic governance and holds inclusive and competitive elections.

MO 1.3 Benin’s government, institutions, and civil society protect human rights, freedom of expression, and democratic values, including gender equity and equality.

MO 3.2 Foster a healthier and more inclusive society by expanding the delivery of health services and strengthening the governance of health sector resources.

In March 2021, President Biden’s Administration released the Interim National Security Strategic (INSS) Guidance. Among the initial priorities set, we will actively support re-engaging with international alliances and partnerships including collaborating with the WHO on important issues such as the COVID-19 pandemic and vaccine roll-out in Benin. We will also continue INSS work aligned with supporting democratic values and freedoms such as expression, human rights, and political participation. While USAID/Benin does not currently have dedicated climate change funding, it will continue to review environmental and climate-related impacts of and on our activities as well as consider applications for

emerging funding opportunities. In this regard, the update of 118/119 Foreign Assistance Act requirements on tropical forests and biodiversity that we completed will inform future programming.

The SF also aligns with the U.S. Strategy to Prevent Conflict and Promote Stability (SPCPS). Benin is part of the Coastal West Africa region identified as a priority in the strategy's implementation. Violent extremism in the Sahel has expanded south and poses a significant threat to Benin's security, stability, and prosperity. IR3 of USAID's strategy supports Goal 1 of the SPCPS: Anticipate and Prevent Violent Conflict and Large-Scale Violence. USAID's contributions, in support of increased accountability, and improved citizen engagement under IR3, will support stability by addressing internal risks of democratic wranglings and fragility that can lead to increased violent extremism. As the SPCPS is further developed, the U.S. Embassy will look for additional opportunities to leverage development assistance in support of SPCPS goals. As well, through SPCPS programming, our Office will align with the Women Peace and Security initiative of 2017 and the U.S. Strategy to Support Women and Girls at Risk From Violent Extremism and Conflict.

Activities under the SF will also incorporate gender equality and empowerment through alignment with national strategies: the U.S. National Strategy for Gender Equity and Equality, and the USG Strategy to Prevent and Respond to Gender-Based Violence.

ENGAGING THE LOCAL PRIVATE SECTOR

Increasing local private sector engagement and partnership across health programming is a priority within this SF. We see the local private sector as critical partners and actors in development. The private sector provides more than 50 percent of all health services. USAID programming is focused on strengthening health systems and resources for both private and public sector health care providers, at the community level. USAID will consult, strategize, and collaborate with local private health sector providers for the effectiveness of programming. Ensuring strong collaboration and coordination between the MOH and the local private health sector, including sufficient regulation and quality control, is critical to ensuring an acceptable standard of health care. USAID will do this by supporting community-level private sector healthcare facilities to meet a set of standards related to management, administration, and provision of quality health care. USAID will also continue supporting improved logistics and management of the health sector supply chain. During the life of the strategy, we may explore other opportunities such as a Global Development Alliance to support the local private health sector through a public-private partnership.

FINANCING SUSTAINABLE DEVELOPMENT

USAID supports Benin across several Financing Sustainable Development priorities. In preparation for its government-to-government (G2G) programming, USAID conducted a Public Financial Management Risk Assessment Framework (PFMRAF) Stage 1 Update in 2020. Findings from the report form the basis for USAID's advocacy work with the Ministry of Finance to improve fiscal transparency and accountability, led by the General Development Office (GDO) and the Financial Management Office (OFM). The PFMRAF Stage 1 Update found that the GOB has made improvements in systems' management and standardization of using public funds. Past experience with the Ministry of Economy and Finance (MoEF) and new progress on setting control bodies both at sectoral and national levels with the *Cour des Comptes* could be an opportunity for USAID to work with a government that is eager for bilateral support on economic growth and development partnerships. The Analysis and Investigation Bureau within the GOB has also been interested in complying with the Open Government Initiative (OGI), which

USAID has supported in the past. During this strategy, should the operational environment and government commitment demonstrate a renewed interest in OGI, USAID will re-engage with government actors to identify opportunities for support.

In health, USAID has advocated for improved public financial management and a better enabling environment for private investment. We will continue to advocate for the GOB to meet its 2001 Abuja Declaration commitment at the national level as well as with mayors in communes to invest local government resources to support community health. Due to the COVID-19 pandemic, the GOB has invested heavily in preparedness and response measures that, if included, would likely increase the national budget for health in the coming years. USAID's enabling environment for private investment work focuses on improved management and adherence to norms and standards within private health facilities to enable higher-quality services and ultimately more profitable enterprises.

