

3.4.1.1. *Rainfed and Irrigated Farming*

In contrast to conventional wisdom in large parts of the development community, land tenure is far less of a short-term constraint than the current plague of *Striga hermontheica*, which is so severe that it has resulted in many PUs abandoning their most infected parcels.

The heavy concentration of lowland soils in the new project villages, gives these villages a comparative advantage over the original project villages. The original project villages are characterized by sandy, gravelly soils coarse-textured sandy-gravelly soils that drain easily and have low moisture holding capacity. They are thus very sensitive to drought (Table 3.4). The data for this baseline survey reflect conditions in 2004 when aggregate rainfall was at its lowest in five years and exceptionally erratic. This comparative advantage in soil quality for the new project villages appears to be one of the important factors that contributed to the new villages' slightly higher rating for household food security using both the Africare MAHFP and the FANTA/Cornell questionnaire methods (see Chapter Two).

The traditional practice of lending or renting animal traction equipment is more developed in the original project villages thanks to the project's assistance during Phase I. Although animal traction ownership was more common in the new project villages, the percentage of PUs showing "access" to equipment through borrowing or renting was greater in the original than the new project villages (53.7 and 48.3 percent respectively). This improved access is the direct result of ZFSI policies, which distributed stocks of animal traction equipment to needy communities and emphasized (through training and capacity building for food security committees to managed these stocks) the need to facilitate the most vulnerable households' access and use of the animal traction equipment.

Overall the rate of adoption of the improved cultivation practices is greater in the original than the new project villages. Specifically, the rate of adoption of the new combined package of three innovations (anti-erosion/water harvesting techniques, organic and mineral fertilizer, and improved seed) was substantially higher in the original project villages (19.6 versus 9.6 percent of PUs respectively). Overall, the average yields of the major crops are higher in the original than in the new project villages. Despite the rapid "uptake" of certain innovations by the high adopters, there are still a number of challenges such as irrigated plots that are not developed, insufficient applications of organic fertilizer, and insufficient use of improved seed.

Although the number of PUs who report practicing irrigated gardening in the original villages is 14 percent greater than when the Phase I started (19.7 percent in the Phase II baseline versus 5 percent in the Phase I baseline), irrigated farming is still more developed in the new than the original project villages (19.7 and 16.3 percent of PUs respectively) due to the greater hydro-agricultural potential of these villages.

3.4.1.2. *Livestock Production*

Overwhelmingly, most households practice extensive and semi-intensive livestock management. The project-supported intensive systems of livestock management are much less widespread because they are more demanding on producers. The most intensive livestock management systems focused on horses, cattle, donkeys, sheep and pigs. Differences between the two types of villages and among animal species were observed for specific livestock management strategies.

In terms of PU adoption of the project's proposed package of improved livestock production technologies the following three observations are reported.

- *Improved housing*: Overall, a higher percentage of PUs have invested in improved housing for their animals in the original than new project villages (56.1 and 48.1 percent respectively). The relative importance of housing for different animals is an indication of the level of interest and financial and technological capacity of the PU for that particular type of livestock production.
- *Vaccination and de-worming*: Both vaccination and de-worming of animals are moderately practiced by households and vary widely with species. The rate of coverage of animal de-worming is 13.8 percent in the original project villages compared to 14.4 percent in the new project villages. The evolution of the practice of vaccination is linked to may factors including PU financial capacity and access to veterinary services.
- *Cutting and storing forage*: The principal regular food source for livestock in all villages continues to be natural pasture, followed by harvest residues, and harvested and stored fodder. The rate of PU adoption of cutting and storing fodder is 71.6 percent in the original project villages and 64.1 percent in the new project villages.

Based on the three-part Africare criteria for assessing "PU adoption of improved livestock technology" (Monitoring Indicator 2.3)-which requires households to have adopted all three of these livestock technologies (improved housing, vaccination and de-worming, and cutting and storing fodder)-there is no significant overall difference between households in the original and new project villages (11.1 and 10.7 percent respectively).

One of the major conclusions of the gender analysis was that despite extensive involvement in livestock management by women household heads (59.2 and 64.8 percent in the original and new project villages respectively), only 4.2 percent of the women in the original project villages and 1.9 percent in the new project villages have ever participated in a livestock training program. This highlights a severe weakness in integrating women into the project and non-project sponsored livestock training activities. The same analysis showed, however, that when women were trained, they were two to 3.5 times more likely to actually practice what they learned than the male PU heads who attended the same trainings in three of the project's priority areas (crop

residue preservation and conservation, vaccinations and animal health, and animal housing improvement) (Tables 3.26 and 3.28).

3.4.2. Project Monitoring and Evaluation System

Based on this analysis, the team recommends the following.

- Three monitoring indicators (Monitoring Indicator 2.1, 2.2, and 2.3) that were proposed to track farm-level adoption of the new agricultural and livestock technologies and the project's investment in the development of small and medium scale irrigated perimeters should be maintained, but the baseline measurements and the targets should be adjusted (Table 3.29).
- The phrasing of the first two monitoring indicators (1.1 and 1.2) should be adjusted to make them easier to understand and the phrasing and calculation of the third indicator (1.3) should be revised in order to make it more reliable and useful (Table 3.29).⁹
- The differentiation between original and new project villages in the targets for the first indicator (Monitoring Indicator 1.1) should take into consideration the baseline survey's evidence of a substantial difference in the rate of adoption of improved agricultural techniques between the original and new project villages (Table 3.29).
- The baseline measurements for Impact Indicator 1.2, as well as the mid-term and LOA targets, should be revised downward in order to take into account the current situation (see Annex I, IPTT).

To complement the SO's two official impact indicators (Impact Indicators 1.1 and 1.2 in Chapter Two) and three monitoring indicators (Monitoring Indicator 1.1-1.3) (Table 3.29), the team proposes development of internal monitoring indicators (Box 3.2). Some of these indicators provide the basis for the calculation of the official indicators. Others are deemed necessary for program planning and monitoring.

⁹ A slight reformulation of Monitoring Indicators 1.1 and 1.3 is proposed in order to identify the most adept (i.e., those adopting the three recommended technologies) in order to make it a more reliable indicator of real adoption levels based on a random sample of households drawn annually. Based on this random sample, the project will calculate the rate of adoption. This new method will also make it possible for the project to shift the unit of analysis from household to the production unit. Given that the project would like to apply a standardized method for its annual survey, the team recommends identifying a fixed sample size (450 PU per strata as in the baseline survey), from which they will randomly choose the study units (PU, HH, or individuals). In the team's opinion, the calculation that would result from this method would be more informative than the previous calculation "*number of households adopting improved livestock technologies*" since it is physically impossible for the project to gather data on all the households in the province.

Table 3.29 Proposed Reformulation of the Monitoring Indicators for Strategic Objective One (S01) of ZFSI Phase II, May 2005

Monitoring Indicator (Original and Proposed Changes)	Baseline		AF 05		AF 06		AF 07		AF 08		AF09	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
Monitoring Indicator 1.1. # of HHs adopting improved agricultural techniques to Monitoring Indicator 1.1. Percentage of HHs ¹⁰ adopting improved agricultural techniques	19	9	21	10	25	12	35	15	45	20	50	25
Monitoring Indicator 1.2. # of hectares of improved irrigation infrastructures sponsored (vegetable gardens, lowlands) to Monitoring Indicator 1.2. Number of hectares developed for gardening by ZFSI Phase II (PPM, bas fond)	0		15		25		20		60			
Monitoring Indicator 1.3. # of HHs adopting improved livestock techniques ¹¹ to Monitoring Indicator 1.3. Percentage ¹² of PUs adopting livestock techniques	11		12		20		25		30		35	

¹⁰ This percentage will be computed each year based on a questionnaire administered to 900 PUs (450 in original project villages and 450 in new project villages) selected randomly.

¹¹ Improved livestock techniques adoption will be measured by the adoption of three improved techniques, such as livestock infrastructure, improved feeding, and vaccination.

¹² This rate will be computed each year based on a questionnaire administered to 900 PU (450 in original project villages and 450 in new project villages) selected randomly.

