

**Report**

**on the mission to**

# **The Hunger Project Burkina Faso**

**by Alexandra Koch**

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## Introduction

The Hunger Project is committed to the sustainable end of hunger. The Hunger Project Switzerland (THP CH), which is part of the worldwide The Hunger Project network, is certified by ZEWO. THP CH chooses which THP program countries to support. Currently, THP CH has chosen the THP programs in Mozambique, Burkina Faso and India as partners.

In order to be accountable to the Swiss public, a representative of THP CH has to visit the program countries on a regular basis (usually bi-annually). The purposes of these visits are:

- Appraisal of new programs, which may be funded by THP CH,
- Monitoring of ongoing programs and
- Evaluation of finalized programs, which have been funded by THP CH.

This work is carried out jointly together with the THP Program Country Director and her/his management team.

THP CH has chosen programs in The Hunger Project Burkina Faso (THP BF), the main one was the Microfinance Program with funding of CHF 81'000 in 2012 and still going on in 2013.

THP CH sent their Country Director, Alexandra Koch, to make a field visit from February 11 to 14, 2013. This field visit was done jointly by Alexandra Koch, Country Director of THP CH and Evariste Yaogho, Country Director of THP BF and his management team. Because this visit included the inauguration of an epicenter, the team was joined by Mary Ellen McNish, the President and CEO of THP GO, and Dr. Idrissa Dicko, the Vice President of THP Africa Programs.

THP BF is audited annually by a professional local auditing firm that is selected by THP BF and THP Global Office (THP GO) in New York. THP GO checks the finances of THP BF quarterly, so this was not part of the objectives for THP CH's visit.

## Chronic Hunger in Burkina Faso



Today, 842 million people are suffering from *chronic* hunger -- the silent, invisible, daily condition that is often overlooked. Of the 234 million people in sub-Saharan Africa who live with hunger, two-thirds are women and children. The marginalization of women, the cycles of drought, and the

low productivity of subsistence farming — are the most pernicious factors contributing to hunger in sub-Saharan Africa.

In Burkina Faso, 45 percent of the population lives on less than a dollar per day; 37 percent of children are malnourished; and 92 out of 1,000 babies will not reach their first birthday (highest world infant mortality rate). **Nearly 7 million people in Burkina Faso are battling hunger every day.** About 40 percent is food insecure. Life expectancy is estimated at 55 years. Adult literacy fell to a startling 21.6 percent among women—ranking Burkina Faso among the last in the world for female literacy.

Burkina Faso is in the arid band of land that crosses Africa, the Sahel, and receives less than 24 inches of rain annually. Over 80 percent of it's inhabitants are engaged in subsistence agriculture, but many lack access to farming techniques to deal with increasingly dry conditions. In 2011 and 2012, Burkina Faso was one of the hardest hit of the Sahelian countries that experienced massive, wide-spread crop failures due to drought.



## THP’s Epicenter Strategy & Overall Observations

THP’s integrated and patient development program called the “Epicenter Strategy” combines confidence building with tools and training. It allows women and men to develop themselves as leaders in their own development and to take necessary steps to end their own hunger and poverty. There is a new international consensus that asserts global hunger will never be successfully addressed by increasing foreign aid and that any sustainable solution will require equal attention to *empowering the people themselves*. THP’s Epicenter Strategy is a model of this kind of local and sustainable development. The timeline of an epicenter is outlined below.

Phase	I (2 years)	II (1 year)	III (3 years)	IV (2 years)
Epicenter’s Journey to Self-reliance	<b>1: Mobilization</b> <ul style="list-style-type: none"> <li>•VCA workshops</li> <li>•Animators</li> <li>•Community-initiated projects</li> <li>•Leadership</li> </ul>	<b>2: Construction</b> <ul style="list-style-type: none"> <li>•Contributed land, materials, labor</li> <li>•L-shaped building</li> <li>•Demonstration farm</li> <li>•Sensitization on savings &amp; loans</li> </ul>	<b>3: Programs</b> <ul style="list-style-type: none"> <li>•Food security &amp; nutrition</li> <li>•Health &amp; Sanitation</li> <li>•Education &amp; Adult literacy</li> <li>•Microfinance</li> </ul>	<b>4: Transition to Self-Reliance</b> <ul style="list-style-type: none"> <li>•Bank recognition</li> <li>•Income generation</li> <li>•Epicenter leadership of development</li> <li>•Paartnership with government</li> </ul>