DIGITAL TECHNOLOGY

Building on the USAID Digital Strategy and Digital Ecosystem Framework, our Office is also a vanguard for testing and advancing new mobile health technologies that better connect people, improve information flows, and increase transparency of resources. USAID continues to develop a wide range of new digital approaches, such as the use of mobile phone applications and electronic management systems to take giant steps toward improving information and resource flows. The Agency is currently at the forefront of bringing together IT institutions, the public health sector, donors, and implementing partners in exploring how we can collaborate, scale up promising pilots, and make the new era of mobile health technology work for Benin. To the greatest extent possible, we will incorporate the digital strategy into democracy and stability programs encouraging the GOB and CSOs to remain engaged through digital feedback tools. USAID will also train CSOs to protect their online security and communication systems.

DONOR COORDINATION

USAID participates in a number of donor coordination groups, often called Partner Technical and Finance (PTFs) groups. These include the Heads of Cooperation, the Global Fund Country Coordinating Mechanism, the Health Technical Working Group (TWG), the Gender TWG, the Accountability TWG, the Decentralization TWG, the Macro-economy and Public Finances TWG, and the newly established, as a result of USG leadership, Countering Violent Extremism TWG. Many of these TWGs have active participation and rotating leadership and have been an effective way to track other donors' contributions and collaborate on priorities to engage the GOB.

Key donor partners include the World Bank (WB), the WHO, the Global Fund, UNICEF, UNFPA, and UNDP, as well as the European Union, Dutch, Belgian, French, German, Japanese, and Swiss development agencies.

The European Union and World Bank are both beginning large programs with a focus on preventing violent extremism in 2022. USAID is coordinating with these two donors and the UNDP to identify and deconflict focus areas. We will work hand-in-hand with other donors such as the World Bank, the Global Fund, UN agencies, and WHO on a variety of health initiatives including community health, PEPFAR, and the Young Logisticians Professionals Program (YLPP).

GOVERNMENT COORDINATION

USAID's 50-year presence in Benin is marked by a long history of collaboration with the GOB. We enjoy a close working relationship with the GOB, one that involves collaboration and consultation, and which we will maintain and sustain. Across multiple administrations, the GOB has demonstrated commitment to our common objective to improve the health status of its citizens. The strategic focus on health at the community level in this strategy was initiated in the previous years at the request of the GOB. For this reason, we anticipate a healthy and effective working relationship with the GOB in terms of achieving shared health targets. Further, USAID and the GOB cooperate on critical G2G programs in malaria prevention and control that improve the capacity of GOB to manage the NMCP and the CREC and reach malaria prevention goals. Efforts will amplify our successful relationship with NMCP and CREC, which has yielded significant developments in malaria research, innovations in malaria prevention, and capacity building of both entities.

USAID believes that activities under IR3 will help promote democracy and support civil society, government and parastatal institutions that are focusing on increasing accountability and transparency within the government. This may include technical and/or capacity-building support to the MoEF to increase its capacity to support procurement reform and auditing transparency. USAID support will assist the Beninese Human Rights Commission, an independent government institution, to educate, promote, and defend the rights of Beninese citizens. Equally important, USAID interventions will work to encourage and strengthen mutually beneficial engagements between CSOs and relevant GOB entities to serve as advocacy opportunities to advance citizen priorities. USAID will support the GOB in the execution of the 2021-2026 PAG II. There are already overlapping areas in health, the promotion of democracy, and women's empowerment which could be expanded in the future.

WEST AFRICA REGIONAL MISSION LINKS

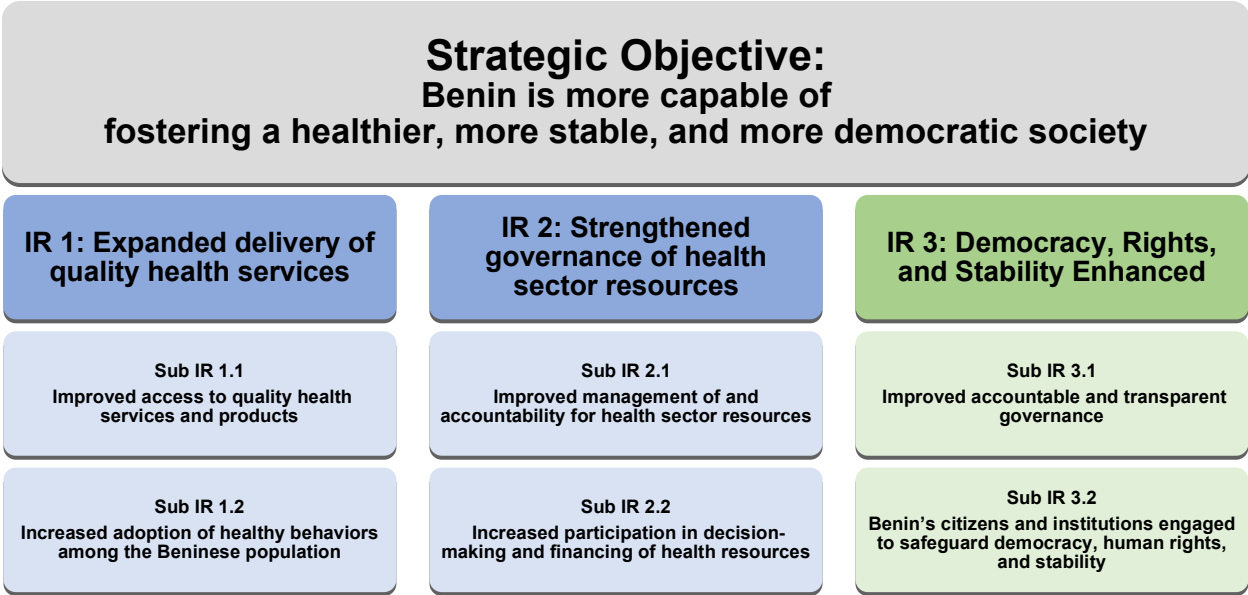
As a Limited Presence Country (LPC), we have a small footprint in staff and programming that is bolstered by the Regional West Africa Mission located in Accra, Ghana. USAID/West Africa has several activities that support Benin's development in areas of energy; trade and investment; water, sanitation, and hygiene; peace and governance; and health. A few notable activities are illustrated below.