Box 3.2 Proposed Internal Monitoring Indicators for Strategic Objective One (SO1)

Internal Monitoring Indicators for IR 1.1

- Area (ha) of rainfed (e.g., non-irrigated) areas developed with ZFSI Phase II support.
- The number of compost pits constructed by ZFSI Phase II.
- The total area (ha) devoted to seed production.
- The number of producers involved in seed production.
- The quantities of improved seed harvested and certified by the relevant regional and/or national certification bodies.
- The number of persons benefiting from training in improved agricultural technologies.

Internal Monitoring Indicators for IR 1.2

- % of PUs practicing irrigated gardening.
- Number of producers engaged in the Sahel apple production.

Internal Monitoring Indicators for IR 1.3

- % of PUs adopting improved livestock housing.
- % of PUs cutting and storing animal fodder.
- % of PUs vaccinating and de-worming their livestock.

3.4.3. Activities and Sustainability Plan

Based on the analysis of the baseline survey results, the activities identified to achieve the three Intermediate Results (IRs) for this Strategic Objective One still remain pertinent (Box 3.3). Nevertheless, the survey does suggest that an even stronger emphasis should be given to the development of a sustainable system of local commercial seed production in order to support continued and sustained use of the newly introduced seed varieties.

Other recommendations for livestock include:

- Continued strengthening of the current strategy for promoting and increasing women's participation in livestock activities and improved monitoring of gender patterns of participation and their impact;
- Reinforcement of capacities of auxiliary livestock health agents as a tool for improving producers' access to livestock health agent services;
- Reinforcement of the existing trend toward greater investment in livestock infrastructure by improving the technical quality of the housing;
- Further reinforcement of the technologies for mowing and conservation, forage production, and the collection of harvest revenues in order to improve PU access to livestock feed, to minimize the risk of forage shortages, and to facilitate sedentary livestock production.

Box 3.3 The Original Activities Programmed for the Achievement of SO1 in the ZFSI Phase II Project Development Assistance Proposal (DAP)

Rainfed and Irrigated Farming

- Inform and motivate communities regarding project intervention strategies.
- Identify gaps in community agriculture support.
- Identify and organize technical training programs to build agricultural capacity.
- Strengthen community access to the new technologies needed to correctly execute on-farm demonstrations and to improve vulnerable group's access to new technology.
- Improve the overall level of agricultural technology by increasing PU access to:
 - Improved varieties and agricultural techniques;
 - *Striga* resistant seed varieties;
 - Anti-erosion/water harvesting techniques (improved *Zai*, half moons); and
 - Organic fertilization.
- Organize village demonstrations of promising new technologies.
- Organize exchange visits between ZFSI villages and villages outside the project area.
- Identify and support secondary adopters of demonstrated technologies.
- Motivate communities to use improved crop production practices through public information programs.
- Expand the number of PUs and individuals (within households) that can participate in and benefit from irrigated vegetable gardening.
- Construct tree hedges as wind-breaks to protect vegetable gardens.
- Promote cultivation of tree plantations of grafted jujube.
- Support community based systems for producing and distributing local certified seed.
- Strengthen community capacity to monitor the achievement of the project's official and internal indicators in order to provide constructive feedback to the project on the evolution of these indicators, to identify constraints, and find solutions to address those constraints.

Livestock

- Intensify fodder harvest and storage and the production of improved fodder through improved access to seed.
- Improve harvest and utilization of harvest residues.
- Improve small ruminants and poultry housing and hygiene.
- Organize exchange visits, agricultural fairs, meetings, and technical workshops.
- Improve livestock health by training village vaccinators.

Chapter Four
Strategic Objective Two:
Building Community and Household Assets Needed to Buffer the Impact of
Seasonal and Inter-Seasonal Production Shortfalls

Mariatou Zonon

Traditionally, households in the project area have offset food production shortages with income earned from the sale of livestock, off-season small scale craft activities, and remittances from family members living in satellite settlements in southwest Burkina or *Cote d'Ivoire*. The fact that these traditional forms of diversification are no longer as profitable constitutes a major risk to the food security of the region that cannot be ignored. To offset the food security impact that the current *Cote d'Ivoire* crisis is having on these livelihood options, farmers need help in developing more profitable local sources of income growth.

To address these interrelated constraints, the activities being supported under Strategic Objective Two focus on achieving three Intermediate Results (IRs):

- IR 2.1: Increased and diversified household revenues,
- IR 2.2: Strengthened marketing options,
- IR 2.3: Strengthened safety nets.

This chapter provides an overview of the major constraints, opportunities, and indicator measurements for the first two IRs. The third IR—which is designed to facilitate the participation of the most food insecure households across all of the SOs-- is cross-cutting. Although the third IR didn't have its own indicators that needed to be measured in the baseline survey, the project plans to monitor the progress toward the achievement of this IR by tracking the number of vulnerable households that are being monitored by some of the other SO2 indicators.¹

4.1. IR 2.1: Increased and Diversified Household Revenues

4.1.1. Savings and Credit

4.1.1.1. Savings Practices

With a few notable exceptions, every one of the male PU leaders and female household heads² interviewed reported keeping their cash savings at home. This occurred in spite of

¹ For example, Monitoring Indicator 2.1: Percent increase in HH revenues generated by income earning activities (post harvest, craft, and exploitation of natural products) and Monitoring Indicator 2.2: Number of women benefiting from credit.

² Although women are *de facto* heads of families, they were almost always attached to a larger production unit or PU. The questions analyzed in this section were included on the questionnaire addressed to the male heads of production units, as well as the women who were considered household heads. These definitions are clarified in Chapter One. To clarify the linkage between the specific questionnaires and the

the fact that 86 percent of the interviewees stated that they were familiar with the concept of the *caisse populaire* or village-based savings and credit institutions. On average, only 13 percent of the respondents in the new and original project villages reported having savings accounts (Table 4.1). The overwhelming majority of these accounts were with the *caisse populaire* (Table 4.1). The number of male PU leaders who reported having savings accounts was two to three times greater than the number of female household heads (Table 4.1).

Table 4.1 Percentage of Male Production Unit Leaders and Female Household Heads with Formal Savings in ZFSI Phase II Baseline, May 2005

Savings institutions	Original villages		New villages		All villages (%)
	% of PU leaders (male)	% of household heads (female)	% of PU leaders (male)	% of household heads (female)	
<i>Caisse Populaire</i> (Popular savings and credit associations)	15.4	8.8	14.6	5.6	11.1
MECANO/BF (Mutuelle d'Epargne et de Cr�dit des Artisans du Nord Ouest/Burkina Faso or Savings and Credit Mutual for Northwest Burkina Faso)	2.3	0.7	0	0.2	0.8
BTEC (<i>Banque Traditionnelle d'Epargne et de Cr�dit</i> or Traditional Savings and Loan bank)	1.1	0.2	0.2	0	0.3
Bank	1.1	0.9	2.1	0.9	1.2

4.1.1.2. Credit Beneficiaries

Access to credit and savings are intimately related since in a sustainable system the savings renews the credit. The baseline survey confirmed that access to credit in both the original and new project villages is limited (Table 4.2). Specifically:

- Only a small percentage of the male PU leaders and female household heads reported having taken formal loans since 2004 (10.9 and 5.4 percent of all respondents in the original and new project villages respectively);
- The percentage of men and women who reported taking out loans was slightly higher in the original than the new project villages (10.3 and 6 percent respectively) due to the more active role of ZFSI in organizing small credit loans during the preceding year; and
- Although the percentage of female respondents who reported receiving loans was almost double the number of male respondents who reported receiving

gender of the person responding, the PU leader responses are noted as PU leader (male) and the household head responses as household head (female).

loans (10.9 versus 5.4 percent respectively), the average size of these loans was substantially smaller than the average size of loans received by men (137,198 FCFA versus 34,078) (Table 4.2).

The larger average size of the loans given to men was attributed to their greater capacity to offer guarantees. Historically, the lack of credit guarantees has forced women to rely on local self-help savings and credit groups that facilitate access, but this avenue restricts the size of the individual credit women receive.

The average loan size for the male PU leaders was 80 percent higher in the original project villages (176,718 FCFA compared to 97,678 FCFA for PU leaders in the new project villages) and almost four times higher than for women in both the original and new villages (Table 4.2).

