December 2021

Baseline Inception Report

Burkina Faso

Consolidated report of the country baseline study, Theory of Change validation and results framework by Right2Grow partners.

Right2Grow

Contents

Preface & About Right2Grow

1. Baseline study report
2. Capacity & learning assessment report
3. Theory of Change validation document
4. Results framework

Please note that in these documents, except for the preface, are originally written in French. The English version of the baseline inception report consists of automatically translated versions. The French version of the baseline inception report has the original French documents.

Preface

We proudly present this baseline inception report for Burkina Faso which we conducted for the Power of Voices Strategic Partnership Right2Grow. The five-year Right2Grow programme strengthens Civil Society Organisations (CSOs) to amplify the voices of communities to improve access to WASH and nutrition services in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan and Uganda, so that every child can reach its full potential.

"By strengthening civil society, we believe that local communities can get to zero under- nutrition and zero people without access to basic WASH."

We would like to thank all international and national partners for their contributions to this report. It has been a challenging process in times of the global COVID-19 pandemic to coordinate the research and to collect, organise and analyse the data and jointly reflect on the results. This process was largely driven and owned by the country consortium, with support from a team of experts from our global partners. Importantly, the selection, hiring and general coordination of the external consultant was done nationally to ensure local ownership.

Reading guide

The baseline inception report of Right2Grow Burkina Faso consists of the following sections:

1. Baseline study report
   This is the baseline study conducted by an external national consultant who also is the author of this report. It analyses the data collected in Burkina Faso on a selection of the basket indicators as provided by the Ministry of Foreign Affairs (SCS-indicators), complemented with several other indicators formulated by the Right2Grow consortium. It also includes the country specific political and economic context information. Although the external consultant is the author of the report, the data collection for the baseline also involved Right2Grow partners, in some cases supported by local enumerators.
2. Capacity & learning assessment report
   This assessment at country level was conducted by the Right2Grow global mutual capacity development & linking and learning teams. The report is the foundation for validation and prioritisation dialogues with partners about their agendas for capacity strengthening, including technical skills and organisational development, and linking and learning in 2022 and beyond. These dialogues provide the capacity milestones for monitoring and evaluation at midterm and the end of the programme (SCS-indicator 5).

3. Theory of Change validation document
   This is an assessment of the original country level Theory of Change in which the country consortium validated the different outcomes and pathways that are presented to lead to the envisioned impact of Right2Grow.
4. Results framework
   This is the overview of the indicators of Right2Grow with the baseline values, and preliminary targets for the SCS-indicators. The establishment of baseline values and targets in this framework is based on the baseline study report combined with the results of validation and planning activities jointly conducted by all consortium partners. Please note that this framework only includes the basket indicators provided by the Ministry of Foreign Affairs, while a more elaborated country level framework with intermediate results and outputs has been developed for internal monitoring & evaluation purposes.

Validation of targets

It is important to note that the targets set in the results framework are preliminary. Although these targets are much clearer and more concrete than those of the first proposal, there is still need for further validation. First, there may be changes proposed by other stakeholders like CBOs and local government actors. Although the process of baseline reflection and target setting has been very inclusive – with all the international and national consortium partners – we could not engage all the external stakeholders yet. Second, in the first months of 2022 Right2Grow will consult the Dutch Embassy in country about the baseline results and targets. Although the overall TOC is in line with their – last - multi-annual strategic plan, realignment may be needed, and the embassy's input to the targets will be valuable.
Overall buy-in of all stakeholders will be essential because future decisions on certain aspects of activity planning and consequently budget allocations will be based on these targets among other things. Changes in targets, if any, shall be shared with the Ministry for approval, with the submissions of the 2021 annual report by May 1st 2022.

About Right2Grow

In Burkina Faso the Right2Grow consortium consists of the following partners:

- Save the Children (lead partner)
- CEGAA
- RESONUT (SUN civil society network for nutrition)
- Association Monde Rural
- Action Against Hunger
- The Hunger Project

More information:

- About Right2Grow in Burkina Faso: www.right2grow.org/en/where-we-work/burkina-faso/
- Country contact: Orkiatou Zampou – Burkina Faso consortium coordinator (orkiatou.zampou@savethechildren.org)
- Our global website: www.right2grow.org
- Global contact: Jouwert van Geene – global partnership facilitator (jouwert@right2grow.org)

Strengthening local voices

Right2Grow believes that sustainable progress can only be achieved by working with local communities, especially women and other marginalised groups. Therefore, we invest in communities, community-based organisations, and civil society organisations to collect their own data and stories on nutrition and WASH. We help them hold their nearest relevant government officials to account for what is needed, planned, and (often not) delivered. We help build those stories into strong evidence to convince national and international leaders and officials to make better choices.

Strengthening partnerships

Right2Grow strengthens partnerships between local communities and their governments to make a joint analysis of what is needed. They can then support local solutions for better nutrition and WASH. Additionally, Right2Grow links civil society organisations, the private sector, and all levels of government to bridge the gaps between them. Building on meaningful community involvement and ownership, we can scale up these solutions with an integrated and multisectoral approach.
Visit www.right2grow.org for news and publications

Right2Grow

BASELINE STUDY

"Determining baseline data, knowledge, attitudes and practices of CSOs and communities on nutrition/WASH in the North Central, North and East regions

FINAL REPORT

(English translation)

Burkina Faso, August 2021

Right2Grow

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ACRONYMS AND ABBREVIATIONS

ACF: Action Contre la Faim
AMR: Rural World Association
AN: National Assembly
ANJE: Alimentation du Nourrisson et du Jeune Enfant
CONASUR: National Council for Emergency Relief
CEGAA: Centre for Economic Governance and Accountability in Africa
CNSA: National Food Security Council
DGB: Directorate General of the Budget
FAO: World Food Fund
NGO: Non-Governmental Organisation
CSO: Civil Society Organisation
CBO: Community Based Organisation
WHO: World Health Organization
SCI: Save the Children International
UNFPA: United Nations Population Fund
SDGs: Sustainable Development Goals
MDG: Millennium Development Goal
JEC: Catholic Student Youth
MEF: Ministry of Economy and Finance
WFP: World Food Programme
IDP: Internally Displaced Person
PNDES: National Economic and Social Development Plan
PVH: Person Living with a Disability
PUS-BF: Burkina Faso's Emergency Programme for the Sahel
PNSAN: National Food and Nutritional Security Policy
MSP: Multisectoral Strategic Nutrition Plan
PNAN: National Plan of Action for Nutrition
CAADP: Comprehensive Africa Agriculture Development Programme
PNSAN: National Food Security and Nutrition Policy
PASANAD: Project for the prevention of chronic malnutrition, improvement of access to food and strengthening of participatory governance of nutrition
PRI: Country Resilience Priority
THP BF: The Hunger Project Burkina Faso
RESONUT: Network of Civil Society Organizations for Nutrition
R 2 G : RIGHT TO GROW
RND: Référentiel Naitonal de Développement
SUN: Scaling Up Nutrition
UNICEF: United Nations Fund for Education, Science and Culture

1. SUMMARY OF THE PERFORMANCE FRAMEWORK

<table>
<tr><th>Indicators</th><th>Baseline value</th></tr>
<tr><td colspan="2">1.1. # of actions in which communities make demands for improved services</td></tr>
<tr><td>Average number of actions in which communities make requests for improved services</td><td>Initial value: 0
Average number of shares :
Set: 4
Rural: 3
Urban: 3
North Centre: 3
East: 3
North :4</td></tr>
<tr><td>Types of formulation by communities for requests for improved services</td><td>NORTH CENTRAL :
Higher consideration of nutrition aspects in local budgets: 10.6%.
adapted infrastructure facilities: 36.2%.
gender-sensitive laws: 10.3%.
Management of malnutrition cases: 24.1%.
vulnerability in nutrition services: 18.4%.
NORTH :
Higher consideration of nutrition aspects in local budgets: 8.2%.
adapted infrastructure facilities: 47.9%.
gender-sensitive laws: 9.0%.
Management of malnutrition cases: 18.4%.
vulnerability in nutrition services: 16.3%.
EST :
Higher consideration of nutrition aspects in local budgets: 16.3%.
adapted infrastructure facilities: 43.1%.
gender-sensitive laws: 12.9%.
Management of malnutrition cases: 22.3%.
vulnerability in nutrition services: 5.4%.</td></tr>
<tr><td>% of women, disabled people and marginalised groups participating in actions to formulate demands for improvement (Wash and Nutrition)</td><td>Overall: 31.3%.
Men: 30.7
Women: 32.7%.
North Central: 20.6%.
East: 36.6
North: 35.8
IDP: 38%.
PVH: 45.5%.
Refugee: 62.5
18-35 years: 28.2%.
35-45 years: 31.7%.
45-55 years: 34.8%.
55 years and over: 31.3%.</td></tr>
<tr><td>Level of participation in decision-making by vulnerable and special groups</td><td>IDP: 38%.
PVH: 45.5%.
Refugee: 62.5
Hearing impairment: 50%.
Motor disability: 38.7%.
Visual disability: 63.6%.</td></tr>
<tr><td>Participation in the demand for improved services by age</td><td><table><tr><th></th><th>Wash</th><th>Nutrition</th></tr><tr><td>[18,35[</td><td>28,2%</td><td>24,5%</td></tr><tr><td>[35,45[</td><td>31,7%</td><td>28,7%</td></tr><tr><td>[45,55[</td><td>34,8%</td><td>31,0%</td></tr><tr><td>[55 and over[</td><td>31,3%</td><td>28,2%</td></tr><tr><td>Set</td><td>31,3%</td><td>27,9%</td></tr></table></td></tr>
<tr><td colspan="2">2.2. # of advocacy initiatives carried out by CSOs, for, by or with their members/interest groups</td></tr>
<tr><td>Number of advocacy initiatives carried out by CSOs/CBOs or interest groups that take gender into account</td><td>Local interest grouping: 6
OBC: 7
CSO: 6
Children: 6
Women: 5
Marginalised people: 8</td></tr>
</table>

Number of advocacy initiatives by CSOs/CBOs or interest groups that address nutrition	Local interest grouping: 4 OBC: 5 CSO: 5 Children: 5 Women: 4 Marginalised people: 5
Number of advocacy initiatives by CSOs/CBOs or interest groups that address WASH	Local interest grouping: 4 OBC: 4 CSO: 4 Children: 5 Women: 4 Marginalised people: 5
Level of participation in advocacy initiatives	Community meetings for matters of common interest: **All: 96.4%, CBO: 94.7%, CSO: 97.6%, Local group: 90.9%.** Meetings with local political leaders for exchanges of common interest: **Overall: 89.8%, CBOs: 89.5%, CSOs: 89.6%, Local group: 90.9%.** Interest group activities: **Overall: 89.8%, CBO: 89.5%, CSO: 88.0%, Local group: 100%.** Lobbying on key issues: **Overall: 72.3%, CBO: 78.9%, CSO: 72.0%, Local group: 68.2%.** Advocacy: **Overall: 96.4%, CBO: 89.5%, CSO: 97.6%, Local group: 95.5** Petition or publication of open letters: **Overall: 44.0%, CBO: 15.8%, CSO: 49.6%, Local group: 36.4%.** Protest movement: **All: 51.8%, CBO: 21.1%, CSO: 57.6%, Local group: 45.5** Contact with a media station to discuss issues of common interest: **Overall: 83.1%, CBO: 78.9%, CSO: 90.4%, Local group: 45.5%.** Meetings with decision-making authorities to negotiate changes for communities: **Overall: 92.2%, CBO: 94.7%, CSO: 92.8%, Local group: 86.4%.** Events or experience sharing with communities: **Overall: 92.8%, CBO: 89.5%, CSO: 95.2%, Local group: 81.8%.**
Level of gender mainstreaming in advocacy initiatives	Overall: 94.6 CSO:96.8%. OBC:89.5%. Local interest grouping: 86.4%.
D.1. Number of CSOs with increased lobbying and advocacy (L&A) capacity	
Number of CSOs with increased lobbying capacity	*Number of CSOs surveyed: 166* Overall: 72.3%. CSO:72.0%. OBC:78.9%. Local interest grouping: 68.2%.
Number of CSOs with increased capacity for advocacy	*Number of CSOs surveyed: 166* Overall: 96.4%. CSO:97.6%. OBC:89.5%. Local interest grouping: 95.5
Number of CSOs with increased capacity in thematic and/or research skills	*Number of CSOs surveyed: 166* Overall: 51.8 CSO:57.6%. OBC: 21.1%. Local interest grouping: 45.5%.
A.2. # of private sector organisations involved in advocacy with CSOs on nutrition	
Level of participation of private sector organisations in advocacy with CSOs on nutrition	Overall: 77.1%. CSO: 78.4%. OBC: 89.5%. Local interest grouping: 59.1%.
Average number of private sector organisations involved in advocacy	Set: 6 OSC: 6 OBC: 5 Local interest grouping: 4
A.3. # of advocacy actions undertaken by CBOs and communities	
Level of CBO involvement in advocacy	OBC: 94.7
Number of advocacy actions	Set: 2 OSC: 2 OBC: 2 Local interest grouping: 3
of women CBOs with access to credit	
Level of knowledge of women's CBOs	Overall: 89.2%.

	Rural: 85.4%. Urban: 90.4 North Centre: 83.3%. East: 92.1 North: 89.8%.
Level of inclusiveness of women's CBO actions	Overall: 85.5 Rural: 80.5 Urban: 87.2%. North Centre: 83.3%. East: 89.5%. North: 84.7%.
Percentage of female CBOs with access to credit facilities Female CBOs	Overall: 51.2%. Rural: 61.0%. Urban: 48.0 North Central: 60.0%. East: 42.1%. North: 52.0%.
Reasons for easy access to credit by women CBOs	**No guarantee** Overall: 41.0%. Rural: 36.6 Urban: 42.4 Centre North: 46.7%. East: 39.5%. North: 39.8%. **Non-inclusive activities** Overall: 20.5 Rural: 24.4%. Urban: 42.4 North Centre: 23.3%. East: 23.7%. North: 18.4%. **Non-relevant areas of activity** Overall: 18.1 Rural: 19.5 Urban: 17.6 North Central: 10.0%. East: 13.2%. North: 22.4%. **Non-legal OBCs** Overall: 19.3%. Rural: 14.6 Urban: 20.8 North Central: 20.0%. East: 23.7%. North: 17.3%.
B.2 Level of participation of local CSOs and CBOs in planning and budget review sessions	
Percentage of local CSOs and CBOs involved in planning and budget review sessions	Overall: 54.8 Rural: 58.5%. Urban: 53.6 North Central: 50.0%. East: 47.4%. North: 59.2%.
Level of involvement of local CSOs and CBOs in planning and budget review sessions	**High** Overall: 11.4 Rural: 17.1%. Urban: 9.6 North Central: 6.7%. East: 10.5%. North: 13.3%. **Medium** Overall: 35.5 Rural: 39.0%. Urban: 34.4 Centre North: 36.7%. East: 34.2%. North: 35.7

	Low Overall: 7.8 Rural: 2.4%. Urban: 9.6 North Central: 6.7%. East: 2.6%. North: 10.2%.
Level of appreciation of the involvement of CSOs and local CBOs in planning and budget review sessions	**Very satisfactory** Overall: 3.0 Rural: 0.0%. Urban: 4.0 North Centre: 3.3%. East: 5.3%. North: 2.0%. **Satisfactory** Overall: 40.4 Rural: 58.5%. Urban: 34.4 North Centre: 33.3%. East: 36.8 North: 43.9%. **Unsatisfactory** Overall: 10.8 Rural: 0.0%. Urban: 14.4 North Centre: 13.3%. East: 5.3%. North: 12.2%. **Very unsatisfactory** Overall: 0.6%. Rural: 0.0%. Urban: 0.8 North Central: 0.0%. East: 0.0%. North: 1.0%.
Other indicators of the baseline situation of the Right To Grow project	
Level of knowledge of nutrition services	Overall: 73.1%. Men: 69.3%. Women: 82.0%. North Central: 80.9%. East: 85.1%. North: 62.3
Level of knowledge of the rights of children under 5 in relation to nutrition	Overall: 49.1%. Men: 45.4 Women: 57.7%. North Central: 53.9%. East: 60.9 North: 40.3%.
Level of knowledge of WASH services	Overall: 63.5%. Men: 60.1%. Women: 71.7%. North Central: 61.7%. East: 68.8 North: 62.3
Level of knowledge of the rights of children under 5 in relation to WASH services	Overall: 45.4 Men: 42.0%. Women: 53.3%. North Central: 44.3%. East: 57.4%. North: 40.3%.
Level of commitment of the population to the fight against malnutrition	Overall: 71.1%. Men: 70.0%. Women: 73.9%. North Centre: 86.5%. East: 75.7%. North: 58.7

Level of community involvement in the implementation of nutrition and WASH projects	**Supportive behaviours:** Overall: 62.9 Men: 61.9 Women: 65.1%. North Central: 52.5%. East: 77.7 North: 62.7
Communication channels used to raise community awareness	**Together:** radio (91%), TV (47.6%), social networks (50%), media/press (21.7%), town crier (50%), word of mouth (54.2%)
Participation in the demand for improved nutrition and WASH services according to women's status	**Together:** Nutrition (27.9%), WASH (31.3%) **Breastfeeding women:** nutrition (29.5%), WASH (31.8%) **Pregnant women:** nutrition (27%), WASH (27%)
Proportion of economic barriers to good nutrition	**Together:** - Low income: 47.7%. - High food prices: 35.7%. - Safety of imported food: 6.2%. - No budget allocated to nutrition: 10.3%. **Sex:** - Low income: M: 48.2%; F: 45.2 - High food prices: M: 35.6%; F: 36.4 - Safety of imported food: M: 6.6%; F: 4.1 - No budget allocated to nutrition: M: 9.6%; F: 14.3%. **Regions:** - Low income: North: 52.1%; East: 50.3%; North Central: 39.9%. - High food prices: North: 33.5%; East: 38.3%; Centre-North: 36.9 - Safety of imported food: North: 7.8%; East: 3.4%, North Central: 6.2%. - No budget allocated to nutrition: North: 6.6%; East: 8.0%; North Central: 17.1
Proportion of social barriers to good nutrition	**Together:** - Aversion to vegetables and fruit: 25.9%. - No involvement of spouses: 36.4%. - Always want to eat a lot: 37.7%. **Regions:** - Aversion to vegetables and fruit: North: 28.6%; East: 64.7%; Centre-North: 15.9%. - Non-involvement of spouses : North: 55.6%; East: 11.8%; North Central: 26.8 - Always want to eat a lot: North: 15.9%; East: 23.5%; North Central: 57.3%.
Proportion of environmental barriers to good nutrition	**Together:** - High infection rate: 14.8 - Food supply difficulties: 85.2%. **Regions** - High infection rate: North: 14.3%; East: 11.4%; North Central: 17.2%. - Food supply difficulties: North: 85.7%; East: 88.6%; Centre-North: 82.8
Proportion of institutional barriers to good nutrition	**Set** - Lack of training in making fortified porridge: 13.2%. - Low coverage in the management of malnutrition: 11.8 - Lack of care services: 10.0%. - Lack of active screening: 6.9%. - Lack of training and awareness on good feeding practices: 58.0%. **Regions** - Lack of training in making fortified porridge: North: 17.1%, East: 15.3%; North Central: 6.4%. - Low coverage in the management of malnutrition: North: 11.5%; East: 11.9%; Centre-North: 12.2%; - Lack of care services: North: 9.7%; East: 9.0%; North Central: 11.0 - Lack of active screening: North: 6.8%; East: 5.1%; North Central: 8.1 - Lack of training and awareness on good feeding practices: North: 54.9%; East: 58.8%; North Central: 62.3%.
Proportion of economic barriers related to WASH services	- **Lack of political and budgetary priorities due to insufficient demand** ○ *Budgetary share of basic social services (2021 budget): overall level: 42.94* Distribution by component : • **Water and sanitation: 2.38%.** • Agriculture: 4.97%. • Health: 11.93%. • Education: 23.66%. ○ *High cost of sanitation and hygiene products* Overall: 33.3%. North: 43.4%.

	East: 28.5%. North Central: 28.1
Proportion of social barriers related to WASH services	**Together:** - no WASH facility: 23.2%. - Lack of access to water: 25.8 - Lack of latrine: 19.1%. - No sanitation day: 9.8%. - Lack of adequate personal protection and equipment: 6.7%. - Lack of knowledge of good waste treatment and disposal practices: 8.8%. - Poor waste treatment: 6.7%. **Regions:** - no WASH facilities: North: 24.5%; East: 21.1%; North Central: 23.2%. - Lack of access to water: North: 30.4%; East: 25.4%; Centre-North: 20.3 - Lack of latrines: North: 15.1%; East: 23.3%; North Central: 21.0%. - No health day: North: 7.6%; East: 12.2%; North Central: 10.7%. - Lack of equipment and adequate personal protection: North: 6.4%; East: 7.7%; North Central: 6.5 - Lack of awareness of good waste treatment and disposal practices: North: 9.1%; East: 8.1%; North Central: 8.9%. - Poor waste treatment: North: 6.9%; East: 2.3%; Centre-North: 9.5
Proportion of institutional barriers related to WASH services	**Set** - Lack of awareness and training on good practices related to WASH services: 48.8 - Poor quality of drinking water supply infrastructure: 19.4 - Lack of clearly labelled bins: 31.7%. **Region** - Lack of awareness and training on good practices related to WASH services: North: 50.6%; East: 45.2%; North Central: 48.7%. - Poor quality of drinking water supply infrastructure: North: 17.0%; East: 28.7%; Centre-North: 17.2 - Lack of clearly labelled bins: North: 32.4%; East: 26.1%; Centre-North: 34.1%.
Proportion of WASH and nutrition barriers successfully addressed	○ **Economic barriers successfully addressed, cost of WASH products** Region: North: 50.5%; East: 21.5%; North Central: 28.0%. ○ **Social barriers successfully addressed** **Together:** - no WASH facilities: 15.8%. - Lack of access to water: 30.8 - Lack of latrines: 19.9%. - No sanitation day: 15.3%. - Lack of adequate personal protection and equipment: 3.3%. - Lack of awareness of good waste treatment and disposal practices: 8.5%. - Poor waste treatment: 6.3%. **Regions:** - no WASH facilities: North: 19.1%; East: 10.4%; North Central: 16.2%. - Lack of access to water: North: 41.5%; East: 30.3%; Centre-North: 20.6 - Lack of latrines: North: 14.3%; East: 30.3%; Centre-North: 18.4%. - No health day: North: 12.1%; East: 16.2%; Centre-North: 17.7%. - Lack of equipment and adequate personal protection: North: 2.9%; East: 2.1%; North Central: 4.5 - Lack of awareness of good waste treatment and disposal practices: North: 7.0%; East: 8.2%; North Central: 10.3 Poor waste treatment: North: 2.9%; East: 2.4%; Centre-North: 12.3
Proportion of local organisations that succeeded in creating space for CSO demands and positions	• Proportion of local organisations that succeeded in creating space for CSO demands and positions Overall: 50.6 CSO: 57.6 OBC: 42.1%. Local interest grouping: 18.2%. • Number of spaces created by type of organisation : Overall: 6.5 CSO: 6.8 OBC: 5.9 Local interest grouping: 2.0
Level of satisfaction with CSO/CBO advocacy activities on community groups	**Set** - Unsatisfactory: 11.4%, - Not at all satisfactory: 4.8 - Satisfactory: 70.5%.

	- Very satisfactory: 11.4%. **CSO**: - Unsatisfactory: 12.0%, - Not at all satisfactory: 4.8 - Satisfactory: 72.0 - Very satisfactory: 11.2%. **OBC** - Unsatisfactory: 10.5%, - Not at all satisfactory: 0.0 - Satisfactory: 68.4%. - Very satisfactory: 5.3%. **Local Interest Grouping** - Unsatisfactory: 9.1%, - Not at all satisfactory: 9.1%. - Satisfactory: 63.6 - Very satisfactory: 18.2%.
Level of involvement of local organisations in decision making	**Set** - High: 15.7%, - Low: 17.5 - Average: 66.9 **CSO**: - High: 19.2%, - Low: 17.6 - Average: 63.2%. **OBC** - High: 10.5%, - Low: 10.5%, - Average: 78.9 **Local Interest Grouping** - High: 0.0%, - Low: 22.7%. - Average: 77.3
Level of consideration of political procedures in the concerns of social groups	Overall: 77.7 CSO:77.6%. OBC: 89.5%. Local interest grouping: 68.2%.
Level of impact of policy-making on the concerns of social groups	**Set** - High: 10.2%, - Low: 21.7 - Average: 68.1 **CSO**: - High: 10.4%, - Low: 22.4%. - Average: 67.2 **OBC** - High: 15.8%, - Low: 15.8%, - Average: 68.4 **Local Interest Grouping** - High: 4.5%, - Low: 22.7%. - Average: 72.7

EXECUTIVE SUMMARY

This survey is a baseline study commissioned by the Consortium as part of the implementation of the **Right To Grow (R2G)** Project. The R2G Project aims to empower communities through their leaders in an inclusive manner and through capacity building of community based organisations constituted as watch and pressure groups in the communes. Communities, including marginalised groups and women, will become their own agents of change and rights holders through their representation in decision-making, monitoring and advocacy bodies. Capacity building of local CSOs/CBOs will provide them with the necessary capacities to pursue actions related to improving the living environment of the populations concerned.

Methodological summary

In carrying out this baseline study, the consultant used a mixed approach (two parts). The first (quantitative) part consisted of measuring the level of indicators related to the research questions addressed. In this first part, the sample covered a total of 908 individuals instead of the 1000 initially planned. In the second part (qualitative), 326 interviews, including 83 focus groups, were carried out in order to obtain all the information necessary to complete the quantitative data collection. With regard to the quantitative component, the interviews and focus groups were recorded using dictaphones during the collection. Following this phase, the transcriptions and focus groups were transcribed.

Results

- *Factors hindering the adoption of infant and young child feeding practices, and the feeding of pregnant and lactating women in households*

In the project area, several factors explain the practice of good infant and young child feeding. Indeed, 55.0% of the people surveyed stated that one of the factors hindering good feeding is the fact that they have difficulty breastfeeding their infants. On this subject, one woman said: *"You have to eat well, otherwise you can't feed your child. Because breast milk contains a lot of nutrients that promote the nutrition of children. So if the mother doesn't eat well, it's a big problem really. That's why we like breastfeeding women to eat something special, but often it's because of a lack of money.* **Breastfeeding woman, Ouahigouya commune.**

- *Factors favouring the adoption of infant and young child feeding practices and the feeding of pregnant and lactating women within households*

Analysis of the data indicates that 85.4% of the individuals said that innovative awareness-raising practices are one of the factors favouring good nutrition in their community. 9.5% of them think that the involvement of fathers in the adoption of infant and young child feeding practices is also a favourable factor. Qualitative interviews confirm these figures, as illustrated by the interview with a woman during a group discussion:

"Today, we can't do anything without awareness raising. Everything is based on that. There are many factors that can facilitate the task. Only that these sensitisations allow an awakening of the consciences of the populations concerned. Awareness raising can be done with the communication channels that are favourable in the locality" **woman, focus group, Fada commune.**

- *Communities' knowledge of their social rights in relation to nutrition*

In terms of social rights on nutrition, 39.1% of communities feel they have knowledge in their locality. This proportion is higher among women (43.4%) than among men (37.3%). The distribution by region indicates that the level of knowledge is higher in the East region (51.5%), than in the Centre-North region (32.3%) and the North (37.7%).

Qualitative data also reinforced these proportions, as one man in a group discussion said: *"People know their rights well. It's the lack of information to respect them that is often the problem. Often we don't have the financial means to do so. It's through awareness-raising that we are better informed about these rights. This helps us a lot to achieve our goals.* **Man, focus group, Kongoussi commune.**

☞ *Communities' knowledge of their social rights in relation to WASH*

In terms of social rights in WASH services, 39.9% of communities feel that they have knowledge in their locality. This proportion is higher among women (46.3%) than among men (37.1%). The distribution by region indicates that the level of knowledge is higher in the East region (53.0%), than in the Centre-North region (31.9%) and the North (38.9%).

☞ *Communication channels of communities to claim their rights*

The data collection indicated that 22.1% of the communities go through the radio, 21.4% through NGOs/associations in their locality. The channels least used to inform about the existence of social rights are international institutions (1.4%) and social networks (3.9%), given their level of education. The communication channels were confirmed by a man in a focus group as follows:
"Several channels are used but it depends a lot on the area where you are. For example, in remote villages, people prefer to use rural radio. On the other hand, in urban areas, where there are more young people, social networks are used a lot. Associations that also do a lot of communication in rural areas are also preferred. **Man, focus group, Ouahigouya commune**

☞ *Decision-making power of the communities to take into account their social rights*

The gender breakdown indicates that men are more likely (32.2%) to challenge decisions than women (29.0%). This is reflected in the words of one community leader:
"There is a lot of talk about decisions, but first of all it should be noted that in order to challenge a decision, you have to participate in it. So generally, men participate more than women. So when decisions are made, it is even the men who speak out the most at the end of advocacy meetings. This is what everyone notices, especially in rural areas. **Community leader, Sabcé commune.**

☞ *Level of knowledge of services able to enforce these rights*

In the Eastern region, the level of knowledge is even higher (54.0%), followed by the Northern region at 42.9%. These proportions are reflected in the individual interviews in the following terms: *"There is no knowledge at all, because the CSOs do not raise awareness to enable the community to know more. But nevertheless, there are many other people who know about the structures that enforce these rights but more at the town level."* **Man, focus group, commune of Titao**

☞ *The types of services that are able to enforce the rights of communities*

According to the communities surveyed, several services are known to better guide and enforce community rights. Indeed, the local authorities (71.6%) are the services that are the most capable of enforcing the rights of communities in their localities, followed by CBOs/CSOs (47.5%) and associations/NGOs (42.6%). These proportions are confirmed by an interview with a community leader in the commune of Titao in the following terms: *'In any case, I think that people propose to use the most formal voice to make their grievances. So it's the state we use a lot here. Afterwards, there are also CSOs that are very serious and with whom we have worked on these things*. **Community leader, Titao commune**

☞ *Existence of mechanisms and approaches used by the community*

The analysis of the data from the populations indicates that 67.8% of the targets stated that there are approaches or mechanisms used by the populations to have their opinions and expectations heard and taken into account. This rate is higher among women (77.6%) than among men (63.7%). A woman IDP in the commune of Kaya said: *"Often, we have no choice, we are obliged to have principles to be better heard in our localities. But I think that the CSOs are working to guide us in the process.* **Women IDPs, Kaya commune**

☞ *People's community mechanisms for making their voices heard*

60% of the targets surveyed believe that communities use advocacy, followed by the dialogue mechanism (52.3%). These approaches are followed by community hearings (41.2%).

☞ *Knowledge of the procedures to be followed in setting up the mechanisms*

The analysis of the data indicates that 74.8% of the communities surveyed are aware of the existence of procedures to be followed in order to be heard. This analysis is supported by the qualitative approach during the interviews with the communities. This is what a vulnerable person said during an interview in the commune of Dablo:
"Yes, in principle, all procedures are well known by people. People know that if they want to go through a procedure, they have to go through CSOs to be better heard. Otherwise, without the support of these structures at the local level, we can't make ourselves better heard. **Person living with a disability, Ouahigouya commune**

☞ *Knowledge of the nutritional rights of children under 5*

Knowledge of children's nutrition rights can improve their nutrition indicators. The data indicates that 49.1% know the nutritional rights of children under five. "*Nutrition services are very important for the local populations. There is awareness-raising among communities, especially women, for the benefit of children under the age of five. These women benefit a lot from this. And it is with this work that the women manage to control the harmful effects of malnutrition. Because of the security situation, the communities suffer a lot from nutrition*. **Breastfeeding woman, focus group, Gourcy**

☞ *Knowledge of the rights of children under 5 in WASH*

The data shows that almost half (45.4%) of the targets have knowledge of children's rights to WASH. Interviews also indicate that targets have knowledge of children's rights to WASH services but often lack the financial means to meet them. This was stated by a nutrition focal point in individual interviews as follows:
"The people who are most exposed to the lack of WASH services are the most vulnerable. Even the issues related to this vulnerability are because we don't have the choice, we don't have the means to fight against it. It's not because we don't know the rights, but simply because we don't have the means to respect them. Who among the population would want their child to be exposed, to expose their health and not be well looked after? **WASH Focal Point, Ouahigouya commune**

☞ *Community engagement in nutrition and WASH services*

Analysis of the data indicates that seven out of ten people feel that they are involved in the fight against malnutrition in their locality. This percentage is lower in the Northern region (58.7%).

☞ *Local communication tools*

The analysis of the sources of information or awareness-raising indicates that the preferred channels of communication with the local populations of CSOs/CBOs are awareness-raising through radios (91.0%), word of mouth (54.2%), town criers (50%).

- *Community participation in actions to formulate demands for improved nutrition and WASH services*

The interviews conducted in the field show that community participation is an important dimension of development strategies and is both a part of the process and a goal. The quantitative analysis also confirms this across the intervention area, with only one in three (31.3%) believing that they are engaged in actions to improve nutrition and WASH services

- *Proportion of people participating in actions to formulate demands for improved services who belong to vulnerable groups.*

In the R2G project area, the people we met seem to place great importance on the social inclusion of PLHIV. Among the communities interviewed on the question of participation in actions to improve nutrition and WASH services, 63.6% of people living with a visual disability acknowledge that they participate in actions to improve services. This percentage is 38.7% for those with motor disabilities.

- *Number of times CSOs have succeeded in creating space for CSO demands and positions.*

The analysis of the data collected indicates that half of the organisations surveyed (50.6%) have succeeded in creating space for CSO demands and positions to local authorities. This rate shows strong disparities according to the type of CSO.

Thus, 57.6% of CSOs have created a space for CSO demands and positions, while this rate is 42.1% for CBOs and only 18.2% for local interest groups. Discussions in the field also showed that the state and development partners should encourage CSOs to network with each other, to cooperate and share information for sustainable human development, to participate in the coordination and management of public aid

- *Involvement of CSOs in local decision-making at the advocacy level*

The data collection indicates that only 15.7% of the organisations surveyed state that CSO involvement in decision-making at the advocacy level is high. The breakdown by type of organisation shows that CSO involvement is non-existent according to local interest groups, compared to only 10.5% for CBOs and 19.2% for civil society organisations

- *Consideration of political procedures in the concerns of social groups*

77.7% of the organisations interviewed acknowledge this fact. This rate varies from one organisation to another, since 89.5% of the CBOs interviewed confirm that they take into account political procedures in the concerns of social groups, compared to 77.6% for CSOs and 68.2% for social interest groups

- *Impact of decision making on the concerns of social groups*

According to 68.1% of the organisations interviewed, the impact of decision-making on the concerns of social groups is considered average. This rate shows slight disparities according to the type of organisation interviewed in the field, since 72.7% of local interest groups consider it to be average, compared to 68.4% for CBOs and 67.2% for CSOs.

The involvement of all the social strata making up the community and the organisation of the population are essential conditions for taking on the actions identified.

- *Integrating gender aspects of nutrition into advocacy initiatives*

The analysis of the data shows that 94.6% of the organisations confirm that they take into account gender aspects in nutrition-related activities. For these CSOs, it is mainly a matter of

integrating gender skills, providing training or upgrading the people involved in the implementation of actions.

Recommendations

Major recommendations are made at the end of this mission:

To local authorities:

1. At the advocacy level

- Support capacity building on evidence-based advocacy for CSOs and networks of associations at local level;
- Strengthen the monitoring of CSO/CBO advocacy activities and the implementation of advocacy actions;
- Legal recognition of the right to food in the Constitution
- The adoption of a specific Food and Nutrition Act, including an Act to
- The application of the Breastmilk Substitute Code
- The establishment of effective mechanisms to strengthen public service laws

2. At the level of community involvement

- Facilitate community engagement at the local level through community involvement;
- Create initiatives for the sustainability of social achievements with the establishment of a system of champion leaders at local level.

To the R2G project actors

☑ **Recommendations in the WASH sector based on field findings**

- Collaborate with CSOs/CBOs and community interest groups to repair or rehabilitate non-functional water points and create new water points, water storage points to improve WASH services;
- Increase the capacity of CSOs/CBOs to combat the spread of COVID-19 through awareness raising and the provision of COVID kits.
- Promote good hygiene practices and community commitment to prevent communicable diseases including waterborne diseases and COVID-19;
  - Support regional health directorates (DRSA) in promoting hygiene practices;
  - Training and equipping community volunteers supervised by DRSA

☑ **Recommendations in the health/nutrition sector based on field findings**

- Strengthen nutritional alternatives adapted to the emergency context;
- Strengthen the capacity of governance and management structures for nutrition and food security;
- Support CSOs/CBOs in providing food assistance only to extremely vulnerable households and specific groups.
- Awareness raising for pregnant and breastfeeding women: negotiation around diet during the last months of pregnancy and assisted delivery.

☑ **Recommendations in the social cohesion sector based on the results from the field**

- Ensuring harmonisation, transparency and communication
- Ensure that the different communities are represented in the coordination structures.

To CSOs and networks of local associations

- Involve communities in awareness raising activities to share their experiences and realities;
- Carry out awareness-raising activities in the intervention areas;
- Intensify awareness-raising activities by involving the communities themselves, religious and customary leaders and all actors involved in local development;
- Involve, and in time, the social action services in the preparation of communications during advocacy or sensitisation to have more precise realities of the localities;
- Take into account local realities and initiatives, including socio-cultural realities, community perceptions.

2. CONTEXT OF BURKINA AND FOCUS ON THE NUTRITIONAL SITUATION

2.1. Burkina Faso context,

Burkina Faso, located in sub-Saharan Africa, is one of the developing countries whose economy is based on agricultural production, livestock and, to a lesser extent, mining. In its quest to improve the living conditions of its population, Burkina Faso has developed and implemented several development frameworks. The latest is the National Economic and Social Development Plan (PNDES) 2016-2020. Implemented in a very difficult security and health context, the PNDES has made it possible to achieve many economic and social gains. However, despite these achievements, the country still faces several challenges, particularly in terms of food security, nutrition and WASH services. Thus, faced with this situation, the Burkinabe state and its partners are committed to providing a concerted response through an ongoing process of developing and implementing Response and Support Plans for Vulnerable Populations.

In view of the shortcomings and in order to make the most of the potential for production in the agricultural, nutritional and WASH sectors at national level, community action in rural and urban areas is a priority for the state and its development partners. To meet these challenges, the National Development Framework 2021-2025 proposes to reconcile the objective of economic and social development with community involvement in order to strengthen social cohesion in the long term. The aim will be to improve the well-being of the population in a sustainable manner, with their support for local development actions as the main "driving principle" in a context of security and health crisis.

2.2. Nutritional situation in Burkina Faso

In Burkina Faso, the problem of access to a nutritious and healthy diet in sufficient quantity for the population is particularly acute in certain regions of the country (Centre-North, North, Sahel, East, etc.). According to the Ministry of Health (SMART survey, 2020), the commune of Kaya (10.9%) has a prevalence of acute malnutrition above 10% (WHO alert threshold), Titao (11.2%) and Matiacoali (11.7%), thus demonstrating the existence of an emergency situation in these areas.

At national level, the prevalence of chronic malnutrition is 24.9%, of which 8% is severe, with, as in previous years, enormous regional and provincial disparities. In the communes of Kaya, Kongoussi and Yako, the rates of chronic malnutrition are 30%, 25.4% and 25.6% respectively. These communes have a prevalence of chronic malnutrition above the WHO alert threshold.

This situation has been exacerbated by the security crisis associated with recurrent terrorist attacks, which has led to massive displacement of populations to safer localities in terms of protection and security. This situation accentuates the problem of food and nutritional security as well as access to clean water and hygiene practices in these communities.

Burkina Faso has made significant efforts to align itself with the profound changes since it joined the Scaling Up Nutrition (SUN) movement in 2011, with the objective of strengthening the collective effort to improve the nutrition of populations. To this end, the State of Burkina Faso has developed emergency plans and programmes as well as national strategies and policies to combat food insecurity and malnutrition and thus promote healthy and sustainable growth of children, especially children under five (5) years of age.

Within this set of national strategies and policies, the use of the community-based approach is necessary and remains an appropriate and well-suited alternative to ensure and facilitate the implementation of nutrition and WASH services at the level of all communities in the country. According to the National Nutrition Policy 2019, the main causes of insufficient service provision at community level include: low awareness of nutrition and WASH issues, insufficient community participation in nutrition activities.

2.3. Situation of WASH services in Burkina Faso

The socio-economic conditions of populations can be seen through a number of welfare factors, including adequate food, clean water, safe shelter, good social conditions and an environmental and social environment that protects against infectious diseases.

Access to water, hygiene and sanitation is a recurrent problem. Burkina Faso suffers from several natural disasters and large disparities between rural and urban areas. According to the Water, Hygiene and Sanitation Programme (2021, UNICEF) report, only 48% of the population has access to basic drinking water in rural areas, 19% of rural households have access to improved sanitation services and 11% have access to improved hygiene services in the country, and 47% of them practice open defecation. All these problems are exacerbated by the security crisis, which also makes it difficult to access basic social services in the North, East and Centre-North regions because of the security crisis.

2.4. Food security situation in Burkina Faso

According to the joint Food and Agriculture Organization (FAO) and World Food Programme (WFP) Food Security Report 2020 in Burkina Faso (2019), 3.3 million people are facing acute food insecurity. According to the two UN agencies, "**urgent and sustained action**" is needed to address the worsening food and nutrition insecurity in Burkina Faso, which is experiencing a double crisis linked to terrorist attacks and the new coronavirus pandemic, Covid-19.

Indeed, according to FAO and WFP (2019), the latest analysis of the "**Harmonised Framework"** indicates an increase in acute food insecurity of more than 50%, mainly due to the deterioration of the security situation in several regions (North, Centre-North, Sahel and East) of Burkina Faso. This is partly due to the level of adaptive capacity of the population in a country already plagued by conflict and climate change.

2.5. Gender analysis and inclusion in Burkina Faso

Over the past two decades, Burkina Faso, a landlocked country in West Africa with a population of 20.9 million and classified as a Least Developed Country (LDC), has committed itself to gender equality. Measures have been taken and a National Gender Policy (NGP) adopted, in line with regional (African Union Agenda 2063) and international (MDGs) commitments. Significant progress has been made in education, health and women's political representation. However, a series of challenges remain in terms of women's political, economic and social rights and opportunities. The persistence of social institutions (social norms, practices and formal and informal laws) that discriminate against women hinders the implementation of the legislative framework, hence the need to redesign a comprehensive policy that takes into account the belief systems and behaviours that act as barriers to change[1].

According to the report, the aggregate indicator SIGI (Social Institutions and Gender Index)-Burkina Faso shows that a range of social perceptions and practices restrict women's rights and reduce their access to economic and social opportunities compared to men, such as financial inclusion or political engagement.

In 2015, the Gender Development Index (GDI), measuring the gap between the Human Development Index (HDI) of women and men was 0.874 (UNDP, 2016). Furthermore, economic growth has not impacted on women's reproductive health and empowerment. In 2015, the Gender Inequality Index (GII) ranked Burkina Faso 146^{e} out of a list of 159 countries, with a score of 0.615 compared to an average of 0.572 for the sub-Saharan region (UNDP, 2016). Women continue to face strong discrimination regarding their access to resources and

[1] SIGI report, INSD 2020

economic opportunities. In 2016, the World Economic Forum (WEF) Gender Inequality Index stood at 0.640 in Burkina Faso, placing it at 123 eout of 144 countries (WEF, 2016). These inequalities are linked to high levels of discrimination in social institutions, as shown by the global SIGI ranking: Burkina Faso ranks 82 out of 108 countries (OECD, 2014).

2.6. Gender analysis in relation to food security

According to Olivier de Schutter, former UN Special Rapporteur on the Right to Food *(*is the *single most important determinant of food security.* is the single most important determinant of *food security*". The food system is largely dependent on culture and tradition, policies, the environmental context as well as market systems. Food security depends on four security depends on four key factors, each of which is highly sensitive to gender physical availability of food, economic and physical access to food, use of food, and the enabling environment.

However, women and men play different roles in ensuring food security for their households and communities. As in most West African countries

, while Burkinabé men are mainly involved in field cultivation, women are generally responsible for growing and preparing most of the food consumed in the household in Burkina Faso. Inequalities between men and women regarding control of livelihoods limit women's food production. Most women are involved in gathering, processing and marketing of non-timber forest products (NTFPs) as well as market gardening and fish drying. The marketing of these non-timber forest products provides women with most of their income for food and care of the family and schooling of their children. However, it is the men who own the material resources such as land and equipment and have the primary decision-making power over the women. This often exposes them to chronic under-nutrition and poor health[2].

2.7. Gender analysis in relation to nutrition

Because of their physiological needs, adolescent, pregnant and lactating women are more likely to suffer from malnutrition and micronutrient deficiencies. Women are twice as likely to be malnourished as men, and girls are twice as likely to die as boys[3]. The health of the mother is crucial to the survival of the child.

The majority of malnourished people are women and girls living in rural[4] areas. Yet women do most of the processing of household food products, which ensures a varied diet, minimises waste and provides marketable products. Moreover, they are more likely to spend their income on food and meeting the needs of their families. According to the findings of a 2019 FAO study, if women had the same access as men to productive resources, their yields would increase by 20-30%, and the number of hungry people in the world would decrease by 17-12%. In Burkina Faso, 70% of women are land users but only 2% are title holders[5].

[2] Gender and the market, FAO, 2020
[3] Gender and food security, Bridge development gender 2018
[4] FA0, 2019
[5] FAO, 2019

3. OVERVIEW OF THE RIGHT TO GROW PROJECT

3.1 Background to the implementation of the RIGHT TO GROW project

Ensuring food and nutrition security and providing quality water, sanitation and hygiene (WASH) services to the population remains a major challenge in Burkina Faso. One of the main pillars of the global strategy to improve basic social services for vulnerable populations is to promote food, nutrition and health (WASH) services, helping to create the conditions for sustainable action at individual, community, national and **global** levels that together will reduce morbidity and mortality in populations in general and children in particular.

Evidence shows that community engagement has the merit of facilitating the implementation of development actions at the global level through local development associations. Studies carried out in recent years in Burkina Faso indicate an alarming social situation, particularly in areas with strong security challenges.

This deterioration has led to a substantial increase in internal displacement and worsened the already very limited access to basic social services in a context of extreme poverty in the North, Centre-North, Sahel and East regions. While insecurity has been gradually increasing since 2017, 2019 has been particularly violent, causing an unprecedented increase in humanitarian needs. In addition, Burkina Faso has been regularly affected since 2019 by various natural disasters making populations already living in precarious conditions even more vulnerable.

The number of internally displaced persons (IDPs) has risen from 87,000 in January 2019 to more than 1,240,924 IDPs as of 31 May 2021, with 476,515 IDPs in the Centre Nord region representing the highest proportion, or 38.4% of the total IDP population, according to a report by the National Emergency Relief Council (CONASUR).

This CONASUR 2021 report estimates the number of children affected by emergencies at 749,766 (or 60.42% of IDPs). In addition to this already critical situation, from March 2020, there will be a health crisis characterised by the COVID-19 pandemic.

In this context and in order to support the implementation of emergency strategies and national policies for food security, nutrition and WASH services, as well as community engagement, the Consortium composed of Save the Children (SCI) as lead, Action Contre la Faim (ACF), The Hunger Project Burkina Faso (THP BF), Centre for Economic Governance and Accountability in Africa (CEGAA), Réseau des Organisations de la Société Civile pour la Nutrition (RESONUT) and Association Monde Rural (AMR), with financial support from the Kingdom of the Netherlands, has been implementing an advocacy project called RIGHT TO GROW "R 2 G" since January 2021, in the Eastern, Central and Northern regions.