Regional peace and governance activities provide conflict mitigation support for Benin. These activities create links to local CSOs in key communes, with whom we can continue to engage through our own programming. We benefit from learning opportunities, specific subject matter expertise, and regional data collection, analysis, and assessments on topics of concern that GDO lacks the money or bandwidth to cover. In addition, support and advocacy from the Regional Peace and Governance Office is critical as we work to address democratic weaknesses.

Water, sanitation, and hygiene (WASH) is addressed by USAID/West Africa's MuniWASH activity, a five-year program operating in Benin and Côte d'Ivoire. In Benin, USAID/West Africa funds an activity manager position to provide oversight. MuniWASH supports city governments; national directorates and agencies; the national water utility, SONEB; and service providers in urban and peri-urban selected municipalities to sustain and expand city-wide WASH services that reach poor and underserved people. MuniWASH will work to enhance municipal water and sanitation sector capacity in planning, budgeting, and monitoring service delivery to poor and underserved people; and improve operational reliability while increasing financial sustainability and private sector investment in water and sanitation services.

Managed out of Washington, D.C., with regional headquarters in USAID/West Africa, OTI has established the Littorals Regional Initiative with activities currently ongoing in Ghana, Togo, and Benin; the program has the ability to also program in Côte d'Ivoire and Guinea should the need arise. The program's focus is on countering rising threats posed by regionally based VEOs. In Benin, this mostly takes the form of targeted violent extremism prevention activities. Many of these will look at governance issues and their impacts on local communities. Overall, the intention is to provide nuanced understanding of the violent extremist threat in Benin and the littoral states, while testing and piloting potential responses and eventually laying the groundwork for more sustained countering violent extremism (CVE) programming which could also inform the 10-year regional plan for Coastal West Africa under the SPCPS.

RESULTS FRAMEWORK



Our highest-level objective is “Benin is more capable of fostering a healthier, more stable, and more democratic society.” This objective maintains the trajectory of the core of the current health activities. Maintaining the core of current health programming recognizes that development is not achieved in five-year strategies and that the process is long.

As health workers, commodities and medical equipment are not at adequate levels for current basic needs, Benin’s health sector still requires significant assistance. Rather than take a disease-specific approach, USAID/Benin will implement integrated programs that address multiple health issues and gender gaps, such as women’s limited participation in household decision-making, including those related to health care choices, and high rates of female GBV, access to and control over financial resources, that hamper women’s equal participation in development processes. For instance, USAID will continue to strengthen local government expertise in the delivery and supervision of malaria, family planning, maternal and child health, and leverage community leaders’ contribution, with strong government and citizen engagement to reduce maternal, newborn, child, and adolescent girls’ mortality and morbidity, and empower women.

The strategy also recognizes that to achieve these health and other development results, stability, democratic values, and freedoms must be maintained, supported, and improved, and that Benin must be able to respond to and mitigate internal conflict vulnerabilities and external threats. Therefore, we are addressing this new chapter in Benin's history by focusing on critical areas of governance, rights, and stability. Current programs implemented through central funds are serving as a quick response to recent trends as well as opening the door for future investments in maintaining Benin's peace and democracy, including those that become available through the SPCPS to address regional stability.

Development Hypothesis:

If the supply of quality health services and vital commodities are expanded along with citizen access to, and adoption of those services equitably guaranteed for all, then overall citizen health will improve;

If governance over the health sector is improved by strengthening systems, expanding citizen engagement, and increasing accountability and transparency, then Benin will be more capable of fostering health among the population; and

If democracy, human rights protections, and stability are enhanced by improving accountable and transparent governance and citizen engagement to rights and stability, then:

Benin will have a healthier, more stable, and more democratic society.