Table 4.2 Average Loan Amount and Percent of Households that Have Received Loans in the ZFSI II Villages since 2004 for Male PU Leaders and Female Household Heads, ZFSI Phase II Baseline, May 2005

Beneficiaries, loan amount, and source of loan and credit institutions making loans	Original villages			New villages			All	
	PU leaders (male)	Household heads (female)	Average	PU leaders (male)	Household heads (female)	All	PU leaders (male)	Household heads (female)
Percent of population interviewed that benefited from loans	7.2%	13.5%	10.3%	3.7%	8.3%	6%	10.9%	5.4%
Average loan amount (FCFA)	176,718	44,125	----	97,678	24,030	--	137,198	34,078
Source of Loan (% acquiring from source):*								
<i>Caisse Populaire</i>	90	83.3	---	92.9	68.8	---	---	---
MECANO/BF	10	5	---	7.1	6.3	---	---	---
FAARF	0	6.7	---	0	21.9	---	---	---

Methodology: Reported source for respondents who had taken loans.

4.1.1.3. Credit Institutions

A number of credit institutions exist within the province (Table 4.2). The overwhelming majority of the loans, however, were from the village based savings and loan associations (*Caisse Populaire*) (90 percent of the loans to the PU leaders and 75 percent of female household head loans) (Table 4.2). In addition, several women's groups have obtained funding through the *Fonds d'Appui aux Activités Rémunératrices des Femmes* (FAARF)

(6.7 percent of loans to female household heads in the original project villages compared to 21.9 percent in the new project villages).

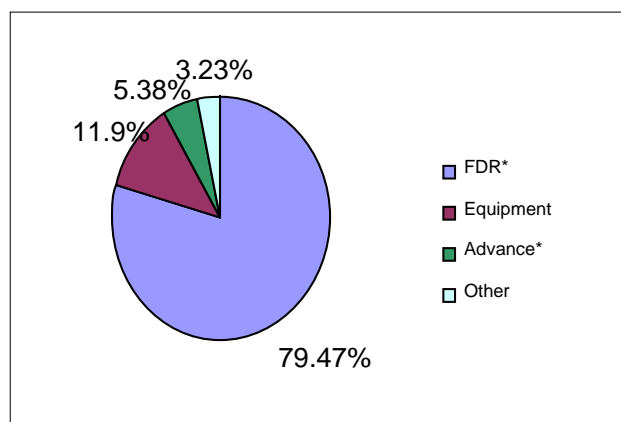
4.1.1.4. Reasons for Seeking Loans

Over three quarters of the loans taken out since 2004 were used to cover the operating expenses of group activities (*fonds de roulement* or FDR) (Figure 4.1). On average, FDRs represent 79.5 percent of the volume of credit accorded in both the original and new project villages. This trend is explained by the lack of liquid assets for the financing of production activities. Only 11.9 percent of the loans were for purchasing equipment (Figure 4.1)



Female household heads from highly food insecure households who are participating in one of project's on-farm stall feeding programs. Start-up costs were funded through one of the rotating credit (revolving credit) programs created by ZFSI during Phase I. (photo credit A. Abga)

Figure 4.1 Reasons Given for Taking out a Credit in ZFSI II Project Villages since 2004, ZFSI Phase II Baseline, May 2005**



*FDR=operating expenses. Advance=Advance credit. This category represents the short-term loans that a producer or craftsman might take in order to execute an outside order. Without the advance credit (from the lending institution) the producer/craftsman would not have the means to complete the order.

**2004 was taken as the reference year for credits. The reason is that most credits are accorded between September and January. Since the data collection for the baseline survey was in May 2005, the responses were in regard to the preceding agricultural season. This information was requested in order to have a point of reference for how people use micro-credits.

4.1.2. Major Production Activities

The respondents' answers to the question about their principal "mode of production" confirmed many of the trends mentioned in the previous chapter including (Table 4.3):

- Heavy dependence of both men and women on rainfed crop production and livestock;
- Slightly higher employment opportunities in irrigated gardening in the new villages than in the original villages; and
- Less active involvement in livestock production by women than men.

Table 4.3 Reported Modes of Production for Male PU Leaders and Female Household Heads, ZFSI Phase II Baseline, May 2005

Areas of production	Original villages		New villages	
	% PU leaders (male)	% household heads (female)	% PU leaders (male)	% household heads (female)
Livestock	94.6	52.4	92.1	46.9
Rainfed agriculture	87.8	94.2	89.6	92.3
Irrigated gardening	14.4	24.5	20.6	31.1
Other Income Generating Activities (IGAs) Wage labor, Exploitation of natural resources, crafts and local crafts & manufacturing)	12.7*	4.7*	10.5*	4.9*

*Under represents the actual reported incidence of income from different sources in response to other questions (see Tables 4.4 and 4.5).

4.1.3. Non- Agricultural Income Generating Activities (IGA)

Non-agricultural income generating activities constitute the fourth pillar of most villagers' livelihood strategy (Table 4.4; reported as "other activities" in Table 4.3). In general, the percentage of female household heads practicing a particular type of income earning activity is almost always higher than that of male PU heads (Table 4.4). This difference can be explained in part by the greater ease with which women's income generating activities can be financed.

The most widely practiced activities in both the original and new project villages for both female household heads and male PU leaders were wage labor, the sale of charcoal, and the manufacture and sale baked goods (33.3 percent) (Table 4.4). Local manufacturing and crafts are extremely underdeveloped with only 7.8 percent of all interviewed households and production units relying on this income generating activity (Table 4.4). Specifically, men's activities in this category include bike repair, carpentry, soldering, and tin plate making. Women's activities include weaving, soap making, and agricultural product transformation (not baking). This low level of manufacturing is a symptom of the chronic underdevelopment of the province. For income generating activities to be profitable, both the producer and the consumers need financial liquidity.

Table 4.4 Involvement of Men and Women in Income Generating Activities (IGA) in the ZFSI II Project Villages, ZFSI Phase II Baseline, May 2005

Activity	Original villages		New villages		All Villages
	% of PU leaders (male)	% of household heads (female)	% of PU leaders (male)	% of household heads (female)	PU leaders and HH heads combined
Wage labor, charcoal, baked goods ³	22.7	48.1	15.8	45.8	33.3
Exploitation of natural products (sale of gathered forest products, collection/sale sand, gold mining ⁴)	5.2	2.9	9.5	8.3	6.4
Crafts and local manufacturing ⁵	10.6	8.3	7.1	5.4	7.8

Other income comes from exploiting the local natural resource base (6.4 percent for all villages) (Table 4.4). Three of the most important widely practiced are gold, mining collecting sand and gravel for new construction and house repairs, and collecting and selling forest products such as fruits and dried leaves.

4.1.4. Revenue

The concept of household revenue is complex given household/production unit structure. To really study this in detail would have required ZFSI to interview each member of the PU including married and unmarried children. While interesting, this would have required a level of investment-in terms of labor and research expenses-far beyond what was available for the baseline survey. For this reason the analysis focused on the cash income earned by the male PU leader and one female household head per PU (the same woman interviewed during the nutrition study). Two additional reasons for narrowing the unit of analysis are that: (a) the revenue earned by the PU leader has direct repercussions on every member of the PU and (b) the demonstrated link between women's semi-autonomous sources of income and their children's health, education, and nutritional status.

To obtain information on revenue the enumerators interviewed 446 male PU leaders and 446 female household heads concerning the amount of cash they earned from different categories of activities during the previous year.

4.1.4.1. Sources of Cash Revenue

³ Includes wage labor, the manufacture and sale of charcoal, and the manufacture and sale of bean and flour cakes.

⁴ Wild fruit harvest, exploitation of stone quarries.

⁵ Includes cotton weaving, cloth inking, soap making, food processing, two-wheel mechanical repair, wood carpentry, craft, welding, tinplate making, etc.

This analysis showed that crop and livestock production provide the most important source of cash income. In the original project villages (Table 4.5):

- Approximately 95 percent of the 446 male PU leaders and 52.4 percent of 446 female household heads reported income from livestock; and
- Approximately 88 percent of PU leaders and 94.2 percent of female household heads earned cash from selling crop products.

In the new villages (Table 4.5):

- Approximately 92 percent of PU leaders and 46.9 percent of female household heads earned money from livestock; and
- Approximately 90 percent of PU leaders and 92.3 percent of female household heads earned cash from agriculture.

