

# WORLD NEIGHBOURS CANADA MONITORING MISSION : BURKINA FASO

FEBRUARY 2015

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### **Section 1: Introduction ~ History and Rationale**

World Neighbours Canada (WNC) has been supporting rural development in Burkina Faso since 2008. We were introduced to APDC by World Neighbors West Africa when Graem

Nelson, a WNC director visited the country, met the World Neighbours West Africa representative and APDC personnel and felt that the philosophy of APDC aligned closely with

that of World Neighbours Canada. On the basis of his visit and information, we agreed that

supporting the Fada communities, via APDC, would be a worthwhile addition to our project involvement.

As no-one from WNC had been to visit the project site since Dec. 2012 when Tsuamba, the West Africa WNO representative visited 2 villages and completed a monitoring report for

us, WNC Board members were pleased when an opportunity arose for Judy Gray, a WNC director, to visit the project area at the end of February, 2015. Judy was accompanied by Brad

Fee, a friend and donor of WNC. The Board approved the visit and the associated travel expenses for Brad and Judy during a Skype Board meeting on Jan. 29, 2015.

The purpose of the visit was as follows:

- to make a personal contact with the salaried employees of APDC (Association d'appui

. la Promotion du D.veloppement durable des Communaut.s d.favoris.es ~ the Burkina Faso registered NGO and our local project partner),

- to learn more about the method and approach of APDC's support (to get answers to a list of drafted questions) in the rural village area near Fada N'Gourma,
- to add to WNC understanding of the Fada project in anticipation of an upcoming DFATD grant,
- to visit some of the villages receiving support from APDC and see, first hand, the initiative activities, and how the support is impacting villagers' lives and
- to learn about the successes and difficulties faced by APDC and the beneficiaries.

### **Timeline:**

Brad Fee and I spent 7 days in Burkina Faso, with the majority of the time in and around Fada, Eastern Burkina Faso. The villages participating in the project are all rural communities,

situated between 30 and 45 km. from Fada, the capital of the N'gourma province in Eastern

Burkina Faso. Following is the timeline of our days in Fada:

### **Date and Activity**

**Feb. 25** travel from Ouagadougou to Fada and meet with APDC team

**Feb. 26** AM – APDC presentation of project outline ( already known, but a chance to ask questions for clarification)

PM – visit to Sanipenga

**Feb. 27** AM – visit to Mangoudeni

PM – visit to Namoungou Health Centre  
visit to Forestry Centre

**Feb. 28** AM – visit to Kalimanma

PM – visit to Madeni

**Mar. 1** (Sunday) AM – meeting with APDC team: de-briefing about what we'd seen; what APDC wanted us to know

PM – visit to local Fada markets

**Mar. 2** AM – visit to Boungou

PM – visit to Gdessa

**Mar. 3** AM - travel from Fada to Ougadougou

PM - meet with Fatou Batta of Groundswell

During the village visits, we were accompanied by Charles Tankoano, Executive Officer of

APDC, as well as the two APDC field workers, David Lank and Mano Djingri. We visited

villages that had joined the project at different times: from Mangoudeni (in 2010) to Gbedissaga (in January, 2015).

### **Section 2 ~ General Information**

Burkina Faso and Fada ~ General Information

- national population is about 16 000 000
- Fada province covers about 1/5 of land of Burkina Faso .... large area with a

population of approximately 1 200 000

- intervention area is comprised of 18 villages that are located south-east of the city of Fada between the N° 4 Fada - Niger border highway and the No. 18- Fada - Benin border highway
- the direct beneficiary population of the 18 villages is 23 556 with 11 755 women, 11 801 men and 11 697 children (aged 0-14yr.)
- the number of households in these 18 villages is 3666
- the total population of the rural commune area of Fada N'Gourma is 82,792; with 41,819 women, and 40 697 men
- the number of households in the commune area is 12,582

### **Population of the villages and entry date to the project**

NB- By the end of April 2015, it is possible that APDC could add two villages to the program

so as to achieve the 18 villages included in the 2015-2019 plan.

NOTE: There is a very high rate of children aged 0 to 14 years ( average of 50.43% ); so there are more people to feed than people able to help with food production in the program area.

### **Section 3 ~ Information provided by APDC: initial presentation**

NOTE: The general outline was provided by the APDC staff; however I have added the notes that Brad and I took during that presentation.