Our Strategy's results framework is supported by the strategic approaches discussed above, with a notable focus on reaching the most vulnerable, targeting women and children, prioritizing marginalized communities, and involving community leaders in fighting against gender stereotypes; working closely with other donor and GOB actors; preparing for future pandemics and crises; and delivering development that is sustainable through increased self-financing and private sector engagement. As women are most often the ones responsible for managing the health-related needs of their families, USAID will continue to work with Benin's health system actors to identify gender-based barriers that prevent women's adequate access to healthcare, and men's engagement in the health of their families. Malaria prevention and family planning measures will address gender-based decision-making dynamics within households and the community, and work to empower women to equitably access resources and services.

IR 1: Expanded delivery of quality health services

The Office will continue to build upon supply and demand for the delivery of quality health services achieved over the last five years. This includes supporting quality improvement processes focused on private and public health facilities, and at the community level, designing services to meet the needs of mothers, young children, and youth, both male and female. USAID will continue to invest in quality health services that address the most pressing threats.

Interventions will thus address the following leading causes of mortality and morbidity in Benin and cover areas:

- Endemic malaria – expanding access to and use of insecticide-treated bed nets, malaria testing and treatment, prevention of malaria in pregnancy, referrals, and sound case management for severe illness.

- Maternal, newborn, and child health – expanding antenatal care, active management of the third stage of labor, essential newborn care, management of small and sick newborns, postnatal care, promotion of exclusive breastfeeding, maternal and child immunization, promotion of essential nutrition, identification and management of childhood pneumonia using appropriate antibiotic, use of oral rehydration solution and zinc for managing childhood diarrhea among other activities.
- HIV/AIDS – optimizing case finding, index testing, and linkage to treatment; strengthening HIV clinical cascades; 95-95-95 strategies; strengthening health management information systems (HMIS), national lab systems, and the supply chain; and reducing stigma, discrimination, and violence.
- Family planning – expanding access to a wide range of contraceptive options, diversifying service delivery channels, and expanding method choice, among other activities.
- Hygiene – implementing social behavior change for good sanitation and hygiene practices, including proper disposal of fecal waste, hand washing, and expanding point-of-use water treatment.
- Other infectious diseases including COVID-19 and potential disease outbreaks such as Ebola, cholera, and Lassa fever – training in infection prevention and control and diagnosis for health workers and communities, provision of detection and control equipment, development of response plans, and vaccine rollout, among other activities.

Note: Neglected Tropical Diseases prevention and response support for diseases like trachoma, lymphatic filariasis, and schistosomiasis are addressed through the centrally funded Act to End NTDs | West activity. Infectious disease poses a potentially catastrophic threat to Benin, and the limited capacity of a relatively weak public health system to respond is a major concern. These interventions are incorporated into existing programs and provide on-the-ground coordination support for intermittent Centers for Disease Control (CDC) interventions.

Sub IR 1.1 Improved access to quality health services and products

USAID will increase the MOH’s capacity to develop and improve policy, procedures, and standards of practices for a priority services package to reduce maternal, neonatal, and child mortality including integrating gender equality. USAID will support quality improvement processes focused on health facilities and health services at the community level. USAID will improve access to and integration of high-quality priority services available at both MOH facilities and the community level in select departments. By reducing barriers to care, access will improve in remote and underserved communities. USAID will support the MOH to address barriers to care, including cultural norms and beliefs that impact gender equality and affect beneficiaries’ willingness to seek health care services and products. Activities will strengthen the capacity of community health workers (CHWs) at the local level. CHWs are on the front lines of public health in rural communities and urban centers. USAID will also strengthen the capacity of human resources for health in the public and private sectors by using e-learning platforms. Improving the quality of service delivery will therefore be achieved through training, supervision, and coaching of CHWs and staff in public and private health facilities.

USAID will focus on capacity building at the health facility and community levels by supporting on-site training, tutoring, supervision, and mentorship for proven quality improvement processes, setting clear benchmarks for quality performance, and communicating standards to health workers - including those related to gender equality. This will increase compliance with MOH guidelines for standards of care, particularly around guidelines for prenatal, labor, and delivery visits.

Private institutions, which provide half of all health services in Benin, will receive support to expand the formalization of operators through registration, stronger connections to the national health information reporting system, and policy engagement to address the overly restrictive regulatory environment. Private sector pharmacies will also be involved in an effort to make them more efficient and promote changes to government regulations to enable service to clients. Expanding the availability of critical health commodities will require direct USAID procurement to fill national shortfalls. Sustained advocacy efforts will aim to increase GOB commitments and resources.