This project aims to strengthen the resilience of communities to food and nutrition insecurity in a sustainable manner, while equipping actors on the prevention of stunting of young children and infants, through capacity building of CSOs and CBOs in nutrition/WASH.

3.2. R2G's approach to nutrition, WASH and food security

Malnutrition remains a problem in most countries. Efforts to improve population nutrition need to focus much more on vulnerable groups and be based on a community-based approach. With this in mind, the overall goal that this project seeks to achieve in the long term is that "***Every child is able to reach his or her full potential".***

To achieve this ultimate goal, and according to the various criteria set by R2G actors, civil society and government must jointly and effectively address undernourishment in an

integrated, gender-sensitive and inclusive manner. To achieve this, the Right2Grow Programme in Burkina Faso will be based on the principle that access to safe food, sanitation, hygiene and drinking water is a human right that the state must guarantee, respect and protect. This right is based on the principles of non-discrimination and universality of rights with particular attention to vulnerable and/or marginalised groups, the poor, and especially women. This intervention strategy will consist of linking the local level to the global level, in the first instance through strong partnerships between actors. In a second phase, the Right2Grow project will build the capacity of stakeholders, including Civil Society Organisations (CSOs) and Community Based Organisations (CBOs). It will assess knowledge and conduct research related to nutrition, food security and WASH services at national level and in the target areas. The research will also look at the level of engagement of actors including the state and decentralised communities, as well as the risk factors of undernutrition. Finally, in a third phase, Right2Grow will focus on lobbying and advocacy for the knowledge, demand and realisation of rights related to nutrition, food security and access to WASH services.

3.3. Right to Grow's intervention logic

In recent years, in an effort to improve the quality of interventions in development projects, the emphasis has shifted to an in-depth analysis of social change. When designing a project or programme, the current need for donors is to perceive the real change that will be visible and the methodology used to achieve it.

In this sense, the general objective of this project is to empower communities through their leaders in an inclusive manner and through capacity building of community organisations constituted as watch and pressure groups in the communes.

Communities, including marginalised groups and women, will become their own agents of change and rights holders through their representation in decision-making, monitoring and advocacy bodies. Capacity building of local CSOs/CBOs will provide them with the necessary capacities to pursue actions related to improving the living environment of the populations concerned.

Collaboration with the Parliamentary Nutrition Network will ensure continued high-level involvement in monitoring and influencing nutrition policies, legislation and public funding.

3.4. Definition of concepts

Civil society organisation (CSO): **A civil society organisation is** a private organisation that brings people together to provide a non-market service to satisfy its members or an entire population in a common enterprise. They can be **non-governmental**, non-profit, voluntary, made up of people from the state and the market in the social field. CSOs represent a variety of interests and relationships

Community-based organisation (CBO): is a human grouping set up at community level by people who live together and have common goals and interests. It is a grassroots entity that manages, organises and administers common goods, resources and space in order to achieve objectives set by the community itself without any constraints. This category includes women's groups, sports and cultural associations, relay associations or community health workers

Advocacy: Advocacy is an act or process of supporting a cause or issue. An advocacy campaign is a set of targeted actions to support that cause or issue. We advocate for a

particular cause or issue because we want to Service Water, Sanitation and Hygiene (WASH): the set of actions to ensure that people have access to safe water.

A vulnerable person is a person who belongs to a sociologically disadvantaged group. It is therefore a person in a situation of physical or psychological weakness (pregnancy, illness, disability, old age, etc.), whom the law protects from abuse, particularly in criminal or social matters.

Nutrition services: Nutrition services refer to services provided by trained personnel who conduct individual assessments of nutritional history and intake, anthropometric, biochemical and clinical variables, eating skills and problems, or dietary habits and preferences; develop and follow appropriate plans to meet nutritional needs; and make referrals to appropriate community resources to achieve nutritional goals.

Right to food: The **right to food** is a human right protecting the right of people to feed themselves in dignity, which implies that sufficient food is available, that people have the means to access it and that it adequately meets the dietary needs of the individual. The right to food protects the right of all human beings to be free from hunger, food insecurity and malnutrition.

Community engagement: Community engagement is the process by which community service organisations and individuals build a long-term relationship with a collective vision for the benefit of the community. It is a contribution of the individual to collective life based on the recognition of the value and dignity of people and oriented towards building a more harmonious and supportive society.

Community mechanism: is a mixture of 'exogenous' or external actors and influences and endogenous, or internal, actors, also known as traditional actors. Gradually, the importance of working through local and traditional community structures, or through informal processes, is being recognised.

4. INTRODUCTION TO THE BASELINE STUDY AND COLLECTION METHODOLOGY

4.1 Introduction to the R2G baseline study

A baseline study is an operation that consists of collecting information in order to inform a certain number of project objective indicators in a well identified area for the benefit of targets. To do this, the consultant defined the target population and developed the data collection tools in relation to the objectives defined in the study's terms of reference.

In order to establish a database against which to assess the progress of indicators related to activities, intermediate and overall results, the project's implementers considered it necessary to carry out a baseline study of the situation in the project's intervention area. This baseline study was carried out using the following approaches

4.1.1 The preparatory phase

The preparation focused on all the activities that will allow the operationalisation of the basic study mission. These include the setting up of a technical committee to monitor the study, bringing together all the partners, the drafting of the scoping note, which was the subject of the technical scoping meeting held on 21 May 2021 at the premises of the NGO Save the Children, and the exchange meeting with the partners on Virtual Teams held on 30 June 2021. These meetings were an opportunity to present the methodology to the partners and to all the direct staff involved in the project and to collect their opinions and suggestions, to agree on the ToR, to discuss the sample of people to be surveyed, to exchange useful documentation, to agree on the timetable of the mission, etc.

Suggestions were made to the firm to emphasise community involvement and the qualitative aspect of the data, to develop tools with modalities that avoid wasting time in processing as much as possible, to ensure quality assurance of the data collection and to take into account the security context in the R2G project intervention zones. Following these discussions, data collection was planned from 6 to 20 July 2021 in the project intervention zone. Thus, the responses from the various communities and CSOs/CBOs cover the period of the study and should be considered as a reference value for this baseline study.

4.1.2 Literature review

The collection and review of documents should enable a programme to be drawn up in line with the objectives contained in the Terms of Reference (TOR). The understanding of the stages of the realisation of the present mission and the socio-cultural implications is essential for its success. This approach also allows for an understanding of the food and nutrition security, WASH and community engagement aspects of the assignment.

The study made an in-depth analysis of the key indicators of the R2G project. In addition, the design of field data collection tools will be based on the document review. To this end, the questionnaires and interview guides for resource persons will be refined on the basis of information relating to the themes addressed in the ToRs following the review of documents relevant to this study.

4.1.3 Development of the study protocol

Following the documentary analysis and the first contacts with the Monitoring Committee, the consultant drew up a study protocol that re-specified the basic methodological proposal while integrating the amendments of the Monitoring Committee.

4.2 Collection methodology

In order to take into account all the stakeholders of the project, the consultant used a participatory, iterative and flexible methodological approach. This proposed method made it possible to collect the information needed to draw up the document in a participatory manner with the targets and stakeholders. Thus, data collection was approached in three ways. The first is the document review (study reports, policies and programmes, etc.), the second is qualitative and the last is quantitative.

The consultant also made use of the project documents as well as documents relevant to the assignment. Primary qualitative data collection was conducted in order to address the various objectives related to the research questions in the Baseline. This collection also allowed us to understand the good practices of CSOs/CBOs in the project area. As for quantitative data

collection, two collection tools led to a sample of over 908 individuals surveyed in the communities and 166 CSOs/CBOs and common interest groups were also reached.
Furthermore, it should be noted that the present data are not statistically representative as the Baseline has focused on qualitative data.

4.2.1 The target population

The target groups are CSOs/CBOs, resource persons and communities living in the R2G project area. These include:

- ✓ CSOs/CBOs,
- ✓ Resource persons,
- ✓ Technical services in charge of nutrition, food security, WASH
- ✓ Communities (women, men, youth and adolescents, vulnerable people,
- ✓ Key informants (traditional and religious leaders, community relays, ASBC, etc.)
- ✓ The private sector.

☑ For the Quantitative Component

The targets of the quantitative survey are all CSOs/CBOs, communities residing (youth and adolescents, women and men) in households in the project area, vulnerable people. It should be noted that the focus is not on the quantitative component as recommended during the various scoping meetings.

- ✓ **Inclusion criteria for each target:** being a CSO/CBO and residing in the project area and able to give free, informed or voluntary consent.
- ✓ **Exclusion criteria for targets**: CSOs/CBOs and citizens who decided to stop participating in the survey, lack of consent for the survey, cases of people with severe mental disabilities.

☑ For the qualitative aspect

The qualitative data collection is based on two dimensions: individual interviews and focus groups.

Targets for individual interviews :

- Leaders of CSOs/CBOs, women's groups, girls' groups etc. in the identified intervention area;
- The SPONG,
- Resonut or RESONUT ;
- THE STAN
- The Nutrition Directorate
- The nutrition, health, WASH and food security clusters in the project's intervention areas,
- The Private Sector Nutrition Network ;
- The CNOSC,
- The different SUN networks, (United Nations Nutrition Network, Parliamentarians Network, Academics Network, etc.)
- Embassy of the Netherlands ;
- The heads of the deconcentrated technical services in charge of water and sanitation as well as the heads of the local water committees;
- The heads of the deconcentrated technical services in charge of agriculture ;
- Regional and provincial food security councils
- Health centre managers in the case of nutrition and hygiene (infants);
- Leaders of NGOs/associations implementing similar projects;

- Local authorities (local governments) and community leaders;

The targets for the focus groups :

- Men ;
- Community-based health workers ASBC ;
- Women, pregnant women, nursing mothers (FEFA) and women of childbearing age (FAP); Caretakers in general
- Marginalised groups (people living with disabilities and IDPs).

4.2.2 Development of collection tools

Several collection tools were used during this mission.

For the quantitative component, the CSO/CBO and household questionnaires were used to

For the qualitative component, three interview guides were used. These were the interview guide for CSOs/CBOs and women's groups, the interview guide for resource persons and the focus groups for communities (women, men, vulnerable and marginalised people, etc.).

4.2.3 Awareness raisingand canvassing

Sensitisation enables the population and CSOs/CBOs to collaborate well in the framework of the project's baseline study. The exploratory mission made it possible to emphasise the importance of the operation to the CSOs/CBOs in the three (03) regions of intervention of the project. To this end, a consultation meeting was held with the National Council of Civil Society Organisations (CNOSC) in Ouagadougou. The aim was to inform the CSOs/CBOs and communities of the arrival of the investigators, to clearly explain the objectives of the mission and to reassure them that the information gathered will be and remain confidential. It will only be used for statistical purposes. Following these calls, telephone numbers and the names and activities of CSOs/CBOs were collected from the regional structures of the CNOSC in the three regions of intervention of R2G. This approach helped to strengthen the various elements of the study protocol in order to guide the sample of CSOs/CBOs to be surveyed.

4.2.4 Recruitment and training of mission staff

The overall objective of the training was to build the capacity of data collectors on the technical environment of field data collection.

More specifically, this training involved :

- ☑ Present the objectives of the project and the expected results of the R2G project;
- ☑ Remind participants of the concept of quantitative and qualitative research, its components, issues and challenges;
- ☑ Review the different tools that were used in the data collection;
- ☑ To enable participants to appropriate and familiarise themselves with data collection tools;

The training session was held at the Centre de librairie in Ouagadougou. In total, 38 participants took part in the training, i.e. 31 interviewers and 7 supervisors. At the end of the training, 25 interviewers were selected to participate in the fieldwork according to their ability to follow the training. This selection was made by the head of the office.

The training session was facilitated by the consultant's team, including the general manager and the consultant specialising in public health and behaviour change, and the mission monitoring committee team.

4.2.5 Assessment of data collection

4.2.5.1 Assessment of the quantitative collection

The results of the data collection, as detailed in the table below, remain somewhat mixed. However, on the whole we can say that the objectives were achieved, given the quality of the targets of this study and the open field.

At the time of writing, 166 CSO/CBO targets (i.e. CSO/CBO staff or members of targeted CSOs/CBOs) and 908 households have been involved in data collection. The assessment of the level of achievement of the objectives is provided in the table below. The details of each CSO/CBO are recorded in an EXCEL file which forms part of this report.

For the quantitative collection, two (02) questionnaires were administered to each target category.

The following table summarises the data by region:

Table 1Distribution of the sample of quantitative collection targets

	Household		CSO/CBO	
Region	Targeted	reached	Targeted	reached
North Central	320	282	17	30
North	440	424	28	98
EAST	240	202	28	38
Total	1 000	908	73	166
Implementation rate		89,9%		227,4%

Source: Field data collection, STAT DES

4.2.5.2 Assessment of the qualitative data collection

A total of 232 interviews and 94 focus groups were carried out in all the project's intervention regions as shown in the table below.

Given that the interviews and focus groups were recorded, a full transcription was necessary in order to complete the various analyses according to the information sought. The aim of the transcription was to put the information collected on an electronic medium so that it could be better used. It is of great importance in the analysis of qualitative data. To this end, the various interviews that were carried out were transcribed while respecting the basic scientific principles, i.e. without transforming or distorting the content of the speeches produced by the various interviewees.

Table 2Distribution of qualitative targets

	ACHIEVED				
Targets	North Central	North	EAST	TOTAL	**Implementation rate**
CSO	23	72	25	120	**114%**
OBC	3	4	3	10	**167%**
ASBC	6	9	10	25	**100%**
Community Leader	8	9	4	21	**105%**
Health worker	7	8	9	24	**120%**
Focus Group Men	15	8	10	33	**118%**
Focus Group Women (FEFA, FAP)	14	9	11	34	**106%**
CNOSC	1	1	1	3	**100%**
People Living with Disabilities (PLWD)	1	9	2	12	**240%**
NGO/Association leaders	1	2	4	7	**117%**
Focus group PDI	5	5	5	15	**136%**
Women's group		6	4	10	**100%**
Nutrition Focal Point	1	1	1	3	**100%**
Focal point Wash	1	3	2	6	**150%**

Food Security Focal Point	1	1	1	3	**100%**
Total	87	147	92	326	**116%**

Source: Field data collection

The list of all CSOs/CBOs and women's groups according to area of activity and reference contacts is available and would be annexed in the final mission report.

Other qualitative interviews conducted:

- RESONUT
- SPONG
- Nutrition Directorate
- MEAL Officer of THP BF
- CNOSC
- CIFOEB
- National Food Security Council (CNSA).

4.2.6 Data quality control process

The quality of the data was ensured by the professionalism and experience of the entire data collection monitoring team. A team of supervisors divided by region ensured daily supervision of data collection by the interviewers. Rotating supervision was provided by teams from the consultant to check the quality of the data. In the specific case of quantitative data collection, given that the collection was done with smartphones, programming was done using the collection application. The objective of the programming is to limit data entry errors. The automation of question skips and the automatic control of responses through this programming made it possible to avoid aberrant responses during data collection.

For the qualitative collection, careful listening was done in order to ensure a complete transcription of the audios by theme.

4.2.7 CONSTRAINTS AND DIFFICULTIES ENCOUNTEREDIN THE FIELD

During the field data collection mission, several difficulties were encountered by the teams. The main difficulties can be summarised as follows:

(i) ***The unavailability of a list of CSOs in some communes (Kongoussi, Sabcé, Korsimoro, Boussouma, etc.)***: The lack of a predefined list of CSOs in some communes was the major difficulty during the data collection. The interviewers and their supervisor were obliged to use different strategies to search for CSOs in the communes. This is the upstream strategy. This involves interviewing a CSO/CBO in a given area and then collecting information from that CSO in order to obtain a list of other CSOs/CBOs that are well known to that CSO.

(ii) ***Very weak presence of CSOs/CBOs in some intervention zones***: there is a very weak presence of CSOs/CBOs in some communes (Kongoussi, Sabcé, Korsimoro, Boussouma, Diabo, Tibga, etc). Even if they exist, they are not functional, therefore without headquarters, without activities, without updated members.

(iii) ***Collection period***: The survey period coincided with the rainy season. Busy with fieldwork, the population did not show much interest in this survey and consequently many refused to answer the questionnaires, saying they were "*tired*" or postponed the appointments for other days.

(iv) **Reluctance**: Some targets were reluctant to be interviewed because :

- ☒ ***No announcement***: Many CSO/Association leaders stressed that they were not informed in advance to prepare themselves and their members. Most of the time, the interviewers met either the leader of the association but its absent members or the members present and the leader absent. In the latter case, the members categorically refused to be interviewed by the interviewers.
- ☒ ***Insecurity:*** with the level of insecurity prevailing in the intervention zones, some leaders did not pick up calls for appointments. This is the case for some CSO leaders in Fada and Kaya***.***

4.2.8 Data processing

Quantitative data processing was carried out using STATA and SPSS software, which are powerful statistical analysis programs. The audit work took place from 20 July to 31 July 2021. It allowed checks and internal consistency controls to be carried out. Any errors detected were systematically corrected. Following the audit, the variables required for the various analyses were created. The auditing and transcription process benefited from the technical assistance of the firm's team.

For the qualitative component, transcripts were made and thematic analysis was used for processing and consistency checks of the information collected during interviews and focus groups with communities and CSOs/CBOs.

4.2.9 Difficulties encountered during the mission

Various difficulties were encountered during the field study:

- ✓ Weaknesses in the collection of data on budget monitoring where information is not up to date for some sectors;
- ✓ Displacement or absence of some CSOs/CBOs during the collection period coinciding with the security situation in some regions;
- ✓ Awareness-raising activities were not sufficient in some localities. However, efforts were made in the field with the intervention of the supervisors of the mission's monitoring committee.
- ✓ Difficulties in the field phase, where not all communes in some regions were covered due to the security situation,
- ✓ Difficulties related to the mobility of some people from one area to another due to the security situation.

5. ANALYSIS OF THE RESULTS OF THE BASELINE STUDY

The qualitative and quantitative part of the survey targeted communities, CSOs and CBOs in the R2G project area.

5.1. Characteristics of the targets surveyed

5.1.1. Characteristic of CSOs/CBOs

5.1.1.1. Distribution of targets by region

The results of the data collection are shown in the following table. At the time of writing this report, 166 CSO/CBO targets were surveyed (this refers to CSO/CBO staff or members of targeted CSOs/CBOs). The analysis indicates that 59.0% of the CSOs surveyed are from the Northern region, while 18.1% are from the North Central region.

Table 3Distribution of the sample of targets

	Workforce	Percentage
North Centre	30	18,1
East	38	22,9
North	98	59,0
Set	166	100,0

Source: Field data, July 2021

5.1.1.2. Priority targets for CSOs/CBOs

In the R2G project area, 83.4% of CSOs consider that women are the main target beneficiaries of their activities. This rate varies greatly from one region to another, reaching 76.3% in the Eastern region. For initiatives benefiting children, 69.3% of respondents believe that children benefit from their actions. This percentage is 52.8% for actions in favour of IDPs.

Table 4Distribution of CSO/CBO priority targets

	Children	Young people and adolescents	Women	Marginalised people	PDIs
North Centre	70,4%	88,9%	77,8%	48,1%	74,1%
East	81,6%	76,3%	76,3%	60,5%	61,1%
North	64,3%	77,6%	87,8%	56,1%	44,9%
Set	**69,3%**	**79,1%**	**83,4%**	**55,8%**	**52,8%**

Source: Field data, July 2021

5.1.1.3. Breakdown by type of activity carried out

Addressing community concerns is an important factor in maintaining trust between citizens and public and private authorities.

When asked "*what is the main activity carried out by your organisation in the locality*", 63.8% of CSOs indicated nutrition. The least practiced activities are those related to sexual and reproductive health (23.9%). WASH activities come in second place with 57.7%. CSOs/CBOs involved in community engagement are estimated at 53.4%. This situation could be linked in part to the security situation where the basic social needs of the population are diminishing day by day. It is therefore necessary to develop strategies for the adaptation of populations in these vulnerable areas.

Table 5Distribution of CSO/CBO activities

	Nutrition	Food safety	WASH	SRH	Community involvement	Gender and development	Other
North Centre	74,1%	70,4%	66,7%	29,6%	51,9%	63,0%	8,0%

East	55,3%	55,3%	50,0%	26,3%	52,6%	55,3%	31,6%
North	64,3%	62,2%	58,2%	21,4%	54,1%	54,1%	25,5%
Set	**63,8%**	**62,0%**	**57,7%**	**23,9%**	**53,4%**	**55,8%**	**23,9%**

Source: Field data, July 2021

5.1.2. Characteristic of the households surveyed

5.1.2.1. Distribution of targets by region

The results of the data collection are shown in the following table. At the end of the quantitative collection from the communities, 908 targets were reached. Thus, 46.7% were reached in the North region, 22.2% in the East region and 31.1% in the Centre-North region.

Table 6Distribution of the sample of targets

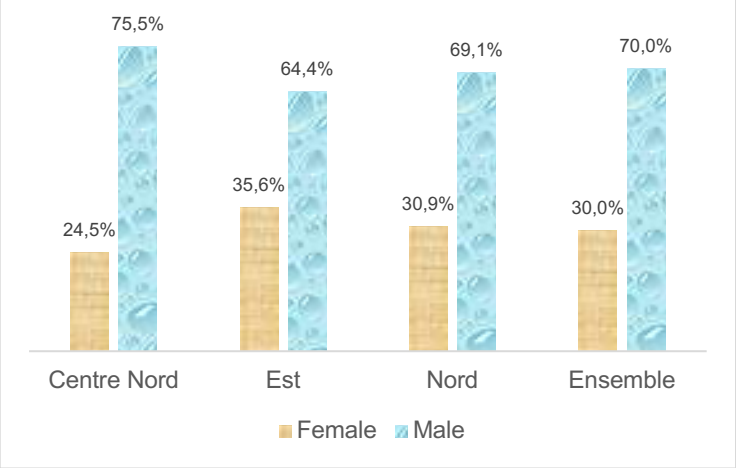
	Workforce	Percentage
North Centre	282	31,1
East	202	22,2
North	424	46,7
Set	908	100,0

Source: Field data, July 2021

5.1.2.2. Gender distribution of respondents

Analysis of the data by gender indicates that more than seven out of ten targets (70.0%) are men, compared to 30.0% for women. This distribution remains dispersed from one region to another, as the proportion is more or less the same for all regions, with 30.9% in the North, 35.6% in the East and 24.5% in the Centre-North region. This low participation of women during the field phase is explained by the security situation in these areas, where women are less available. The household collection strategy was designed so that interviewers would go door-to-door to administer the questionnaires to the targets. In this sense, men were more open and willing to welcome the agents in areas where the security situation had deteriorated significantly.

FIGURE 1GENDER DISTRIBUTION OF SURVEYED TARGETS



Source: Field data, July 2021

5.1.2.3. Age distribution of respondents

The analysis of the data shows that the most represented age group is the 18-35 year olds (30.1%), followed by the 35-45 year olds (25.3%). The least represented age group is the

elderly (55+) at 21.5%. According to this analysis, almost all the people surveyed, i.e. 92.1%, are of working age.

TABLE 7AGE DISTRIBUTION OF TARGETS

	[18,35[	[35,45[	[45,55[	[55 and over[
North Centre	32,3%	27,0%	23,0%	17,7%
East	19,8%	23,8%	27,7%	28,7%
North	33,5%	25,0%	21,0%	20,5%
Set	30,1%	25,3%	23,1%	21,5%

Source: Field data, July 2021

6. STRATEGIC ANALYSIS OF THE SPECIFIC OBJECTIVES OF THE BASELINE

6.1. Identification and analysis of current policies, texts, commitments and decisions at national, regional and local levels related to nutrition, WASH

6.1.1. Strategic identification and analysis of policies and texts

6.1.1.1. Presentation of policies and strategies related to food security and nutrition

Burkina Faso has joined international initiatives (MDGs, the 69th World Health Assembly, CAADP, UAP, etc.) and has developed several reference frameworks (RND, PNDES, PNSR, PNSAN, PRP, etc.). These different policies, which are the federating frameworks for interventions in the area of food security, nutrition and population resilience, thus reflect the commitment made by the Government to achieve sustainable development in accordance with the Sustainable Development Goals (SDGs).

With regard to nutrition, several policy and strategy documents have also been developed by the health sector and other nutrition-sensitive sectors, the implementation of which has contributed significantly to improving the nutritional status of the population.

This section provides a non-exhaustive overview of the extent to which nutrition is taken into account in the documents. Two main groups of policies emerge:

(i) policy and plan documents from sectors whose importance for nutrition cannot be disputed but which do not mention it,

(ii) documents where nutrition is taken into account but which do not sufficiently integrate the multisectoral vision of nutrition; thus, the impact of their implementation remains below the expectations expressed in terms of reducing malnutrition within communities.

Despite the mobilisation of resources and the exploitation of potential, the efforts made and the reforms implemented have not achieved all the expected results. This is partly due to :

- Low ownership of projects and programmes by actors at all levels;
- Insufficient financial resources allocated by the state budget to the rural sector;
- Lack of human resources.

6.1.1.2. Analysis of current policies and strategies related to food security and nutrition

☒ ***The National Food Security and Nutrition Policy (NFSP)***

The vision of Burkina Faso's National Food Security and Nutritional Policy is as follows: "To ensure that all populations have equitable access to a balanced, sufficient and healthy diet at all times in order to contribute to poverty reduction, the consolidation of social peace and the achievement of sustainable development. The National Food and Nutritional Security Policy has as its overall reference framework the PNDES through the PNSR II, which aims to achieve economic and social development and the attainment of the MDGs, including, among others, MDG 2 "eradicate hunger, ensure food security, improve nutrition and promote sustainable agriculture". The overall objective is to achieve sustainable food and nutrition security.

☒ ***The National Nutrition Policy and the Multisectoral Nutrition Strategic Plan 2017-2020***

The new National Nutrition Policy and the subsequent Multisectoral Nutrition Strategic Plan are based on the following strategic orientations

- Reduction of undernourishment ;
- Reduction of micronutrient deficiencies;
- Strengthening the fight against overnutrition and nutrition-related chronic non-communicable diseases;
- Strengthening the safety of nutrition-related foods ;
- Improving nutrition governance.

The major challenges of the Multisectoral Nutrition Strategic Plan, which operationalises the National Nutrition Policy, are to lead Burkina Faso resolutely along the road to achieving the 2025 global targets for improving the health of mothers, infants and young children, including people living with HIV, namely

- 40% reduction in the number of stunted children under five;
- 50% reduction in the prevalence of anaemia in women of reproductive age;
- 30% reduction in the prevalence of low birth weight ;
- No increase in overweight in children under five;
- Increasing the rate of exclusive breastfeeding from 0-6 to 50%;
- Reduction and maintenance of the prevalence of acute malnutrition in children under five below 5%.

6.1.1.3. Review of the institutional framework for food security and nutrition policies

Food security is overseen by the National Food Security Council (CNSA).

The weaknesses identified in the national food and nutrition security system are

- Inadequate institutional anchoring ;
- Weak analytical capacity (lack of human and financial resources) ;
- Weak relevance of collection and capitalisation tools ;
- Difficulties in identifying, targeting and accessing vulnerable areas and groups;
- Low participation of national actors (State & Private) in financing;
- Coordination difficulties ;
- Low contribution of sectors (education, agriculture, industry...) ;
- Weak accountability of actors.

As far as nutrition governance is concerned, and as can be seen, nutrition interventions are found in policies and programmes developed separately in different ministerial departments such as the Ministry in charge of Agriculture and Hydraulics (food security), the Ministry in charge of National Education (nutrition and school canteens) and the Ministry in charge of

Social Action (social safety nets). In addition, there are a multitude of actors within and outside the government who participate in the implementation of nutrition interventions.

6.1.1.4. Food and Nutrition Security Coordination Mechanism

At the national level, the implementation of food security and nutrition guidelines is coordinated by the CNSA, which is a framework for reflection and orientation. The CNSA works towards the effective involvement of all actors and gives responsibility to local authorities and civil society in the management of food security at the structural and cyclical levels. It is organised into a decision-making body (GA-CNSA), discussion bodies (TC-CNSA) and implementation bodies (SE-CNSA and the decentralised structures).

6.1.2. Perception of resource persons (key informants) on policies and components

6.1.2.1. Key informants' perceptions of the policy and legislation package

Stakeholder analysis and consultation with key informants provided information on the implementation of policies and legislation in both rural and urban areas. This information should help identify gaps in the various policies and texts, as well as institutional and normative challenges.

In the project area, during the last few years, changes can be noticed that have affected the well-being of the populations based on certain challenges met by the ratification of certain agreements or texts at national level. This is what an official in the nutrition directorate says:

"In general in Burkina, the state works each year to bring out at least one bill to improve the well-being of the population. Often these laws allow either to reinforce already existing structures or institutions", **key informants, Nutrition Directorate**.

With regard to the implementation of texts governing policies and programmes, the non-application of norms and regulations can be observed, as one resource person testifies: "*Many programmes work to improve the well-being of the population with clear texts, but it is observed that these programmes rarely achieve their initial objective for the benefit of beneficiaries.* This is also due to a lack of specific and oriented texts to facilitate the implementation of certain projects in favour of the populations. **Community relay, individual interview.**

At the international level, Burkina Faso has ratified a large number of legal instruments relating to the right to food, including the *International Covenant on Economic, Social and Cultural Rights (1966). Burkina Faso ratified the Covenant on 4 January 1999.*

At the national level, the right to food has not been expressly enshrined in the current Constitution, nor in any other legislative or regulatory text. In this sense, an enormous challenge remains in Burkina Faso:

"Today, even if the country has ratified a series of texts and laws governing the right to food, these ratified texts are not contained in the fundamental law. This, for example, is a major weakness. There have been several projects that struggle in this direction, and I think that the state is taking care of that," **a local authority, individual interview**.

The contribution of state actors is fundamental to the well-being of the population through policies and legislation in the field of food security and nutrition in both rural and urban areas.

6.1.2.2. Policies and recommendations most relevant to R2G

There is a range of possible actions to address the food and livelihoods crisis. The appropriate responses are highly context-specific and will depend on the capacity of the projects to benefit the people.

It was noted that in the covenants ratified at the national level, the Burkinabe state committed itself to taking the necessary measures to realise: *"the right of everyone to an adequate standard of living for*

himself and his family, including adequate food (...) and to the continuous improvement of living conditions" and "the fundamental right of everyone to be free from hunger".

However, the right to food has not been explicitly enshrined in the current Constitution or in any other legislative or regulatory text. This remains a normative challenge for the various development partners and actors at the national level. To achieve this, the following recommendations can be made to Right To Grow actors and CSOs to facilitate the effective involvement of the State in order to meet these challenges:

- Legal recognition of the right to food in the Constitution
- The adoption of a specific Food and Nutrition Act, including an Act for the implementation of the Breast Milk Substitute Code
- The establishment of effective mechanisms to strengthen Public Service Acts
- The establishment of mechanisms to follow up on public complaints.

This strategy could be supported through formal CSOs in the decision-making process in the political environment in Burkina Faso. This is what a resource person in the nutrition directorate said in a personal interview: "*It should be noted that several laws are still pending, but the important thing is that private partners go through civil society organisations to strengthen their capacity to participate in decision-making in the national hemicycle. This will address many of the outstanding challenges to facilitate improved welfare*. **Resource person, interview**.

6.2. Factors that hinder as well as facilitate the adoption of infant and young child feeding practices and the feeding of pregnant and lactating women in households

6.2.1. Adverse factors

In the project area, several factors explain the practice of good infant and young child feeding. Indeed, 55.0% of the people surveyed stated that one of the factors hindering good feeding is the fact that they have difficulty breastfeeding their infants. On this subject, one woman said: *"You have to eat well, otherwise you can't feed your child. Because breast milk contains a lot of nutrients that promote the nutrition of children. So if the mother doesn't eat well, it's a big problem really. That's why we like breastfeeding women to eat something special, but often it's because of a lack of money.* **Breastfeeding woman, Ouahigouya commune.**

However, some respondents felt that it was the lack of sufficient food (36.1%).

TABLE 8FAVOURS AGAINST THE ADOPTION OF INFANT FEEDING PRACTICES

	Don't know	Lack of knowledge of the benefits of exclusive breastfeeding	Has difficulty breastfeeding	Lack of financial means	Lack of sufficient food
North Centre	0,0%	0,0%	72,0%	11,0%	17,0%
East	0,0%	0,0%	78,2%	2,0%	19,8%
North	0,2%	5,2%	33,7%	4,2%	56,6%
Breastfeeding women	1,1%	3,4%	56,8%	6,8%	31,8%
Women of childbearing age	0,0%	5,8%	56,2%	6,6%	31,4%
Pregnant women	0,0%	4,8%	57,1%	6,3%	31,7%
Set	0,1%	2,4%	55,5%	5,8%	36,1%

Source: Field data, July 2021

6.2.2. Enabling factors

Analysis of the data indicates that 85.4% of the individuals said that innovative awareness-raising practices are one of the factors favouring good nutrition in their community. 9.5% of them think that the involvement of fathers in the adoption of infant and young child feeding practices is also a favourable factor. Qualitative interviews confirm these figures, as illustrated by the interview with a woman during a group discussion:

"Today, we can't do anything without awareness raising. Everything is based on that. There are many factors that can facilitate the task. Only that these sensitisations allow an awakening of the consciences of the populations concerned. Awareness raising can be done with the communication channels that are favourable in the locality" **woman, focus group, Fada commune.**

TABLE 9FAVOURS FOR THE ADOPTION OF INFANT FEEDING PRACTICES

	Good knowledge of ANJE practices	The adoption of innovative awareness-raising practices	Fathers' involvement in the adoption of ANJE practices
North Centre	8,9%	70,2%	20,9%
East	2,0%	97,0%	1,0%
North	4,2%	89,9%	5,9%
FA	5,7%	87,5%	6,8%
FAP	6,6%	86,8%	6,6%
FE	4,8%	82,5%	12,7%
Set	5,2%	85,4%	9,5%

Source: Field data, July 2021

6.3. Communities' knowledge of their social rights in relation to nutrition and WASH

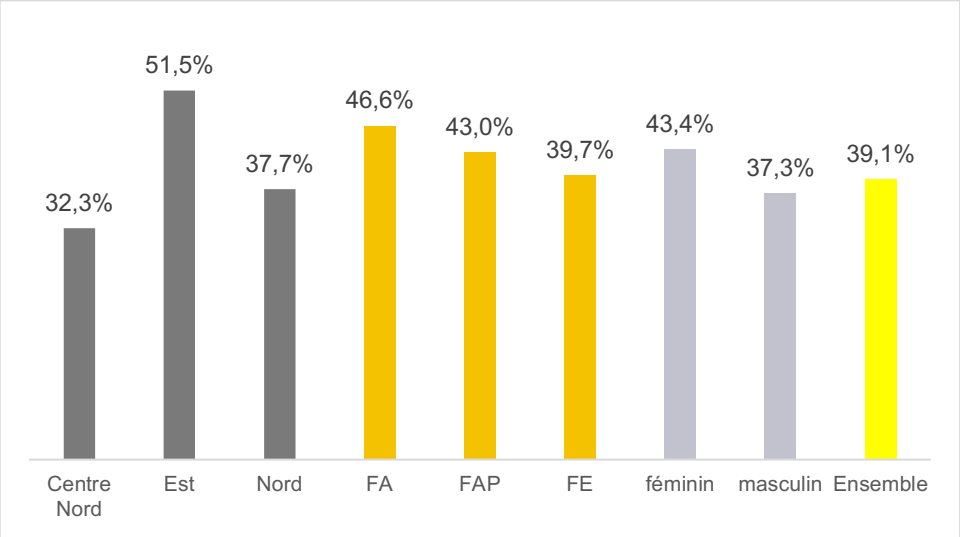
Social rights aim to protect the community from exploitation and to give them the right to participate in the social wealth. These rights include the right to education, the right to housing, the right to clothing and the right to social security.

6.3.1. Communities' knowledge of their social rights in relation to nutrition

These social rights mentioned above are applicable in all areas including the rights to nutrition and WASH services. In terms of social rights to nutrition, 39.1% of communities feel they have knowledge in their locality. This proportion is higher among women (43.4%) than among men (37.3%). The distribution by region indicates that the level of knowledge is higher in the East region (51.5%), than in the Centre-North region (32.3%) and the North (37.7%).

Qualitative data also reinforced these proportions, as one man in a group discussion said: *"People know their rights well. It's the lack of information to respect them that is often the problem. Often we don't have the financial means to do so. It's through awareness-raising that we are better informed about these rights. This helps us a lot to achieve our goals.* **Man, focus group, Kongoussi commune.**

FIGURE 2KNOWLEDGE OF COMMUNITIES ABOUT THEIR SOCIAL RIGHTS IN RELATION TO NUTRITION

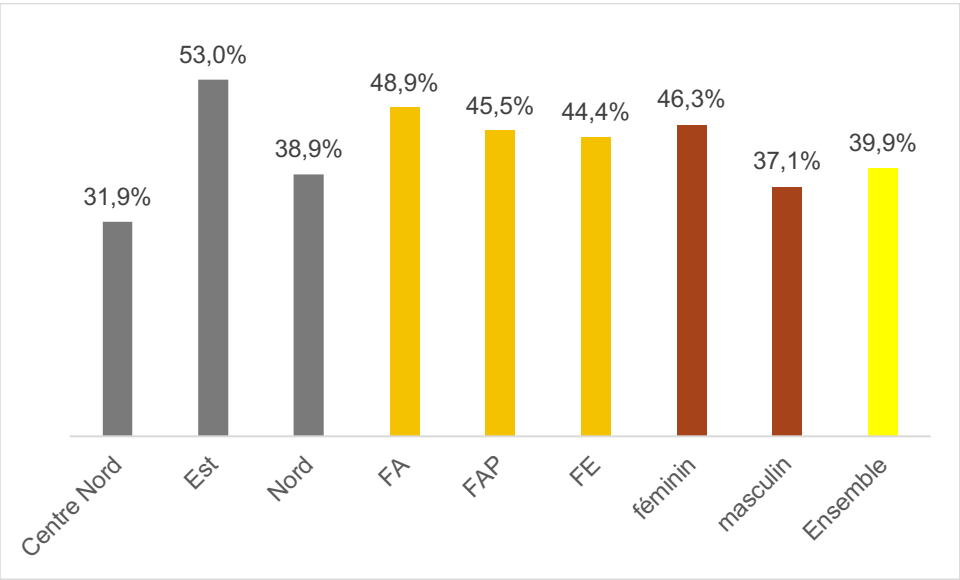


Source: Field data, July 2021

6.3.2. Communities' knowledge of their social rights in relation to WASH

In terms of social rights in WASH services, 39.9% of communities feel that they have knowledge in their locality. This proportion is higher among women (46.3%) than among men (37.1%). The distribution by region indicates that the level of knowledge is higher in the East region (53.0%), than in the Centre-North region (31.9%) and the North (38.9%).

FIGURE 3COMMUNITY KNOWLEDGE OF THEIR SOCIAL RIGHTS IN RELATION TO WASH



Source: Field data, July 2021

6.4. Capitalise on and analyse existing data on the knowledge, attitudes and current practices of multisectoral nutrition-related communities

6.4.1. Early breastfeeding after birth

Putting the newborn to the breast during the first hour of life is essential for survival and for the establishment of long-term breastfeeding. When breastfeeding is delayed after birth, the consequences can be life-threatening, and the longer the infant is left waiting, the greater the risk. This indicator represents the proportion of infants born in the last 24 months who were put to the breast within one hour of birth. According to a study conducted in the Cascades

region[6], the proportion of mothers who say they put their child to the breast within the first hour after birth is 74.8% in 2020.
According to the same study, male children (75.5%) are the most likely to be breastfed immediately after birth, while the proportion is 74.1% for female children in 2020.

6.4.2. Exclusive breastfeeding before 6 months of age

Breastfeeding has many health benefits for both mother and baby. Breast milk contains all the nutrients an infant needs for the first six months. Breastfeeding reduces the risk of overweight and obesity in childhood and adolescence. Exclusive breastfeeding for the first six (06) months means that the infant receives only breast milk. No other liquid or solid foods are given to the infant, except for oral rehydration solutions, or drops/syrups of vitamins, minerals or medicines.

A study carried out as part of the PASANAD project "Appetite comes with eating" in 2020, indicates that 48.6% of breastfeeding women use this practice.

6.4.3. Introduction of solid, semi-solid and soft foods

Most babies start to pay attention to what others are eating at around 6 months of age. This is an exciting time for both the baby and the mother. This indicator is the proportion of infants aged 6-8 months who have consumed solid, semi-solid or soft foods in the last 24 hours. The SENO NUT study indicates that 45.4% of children in the Sahel region benefited from the introduction of solid, semi-solid and soft foods in 2020.

6.4.4. Minimum food diversity

WHO defines minimum dietary diversity as the proportion of children 6-23 months of age who receive foods from 4 or more food groups.
The PASANAD baseline study report shows that the diet base of children under two years of age is an important factor in the quality of children's diets. The measure of dietary diversity is 57.3% in the Cascades region, compared to 22.4% in 2019.

6.5. Levels of knowledge and skills that people have to claim their rights and the services that can enforce them

6.5.1. Communication channels of communities to claim their rights

The communication channel is a medium (physical or otherwise) through which a certain amount of information is transmitted. The data collection indicated that 22.1% of the communities go through the radio, 21.4% through NGOs/associations in their locality. The channels least used to inform about the existence of social rights are, among others, international institutions (1.4%), social networks (3.9%), given their level of education. The communication channels were confirmed by a man during a focus group in the following terms: *"several channels are used but it depends a lot on the area where we are. For example, in remote villages, people prefer to use rural radio. On the other hand, in urban areas, where there are more young people, social networks are used a lot. Associations that also do a lot of communication in rural areas are also preferred.* **Man, focus group, Ouahigouya commune.**

[6] CAP, 2020, Projettomondo analysis report

FIGURE 4CHANNEL OF INFORMATION ON THE EXISTENCE OF COMMUNITY SOCIAL RIGHTS

	Local authority	Other	International institution	NGO/Association	CSO/CBO	Social networks	Radio	Television
North Centre	25,8%	6,5%	1,6%	13,7%	19,4%	8,9%	18,5%	5,6%
East	21,4%	5,1%	0,0%	28,2%	12,8%	3,4%	27,4%	1,7%
North	19,5%	10,3%	3,2%	22,7%	15,7%	1,6%	21,6%	5,4%
Internally displaced persons	22,3%	7,1%	2,4%	19,6%	17,0%	3,6%	23,2%	4,8%
PVH	16,3%	11,6%	0,0%	27,9%	7,0%	11,6%	20,9%	4,7%
Refugees	20,7%	6,9%	0,0%	27,6%	20,7%	3,4%	20,7%	0,0%
widow	40,0%	0,0%	0,0%	40,0%	20,0%	0,0%	0,0%	0,0%
female	23,1%	15,4%	0,0%	30,8%	7,7%	0,0%	15,4%	7,7%
male	23,3%	10,3%	2,7%	21,9%	11,0%	4,8%	22,6%	3,4%
Set	21,1%	6,4%	1,4%	21,4%	18,6%	3,9%	22,1%	5,0%

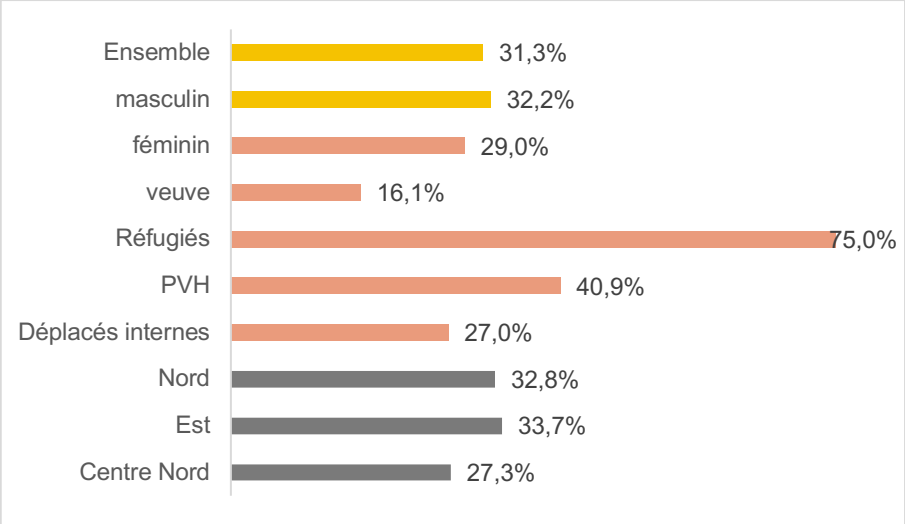
Source: Field data, July 2021

6.5.2. Decision-making power of the communities to take into account their social rights

When asked: "*Do you feel that you have a voice and can challenge decisions or participate in decision-making in your community*", 31.3% responded positively. The gender breakdown indicates that men are more likely (32.2%) to challenge decisions than women (29.0%). This is what one community leader said:

"There is a lot of talk about decisions, but first of all it should be noted that in order to challenge a decision, you have to participate in it. So generally, men participate more than women. So when decisions are made, it is even the men who speak out the most at the end of advocacy meetings. This is what everyone notices, especially in rural areas. **Community leader, Sabcé commune.**

FIGURE 5DECISION-MAKING POWER OF COMMUNITIES TO ADDRESS THEIR RIGHTS



Source: Field data, July 2021

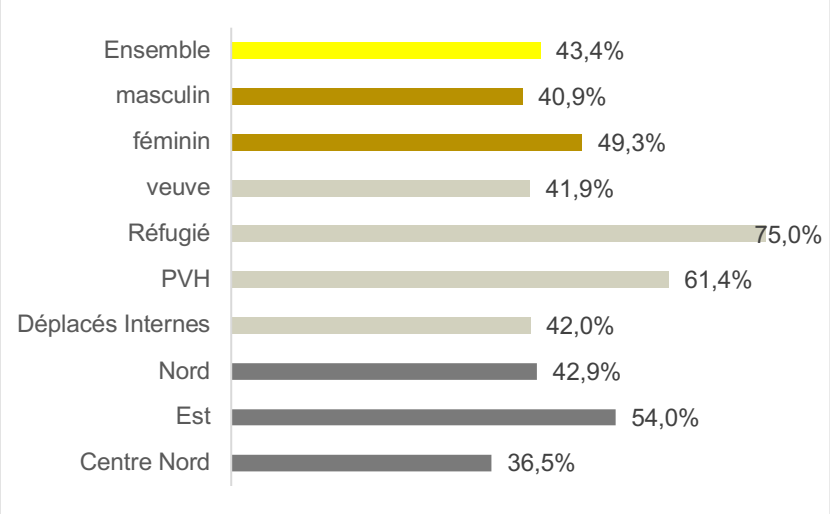
6.5.3. Level of knowledge of services able to enforce these rights

When asked: "*Are you aware of the services that can enforce these rights?*", 43.4% of the communities state that they are aware of these services. In the Eastern region, the level of knowledge is even higher (54.0%), followed by the Northern region at 42.9%. These proportions are reflected in the individual interviews in the following terms:

"We don't know at all, because CSOs don't do awareness raising to enable the community to know more. But nevertheless, there are many other people who know about the structures that enforce these rights but more at the city level."

Man, focus group, commune of Titao.