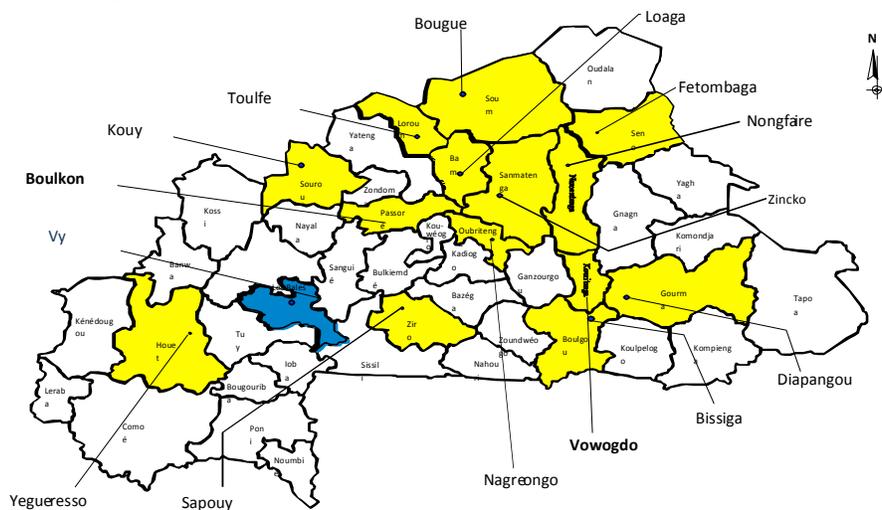
## Epicenter Visits to Boulkon and Vowogdo (both in Phase III)



**Phase III is for Program Implementation** during which the facilities are being fully used for social programs. Trainings are led by volunteer epicenter “animators,” government agents and THP staff on emerging techniques and information such as 1,000 Days nutrition; women’s rights; agriculture with micro-dosing and composting; income-generating activities such as food processing, tailoring, baking and soap-making; participatory decision-making and evaluation. Through these trainings, people continued to gain confidence,

voice, power and skills to increase capacity and food production — leading family incomes to increase. The community hall can also now be rented out to generate income to cover epicenter expenses.

From 11 to 14 February 2013, I visited together with a team of THP BF the epicenters of Boulkon and Vowogdo.



It was evident that the two epicenters we visited, Boulkon and Vowogdo, are managed by dynamic committees made up of members who are committed and democratically elected. Many village members who have been involved in trainings and activities at the epicenter have seen greater income, food security and overall improved health and higher education since when they first got involved. People have dedicated hours and hours of their time and labor to achieve these accomplishments.

These epicenters have felt the effects of climate change, unpredictable seasons and reduced rainfall. Harvests have suffered and, despite improved agricultural management, the food banks have rarely been stocked above 30% capacity. Also, micro-finance activities have had poor debt repayment, in part due to poor harvests.

Major activities carried out in the health and nutrition program concerned child-weighing and follow up. These activities are carried out by health animators, supported by the supervisors in health nutrition. They have included the epicenters of Vowogdo and Boulkon.

## Visit to Vowogdo

This epicenter began in 2008. It includes 10 villages with a population of 7,921 individuals, 53% which are women. The epicenter buildings are completed and the demonstration farm has been established and a bio digester has been constructed. The epicenter is now in Phase III and is developing its programs and the capacity of its leadership.

As part of the meeting at Vowogdo, 50 villagers introduced themselves and explained their responsibilities at the epicenter. It showed what is necessary to establish the volunteer infrastructure and to support the programs. Partners indicated that they greatly benefit from training and programs. This has changed their lives. The more important to them is that they are considered partners and they can take load to improve their living conditions in the community in a sustainable manner.



Evariste Yaogho presenting THP's strategy to municipal councilors.

THP has also helped with the mobilization of municipal councilors to support activities and the appropriation of the epicenter. This is a session at the Koupèlatownship level which covers the epicenter of Vowogdo.

These partners are involved in the food security program. Villagers can store their crops

safely in the food bank. Stored grains were made available to members at a good price which has enabled many in these communities to overcome the drought without too much difficulty. Partners had also held a workshop on warrantage for committee members of the food banks.



A food processing mill was purchased to improve food security, benefiting partners in Vowogdo. Members now devote time to other training and income generating activities. Of significance, the time saved from use of the mill allows women to help

their children with studies as well as improve their own literacy.

## Visit to Boulkon



The visit to the epicenter of Boulkon was on the occasion of its inauguration. This epicenter began in 2010. It includes 15 villages with a population of 20,980 individuals, 54% which are women. The epicenter buildings are completed and the demonstration farm has been established. It is now in Phase III and is developing its programs and the capacity of its leadership. The Microfinance capital until 2012 is 13,550,000 F CFA (approx. 25,000 CHF), the interest rate is 7.5% for 6 months, the granted credit is 26,590,000 F CFA (approx. 48,900 CHF) from which 1228 people benefit. In the Food bank

there are cereals in the amount of 1,000,000 F CFA (approx. 1840 CHF). In the Literacy and Education program 838 people have been alphabetized until 2012.