Sub IR 1.2 Increased adoption of healthy behaviors among the Beninese population

To increase demand for and adoption of behaviors to decrease maternal, newborn, and child mortality; malaria; HIV; unmet needs of family planning; and the spread of pandemic disease, USAID will support activities that are strategic, evidence-based, targeted, and sensitive to Benin's sociocultural contexts and changing demographics. An increase in the availability of quality health services throughout the country will have minimal impact if citizens do not actively seek them out at health delivery points. In Benin, citizen demand for existing services in formal health facilities remains inadequate. USAID interventions aim to expand citizens' use of health services from formally established private and public sectors, strengthen a culture of healthy behaviors while addressing gender-based barriers to those services, and consequently have a positive impact on overall health status. Messages on a wide range of issues will be transmitted through local media, mass media outlets, social media, national campaigns, community mobilization, and direct interpersonal communications with health care providers. USAID will also support mobilization efforts around the new UHC program, the main component of the package of four social protection services within the GOB's insurance project for the enhancement of human capital (ARCH). As a result of these combined efforts, Benin's citizens will be more empowered over health care decision-making for themselves and their children and will increase their healthy behaviors.

IR 2: Strengthened governance of health sector resources

USAID's efforts under this intermediate result recognize the importance and interconnectedness of strong governance systems and the achievement of health outcomes. USAID will support health sector governance by improving the performance of health management systems that build leadership and support localized solutions made at the community level using the best resources, knowledge, and guidance available. USAID will also support communities to engage with public health officials and local governments to demand the allocation of resources to the health sector and ensure that sound oversight policies are in place. USAID will support engaged citizens to participate in decision-making processes. The result of these efforts will improve oversight, strengthen health institutions, and bolster systems of local governance. Women are often unrepresented as decision-makers in Benin's health sector governance. USAID recognizes that women are needed in decision-making roles to provide insights on nuanced and culturally appropriate health security surveillance, detection, and prevention and mitigation mechanisms. USAID will engage women health care workers formally and informally in designing and implementing public health strategies at the national and local levels (including remote focus group sessions, and workshops). USAID will also require at least proportionate representation of women, especially those from the most marginalized groups, in health planning committees, advisory groups, and other decision-making bodies.

Sub IR 2.1 Improved management of and accountability for health sector resources

Benin's limited performance of health indicators is largely a function of the country's relatively weak health systems. USAID will target priority systems that address the most pressing health needs of its population. Technical assistance activities will strengthen the leadership and management capacity of local health managers at the clinic level and authorities at the zone and departmental levels. Furthermore, support for Benin's human resources system will ensure that health service delivery sites are more appropriately staffed, and that labor issues, including those around gender equality, are better addressed. Through public-private partnerships, e-learning platforms will be introduced to improve continuous professional development of health professionals. Regarding financial resources, assistance will improve the flow, management, and transparency of the budget planning process and financial systems to improve capacity to forecast resource needs and ensure sound stewardship. Information management systems that collect, validate, and analyze health data will be enhanced, which will lead to better decision-making. Assistance will also strengthen management of the health commodities supply chain at central, district, and service delivery levels to minimize stock-outs of life-saving commodities. USAID will also implement strategies to transfer skills, knowledge, and technology for improved supply chain performance. The health referral system will also be strengthened to ensure prompt care for urgent cases.

Sub IR 2.2 Increased participation in decision-making and financing of health resources

An informed, articulate, and active civil society strengthens the overall governance of the health sector by increasing the awareness of public officials to local needs and by enhancing local oversight of municipal-level performance. This is particularly true for women, youth, persons with disabilities, or LGBTQI+ people, whose health is often marginalized. USAID reinforces civic participation by increasing local health committees' and associations' knowledge of health issues and simultaneously strengthening their ability to engage with public sector officials and identify priority services. Local organizations will also be better prepared to participate in decision-making with their municipal and regional governments regarding local public health investments, as well as ensure that local realities are considered in the formulation of national policies. USAID will support CSOs, especially women- and youth-led groups, when possible, to better monitor sub-national government programs and the implementation of national initiatives at the local level. On the supply side, USAID will work with city council members and technical staff to improve local leaders' knowledge of inclusive, equitable and accessible community health needs, improve accountability mechanisms for funds invested, as well as mobilize resources dedicated to community health. Finally, USAID will explore opportunities to deepen engagement with Beninese networks and organizations, connect with community-level priorities, and leverage local resources.

IR 3. Democracy, rights, and stability enhanced

To address democratic image erosion and mitigate its potential for conflict, USAID will focus activities on building and enhancing democracy, human rights, stability, and conflict mitigation/prevention for Beninese citizens. A free and democratically governed nation is critical to preventing the spread of violent conflict and enabling the GOB to effectively respond to a worsening security environment. In alignment with the SPCPS, USAID will implement citizen engagement interventions that partner with CSOs, human rights champions, and governance actors and will prioritize interventions that support populations in areas threatened by conflict. USAID will also provide support to democratic institutions to strengthen their internal management and improve oversight functions and resilience to threats that

deteriorate democratic norms. USAID’s efforts will focus on protecting and supporting the resilience of democratic institutions and supporting actors so that threats against democracy and stability will not be impactful.