Table 4.5 Average Annual Cash Revenue from Sale of Agricultural Products for Households who Reported Earning Income from this Source,* ZFSI Phase II Baseline, May 2005

Types of agricultural product revenue sources	Original villages				New villages			
	Male PU leaders		Female HH heads		Male PU leaders		Female HH heads	
	# with income from ag. products	Average revenue FCFA	# with income from ag. products	Average revenue FCFA	# with income from ag. products	Average revenue FCFA	# with income from ag. products	Average revenue FCFA
Irrigated gardening	227 (51%)	16,832	177 (40%)	5,890	250 (56%)	43,766	171 (38%)	5,134
Livestock	400 (90%)	66,492	256 (57%)	8,331	387 (87%)	59,134	284 (64%)	7,369
Sale of cereal crops (millet, sorghum)	177 (40%)	6,520	223 (50%)	10,257	195 (44%)	7,873	269 (60%)	9,272
Sale of rainfed cash crops (cowpea, sesame, peanuts)	277 (62%)	16,180	320 (72%)	11,434	254 (57%)	13,868	280 (63%)	9,206
Average total revenue from ag. product sales		106,024		35,912		124,641		30,981

Methodology: Table reports average income per male PU leader or per female household head from a particular source only for households that reported income from that source. For this reason the information in the table cannot be used to calculate the average cash revenue per PU or HH head from all sources. A total of 446 female household heads and 446 male PU leaders were interviewed.

Livestock was the principal source of cash revenue for both PU leaders and female household heads (Table 4.6). The average cash income for male PU leaders was 66,492 FCFA (French African francs) in the original project villages and 59,134 FCFA in the new project villages. The average cash income for female household heads was 8,331 FCFA in the original project villages and 7,369 FCFA in the new project villages. This difference in the average cash income between men and women is explained by the fact that men have traditionally been more actively engaged in livestock than women. These income earning opportunities were increased by ZFSI's livestock development activities

under Phase I. Although the women were not excluded from these activities, the project needs to make more of an effort to incorporate them during the second phase.

Cash earned from the sale of natural products (gold mining, gravel, sand, gathered fruits, and woods) was a major source of income for PU leaders in the original project villages where small-scale (i.e., non-mechanized) gold mining is practiced (57,428 FCFA), but less so in the new project villages (18,824 FCFA) (Table 4.6). In both the original and new project villages the income earned by female household heads through exploitation of natural resources was much lower (3,588 FCFA and 5,024 FCFA in the original and new project villages respectively) and focused on the less remunerable activities like selling gathered leaves and fruits (Table 4.6).

The reported revenues from craft activities were small (9,467 FCFA for PU leaders and 2,712 FCFA for female household heads in the original project villages and 7,252 FCFA for PU leaders and 3,538 FCFA for female household heads in the new project villages) (Table 4.6). Respondents rely on these craft activities on an irregular basis in response to specific needs rather than to opportunity.

Table 4.6 Average Annual Cash Revenue (in FCFA) from Remittances, IGAs, Exploitation of Natural Resources and Crafts, ZFSI Phase II Baseline, May 2005

Revenue source	Original villages				New villages			
	Male PU leaders		Female HH heads		Male PU leaders		Female HH heads	
	# with income from revenue source	Average revenue FCFA	# with income from revenue source	Average revenue by source FCFA	# with income from revenue source	Average revenue by source FCFA	# with income from revenue source	Average revenue by source FCFA
Remittances (from absent workers)	-	-	165	3,061	-	-	155	2,598
Wage labor, charcoal, baked goods ⁶	250	1,340	263	3,980	247	9,366	257	3,420
Exploitation of natural resources	153	57,428	69	3,588	268	18,824	95	5,024
Crafts	218	9,467	161	2,712	285	7,252	58	3,538

Methodology: Table reports average income per male PU leader or per female household head from a particular source only for households that reported earning income from that source. For this reason the information in the table cannot be used to calculate the average cash revenue per PU or HH head from all sources.

The average cash income from all sources of revenue for the PU leaders was 88,937 FCFA (Table 4.7). It is important to emphasize, however, that this figure is NOT the average income per PU from ALL the PUs or ALL the households in the project area. It is rather a total of the “averages” derived from the analysis of revenue for households who reported having a particular source of revenue. The average income figure is thus artificially high since it does not factor into the “average” when households didn’t have

⁶ Includes wage labor,, the manufacture and sale of charcoal, and sale of bean and flour cakes.

income from a source. The main utility of the averages is to illustrate the contribution of specific sectors to cash revenue. Only 24 percent of the reported revenue came from rainfed crops; the other 76 percent came from a combination of irrigated gardening, livestock, non-agricultural income generating activities, crafts, and remittances (Table 4.7; Figure 4.2).

The principal source of cash revenue for women was cash crops—notably peanuts, cowpeas, and sesame. Their average income from these activities in the original project villages was 11,434 FCFA compared to 9,206 FCFA in the new project villages.

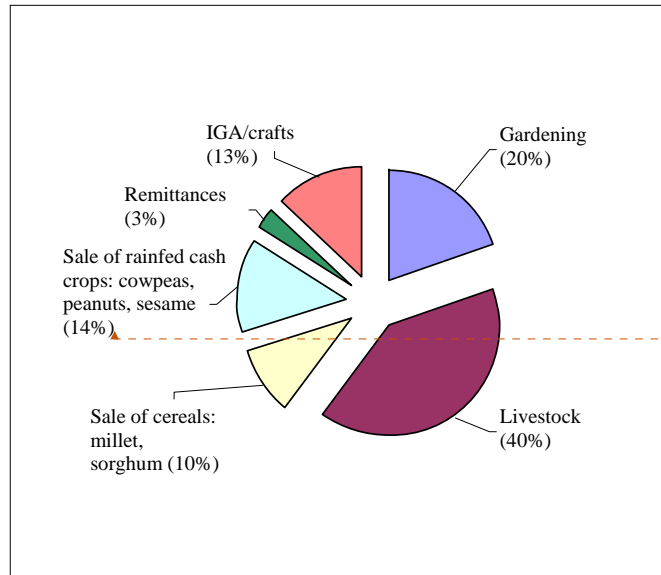
On average, irrigated vegetable gardening was a more important source of cash revenue for the PU leaders than the sale of rainfed crops (Table 4.7). The importance of irrigated gardening can be explained by the fact that it is very well developed in some of the new project villages. The average revenue for female household heads is equally low from both irrigated gardening and rainfed crops (Table 4.7).

Table 4.7 Average Annual Cash Revenue from All sources for Male PU Leaders and Female Household Heads Reporting Income from Specific Sources, ZFSI Phase II Baseline, May 2005

Revenue source	Original villages		New villages		All villages	
	Male UP leaders	Female HH heads	Male UP leaders	Female HH heads	Average FCFA	% Total Reported Revenue
Irrigated Gardening	16,832	5,890	43,766	5,134	17,906	20%
Livestock	66,492	8,331	59,134	7,369	35,332	40%
Sale of cereal crops (sorghum millet)	6,520	10,257	7,873	9,272	8,481	10%
Sale of rainfed cash crops (sesame, cowpeas, peanuts)	16,180	11,434	13,868	9,206	12,672	14%
Cash transfer		3,061		2,598	2,830	3%
IGAs (all sources)	28,078	3,335	11,814	3,645	11,718	13%
Total average (all sources)	134,102	42,308	136,455	37,224	88,937	100%

Methodology: Figures represent average income from source for households reporting different sources based on the entire sample of male PU leaders and female household heads. Data was taken from Tables 4.6 and 4.7.

Figure 4.2 Contribution of Different Activities to the Average Reported Revenue for Male PU Leaders and Female Household Heads in the Baseline Study



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4.1.4.2. Use of Revenues

When asked to list their priorities in terms of the use of revenue earned from different sources, more than 60 percent of PU leaders in both the original and new project villages indicated that food was their top priority. The most commonly reported priority for female household heads was clothing (43.1 percent in the original villages and 48.4 percent in the new villages) (Table 4.8). Between 21 and 26 percent of the respondents in both the new and original project villages indicated that their top priorities were “social” (i.e., baptisms, marriages, and funerals) (Table 4.8). Only a small percentage of the respondents said their top priority was savings (Table 4.8).