**Creation:** 1996 organized and officially recognized in March 2002 by the government of Burkina Faso and registered in the Official Gazette

**Headquarters:** Bogande. / Gnagna province

**Members:** Individuals and legal entities (Peasant Organizations)

- 5 salaried employees who work mainly with the Fada villages:

Charles ~ director of APDC

David ~ field worker; in charge of agriculture, food security, and environmental protection and improvement

Mano ~ organizer of technical sessions and awareness sessions

Clemence ~ secretary, accountant; works from Bogande

Roman ~ driver

- 3 other employees who work out of Bogande for other APDC projects

**Area of projects:** Eastern Region of the country in three provinces:

Gnagna = 6 towns (302 villages)

Gourma = 1 commune (16 villages)

Tapoa = 8 towns ( 206 villages) ... in partnership with ACF (Action Contre la Faim)

**Purpose:** To promote sustainable and equitable development, in poor and marginalized communities through capacity building of individuals and villages

**Approach:** participatory – with emphasis on accountability and gender equity

**Strategy:** capacity building in tandem with integrating the needs of the village

**APDC's overall goals**

Improve food security (to increase productivity and income activities)

Improve community health (nutrition, family planning, HIV / AIDS)

Increase organizational capacity and female leadership

Improve environmental protection

Improve drinking water supply

Improve adult literacy

**Intervention strategies:**

- engage people who are motivated
- engage as many women as possible; especially women who are the most marginalized and down-trodden
- include women in village groups so their voice is heard
- reinforce the women's capacity to act and take responsibility for improving their lives
- integrate all aspects of basic needs
- begin work with a new village with a diagnosis of the situation in village; using the CVD

(Conseil Villageois du Developpement ) structure already in place, as ordained by the State

- provide training and support to allow this group (CVD) to identify the greatest problem and needs of the village
- support must be provided over time~ APDC understands that change takes time
- ask the CVD group to identify those who are the poorest in the village and often it is women to whom the majority of the support is directed

**Financial partners** (currently active): ACF, WFP – World Food Program (also known as PAM), FONAEF (National Adult Literacy program), VM / CANADA, VM / OKC

Prior support: NOVIB (Netherlands), Rain Water, New Field Foundation, National Alliance

for the greening of the Sahel

**Technical partners:** (decentralized services of the state) Agriculture, Animal Resources, Social Action, Health, Environment, Education and Adult Literacy, Town Councils, other NGOs

/ Associations

**Fada program within APDC** ( this is the program that WNC supports )

- started in 2008 following a small exploratory study followed by a diagnosis made in 5 villages
- the authorities requested intervention in this geographic area

- APDC wanted to expand and share its development experience
- APDC wanted to contribute to the development of communities of Fada

### **Program goals areas for Fada**

- enhance food security of poor households by increasing productivity, diversifying food production and by the increase of available revenue
- contribute to the sustainable management of natural resources (soil, vegetation, wildlife, water)
- contribute to improve some of the population health indicators to reduce the rate of infant and maternal mortality
- build organizational capacity and female leadership
- build strong community organizations: village coordination committee (CVD), village environment/resource development committee (GRD), and village women's committee (Union des Femmes)

### **Financial support for APDC's Fada program:**

VMO (World Neighbours USA) = 2 500 000 (\$ 5000) and this money is used for health  
 PAM (World Food Program) = sometimes supports projects in Fada and monetary support is

used to develop fields to make them suitable for rice production (bas fonds aménagés).

PAM's support is inconsistent, and short term (usually only 3 month projects)

WNC ~ 2014/15 = 20 000\$ Canadian. WNC is responsible for about . of project money for Fada

FON AE ~ state support for adult literacy ~ to help villagers learn to read/write in their own

language so they can better apply what is being learned in the technical training sessions ( cordons pierreux, embouche, jardins maraichage, production du savon etc.). This literacy

support is not yet available in many of the villages (we saw the literacy building in Sanikpenga).

### **Major problems that the APDC Fada project addresses**

- food insecurity for most households; aggravated by climate change
- low household income
- high infant and maternal mortality (multiple diseases, high rates of malnutrition, poor access of the population to health care ~ financial and physical constraints)
- sharp deterioration of natural resources (soil, forests, wildlife)
- weak organizational capacity of the population; taking gender equity issues into account
- high population growth with high rate of household members who are less than 14 years of age ( approximately 50% in all villages)
- Illiteracy and low education of rural producers

### **Major objectives of the project**

- Enhance food security of poor households by increasing productivity, diversification of food production and by the increase of available revenue

- Contribute to the sustainable management of natural resources (soil, vegetation, wildlife, water)
- Contribute to improve some of the population health indicators to reduce the rate of infant and maternal mortality
- Build organizational capacity and female leadership