This IR was developed during the first year in which USAID/Benin received dedicated bilateral funding for governance. At this time, we have programming in human rights, elections and political processes, civil society, and support to GOB institutions such as the MoEF to improve accountability and transparency. We will review IR3 during the strategy’s mid-course stocktaking but also conduct informal internal reviews of IR3 during strategy implementation to assess any changes to our underlying assumptions and new opportunities for resources or engagement. Discussion and potential requests for amendments will account for contextual, programmatic, and funding changes that are expected to occur within 2022-2024 (transition of OTI short-term programming to sustained programming, increased alignment to the SPCPS, etc.).

Sub IR 3.1. Improved accountable and transparent governance

USAID will improve governance by promoting an open and transparent legal and regulatory environment focused on doing business and through targeted support to GOB’s procurement and financial management systems. USAID will also build capacities and systems toward good governance within the MoEF. We will work to support productive engagement between government and civil society actors to promote greater transparency and accountable governance of resources and services.

Sub IR 3.2 Benin’s citizens and institutions engaged to safeguard democracy, human rights, and stability

USAID will build and reinforce the foundational skills needed to continue support for democracy, democratic principles, human rights, and conflict prevention. This will be achieved through promoting meaningful participation of all citizens in their political and electoral systems, including women, youth, and other traditionally marginalized groups. Activities will address the new law that increases the quota for women in the national legislative body by ensuring that there are more female candidates and that all candidates engage with and represent the concerns of women voters as well as supporting increased representation at the regional and local levels. USAID will continue its support of human rights through capacity building of key organizations, outreach to affected communities, and responding to human rights concerns, particularly of those most marginalized. USAID will also work with communities at risk of insecurity to mitigate the drivers of conflict, encourage trust, and strengthen local resilience to conflict.

CROSS-CUTTING PRIORITIES

POPULATIONS VULNERABLE TO INADEQUATE HEALTH SERVICES AND GBV

Improving the conditions for Benin’s most vulnerable populations is an essential part of achieving a healthier, more inclusive society and will be a cross-cutting priority for us. We will target the following groups: women and children, with special emphasis on those impacted by GBV; youth; and at-risk key populations most affected by HIV/AIDS.

1. Vulnerable populations, specifically women and children will continue to be considered at all levels of the health system. We will continue to support the GOB in sustainably, efficiently, and

equitably delivering public health services at the department, health zone, health facility, and community levels, thereby reducing preventable deaths among vulnerable populations. Programming will expand equal access to health care services for women and girls by working closely with the public and private health sectors. Interventions will reinforce the importance of training female health care providers and administrators as well as the important roles that both men and women play to achieve health improvements in the home, in communities, and as health service providers. Health interventions will also support a sustainable and resilient health system that examines and addresses gender-based issues to reduce preventable deaths, particularly among mothers, newborns, and children, through malaria, maternal and child health, and family planning targeted programming.

Assistance in strengthening community health is a critical step in serving vulnerable populations, especially those who live in rural areas away from larger health care centers, or populations who are systemically stigmatized, marginalized, or living in areas threatened by VEO activity. USAID will continue to support high-impact integrated health interventions in malaria, maternal and child health, and family planning delivered by trained CHWs.

Health interventions will address GBV. USAID will work at the community level with local partners on efforts such as educational messaging about GBV and strengthening the capacity of health facilities to respond to and provide quality GBV services to all. Programming will continue to provide services to GBV survivors in terms of health, legal, psycho-social counseling, shelters, One-Stop Care Centers, and hotlines. Interventions will target both service providers and survivors of GBV. Through PEPFAR-related activities, we will also work with the most marginalized, at-risk populations including sex workers and members of the LGBTQI+ community who are victims of GBV.

2. USAID will continue to seek opportunities to support, prepare, empower, and engage youth, including adolescents and young adults, promoting their participation in addressing the development challenges of their communities and country. USAID recognizes that youth are not monolithic and represent a diversity of identities and needs; programming will work with diverse youth groups to identify and address these differential needs. USAID's community health programming will engage youth leaders, along with traditional leaders and women leaders, in citizens' oversight and health governance activities such as skills-building activities related to civic engagement and community organizing. The voice of youth in this process is critical to ensuring that health services are appropriate and welcoming. USAID will continue to provide technical support and guidance to family planning youth ambassadors and to engage youth at the community level in family planning and community health activities. The YLPP will continue providing professional development to specified young leaders. Through this program, more cohorts of youth will be trained in overseeing the performance of the pharmaceutical supply chain at health facilities. Once graduated, these youth will be deployed throughout Benin to assist local governments. Sustainability is already built into the YLPP as the GOB included 77 logisticians into the World Bank SWEDD project, with a plan for all logisticians to be transferred under their control, management, and financing in the next few years.