FIGURE 6LEVEL OF KNOWLEDGE OF SERVICES ABLE TO ENFORCE THESE RIGHTS



Source: Field data, July 2021

6.5.4. Types of services that are able to enforce community rights

According to the communities surveyed, several services are known to better guide and enforce community rights. Indeed, the local authorities (71.6%) are the services that are the most capable of enforcing the rights of communities in their localities, followed by CBOs/CSOs (47.5%) and associations/NGOs (42.6%). These proportions are confirmed by an interview with a community leader in the commune of Titao in the following terms

"In any case, I think that people propose to use the most formal voice to make their grievances. So it's the state we use a lot here. Afterwards, there are also CSOs that are very serious and with whom we have worked on these things. **Community leader, Titao commune.**

TABLE 10TYPES OF SERVICES WITH THE CAPACITY TO ENFORCE COMMUNITY RIGHTS

	OBC/CSO	Local authority	Interest Grouping	Association/NGO	Human Rights Organisation	Other
North Centre	56,30%	80,60%	39,80%	35,00%	24,30%	4,90%
East	61,50%	78,00%	11,90%	71,60%	22,90%	0,90%
North	34,10%	62,60%	20,30%	29,70%	13,70%	4,90%
Internally displaced persons	33,30%	64,30%	21,40%	28,60%	59,50%	0,00%
PVH	48,10%	70,40%	25,90%	29,60%	92,60%	0,00%
Refugee	66,70%	66,70%	50,00%	16,70%	416,70%	0,00%
widow	53,80%	84,60%	7,70%	69,20%	192,30%	23,10%
female	42,50%	66,40%	14,90%	43,30%	18,70%	5,20%
male	50,00%	74,20%	27,30%	42,30%	9,60%	3,10%
Set	47,50%	71,60%	23,10%	42,60%	6,30%	3,8%

Source: Field data, July 2021

6.6. Mechanisms and approaches used by the community to have their views and expectations heard and taken into account

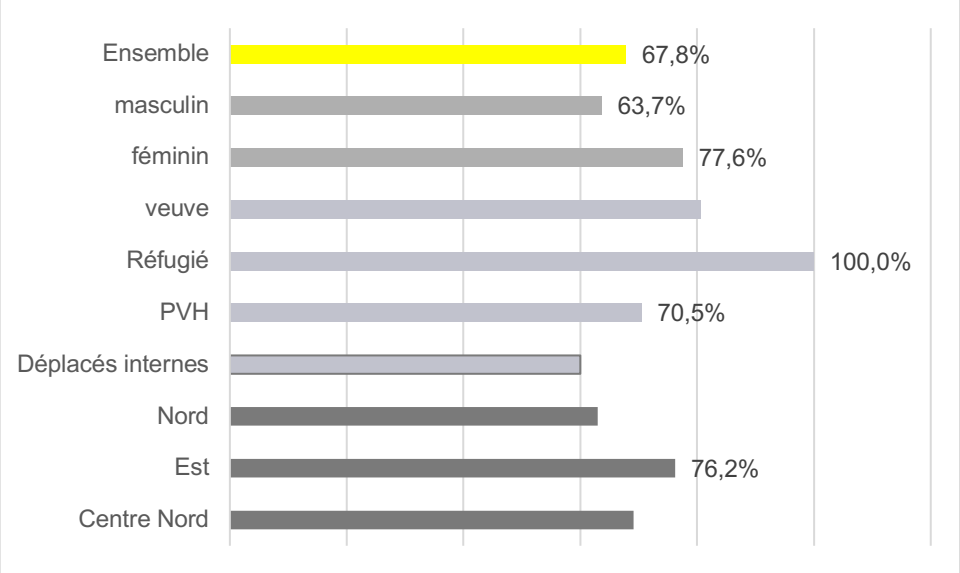
6.6.1. Existence of mechanisms and approaches used by the community

The mechanisms used by communities allow individuals and affected communities to raise issues or concerns with CSOs/CBOs so that they can be addressed in a timely and consistent manner. However, when effectively implemented, they offer the potential for more effective, immediate and low-cost resolution of claims for both CSOs/CBOs and communities.

The analysis of the data from the populations indicates that 67.8% of the targets stated that there are approaches or mechanisms used by the populations to have their opinions and expectations heard and taken into account. This rate is higher among women (77.6%) than among men (63.7%). The percentage is higher among people living with disabilities (70.5%). This is explained by the fact that these two (02) targets are in the vulnerable strata and therefore show increasing needs to improve their living conditions. This is what a woman IDP in the commune of Kaya said in the following terms:

"Often we have no choice but to have principles to make ourselves heard in our localities. But I think that CSOs are working to guide us well in the process. **Women IDPs, Kaya commune**.

FIGURE 7 EXISTENCE OF MECHANISMS AND PROCEDURES USED BY THE COMMUNITIES :



Source: Field data, July 2021

6.6.2. People's community mechanisms for making their voices heard

Recognising the importance of mechanisms for making their voices heard, many industry sectors have sought ways to adapt these mechanisms to their own needs and impacts.

When asked "what mechanisms or approaches are used by the population to make themselves heard", 60% of the targets interviewed believe that communities use advocacy, followed by the dialogue mechanism (52.3%). These approaches are followed by community hearings (41.2%).

TABLE 11COMMUNITY-BASED APPROACHES TO MAKING THEIR VOICES HEARD

	communit y hearing	dialogue	Advocacy	Community event	Meeting with policy makers	sending a letter	Participation in a radio programme	Field visit with a policy maker	other
North Centre	30,3%	45,13%	55,90%	41,54%	50,26%	6,15%	23,59%	2,05%	1,54%
East	38,3%	45,45%	53,25%	16,88%	26,62%	1,95%	42,21%	0,65%	2,60%
North	46,1%	63,67%	59,93%	39,70%	28,46%	7,12%	13,11%	2,62%	1,50%
Internally	36,4%	51,63%	56,50%	33,74%	36,99%	5,89%	24,80%	1,83%	1,42%

displaced persons									
PVH	51,7%	50,00%	48,33%	45,00%	23,33%	3,33%	21,67%	5,00%	6,67%
Refugee	51,6%	64,52%	74,19%	25,81%	38,71%	6,45%	22,58%	0,00%	0,00%
widow	50,0%	75,00%	62,50%	62,50%	0,00%	0,00%	12,50%	0,00%	0,00%
female	44,0%	72,00%	64,00%	28,00%	28,00%	4,00%	12,00%	0,00%	0,00%
male	35,1%	54,98%	51,18%	32,70%	29,38%	4,27%	21,80%	1,90%	2,84%
Set	41,2%	52,35%	60,00%	35,56%	37,78%	6,17%	24,69%	1,98%	1,23%

Source: Field data, July 2021

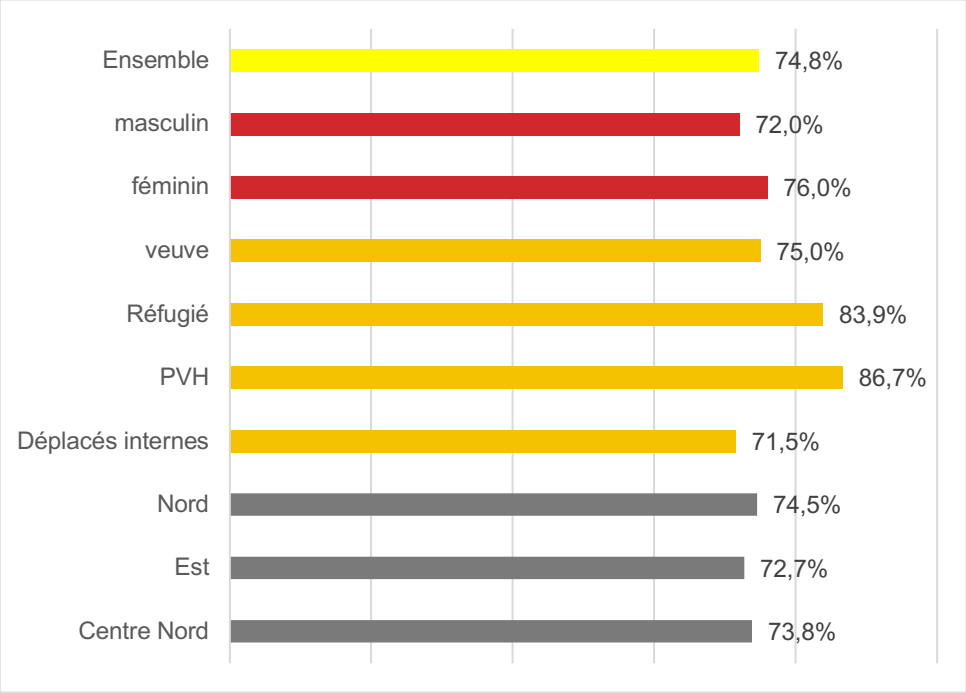
6.6.3. Knowledge of the procedures to be followed in setting up the mechanisms

The analysis of the data indicates that 74.8% of the communities surveyed are aware of the existence of procedures to be followed in order to be heard. This analysis is supported by the qualitative approach during the interviews with the communities. This is what a vulnerable person said during an interview in the commune of Dablo:

"Yes, in principle, all procedures are well known by people. People know that if they want to go through a procedure, they have to go through CSOs to be better heard. Otherwise, without the support of these structures at the local level, we can't make ourselves better heard. **Person living with a disability, Ouahigouya commune.**

The gender breakdown shows that women are more aware of the procedures to be followed.

FIGURE 8LEVEL OF AWARENESS OF THE EXISTENCE OF PROCEDURES TO BE HEARD



Source: Field data, July 2021

6.6.4. Community knowledge of nutrition, WASH and food security services

6.6.4.1. Knowledge of nutrition and food security services

"The security situation means that there is no more food in our reserves and we are only receiving food assistance just to survive. We know well the services that are in charge of giving advice to the population so that they have good nutrition and good food for the children. Often even when our children are sick, we send them to see if it is not malnutrition because there is

nothing to eat here. Each community makes an effort to feed the little ones who mean everything to us. **Internally displaced person, Kaya commune.**

This interview highlights the fact that the nutritional situation in the areas visited is characterised by persistent undernutrition in all its forms, despite the efforts made by the state and its development partners. This is what a man testified during a focus group in the commune of Kongoussi in the following terms:

"In the area here, it is increasingly difficult to find food. Areas that were supposed to have agricultural potential are not. It's even worse for the children who are more vulnerable than us adults. The services are coming but it's just advice.

Male focus group, Kongoussi commune.

In addition, malnutrition, which is also a direct consequence of the lack of food, is rampant in all its forms, mainly among children under five and women of childbearing age.

Food insecurity has increased dramatically in Burkina Faso according to a report by the United Nations High Commissioner for Refugees in 2021. According to the report, more than 2 million people are in need of food assistance due to insecurity.

This contextual analysis is supported by interviews with a nutrition focal point in the Eastern region who testified as follows

"When we arrive in the refugee camps, the nutritional situation is very worrying from day to day. The deterioration of the security situation is causing many people to be displaced. Many households have fled their localities, abandoning everything to save their lives. You will notice that in all the regions where there is insecurity, there is the intervention of humanitarian projects. Despite this, malnutrition is still rife in the localities. **Nutrition focal point, Fada commune.**

The interviews conducted with the various actors show that despite the multiple interventions of the partners, the indicators of the nutritional status of children in the intervention zones remain worrying and demonstrate the need to better understand the local determinants of malnutrition in order to better refine the interventions and act effectively on the factors that hinder the improvement of the nutritional and health status of children and of the community in general.

6.6.4.1.1. Knowledge of nutrition services

More than seven out of ten people have knowledge about nutrition services in the project area.

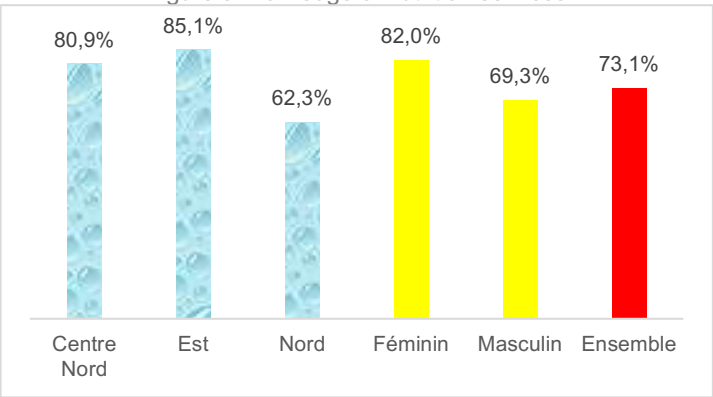
Food, in terms of quantity, quality and frequency, is the most important external factor in people's lives. Food, regardless of its origin, is necessary to maintain the body. The analysis of the data collected indicates that 73.1% of the people stated that they were aware of nutrition services in their locality. This percentage is higher in the Eastern region (85.1%), and lower in the Northern region (62.3%). The distribution by gender indicates that women (82.0%) are the most informed and the most aware of nutrition services.

This was confirmed by a man during a focus group in the commune of Diabo in the following terms:

"When we become adults, nutrition services are no longer our priority. Women are the best people to tell us about the benefits because they get more guidance. But now, with the presence of projects in our area, it is difficult to see someone who has no idea about nutrition. The

projects are raising awareness and providing guidance to prevent our children from going through difficult times. **Focus group man, commune of Diabo**.

Figure 9Knowledge of nutrition services



Source: Field data, July 2021

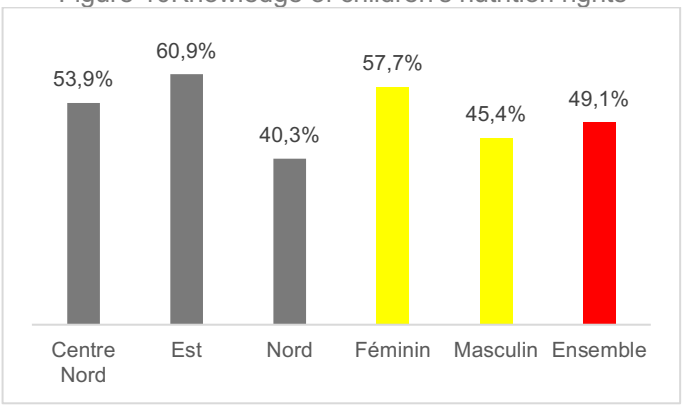
6.6.4.1.2. Knowledge of the nutritional rights of children under 5

Knowledge of children's nutrition rights can improve their nutrition indicators. The data indicate that 49.1% are aware of the nutritional rights of children under five.

While others sometimes question the intervention system involving sensitisation, others greatly appreciate these interventions which enable them to better understand nutrition services:

"Nutrition services are very important for the local populations. There is awareness-raising among communities, especially women, for children under five. These women benefit a lot from this. And it is with this work that the women manage to control the harmful effects of malnutrition. Because of the security situation, the communities suffer a lot from nutrition. **Breastfeeding woman, focus group, Gourcy.**

Figure 10Knowledge of children's nutrition rights



Source: Field data, July 2021

In addition, analysis of interviews on nutrition service facilities shows that more than half (55.9%) of the population feels that they are not suitable for their centre. This was stated by a food security officer **from an NGO in the Eastern region**.

"It is true that the needs are more pressing, but the remark is that there is not enough installation of services for the benefit of the population. It is good to always raise awareness, but the difficulty is that as soon as the projects end, the people are no

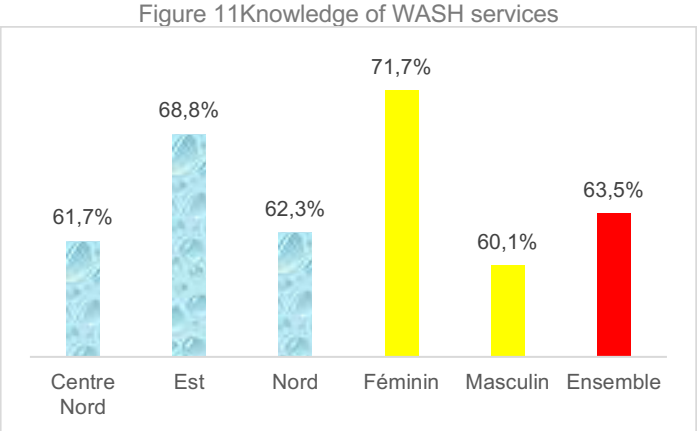
longer able to adapt to better sustain the achievements. **Interview, food security officer, Fada commune.**

6.6.4.2. Knowledge of WASH services

6.6.4.2.1. In WASH services

The socio-economic conditions of populations can be seen through a number of welfare factors, including adequate food, clean water, safe shelter, good social conditions, and an environmental and social environment that is conducive to the control of infectious diseases.
The survey results show that security conditions have had a significant impact on people's vulnerability to WASH services. Access conditions continue to deteriorate in relation to population displacement and the ability of authorities to maintain services.
According to the people we met, the existing infrastructure is under pressure and largely insufficient to cover the needs of the populations in the host areas, and the situation requires crucial interventions to provide for the most vulnerable populations. In areas affected by insecurity where people have not moved, the capacity to manage the infrastructure is disrupted. Precarious living conditions coupled with risky practices such as open defecation and lack of access to hygiene products increase the rate of waterborne diseases and the risk of epidemics. These facts are confirmed by the words of a WASH focal point:
"The best sanitation conditions are very important to fight against the vulnerability of the population. We have noticed recently that, given the security situation in the area and the increase in the number of internally displaced people, the vulnerability of the population in terms of hygiene and sanitation services. Even if people know about the services, they don't have enough means to access them. **Interview WASH Focal Point, commune of Fada.**
Displaced populations and host families are living in precarious shelters within the types of shelters identified in the high security challenge areas. Analysis of the data indicates that more than half of the communities (63.5%) report having knowledge of WASH services in their locality. The gender breakdown indicates that women are more aware of these services (71.7%). The qualitative approach confirms this, as one internally displaced woman said
"Because of the insecurity, we left our village, we didn't take anything with us. But when we arrived, it was difficult. The projects came to help us. We got a lot of service from them. People tried to explain to us how not to get sick. It is because of this today that we know how things work better in our environment. **Focus group, female IDPs**, Kaya
The distribution by region indicates that the level of knowledge is higher in the Eastern region (68.8%), while it is lower in the Northern region (61.7%). Nevertheless, the dispersions remain quite small by region.

Figure 11Knowledge of WASH services



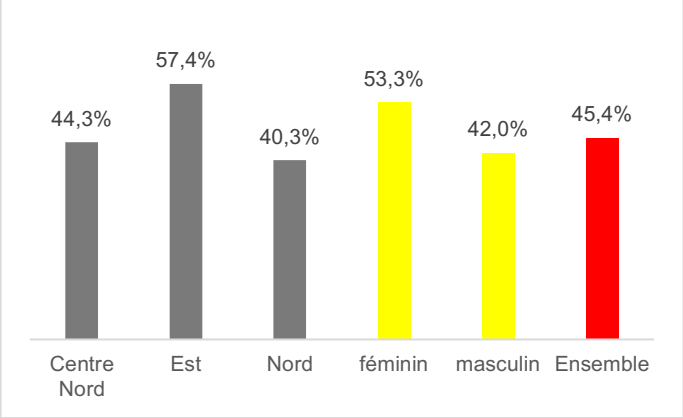
Source: Field data, July 2021

6.6.4.2.2. Knowledge of the rights of children under 5 in WASH

The impact of WASH services has an effect on the mental health of children. Those interviewed said that the effect is also significant for both young people and adults. The data shows that almost half (45.4%) of the targets have knowledge of children's rights in relation to WASH. Interviews also indicate that targets have knowledge of children's rights to WASH services but often lack the financial means to address them. This was stated by a nutrition focal point in individual interviews as follows:

"The people who are most exposed to the lack of WASH services are the most vulnerable. Even the issues related to this vulnerability are because we don't have the choice, we don't have the means to fight against it. It's not because we don't know the rights, but simply because we don't have the means to respect them. Who among the population would want their child to be exposed, to expose their health and not be well looked after? **WASH Focal Point, Ouahigouya commune**.

FIGURE 12: Knowledge of the rights of children under 5 to WASH services



Source: Field data, July 2021

6.6.4.2.3. Attitudes towards nutrition and WASH services

The **Global Nutrition Report 2017** (GNR2017) calls for nutrition to be placed at the heart of measures to eradicate poverty, fight disease, improve education standards and tackle climate change.

"We know that a well-nourished child increases his or her chances of escaping poverty by a third. They will learn better at school, be healthier and, as adults, contribute productively to the economy. Good nutrition provides the necessary intelligence, the 'grey matter infrastructure' to build the economies of tomorrow. **Jessica Fanzo**, Bloomberg Professor Emeritus at Johns Hopkins University/Bloomberg School of Health, and co-chair of the Global Nutrition Report.

Furthermore, Burkina Faso is on track to meet the 2025 targets for population engagement in the fight against malnutrition. This is what a health worker in the Eastern region says:

"The State of Burkina Faso has succeeded in taking many measures to combat malnutrition. In the health centres, the care of children under the age of 5 is free. The state provides the centres with products for infants. But the truth is that these are official measures, but in practice it is quite complex, there is often not much for the children. **Interview, health worker.**

6.6.4.2.4. Community practices in WASH services

The observations made in the various communities visited and the triangulation of information from the various focus groups held during the field mission led to the following observations on personal and household hygiene practices. *"The latrines built in the camp have the disadvantage of causing bad smells and the presence of flies. We can ask ourselves the question of the gain obtained on our health, in particular that of our children*", **Focus group women IDPs, Kaya**

One of the most obvious local determinants of malnutrition put forward by the people met during the focus groups and interviews is the practice of personal and household hygiene.

"Some diseases can also be explained by the lack of hygiene caused by the concentration of a lot of rubbish with toilets and flies everywhere. In terms of health, we also need more care, what we have is not enough. All these causes cause malnutrition and even sudden death in children. **Focus group Men, Ouahigouya.**

One man added:

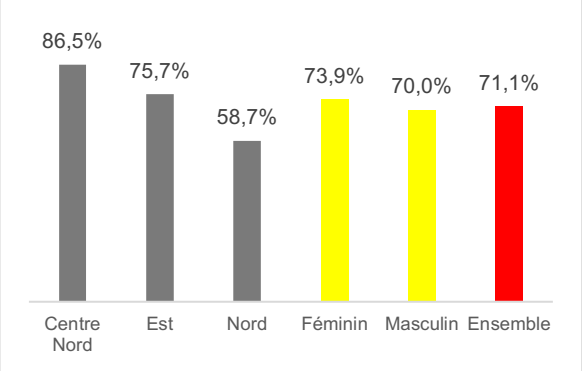
"We sweep with the means we have. We haven't had any soap to wash ourselves and we have nothing to buy them [cleaning products, brooms, etc.], none of that. Again, water is insufficient for drinking, let alone for washing the body" **Focus group Male, Boulsa.**

6.7. Community engagement in nutrition and WASH services.

6.7.1. Engaging people

Community engagement is at the heart of any intervention to improve people's lifestyles. Its importance is even greater in the event of a public health emergency, and involves the people concerned in understanding the risks they face, and in responding in ways that are acceptable. Analysis of the data indicates that seven out of ten people feel that they are involved in the fight against malnutrition in their locality. This percentage is lower in the North region (58.7%). This commitment is analysed in terms of their effective involvement in the implementation of projects and programmes in their locality. The aim is to contribute to effective social mobilisation and local support for the success of the projects.

TABLE 12Engagement of the population in the fight against malnutrition



Source: Field data, July 2021

6.7.2. Social mobilisation

Social mobilisation is a process that engages and motivates a wide range of partners and allies at the local level to raise awareness about the development of a particular goal through dialogue. Analysis of the data indicates that 62.9% of the communities adopt behaviours that are favourable to the implementation of projects and programmes in their locality. On the other hand, 6.9% feel that they are not interested in the various interventions. For them, the reasons

include: the non-involvement of communities in the actions of certain projects, the non-assessment of the needs of the populations. This is what a community leader said:
"It's not the fault of the people either. Projects that don't consult them, it's hard for people to get involved for them. We must always work to mobilise the local people for their well-being.
Community leader, Northern region.

TABLE 13WASH and nutrition project implementation behaviour of the population

	Disinterested	Favourable	Not at all favourable	DK
North Centre	12,1%	52,5%	22,3%	13,1%
East	6,9%	77,7%	11,9%	3,5%
North	3,5%	62,7%	11,8%	21,9%
Female	6,3%	65,1%	14,0%	14,7%
Male	7,2%	61,9%	15,6%	15,3%
Set	6,9%	62,9%	15,1%	15,1%

Source: Field data, July 2021

6.7.3. Actions for community engagement

During the interviews with the people we met, we focused on all the activities generated by community involvement in the intervention area. Indeed, community involvement covers a wide range of activities. One nutrition focal point puts it in these terms:
"This is quite a challenge in remote areas. Many actions have been carried out in Fada, notably collaboration with the community, an increase in the number of community sensitisation sessions, and the setting up of various mechanisms to take into account the concerns of the population, especially in this situation of insecurity.
Nutrition Focal Point, Commune of Fada.
As evidenced by other interviews, some activities carried out by development partners include

- Informing the community about the government's policy directions in the locality;
- Community consultation as part of a government policy-making process.
- Collaborate with the community by developing partnerships to formulate options and recommendations.
- Shared leadership to enable the community to make decisions, implement and manage change.

6.7.4. Respondents' principles of community involvement

Several principles exist in communities for changing attitudes, but this is highly dependent on the realities of each community. The analysis shows that the founding principles of community engagement include

- Understanding community culture, perception, economic situation, norms, values, demographic trends, history, past experience;
- Building relationships, building trust, working with formal and informal leaders, engaging them in community mobilisation;
- Map and exploit existing community engagement mechanisms;
- Partner with the community to create change and improve nutrition and WASH services;
- Recognise and respect diversity, and ensure that the most vulnerable are reached and engaged;
- Identify, mobilize assets and strengths in community capacity building and resources for decision making;
- Freeing up control of actions and interventions towards the community.
- Flexibility to meet changing needs.

6.7.5. Involvement of Local Implementing OrganizationsNutrition and WASH Services

In the opinion of the people met during the field mission, the local associations involved in nutrition and WASH services are insufficient given the security situation in the project area. This is what this woman said during a focus group in the commune of Kongoussi, which is experiencing a growing number of internally displaced persons. "*The needs of the population are many. Because of the insecurity, many people have become vulnerable and they can no longer meet their needs. But when we see that the local associations that used to help us are now overwhelmed. Associations from elsewhere have to come and provide more help. Because there are displaced people who leave elsewhere to come*" **Woman, focus group, Kongoussi**. It emerged from the discussions that several actions are being developed to have a synergy of actions with actors involved in the nutrition and WASH sector.

6.7.6. The issue of community buy-in

Community buy-in requires a social environment supported by a better knowledge of nutrition and WASH services. To this end, it seems essential to increase knowledge about the behaviour of the population with regard to these services and the logic behind them, in order to strengthen the effectiveness of the programmes and sustain the achievements of these programmes in the areas covered. A community leader said: "*People like to intervene to better reinforce the actions of projects and programmes. But the ideal is that the support of these communities should be a driving force for the smooth running of these actions. If projects implement their actions without consulting the communities, it is usually a total failure. The people are always willing to accompany development actors, but more rigour is needed*.

A better understanding of how communities engage with and position themselves in relation to project actions would provide an opportunity to understand and nuance both their conduct and their role in the development of their locality.

6.8. Level of information and communication strategy of projects and programmes and communication tools used

6.8.1. Level of information on projects and programmes

For several years, projects and programmes implemented by the state and its partners in the food and nutrition security and WASH sectors have included communication components in their intervention plans. The flow of information and communication is based on modern and traditional channels that are a strength in facilitating the implementation of their strategies.

From the field interviews, it is clear that projects and programmes have the potential to communicate on nutrition and WASH in terms of the number and diversity of potential actors. Several communication channels are used to reach all stakeholders:

- Institutional level,
- Technical and operational level,
- Local and community level

6.8.2. Institutional communication

At the end of the field interviews, it was noted that several actors use the institutional communication strategy to better implement their actions. According to the individual interviews, these strategies include: official launches of projects or programmes, sending

correspondents to all the institutional actors concerned by the project's actions. This is what a local actor supports in these terms:

"Projects before coming to the field always do launches at national level where all sectoral actors are invited, including local authorities. This is when they can now come to the field. **Head of a local association, Bilanga.**

It will also strengthen civil society actors and equip them to better communicate and advocate for the cause of nutrition and WASH with public decision makers and technical and financial partners.

6.8.3. Possible communication actions for the implementation of R2G actions

Following the field interviews, several communication actions were defined in the project area:

☒ **Inform decision-makers and stakeholders in nutrition and WASH about the situation and the government's decisions**
- ✓ Visits
- ✓ Meetings
- ✓ Publications
- ✓ Audiovisual debates

☒ **Mobilising key players**
- ✓ Inclusive meetings
- ✓ Identification of leaders and champions of the issue
- ✓ Inviting strategic allies (private sector; advertisers, etc.)
- ✓ Networking

☒ **Equip key actors to advocate for nutrition and put it back on the government agenda at all levels**

✓ Various training courses
- Themes
- Policy
- Advocacy and communication

✓ Production of kits and files

✓ Availability of information sources and assistance.

☒ **Prepare the conditions for a wider communication action towards the general public that is credible, effective and sustainable**

✓ Community mobilisation

✓ Communication activities.

6.8.4. Local communication tools

Communication is a key instrument of the participatory approach, and it allows for the establishment of a real climate of trust between partners by offering everyone the opportunity to participate actively and express their point of view. Analysis of the sources of information or awareness-raising indicates that the preferred channels of communication with local populations by CSOs/CBOs are awareness-raising through radios (91.0%), word of mouth (54.2%), town criers (50%).

These tools and networks must be mobilised according to the objectives pursued, taking into account their impact on the environment, the flexibility of their mobilisation, their cost of implementation, as well as the possibility for the communities to appropriate their use.

TABLE 14CSO COMMUNICATION TOOLS FOR COMMUNITY AWARENESS

	Radio	TV	Social networks	Media/Press	Town crier	From mouth to ear	Other
North Centre	90,0%	36,7%	70,0%	13,3%	80,0%	73,3%	6,7%
East	100,0%	57,9%	47,4%	13,2%	50,0%	47,4%	15,8%
North	87,8%	46,9%	44,9%	27,6%	40,8%	51,0%	14,3%
Set	91,0%	47,6%	50,0%	21,7%	50,0%	54,2%	13,3%

Source: Field data, July 2021

6.9. Mapping the budget process at national and local level (calendar of activities and budgeting events)

The local budget process is governed by a number of texts in Burkina Faso.

6.9.1. The preparation of the state budget

6.9.1.1. The overall budget preparation phase

This phase is characterised by the elaboration of the Multiannual Budgetary and Economic Programming Document (MPED), the arbitration of investment priorities and the elaboration of the budgetary circular.

6.9.1.2. The analytical budget preparation phase

It consists of the elaboration by each ministry and institution of their preliminary draft budget, the arbitration and the vote of the finance law.

6.9.2. The execution of the State budget

6.9.2.1. The actors of the state budget

For the implementation of the State's budgetary policy, a number of agents are responsible for the execution of the State budget. These are :

- **The budget administrator** ;
- **the authorising officer who is the authority**;
- **the Financial Controller**;
- **the public accountant**.

6.9.2.2. State budget execution chains

Once the budgetary authorisations are granted by Parliament in the Finance Act, each minister or president of an institution becomes a beneficiary of the budgetary appropriations. In sum, the state budget process is summarised in the table below:

TABLE 15THE STATE BUDGET CALENDAR

Process	Different phases	Periods	ACTIVITIES	Actors
			Year N	
Elaboration	**Overall budget preparation phase**	January - June	-Budgetary priorities and strategic choices -Determination of the overall envelopes (revenue and expenditure) i.e. the DPBEP Technical workshop for the development of the PED (May-June) Budgetary Orientation Debate on PED in the National Assembly -Preparation and notification of the budget circular Preparation of multi-annual expenditure programming documents (DPPD)	CM DGB DGEP/STN SCADD DGEP DGESS/MEF, DGI, DGD, DGTCP DGCOOP President of Faso
	Analytical budget preparation phase	June - September	-Technical review of the DPPDs ; -Holding of budget debates (ministerial phase) on DPPDs -Adoption of the draft finance bill in the Council of Ministers	DGB Ministries and institutions MEF CM IMF DGTCP

		September - December	-Tabling of the Finance Bill in the National Assembly -Examination and vote of the finance law by the Parliament	AN President of Faso DGB
		December	Promulgation of the finance law by the President of Faso	President of Faso
Year N+1				
Execution	**Period of execution**	January-December	Budget execution	Ministries and institutions and local authorities

6.9.3. The local government budget process

6.9.3.1. Local government budgeting

As at the national level, at the local level, the process of preparing the local government budget follows several stages:

i) *The reception of the budgetary circular by the local authorities*

ii) *The preparation of the preliminary draft budget***.**

iii) *Vote on the draft budget*.

iv) *Approval of the draft budget*.

6.9.3.2. The implementation of the budget of local and regional authorities

The execution of the local authority's budget involves several actors related to the execution of the different phases of the budgetary expenditure execution.

6.9.3.3. The different phases of budget execution

Four main phases characterise the execution of public expenditure at local level:

- ***commitment*** *;*
- ***liquidation*** *;*
- ***Scheduling*** *;*
- ***payment****.*

In essence, the timetable for the process of drawing up and executing the local authority budget can be summarised in the following table:

TABLE 16TIMING AND PROCESS OF BUDGET PREPARATION AND IMPLEMENTATION IN LOCAL AUTHORITIES

Budgetary acts	**Jan.**	**Feb.**	**March**	**April**	**May**	**June**	**Jul.**	**August**	**Seven.**	**Oct.**	**Nov.**	**Dec.**	**Actors**
Year n-1													
Preparation of the Budget Circular													MINEFID, MATD
Development of BPs by TCs													Local and regional authorities
Analysis, voting and transmission of PBs													CAEF and T.C. Council

Budgetary acts	Jan.	Feb.	March	April	May	June	Jul.	August	Seven.	Oct.	Nov.	Dec.	Actors
Analysis of the BPs by the guardianship													CTI and CTR
Approval of the budget													MINEFID MATD and Governor
Year n													
Implementation of the approved budget													Local and regional authorities

***Source**: CIFOEB*

6.9.4. CSO involvement in the budget process

6.9.4.1. The legal framework for CSO involvement in the budget process

Citizen participation in the implementation of public policies is an increasingly important requirement for good governance and transparency in the management of public resources. In Burkina Faso, the participation of citizens or civil society in the budget process is governed by several provisions.

6.9.4.2. Phases of CSO participation in the budget process

The basic texts provide legal spaces for the population and organisations to have access to information on the state and local government budget.

TABLE 17PHASES OF CIVIL SOCIETY INTERVENTION IN THE STATE BUDGET PROCESS

Phases of the budget process	Sub-phases	Involvement or participation of CSOs	Period
Budgeting phase	Review of the PED	The restitution of the DPBEP to the media, CSOs and TFPs before its introduction in the Council of Ministers for adoption. Since 2015 this activity has not been held	March N-April N
Budget approval phase	Budgetary orientation debate (DOB)	CSOs can participate but the exchange is exclusively between the government and the parliament.	May - June N
	COMFIB hearing sessions	The media is invited but does not intervene in the debates. Some CSOs may participate in the proceedings upon invitation by the Chairperson of COMFIB after having expressed interest in taking part.	(July N - August N)
	The plenary session for the adoption of the BIA	The government represented by the Minister of Finance and all parliamentarians. CSOs participate but are not allowed to speak	September N - December N
Implementation phase	The realisation of the recipes The execution of expenditure	-CSO representation on the ARCOP bodies, including the Regulatory Council and the Dispute Settlement Body (DSB) -THE EITI - CSO initiatives in the follow-up to the implementation of public policies	Year N+1
Control phase		-Formal mechanisms for citizens to contribute to the development of the audit	Year N+1

	Control of the implementation of the budget	programme and the Court of Audit's investigations -Parliamentary enquiries or CSOs are sometimes consulted -The session for the examination of the settlement law is open to public participation without the possibility of interaction.	

TABLE 18PHASES OF CIVIL SOCIETY INVOLVEMENT IN THE LOCAL GOVERNMENT BUDGET PROCESS

Phases of the process	Involvement of CSOs	Period
Budgeting	The budgetary orientation debates, if there were any	June-August year N
Vote on the draft budget by the Community Council	The plenary session for the adoption of the draft budget by the local government council (CSOs can participate but do not have the right to speak)	September-October year N
Implementation phase	Local initiatives undertaken to monitor budget implementation	Year N+1
Control phase	Citizen control by CSOs	Year N+1

Source: CIFOEB

6.9.5. Budget allocation at national level for WASH and nutrition services

The analysis of state resources allocated to the WASH and food security sectors focused on the budgetary allocations of some of the relevant ministries and the resources transferred to communities for the exercise of transferred competencies.

TABLE 19Breakdown of the state budget by "FOOD SECURITY AND NUTRITION, WASH" functions (IN MILLIONS OF CFA FRANCS)

Years	2018			2019			2020		
Expenditure heading	*Forecast*	*Achievements*	Implementation rate	*Forecast*	*Achievements*	Implementation rate	*Forecast*	*Achievements*	Implementation rate
WASH	16 610	14 214	85,58%	12 022	11 360	94,49%	17 675	14 612	82,67%
Food security and nutrition	44 133	41 398	93,80%	30 729	27 710	90,17%	31 392	29 247	93,17%
Set	60 742	55 612		42 752	39 070		49 066	43 859	
Total State budget	2 191 933	1 947 453	88,85%	2 366 669	2 137 631	90,32%	2 532 764	2 402 915	94,87%
Share in the state budget	**2,77%**	**2,86%**		**1,81%**	**1,83%**		**1,94%**	**1,83%**	

Source: Budget Directorate General, 2021

6.9.6. Share of food security and nutrition budget at local level

In the food security and nutrition sector, the state has made a commitment to allocate **at least 10% of public expenditure to the food security sector** and to ensure its effectiveness and efficiency. This is the state's commitment under the *"Maputo Declaration 2003".* The status of compliance with this commitment is presented in the table below:

TABLE 20SHARE OF THE BUDGET AT LOCAL LEVEL DEVOTED TO FOOD SECURITY AND NUTRITION

Wording	2016	2017	2018	2019	2020

Budget of the departments in charge of the rural development sector (in billions of CFA francs)	**101,15**	**209,71**	**210,52**	**87,53**	**115,76**
Expenditure on agriculture in other government departments	ND	7,14	10,15	1,65	1,98
Total expenditure of the Food and Nutrition Security Sector	101,15	216,85	220,66	89,18	117,74
Denominator (State budget after deduction of certain elements)	1 090,24	1 823,83	1 889,34	1 550,42	1 844,95
Share Agriculture sector (norm: ≥ 10%)	9,28%	11,89%	11,68%	5,75%	6,38%

***Source**: CIFOEB, note on the respect of the State's budgetary commitments*

6.10. Analysis of the performance framework indicators

Indicator 1.1: Number of actions in which communities make requests for improved nutrition and WASH services

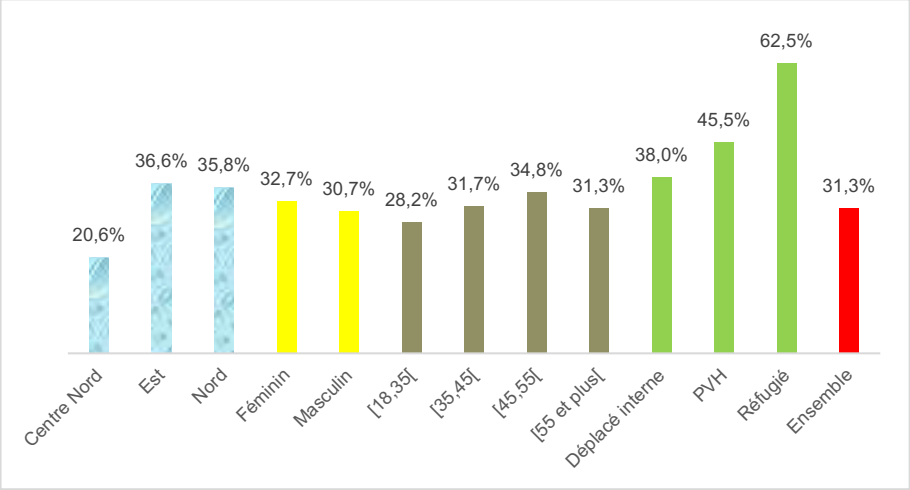
6.10.1. Community participation in formulating demands for improved nutrition and WASH services

Interviews in the field show that community participation is an important dimension of development strategies and is both a part of the process and an end in itself. According to some health workers, it is increasingly difficult to renew SMC boards because of the low participation of communities in general assemblies.

"If we go round all the health centres, we will realise that the organisation's task is not at all easy. In our health area, the people do not pay the contributions, the SMC is practically no longer functioning. The basic principle of a health centre is the COGES office. **Health worker, Yako commune.**

Quantitative analysis also confirms this across the intervention area as only one in three (31.3%) feel they are engaged in actions to improve nutrition and WASH services. The gender breakdown shows that women (32.7%) are more engaged than men (30.7%). The regional structure indicates that this proportion is lower in the Centre-North region (20.6%) than in the East region (36.6%). Analysis by specific groups shows that refugees (62.5%) are the most involved in actions to improve nutrition and WASH services, while for people living with a disability, the percentage is 45.5%.

FIGURE 13Engagement of populations in actions to improve nutrition and WASH services



Source: Field data, July 2021

Indicator 1.2. Proportion of people participating in actions to formulate demands for service improvement who are from vulnerable groups.

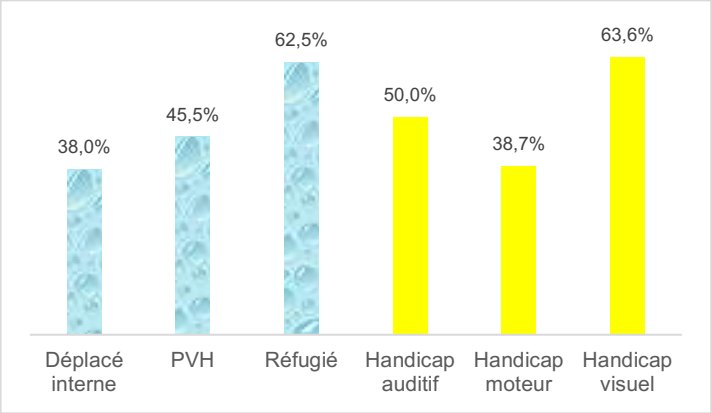
6.10.2. Analysis of the indicator by vulnerability status

In the R2G project area, the people we met seem to place great importance on the social inclusion of PLHIV. Among the communities interviewed on the question of participation in actions to improve nutrition and WASH services, 63.6% of people living with a visual disability acknowledge that they participate in actions to improve services. This percentage is 38.7% for those with motor disabilities. Interviews with community leaders in the intervention area confirm these figures. He testified as follows:

"Today, people have more sense for the disabled than before. Projects have really swarmed with awareness-raising at this level. For example, we see associations of disabled people to claim their rights now everywhere. This is an advantage that they didn't have before. But I think that we must always continue to work to bring them higher. For example, with the security situation, the actors are now fighting for their cause. **Interview community leader, Kaya.**

This community leader refers not only to cultural values and traditions that put certain barriers between PLHIV and others in the community. These prejudices have several impacts on the exploitation of existing economic resources and their distribution. He also mentions the security situation which, according to him, is very selective and inevitably opens up opportunities for the PLHIV of the area in view of this situation.

TABLE 21PARTICIPATION IN DECISION MAKING AMONG PVH AND SPECIFIC GROUPS



Source: Field data, July 2021

6.10.3. Age distribution

The results show that the targets who make the most requests for both WASH (34.8%) and Nutrition (31%) are between 45 and 55 years old. Those aged 18-35 years are the least likely to make requests, often because of their personal occupations.

TABLE 22DISTRIBUTION OF DEMAND FOR IMPROVED SERVICES BY AGE

	Wash	Nutrition
[18,35[	28,2%	24,5%
[35,45[	31,7%	28,7%
[45,55[	34,8%	31,0%
[55 and over[	31,3%	28,2%
Set	31,3%	27,9%

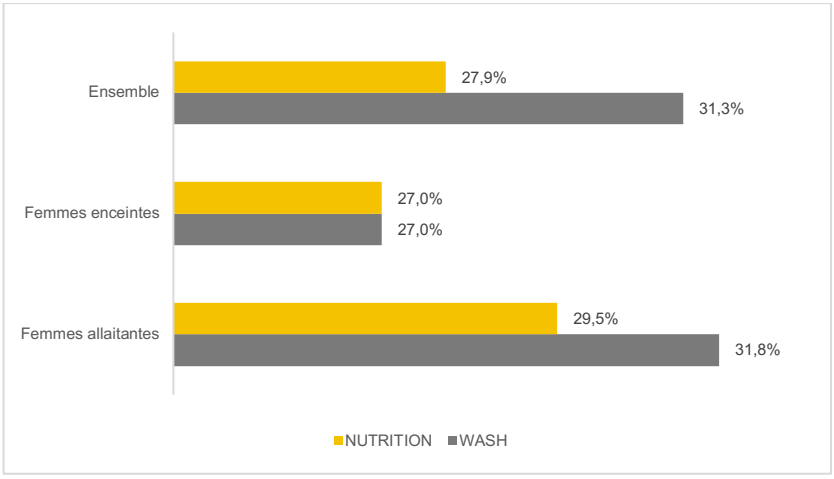
Source: Field data, July 2021

6.10.4. Distribution according to the status of the woman

The majority of female targets requesting WASH services are breastfeeding women with a proportion of 31.8%, followed by pregnant women (27.0%).

In terms of nutrition, 29.5% of breastfeeding women make requests, compared to 27% of pregnant women.

FIGURE 14DISTRIBUTION OF DEMAND FOR IMPROVED SERVICES BY WOMEN'S PROFILE



Source: Field data, July 2021

Indicator 1.3. Proportion of targeted barriers to good nutrition and/or WASH services successfully addressed by joint community and private sector initiatives.

6.10.5. Targeted barriers to good nutrition and/or WASH services

6.10.5.1. Situational analysis of barriers to good nutrition and WASH services

The problem of nutrition occupies many actors at both national and local levels in Burkina Faso. Thus, several obstacles to nutrition remain in Burkina Faso and are of various kinds: economic, social, environmental and institutional. During the field data collection phase, several interviews were conducted on these different aspects in order to highlight people's perceptions of the different obstacles to good nutrition or WASH services in the R2G project area.

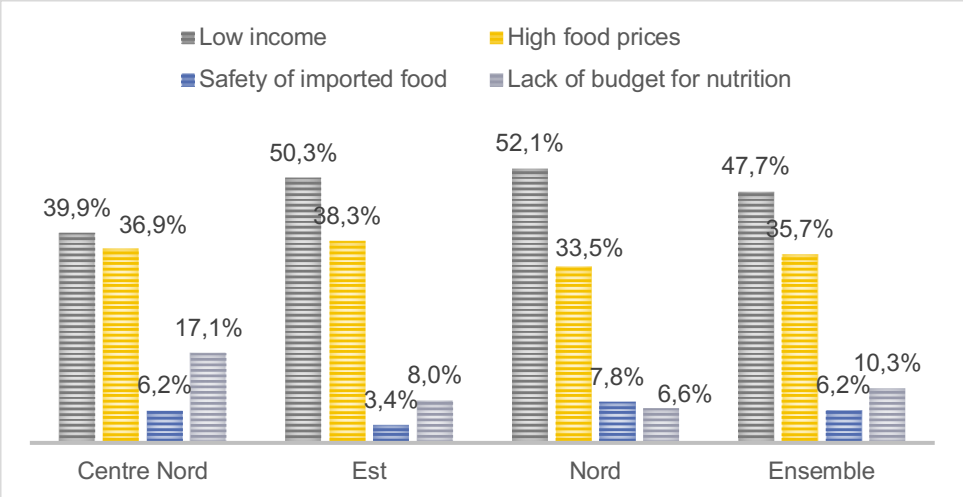
☒ *Economic barriers*

Nutrition, whatever the standard of living of the individuals concerned, always competes to a greater or lesser extent with other needs, which are also considered urgent. If this was mentioned during the various interviews, it is for them a major obstacle to good nutrition in their locality. The communities immediately think of the lack of financial means.