Table 4.8 Top Expenditure Priorities for Male Production Unit Leaders and Female Household Heads, ZFSI Phase II Baseline, May 2005

Category of expense	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% of PU leaders (male)	% of HH heads (female)
Food	60.8	34.1	62	28.1
Clothing	3.3	43.1	2.8	48.4
Investment in Agricultural Activities	6.5	8	4.9	5.9
Investment in Non-agricultural Activities	5.4	2.8	3.4	2.2
Savings	2.6	5.7	3.2	4.8
Social Occasions (baptisms, funerals, etc.)	26.6	23.9	25.9	21.1
Schooling	9.8	5.9	7.5	2.1
Other	6.4	8.6	5.1	9.6

Methodology: Respondents were asked to prioritize expenditures for year leading up to the interview. Figures represent the percentage of respondents that indicated that a particular category of expenses was their first or second priority.

4.2. IR2.2: Strengthened Marketing Options

The concept of marketing deals with many aspects: quality, presentation, preservation, processing, and sales. The ZFSI project's strategy for SO2 pays special attention to building community level capacity in these areas. One important role of the baseline survey was to ascertain the baseline competence in these key areas.

4.2.1. Build Producer Capacity in Management and Marketing

4.2.1.1. Management Training

Approximately ten percent of the men and women (45 men and 55 women out of the 446 male UP leaders and 446 female household heads that were interviewed) reported having had some basic management training. Some of this training was linked to the ZFSI – sponsored literacy training during Phase I—which accounts for the slightly higher percentage of people trained on certain themes in the original project villages (Table 4.9).

Table 4.9 Training of Male Production Unit Leaders and Female Household Heads in Different Management Techniques, ZFSI Phase II Baseline, May 2005

Training themes	% of PU leaders (male)		% of HH heads (female)	
	Original villages	New villages	Original villages	New villages
Bookkeeping	4.3	2.7	4	1.4
Determining profit margins and resale prices	5.2	4.3	2.9	1.9
Keeping bank book records	2.7	3.4	0.9	0.5
Managing food stocks	4	4.5	2	1.6
Other	2.7	3	1.1	0.2

Methodology: Figures represent the percent of male PU leaders (n=446) and female household heads (n=446) that were reportedly trained in these areas.

4.2.1.2. Marketing Training

The baseline survey showed major gaps in village-level training in marketing (Table 4.10). This can be attributed to two factors. The first is the limited development of income generating activities throughout the zone. The second is the fact that the ZFSI project did not support market training during its first phase. Given these low levels of training, the project should integrate basic training in marketing into its overall strategy for promoting income generating activities.

Table 4.10 Marketing Training for Male PU Leaders and Female Household Heads, ZFSI Phase II Baseline, May 2005

Training themes	% of PU leaders (male)	% of household heads (female)
Setting prices	2.1	2.3
Selling techniques	2.2	3.7
Product presentation	3.4	3.4
Researching markets	1.2	1.8

Methodology: Figures represent the percent of male PU leaders (n=446) and female household heads (n=446) reportedly trained in these areas.

4.2.2. Build Producer Capacity to Respond to Market Opportunities

In addition to building basic capacity in management and marketing, the project is trying to build local capacity to respond to market opportunities.

4.2.2.1. Sources of Information on Product Prices

One critical factor that affects this response is local producers' ability to follow the evolution of product prices. This is usually accomplished by relying on several different sources of determining product prices (Table 4.11). The baseline survey showed that to date most farmers continue to rely on the periodic local markets as their principal source of information on product prices (60 and 58 percent of PU leaders in the original and new project villages respectively) (Table 4.11). Only a small percentage of the respondents reported relying on cooperatives for price information (3.3 and 3.8 percent in the original

and new project villages respectively) (Table 4.11). This extremely weak integration of farmers into any formal, organized marketing structures reflects the weak level of producer organizations and the absence of both product purchase and sale cooperatives in the villages studied.

Table 4.11 Major Sources of Information on Product Prices in the ZFSI II Project Villages, ZFSI Phase II Baseline, May 2005

Sources	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% of PU leaders (male)	% of HH Heads (female)
Radio	37.4	7.4	31.5	9.3
Periodic markets	60.8	59	59.5	55.9
Neighbors	60.3	46.8	58	49.2
Cooperatives	5	1.6	5.8	1.9
Other	7.1	1.8	8.7	2.8

Methodology: Percentage of male PU leaders and female household heads interviewed that indicated that they had used this source for information for product prices during the preceding year.

4.2.2.2. Product Transformation

Another factor that affects producers' response to new market opportunities is their access to food processing techniques that add value to local products. In general, this type of product transformation is carried out by women-especially on peanuts, cowpeas, and cereals-using traditional technologies (Table 4.12). Milk and meat are only rarely transformed into value-added products.

The major constraints cited for product transformation include: (a) producers limited information on the new technologies for processing local products into higher value products; (b) producers limited experience in product transformation; and (c) the inadequate base of food processing equipment.

Table 4.12 Percentage of Female Household Heads Who Have Transformed Particular Agricultural Products into Value-Added Products, ZFSI Phase II Baseline, May 2005

Products	Percentage of female HH heads	
	Original Villages	New villages
Peanuts	43	35
Cowpeas	41	40.6
Vegetables	5.4	10.7
Meat	0.7	1
Milk	0.9	1
Sesame	3.4	3.3
Cereals	41.2	35.6

4.2.2.3. Build Women's Capacity for Product Transformation

One important input into building women's capacity for food processing will be formal training. Only 34 female household heads in the original project villages and 10 in the

new project villages reportedly had attended any sort of formal training in food processing. The themes covered in these training sessions ranged from drying techniques to processing cereals (Table 4.13). The slightly higher levels of training in the original project villages (in all topics except onion processing) are explained by the fact that ZFSI supported the use of solar drying machines to dry certain agricultural products during Phase I. This was not a major focus, however, which explains why such a small proportion of the women report having benefited from product transformation training overall. No training at all has been offered on transforming certain products such as milk and meat.



“One important input into building women’s capacity for food processing will be formal training.” Photo of women being trained in the preparation of bisap concentration. (photo credit: R. Wilson)

Table 4.13 Percentage of Female Household Heads Who Reportedly Received Training in Food Transformation Techniques, ZFSI Phase II Baseline, May 2005

Training topic	Percentage of female HH heads trained	
	Original villages	New villages
Drying beans	68.4	60
Drying meat	31.6	0
Drying tomatoes	21.1	42.9
Processing cereals	42.1	20
Transforming onions	5	60

4.2.2.4. Use of Transformation Equipment

Processing food into higher value products requires the use of certain types of equipment or materials. To date, mills are the only infrastructure widely used in either the original or new project villages (Table 4.14).

Table 4.14 Use of Food Processing Equipment by Female Household Heads, ZFSI Phase II Baseline, May 2005

Equipment	Percentage of female HH heads	
	Original Villages	New Villages
Huller	1.8	2.4
Hydraulic press	1.6	1.9
Grill	5.3	3.6
Dryer	1.6	2.4
Oven	0.7	0.5
Mill	38.4	40.6

4.2.3. Product Conservation and Storage

Generally, products are either sold or consumed immediately or stored for sale or consumption at a later date. Products that are stored need special attention in terms of conservation or storage processing. The conservation methods differ according to the nature of the product.

4.2.3.1. *Conservation and Storage of Agricultural Products*

One task of the baseline survey was to ascertain the current means for conserving agricultural products and the level of use of these different conservation methods (Table 4.15). This analysis shows that for the overwhelming majority of the male PU leaders and female household heads the granary is their principal mechanism for conserving crops (97 percent of PU leaders, 80 percent of female household heads for all the villages). The least used method was the metal silo (7 percent). A slightly higher percentage of PU leaders and household heads reported using sacks and metal barrels (20 percent and 17 percent respectively). These low usage levels were attributed to: (a) lack of knowledge about product conservation techniques; (b) lack of access to the conservation techniques that were known (e.g., the metal silo) due to high cost; (c) the long life of granaries versus other conservation technologies; and (d) the fact that granaries can store a greater volume than the other methods.