### **Concrete activities engaged in by the population with the support of APDC and the project**

#### **1. Food Security:**

- Arrangement of fields with stone bunds (cordons pierreux); building and use of manure pits (fosses fumi.res)
- preparation of land for market gardens (jardins mara.chages, bas-fonds)
- transformation activities ~ using nuts from trees to extract oil; make soap ~ for use and for increased revenue
- animal fattening and poultry raising activities ~ initial financial support provided (embouche and aviculture)
- establish savings and credit groups (EPC)

#### **2. Management of natural resources / environmental protection**

- Revitalization of village environmental committees
- Fight against bush fires, tree cutting, poaching
- Reforestation / RNA
- Processing of forest products (use of indigenous species for food and for processing ( ex. use of balanite tree nuts to make soap)
- Sensitization of villagers to the importance of protecting the environment

#### **3. Health**

- nutrition awareness
- awareness about family planning
- awareness about HIV / AIDS
- awareness about childbirth assisted by health workers

#### **4. Organizational capacity**

- implementation of leading organizations
- technical training (agriculture, animal fattening, poultry farming etc.)
- environmental protection information and sessions
- provision of simple equipment for soap making and fire fighting (bush fires)
- travel / exchange initiatives ~ to allow villagers to visit other projects
- participation in fairs (International Women's Day celebrations)
- awareness of women's rights / access to land; right to conduct financial activities; right for girls to choose their husbands and marrying age

### **Section 4 ~ WNC information about APDC**

**NOTE:** This information came from discussions with APDC personnel over the course of the 5 days in Fada.

### **What APDC support looks like**

- support is mostly in terms of facilitating village groups to build / strengthen the organization of groups; become more dynamic; be able to identify problems and greatest need (achieved through discussions; meetings with villagers and village CVD group ~ when APDC begins work with a new village , the first step is to undertake a “diagnostique”)
- facilitate creation of other committees: agriculture / natural resources / Union des Femmes
- execute/facilitate sessions on village organization plus others ( SEE LIST BELOW)
- provide the “knowledge” transfer AND/OR organization/facilitation of technical sessions
- sessions are divided into 2 types: (“formation”) ~ sessions to teach a new technique and general knowledge / information sharing / ideas / new concepts sessions (“sensibilisation” sessions) to build capacity and understanding of attendees
- sessions facilitated sometimes by APDC staff and sometimes by APDC WITH State department personnel ( Health, Agriculture, Animal Resources, Education, Environment, Natural Resources, Social Action)
- APDC personnel gather data from communities as required by the State and provide this data to the appropriate level of government
- FINAL GOAL of APDC ~ to make APDC redundant in a village in that the resources / committees / personnel within the village are able to meet basic needs and have learned what must be done to access State supports (not yet at this point for any villages ~ this is known as a “level 5” village and some project villages are at level 3)

### **Session information ~ details**

Sessions are divided into 2 sectors:

a) -sessions provided by APDC

b) -sessions provided by State services (veterinary service, the service of agriculture, for the environment, health service)

A. Types of sessions facilitated by APDC personnel

- sessions where discussion is essential and encouraged; usually 1 session of approx. 2-3 hours
- also called “sensitization” or awareness sessions
- usually offered to the entire village
- topics include awareness about the savings and loan programs and training in how to set up such a system,
- some training and awareness sessions on the environment (ex. - training of members of committees on the environment as well as plans for protection)
- sessions on the rights of rural women including the right to access to land, the right of women to personal activities of production for income generation, the right to earn personal income, the right of girls to choose their husbands, women's rights in the divorce, awareness on the need to get vaccinated correctly
- some sensitization sessions on nutrition, family planning, HIV/AIDS etc. ~ sensitization sessions are for both men and women

- training and sensitization of members of village and inter-village committees on the planning, the roles / tasks on filling in data collection sheets.
- APDC holds meetings with leaders of villages to discuss the year's activities, village data, need for renewal activities / sessions (held at the end of year and start of year)

In addition to training and awareness sessions, APDC keeps track of all the villages of the program so that activities can be carried out in the best possible way; performs diagnostics with villages who want to join the program, holds informational meetings, organizational meetings, meetings for the implementation of new strategies

For these sessions there is no delivery cost.

Fees charged for APDC led sessions are for: restauration of participants and trainers, the travel costs of some participants, the cost of supplies of participants, both room rental fees for training

For sensitization sessions, there is no cost to participants as they are held in every village. But there are restauration costs for the facilitator and transportation costs to get to the communities.