"We have no choice, even if we can't afford it. Above all, we have to eat well. This allows everyone to be healthy. If you are not healthy, you cannot work. **PVH, focus group, Ouahigouya commune.**

Good nutrition also depends on the products that make up the household basket, which in turn depends on the price of these products. As illustrated in the figure below, there are two main economic barriers to good nutrition and WASH services: low household income and high food prices. Indeed, across the three regions, 47.7% of the barriers are due to low income, while 35.7% are due to high food prices.

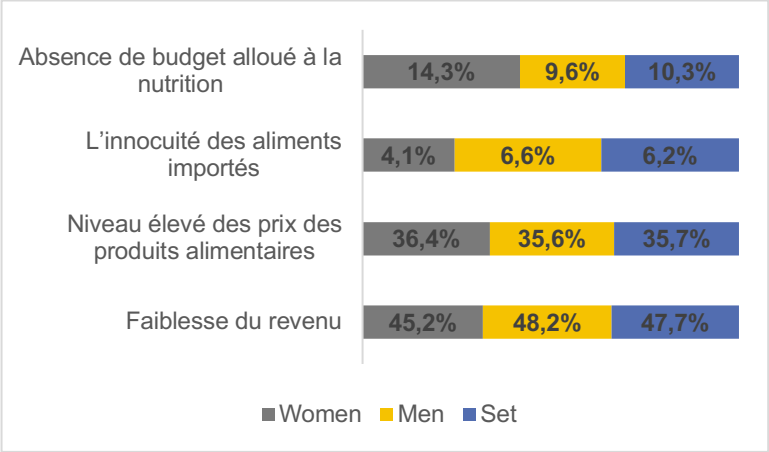
FIGURE 15Economic barriers to good nutrition



Source: Field data, July 2021

Most respondents mention obstacles to the same extent. The only notable difference is that 'low income' is mentioned more frequently by men, while '*lack of budget for nutrition*' is mentioned slightly more by women.

FIGURE 16Economic barriers to good nutrition by gender



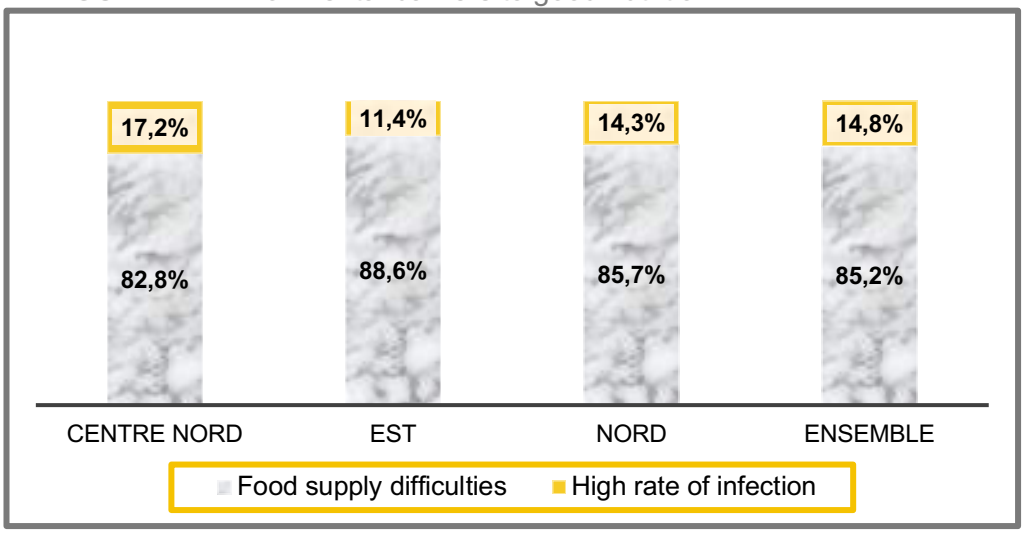
Source: Field data, July 2021

☒ *Environmental barriers*

Good nutrition requires good environmental and personal hygiene, drinking clean water and ensuring that food is safe and clean. Undernutrition is the result of inadequate food intake and recurrent infectious diseases. In addition to these obstacles to good nutrition, the country's climatic and security conditions make it difficult to obtain food. According to the survey carried out in the three regions, two main obstacles were identified: difficulties in obtaining food and infections. The populations of all these regions face a difficulty in obtaining food (85.2%). In the Eastern region, this percentage is 88.6%, while it is 82.8% for the North Centre. The percentages are confirmed by interviews with CSO leaders in the R2G project areas:

"The main difficulty is access to the various localities in the eastern region. The roads are completely degraded. This has an impact on access to basic social services too. It is mainly because of insecurity that we have these difficulties in our locality. The state also often makes the effort to fix the infrastructure, but as the security situation is completely degraded, we don't even have the choice. But I think that often we make the effort to feed the population with the minimum. **Head of a CSO, Bogandé commune.**

FIGURE 17Environmental barriers to good nutrition



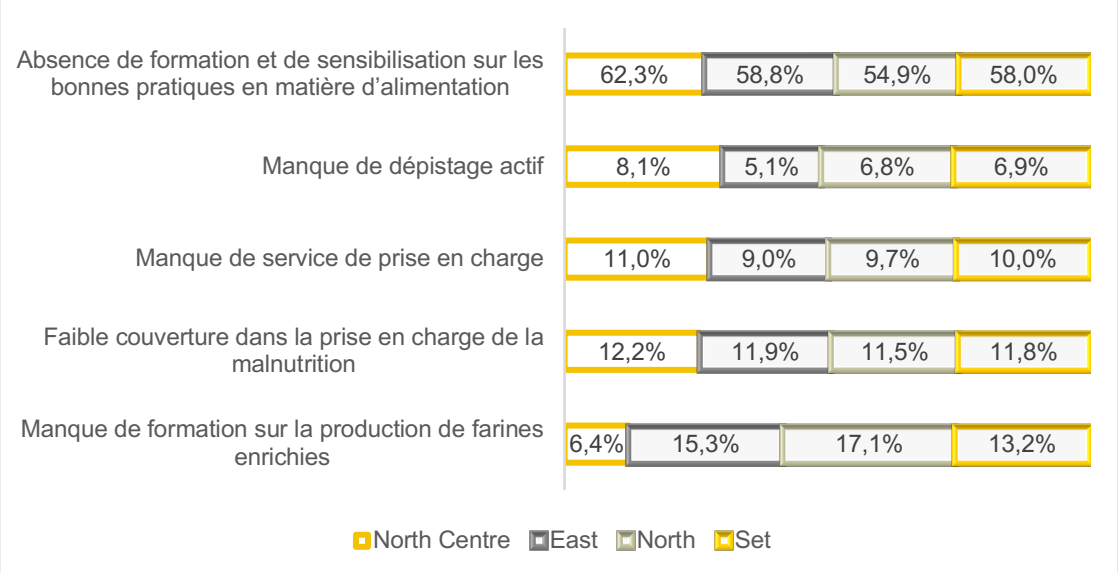
Source: Field data, July 2021

☒ *Institutional barriers*

Poor infrastructure and limited resources combined with conflict, HIV and poor access to health services are factors contributing to the very high levels of malnutrition and food insecurity on the continent, says the UNDP.
The combination of all these factors further hinders the practice of good nutrition as it contributes to a lack of training and awareness of the population on good feeding practices (58.0%), a lack of active screening (6.9%), a lack of care services accompanied by low coverage in the care of malnourished people and a lack of training on the production of fortified porridges.
The CSO leaders we met explain the difficulty of the absence of care services and the low coverage rate due to the security challenges in certain localities.
"...With the security situation, there are a lot of internally displaced people in almost every locality now. The Burkinabe state is making efforts to improve the coverage of these services, but it is very difficult to do so without the help of partners. The security situation has also diminished the training with the taking into account of barrier measures.

Analysis of the quantitative data shows that more than half of the populations interviewed mentioned the obstacle of the lack of training and awareness of the population on good feeding practices. The second obstacle is the lack of training in the production of fortified porridges, mainly in the East (15.3%) and the North (17.1%). As for the Centre-North region, the second obstacle is the low coverage in the care of malnourished people (12.2%).

FIGURE 18Institutional barriers to good nutrition



Source: Field data, July 2021

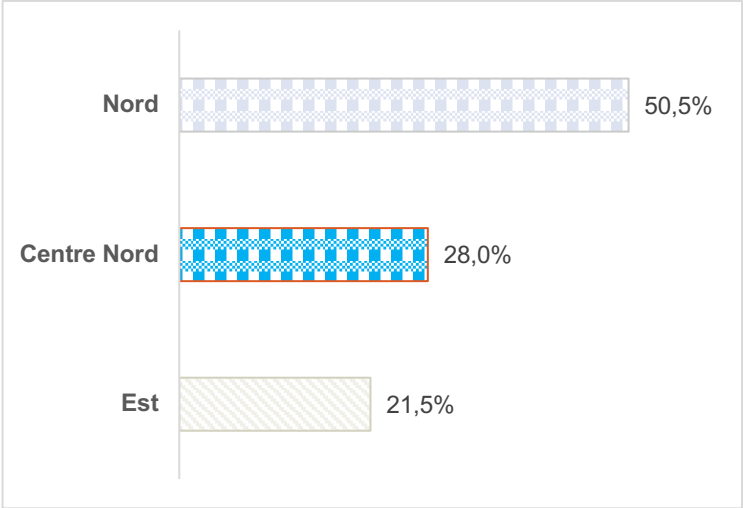
6.10.5.2. Analysis of obstacles successfully addressed

☒ *Economic barriers*

With the resurgence of terrorism, which has accentuated the phenomenon of poverty in the regions of Burkina Faso, the predominantly agricultural population, some of whom have lost their permanent resident status (IDPs, refugees), are faced with the high cost of living.

This economic barrier has sometimes been successfully addressed depending on the region. According to the data collected on the different barriers successfully addressed, 50.5% of respondents in the North felt that there had been a reduction in the cost of WASH products. In the North Central and East regions, 28.0% and 21.5% of respondents respectively said that there had been a reduction in the cost of WASH commodities. Cost reduction improves access to water, sanitation and hygiene (WASH) and promotes economic development, poverty reduction, education and health.

FIGURE 19Economic barriers successfully addressed, cost of WASH products

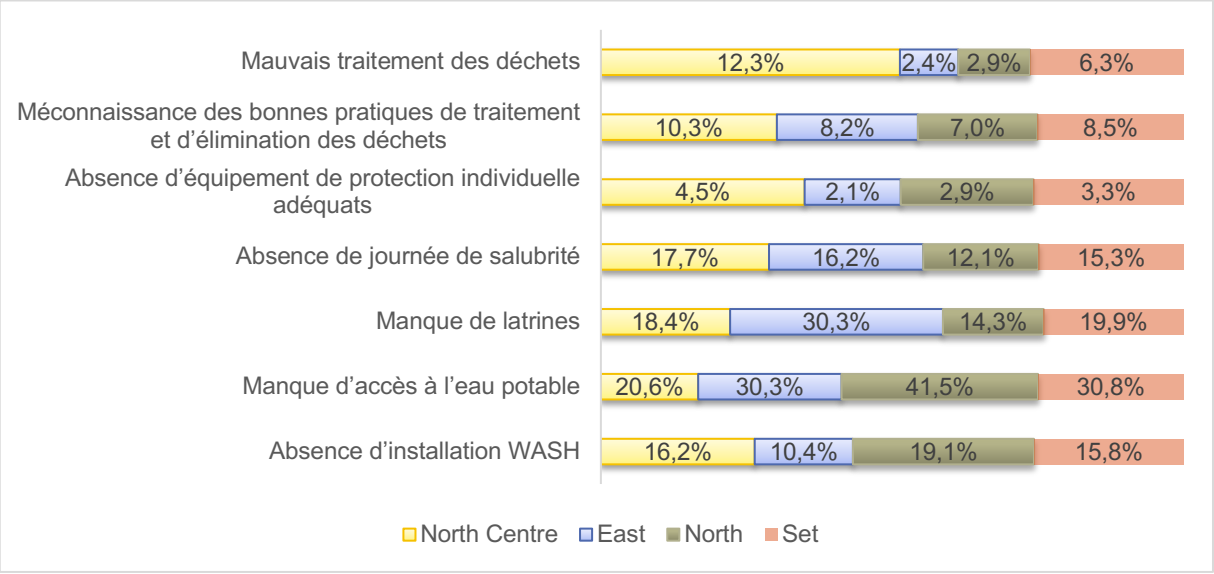


Source: Field data, July 2021

☒ *Social barriers*

The social barriers are those that lie within the communities themselves. These are due to a lack of education of communities on the practices of WASH activities. Several of these barriers have been successfully addressed in the R2G intervention areas. Analysis of the data indicates that three main barriers have been successfully addressed: lack of access to safe water, lack of latrines and lack of WASH facilities. The level of success of the barriers addressed varies from region to region. Lack of latrines and access to safe water are successfully addressed in the East (according to 30.3% of respondents). In the North, 41.5% of respondents indicated that the lack of access to drinking water was successfully addressed, compared to 19.1% for WASH facilities. In the Centre-North, 20.6% felt that the lack of access to drinking water had been successfully addressed compared to 18.4% for the lack of latrines.

FIGURE 20Social barriers successfully addressed

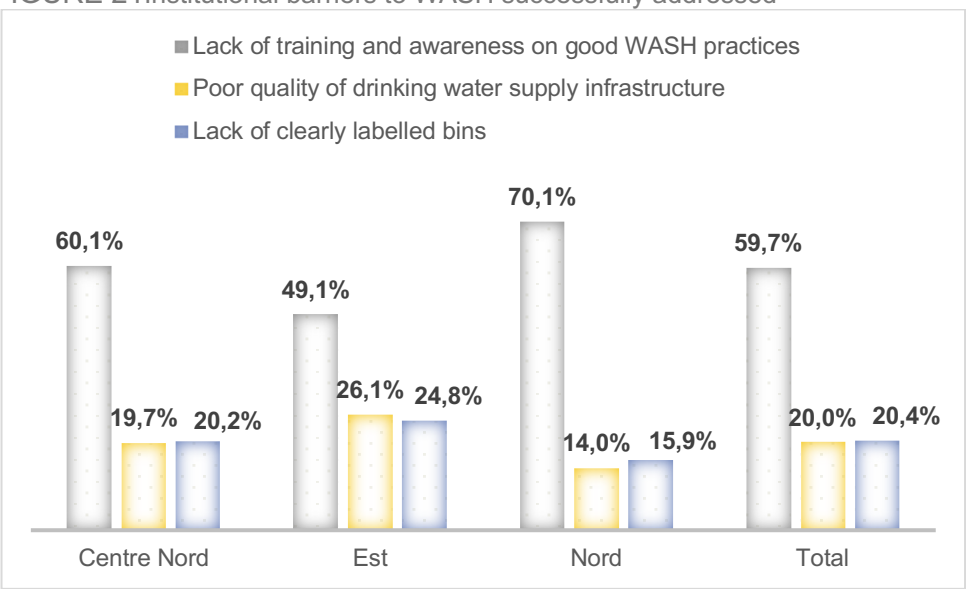


Source: Field data, July 2021

☒ *Institutional barriers*

Analysis of the institutional barriers addressed by region shows a consistent picture. In all regions, the obstacle related to the lack of training and awareness on good WASH practices was addressed with great success. Indeed, 70.1% of individuals in the North, 60.1% in the Centre-North and 49.1% in the East attest to this.

FIGURE 21Institutional barriers to WASH successfully addressed



Source: Field data, July 2021

6.10.6. Perception of the demands made and the views of the targets

According to the majority of respondents, the requests made by the population and CSOs are the result of a lack of goods aimed at improving their living conditions. The needs revolve around improving food and nutritional security, improving the incomes of the most vulnerable, namely women, by improving the means of subsistence, especially in the host localities where the displaced are staying.

Most of the local authorities and community leaders who responded to the questionnaires and interviews regarding the implementation of the Right to Grow project believe that the project will significantly contribute to solving the problems and needs of the beneficiary populations. The Right to Grow project is in line with the logic of capacity building of civil society organisations, professional farmers' organisations, on the need to invite other multiform partners to invest in the local development of the communes, especially to perpetuate the achievements of the project and to create employment to stabilise young people in their localities. It is in this logic that a local authority affirms that: "*if local civil society is well trained and well equipped, it can make a considerable contribution to the local authorities to whom it is accountable*". **Interview local authority Boussouma.**

6.10.7. The role of CSOs in formulating demands for access to WASH services

Community engagement in the delivery of water and sanitation services is the key component to ensure sustainability and accountability of projects. This ranges from public consultation to active participation in the design and implementation of initiatives to facilitate their evaluation at the local level. The role of NGOs/CSOs or CBOs in nutrition, WASH and food security is key to ensuring the implementation of community commitments and strengthening government accountability.

Discussions with actors on the ground show that civil society is continuously mobilising to improve the living conditions of vulnerable populations.

This is why it is essential to work in networks, alliances and to bring together civil society actors to bring the voice of the most disadvantaged, to raise public awareness and to act on policies to tackle the root causes of societal problems. On this subject, a nutrition focal point explains: *"CSOs are everywhere today, they are at the origin of many initiatives... CSOs are a good way to reach the target population because they are not the state or the private sector, they are the community. They are relays for the sustainability of a project in a given locality.* **Kongoussi resource person interview.**

Indicator 2.1: Number of times CSOs have succeeded in creating space for CSO demands and positions.

6.10.8. Analysis of the indicator 2.1.

6.10.8.1. Creating applications and spaces for CSOs

Improved dialogue and regular consultation is one of the principles for ensuring the coherence and transparency of socio-economic policies. The participation of civil society in the management of public affairs is a requirement of democratic governance. Unfortunately, this requirement has not yet led to the effective involvement of civil society in strategic decision-making. This is confirmed by a CSO leader in the commune of Bogandé in the following terms: *"Some CSOs are formal and have regulations that allow them to be involved in national decision-making, whereas many local CSOs are not formal and have difficulties to be effectively involved in decision-making. Whereas many local CSOs are not formal and have difficulties to be effectively involved in decision making*.

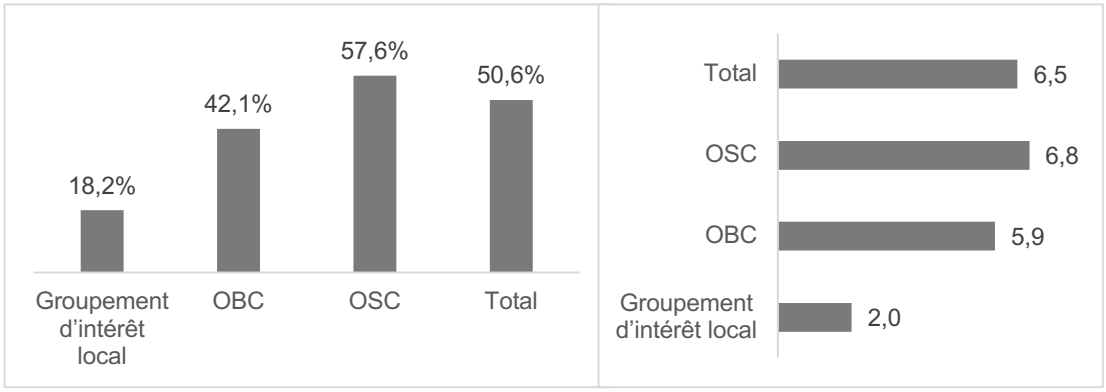
The analysis of the data collected indicates that half of the organisations surveyed (50.6%) have succeeded in creating space for CSO demands and positions to local authorities. This rate shows strong disparities according to the type of CSO.

Thus, 57.6% of CSOs have created a space for CSO demands and positions, while this rate is 42.1% for CBOs and only 18.2% for local interest groups. On the other hand, the assessment of the potential of the surveyed organisations shows that they succeeded on average 06 times in creating space for their demands and positions by setting an agenda and influencing the debate. This score varies significantly from one organisation to another, as CSOs succeeded almost 7 times, compared to 6 times for CBOs and only 02 times for social interest groups.

Discussions in the field also showed that the state and development partners should encourage civil society organisations to network with each other, to cooperate and share information for sustainable human development, and to participate in the coordination and management of official aid.

"I think that the state cannot do everything, because each CSO is local and has the possibility to expand its area of intervention. If CSOs create spaces or networks among themselves to facilitate the integration of others at the local level. This will allow each local partner to share different information about their community. **Head of CNOSC, Ouagadougou.**

FIGURE 22: DISTRIBUTION BY PROPORTION OF SPACES CREATED AND NUMBER OF SPACES CREATED BY CSOS



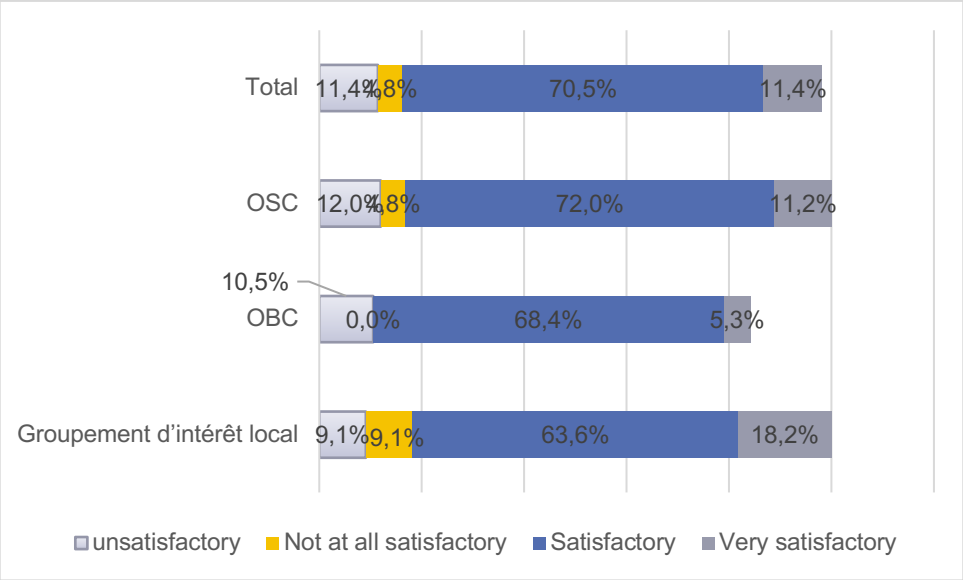
6.10.8.2. Impact of CSO advocacy activities on groups

The main strength of civil society lies in the density and richness of the associative fabric. Interviews with organisations in the intervention zone showed that there are several other associations, village groups and local non-governmental organisations, whose actions have led to undeniable achievements in the field of economic and social development and democratic governance. This is confirmed by a CSO leader in the commune of Tougouri: '*It is important to know that local CSOs, even if they are not legally recognised, work towards the well-being of the resident localities. The objective is above all the local interest. The idea is based on the fact that no one else will come to develop us.*

The field interviews showed that 81.9% of the organisations are satisfied with the impact of advocacy activities on social groups. This rate varies little from one organisation to another as 83.2% of CSOs are satisfied and 81.8% for social interest groups. While these rates are high for CSOs and social interest groups, only 73.7% of the CBOs surveyed are satisfied with the impact of their advocacy activities. This is due to the fact that these organisations cannot be heard by the authorities when they do their advocacy. As one CSO member interviewed put it:

"Often with CSOs it is not easy. CSOs send draft amendments to the hemicycle but they are usually not heard. CSOs also do not make good formulations to be heard" **Members of a CSO, Gourcy commune.**

FIGURE 23IMPACT OF CSO ACTIVITIES ON ADVOCACY



Source: Field data, July 2021

6.10.8.3. Involvement of CSOs in local decision-making at the advocacy level

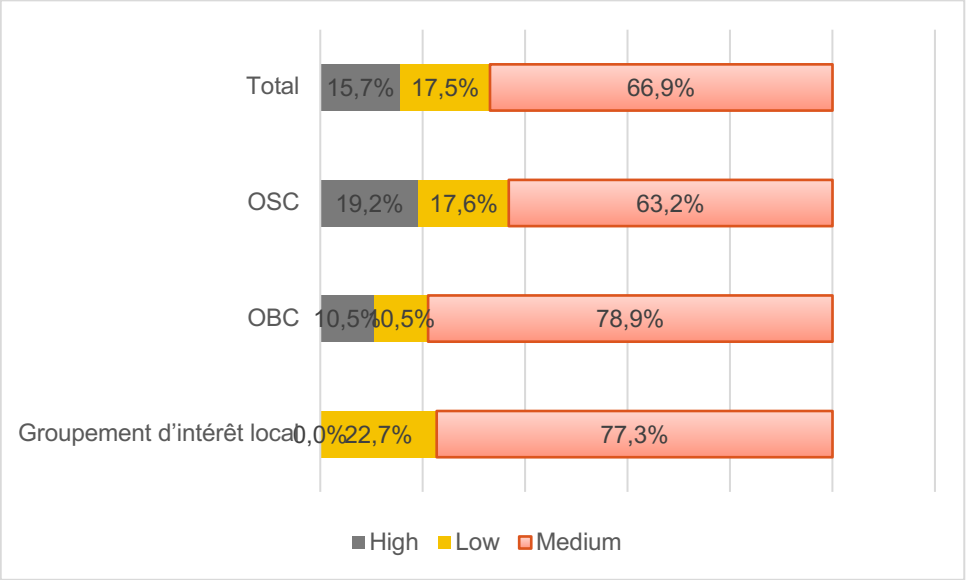
According to several interviews conducted in the field, civil society can thus constitute a force of proposals for better management of public affairs, and an effective bulwark against bad public management. This is supported by a resource person within the national council of CSOs in the Centre region in the following terms:

"The establishment of CSOs at the local level has contributed in some ways to the fight against mismanagement and bad governance in rural areas. It is like delegating their own development to them. Everything is implemented by themselves, which facilitates their engagement.

To do so, it needs to reserve a strategic position in decision-making at the advocacy level in order to constitute credible bodies for monitoring public action, capable of contributing to the efficient and transparent management of public affairs.

The data collection indicates that only 15.7% of the organisations surveyed state that CSO involvement in decision-making at the advocacy level is high. The breakdown by type of organisation shows that CSO involvement is non-existent according to local interest groups, compared to only 10.5% for CBOs and 19.2% for civil society organisations.

FIGURE 24CSO INVOLVEMENT IN DECISION-MAKING



Source: Field data, July 2021

6.10.8.4. Consideration of political procedures in the concerns of social groups

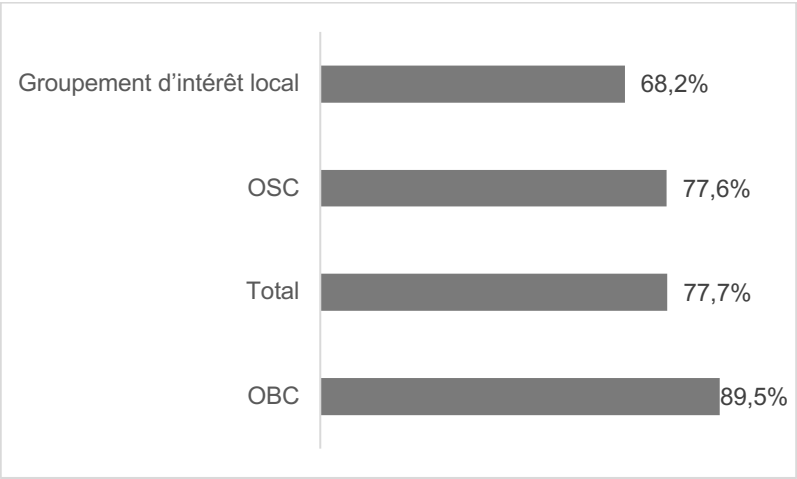
The special attention given to social groups by the organisations we met is a significant asset according to several interviews.

"There is a lot of concern in the communities, especially because of the security situation. The basic social needs of the population are increasing day by day. All of this must be taken into account in decision-making in their favour.

Civil society is regularly involved in consultative or regulatory bodies by the government. It often constitutes a force of proposals on which the government relies to solve certain problems.

When asked whether political procedures are taken into account in the concerns of social groups, 77.7% of the organisations interviewed acknowledged this fact. This rate varies from one organisation to another, since 89.5% of the CBOs interviewed confirm that they take political procedures into account in the concerns of social groups, compared to 77.6% for CSOs and 68.2% for social interest groups.

FIGURE 25CONSIDERATION OF POLITICAL PROCEDURES IN DECISION MAKING



Source: Field data, July 2021

6.10.8.5. Impact of decision making on the concerns of social groups

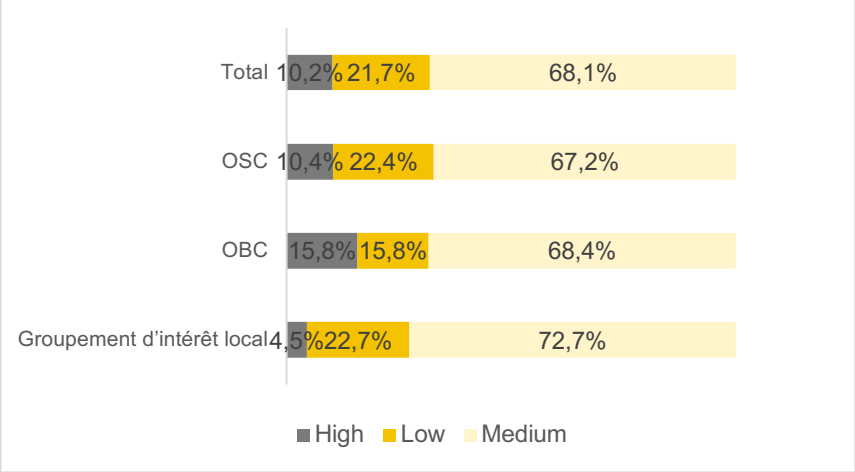
Through its real contribution to the democratic process and the impact of its actions on the grassroots population, civil society has established itself as a key player and partner in the establishment of democratic governance. In the words of a member of civil society interviewed during the fieldwork. Thanks to its proximity action, which takes into account the needs, expectations and participation of local populations, it has gained an undisputed legitimacy among them.

"Civil society has been and still is a key factor in the local development process. It has always been an opportunity for the central government to continue to accompany local development and improve the living conditions of our communities. **Head of an association, Ouahigouya.**

According to 68.1% of the organisations interviewed, the impact of decision-making on the concerns of social groups is considered average. This rate shows slight disparities according to the type of organisation interviewed in the field, since 72.7% of local interest groups consider it to be average, compared to 68.4% for CBOs and 67.2% for CSOs.

The involvement of all the social strata making up the community and the organisation of the population are essential conditions for taking on the actions identified.

FIGURE 26IMPACT OF DECISION MAKING



Source: Field data, July 2021

INDICATOR 2.2: Analysis of CSO advocacy initiatives in the R2G project area

6.10.9. Analysis of indicator 2.2.

6.10.9.1. Level of participation in advocacy initiatives

Civil society has become an important partner in the implementation of socio-economic policies. The field interviews showed that associations with civil society networks, mechanisms and platforms are important for the communities. The data analysis shows that several advocacy initiatives are undertaken by the local organisations met in the field. It should be noted that these initiatives only take up actions already carried out by other structures and development partners in the intervention area.

Thus, according to the interviews, 96.4% of the organisations participate in community meetings for matters of common interest and public advocacy. In addition, 92.8% of the

organisations interviewed stated that they participate in events or experience sharing, while 92.2% confirmed that they have participated in meetings with decision-making authorities to negotiate changes for the communities, 89.8% in meetings with local political leaders for exchanges of common interest and in interest group activities. Advocacy initiatives such as petitions or open letters (44.0%), participation in protest movements (51.8%), received less participation from the organisations met in the field. These low rates are mostly linked to the motivation of certain organisations, which believe that these activities are essentially the responsibility of the people themselves and not the organisations. This justifies the testimony of this member of an organisation met during an individual interview:

"People must understand that the activities of local associations are not their responsibility. The communities must understand their share of responsibility and give themselves strongly to better facilitate the interventions of local associations. Most often in rural areas, people do not understand and a change of mentality is needed based on awareness-raising. **Head of an association, Bilanga commune.**

The R2G project should be committed to developing the capacity of civil society at the local level and to enabling local decision-makers to access higher levels of dialogue and discussion. The emphasis will therefore be on the project's catalytic role in developing sustainable capacity in local CSOs.

TABLE 23LEVEL OF PARTICIPATION IN ADVOCACY INITIATIVES BY TYPE OF ORGANISATION

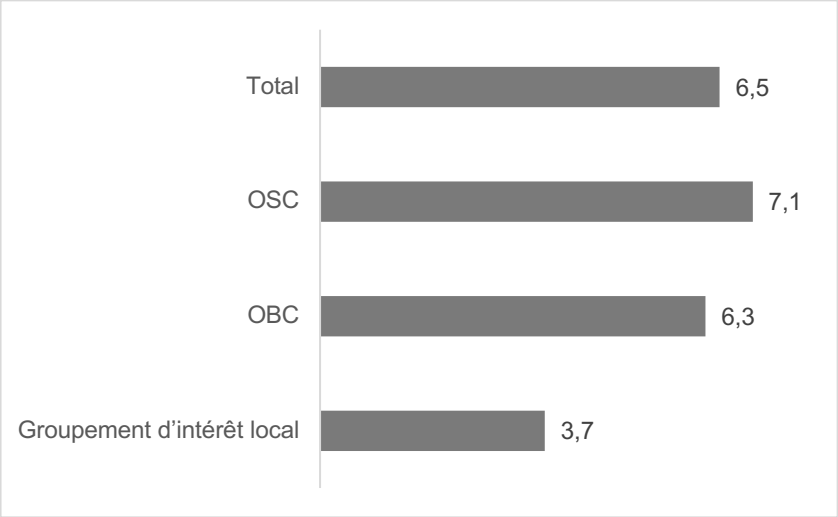
	Local Interest Grouping	OBC	CSO	Total
Community meetings for matters of common interest	90,9%	94,7%	97,6%	96,4%
Meetings with local political leaders for exchanges of common interest	90,9%	89,5%	89,6%	89,8%
Activities of interest groups	100,0%	89,5%	88,0%	89,8%
Lobbying on key issues	68,2%	78,9%	72,0%	72,3%
Public interest advocacy	95,5%	89,5%	97,6%	96,4%
Petition or publication of open letters	36,4%	15,8%	49,6%	44,0%
Protest movement	45,5%	21,1%	57,6%	51,8%
Contact with a media station to exchange on topics of common interest	45,5%	78,9%	90,4%	83,1%
Meetings with decision-making authorities to negotiate changes for communities	86,4%	94,7%	92,8%	92,2%
Events or sharing of experiences with communities	81,8%	89,5%	95,2%	92,8%

Source: Field data, July 2021

6.10.9.2. Number of advocacy initiatives led by organisations

CSOs play an important role in the socio-economic development of marginalised populations. In sum, the efficiency and effectiveness of CSOs can be understood in terms of their assets, potential and capacity to conduct multiple advocacy initiatives. The analysis of the data shows that the organisations interviewed conducted an average of 6.5 advocacy initiatives per year on various themes at national or local level.

FIGURE 27NUMBER OF ADVOCACY INITIATIVES BY ORGANISATIONS

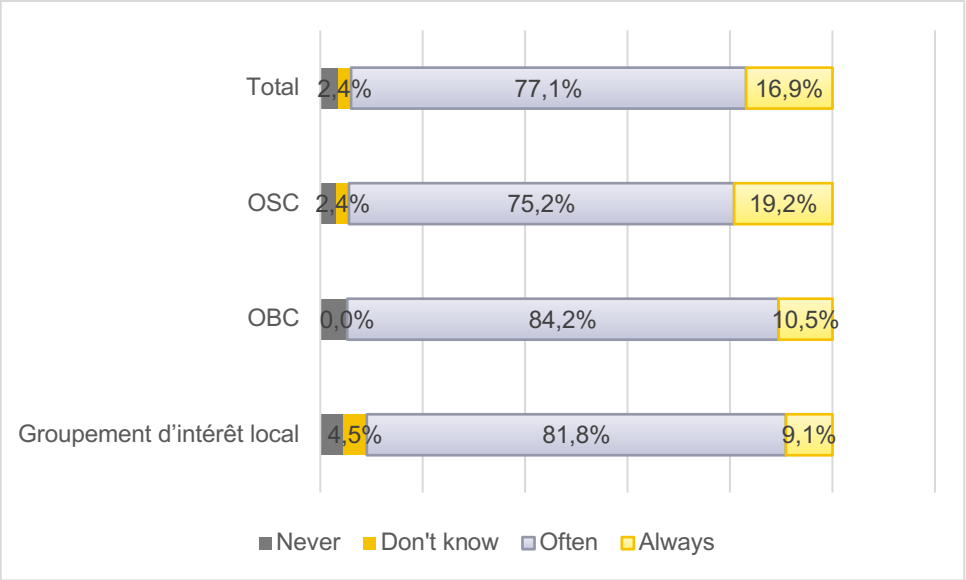


Source: Field data, July 2021

6.10.9.3. CSO advocacy and political decision-making

According to interviews in the field, CSOs help people to be active participants in their own development rather than passive recipients. The advocacy work of the organisations helps to improve communication and collaboration between the public and private sectors, and the social, economic and political sectors within the regions and beyond. Analysis of the data shows that 16.9% of the organisations surveyed agree that CSO or citizen advocacy always pushes political authorities to respond to citizens' priorities. This rate differs slightly from one organisation to another, with 19.2% of the CSOs surveyed confirming this, compared to 10.5% for CBOs and only 9.1% for local interest groups.

FIGURE 28ADVOCACY ACTIONS AND CENTRAL GOVERNMENT DECISION-MAKING



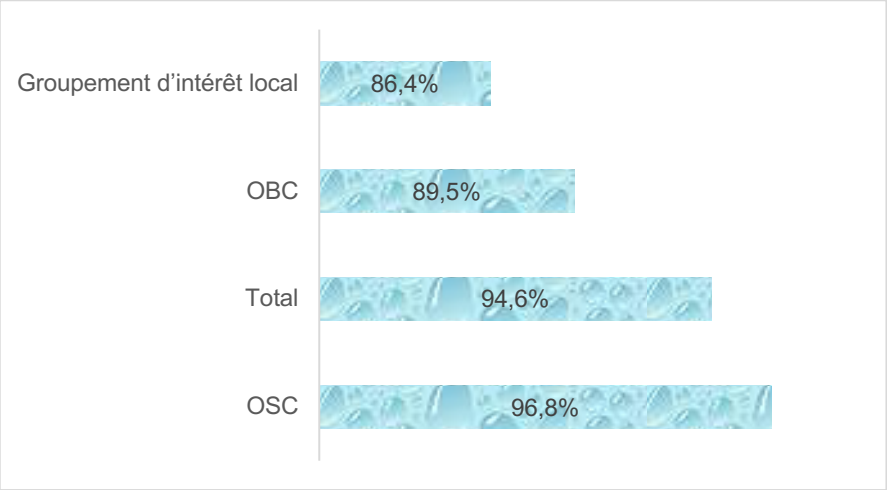
Source: Field data, July 2021

6.10.9.4. Integrating gender aspects of nutrition into advocacy initiatives

Gender is based on social relations and the distribution of female and male roles and their evolution in the implementation of nutrition activities. The analysis of the data shows that 94.6% of the organisations confirm that they take into account gender aspects in nutrition

activities. For these CSOs, it is mainly a matter of integrating gender skills, providing training or upgrading the people involved in the implementation of actions.
This rate shows slight disparities between organisations, with 96.8% of CSOs taking them into account compared to 89.5% for CBOs and 86.4% for local interest groups.

FIGURE 29GENDER MAINSTREAMING IN ADVOCACY WORK



Source: Field data, July 2021

7. Main challenges and major orientations for the implementation of the R2G project actions

7.1. Challenges to the success of the project's actions

Community engagement, implementation of local development actions, capacity building of CSOs requires the implementation of new orientations and strategies that require the capacity to address the following challenges

- ☑ Focus on issues that can alert and inform people, thereby improving the quality of their participation in national policy-making and the management of public resources, programmes and institutions.
- ☑ The active presence of CSOs/CBOs can help to channel and amplify the struggle for the defence of the rule of law and the protection of human rights, which would strengthen popular support for the establishment of an enabling legal framework;
- ☑ A better understanding of how communities engage with and position themselves in relation to project actions would provide an opportunity to understand and nuance both their conduct and their role in the development of their locality;
- ☑ Monitoring of issues and institutions can help to improve transparency,
- ☑ Increasing public awareness and understanding can help promote balanced policies and practices in the public and private sectors, thereby increasing public confidence in intentions and skills, and curbing trends towards corruption and mismanagement;
- ☑ Maintaining community involvement over time;
- ☑ Overcoming differences between stakeholders and the community, and different influential people.
- ☑ Working with unique, particularly vulnerable, or hard-to-reach communities;
- ☑ Communities and stakeholders may not perceive risk in the same way;

7.2. Major guidelines to be taken into account

In addition to these key challenges, there are external risks such as the threat that governments sometimes pose to the space for CSO action, and the scarcity of funding . Not all CSOs are, however, affected by these challenges with the same intensity. However, on the basis of the challenges outlined, guidelines and strategies

are defined to enable CSOs to be better able to mobilise funding:

- ☑ CSOs need to clarify their identity, positioning and social anchorage using organisational development as a basis for forward thinking ;
- ☑ CSOs need to clearly identify the context and better assume their identity, including investing in capacity building and sustainability.
- ☑ CSOs need to be more involved in reflections on central issues such as civic engagement, public interest and the link with partners
- ☑ CSOs need to integrate ongoing training for technical and political staff to learn to adapt continuously and to be aware of the levers of change and the development of a learning culture. This can be done through visits and exchange meetings;

4. MAPPING OF INTERVENTIONS, TARGET GROUPS AND IMPLEMENTATION MECHANISMS

4.1. Nutrition

	Key interventions	Target groups	Implementation mechanisms
ANJE	**Breastfeeding**	Pregnant and breastfeeding women	Community Health Workers, Associations, CSPS, Health Districts, Practice Learning and Monitoring Group, Hospitals, Mass Media, CBOs, NGOs, Home Visit
	Supplementary feeding	Breastfeeding women	Community Health Workers, Associations, CSPS, Health Districts, Practice Learning and Monitoring Group, Mass Media, CBOs, NGOs, Home Visit
Micronutrients	**Vitamin A**	Children 6-59 months	Community health workers, CSPS, Masse Média, Home visit,
	Iron / folic acid	Pregnant women	Community health workers, CSPS, Health districts, Hospitals, Mass media
ECP for AD	**Management of the SAM**	Children 6-59 months	Community health workers, Associations, CSPS, Health districts, Hospitals, NGOs
	Taking charge of the MAM	Children 6-59 months	Community health workers, Associations, CSPS, Health districts, Hospitals, Mass media, CBOs, NGOs
Food and Agriculture	**Pilot shops**	Households	Town Hall
	Vegetable growing	Households School children (boys and girls)	Associations, Local authorities, Management Committee, CVD, STATE, Schools, Nutrient garden, Mass media, CBOs, NGOs, Public technical services for agriculture, Public technical services for hygiene and sanitation
	Small-scale breeding	Very poor households Poor households	Associations, Management Committee, CVD, STATE, CBOs, NGOs, Public technical services for livestock
	NTFPS	Groupings Households	Associations, local authorities, the State, NGOs, CBOs, VDCs
	Fortification of the oil with vitamin A	Households	Small and medium-sized enterprises, NGOs
	Promotion of infant formula	Children from 6-23 months	Community Health Workers, Health and Social Promotion Centre, Health Districts, Beneficiary Targeting Survey, Practice Learning and Monitoring Group (PLMG), Food Industry, Mass Media, CBOs, Small and Medium Enterprises, Public Technical Services of Education, Home Visit, NGOs

4.2. WASH and sanitation

	Key interventions	Target groups	Implementation mechanisms
WASH	**PAPTAC**	Community/village	Associations, Local authorities, Management Committee, DDCs, Schools, Mass media, NGOs, CBOs, Public technical services for hygiene and sanitation, Home visits

	Hand washing with soap	Mothers of children 0-59 months	Community health workers, Associations, Health and social promotion centres, Local authorities, Health districts, Schools, Handwashing days, NGOs, CBOs, Billboards, Public technical services for hygiene and sanitation, Home visits, Mass media
		School children (boys and girls)	
		Households	
	Access to sanitation infrastructure	Households	Associations, Health and Social Promotion Centres, Management Committees, DDCs, Schools, Media Groups, NGOs, CBOs, Public Technical Services for Hygiene and Sanitation, Home visits, Local authorities
		Mothers of children 0-59 months	
		School children (boys and girls)	
	Access to drinking water sources	School children (boys and girls)	Associations, Health and Social Promotion Centres, Management Committees, DDCs, Schools, Media Groups, NGOs, CBOs, Public Technical Services for Hygiene and Sanitation, Home visits, Local authorities
		Mothers of children 0-59 months	
		Households	
	Water treatment at home	Households	Health and Social Promotion Centre, Management Committee, CVD, Town Hall, Mass Media, NGOs, CBOs, Public Technical Services for Hygiene and Sanitation, Home visits, Schools

5. Mapping of actors

	Key interventions	Responsible Ministries	Implementing partners
ANJE	**Breastfeeding**	Ministry of Health	ABBEF, ACF, AES, ALIMA, AMMIE, Africare, CICDOC, CR, DMI, FCI, FDC, GRET, HELP, HKI, IBFAN, MISOLA, MLAL, OCADES, SCI, SEMUS, SOSSIB, TDH, Association CF
	Supplementary feeding	Ministry of Health	ABBEF, ACF, ALIMA, AMMIE, Africare, CICDOC, Christian Aid, DMI, GRET, HELP, HKI, IBFAN, MI, MISOLA, MLAL, OCADES, OXFAM, SEMUS, SOSSIB, TDH, Association CF
Micro-nutrients	**Vitamin A**	Ministry of Health	HKI
	Iron / folic acid	Ministry of Health	ABBEF, HKI, MSF, TDH, MMI
Management of AD	**Management of the SAM**	Ministry of Health	ACF, ALIMA, CR, GRET, HELP, HKI, MLAL, MMA, MSF, OCADES, SCI, TDH, LVIA
	Taking charge of the MAM	Ministry of Health	ABBEF, ACF, Africare, CR, Christian Aid, DN, GRET, HKI, MI, MLAL, OCADES, SCI, TDH

	Key interventions	Responsible Ministries	Implementing partners	Catalysts
Maternal health	**Prenatal consultations**	Ministry of Health	ABBEF, AES, Africare, DMI, DSF, FCI, FDC, HKI, MLAL, MSF, OCADES, SEMUS, TDH, TINTUA, MMI, Association CF	ABBEF, Association CF, AES, Africare, CRS, DMI, FCI, FDC, HKI, IFPRI, MLAL, MSF, SEMUS, TDH, UNFPA, UNICEF
PF	**Family planning**	Ministry of Health	ABBEF, AES, Africare, CICDOC, DMI, DSF, FCI, FDC, MLAL, MSF, SEMUS, TDH, Association CF	ABBEF, AES, Africare, CICDOC, DMI, Deliver, FCI, FDC, MLAL, MSF, WAHO, SEMUS, TDH, UNFPA, UNICEF
Food and Agriculture	**Pilot shops**	MASSN	SONAGESS	SONAGESS
	Vegetable growing	MASSN, MENA, MARHASA, MRA	ACF, AGED, ATAD, CR, GRET, HKI, MLAL, OCADES, OXFAM, SEMUS, SOSSIB, TDH, TINTUA, WHH, REACH Italia	ACF, Aid, CONASUR, CR, CRS, FEPAB, HKI, MLAL, OXFAM, SE CNSA, SEMUS, SOSSIB, TDH, REACH Italia
	Small-scale breeding	MENA, Ministry of Health, MARHASA, MRA	A2N, AAAE, ACF, AGED, AMMIE, AMR, APRG, ATAD, ATT, CRUS, DGPA, LVIA, FAO, GRET, HKI, OCADES, OXFAM, SCI, SEMUS, TINTUA, IUCN, WHH, REACH Italia, BnD	ACF, ATAD, Aid, CISV, CRS, FAO, FEPAB, OXFAM, SCI, SE CNSA, SEMUS, SOSSIB, UNICEF, REACH Italia, BnD
	NTFPS	MARHASA	ACF, APFNL, ATAD, CR, GRET, MLAL, OXFAM, SEMUS, TDH	ACF, AFAUDEB, CR, FEPAB, GRET, MLAL, OXFAM, SE CNSA, SEMUS, TDH
	Fortification of the oil with vitamin A	Ministry of Health	GTPOB, HCR, HKI	GTOPB, HKI, PAM
	Promotion of infant formula	Ministry of Health, MARHASA	MISOLA, ABBEF, ACF, ALIMA, AMMIE, Africare, DMI, FIAB, GRET, HKI, MISOLA, MMI, OCADES, SEMUS, SODEPAL, SOSSIB, TDH	ABBEF, ACF, ALIMA, Africare, CRS, DMI, GRET, HKI, MISOLA, SEMUS, SODEPAL, SOSSIB, TDH, UNICEF
	Key interventions	**Responsible Ministries**	**Implementing partners**	**Catalysts**
WASH	**PAPTAC**	MENA, MATDS, MRA	AGED, AMMIE, CRS, DAKUPA, GRET, HKI, OCADES, ORGANIC, OXFAM, SAHEL Solidarite, SCI, TDH, TINTUA, VARENA-ASSO, WATERAID, WHH APS, CF Association, REACH Italia	APS, CRS, DGAEUE, EAU VIVE, HKI, ONEA, OXFAM, Plan Burkina, SCI, SOSSIB, UNICEF, WATERAID, CO
	Hand washing with soap	MARHASA	ABBEF, ACF, AES, ALIMA, AMMIE, APS, AUS, Africare, Association CF, CR, CRS, Christian Aid, DAKUPA, FCI, GIZ, GRET, HELP, HKI, MLAL, OCADES, OXFAM, Plan Burkina, SCI, SEMUS, TDH, WATERAID	ABBEF, ACF, Association CF, AES, AGED, ALIMA, Africare, CR, CRS, DGAEUE, EAU VIVE, FCI, GIZ, HELP, HELVETAS, HKI, IRC, MLAL, ONEA, SCI, SEMUS, TDH, UNICEF, WATERAID

	Access to sanitation infrastructure	MENA, Ministry of Health, Ministry of Animal Resources, MARHASA	ACF, AGED, CISV, CR, CRS, DAKUPA, EAU VIVE, GRET, HELP, HKI, MLAL, OCADES, ORGANIC, OXFAM, SCI, TINTUA, VARENA-ASSO, WATERAID, WHH, Association CF	ACF, CF Association APS, CISV, CR, CRS, Christian Aid, DAKUPA, DGAEUE, EAU VIVE, GIZ, HELP, HELVETAS, HKI, IDE, IRC, MLAL, ONEA, OXFAM, SCI, SOSSIB, VARENA-ASSO, WATERAID, Communities
	Access to drinking water sources	MENA, Ministry of Health, MRA, MARHASA	ACF, AGED, APDC, CISV, CR, CRS, DAKUPA, EAU VIVE, GRET, HELP, HKI, MLAL, OCADES, OXFAM, SAHEL Solidarite, SCI, SEMUS, SOSSIB, TINTUA, VARENA-ASSO, WATERAID, LVIA, Association CF,BnD , REACH Italia	ACF, APS, CISV, CR, CRS, DGAEUE, EAU VIVE, HELP, LVIA, MLAL, ONEA, ORGANIC, OXFAM, PSF, SCI, SEMUS, STM, WATERAID, WHH, CO, BnD, REACH Italia
	Water treatment at home	MENA, MRA, MARHASA	ACF, AGED, APDC, CR, CRS, MLAL, OXFAM, SCI, SOSSIB, REACH Italia	ACF, CR, CRS, MLAL, OXFAM, SCI, REACH Italia

6. REFLECTION ON THE THEORY OF CHANGE AND GAPS

All the dimensions of the basic premise on which the R2G project was built were elucidated during the development of the reference situation. Indeed, from a theoretical point of view, the project was built on the idea that "***every child is able to achieve his or her full potential***". While this idea is attractive in itself, it is problematic in terms of the results obtained during the collection of baseline information.