Table 4.15 Use of Different Storage Techniques for Agricultural Products, ZFSI Phase II Baseline, May 2005

Storage technique	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% PU leaders (male)	% HH heads (female)
Granary	97.3	82.9	96.6	76.2
Metal Silo	1.4	6.1	1.1	17.1
Cloth Sacks	6.8	36.9	6.2	28.7
Metal Barrel	13.6	19.7	14.3	19.4

4.2.3.2. *Conservation and Storage of Gardening Products*

A different set of conservation techniques is needed for garden products like vegetable and potatoes (Table 4.16). The most important of these conservation methods is drying. Between 40-50 percent of the female household heads in the original and new project villages used drying to conserve their vegetable products. This is clearly an area to encourage and strengthen. To facilitate monitoring of these activities the project should consider adding a formal indicator that would monitor the number of persons trained in conservation techniques for garden products.

Table 4.16 Reported Use of Different Methods for Preserving Vegetable Products, ZFSI Phase II Baseline, May 2005

Vegetable conservation techniques	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% of PU leaders (male)	% of HH heads (female)
Cold chamber	3.2	0.5	0.8	1.7
Self-help storage	11.1	9.4	10.3	7.9
Drying	17	50.6	17.8	42.6
Other methods	10	6.8	11.8	6.5

4.2.3.3. Conservation and Storage of *Niebe* (Cowpea)

Cowpeas are a cash crop that yields substantial cash revenues to producers. However, it is a crop that requires special conservation techniques. The most widely known and used conservation technique involves cinders. More than 70 percent of the PU leaders and female household heads used this process in the original and new project villages (Table 4.17). This heavy rate of use can be explained by the fact that a simple apprenticeship is sufficient to learn the technique. Conservation by chemical products is used less frequently (23-37 percent in the original villages and 20-33 percent in the new project villages). The other conservation processes (sun drying and neem extracts⁷) are used less frequently in the project villages.

Table 4.17 Use of Different Mechanisms for Storing *Niébé* (Cowpeas), ZFSI Phase II Baseline, May 2005

Cowpea conservation techniques	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% of PU leaders (male)	% of HH heads (female)
Wood ashes	74.3	88.5	74	78.5
Drying	7.7	12.4	10.3	19.6
Neem (neem tree, <i>Azadirachta indica</i>) extracts	3.2	5.2	4.8	5.6
Chemical products	37.6	23.3	33.1	19.6

4.2.4. Product Commercialization

4.2.3.3. Sales Locations

Local producers have many choices for marketing their products (Table 4.18). To date, however, the village markets continue to be the principal location where village products

⁷ Neem abstracts are of two types and recommended in bio-agriculture:

- a) Neem grains (and/or to a lesser degree barks) can be dried, pounded and mixed with water to treat plants (cereals, vegetables, etc.) against insects and worms mainly by watering plants with the mixture. The very bitter taste discourages insects, including grasshoppers. This treatment has proven to have limited impact against serious invasions. Application must be done a few days before a rain event for the emulsion to have full impact.
- b) Dried grains (mainly) can be pounded and used as a powder to protect plants. Same effects against insects.

are sold. Local markets offer an attractive advantage in proximity to producers. Merchants and intermediate wholesalers purchase products in these local markets and transport them to more important distant markets. On average, 50 percent or more of all respondents sold their products in the local markets in or near their village (Table 4.18). Agricultural fairs are far less important.

Table 4.18 Markets Frequented by Production Unit Leaders and Female Household Heads, ZFSI Phase II Baseline, May 2005

Markets	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% of PU leaders (male)	% of HH heads (female)
Village market in the producer's town	60	53.8	54.8	45.9
Nearby village markets	49.5	41.2	55.3	53.4
Agricultural fairs	2.5	0.2	2.6	1.4
Other marketing location	21.4	12.6	23.9	6.5

4.2.3.4. Sales Strategies

In order to improve product sales, most producers develop strategies that enable them to sell a percentage of their products during different time periods (Table 4.19). The most important strategy is to simply delay a portion of product sales. The majority of PU leaders and female household heads sell their products as soon as the prices are considered “interesting” (52.4 percent in the original villages and 45.2 percent in the new villages). Fewer than 15 percent of the PU heads and female household heads sell their products during harvests; 25 percent reported that they sell immediately after harvest (Table 4.19). This situation is caused by the need for households to pay certain costs during this time period—most notably children’s school fees and social expenses for baptisms (naming ceremonies, marriages, and funerals). Although other strategies exist for selling products—most notably, agricultural and commercial fairs—only a small percentage of PU leaders (8.1 percent) and women (24 percent) report having participated in these fairs to promote sales.

These limited marketing patterns are attributed to: (a) the weak capacity of the producers to investigate and explore new markets; (b) the weak capacity of the producers to support the costs of attending agricultural fairs outside their immediate territory; and (c) the producers’ limited knowledge of different market opportunities.

Table 4.19 Frequency and Season during which Production Unit Leaders and Female Household Heads Attend Markets in the ZFSI Project Villages, ZFSI Phase II Baseline, May 2005

Period	Original villages		New villages	
	% of PU leaders (male)	% of HH heads (female)	% of PU leaders (male)	% of HH heads (female)
During harvests	15.6	6.5	14.7	5.2
Immediately after harvests	27	21.6	26.2	21.3
When prices are reportedly "interesting"	36	63.8	31.5	59
Other periods	39.6	12.2	41.4	14

4.3. Conclusions and Recommendations

4.3.1. Major Constraints and Opportunities

With rare exception there were very few real differences between the original and new project villages regarding household savings and credit activities. The major observations were that:

- Prevailing rates of savings and credit are equally weak in both the original and new villages;
- The existing base of credit opportunities is insufficient to cover the credit needs of the region targeted by ZFSI Phase II; and
- Local populations have insufficient information on credit opportunities and lack the capacity to identify lending sources and prepare competitive loan applications.

The same study showed an extremely weak development of all income earning opportunities in the zone. As a result most cash revenue continues to come from livestock production, agriculture, and irrigated gardening. There are also very few training opportunities for PU leaders or female household heads. The second greatest challenge of the project will be to increase and diversify these sources of cash revenue through improved training and credit.

Two of the greatest challenges of the project will be to:

- Promote higher savings rates and greater access to credit through established institutions while at the same time promoting traditional savings practices that can reach the most vulnerable households; and
- Reinforce this improved access to credit with the types of training that male and female household heads need to diversify their sources of cash revenue.

4.3.2. Project Monitoring and Evaluation System

The original IPTT for the project foresaw three indicators for SO2. Based on the analysis of the data collected, the team proposes modification of the wording of the indicators as indicated below:

Impact Indicator 2.1:

From: Percent increase in household revenues created by income generating and post harvest activities

To: Percent increase in cash revenue for the PU (leader) generated by the income generating activities.

Justification: This revision is justified because it is the revenue of the PU leader that is generally considered to represent the revenue of the entire PU. The team recommended dropping post-harvest activities because it was conceptually distinct from IGAs and would complicate a meaningful calculation.

Monitoring Indicator 2.1:

From: Number of households benefiting from income generation and post-harvest activities

To: Number of direct beneficiaries from IGAs.

Justification: First, it is easier to record the number of beneficiaries than it is to count the number of households. Second, a single household may contain several beneficiaries. The team recommended dropping post-harvest activities from the indicator's calculation for the same reasons that this was recommended for Impact Indicator 2.1.

Monitoring Indicator 2.2:

From: Percentage of women benefiting from credit and income generating activities supported by ZFSI

To: Number of women benefiting from credit.

Justification: The use of the term "women" as opposed to "female household heads" is meant to underscore that the indicator will measure all women who participate in project and non-project credit programs in the project villages rather than a sub-sample of households as was done in the baseline survey.

The corrected targets for these indicators are described in Table 4.20 and in the official IPTT in Annex I. The team also recommends that a number of informal (internal) indicators be tracked for key areas that are critical to the attainment of the SO IR's (Table 4.21).