Programming related to advocating and building capacity and resilience for civil society and human rights institutions will be specifically curated to meet the needs and challenges faced by Beninese youth. Interventions will integrate youth in a manner that empowers their role as decision-makers and leaders in promoting and defending human rights and gender equality in

Benin. Democracy, rights, and stability programming will increase efforts to effectively advocate for, include, and represent youth, enabling them to better serve as a formidable driving force for advancing democratic values, and a counterweight to limit the encroachment of VEOs.

3. HIV-related programming will target key populations to prevent the spread of HIV, among marginalized populations facing high levels of stigma and discrimination and with high rates of HIV prevalence such as sex workers and men who have sex with men and other members of the LGBTIQ+ community. Interventions will adopt approaches in programming that view HIV and other diseases from the lens of emerging epidemics, targeting the most vulnerable and extremely poor who are the most negatively impacted by the spread of epidemics.

GENDER EQUITY AND EQUALITY

In addition to what is mentioned above, our work in gender equity and equality will continue with an intentional and comprehensive approach to identify opportunities to support women's empowerment through its health portfolio as well as incorporating boys and men in programming. In the health sector, USAID/Benin will ensure that gender-based issues are considered in service delivery at all levels of the health system. USAID expands equal access to health care services for women and girls by working closely with the public and private health sectors and working at the community level, relying on community leaders to transform cultural barriers, in concert with the GOB. Through regular training, USAID will raise awareness of the important roles that men and women play to achieve health improvements in the home, in communities, and in health facilities. Implementation will also foster an environment that empowers women to be the decision-makers about their own health care.

NEW PARTNERSHIPS INITIATIVE

Partnerships and coalitions with local organizations, the Beninese government, other bilateral and multilateral donor organizations, and the private sector will continue during this strategy implementation period. In line with the Agency's priority of localization, our Office will explore opportunities in both health programming and democracy, rights, and governance programming to expand existing practices and engage new and underutilized partners (NUPs) and will seek to represent the needs of marginalized and vulnerable communities. Efforts will expand citizen engagement, engage non-governmental actors, and provide extra attention to fostering partnerships with local entities and locally established partners (LEPs) directly. Where possible, we will continue to cement our commitment to capacity-building for local entities and LEPs directly, thereby engaging NUPs with a greater emphasis on local-level governance, transparency, accountability, and sustainability. In addition, USAID will engage local entities and LEPs in co-creation processes, in the new activity design of health and democracy programming in order to build in opportunities to transfer resources to local partners.

GEOGRAPHIC FOCUS

To implement health activities, USAID selects regions based on a range of criteria, including poverty levels, population size, epidemiology, opportunity for impact, USAID's history in the region, complementarity with other donor and GOB initiatives, and GOB strategies and preferences.

For maximum impact, USAID focuses at the departmental level to significantly improve the department's ability to provide management, logistics, supply chain, human resources management, and health care services. Through its interventions, USAID builds a model department for other

departments to learn from. Furthermore, USAID overlaps programming among activities within departments to maximize impact.

For all other programming, the geographic focus is specific to activities based on analysis, targeted beneficiaries, and emerging trends such as political instability and external threats from violent extremist organizations.

CRITICAL ASSUMPTIONS

- Continued political stability will enable program implementation.
- The GOB will apply the necessary resources and political will to advance the health sector.
- Benin’s leadership will continue to recognize the need to combat corruption, which will lead to modest improvements regarding governance of the health sector.
- Donor coordination will remain strong on technical programs and policy advocacy issues.
- Leading bilateral and multilateral initiatives in the health sector (World Bank, WHO, Global Fund, UNICEF, UNFPA, UNDP, France, EU, Netherlands, Germany, and Belgium) will maintain commitments of relatively similar size and scope as projected.
- Adequate funding will be available to implement USAID’s programs.
- Benin will be impacted by rising levels of violent extremist activities in the region. Insecurity will not increase to the point where partners cannot conduct activities effectively; however, certain geographic areas may become difficult to access. Expectation of higher security costs for implementing partners.
- Donors and the GOB will continue to commit to initiatives and strategies that promote gender equality, although GBV rates will continue to remain high, requiring multi-sector engagement alongside health system strengthening.

MONITORING, EVALUATION, AND LEARNING APPROACH

Due to its modest portfolio and funding limitations, and leveraging of lessons learned from past experiences, USAID will keep tracking output indicators but also put a greater focus on outcome indicators to assess whether USAID’s activities are achieving measurable impact and resulting in progress toward achieving the SO. We will ensure comprehensive sex-disaggregation of all person-level data, in addition to gender-sensitive data where possible, enabling USAID to course correct when gender inequality trends emerge. During the implementation of this SF, we will take action to improve the rigor in data production and evidence generation for decision-making purposes through its MEL activities. The activities will be flexible and user-friendly enough to allow for adaptation to potential external factors affecting the course of implementation or shifts in operating context. We expect a shift from remote back to in-person monitoring, consistent with the improving trajectory of COVID-19. While this MEL approach will be spelled out in the comprehensive Mission’s Performance Management Plan (PMP) that will be developed after the approval of this SF, an overview of it is presented below.