For the most part, communities as well as civil society organisations, local interest groups, local associations are at least very supportive of the project actors' support for unprecedented success. In all regions of CSO intervention, the interviews allowed the targeting of various experienced CSOs and CBOs with a proven track record in implementing their activities for the benefit of the local community. The strengthening of community involvement, the fight against malnutrition, the fight against poverty of vulnerable populations, the development of income-generating activities, the strengthening of the capacities of actors at the local level, are all innovations whose relevance for the improvement of the living conditions of the populations in rural areas in particular is not debatable.

The question is rather how to empower the poor through CSO capacity building?

One of the most important aspects in implementing projects of this type is to strengthen community participation in the actions and during the implementation of the project. This will enable rural people to strengthen their capacity to develop income-generating activities. The baseline study showed that the populations of the intervention zone were facing several difficulties, notably due to the security situation. This increases the contribution of CSOs/CBOs at the local level to join initiatives to improve the living conditions of vulnerable populations.

The involvement of some CSOs/CBOs in the improvement of basic social services, particularly in the area of nutrition, is still insufficient in some localities in Burkina Faso.

The project area is characterised by a worrying security situation. This situation has led to massive displacements of populations abandoning their property for other horizons. This increases the needs and deteriorates access to basic social services in the host localities.

The project's intervention scheme focuses on capacity building of CSOs/CBOs at the level of the intervention area. To this end, the use of specialised structures for training, monitoring and the presence of facilitators to coordinate all interventions in each zone must be at the heart of the project's actions. This is partly due to the level of formality of certain local structures, which are often not recognised, and the low level of technicality of the human resources within these local structures. To this end, the project must have technical agents "immersed" in the communities in order to encourage community involvement and ownership of the project's actions by the populations.

The establishment of local monitoring committees (LMCs) made up of champion leaders. The term leader champion is used to refer to a number of rural actors who are 'immersed' in the community to facilitate the intervention of projects and programmes. In the implementation of this project, the champion leaders will contribute to local ownership.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The Baseline study (BASELINE) was very well attended by most of the actors in both rural and urban areas. It brought together local authorities from the Centre-North, the East and the North. According to the priority areas of the R2G intervention, the results of the study nevertheless revealed that seven out of ten people believe they are committed to improving nutrition services in their locality.

The results of the study show that the commitment of CSOs/CBOs and other development partners to empower poor, marginalised and vulnerable populations, and to support their sustained participation in efforts to strengthen nutrition and WASH services and to ensure that they provide an essential service to everyone.

The following conclusions can be drawn according to the baseline level of the indicators.

- **In terms of key informants' perceptions of the policy and legislation package :**

On the basis of the interviews with key informants, it is possible to note changes that have affected the well-being of the population on the basis of certain challenges raised by the ratification of certain agreements or texts at national level. Despite the ratification by the State of Burkina Faso of a number of important legal instruments relating to the right to food, this right has not been expressly enshrined either in the current Constitution or in any other legislative or regulatory text.

- **In terms of factors that hinder as well as facilitate the adoption of infant and young child feeding practices and the feeding of pregnant and lactating women in households**

One of the factors that hindered the practice of good infant and young child feeding, according to 55% of pregnant women (breastfeeding or of childbearing age), was the fact that they had difficulty breastfeeding their infants. This is also supported in the individual interviews by the following testimonies:

- *Poor nutrition for the breastfeeding woman*
- *Lack of nutrient-rich food*
- *Lack of financial means*
- *Lack of sufficient food*

According to the data analyses, 85.4% of individuals affirm that innovative awareness-raising practices are one of the factors favouring good nutrition in their community, while 9.5% think that the involvement of fathers in the adoption of infant and young child feeding practices is also a favourable factor. These proportions are supported by qualitative analyses of the targets in the following terms:

- *Awareness raising is a fundamental tool*
- *Good knowledge of ANJE practices*
- *Fathers' involvement in the adoption of practices*

- **In terms of communities' knowledge of their social rights in relation to nutrition and WASH**

In terms of social rights on nutrition, 39.1% of communities feel they have knowledge in their locality. This proportion is higher among women (43.4%) than among men (37.3%). On the other hand, this proportion is 39.9% for WASH services. These proportions are supported by the qualitative analysis during the focus groups by the following testimonies:

- *Communities have a good knowledge of their rights*

- *Lack of financial means forces some to be unaware of their rights*
- *Awareness raising can help to increase knowledge of these rights.*

➢ In terms of the level of knowledge and skills that people have to claim their rights and the services that can enforce them

The communication channel most used by the communities to claim their right is the radio (22.1%), followed by the NGO/Association channel (21.4%). These communication channels are confirmed by the interviews and focus groups by the following testimonies:

- *Rural radio*
- *In the middle, we have the use of social networks*
- *Associations in rural areas are also preferred.*

➢ Mechanisms and approaches used by the community to have their views and expectations heard and taken into account

The mechanisms used by communities allow individuals and communities to raise issues or concerns with CSOs/CBOs. Analysis of the population data indicates that 67.8% of the targets stated that there are approaches or mechanisms used by the population to voice and take into account their opinions and expectations. This rate is higher among women (77.6%) than among men (63.7%).

➢ Community engagement in nutrition and WASH services

Analysis of the data indicates that seven out of ten people feel that they are involved in the fight against malnutrition in their locality. This percentage is lower in the North region (58.7%). This commitment is analysed in terms of their effective involvement in the implementation of projects and programmes in their locality. The aim is to contribute to effective social mobilisation and local support for the success of the projects.

➢ Community participation in formulating demands for improved nutrition and WASH services

The interviews conducted in the field show that community participation is an important dimension of development strategies and is both a part of the process and a goal. The quantitative analysis also confirms this across the intervention area, with only one in three (31.3%) believing they are engaged in actions to improve nutrition and WASH services.

Recommendations

Major recommendations are made at the end of this mission:

To local authorities:

3. At the advocacy level

- Support capacity building on evidence-based advocacy for CSOs and networks of associations at local level;
- Strengthen the monitoring of CSO/CBO advocacy activities and the implementation of advocacy actions;
- Legal recognition of the right to food in the Constitution
- The adoption of a specific Food and Nutrition Act, including an Act to
- The application of the Breastmilk Substitute Code
- The establishment of effective mechanisms to strengthen public service laws

4. At the level of community involvement

- Facilitate community engagement at the local level through community involvement;
- Create initiatives for the sustainability of social achievements with the establishment of a system of champion leaders at local level.

To the R2G project actors

☑ **Recommendations in the WASH sector based on field findings**

- Collaborate with CSOs/CBOs and community interest groups to repair or rehabilitate non-functional water points and create new water points, water storage points to improve WASH services;
- Increase the capacity of CSOs/CBOs to combat the spread of COVID-19 through awareness raising and the provision of COVID kits.
- Promote good hygiene practices and community commitment to prevent communicable diseases including waterborne diseases and COVID-19;
  - Support regional health directorates (DRSA) in promoting hygiene practices;
  - Training and equipping community volunteers supervised by DRSA

☑ **Recommendations in the health/nutrition sector based on field findings**

- Strengthen nutritional alternatives adapted to the emergency context;
- Strengthen the capacity of governance and management structures for nutrition and food security;
- Support CSOs/CBOs in providing food assistance only to extremely vulnerable households and specific groups.
- Awareness raising for pregnant and breastfeeding women: negotiation around diet during the last months of pregnancy and assisted delivery.

☑ **Recommendations in the social cohesion sector based on the results from the field**

- Ensuring harmonisation, transparency and communication
- Ensure that the different communities are represented in the coordination structures.

To CSOs and networks of local associations

- Involve communities in awareness raising activities to share their experiences and realities;
- Carry out awareness-raising activities in the intervention areas;
- Intensify awareness-raising activities by involving the communities themselves, religious and customary leaders and all actors involved in local development;
- Involve, and in time, the social action services in the preparation of communications during advocacy or sensitisation to have more precise realities of the localities;

- Take into account local realities and initiatives, including socio-cultural realities, community perceptions.

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Capacity & learning assessments

Report

(English translation)

<< Burkina Faso >>

October, 2021.

Right2Grow

Acknowledgements

The Global Capacity Building and Learning & Sharing teams would like to express their gratitude and thank all those who supported and participated in the process of collecting data on capacity and learning in their countries. The time and effort you put into disseminating the questionnaires, following up with your national partners and colleagues, and providing input is greatly appreciated.

Thanks to all of you, we have completed the capacity and learning assessment and collected :

- 180 responses to the questionnaire on technical knowledge and learning
- 82 responses to the organisational development questionnaire

All this data will help us to better understand the capacity and learning gaps and needs in the programme countries, as well as what expertise we, as the Right2Grow Consortium, can provide. Based on this data, we will jointly develop country-specific mutual capacity development and learning strategies to achieve the objectives of the Right2Grow programme.

Special thanks to Remco Geervliet of the Max Foundation for his support in setting up a system for data analysis. We couldn't do it without you!

Thank you all!

Jovana, Jan, Anat and Stephanie

How to read the results?

In this report, we present the results of the analysis we conducted. The objectives of the data analysis were to

- Understand capacity and learning gaps and needs a) at country level b) at Global Consortium level.
- Identify potential providers of expertise that can meet the needs within the Right2Grow Consortium.
- Inform country prioritisation workshops and support the development of country-specific mutual capacity building and learning strategies.
- Provide a benchmark for monitoring progress in capacity building and learning over time.

The report is based on the four key areas on which we collected data, namely

A. Technical knowledge and skills related to the four outcomes of the Right2Grow programme
B. Knowledge and skills in monitoring and evaluation (M&E)
C. Learning and sharing
D. Organisational development

For each of these areas, we present an overview of the responses received at country level, including all the national Consortium partners who participated. To help you make sense of the results, the report highlights what was identified as :

- Low and high training/capacity development needs in the country
- The experience and expertise that the Right2Grow Consortium partners can provide
- The most emerging strengths and training needs in monitoring and evaluation
- Overview with the five most important agreements and disagreements in the apprenticeship survey
- Common organisational development needs that could be addressed by the Right2Grow programme

Data analysis

All data collected was cleaned to ensure consistency in the names of the organisations (e.g. World Vision, WV, World Vision-Ethiopia, W. Vision = World Vision). Then an analysis table was designed to filter and review the results. The global MCD team used this analysis table and the qualitative responses provided to analyse the results and present them in this report. For the first part of the assessment, the technical knowledge and skills questionnaire, the team made the following additional calculations to present the key points of the results:

- **Lowest need for capacity building**: This is the sum of the responses to the questionnaire, marked in green in the charts presented. These responses indicate a low need for training/capacity building or the fact that partners have a wealth of expertise on a given topic.

- Highest **capacity building need**: This includes the sum of all survey responses, marked in red in the graphs presented. They indicate moderate and high needs for training/capacity building on a given topic.
- **Average capacity building need by knowledge area**: This is the sum of all responses to the moderate and high training needs marked in red in a graph for a given knowledge area (e.g. WASH and nutrition basics), then divided by the total number of response options per knowledge area.
- **Average capacity building need per Theory of Change outcome**: This need is calculated as the sum of all the averages per knowledge area under an outcome, then divided by the total number of knowledge areas for that outcome.

Use of these results

These findings should be seen as a starting point for the development of country-specific capacity development and learning strategies. They should also guide discussions at the prioritisation workshops (part of the detailed 2022 planning process) on identifying key capacity development and learning priorities that need to be addressed in order to achieve the objectives of the Right2Grow programme and ensure sustainability beyond Right2Grow.

Executive summary

A. Results of the assessment of skills and learning

On the following pages you will find the detailed report. The table below shows the lowest and highest needs for technical knowledge and skills development. The capacity building needs are grouped according to the four outcomes of the Right2Grow programme.

Results of Right2Grow programme	Knowledge area where the need for capacity building is greatest	Knowledge area with the lowest need for capacity building
Result 1: Communities demand and invest in basic social services and adopt good nutrition and water, sanitation and hygiene practices, jointly addressing barriers with private sector partners.	Working with community-based private sector partners (67.3%)	Basic WASH and nutrition (39%)
Result 2: Representative and empowered civil society organisations (CSOs) are effectively navigating the civic space to advocate for leadership and good governance to prevent undernutrition and poor WASH conditions.	Communication, campaigns and media work (54.3%)	Designing context-specific, evidence-based advocacy strategies (39%)
Result 3: The national government and decentralised entities adopt and integrate an integrated and multi-sectoral approach to undernutrition into policies, action plans and budget allocations.	Review of existing legislation (63%)	Identify gaps in policy implementation and make evidence-based recommendations (42.5%)
Result 4: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition	Bringing local knowledge and experience to the international stage (45%)	Lobby donors for better funding for nutrition and water, sanitation and hygiene, and for multi-sectoral programming (42.3%)

Looking at the average needs expressed by outcome, the data suggest that the greatest capacity building efforts should be invested in Outcome 3 (55%), followed by Outcome 1 (51.5%), and Outcome 2 (44%) and Outcome 4 (44%). These elements should be discussed and validated in the prioritisation workshops as part of the strategic thinking and detailed planning processes.

B. The most emerging M&E strengths and training needs

Capacity building priorities for 2022 : 1. Stories of change 2. Monitoring the lobbying and advocacy capacity of civil society organisations 3. Monitoring and evaluation tools for budget monitoring
Capacity building priorities for 2023 : 1. Most significant changes 2. Monitoring the lobbying and advocacy capacity of civil society organisations 3. Stories of change

C. On the results of the survey on learning and sharing

This survey sought to address the issue of learning and sharing at three levels:

- The respondent's individual professional learning practices: individual level
- The learning and sharing practices of the organisation to which the respondent belongs: organisational level
- Respondent's personal expectations of Learning and Sharing in Right2Grow: Right2Grow consortium level

Learning and Sharing in Right2Grow is similar to a mode of collaboration and exchange that encompasses all three levels: it seeks to create a learning culture in the Right2Grow consortium that engages both structures and individuals.

At the individual level:

100% of respondents are aware of the importance of learning to progress and gain impact and 95% of respondents make time for learning and sharing in their diary and carry out learning activities. (80% of individuals regularly do reflective exercises to learn from their past practices and 95% use lessons learned to adapt their practices).

At the organizational level :

However, when it comes to the organisations in which the respondents work, the percentages decrease (although they still remain at high levels), with only 60% (vs. 95% at the individual level) finding that they have time for learning and sharing in their team and 70% considering that they have a formalised process for collecting learning and sharing good practice within their organisation.

Expectations at Right2Grow level:

-95% of respondents want to see a system in place to share good practice within the consortium

- 100% want to **strengthen the capitalisation and sharing of community knowledge**

-95% of respondents want to be supported to make better use of lessons learned in adaptive management

In conclusion, as individuals, the Burkina teams already have an appetite for and understanding of learning and sharing and its added value. The focus should be on strengthening the processes, spaces and tools for formalising/systematising learning and sharing at the level of the constituent organisations and the wider consortium. These elements will be discussed and validated during the strategic reflection and detailed planning workshops with all partners.

D. Common organisational development needs that could be addressed by the Right2Grow programme

The three emerging organisational development priorities for Right2Grow Burkina Faso are

1. Resource mobilisation to secure new and additional financial, human and material resources to advance the mission (33%)
2. Development of competence development plans, linking staff training to organisational strategy (30%)
3. Production of credible evidence by the organisation or through the network of researchers, ability to evaluate the research of others (20%)

A. Results of the assessment of technical knowledge and skills

In this questionnaire we collected information on the technical knowledge and skills needed to achieve four outcomes of the Right2Grow programme. Here are the results.

1. Overview of responses received by Right2Grow consortium partners in Burkina Faso :

Organization	Number of responses
ACF	2
AMR	3
CEGAA	1
RESONUT	6
Save the Children	2
The Hunger Project	2
TOTAL:	**16**

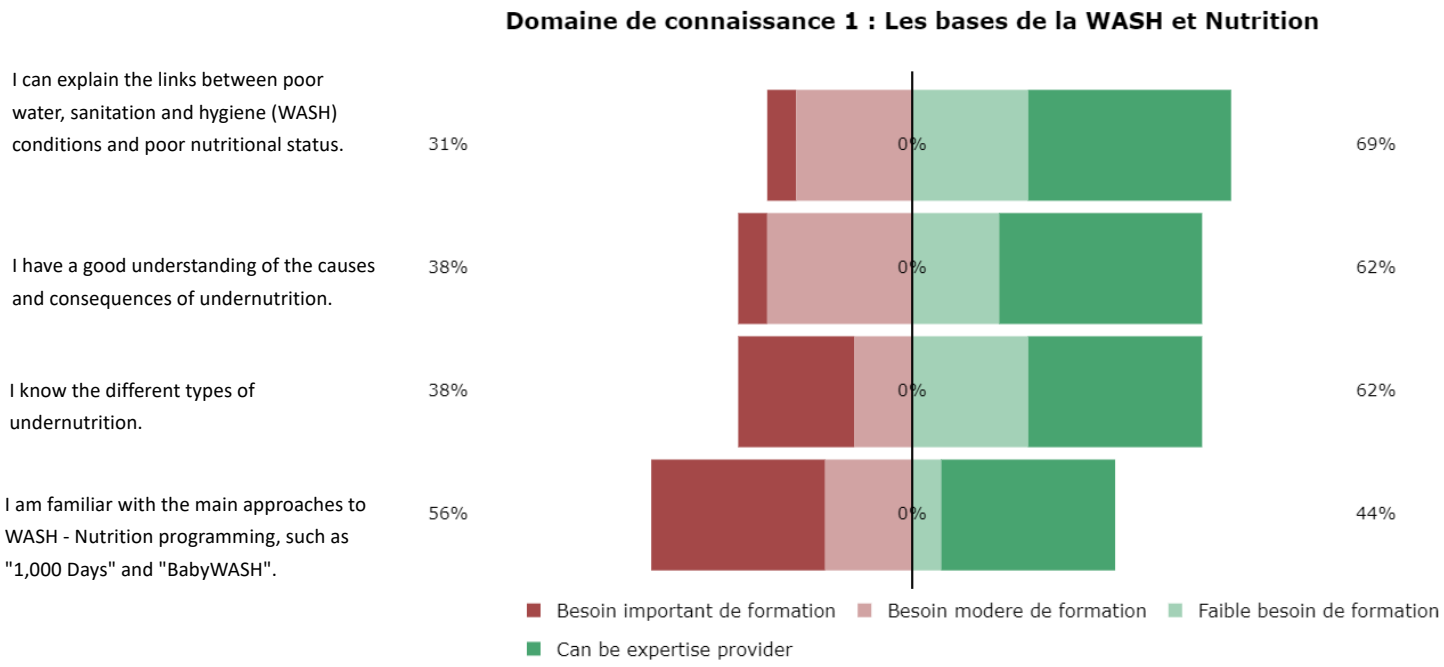
Overview of responses by item	Number of responses
Facilitation of activities / Community mobilisation and coordination	1
Capacity building and/or learning	1
Communication and/or advocacy	5
Finance and Administration	3
Programme management	2
Secretariat and administration	1
General Management	3

Reflection:

All Right2Grow programme partners in Burkina Faso participated in the evaluation, however, participation is uneven among organisations, which could be due to the different size of organisations or different rates of engagement in the evaluation among partners. Partners working in different positions and bringing different expertise, e.g. advocacy, community mobilisation, programme management, responded to the survey, which provides a good basis for understanding the different needs and gaps in capacity and knowledge in Burkina Faso. However, differences in the number of responses per position (the majority of respondents worked in advocacy) should be taken into account.

3. The following is an overview of the results related to the six knowledge areas of **outcome 1:**

"Communities demand and invest in basic social services and adopt good nutrition and water, sanitation and hygiene practices, jointly addressing barriers with private sector partners.



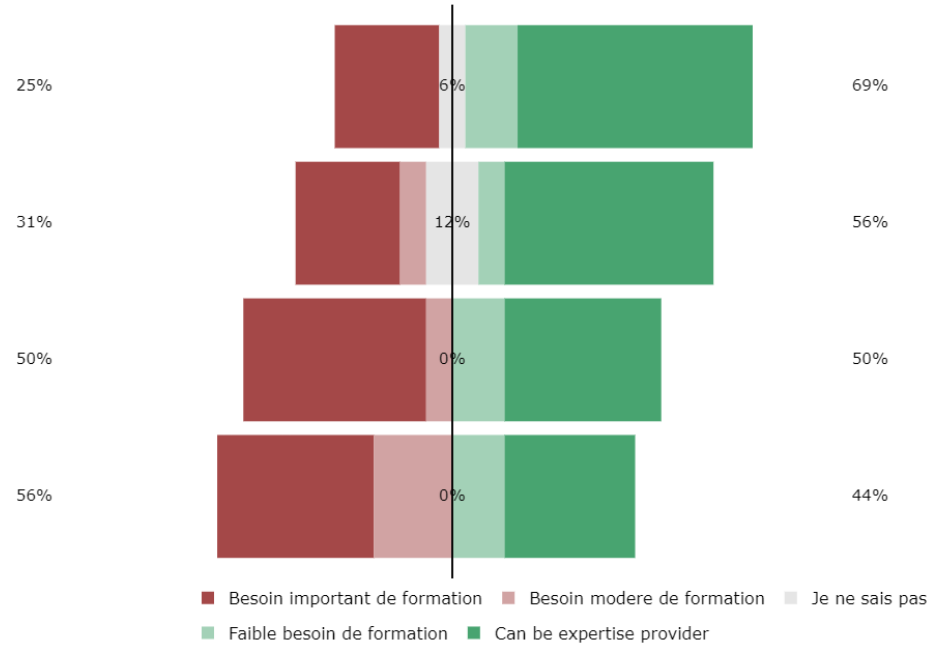
Domaine de connaissance 2 : Mobilisation et engagement de la communauté, tout en assurant une participation significative des femmes et des jeunes

I know the relevant communication channels for community mobilisation that I can use in my work.

I can name some women and youth-led groups and explain the level of decision-making they have in their communities.

I can explain the main steps in developing a community mobilisation/engagement strategy.

I have a good understanding of the affected populations and how they understand community mobilisation activities, including their impact on nutrition and WASH.



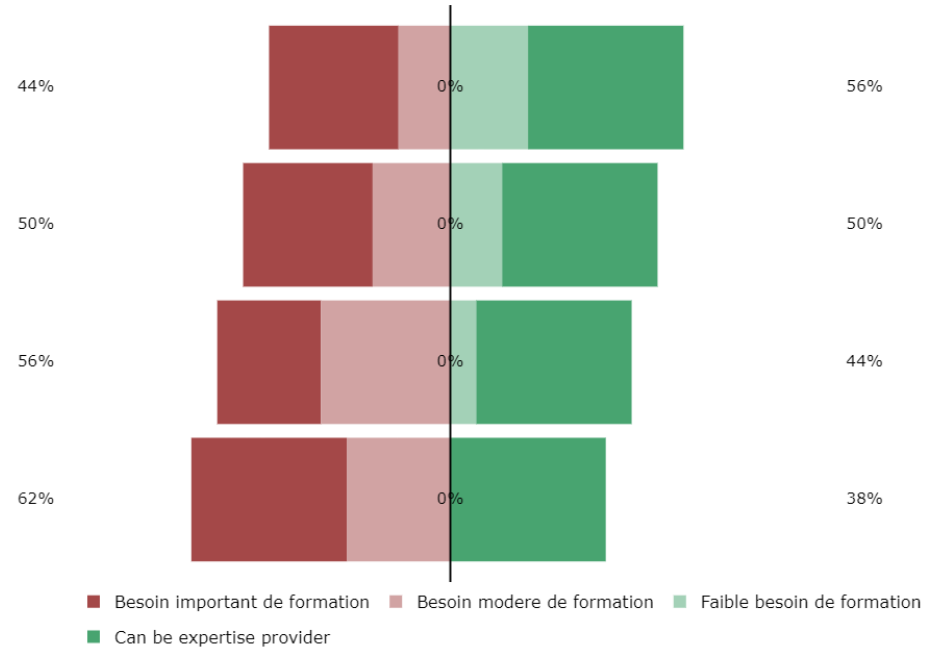
Domaine de connaissance 3 : Un développement piloté par la communauté, inclusif et sensible au genre

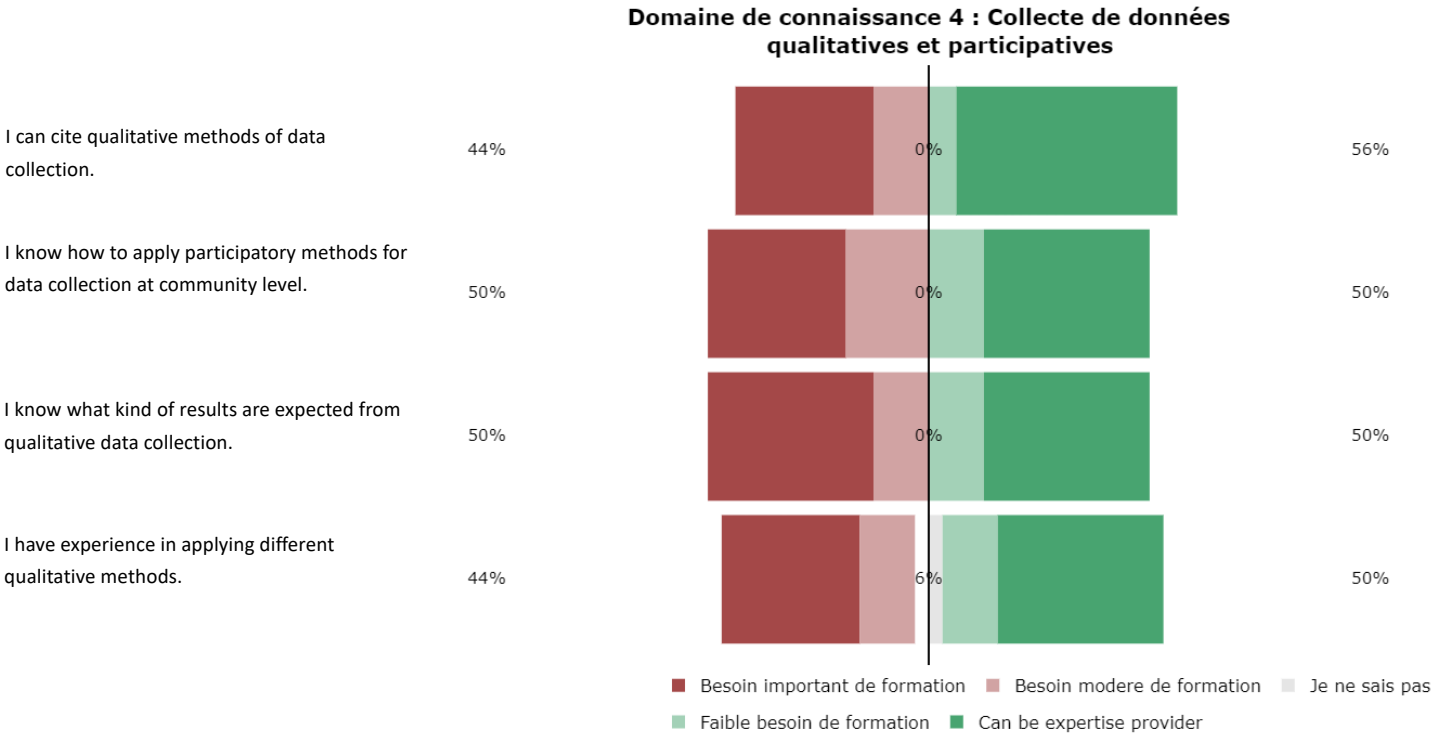
I know how to ensure the participation of women and young people in community engagement strategies and community decision-making.

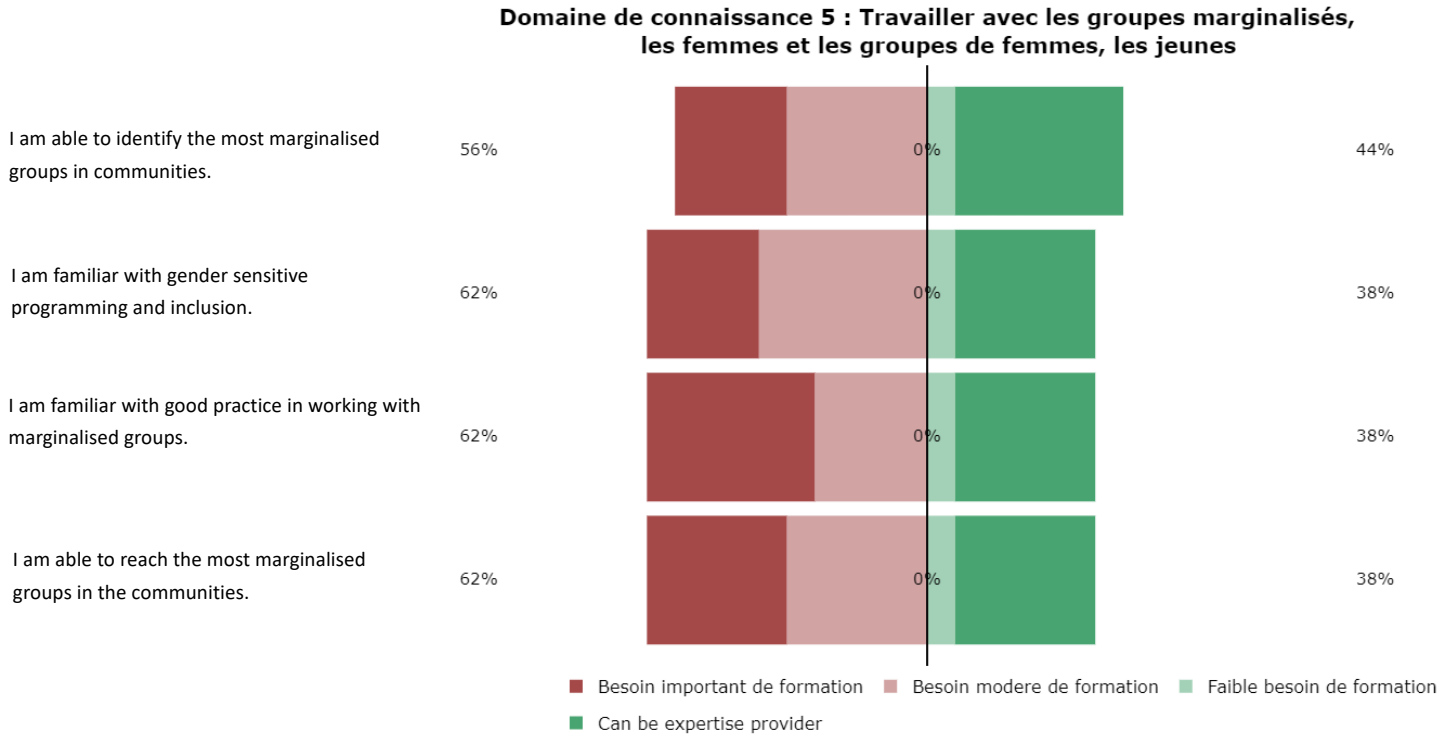
I know ways to promote women leaders and gender-sensitive community leadership.

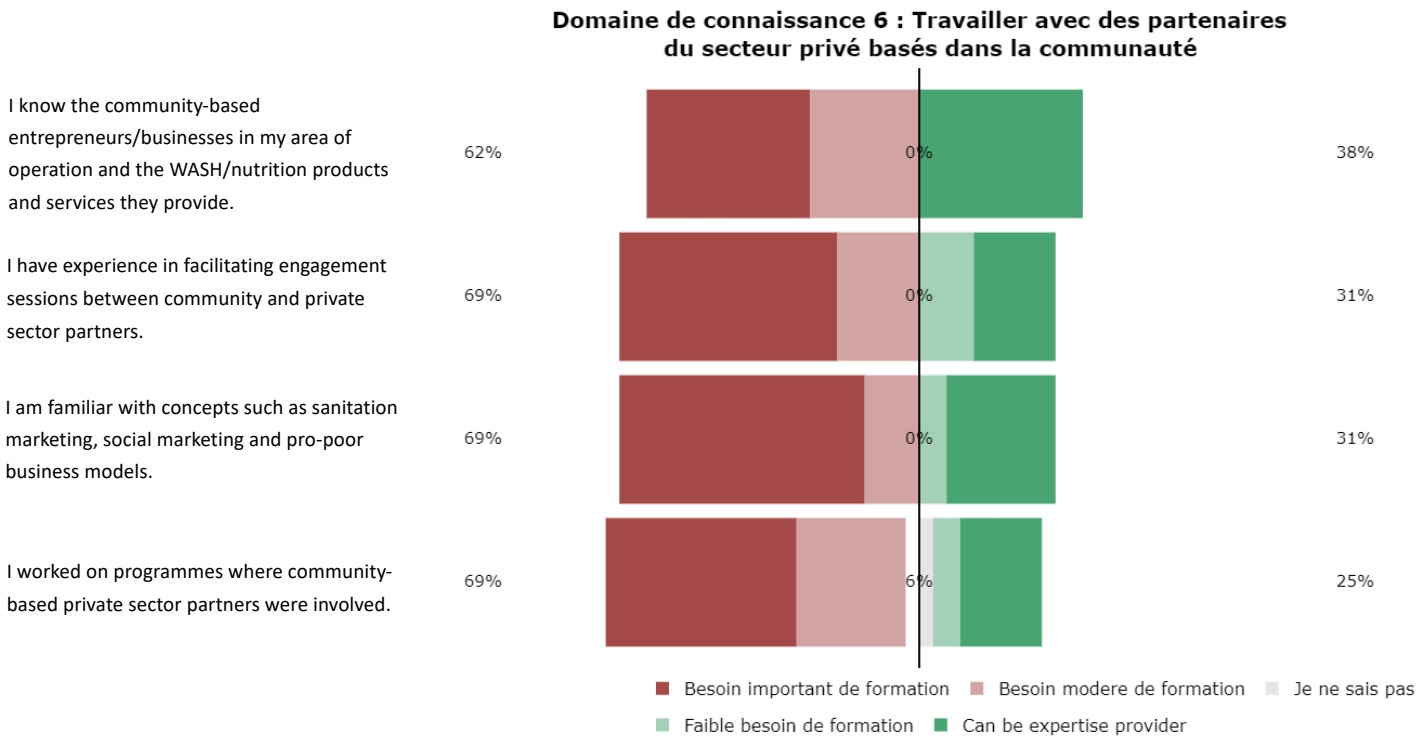
I know the mechanisms for ensuring the sustainability of interventions in the community.

I can describe the main features of community-led development/community development.




Domaine de connaissance 4 : Collecte de données qualitatives et participatives
I can cite qualitative methods of data collection.
44%
0%
56%
I know how to apply participatory methods for data collection at community level.
50%
0%
50%
I know what kind of results are expected from qualitative data collection.
50%
0%
50%
I have experience in applying different qualitative methods.
44%
6%
50%
Besoin important de formation
Besoin modere de formation
Je ne sais pas
Faible besoin de formation
Can be expertise provider


Domaine de connaissance 5 : Travailler avec les groupes marginalisés, les femmes et les groupes de femmes, les jeunes
I am able to identify the most marginalised groups in communities.
56%
0%
44%
I am familiar with gender sensitive programming and inclusion.
62%
0%
38%
I am familiar with good practice in working with marginalised groups.
62%
0%
38%
I am able to reach the most marginalised groups in the communities.
62%
0%
38%
Besoin important de formation
Besoin modere de formation
Faible besoin de formation
Can be expertise provider



Reflection:

The Right2Grow consortium in Burkina Faso is comfortable with the basics of undernutrition and water, sanitation and hygiene (WASH), and reported a good understanding of the links between a poor WASH environment and poor nutritional status, and the causes and consequences of undernutrition. The majority of survey respondents are aware of the communication channels relevant to community mobilisation and can explain the level of decision-making by women and youth-led groups in communities. More than half of the respondents to the survey said they knew how to ensure the participation of women and youth in community engagement strategies and community decision-making.

The greatest capacity building needs are expressed in the area of working with private sector partners, including facilitating engagement sessions between communities and private sector partners, knowledge of concepts such as social marketing and pro-poor business models, and how to engage private sector partners in the programme. Secondly, there is a need to build the capacity of partners to work with marginalised groups, how to reach them, and best practices for working with marginalised groups such as women and youth. About half of the respondents to the survey expressed the need for capacity building in the area of qualitative and participatory data collection, and community-led development.

In the table below, you can see the lowest (column 2) and highest (column 3) training/capacity building needs by knowledge area, as well as potential providers of expertise from your country and the Consortium (column 4).

Column 1 shows the average needs by knowledge area. For ease of understanding and comparison, the average needs by knowledge area are ordered from top to bottom and may not follow the order of knowledge areas as presented in the graphs above.

3.7 The following are highlights of the assessment of technical knowledge and skills related to Outcome 1:

Average needs by knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Those who can provide expertise
Knowledge area 6: Working with community-based private sector partners (67.3%)	Knowledge of community-based entrepreneurs/enterprises in the intervention areas and the WASH/nutrition products and services they provide (38%)	Experience in facilitating engagement sessions between community and private sector partners (69%) Already worked on programmes in which community-based private sector partners were involved (69%) Knowledge of concepts such as sanitation marketing, social marketing and pro-poor business models (69%)	ACF, AMR, RESONUT, Save the Children, The Hunger Project
Knowledge area 5: Working with marginalised groups, women and women's groups, youth (60.5%)	Identification of the most marginalised groups in communities (44%)	Familiarity with gender sensitive and inclusive programming (62%) Familiarity with good practice in working with marginalised groups (62%) Being able to reach the most marginalised groups in communities (62%)	ACF, AMR, Save The Children, The Hunger Project
Knowledge area 3: Community-led development that is inclusive and gender-sensitive (53%)	Knowing how to ensure the participation of women and youth in community engagement strategies and community decision-making (56%)	Knowledge of the main features of community-led development/community development (62%)	ACF, AMR, The Hunger Project

Knowledge area 4: Qualitative and participatory data collection (47%)	Familiarity with qualitative data collection methods (56%)	Know what kind of results are expected from qualitative data collection (50%) Know how to apply participatory methods for data collection at community level (50%)	ACF, AMR, CEGAA, RESONUT, Save the Children
Knowledge area 2: Mobilisation and engagement of the community, while ensuring significant participation of women and youth (40.5%)	Knowledge of relevant communication channels for community mobilisation that we can use in our work (69%)	Knowledge of affected populations and their understanding of community mobilisation activities, including their impact on nutrition and WASH (56%)	ACF, AMR, RESONUT, Save the Children, The Hunger Project
Knowledge area 1: Basic WASH and nutrition (39%)	Knowledge of the links between poor water, sanitation and hygiene (WASH) conditions and poor nutritional status (69%)	Familiarity with key WASH - Nutrition programming approaches, such as "1000 Days" and "BabyWASH" (56%)	ACF, AMR, The Hunger Project

BOX 1: This is what Right2Grow Burkina Faso partners say about their expertise and needs related to outcome 1:

"More than 5 years of experience in supporting communities in claiming their fundamental rights. "

"We have the expertise in communication and awareness raising.

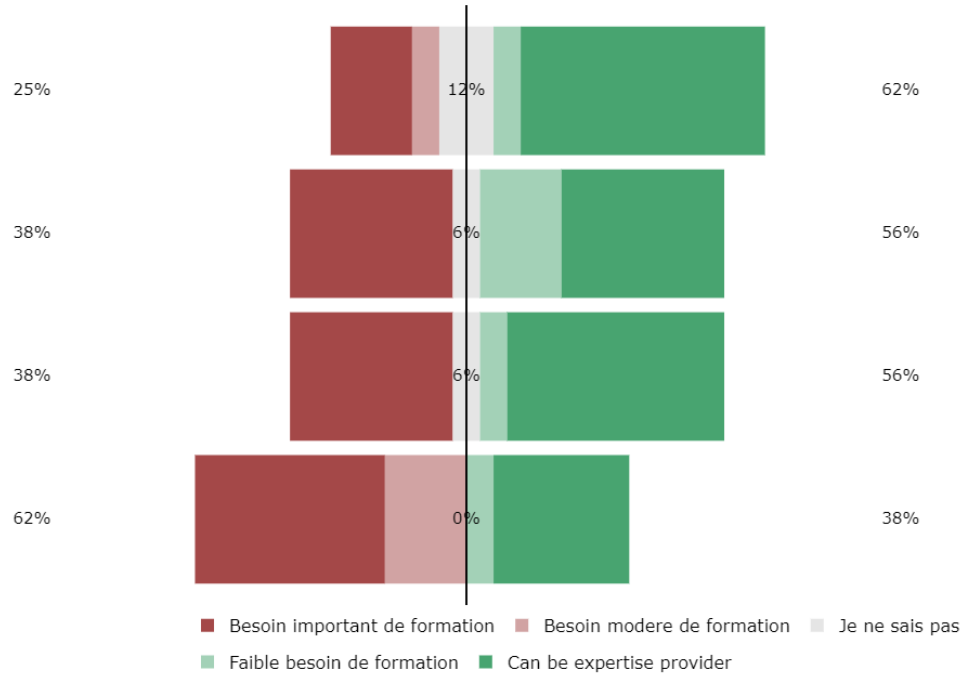
"The most important needs are related to strengthening nutrition, wash and food security/gender and inclusion of vulnerable groups/community engagement/qualitative data techniques.

What are the needs in terms of support and capacity building?
- Community mobilisation; analysis of power dynamics; development of an advocacy strategy/plan.
- Sharing of experience on good practice in WASH and nutrition.
- Putting technical learning tools to work for organisations.