Community leaders offer educational sessions on the rights of women, and on environmental protection practices; the fee is 6000 f per session for 2 people or f 3000 per day for catering and transportation / fuel costs. (this cost if the leader must move from village to village).

### **B. Types of sessions provided by State services**

- the training in animal fattening; poultry farming with animal husbandry
- farming techniques (soil conservation techniques and water: rock bunds, zai, half moon, processing gullies with filter dams)
- development of lowlands, with market gardening activities
- in forestry techniques (land clearing laws, RNA = assisted natural regeneration, reforestation technique with the environment);
- sessions in “transformation” activities ~ using forest products to produce other products such as oil and soap
- health (training sessions on FP = family planning, the causes of child malnutrition, HIV / AIDS, nutrition)

When the sessions are made by state services, APDC pays the delivery fee.

- providers' costs are not uniform (there are flexible services (negotiable costs) and services where the cost is not flexible as in the case of health (non-marketable cost)
- APDC works with all these parameters preserving the collaboration and has a great rapport with state services

Length of sessions:

- fattening training sessions, in poultry, agricultural techniques sessions usually last 3 days to 5 days ( for poultry farming and/or animal fattening) but APDC often tries to

reduce these periods to reduce the cost .

- environmental sessions are often 2 days.
- technical training sessions – offered to approx 30 members; chosen by village committee

NOTE - you should know that for all sessions that are carried out by State technical services

personnel, an APDC agent attends each session, every day, to ensure the proper completion

of work and compliance with the conditions .

Financial Support provided by WNC covers:

- . of Fada program needs
- pays salaries of State agents (as per need of session)
- pays photocopy costs for materials for sessions
- provides seed money for embouche activities / cordons pierreux activities etc. ~ some, but not all, of this money is returned to APDC by the participants
- part of salaries for APDC personnel (500\$ / month)
- food / lodging for participants during multi-day sessions
- evaluation sessions costs

## **General information learned during APDC presentation**

Major issues that villagers face

- food security ( about 20% of households have enough food for 12 months )
- the dryness has increased ~ less rain and higher temps.
- during dry months, there is less food (from Feb / Mar on) for some families
- during rainy season, food security is a problem ~ population is working so so hard and no food remains and new crops are not yet ready
- 55% of households earn less than 40 000 cfa / year as revenue
- rate of mortality (women / young children), malnutrition (women AND children), respiratory illnesses, difficult births is high within this geographical area
- huge number of children (0-14) in the region ~ . the total population is children
- average life expectancy about 55 years
- first villages that joined the project were not as successful as some of those since ~ took time for villagers to realize the impact of the new techniques (Kojonti, Kpayigou, Kpentgouangou, Gniamanga)

Characteristics of those households who are doing well:

- inherited “better”, more fertile lands
- hard working
- have a large family ~ 20 – 30 in the household and all able to work
- have the necessary agricultural equipment
- have a number of animals
- often literate
- able to mobilize themselves and/or resources; organize themselves to decide what

they need

Characteristics of those who are “poor”

- don't have much land; or have access to the least fertile land
- not organized, dynamic or motivated
- not a large enough household with individuals who can work or do work
- often have household members who are sick or handicapped
- have children who are severely malnourished  
(10% of children are “severely” malnourished)

Role and importance of Union des Femmes

- develop organizational capacities
- build understanding about the rights of women
- develop confidence ~ able to express feelings, needs and wants
- build pride in what they have accomplished
- develop understanding about family planning ~ takes courage to express ideas and share concerns with husbands
- build understanding of women's rights ( SEE BELOW )

Rights of the woman ~ these rights are shared and learned during APDC sensitization sessions

SESSIONS ARE HELD WITH WOMEN AND MEN FOR WITHOUT THE MEN BEING

PRESENT, THE WOMEN'S RIGHTS ARE DIFFICULT TO IMPLEMENT

- right to parcel of land that is theirs
- right to keep that parcel and not have ownership revoked
- right to go on a motorcycle to health centre
- right to engage in revenue generating activities
- right to have money and decide how to spend that money
- right to go to market
- right to send their children to school (pay school fees)
- right to go to health centre

Previously, a woman would have to ask for husband's permission to leave the village etc.