Table 4.20 Proposed Reformulation of the Impact and Monitoring Indicators and Targets for Strategic Objective Two, ZFSI Phase II Baseline, September 2005

Monitoring and impact indicators	Baseline		FY05		FY06		FY07		FY08		FY09	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
Impact Indicator 2.1: Percent increase of HH revenues generated by IGA and post-harvest activities to Impact Indicator 2.1: Percent increase in cash revenue for the PU (leader) generated by the income generating activities	0% 134,102 FCFA	0% 136,555 FCFA					10%				15	
Monitoring Indicator 2.1: Number of HHs benefiting from IGAs and post-harvest activities to Monitoring Indicator 2.1: # direct beneficiaries from IGAs	0		15		1500		2000		3000		3000 (9515 total)	
Monitoring Indicator 2.2: Percentage of women benefiting from ZFSI supported credit and IGAs to Monitoring indicator 2.2: Number of women benefiting from credit	13% ⁸	8.3%*	10%	10%	800		1200		1600		2000 (5600 total) ⁹	

⁸ With the revision of the IPTT, this indicator was changed from % of women to Number of Women. The number of direct beneficiaries of credit in 2005 is 15 women.

⁹ This revised target is based on a memorandum of understanding that Africare signed with URCPN to facilitate beneficiaries' access to credit. The execution of this plan is spelled out in an annual action plan that defines the number of villages to cover as well as the number of village banks (*caisses villageoises*) that URCPN will support or create in the project villages. It is anticipated that 15 new village banks will be created and that 120 will be supported. The village banks are a village structure that facilitates women's access to credit on village banks.

Table 4.21 Proposed Internal Indicators for Strategic Objective Two, ZFSI Phase II Baseline, May 2005

Proposed internal indicators	Baseline			
	OV		NV	
	PU leaders (male)	HH heads (female)	PU leaders (male)	HH heads (female)
Internal Indicator: Average cash revenue from women's IGA		3,335 FCFA		3,645 FCFA
Internal Indicator: % women benefiting from IGA supported by ZFSI		0		0
Internal Indicator: Average cash revenue for women		42,308 FCFA		37,224 FCFA
Internal Indicator: Number of persons trained in management	25	35	20	20
Internal Indicator: Number of persons trained in marketing	8*	9	7	15
Internal Indicator: Number of persons benefiting from training on product transformation	-	34	-	10
Internal Indicator: Number of persons who have been trained in food transformation		34 1.4%		10 0.6%
Internal Indicator: Number of beneficiaries trained by ZFSI agricultural product conservation during a given year.		0		0
Internal Indicator: Number of beneficiaries trained by ZFS in conservation techniques for irrigated gardening products during a give year		0		0
Internal Indicator: Number of persons trained by ZFSi in cowpea conservation techniques in a given year		0		0

4.3.3. Activities and Sustainability Plan

Overall, the activities anticipated in the DAP can be achieved if sufficient means are mobilized by the project. In addition, the baseline survey suggests other activities that were not anticipated and that need to be organized in order to realize the Intermediate Results outlined under SO2.

4.3.3.1. *IR 2.1: Increased and Diversified Household Revenue*

- *Encourage local savings through the traditional system of tontines.*¹⁰ Given the extremely weak levels of savings in the region, setting up a system that strengthens the pre-existing system of *tontines* would help mobilize local savings. This type of system would be especially adapted to the needs of the most insecure by strengthening their access to decentralized financial services.

¹⁰ In the traditional tontines, each woman makes a regular monthly contribution. One member is elected to receive the contribution of the group after a set number of contributions.

- *Organize a study exchange tour on micro-finance:* These study visits would permit farmers to learn about other micro-finance options within and outside Zondoma Province.

4.3.3.2. IR 2.2: Strengthened Marketing Options

Organize days for promoting products in order to make these products known and exchange visits and studies on product transformation.

4.3.3.3. Sustainability

To promote sustainability it is important to take into account a number of factors in the execution of these activities including:

- Ensuring that the beneficiaries themselves are made responsible for the execution of the activities; and
- Encouraging the beneficiaries themselves to make cash or in-kind contributions to the product.

Chapter Five
Strategic Objective Three:
Improved Household Health and Nutrition

Ambroise Nanéma, Jean Parfait Wenceslas Douamba, Achile Segda, Rosine Cissé

While it is critical to increase food access and availability in Zondoma Province, it is unlikely that this alone will lower the region's high malnutrition rates. This is because Zondoma Province is plagued with a host of health constraints that affect how this increased food availability and access is utilized. These constraints include unclean water and inadequate water hygiene. Other constraints have to do with the inadequate health infrastructure and local peoples' unwillingness to frequent and support these services. New risks are posed by the province's high HIV/AIDS infection rate¹—both for those who become infected and the family members who support them.

To address these interrelated constraints, the activities under Strategic Objective Three focus on achieving four Intermediate Results (IRs):

- IR 3.1: Enhanced health and nutritional status of children under five and women of reproductive age;
- IR 3.2: Strengthened capacity of the health district of Gourcy to implement community-based health and nutrition programs;
- IR 3.3: Enhanced community capacities to fight against HIV/AIDS;
- IR 3.4: Improved access to potable water.

5.1. IR 3.1: Enhanced Health and Nutritional Status of Children under Five and Women of Reproductive Age

One of the principal cross-cutting Intermediate Results (IRs) of this project—and one of the principal objectives of all USAID-funded Title II food security programs—is to improve the health and nutritional status of young mothers and children under five. The project anticipates achieving this intermediate result through an IEC (Information, Education, Communication) strategy focused on the promotion of improved nutrition for nursing babies, young children, and pregnant and nursing women, as well as improved practices for community-level management of children affected by malaria, diarrhea, and malnutrition.

This section of the report describes the current level of nutrition practices for children under five and young mothers, as well as current practices and knowledge about managing infant cases of malaria and diarrhea.

5.1.1. Women's Nutritional Practices during Pregnancy and Lactation

It is well known that pregnancy and nursing increasing the nutritional needs of women. It is therefore recommended that women increase their daily ration during these time periods.

¹ Seroprevalence of the North Region from the HIV/AIDS surveillance site of Ouahigouya was estimated at 4.8 percent in 2004—e.g., 7,150 persons potentially infected with HIV, affecting between ten and 19 percent of the area's households (Source: Africare. 2004. PL480 Title II. Development Assistance Program Proposal. Zondoma Food Security Initiative Phase II. Washington, DC: Africare. Pg. 21.

During their most recent pregnancy, 16.7 percent of the mothers interviewed² reported eating more than before they were pregnant (14.9 percent in the original project villages and 18.6 percent in the new project villages [Table 5.1]). About one-fourth of the women (25.5 percent) reported that they didn't change their nutritional habits and more than half (59.5 percent in the original project villages and 56.1 percent in the new villages) reported consuming less. These low levels of nutrition, combined with poor sanitation practices, expose the baby to malnutrition risk that can lead to low birth weights. The loss of appetite, nausea, and vomiting often associated with pregnancy and fear of giving birth to a large baby are often given by women as explanations for this unhealthy behavior.

Table 5.1 Percentage of Women Reporting Specific Food Consumption Levels during Most Recent Pregnancy, ZFSI Phase II Baseline, May 2005

Reported consumption patterns	New villages n= 435	Original villages n= 444	All villages n= 879
More than before pregnancy	18.6	14.9	16.7
Same as before pregnancy	25.3	25.7	25.5
Less than before pregnancy	56.1	59.4	57.8
Total	100	100	100

In contrast to during pregnancy, most mothers reported increasing their food consumption after birth (70.7 and 72.5 percent in the original and new project villages respectively). Based on this information it appears that the project should emphasize increasing food quality (i.e., consumption of foods rich in protein and micronutrients) rather than food quantity in nursing mothers.

Table 5.2 Percentage of Lactating Women Reporting Specific Food Consumption Levels, ZFSI Phase II Baseline, May 2005

Reported consumption pattern	New villages n=436	Original villages n=450	All villages n=886
More than usual	72.5	70.7	71.5
Usual consumption	24.1	22.9	23.5
Less than usual	3.4	6.4	5.0
Total	100	100	100

5.1.2. Diet of Children 0-23 Months of Age

The ZFSI nutrition programs recommend putting the child on the breast immediately after birth (in order to stimulate breast milk production), exclusive breastfeeding until six months of age (except in cases where the mother is infected with HIV/AIDS), and the addition of complementary foods after six months with continued breastfeeding until at least 18 months. One objective of the baseline study was to explore the extent to which these practices are already being practiced for children 24 months or younger.