Aminata Kontiliguissouko from the village of Maré, commune Kirsi is 32 and mother of a 5 year old. She's a Health & Nutrition animator at Boulkon since 2011. Before she started collaborating with the epicenter, the women of my village had serious health problems, especially their children due to infrequent visits to health centers. The children suffered, some were weak and could not attend

school normally. After the trainings received from THP, members carried out trainings for their villages on the role of the various food groups, particularly for children. These were followed by culinary demonstrations making it possible for women to



produce food enriched with local products.

#### Training on nutrition: culinary demonstration



During the weighing sessions which were planned and carried out in all the villages by the animators and the supervisors in health, children with severe and acute malnutrition disease were detected and sent to the health center for medical care. Children with moderate and acute malnutrition received follow-up of their nutritional

#### Follow-up and weighing of children

state on the basis of local ingredients. Since the beginning of these activities, there's been a decrease in the recorded cases of malnutrition. It's a reality that can be seen on the faces of children. They can also follow courses at school without too many difficulties. Until 2012, 401 persons consulted the health & nutrition room in Boulkon epicenter and 277 children were weighed. 719 men and women had HIV/AIDS tests and learned the facts of this illness.

## Going Forward - Challenges and Hopes

While thousands of villagers have been mobilized and improved their lives, thousands more need to be engaged and given access to the information peer-educators are sharing. As the epicenters move toward self-reliance, ongoing investments will focus on supporting the animators in continued partner mobilization, health, nutrition, and women's empowerment. We will also strengthen the management capacity of the epicenters' leadership to foster relationships with local governments so all ongoing efforts at the epicenter are supported.

Keeping people engaged and finding new members from the community to step up to be animators or leaders is an ongoing challenge. So as part of the strategic planning for sustainability that THP-Burkina has done with Vowogdo and Boulkon Epicenters' members some next steps include:

- Holding capacity building and management trainings for the epicenter leadership
- Enabling the generation of income for the epicenter in the context of their empowerment
- Supporting the leaders as they work to build a wider ownership of the epicenter by the entire population

- Increasing progress on nutrition, especially for women and children
- Identifying ways to increase loan repayment and once achieved, increasing credit availability, income-generating trainings and promote value chains.
- Applying for formal recognition of the rural micro-finance institution.

## Budgets and Disbursement of Funds

THP Burkina develops its budget, including costs for implementing the Epicenter Strategy in Boulkon and Vowogdo. The country budget is reviewed and approved by the Global Office.

Upon request from THP BF/THP GO, THP CH will transfer funds according to spending and a schedule to THP BF's bank account . Communication will happen by email.

## Reporting

THP CH will receive:

- An audit report concerning the budget of THP Burkina Faso, including the epicenters supported by THP CH
- Quarterly activity reports on THP Burkina Faso
- Progress on indicators as determined by the community and reported through the Monitoring and Evaluation system

## Microfinance M&E:

Originally, the targets in Microfinance for 15 epicenters presented to investors like the Canton Basel-Stadt in 2012 were the following:

- train 363 partners in Microfinance Workshops on basic accounting, financial literacy, and microenterprise management skills, and other topics.
- distribute 3,600 loans
- the epicenters in Burkina Faso gain 28,300 savings deposits.
- THP plans that two rural banks in Burkina Faso become government-certified; a crucial step to become self-reliant.

The actual output was the following:

Microfinance Workshops	494	# Partners trained		
Income Generating Workshops	44	# Partners trained		
Lending (USD)	3,326	# Loans Disbursed	\$540,653	Total Amt
Savings (USD)	5,240	# Saving deposits	\$552,199	Total Amt Deposited

The two rural banks didn't meet all 10 of the microfinance self-reliance criteria. To achieve sustainable self-reliance rural banks should develop multi-year business plans with financial and non-financial targets to achieve goals of profitability, portfolio quality, growth and effective leadership, among others they deem important. And with an eye toward the growth and long-term sustainability of the rural banks, investments in electricity, computers and microfinance software are urgently needed. So the goal that two rural banks in Burkina Faso become government-certified was postponed to 2013.

## **Recommendation**

As a result of profound discussion with THP BF's country director and staff at my visit in Burkina Faso, I recommend further funding for the well managed programs in Burkina Faso. It would be highly appreciated if we would fund the programs "Literacy & Education" and "Health & Nutrition" in the next year.

20 December 2013



Alexandra Koch

Managing Director THP Switzerland

Annexes:

- Canton Basel Microfinance Program Proposal
- Activity report of 4<sup>th</sup> quarter 2012
- Photos (8)