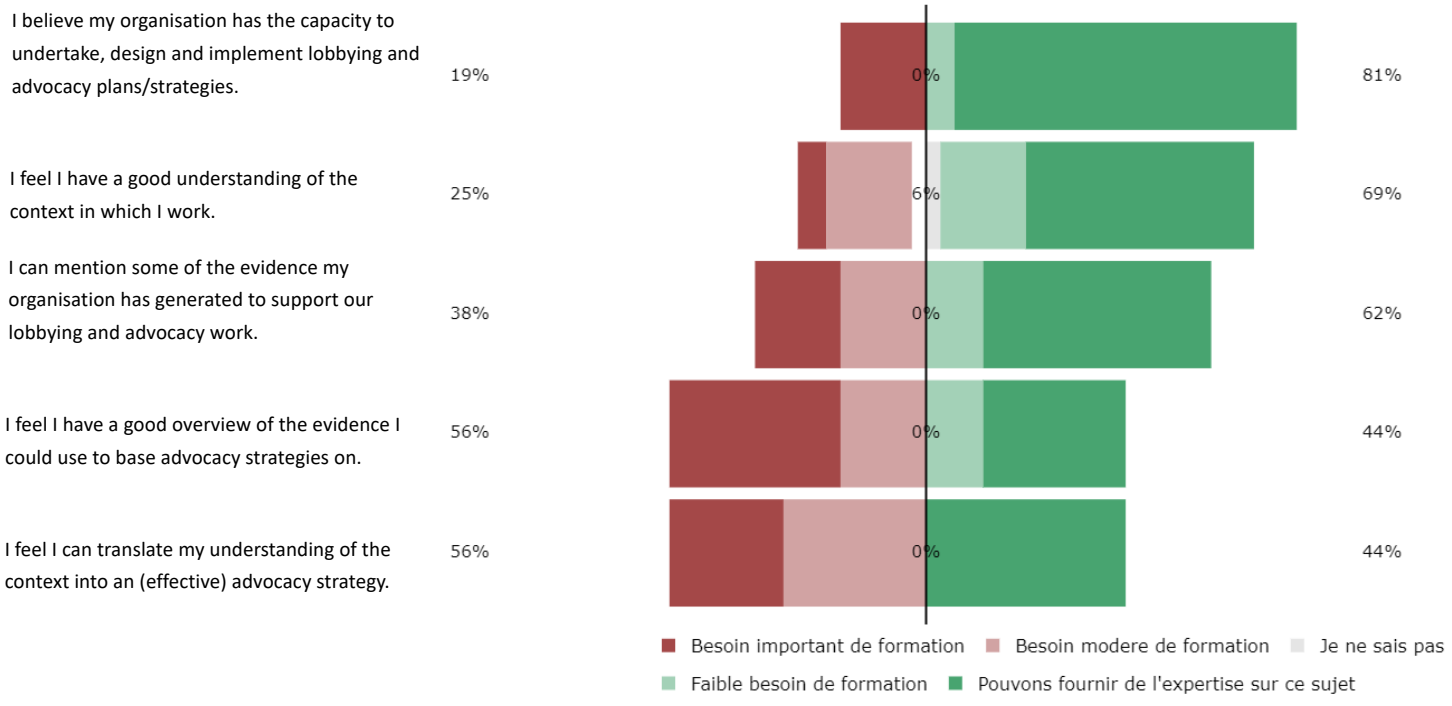
4. The following is an overview of the results related to the five knowledge areas of **outcome 2***:*

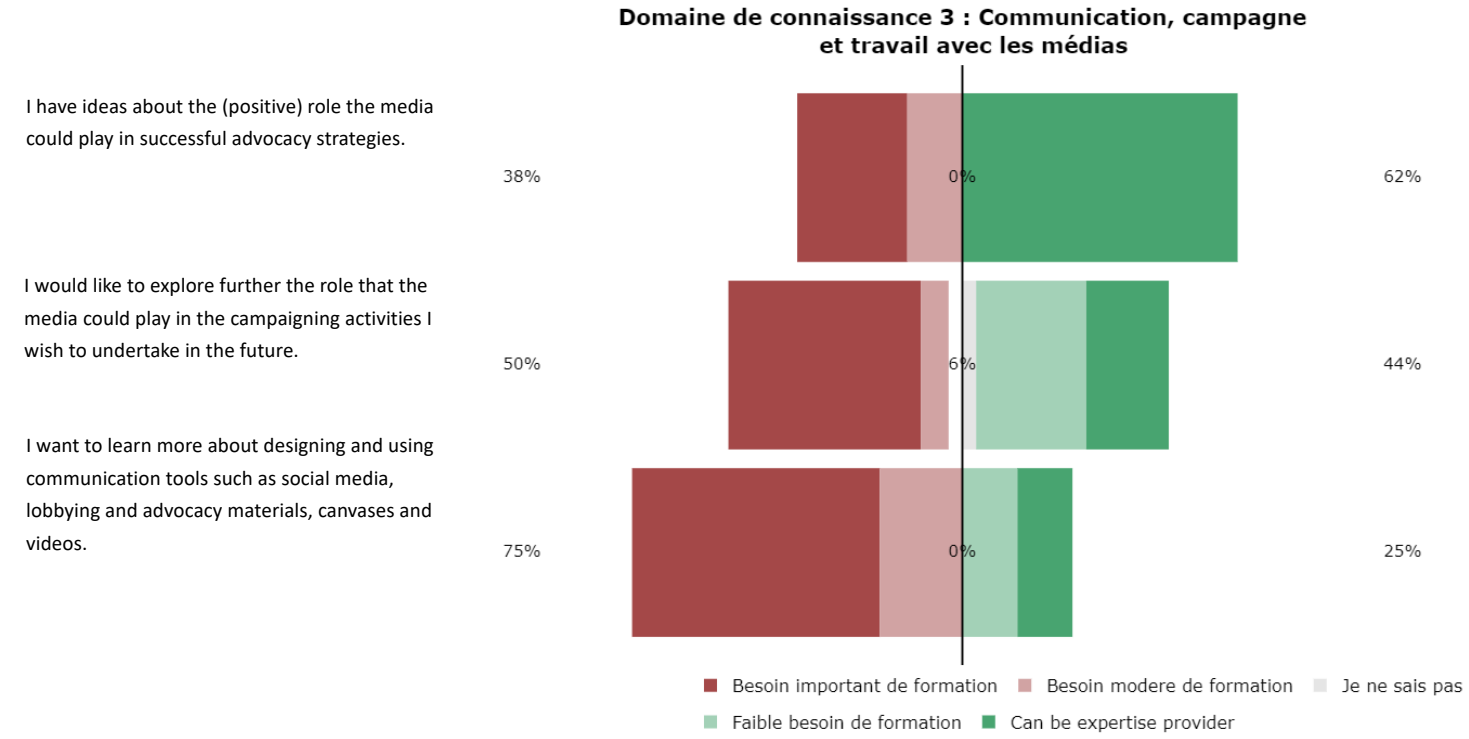
"Representative and empowered civil society organisations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition and poor WASH conditions."

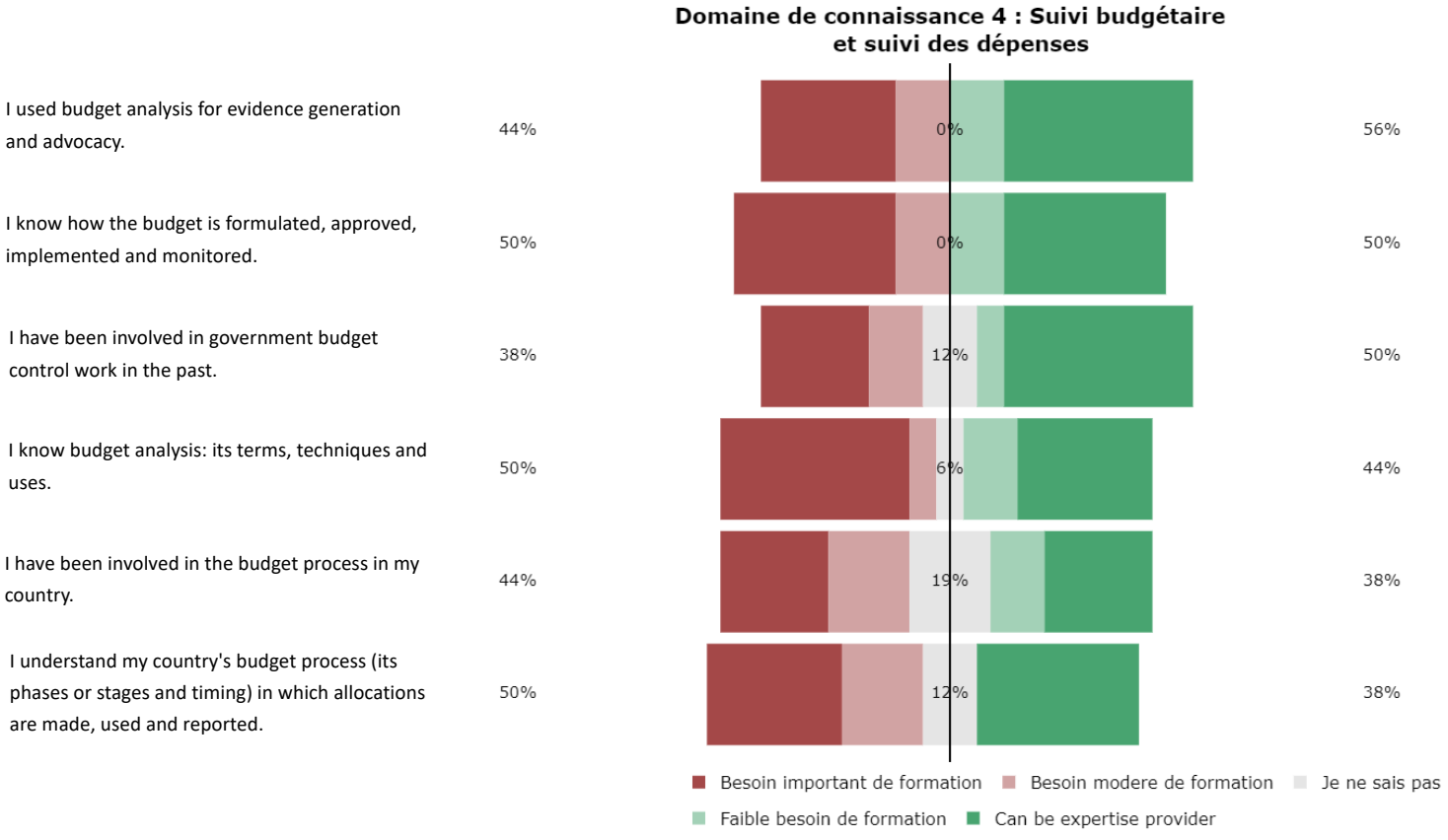
Domaine de connaissance 1 : Engagement gouvernemental et lobbying

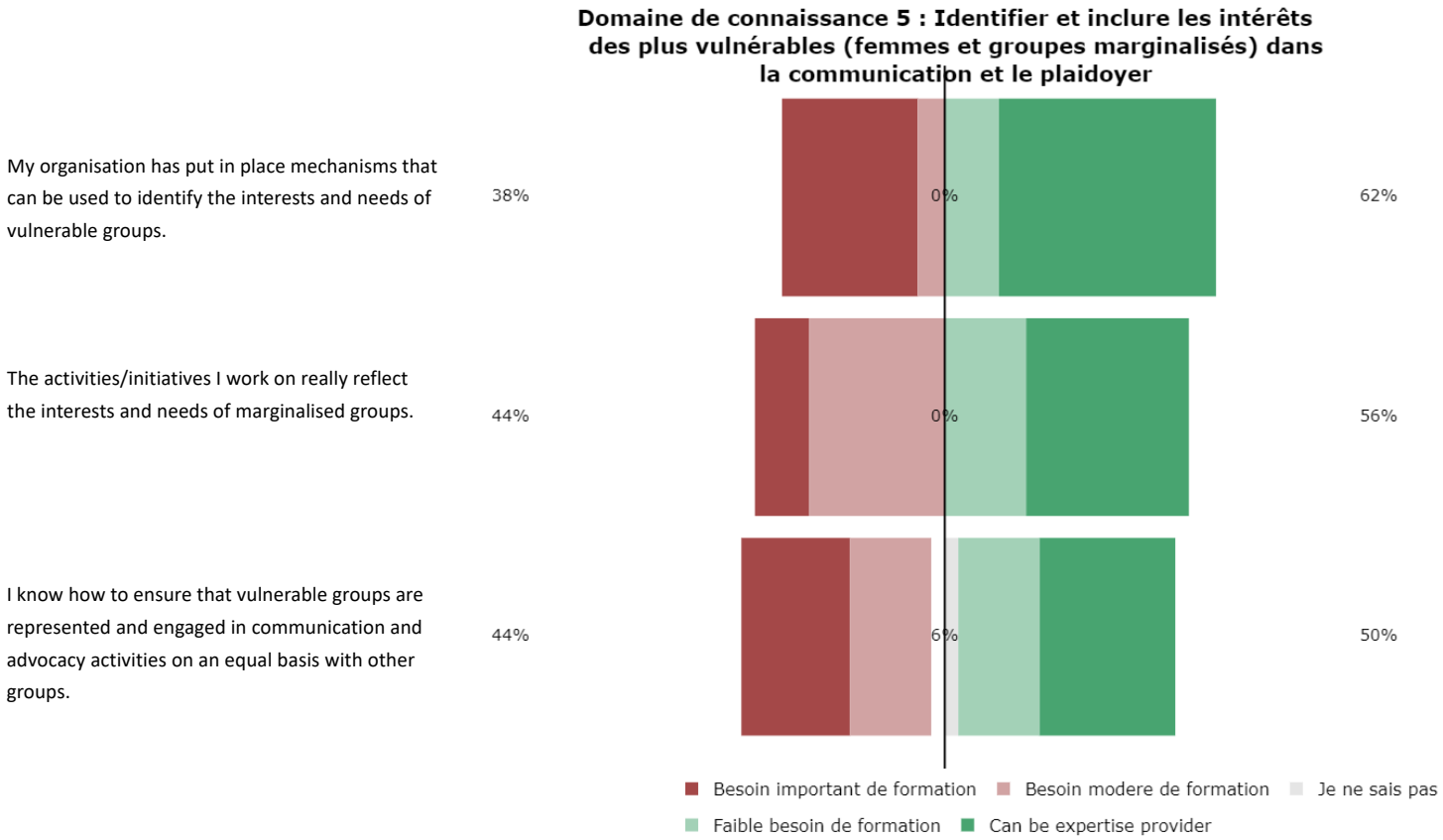


Domaine de connaissance 2 : Concevoir des stratégies de plaidoyer adaptées au contexte et fondées sur des données probantes




Domaine de connaissance 3 : Communication, campagne et travail avec les médias
I have ideas about the (positive) role the media could play in successful advocacy strategies.
38%
0%
62%
I would like to explore further the role that the media could play in the campaigning activities I wish to undertake in the future.
50%
6%
44%
I want to learn more about designing and using communication tools such as social media, lobbying and advocacy materials, canvases and videos.
75%
0%
25%
Besoin important de formation
Besoin modere de formation
Je ne sais pas
Faible besoin de formation
Can be expertise provider


Domaine de connaissance 4 : Suivi budgétaire et suivi des dépenses
I used budget analysis for evidence generation and advocacy.
44%
0%
56%
I know how the budget is formulated, approved, implemented and monitored.
50%
0%
50%
I have been involved in government budget control work in the past.
38%
12%
50%
I know budget analysis: its terms, techniques and uses.
50%
6%
44%
I have been involved in the budget process in my country.
44%
19%
38%
I understand my country's budget process (its phases or stages and timing) in which allocations are made, used and reported.
50%
12%
38%
Besoin important de formation
Besoin modere de formation
Je ne sais pas
Faible besoin de formation
Can be expertise provider



Reflection:

The majority of partners who responded to this survey feel that their organisation's position is taken seriously by the government and that they have already influenced government policies or budgets. More than 50% of respondents believe they can create ongoing engagement and follow-up meetings with government actors. Partners in Burkina Faso feel comfortable with their ability to initiate, design and implement advocacy plans and strategies, and to understand the context in which they work. The majority feel that their organisation has the capacity and mechanisms in place to identify the interests and needs of the most vulnerable and that their activities reflect the interests of marginalised groups.

When it comes to capacity building needs, the greatest efforts should be invested in improving communication, campaigning and working with the media. The majority would like to deepen their knowledge in designing and using communication tools such as social media, lobbying and advocacy materials, canvases and videos. Budget tracking and expenditure tracking emerged as one of the priorities for capacity building under outcome 2.

In the table below, you can see the lowest (column 2) and highest (column 3) training/capacity building needs by knowledge area, as well as potential providers of expertise from your country and the Consortium (column 4).

Column 1 shows the average needs by knowledge area. For ease of understanding and comparison, the average needs by knowledge area are ordered from top to bottom and may not follow the order of knowledge areas as presented in the graphs above.

4.6 The following are highlights of the assessment of technical knowledge and skills related to Outcome 2:

Average needs by knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Those who can provide expertise
Knowledge Area 3: Communication, campaigns and media work (54.3%)	I have ideas about the (positive) role the media could play in successful advocacy strategies (38%)	I would like to deepen my knowledge in designing and using communication tools such as social media, lobbying and advocacy materials, canvases and videos (75%)	ACF, AMR, CEGAA, RESONUT, Save the Children, The Hunger Project
Knowledge Area 4: Budget monitoring and expenditure tracking (46%)	I used budget analysis for evidence generation and advocacy (56%)	I know how the budget is formulated, approved, implemented and monitored (50%) I know budget analysis: its terms, techniques and uses (50%) I understand my country's budget process (its phases or stages and timing) in which allocations are made, used and reported (50%)	ACF, AMR, CEGAA, RESONUT
Knowledge Area 5: Identifying and including the interests of the most vulnerable (women and marginalised groups) in communication and advocacy (42%)	Mechanisms that can be used to identify the interests and needs of vulnerable groups (62%)	The activities/initiatives I work on really reflect the interests and needs of marginalised groups (44%) I know how to ensure that vulnerable groups are represented and	ACF, AMR, CEGAA, RESONUT, Save the Children, The Hunger Project

		engaged in communication and advocacy activities on the same basis as other groups (44%)	
Knowledge area 1: Government engagement and lobbying (40.7%)	My organisation's positions are taken seriously by the government. We have already provided knowledge or data that the government did not have or influenced government policy and/or budgets (62%)	Familiarity with stakeholder mapping and analysis. I can map stakeholder groups and their interests (62%)	ACF, AMR, CEGAA, The Hunger Project
Knowledge Area 2: Designing context-specific, evidence-based advocacy strategies (39%)	I believe my organisation has the capacity to undertake, design and implement lobbying and advocacy plans/strategies (81%)	I feel I have a good overview of the evidence I could use to inform advocacy strategies (56%) I feel I can translate my understanding of the context into an (effective) advocacy strategy (56%)	ACF, AMR, CEGAA, RESONUT, Save the Children, The Hunger Project

BOX 2: This is what Right2Grow Burkina Faso partners say about their expertise and needs related to outcome 2:

"Budget monitoring is one of the main actions of our organisation and she has a strong experience in this field.

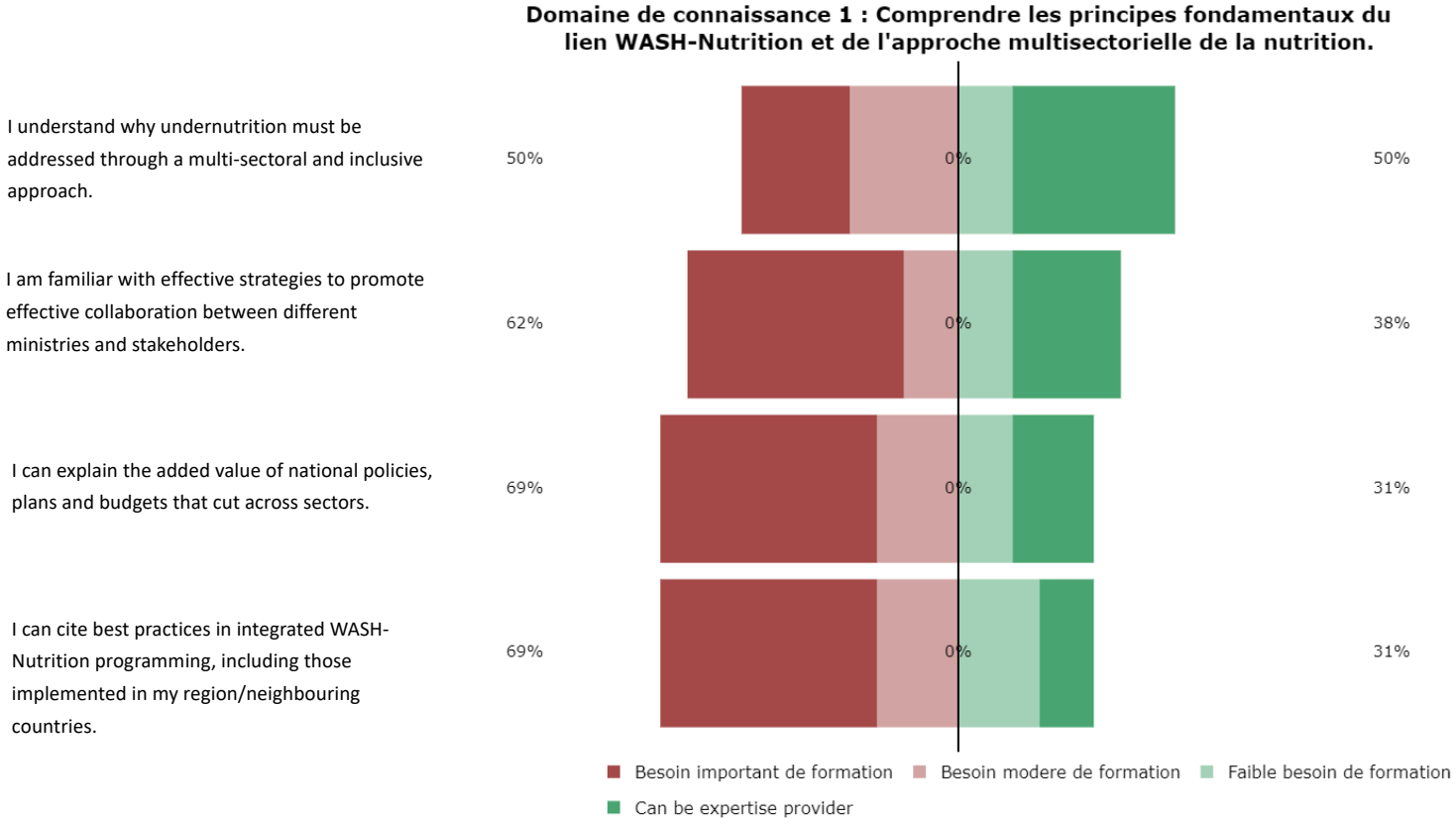
"Advocacy carried out by our structure with local authorities for accountability through spaces for dialogue and community questioning.

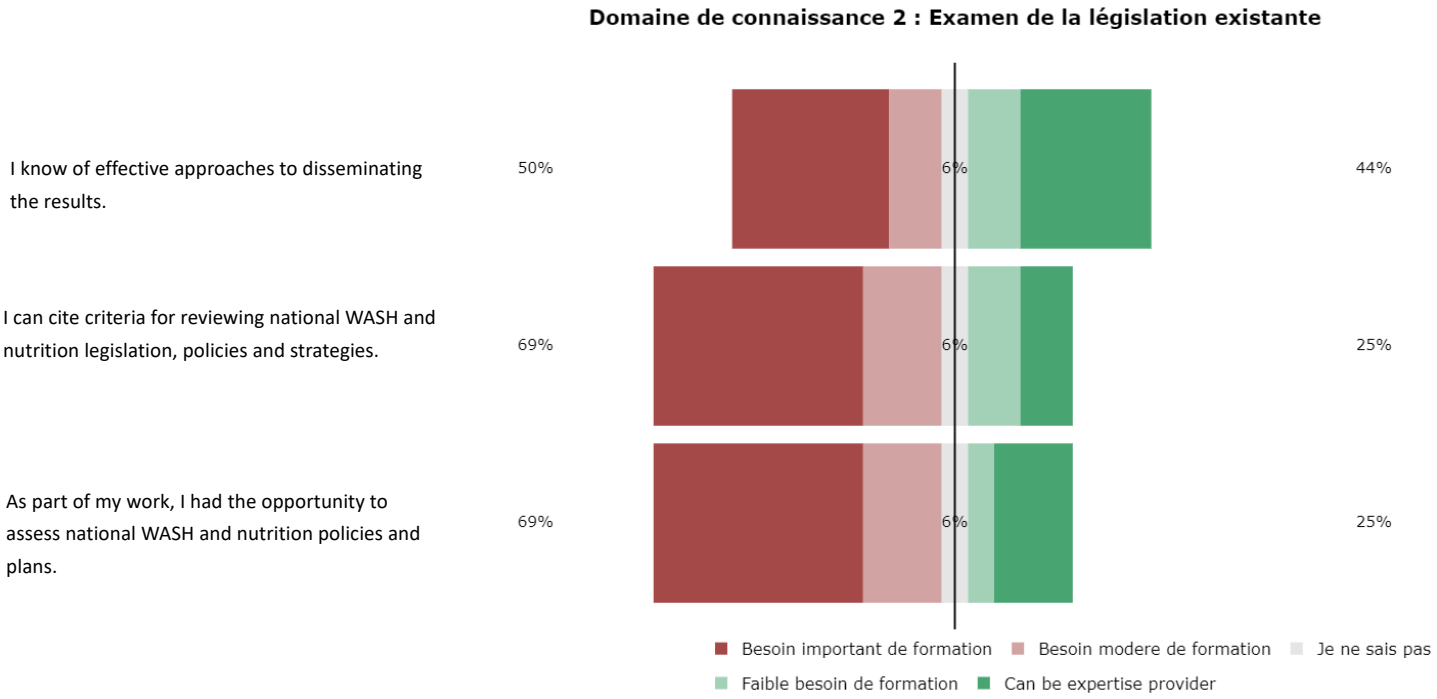
What are the needs in terms of support and capacity building?

- "Training on budget analysis; training on the inclusion of women and vulnerable groups in communication and advocacy; training on effective advocacy strategies; government involvement; organising an effective media campaign."
- "Budget monitoring; Development of a communication strategy/plan; Policy analysis; Quality monitoring of services."
- "Capacity building in evidence generation."
- "Gender and leadership."

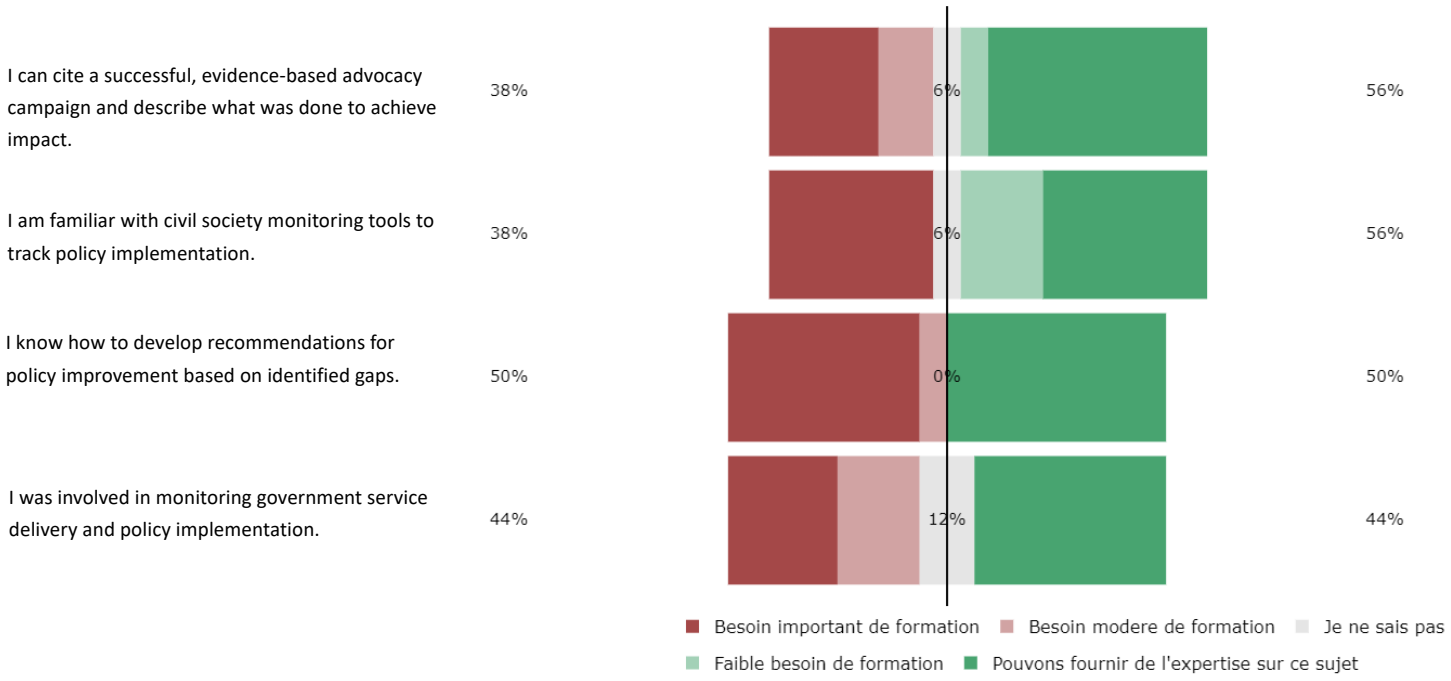
5. The following is an overview of the results related to the four knowledge areas of **outcome 3***:*

"The national government and decentralised entities adopt and integrate an integrated and multisectoral approach to undernutrition into policies, action plans and budget allocations.

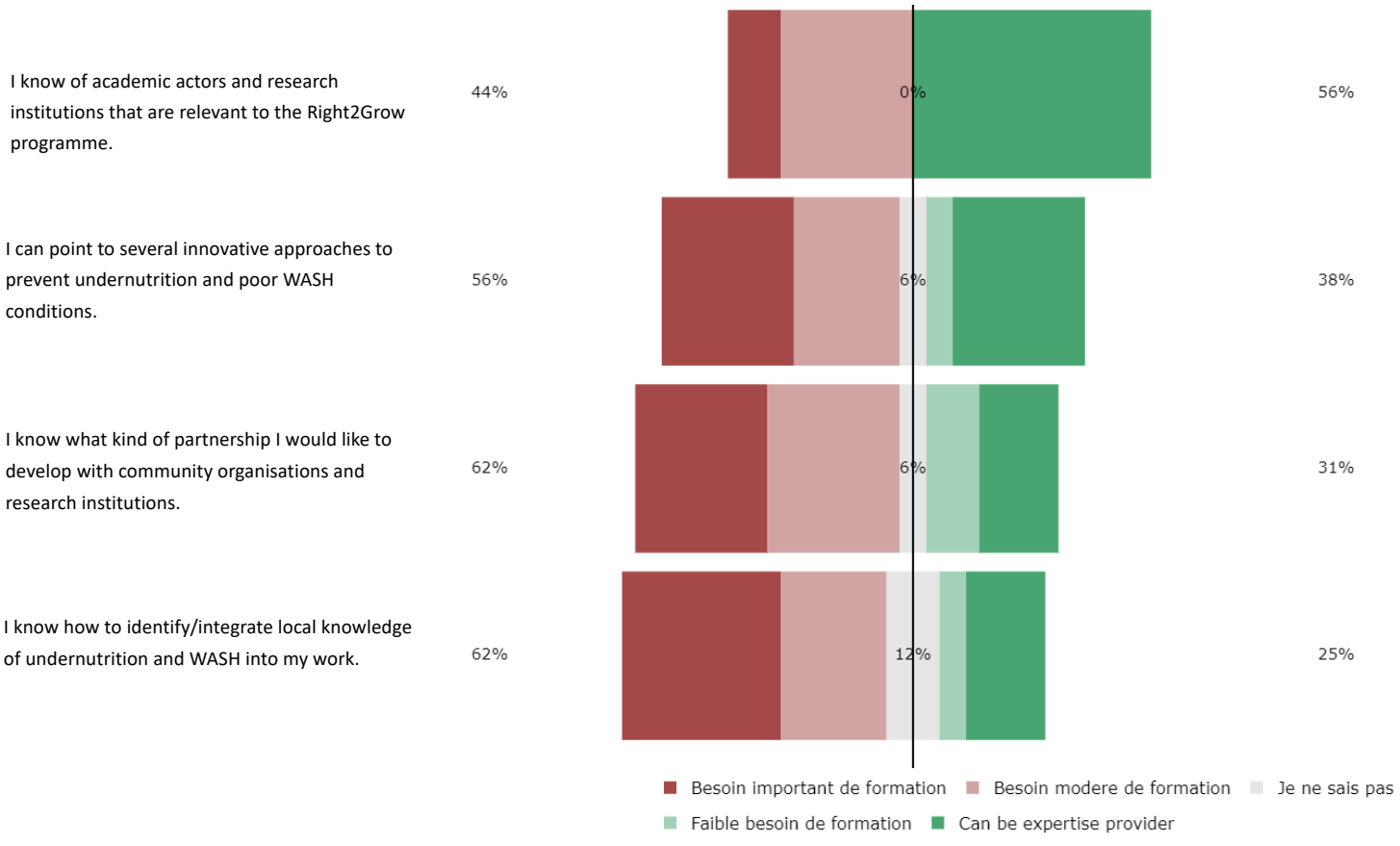




Domaine de connaissance 3 : Identifier les lacunes dans la mise en ouvre des politiques et formuler des recommandations fondées sur des données



Knowledge Area 4: Work with community-based organisations and research institutes to identify and promote innovative approaches to prevent undernutrition and poor hygiene and sanitation.



Reflection:

Half of Right2Grow's partners in Burkina Faso said they understood why nutrition should be addressed through an inclusive and multi-sectoral approach. However, more than 60% of respondents would like to see their capacity strengthened to promote effective collaboration between different ministries and stakeholders, to understand the added value of policies and budgets that cut across sectors, and to learn more about best practices for integrating WASH and nutrition programmes.

The revision of existing legislation, including criteria for revising national water, sanitation and nutrition policies and strategies, was identified as a priority for capacity building under outcome 3. The Burkina Faso team believes that it knows how to develop recommendations based on the identified policy gaps and that it has effective approaches to disseminate the results.

Improving collaboration and ways of working with community-based organisations and research institutes to identify and promote innovative approaches to prevent undernutrition and poor WASH conditions was identified as an important need by 56% of respondents. Increasing their knowledge on how to identify and integrate local knowledge on nutrition and WASH into their work was considered particularly important.

In the table below, you can see the lowest (column 2) and highest (column 3) training/capacity building needs per knowledge area, as well as potential providers of expertise from your country and the Consortium (column 4). Column 1 shows the average needs per knowledge area. For ease of understanding and comparison, the average needs by knowledge area are ranked from top to bottom and may not follow the order of knowledge areas as presented in the graphs above.

5.5 The following are the highlights of the assessment of technical knowledge and skills related to outcome 3:

Average needs by knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Those who can provide expertise
Knowledge area 2: Review of existing legislation (63%)	I know of effective approaches to disseminating results (44%)	Experience in evaluating national WASH and nutrition policies and plans (69%) Criteria for reviewing national WASH and nutrition legislation, policies and strategies (69%)	ACF, AMR, Save the Children, The Hunger Project
Knowledge area 1: Understand the basic principles of the WASH-	I understand why undernutrition must be addressed through a	Be able to explain the added value of national policies, plans and	ACF, AMR, CEGAA, RESONUT, Save the

nutrition nexus and the multisectoral approach to nutrition (62.5%)	multi-sectoral and inclusive approach (50%)	budgets that cut across sectors (69%) Be able to cite best practices in integrated WASH-Nutrition programming, including those implemented in my region/neighbouring countries (69%)	Children, The Hunger Project
Knowledge area 4: Work with community organisations and research institutes to identify and promote innovative approaches to prevent undernutrition and poor hygiene and sanitation (56%)	I know academic actors and research institutions that are relevant to the Right2Grow programme (56%)	Type of partnership to be developed with community organisations and research institutions (62%) Innovative approaches to prevent undernutrition and poor WASH conditions (62%)	ACF, AMR, RESONUT, The Hunger Project
Knowledge area 3: Identify gaps in policy implementation and make evidence-based recommendations (42.5%)	I can cite a successful, evidence-based advocacy campaign and describe what was done to achieve impact (56%)	I know how to develop recommendations for policy improvement based on the identified gaps (50%)	ACF, AMR, CEGAA, RESONUT, Save the Children, The Hunger Project

BOX 3: What Right2Grow Burkina Faso partners say about their expertise and needs related to outcome 3:

Expertize....
"Training of the different ministries involved on the multi-sectoral approach.
"Advocacy with leaders and capacity building of CSOs in advocacy for the inclusion of nutrition in public policies and budgets".
"Anchoring nutrition at the institutional level. The creation of the CNCN."
"Analysis and monitoring of public policies."

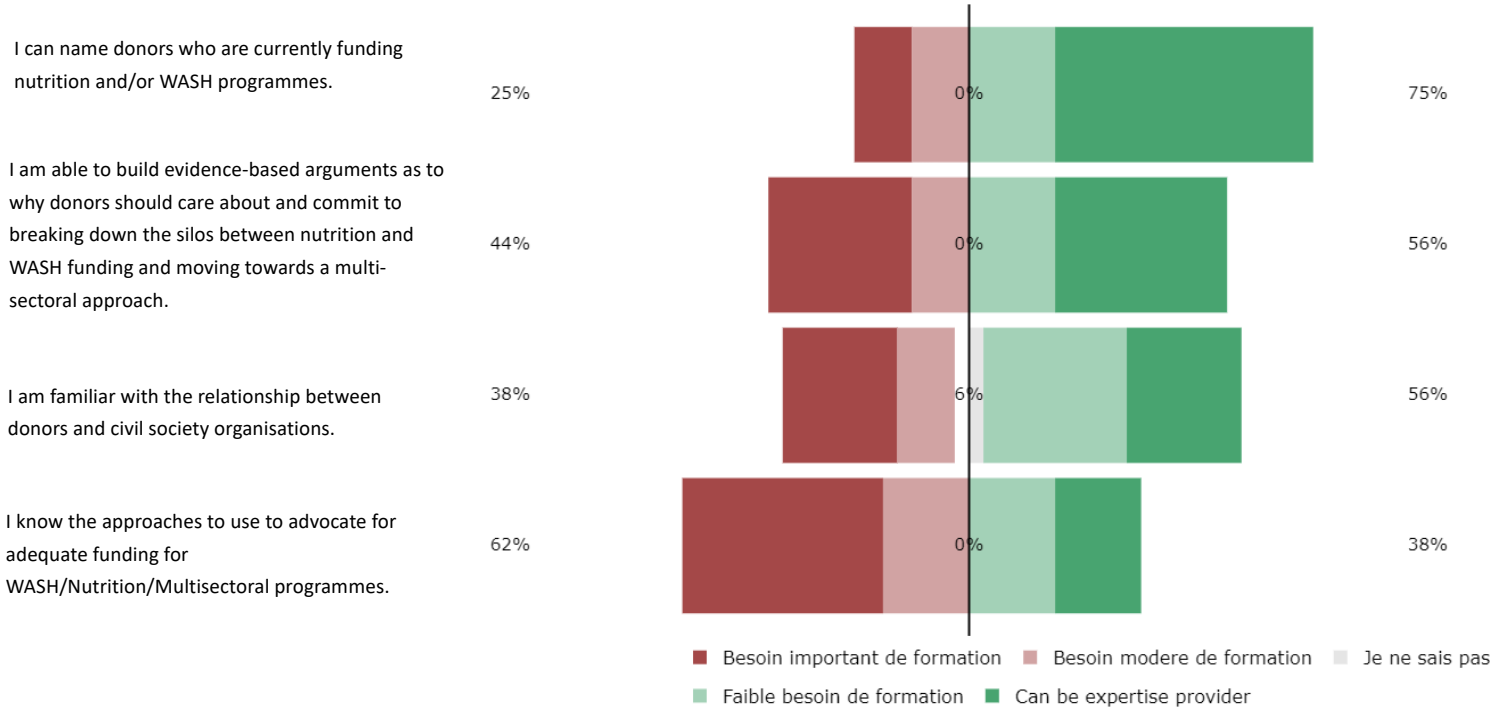
What are the needs in terms of support and capacity building?

- "Multi-sectoral work between ministries, private sector and civil society."
- Strengthening skills in monitoring the implementation of nutrition budgets and public policies
- Research and evidence generation in nutrition and WASH; Knowledge-attitudes-practice study in nutrition, WASH

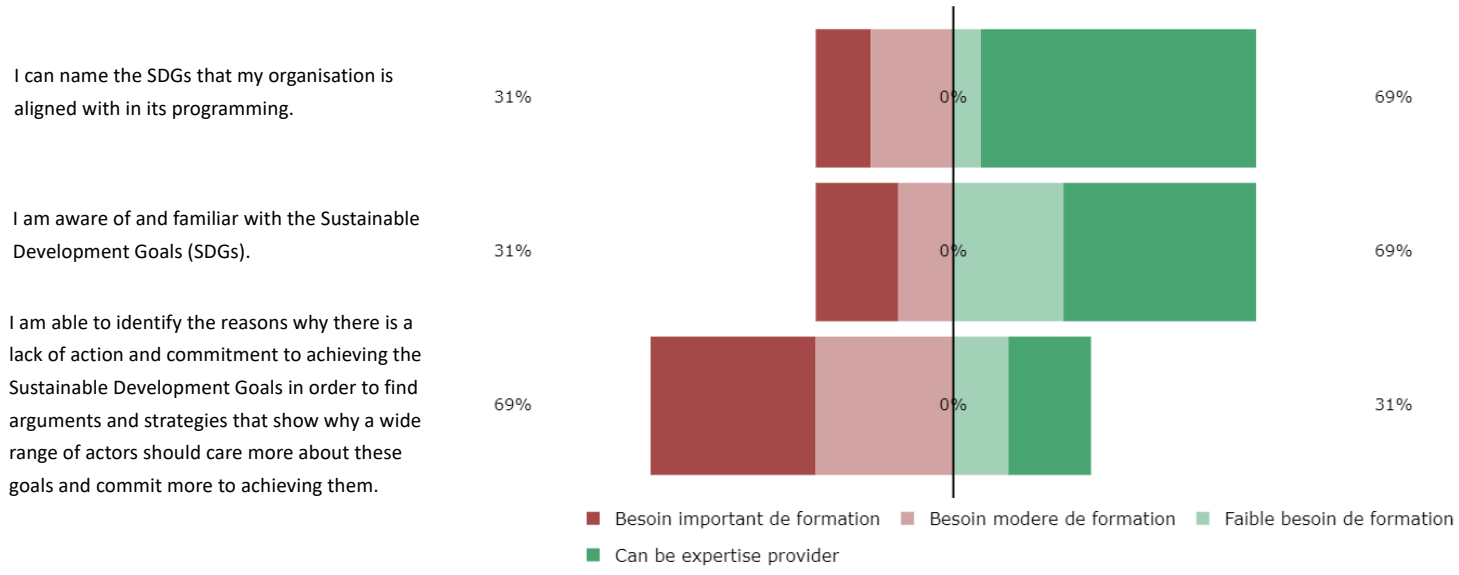
6. The following is an overview of the results related to the three knowledge areas of **outcome 4***:*

"Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.

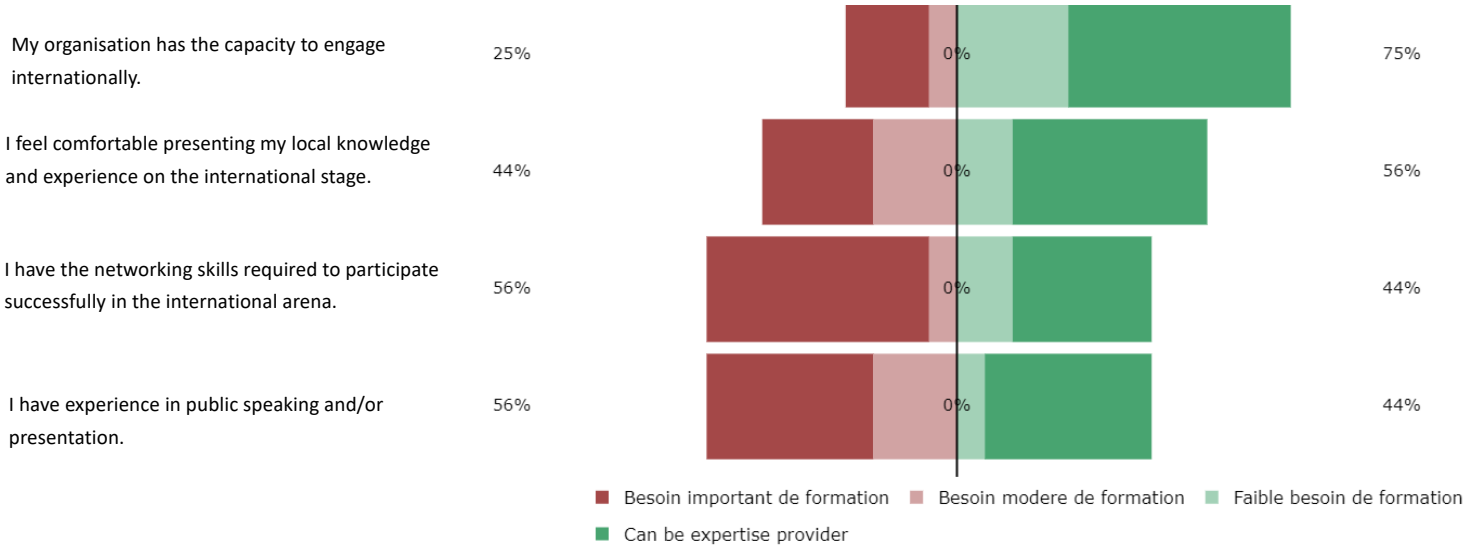
Knowledge Area 1: Lobby donors for better funding for nutrition and water, sanitation and hygiene, and for multi-sectoral programming.



Knowledge Area 2: Advocating for increased action on the Sustainable Development Goals



Knowledge Area 3: Bringing local knowledge and experience to the international arena



Reflection:

Looking at the results related to Outcome 4, 75% of respondents can name the donors that currently fund WASH and/or nutrition programmes. The majority feel they can develop evidence-based arguments to show donors why they should fund multi-sectoral approaches.

More than 65% of respondents would like to increase their capacity and capability to identify the reasons why there is a lack of action and commitment to achieve the Sustainable Development Goals (SDGs) in order to find arguments and strategies that show why a wide range of actors should care more about these goals and commit themselves more to achieving them

Finally, more than half of the respondents would like to improve their networking skills and participation in international events, as well as their presentation and public speaking skills.

In the table below, you can see the lowest (column 2) and highest (column 3) training/capacity building needs by knowledge area, as well as potential providers of expertise from your country and the Consortium (column 4).

Column 1 shows the average needs by knowledge area. For ease of understanding and comparison, the average needs by knowledge area are ordered from top to bottom and may not follow the order of knowledge areas as presented in the graphs above.

6.4 The following are the highlights of the assessment of technical knowledge and skills related to outcome 4:

Average needs by knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Those who can provide expertise
Knowledge Area 3: Bringing local knowledge and experience to the international stage (45%)	My organisation has the capacity to engage internationally (75%)	Networking skills required to participate successfully in the international arena (56%) Experience in public speaking and/or presentation (56%)	ACF, AMR, CEGAA, RESONUT, The Hunger Project
Knowledge Area 2: Call for more action on the Sustainable Development Goals (44%)	Familiarity with Sustainable Development Goals (SDGs) (31%)	Ability to identify the reasons why there is a lack of action and commitment to achieving the Sustainable Development Goals in order to find arguments and strategies that show why a wide range of actors should care more about these goals and commit more to achieving them (69%)	ACF, AMR, CEGAA, RESONUT, The Hunger Project
Knowledge Area 1 : Lobby donors for better funding for nutrition and water, sanitation and hygiene, and for multi-sectoral programming (42.3%)	To be able to name donors who currently fund nutrition and/or WASH programmes (75%)	Knowledge of approaches to use to advocate for adequate funding for WASH/Nutrition/Multisectoral programmes (62%)	ACF, AMR, CEGAA, RESONUT, Save the Children, The Hunger Project

BOX 4: This is what Right2Grow Burkina Faso partners say about their expertise and needs related to outcome 4:

What are the needs in terms of support and capacity building?

- Resource mobilisation; Advocacy with TFPs and donors.
- "Analysis of donor and CSO relationships."
-" Networking and partner mobilisation strategy."
-" Capacity building in fundraising techniques.
-" Training in public speaking."

B. Results of the assessment of knowledge and skills in monitoring and evaluation (M&E)

This part of the questionnaire aimed to identify expertise and needs in the following areas relevant to MEAL work: Selection of target groups and programme stakeholders; Monitoring and evaluation system and tools; Knowledge of qualitative monitoring and evaluation methods; Use and management of data and Cross-cutting themes relevant to M&E.