MONITORING

Performance monitoring will help track progress toward results, using Agency and custom select indicators. With the support of the Program Office, the Health and General Development teams will work together to articulate appropriate indicators or refine the existing ones; set targets; and determine relevant data collection strategies and other MEL elements at the stage of the PMP development. For baselines and target setting, we plan to analyze the reliability of the average performance over the past

five years for each indicator and organize a past targets' review with AORs/CORs, while taking into account challenges/opportunities from implementation to do this exercise. Indicators and benchmarks will also track progress on capacity building of local partners. Per ADS 220, we will also include monitoring of G2G activities supported by a MEL plan. Monitoring activities will include site visits, data quality assessments, use of gender-sensitive methodologies, and periodic feedback from implementing partners. Context monitoring will contribute to USAID's learning and adapting efforts, tracking shifts in the operating context. USAID will also monitor the impact of its health programs in Benin through the DHS, End-Use Verification Surveys, the GOB's HMIS and Logistics Management Information System, and partner reports and assessments. We will report on performance in the Agency's Development Information Solution (DIS) system, to be launched in 2022 in Benin.

EVALUATION

We plan for performance evaluations that will be recorded and updated annually in the Evaluation Registry. Evaluations will be designed with direct links to the identified learning priorities.

COLLABORATING

We will collaborate with relevant stakeholders to create, share, and use knowledge during site visits, pause-and-reflect sessions, and evaluations. This will also include co-creation activities that build on evidence produced through monitoring and evaluation activities.

LEARNING

We will pause and reflect on our monitoring and evaluation data during portfolio reviews (at least one per year) and the mid-course stocktaking and encourage implementing partners to do the same annually ahead of work planning. This will ensure that monitoring and evaluation information is used to continuously learn and improve programming. Our team will also use before/after action reviews as needed. Considering the 2022-2026 Agency Learning Agenda (ALA) released in late March 2022, and the programming foci detailed in this document, our learning priorities include, but may evolve as we move forward in the process, especially during the PMP development phase:

- Operational effectiveness - Improving MEL function (especially PMP and PPR processes) for better management and decision making.
- Enabling environment - How the implementation of Benin's new decentralization law, and the new Community Health Strategy will affect (positively or negatively) USAID's programs.
- Locally led development and Sustainability - Research what stimulates or discourages commitment of local health care actors and what they need to sustain progress in governing the localized health sector.
- Addressing gender gaps - Assessment/Research on social norms and beliefs and community-led development dialogue's approach to combating gender bias.

ADAPTING

We will take advantage of lessons learned from monitoring, evaluations, and other knowledge to inform new designs, therefore basing theories of change on better evidence. In addition, we will utilize portfolio reviews and mid-course stocktaking opportunities to make any necessary adjustments to the SF. Moreover, we will review and update its PMP, at least, on a yearly basis (coinciding with the Portfolio Review) to adjust indicators, planned evaluations, and targets for the following fiscal year. This will

ensure that targets align with learning from the previous year. The PMP will also be amended, as needed, off-cycle when new activities are designed.

Overall, USAID/Benin will ensure that all monitoring and evaluation mechanisms assess gender and youth, and that all person-level indicators are disaggregated, with gender-sensitive indicators incorporated in the PMP and activity-level MEL products. We will implement recommendations of the Gender Analysis to improve gender-sensitive MEL practices; identify challenges, lessons learned, and adaptations; and integrate activity-level gender and inclusion action plans into partner work plans and Activity Monitoring, Evaluation, and Learning Plans.

The PMP will provide the framework for organizing our Office's efforts and will include indicators to track progress toward achieving SF results, inform the Learning Agenda, and monitor the operating context and assumptions. The PMP will be completed shortly after the SF is approved.

To operationalize this MEL approach, we will rely on an Office-level MEL group coordinated by the Program Office. This group will include the Health Office and the General Development Office cognizant MEL persons of contact. We will also involve the West Africa Regional Mission's MEL Team for reference and learning purposes.

In addition to the USAID-wide FACTSInfo NextGen, and the upcoming Development Information Solution (DIS) systems that support performance monitoring, and evaluation reporting, we envision developing an Excel database in support of the PMP to track performance on all metrics (including non-PPR indicators), and display a dashboard to help inform management decision-making, as well as the portfolio reviews and the mid-course stocktaking. Resource provisions will be made under each activity design to perform all monitoring, evaluation, and learning tasks.

ANNEX

[Country Roadmap for Benin](#)