## **Section 5 ~ Health Centre visit ~ Namoungou**

Centre de Sante (Health Centre) ~ Notes from our visit to the Namoungou Health Centre

- much work needed to be done to mobilize population to make use of services available through health centres
- many villagers are still fearful of what centre offers ~ ex. afraid of inoculations
- communication is helping ~ people from centre try to go out to village and meet people on their turf to build understanding and confidence in system
- lists of vaccinations provided free for all up to age of 11 mos. (listed in centre with date given)
- despite services listed as available in centre, not always a trained doctor who provides the service and sometimes a woman who has gone to the centre to deliver, is left on

her own without help

- family planning ~ an area that requires much more learning for implementation to occur
- factors affecting FP: tradition and culture, the elders' opinion from the village (elders hold significant power in a village), relationship between husband and wife, the church
- been in existence since 2008; working with APDC for 3 years
- trying to mobilize the population ~ with the training sessions
- this facility is servicing 24 villages, 16 860 people in 2015. (villages furthest away are at : 32km, others at 23km, 26km)
- 7 staff, plus 3 support staff,(cleaner, volunteer, pharmacist).
- each village has two people (ADC) assigned to work with the clinic (facilitators). They call in case of an emergency to warn the centre that someone is coming. They also mobilize the people of the village if there is a health course that will be provided (to spread the word).
- APDC partners with the clinic in order to teach preventative care, family planning, child marriage prevention, vaccination awareness, etc.
- due to communication and courses: mortality has decreased and diagnosis has increased
- vaccinations are starting to be accepted
- most children are vaccinated against: tetanus, measles, yellow fever, whooping cough, dysentery, etc (see picture of poster!)
- child has to be brought to the Clinic (can get vaccinations up to 18 months) OR at times the health worker will go to a village and immunize those who need it
- percentage of vaccinated children: most; though we did not get exact data!
- anti-tuberculosis is the first vaccine all children get (BCG)
- there is a child registry for each village (took pictures of the registry)
- malnutrition causes most illnesses and disease.
- malaria kills a lot; there was a national distribution of mosquito nets but it was insufficient.
- child mortality rate is lowering with awareness and training sessions.
- family planning is what APDC focuses on because the population is growing so fast. For example, the population growth is reflected in the following numbers: population in 2013 (13800), 2014 (15831) and 2015 (16866). 674 babies were born in 2013, 734 were born in 2014. Those are just the babies born in the clinic; there are others that the clinic does not know about.
- the population is in better health and less people are dying from illness.
- the hardest demographic to change is older people.
- APDC health priorities – vaccination awareness, malnutrition training (and assessment with ‘d.pistage’ which is measuring the circumference of upper arm) which targets the poorest. Food preparation (boiling water, etc), prevention, reproductive health are also issues that are discussed during sessions
- try to establish rapport between health centre workers and villagers and when a strong relationship exists between health workers and villagers, then villagers are more willing to follow advice and recommendations of those persons

## **Section 6 ~ Wrap-up Meeting and Observations**

Information from our post-village visits ~ meeting with APDC team on Sunday March 1

## **DIFFICULTIES FACED BY APDC (shared by Charles)**

### **1. Logistical issues**

- no office space in Fada ... must meet at Charles' house (cost would be about 50 – 70\$/month)
- logistical issues ~ 2 old vehicles with major mechanical problems that will need at some point to be replaced
- at the community level ~ the problem of illiteracy within the adult population means that information in the “formation”/”technical” sessions is hard for illiterate participants to retain; therefore progress with implementing strategies happens at a slower rate OR isn't followed through accurately
- spirit of organization ~ many at the village level prefer to work alone rather than understanding the power of a community mind-set and how this is important to mobilize the community to apply to the proper agencies to get support/help and communities with a strong collective spirit are likely to have better results with the project initiatives ( example of trees for planting )
- need for more “forage” - core drilled wells to implement the bas-fonds rice planting project
- food security a big problem still ~ effect of climate change is very evident (rainfall is less and more inconsistent in terms of amount, duration and timing)
- important to encourage the revenue activities to allow women to regain their rightful place in the community; with a little bit of money this becomes a possibility

### **2. Effect of adult illiteracy**

- 80% of adult population illiterate
- makes it more difficult for these people to retain and apply the knowledge from sessions ~ session must be as practical as possible
- as a result, results achieved not always what one would like
- those who are literate tend to send their children to school

### **3. Food security issues**

- currently about 12-15% of households + 20% of households participating in village projects have food security for 12 months of the year
- 2/3 of population have food for 8 months approx.
- most disadvantaged – food for about 5 - 6 months and APDC attempts to consider these households when offering support within a village. With the support and over time; some of these families are able to move into the first category with food for all 12 months