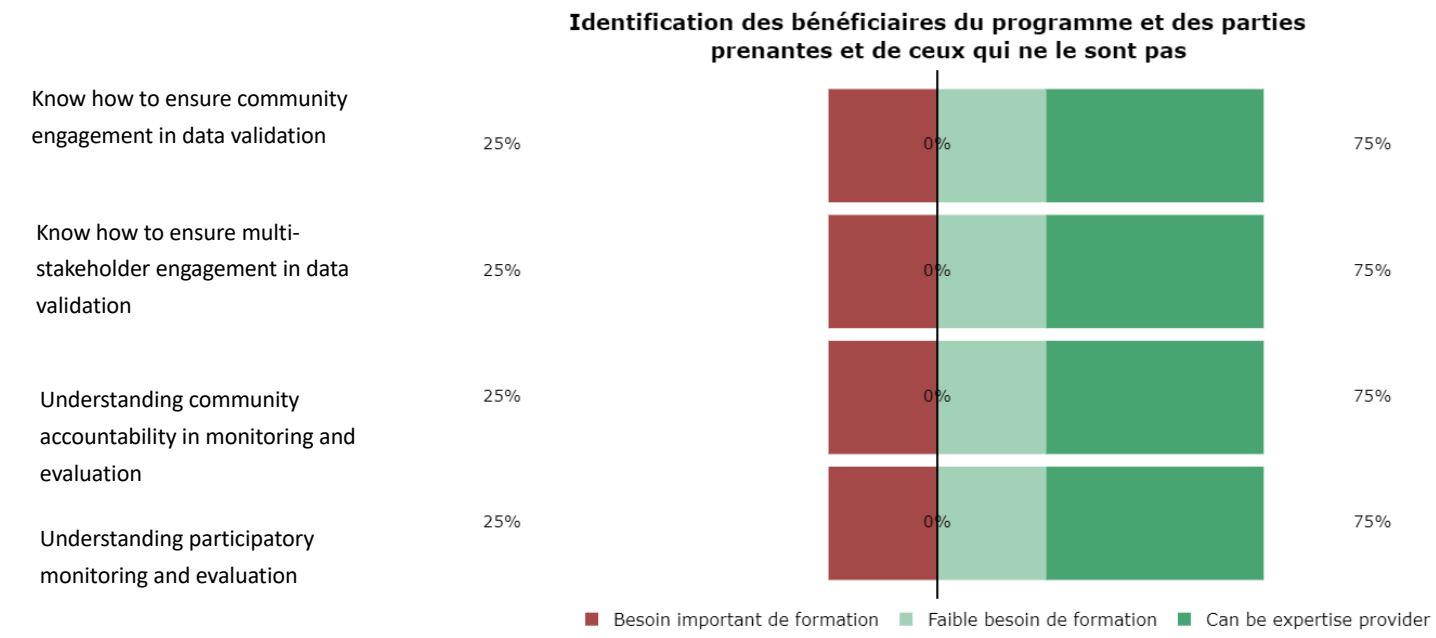
It also presents the preliminary results of the prioritisation exercise conducted at the global M&E capacity prioritisation workshop in October 2021. All results, as well as the priorities identified, should be discussed and validated during the 2022 strategic reflection and detailed planning process that will take place by the end of the year.

1. Overview of responses received by country Consortium partner :

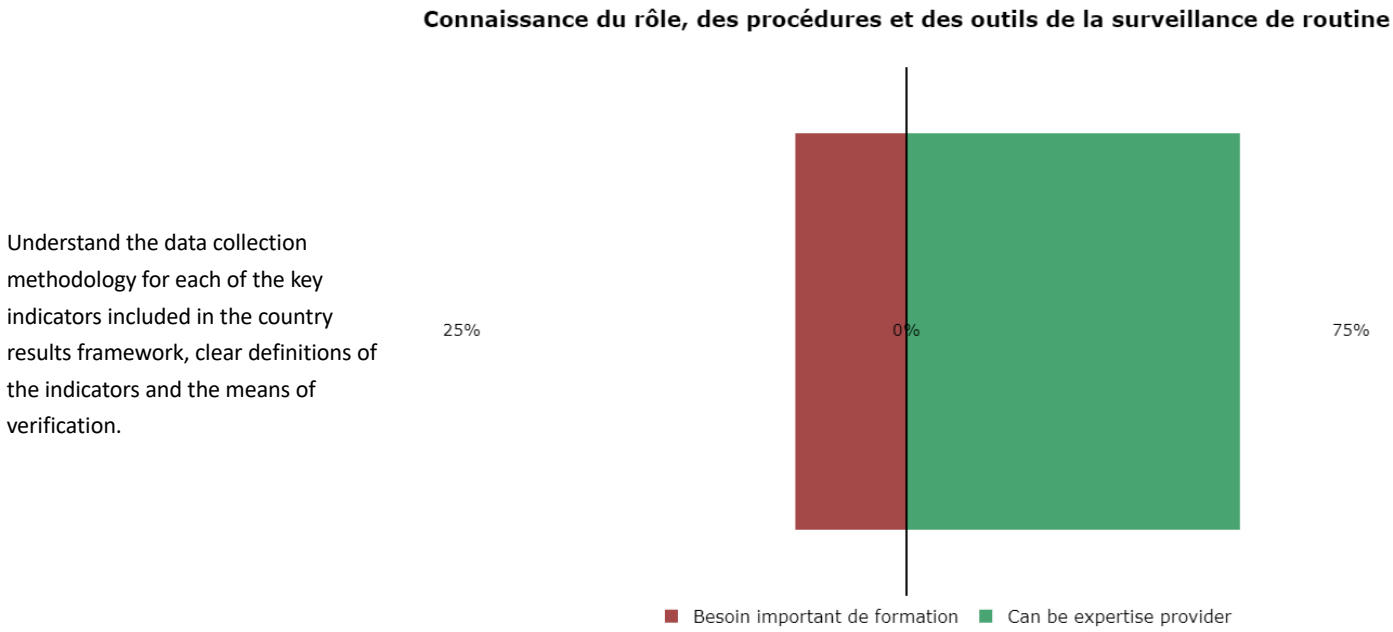
Organization	Number of respondents
ACF / AAH	1
AMR	1
ASEMS	1
SCI	1
TOTAL :	**4**

Although not all Consortium partner organisations participated in the M&E technical skills assessment, the result can be considered representative and a good starting point for joint discussion and decision on priorities for M&E capacity building.

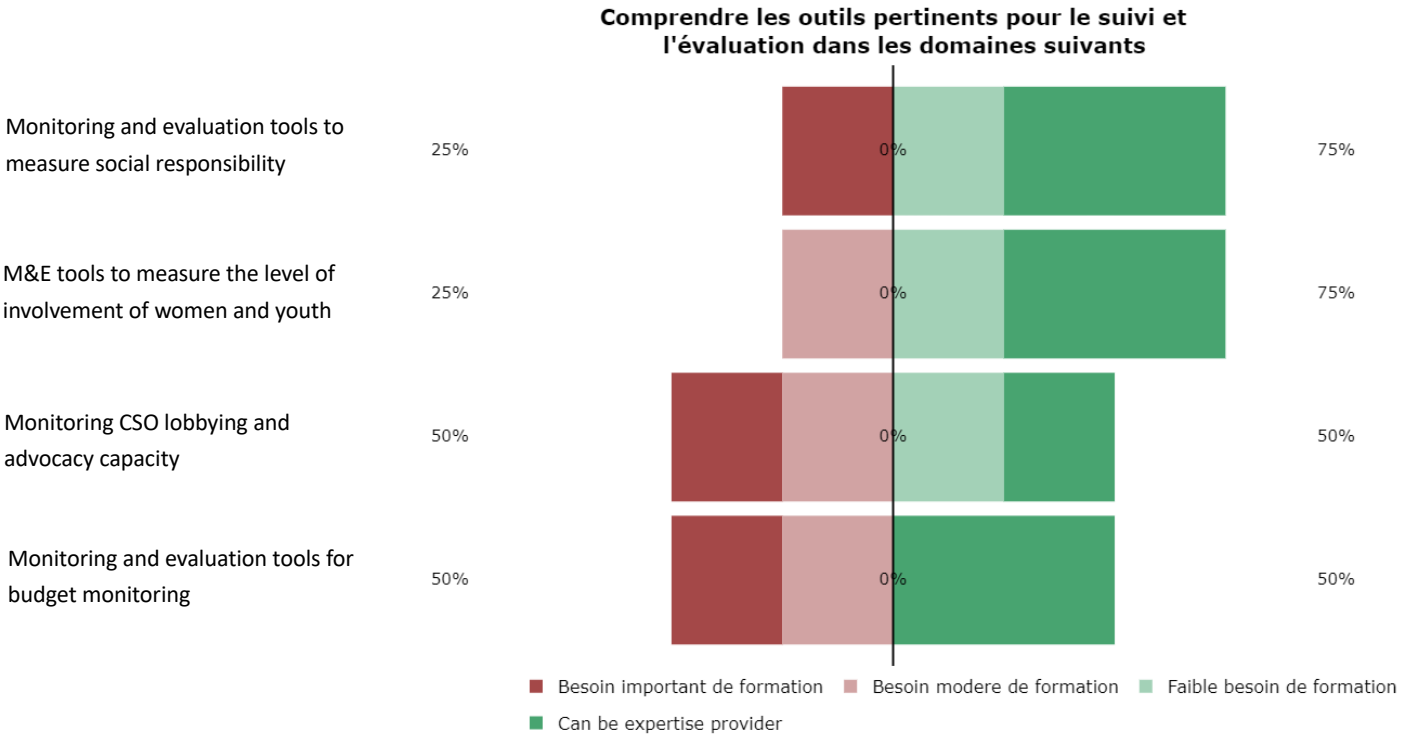
2.


Identification des bénéficiaires du programme et des parties prenantes et de ceux qui ne le sont pas
Know how to ensure community engagement in data validation
Know how to ensure multi-stakeholder engagement in data validation
Understanding community accountability in monitoring and evaluation
Understanding participatory monitoring and evaluation
25%
0%
75%
Besoin important de formation
Faible besoin de formation
Can be expertise provider

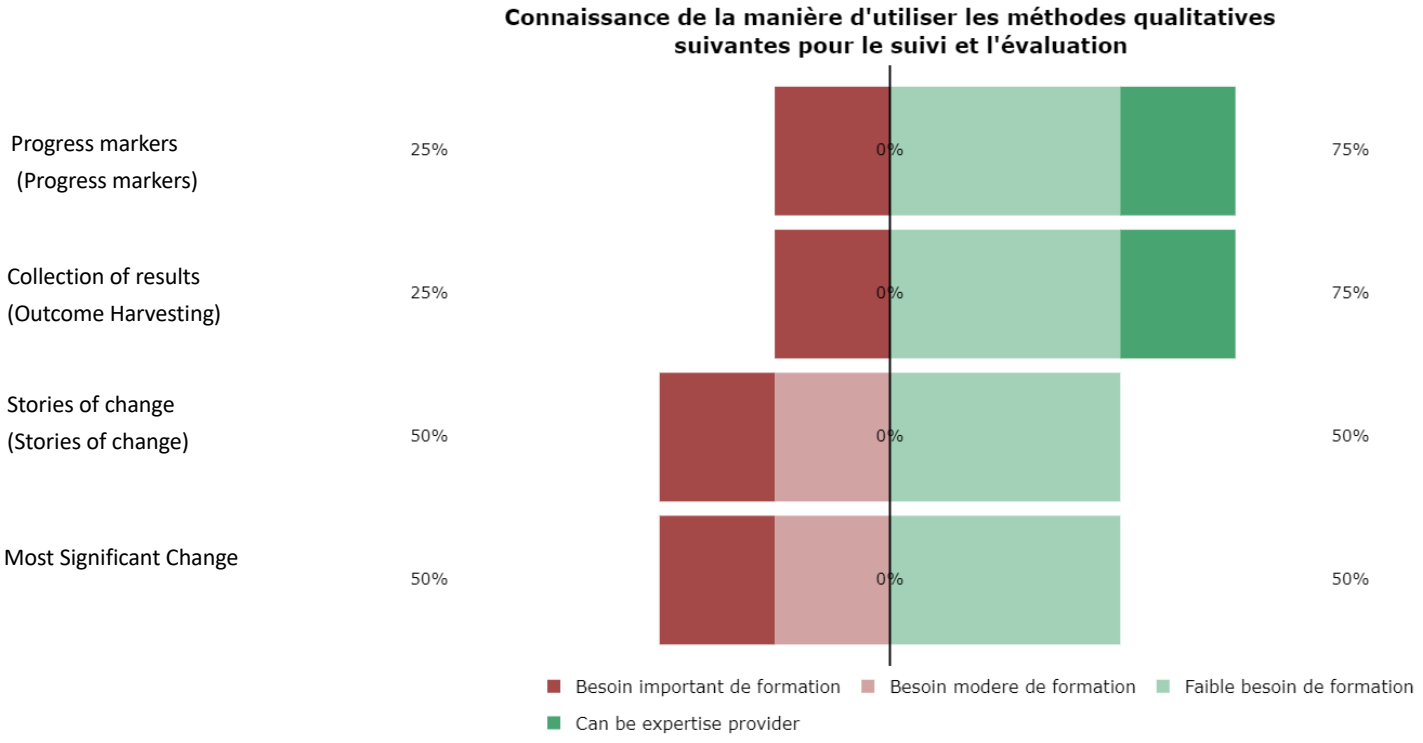
3.


Connaissance du rôle, des procédures et des outils de la surveillance de routine
Understand the data collection methodology for each of the key indicators included in the country results framework, clear definitions of the indicators and the means of verification.
25%
0%
75%
Besoin important de formation
Can be expertise provider

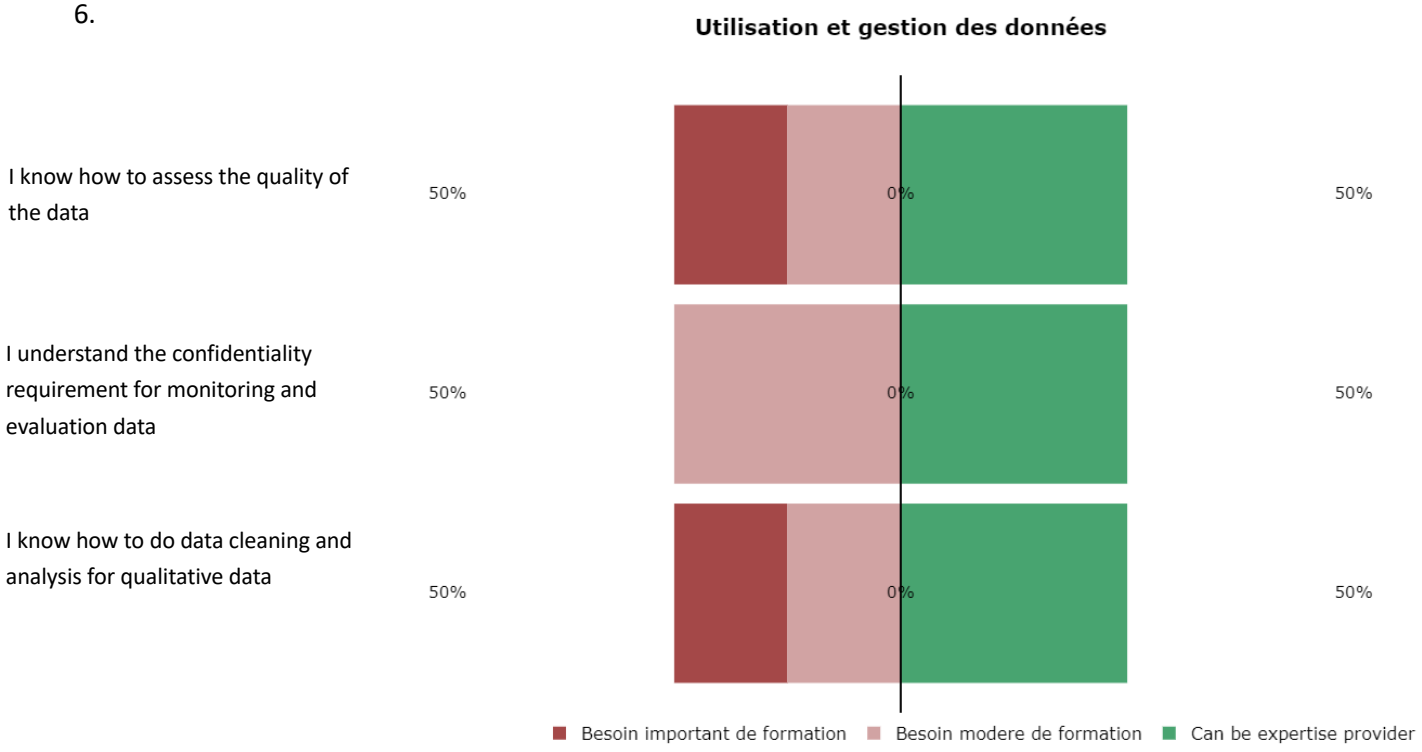
4.


Comprendre les outils pertinents pour le suivi et l'évaluation dans les domaines suivants
Monitoring and evaluation tools to measure social responsibility
25%
0%
75%
M&E tools to measure the level of involvement of women and youth
25%
0%
75%
Monitoring CSO lobbying and advocacy capacity
50%
0%
50%
Monitoring and evaluation tools for budget monitoring
50%
0%
50%
Besoin important de formation
Besoin modere de formation
Faible besoin de formation
Can be expertise provider

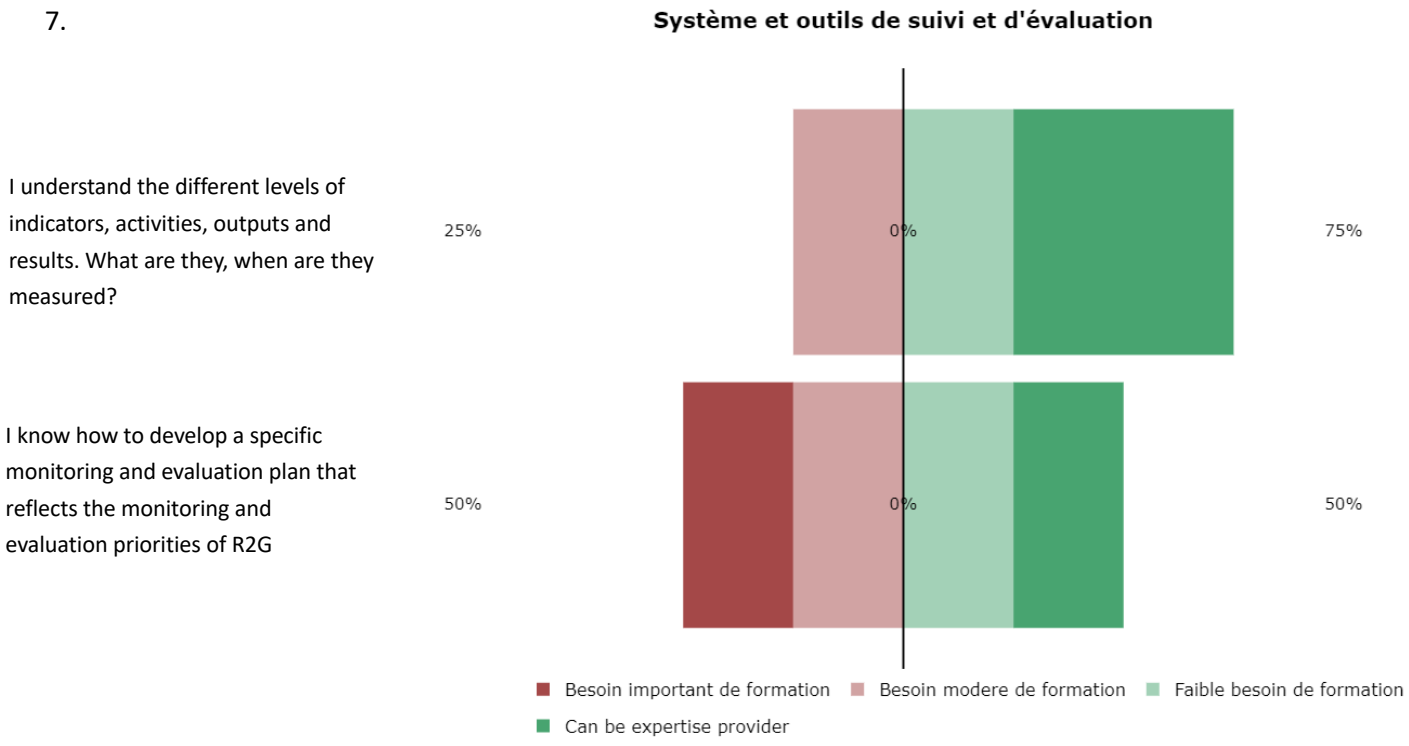
5.


Connaissance de la manière d'utiliser les méthodes qualitatives suivantes pour le suivi et l'évaluation
Progress markers (Progress markers)
25%
0%
75%
Collection of results (Outcome Harvesting)
25%
0%
75%
Stories of change (Stories of change)
50%
0%
50%
Most Significant Change
50%
0%
50%
Besoin important de formation
Besoin modere de formation
Faible besoin de formation
Can be expertise provider

6.


Utilisation et gestion des données
I know how to assess the quality of the data
50%
0%
50%
I understand the confidentiality requirement for monitoring and evaluation data
50%
0%
50%
I know how to do data cleaning and analysis for qualitative data
50%
0%
50%
Besoin important de formation
Besoin modere de formation
Can be expertise provider

7.


Système et outils de suivi et d'évaluation
I understand the different levels of indicators, activities, outputs and results. What are they, when are they measured?
25%
0%
75%
I know how to develop a specific monitoring and evaluation plan that reflects the monitoring and evaluation priorities of R2G
50%
0%
50%
Besoin important de formation
Besoin modere de formation
Faible besoin de formation
Can be expertise provider

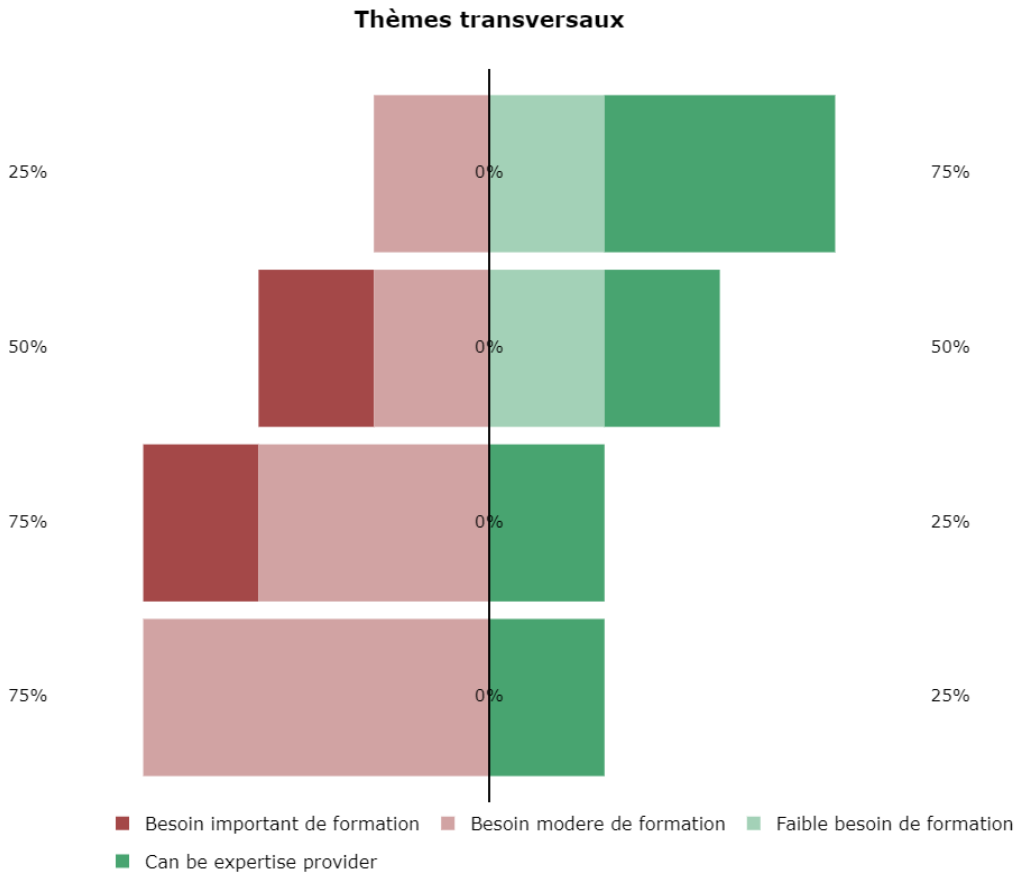
8.

I understand the disaggregation requirements for identifying and working with vulnerable and marginalised groups, including women, children and young people.

I can identify information needs taking into account cross-cutting themes such as gender, inclusion and disability.

I know how to integrate child protection measures into M&E materials, protocols and training tools to ensure adherence to child protection guidelines

I know how to make M&E adaptations to meet the limitations of COVID 19.



9.

I understand the quality control of the reports.

I know how to review reports for completeness, consistency and accuracy.

Reflection:

The results presented above highlight several priorities for capacity building in the area of Monitoring & Evaluation (M&E), starting with knowledge of how to use qualitative methods for M&E such as "Stories of Change" 50% and "Most Significant Changes" 50%, data use and management (50%), and cross-cutting themes such as how to make M&E adaptations to meet COVID 19 limitations (75%), and how to integrate child protection measures into M&E materials, protocols and training instruments to ensure adherence to child protection guidelines (75%).E adaptations to meet the limitations of COVID 19 (75%), and how to integrate child protection measures into M&E materials, protocols and training tools to ensure adherence to child protection guidelines (75%), how to review reports for completeness, consistency and accuracy (50%). Other emerging priorities include how to review reports for completeness, consistency and accuracy (50%), how to develop a specific M&E plan that reflects Right2Grow's M&E priorities (50%), understanding relevant tools for M&E in the areas of monitoring CSO lobbying and advocacy capacity (50%), M&E for budget monitoring (50%)

The Burkina Faso team also expressed a low need for training in several thematic areas such as: identification of programme beneficiaries and stakeholders and those who are not (25%), and knowledge of the role, procedures and tools of routine monitoring (25%).

Based on the results of the global M&E capacity building prioritization workshops held in September 2021, the Burkina Faso M&E technical experts who participated in the workshop proposed the following

Capacity building priorities for 2022 : 4. Stories of change 5. Monitoring the lobbying and advocacy capacity of civil society organisations 6. Monitoring and evaluation tools for budget monitoring
Capacity building priorities for 2023 : 4. Most significant changes 5. Monitoring the lobbying and advocacy capacity of civil society organisations 6. Stories of change

These pre-identified thematic priorities should guide future M&E capacity building activities in Burkina Faso, regardless of their structure: in-country/regional face-to-face training, training of trainers (ToT), distance learning, hybrid - distance learning with an in-country face-to-face component. All options must take into account the restrictions imposed by COVID-19, the budgetary implications and the quality of the training.

C. Results of the Learning and Sharing evaluation

The sharing and learning section of the questionnaire identifies attitudes and expectations towards sharing and learning at three levels: at the individual level, at the R2G partner level and at the wider consortium level**.** This snapshot at the beginning of the project of the relationship that R2G teams have with learning and sharing in their practice will allow us to monitor our progress over time towards becoming a learning consortium.

The results of the evaluation at the individual level allow each of us to question our practices and the space we give to learning and sharing knowledge in our daily work.

The results at the partner level will allow us to assess whether the organisations in their mode of operation, in their processes and tools offer a working framework, space and time sufficient to allow them to benefit from the knowledge of their teams by encouraging them to learn, share and question themselves regularly with the aim of constantly improving our practices.

Finally, the results at consortium level will feed into the overall learning and sharing strategy and will give us valuable insights into building together our vision of what a learning consortium should be.

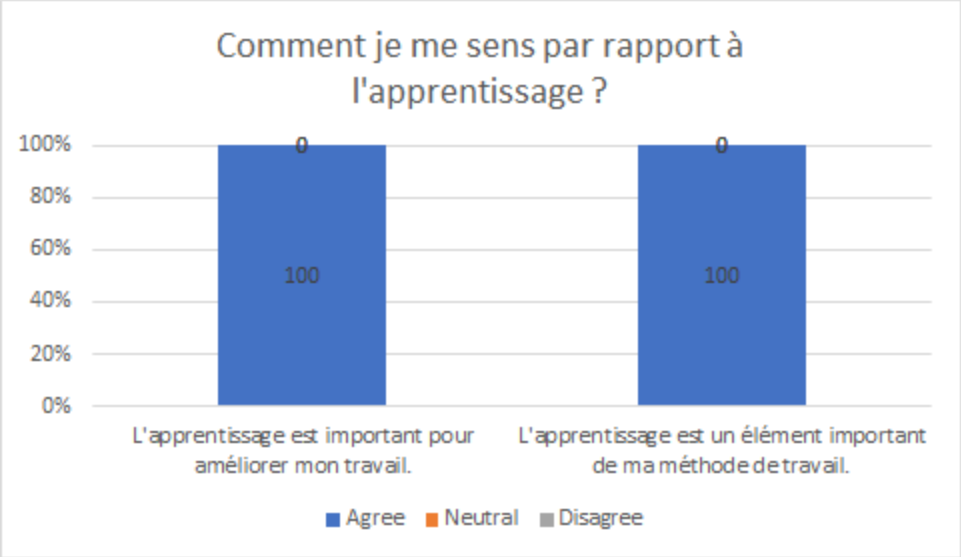
1. Who are the respondents?

Organization	Number of respondents
ACF/AAH	3
AMR	4
ASEMS	1
CEGAA	1
RESONUT	6
SAVE THE CHILDREN	2
SAVE THE CHILDREN INT	1
HUNGER PROJECT/PROJET FAIM	2
TOTAL	**20**

20 people responded to the questionnaire, 45% of whom were from an international organisation and 55% from a local organisation. The analysis of the responses below is based on the three levels mentioned above, i.e. individual, organisational and consortium. It is the synthesis of these three levels that will enable us to have an inclusive approach to developing our culture of learning and sharing within Right2Grow.

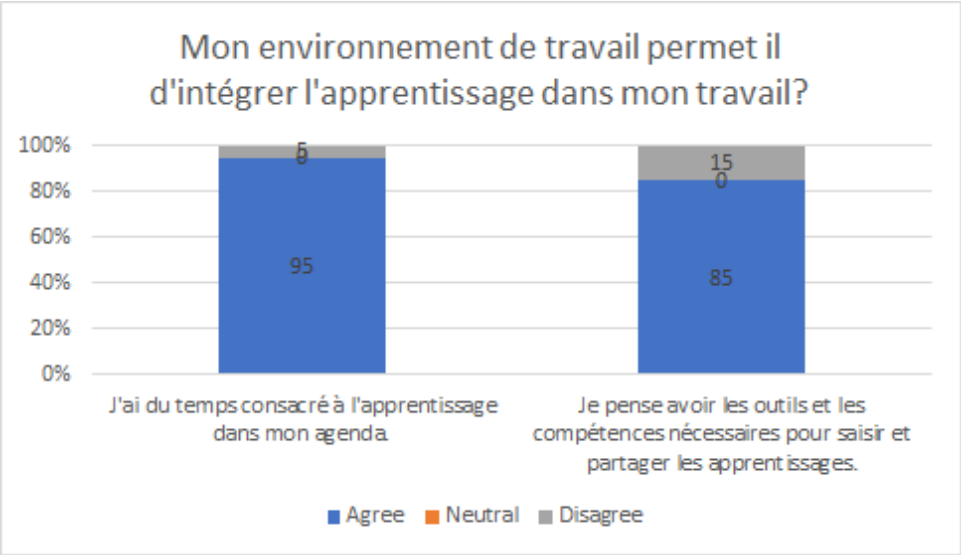
2. At the individual level: What are people's perceptions and practices regarding learning?

- **What do you think about apprenticeships?**



100% of respondents are aware of the importance of learning for progress and impact and are already integrating it into their way of working. This is excellent ground for developing an ambitious learning and sharing strategy, as people are already aware of and active on learning issues.

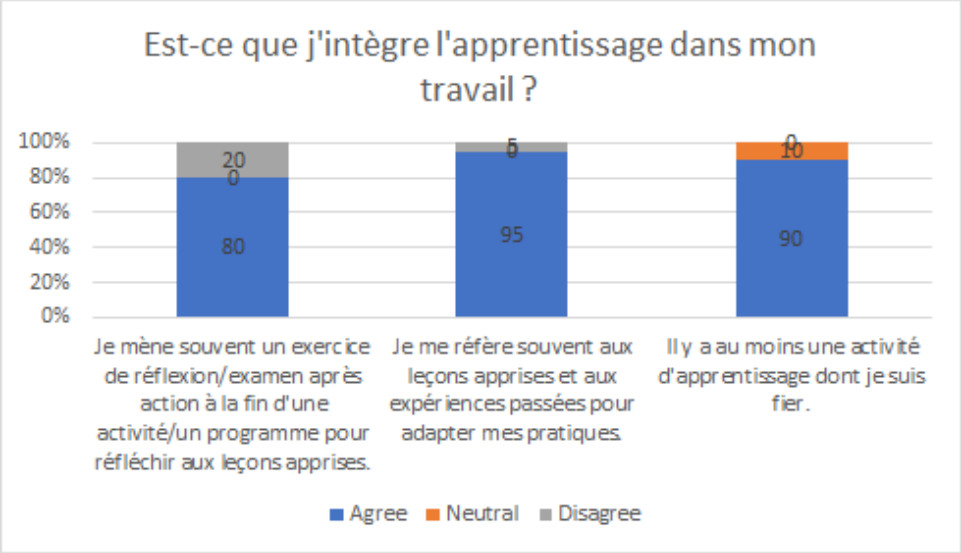
- **Does my work environment allow for learning to be integrated into my work?**



In addition to a good understanding of the usefulness of learning, 95% of respondents said that they had time dedicated to learning in their diary and 85% felt well equipped both to capitalise on existing knowledge and to share/disseminate it with their colleagues. It would be interesting to understand a little better in what form and when people devote time to learning in their daily work in order to capitalise on good practices and possibly generalise them. 85% consider that they have the tools to learn individually, while 15% do not feel

equipped. It would be interesting to understand what gaps have been identified in order to provide teams with ideas for activities to strengthen their individual learning potential.

- **Do I integrate learning into my work?**



These results are consistent with previous ones. The teams in Burkina Faso already seem to have a learning culture and have feedback mechanisms in place. Thus 80% of individuals regularly do reflective exercises to learn from their past practices and 95% are inspired by the lessons learned to adapt their practices. 90% of respondents have at least one activity of which they are proud, which leads us to believe that the learning techniques concerned are mastered and that these colleagues are therefore holders of knowledge that they could pass on to others.

- Let's hear from our colleagues on the learning activities they are proud of

Below you will find each respondent's answers to the question: "What learning activity are you most proud of? Take a look at the variety and common trends in individual approaches to integrating learning into their work! These answers will serve as a central basis for the brainstorming process to develop the overall sharing strategy.

- *Coaching my staff on the monitoring of local public policies*
- *Learning about strategies to ensure children's participation in development projects*
- *The mobilisation of regional authorities at the launch of R2G*
- *Mobilisation of authorities for the implementation of R2G activities*
- *Automated analysis tools*
- *Participation in a community awareness session*
- *Social inclusion*
- *Experience sharing workshop*

- *My involvement in the business planning process of my organisation*
- *Budget tracking*
- *Online experience sharing meetings*
- *Successfully worked as a finance trainer for several months*

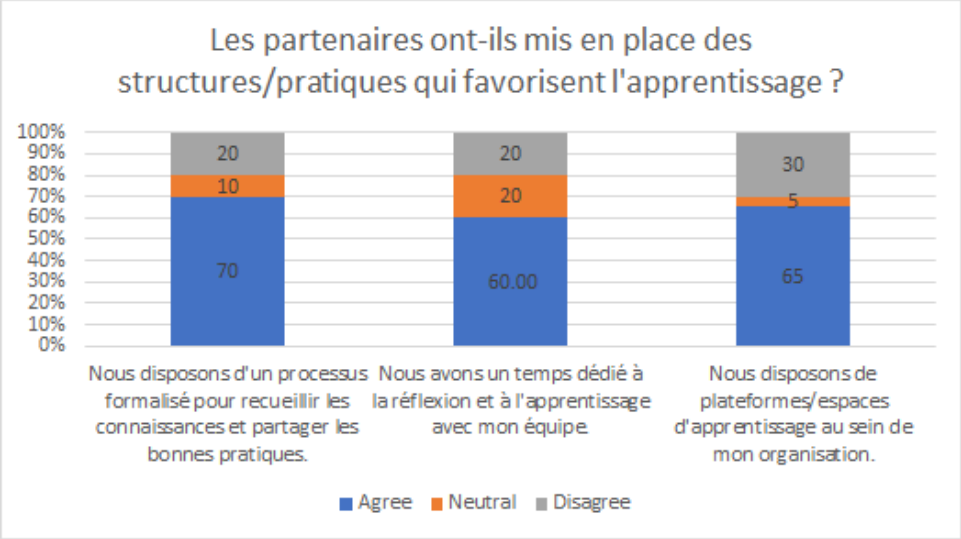
What are we going to do with all this?

At the individual level: R2G members have a wealth of knowledge that is part of their professional pride and success. A reflection will be carried out with the A&P focal points to encourage the different members to share their successes in order to reinforce the knowledge sharing dynamic.

Global level: Colleagues in Burkina Faso already have a good culture of learning and sharing. There is therefore no need to sensitise them on this subject. Individual knowledge is a good springboard to stimulate the culture of sharing. It would be interesting to create a regular time of exchange so that people can share with their other colleagues the learning activities they are proud of.

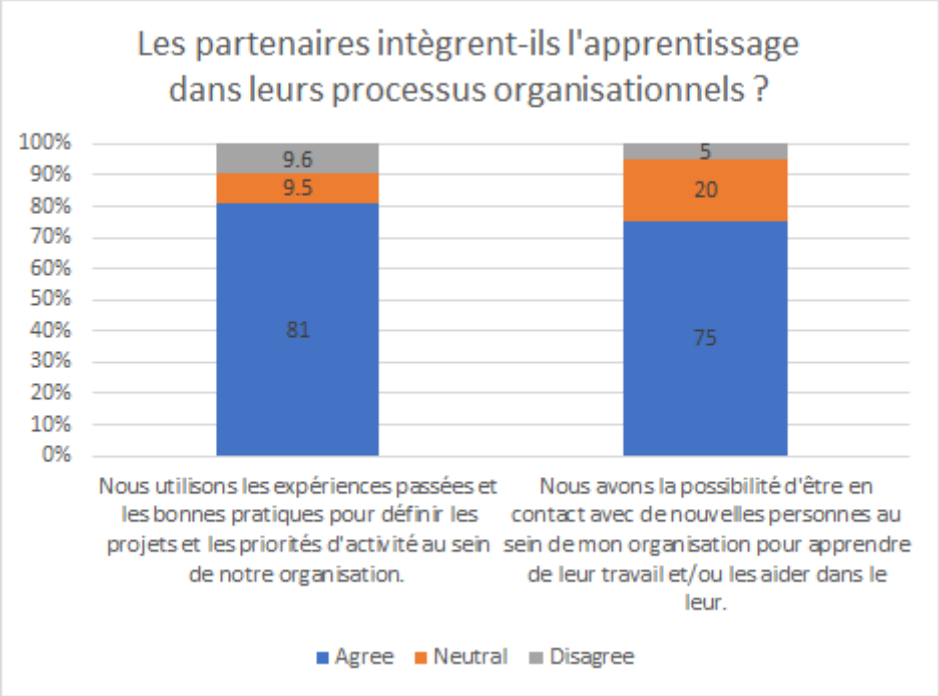
3. For my organisation: What are our partners' practices and the integration of learning?

- **Do partners have structures/practices in place that support learning?**



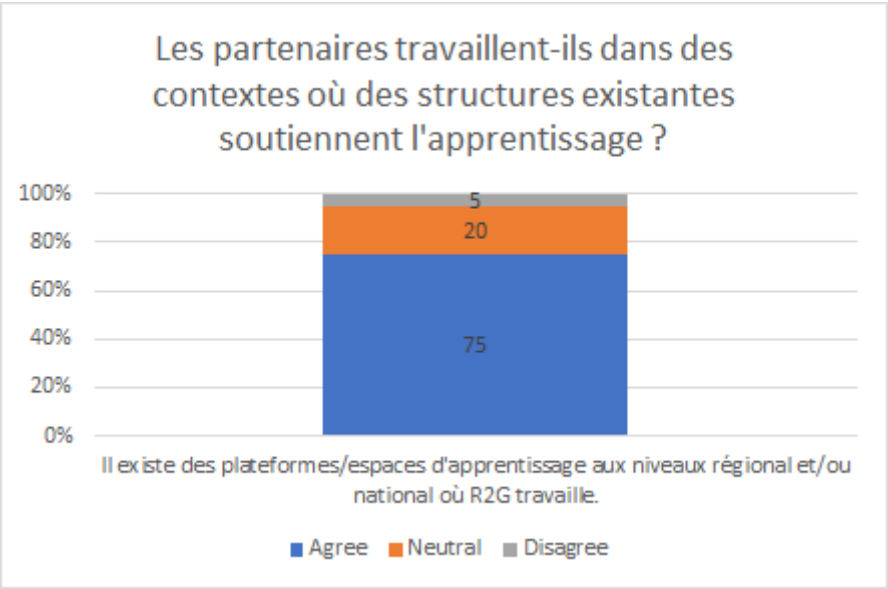
When we move to the organisational level vs. the individual level, the percentages drop, although we are still at high levels. While 95% of individuals said they make time at the individual level for learning, only 60% find that their team makes time for reflection and learning. This does not appear to be primarily due to a lack of knowledge about how to do this, as 70% of respondents said that their organisation had a formalised process for gathering and sharing knowledge, but rather a lack of dedicated time in the team and space/platforms to support these initiatives.

Do partners integrate learning into their organisational processes?



Referring to past experiences seems to be an acquired process among R2G partners (81%) but it would be interesting to see whether this process is done systematically or not. 75% of people consider that they can contact their colleagues to ask for help, which leaves considerable room for improvement in terms of establishing relationships and sharing knowledge.

- **Do partners work in contexts where existing structures support learning?**



Burkina Faso seems to have many learning platforms that will be interesting to build on for learning and sharing. 20% of respondents had no opinion on the question, which would suggest that they were not aware

of these platforms or that their organisation was not involved with them. It seems that the question has been misunderstood and that respondents are referring more to internal exchange tools than to external knowledge sharing platforms.

- Let's go to the mapping! Which platforms are mentioned?

Below are the open-ended responses asking for the names and themes of the learning spaces/platforms that partners use internally and externally.

Sharepoint	Meetings/meetings	Call Meal Group
TalentBridge	RenCap internal workshops	Zoom and Whatsapp

The citations are mostly for internal exchange tools rather than for external thematic knowledge sharing platforms (e.g. SUN)

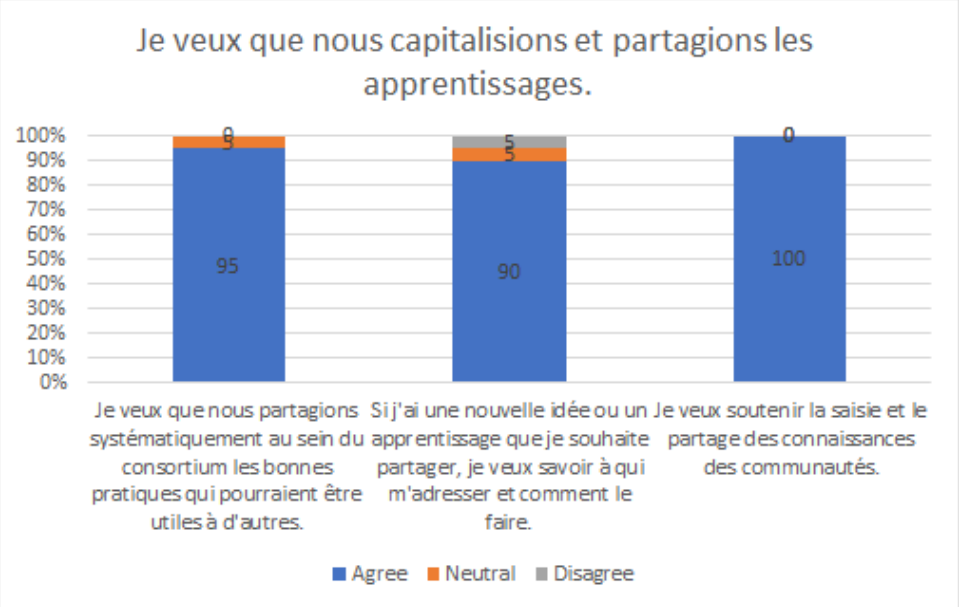
What do we do with it all? - Suggestions for action :

At national level: In connection with the learning and sharing focal points, it would be interesting to start thinking about how to free up/install time for sharing in the daily work of the teams.

At the global level: It would be interesting to think about a formalised sharing process at Right2Grow level and see how it could be integrated into the organisational practices of the partners.

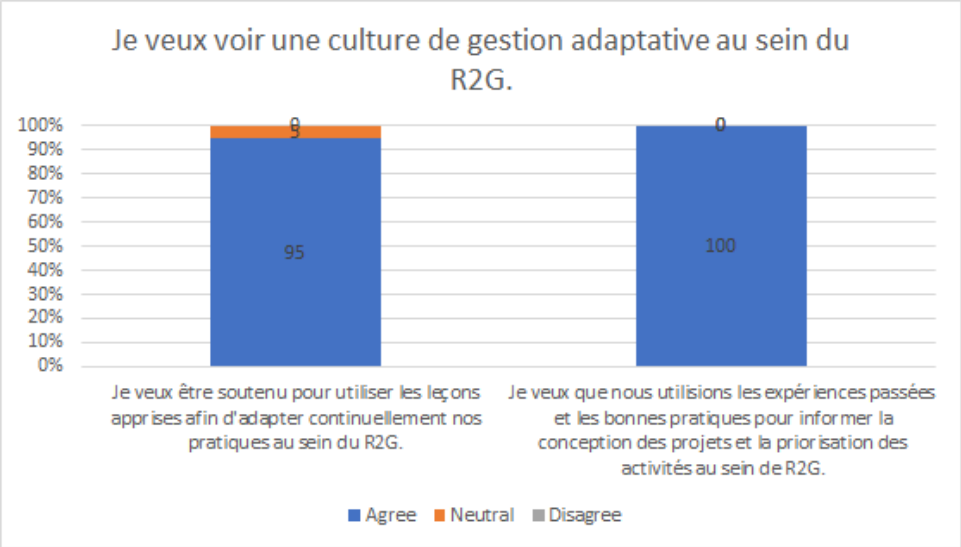
4. For Right2Grow: Where do we want to go, together, with Learning and Sharing?

- **I want us to capitalise and share learning.**



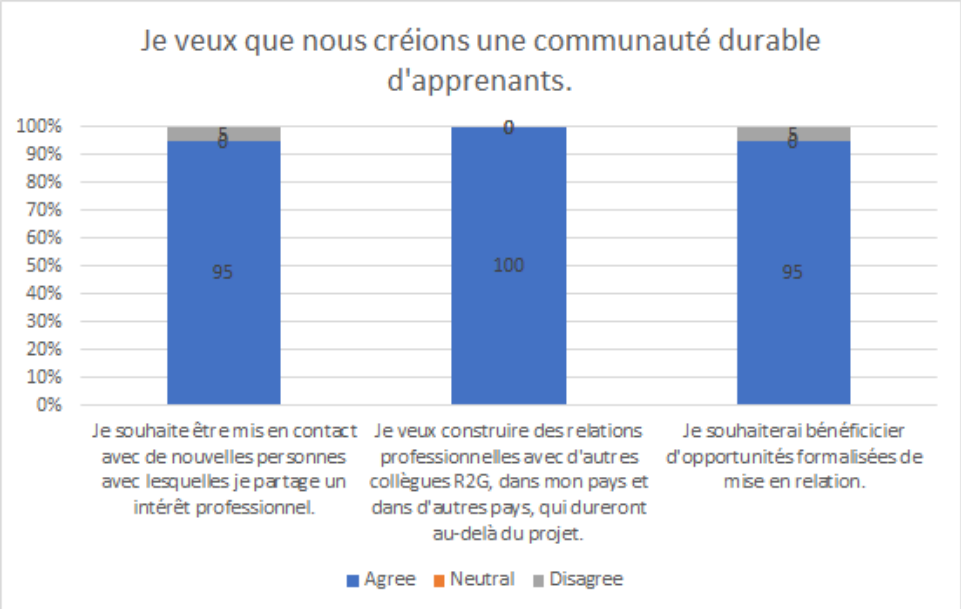
In general, there is a very strong and almost unanimous willingness to share within Right2Grow (95%) and a unanimous willingness (100%) to put forward the sharing of knowledge coming from the communities. Particular attention should be paid to access and ease of use of the sharing spaces.

- **I want to see an adaptive management culture within Right2Grow.**



There was also a very strong desire to adopt a reflective approach to improving our practices (95%) by anchoring this in the analysis of our past practices. This fits perfectly with the learning cycle proposed by the Learning and Sharing team, which can be summarised as follows ACTION/PAUSE/REFLECTION/ADJUSTMENT/ACTION.

- **I want us to create a sustainable community of learners**



Once again, there was a unanimous (100%!) desire to build an R2G community that would allow everyone to learn and develop their professional network.

- Let's imagine our future together!

Below are the answers to the open question: What kind of linkage opportunities would you like to see formalised in Right2Grow? These answers should form the basis for brainstorming the overall sharing strategy, which will involve all Learning and Sharing focal points.

A connection with other colleagues in my country and elsewhere
Everything that could be well planned in advance and well defined in terms of topics... no big general sharing session...
E-learning platform: e-learning courses; short and long term thematic training on nutrition, WASH, food security; multi-sectorality; budget analysis; knowledge management and sharing; communication; advocacy and lobbying; etc.
Framework for sharing experience and tools with other countries
Liaison with other global communicators
End malnutrition in the project area and share results across the territory
Especially in the context of monitoring the local budget for nutrition
Study trip, ...
Monthly reflection on a theme

What do we do with it all? - Suggestions for action :

At the national level: There is an almost unanimous desire to create bridges and links between colleagues in Burkina Faso and more widely within R2G, which should be supported by proposing activities and sharing time to support the creation of an R2G professional network. The unanimous desire to better share the knowledge of the communities (100%) will be the subject of reflection within the teams in order to evaluate the measures and activities to be put in place to achieve this objective.

Global level: This information will be used to build our sharing strategy within the consortium in collaboration with the learning and sharing focal points in Burkina Faso.

D. Results of the organisational development assessment

The purpose of this questionnaire was to better understand the institutional strengths and development needs of the Consortium's national partners so that together we can develop an organisational development strategy. Ultimately, we want Right2Grow's civil society partners to be strong enough financially, technically and internally to exist long after our partnership ends. Here are the results.

1. Overview of responses received by country Consortium partner :

Organization	Number of responses
ACF / AAH	4
AMR	3
RESONUT	2
Save the Children	2
The Hunger Project	1
TOTAL:	**12**

All partners of the Right2Grow Consortium in Burkina Faso responded to this questionnaire, ensuring a good representativeness of the results. It should be taken into consideration that not all participating organisations provided the same number of responses, so different organisational perspectives may influence the results.

2. Overview of the type of jobs that respond to this questionnaire :

Post	Number of responses
I do not work at senior or middle management level.	2

Post	Number of responses
Intermediate coordinator, e.g. advocacy, nutrition, WASH, community mobilisation or communication programme coordinator, adviser or similar.	4
Senior manager, e.g. director, deputy director, head of department or other.	6

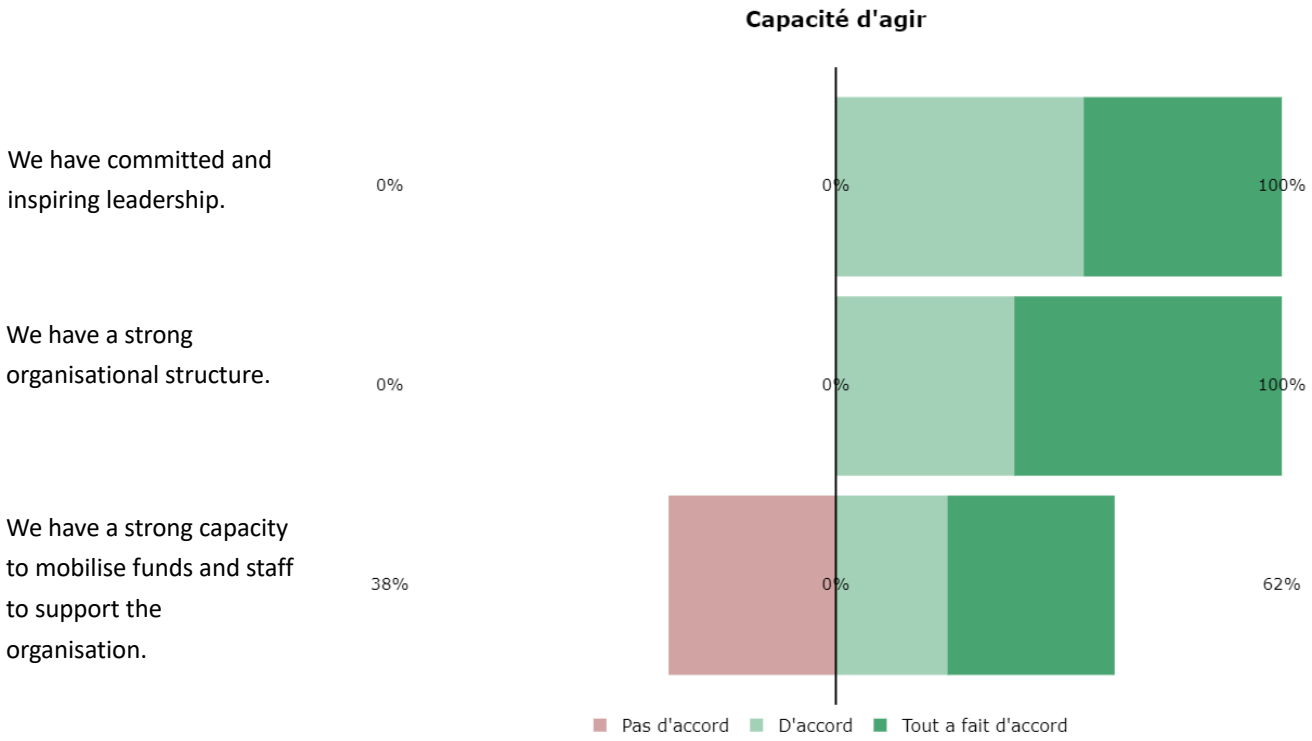
As this questionnaire was aimed at middle and senior managers, two answers (I do not work at senior or middle management level) are not valid.

3. Overview of the governance structure of the organisations that responded to the questionnaire, looking at the representation of men, women and young people in management positions/steering committee members.

Organization	>50% Men	>50% Women	>50% Young people
ACF / AAH	4	0	0
AMR	2	0	0
RESONUT	0	2	0
Save the Children	1	0	0
The Hunger Project	0	1	0

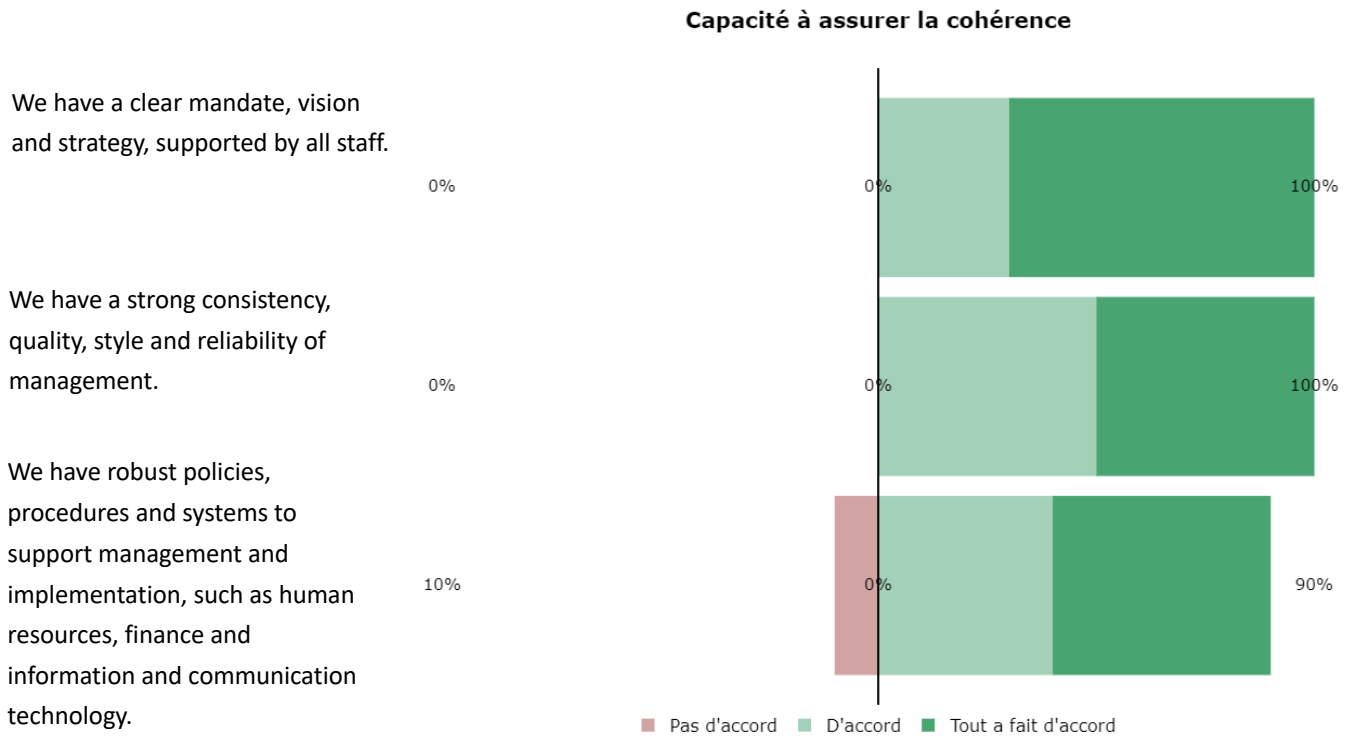
The organisations in the Right2Grow Burkina Faso Consortium are mainly led by men. Only RESONUT and The Hunger Project reported having more than 50% women in leadership positions/steering committee members. There are no youth-led organisations.

4. Capacity to act



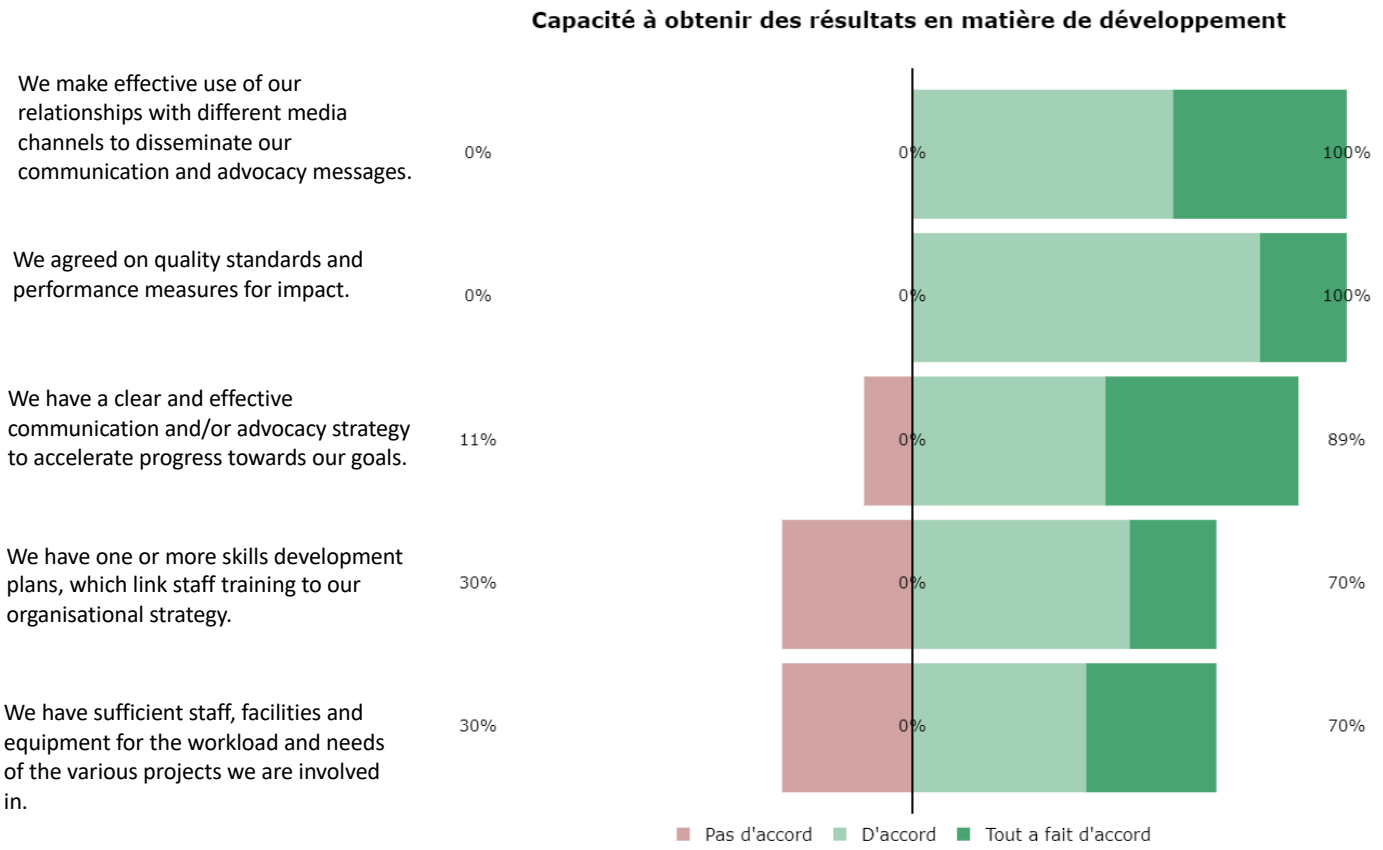
While all Consortium partners report having committed and inspiring leadership and strong organisational structures, 38% of respondents would like to improve capacity in local and external resource mobilisation and fundraising.

5. Capacity to ensure consistency



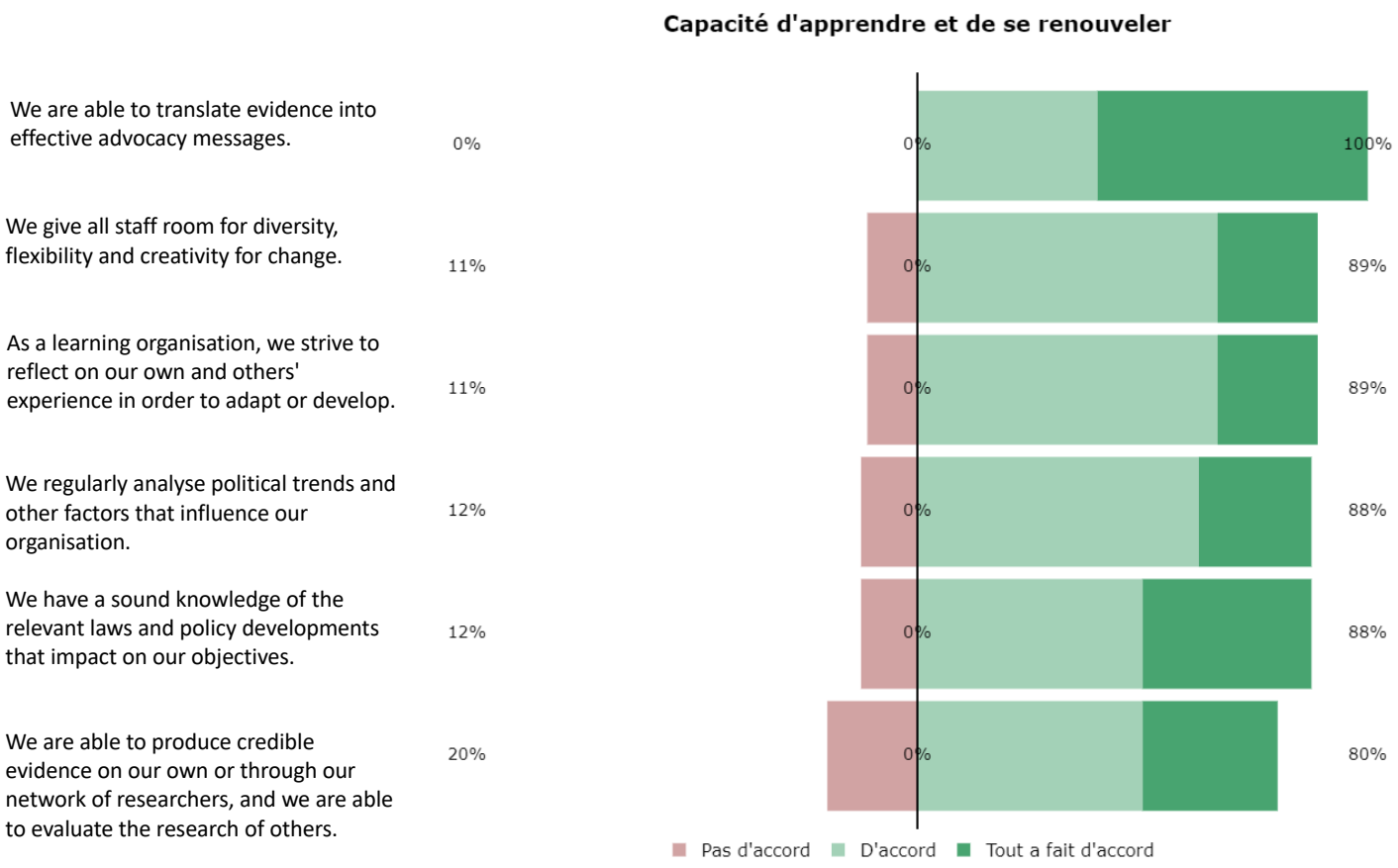
In general, partners are confident in their ability to achieve coherence. Some mentioned that the mission of their organisation is clearly defined, others that they have initiated and adopted a set of policies that facilitate interventions. Little need for organisational capacity building was expressed in this area.

6. Capacity to deliver development results



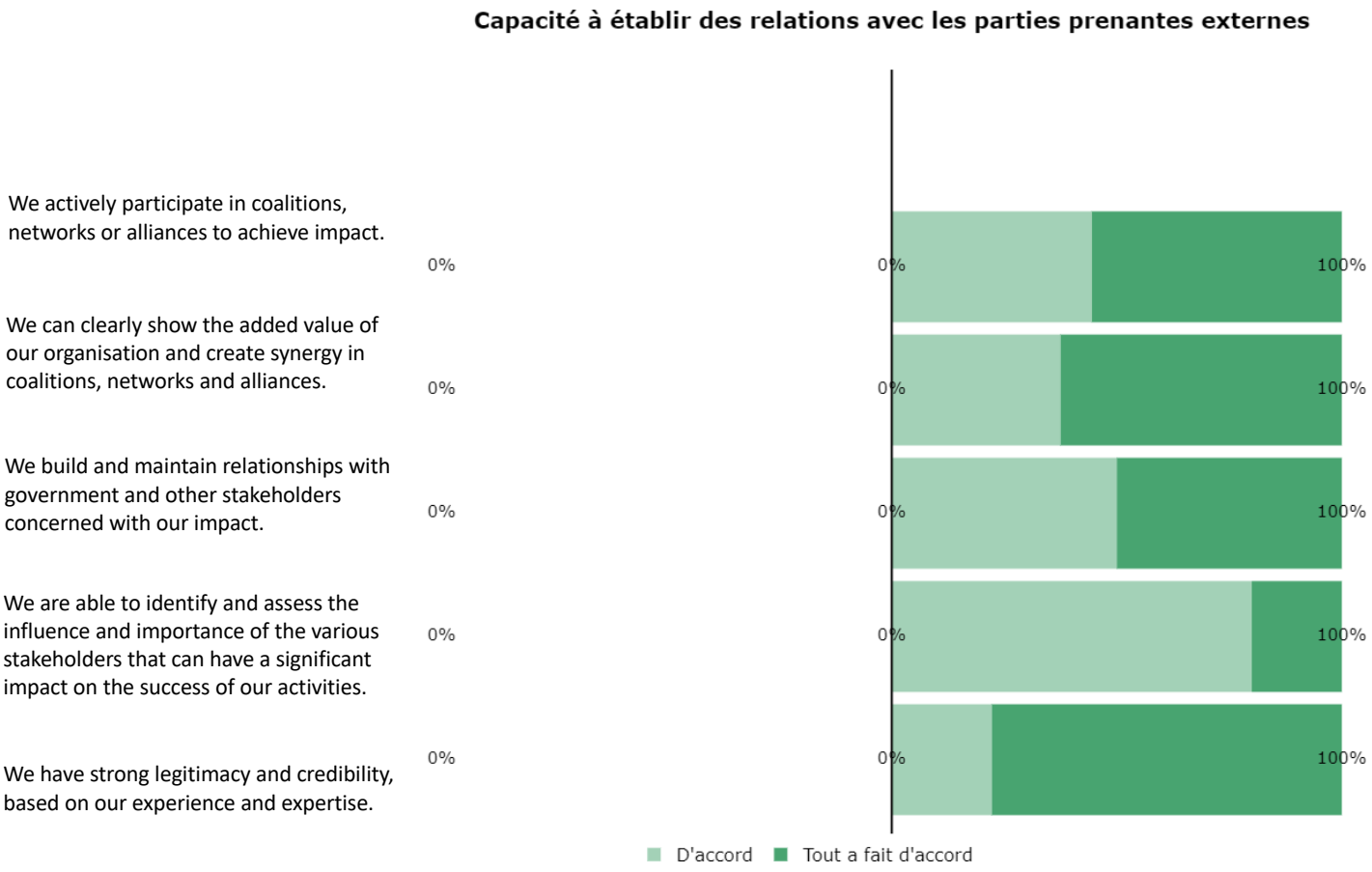
About 30% of respondents felt that there is still room for strengthening organisational capacity to achieve development results. Several partners pointed out that the workload is mostly inconsistent with the number of available staff, that they could benefit from formalising and mobilising resources for the implementation of the development plan and capacity building, capitalisation and knowledge management, as well as the need for modern equipment and facilities, especially in terms of information and communication technologies.

7. Ability to learn and renew



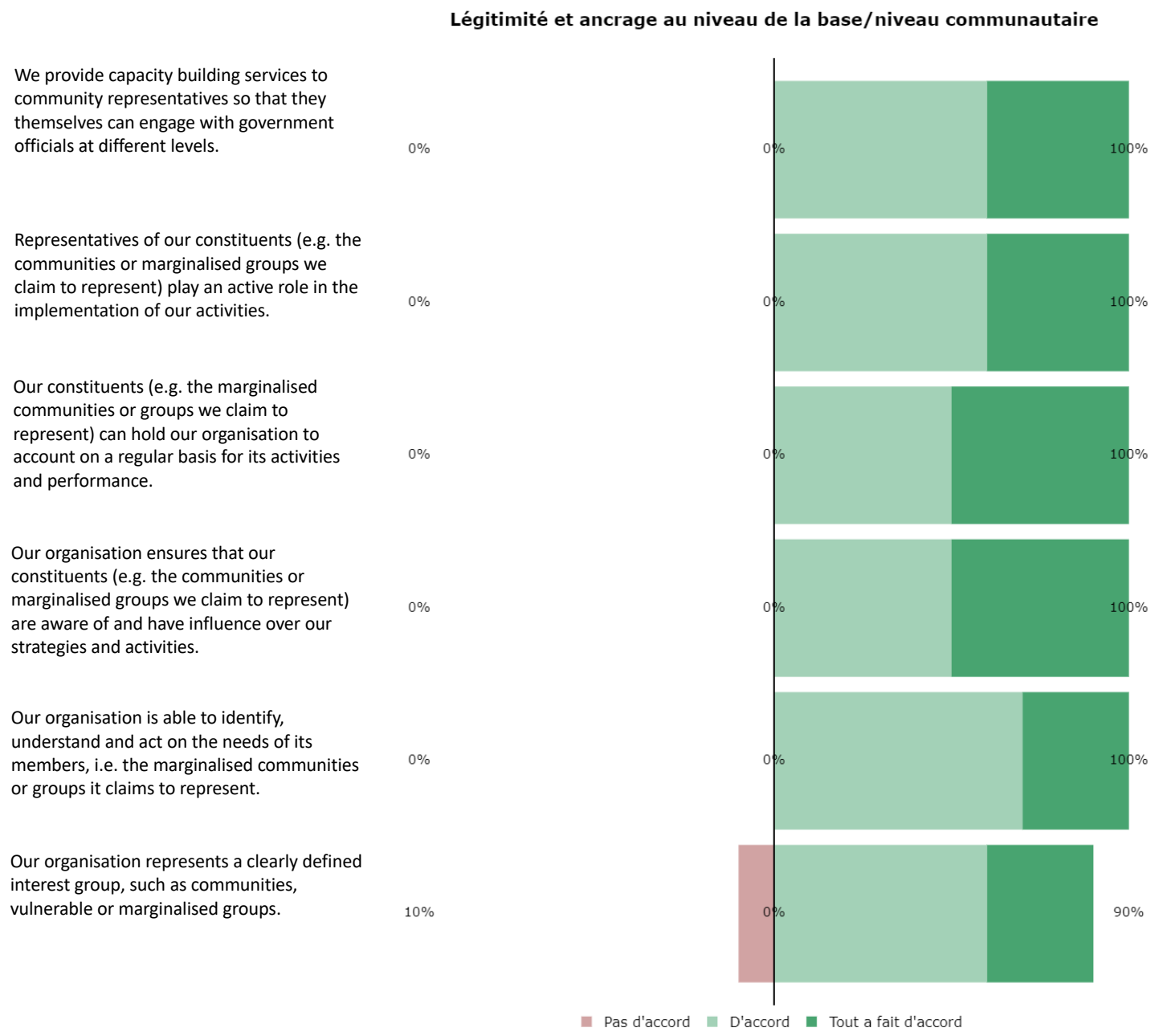
In general, Right2Grow Burkina Faso's partners are reassured about their ability to learn and renew themselves. Some of the partners emphasised that they had conducted a lot of research to gain evidence to support their advocacy. Others, however, expressed the need to strengthen learning based on their own and others' experiences. Given the workload, some partners' staff have a critical lack of time to practice self-development skills.

8. Ability to build relationships with external stakeholders



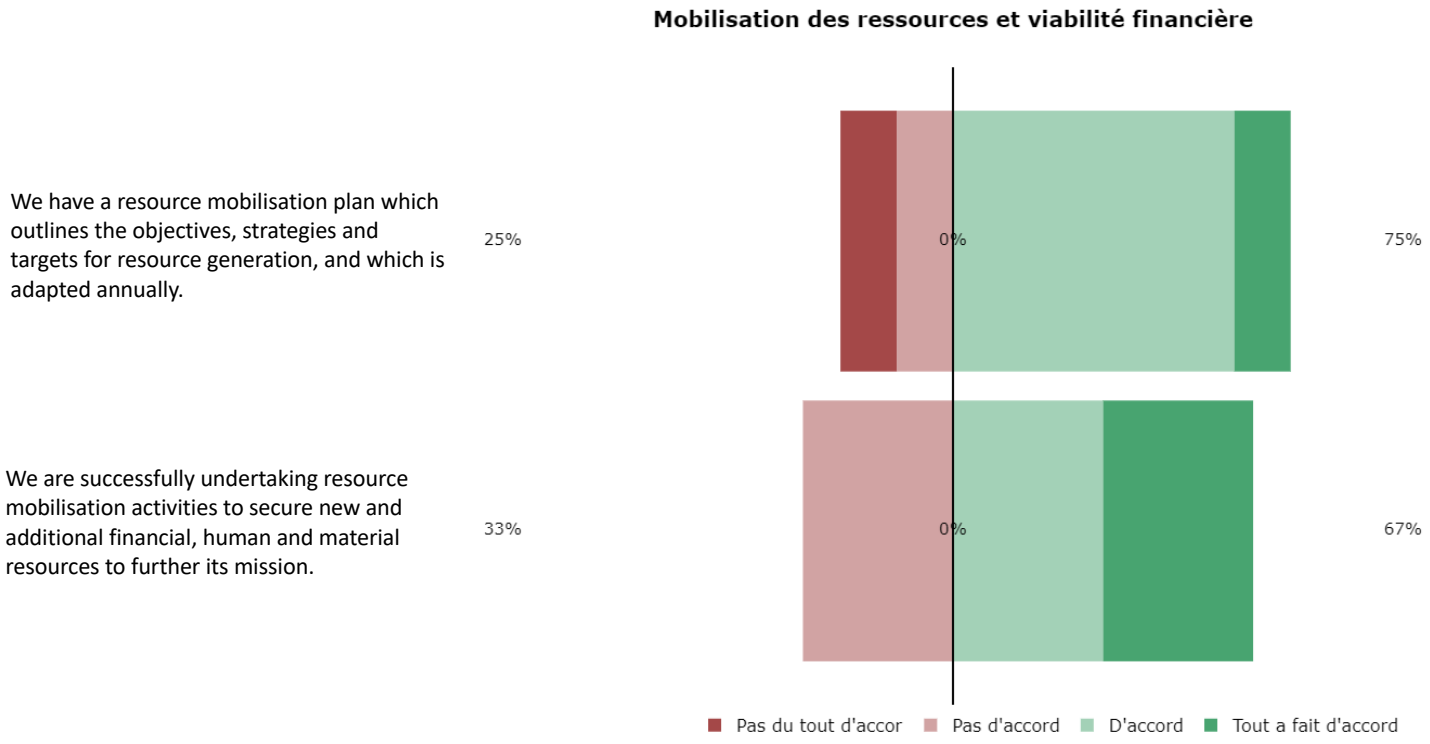
All Right2Grow partners in Burkina Faso feel that they have strong capacities to build relationships with external stakeholders such as the government, other local CSOs, the community. Some of the partners have already worked in partnership in several programmes and have experience in working in consortia. The partners also mentioned that in general they have a good reputation and that other actors can rely on them.

9. Establishment and legitimacy at grassroots level



All partners consider their activities and interventions to be legitimate and well connected to the communities they claim to represent. Some organisations are made up of members who are grassroots communities, which explains the strong involvement of communities in their actions. Others emphasise that vulnerable groups are involved in their actions and that they act according to the needs of the community. However, some say that there is still a need to strengthen the targeting of communities and vulnerable groups that are beneficiaries of their actions as well as to improve communication with them.

10. Resource mobilisation and sustainability



Resource mobilisation remains a challenge for Right2Grow's partners in Burkina Faso. The vitality of the organisations is mainly linked to their capacity to mobilise resources, especially at the local level. Partners report that they have difficulty mobilising resources, especially financial resources. Some of them rely on the Right2Grow project to provide them with the necessary expertise in terms of fundraising, donor mobilisation, drafting and submitting calls for proposals, and strengthening their ability to manage donor contracts.

Based on the results presented below, it appears that the three emerging organisational development priorities for Right2Grow Burkina Faso are

4. Resource mobilisation to secure new and additional financial, human and material resources to advance the mission (33%)
5. Development of competence development plans, linking staff training to organisational strategy (30%)
6. Production of credible evidence by the organisation or through the network of researchers, ability to evaluate the research of others (20%)

Right2Grow Baseline inception report

Validation of the theory of change

Burkina Faso

(English translation)

Right2Grow

This validation is the result of a reflection on the results of the baseline study and a joint analysis of all national partners on the original theory of change.

1. Overall validity

Validity

The Burkina Faso theory of change was revised to take into account the results of the baseline and the lessons learned from the first year of project implementation. These updates mainly concerned the intermediate results and outputs. Thus, the ultimate goal of R2G in Burkina has not changed and remains that "Every child is able to reach his or her full potential". Looking at this from a nutrition perspective, the Long Term Impact states that "No child under 5 is undernourished". This calls for the responsibility of all actors including the Government, local authorities, community leaders, etc. According to the SMART 2020 survey, at the national level, underweight children under 5 years of age are 17.6% underweight and stunted growth is 25.4% in the East region, 29.8% in the Centre-North and 27.3% in the North of Burkina.
In view of these figures and the deteriorating security situation, it is more than urgent to create an environment that is more conducive to the growth and development of children. This requires the provision of quality social services and support for the empowerment of poor households, particularly women. It also requires a change in the mentality of households in terms of how they care for their children.

Ultimate goal and impact

Right2Grow's ultimate goal is for **every child to reach their full potential**. The long-term impact is that **all children under five are well-nourished**. The medium-term impact is that **policy makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive and inclusive manner.**

The main decision makers identified for this impact are

Actor	Description
Implementing partners	
RESONUT (Network of Civil Society Organisations for Nutrition)	Created in 2014, RESONUT has 37 members and includes associations/organisations and NGOs working in all areas of nutrition and related fields in Burkina. RESONUT accompanies SCI and ACF in the implementation of Right2Grow in the Centre North and East and CEGAA at the national level and at the level of the three regions in the framework of budget monitoring. Local CSO members of RESONUT will be the ones targeted by the capacity building, organisational and advocacy activities.
Rural World Association (AMR)	Created and recognised in 1996, the Association Monde Rural (AMR) is a national NGO recognised as being of public utility in 2013. Its vision is "a rural world that knows its rights, works towards their effectiveness and participates fully in development actions". AMR has a good experience in advocacy, local governance and in organising accountability days with local authorities AMR will support THP in the implementation of Right2Grow in the Northern region.

Actor	Description
Collaborators	
The other SUN networks (REPASEN, RECANUT, RAPNUT)	Key actors working to promote nutrition in Burkina Faso. With their experience, they will support budget advocacy for nutrition in Burkina Faso
The private sector: CIFOEB, SPONG, municipal and regional councils, Chamber of Commerce and Industry of Burkina Faso, Chambers of Agriculture, Water Agencies, etc.	CIFOEB is well experienced in budget monitoring. As such, a close collaboration in terms of data sharing and joint participation in actions undertaken by them and by Right2Grow will be in place. SPONG is the first NGO/AD collective in Burkina Faso with great experience and legitimacy and acts as a SWA Focal Point. It will also establish a framework for exchange and cooperation allowing for mutual enrichment and support for the various actions on both sides that contribute to the achievement of common objectives. The Chamber of Commerce is a strong private actor and the water agencies are key players in the new water reform in Burkina Faso. It will be integrated as an ally in the advocacy actions to be initiated.
Strategic Partners	
STAN (Technical Secretariat for Food and Nutrition)	The link between nutrition actors with proven experience in advocacy for nutrition following the multi-sectoral approach. STANs will be present as representatives of Ministers in meetings and other debates.
Ministry of Nutrition, Food Security, and Water and Sanitation Sanitation	All ministerial sectors represented by their technical departments in charge of nutrition, WASH and food security working to strengthen the multisectoral approach to nutrition.
Nutrition Directorate	Specialised nutrition structure within the Ministry of Health and former SUN Focal Point who can bring proven experience in policy development and advocacy.
UNICEF	United Nations agencies, notably UNICEF, are key partners for advocacy in the field of nutrition. Right2Grow will take this into account for more efficiency in its actions.
Embassy of the Netherlands	Right2Grow as a Dutch Cooperation funded project will contribute to the implementation of the Embassy's strategy in Burkina Faso. Regular meetings will be held with the Embassy as well as information sharing to take into account its feedback for the orientation of the programme throughout its implementation.

2. Pathway 1 - Community Mobilization

Validity

Outcome 1 is: **Community attitudes and practices have changed in relation to nutrition, WASH and food security.**

According to the results of the Baseline, communities lack training and awareness-raising on good washing, nutrition and food security practices. Indeed, 59.7% of the people surveyed think that these training and awareness-raising activities are lacking. Similarly, there is a low level of knowledge among the population about their social rights in relation to nutrition (only 39.1%) and they are not involved in the formulation of development actions. In the area of nutrition and WASH, only 31.3% feel that they are involved in actions to improve nutrition and WASH services.
Thus, the majority of the communities surveyed (85.4%) say that if they are sufficiently equipped, they will be ready to adopt good nutritional practices.

Adaptation and specification

For the year 2022, result 1 has been revised, specified and formulated as follows: "**Household (children/women/men) attitudes and practices have changed in relation to nutrition, WASH and food security**". To achieve this result, the strategy adopted will be, among other things, the sensitization of communities on good nutritional practices, ensuring the involvement of fathers, the organization of advocacy actions for women's empowerment, access to credit and household resilience, the mobilization of adolescents (schools) and youth around advocacy actions, sensitization for nutrition, food security and WASH. In addition, accountability mechanisms towards the population and the existing questioning frameworks will be strengthened.

3. Pathway 2 - Strengthening civil society organisations

Validity

Outcome 2 is: **CSOs improve their advocacy on food security, nutrition and WASH**

Over 300 CSOs were identified during the stakeholder mapping study. An assessment of the capacities of these CSOs shows that more than 60% of them are not very well structured. This prevents them from being real pressure groups vis-à-vis government actions. It is therefore important to help CSOs to structure themselves better and to support them in networking for more effective advocacy actions. Emphasis should be placed on women's CSOs, which are very active in rural areas.

Adaptation and specification

Result 2 has not been revised and reads as follows **CSOs improve their advocacy on Food Security, Nutrition and WASH**. Within the framework, greater emphasis will be placed on the formation of alliances between CSOs, and support to CSOs for the implementation of their advocacy actions. For the effectiveness of advocacy actions, CSOs will be equipped to carry out community consultations to gather the opinion of the communities, and to better assess the real needs of the populations before any

advocacy actions. Also, CSOs will be supported in monitoring budgets at the community level. RESONUT will monitor the budget at the national level.

4. Pathway 3 - Engaging public authorities

Validity

Outcome 3 is: **CSOs and government strengthen the implementation of the multi-sectoral approach in their interventions and generate evidence and innovative ways to prevent undernourishment.**

In June 2020, Burkina Faso adopted a National Multisectoral Nutrition Policy (PNMN). The expected impact of this policy is to improve the nutritional status of the population, particularly women and children. In addition to this policy, there are other specific policies such as the Nutrition Policy, Food Security Policy, etc. However, not all of these policies take into account the needs of the population. However, all these policies do not really take into account the multisectoral aspect. Similarly, communal and regional action plans do not integrate the multisectoral approach to nutrition. The multisectoral consultation frameworks do not function. The results of the Baseline indicate that CSOs and communities have little knowledge of the multisectoral approach and therefore cannot contribute effectively to its operationalisation alongside the government.

Adaptation and specification

This outcome was also revised and reworded "**central and decentralized decision-makers integrate the multisectoral approach and allocate substantial budgets for the implementation of the NNMP and DCP and RDP for nutrition.** ". The strategy will be oriented towards supporting the operationalisation of multisectoral consultation frameworks, conducting advocacy actions for the taking into account of the approach by the contributing ministries and budget allocations.

5. Pathway 4 - Mobilising international development actors

Validity

Outcome 4 is: **R2G partners and CSOs advocate to bring the Humanitarian and development (between TFPs and clusters)**

According to the results of the mapping of actors, there are nutrition clusters at regional and provincial level. These clusters bring together the different international NGOs and local NGOs working in the field of nutrition. Similarly, the Permanent Secretariat of NGOs regularly holds meetings between NGOs in order to promote the pooling of resources. In 2022, R2G intends to play a more active role in these different frameworks, but also to mobilise the various Development Partners for its advocacy actions.

Adaptation and specification

Proposed rewording: **Donors and international development actors coordinate and collaborate in the humanitarian-development relationship to address the underlying causes of undernourishment**.

The strategy adopted to achieve this outcome is to lobby donors and international actors to mobilise resources to fund CSO advocacy plans at the local level and to create roadmaps for lobbying and advocacy that can facilitate a fruitful partnership

6. Reflection

Priorities

In Burkina Faso, R2G will work in four areas:

- With the communities: the aim will be to raise awareness of good nutritional practices, and to strengthen the accountability frameworks of decision-makers vis-à-vis the populations and the existing questioning frameworks at local level.
- With CSOs: R2G will support the restructuring of CSOs, strengthen their capacities and facilitate the formation of alliances between CSOs to act as pressure groups
- With the Government: R2G will support the operationalisation of the multi-sectoral approach, and facilitate the organisation of budgetary advocacy actions based on the evidence that will be produced,
- With donors: R2G will make other Development Partners allies for greater advocacy impact.

Stakeholder engagement

In each of R2G's three regions of intervention, around twenty CSOs will be identified and R2G will work directly with them. The local partners (RESONUT and AMR) will be responsible for building the capacity of these CSOs and helping them to carry out effective advocacy actions.

Appendix: Theory of Change

Right2Grow Burkina Faso

Ultimate goal

Every child is able to reach their full potential

Long term impact: All children under 5 in Burkina Faso are well nourished

Medium term impact: Civil society and government jointly and effectively address undernourishment in an integrated, gender-sensitive and inclusive manner

Outcomes

- I: Attitudes and practices of **households (children/women/men)** have changed with regard to nutrition, WASH and food security
- II: **CSOs** improve their advocacy on Food Security, Nutrition and WASH
- III: **central and local decision-makers** approach and allocate budgets to the different sectors of the implementation of the NNMP and nutrition activities
- IV. **Donors and international development actors** coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition

Intermediary Outcomes

- A. **Households** are aware of their social security entitlements nutrition, WASH and Food security and resilience
- B. **Communities** are engaged and mobilised to claim their social rights and access to Quality social services in nutrition, WASH, Food Security in a proactive way with local CSOs
- C. **CSO** capacities are strengthened on budget analysis and monitoring and ensure the budget monitoring, expenditure and accountability in relation to nutrition
- D. **CSOs and government** strengthen the implementation of the multi-sectoral approach in their interventions and generate evidence and innovative ways to prevent undernourishment
- E. **R2G partners and CSOs** advocate to bring the humanitarian and development (between TFPs and clusters)

Outputs

1. Increased awareness of **households** on their social rights and good nutrition practices, WASH and Food Security
2. Promoting **women's** resilience to Through advocacy
3. Increased engagement and capacity of **communities** with **CSOs** to achieve their social rights
4. Outreach and data sharing (Evidence, Policy (Multi-sectoral approach), Programmes, Report)
5. DCPs and DDPs are revised to take into account the multi-sectoral approach to nutrition;
6. Multi-sectoral consultation frameworks are functional and inclusive of all stakeholders
7. Adoption of knowledge and evidence.

Main intervention topic areas

- WASH
- Food & Nutrition Security

Catalysing strategies to create long-term sustainable solutions

- Gender equality and inclusion
- Ownership by local organisations
- Adaptive and innovative approaches
- Integrate the impact of COVID-19

Right2Grow

Results Framework: Burkina Faso

(English translation)

Indicators	Reference value - quantitative	Reference value - qualitative	Target year 2 - quantitative	Target year 5 - quantitative	Target - qualitative
Number of laws, policies blocked, adopted, improved, better implemented for sustainable and inclusive development (SCS 1 + SCS 2)	0	☒ ***The National Food and Nutrition Security Policy (PNSAN)*** Its vision reads as follows: "to ensure at all times, to all populations equitable access to a balanced, sufficient and healthy diet in order to contribute to the reduction of poverty, the consolidation of social peace and the achievement of sustainable development." Its overall frame of reference is the PNDES through the PNSR II which aims to achieve economic and social development and the achievement of the SDGs including, among others, SDG 2 "eradicate hunger, ensure food security, improve nutrition and promote sustainable agriculture". Its overall objective is the achievement of sustainable food and nutrition security. ☒ ***The National Multisectoral Nutrition Policy and the Multisectoral Nutrition Strategic Plan 2017-2020*** The new National Nutrition Policy and the subsequent Multisectoral Nutrition Strategic Plan are based on the following strategic orientations: - Reduction of undernutrition; - Reduction of micronutrient deficiencies; - Strengthening the fight against overnutrition and nutrition-related chronic non-communicable diseases; - Strengthening nutrition-related food safety; - Improved nutrition governance. Number and titles of WASH policies that are included: the Wash sectoral policy whose PS-EEA is not multisectoral and inclusive. R2G did not contribute to policy development during the reporting period.	1 policy	4 policies	The 4 policies hence those of the following sectors: Wash, Education, Trade and Industry, Health. Through advocacy using the channel of the different networks (including reSoNut), we can act on the government so that the different sectoral policies take nutrition into account (in this case a revision of sectoral policy to take into account the strategic axes of the PMSN of Burkina Faso). One of the great opportunities is that the institutional anchoring of nutrition has made progress with the positioning of the nutrition consultation framework at the level of the presidency of Faso. Advocacy is not limited to the central level but necessarily takes into account the following regions: Northern Region, North Central Region, Eastern Region

Indicators	Reference value - quantitative	Reference value - qualitative	Target year 2 - quantitative	Target year 5 - quantitative	Target - qualitative
Number of advocacy initiatives led by R2G partners and CSOs (SCS 4)	0	The analysis of the data shows that the organizations met conducted an average of 6.5 advocacy initiatives on various themes at the national or local level. The advocacy initiatives identified by thebaseline study were not supported by the R2G project,hands give a general impression. CSO: 7 initiatives on average OBC: 6 initiatives on average Local interest grouping: 4 initiatives on average According to field interviews, CSOs help people take an active part in their own development rather than being passive recipients. Advocacy by organizations contributes to improved communication and collaboration between the public and private sectors, and the social, economic and political sectors within regions and beyond. The analysis of the data shows that 16.9% of the organisations surveyed acknowledge that the advocacy actions of CSOs or citizens always push political authorities to respond to citizens' priorities. This rate differs slightly from one organization to another, since 19.2% of CSOs surveyed confirm this fact against 10.5% for OBCs and only 9.1% for local interest groups.	10	600-1200	30 CSOs: between 20 and 40 initiatives per CSO. Through capacity building of CSOs, OBCs and groups as well as coaching in the formulation of initiatives. In addition there is the accompaniment that R2G can do in terms of technical support from its PMOs including ReSoNut and AMR and financial if possible
Number of CSOs with increased lobbying and advocacy capacity (SCS 5)	0	View the capacity assessment report	0	6	We are looking to build our capacity continuously, but we will only count it once to avoid double counting.
Number of CSOs included in R2G (SCS 6)	6	Right2Grow Burkina Faso is a strategic partnership between The Hunger Project, Save the Children, Action Contre la Faimand the Centre for Economic Governance and Accountability Africa (CEGAA) as well as 2 national partners RESONUT (Network of Civil Society Organizations for Nutrition) and Association Monde Rural (AMR). Regarding the results of the mapping,itshouldbe noted that the reference data are based on the two PMOs that we considered as R2G CSOs at the start of the program. According to themapping, the CSO number is: Total national: 347 North-central region: 110 Northern Region: 154 Eastern Region: 83	6	6	No changes are expected in the number of partners in the consortium. Through networking (ReSoNut and AMR), R2G could benefit from the involvement of several CSOs from differentregions.