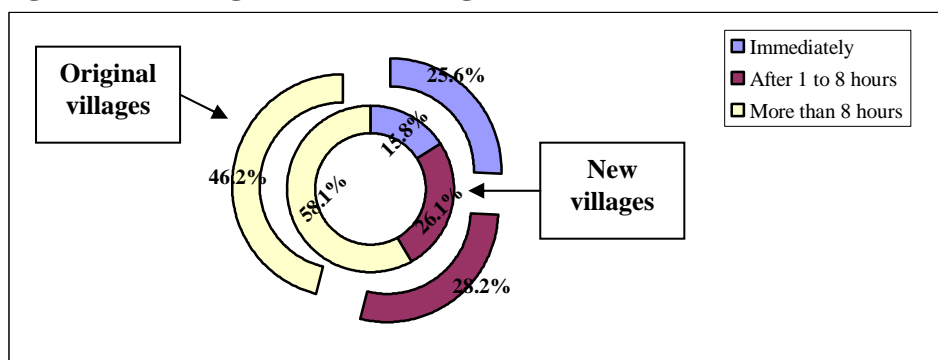
5.1.2.1 *Initiation of Breastfeeding*

The overwhelming majority of the mothers report nursing their children until 24 months of age (97.3 and 91.7 percent in the original and new project villages respectively). About one

²A household was defined as a man, his spouse (or spouses), and children. One production unit might include several "households". Within each household, the enumerators randomly identified one mother with a child 0-23 months and one adolescent male 18-35 years of age or one female adolescent 15-45 years of age. See Chapter One for a discussion of sampling.

fifth (20.7 percent) reported breastfeeding immediately after birth (25.6 and 15.8 in the original and new project villages respectively) and almost half (47.9 percent) reported breastfeeding their infant within eight hours of birth (28.2 and 26.1 percent for the original and new project villages respectively) (Figure 5.1). Both figures were higher in the original than in the new project villages. The difference between the original and new project villages regarding breastfeeding immediately after birth was significant ($p=0.0003$). This difference can be attributed to the success of the project's Phase I nutritional education programs.

Figure 5.1 Timing of Breastfeeding Initiation, ZFSI Phase II Baseline, May 2005



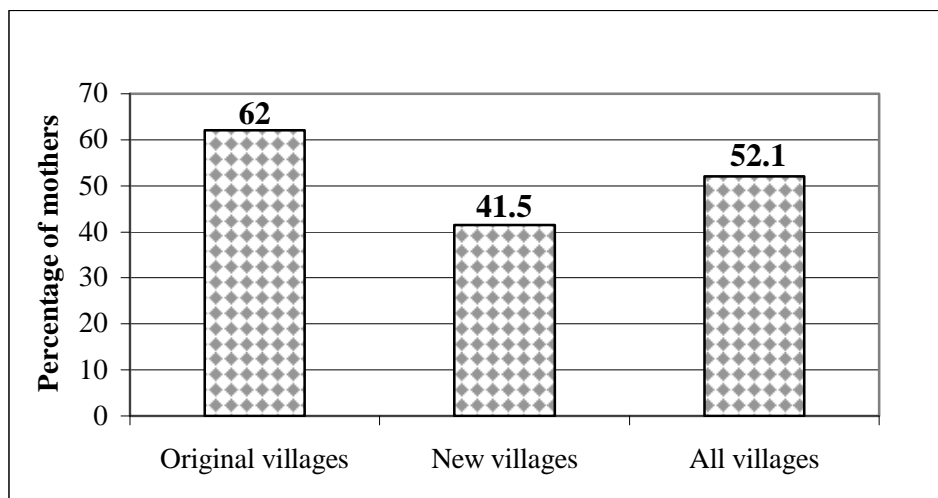
About half (52.1 percent) of the mothers interviewed reported “giving colostrum” to their children who are currently less than 24 months of age. Here again, the number who reported this practice was significantly higher ($p=0.0000$) in the original than in the new villages (62.0 and 41.5 percent in the original and new project villages respectively [Figure 5.2]).³ The chief factors explaining this behavior change appear to be ZFSI's Phase I IEC programs which used participatory methods like theater forums, GRAAP (*Groupe de Recherche et d'Action pour l'AutoPromotion*) and SARAR (Self Associated Strengths, Resourcefulness, Action Planning and Responsibility) to train mothers and traditional birth attendants in the 40 original project villages.



Female household heads filling out household survey. (photo credit: I. Konda)

³ “One important goal of the ZFSI Phase I IEC campaigns was to dispel some of the traditional ideologies that encouraged mothers to delay breastfeeding. Colostrum is secreted between one and three days after delivery and contains vitamin A and particularly antibodies that protect children against child diseases; colostrum is essentially the first “vaccine” for child. If the mother doesn't give it, the child is missing out on this natural protection.

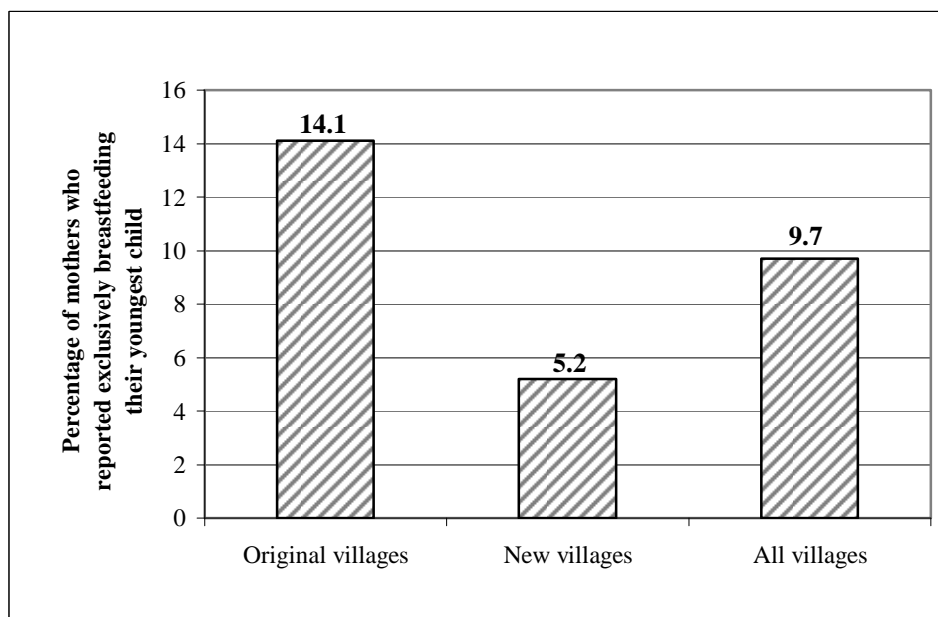
Figure 5.2 Mother who Reported Breastfeeding Colostrum to their Youngest Child, ZFSI Phase II Baseline, May 2005



5.1.2.2. Exclusive Breastfeeding

The baseline survey's analysis of exclusive breastfeeding practices focused on children that were six months or less in age. A total of 582 mothers were interviewed: 298 in the original project villages and 284 in the new project villages. This analysis showed that exclusive breastfeeding is not widely practiced (less than 10 percent for the entire sample). This figure was three times higher in the original project villages (14.1 percent) than in the new villages (5.2 percent) (Figure 5.3), which is likely to be attributable to the Phase I maternal education programs. The higher figure in the original project villages is almost the same as the national average that was reported in the National Demographic and Health Survey 2003-2004 (16 percent of children from 4-5 months of age).

Figure 5.3 Prevalence of Exclusive Breastfeeding, ZFSI Phase II Baseline, May 2005



Between two-thirds and three-fourths of the mothers (62.6 and 74.4 percent in the original and new project villages respectively) reported giving their child simple water or sugared water and milk before putting him or her to the breast (Table 5.3). A small percentage of the mothers interviewed (3.0 percent) depended on other women to nurse their child before putting him or her to the breast (Table 5.3). In addition to these undesirable practices immediately after birth, around 47 percent of the mothers reported giving water to their children before six months of age; 13 percent reported giving cereal and seven percent reported giving herbal teas.

Table 5.3 Percentage of Mothers who Reported Giving Other Liquids in Addition to Breast Milk to their Newborn Immediately after Birth, ZFSI Phase II Baseline, May 2005

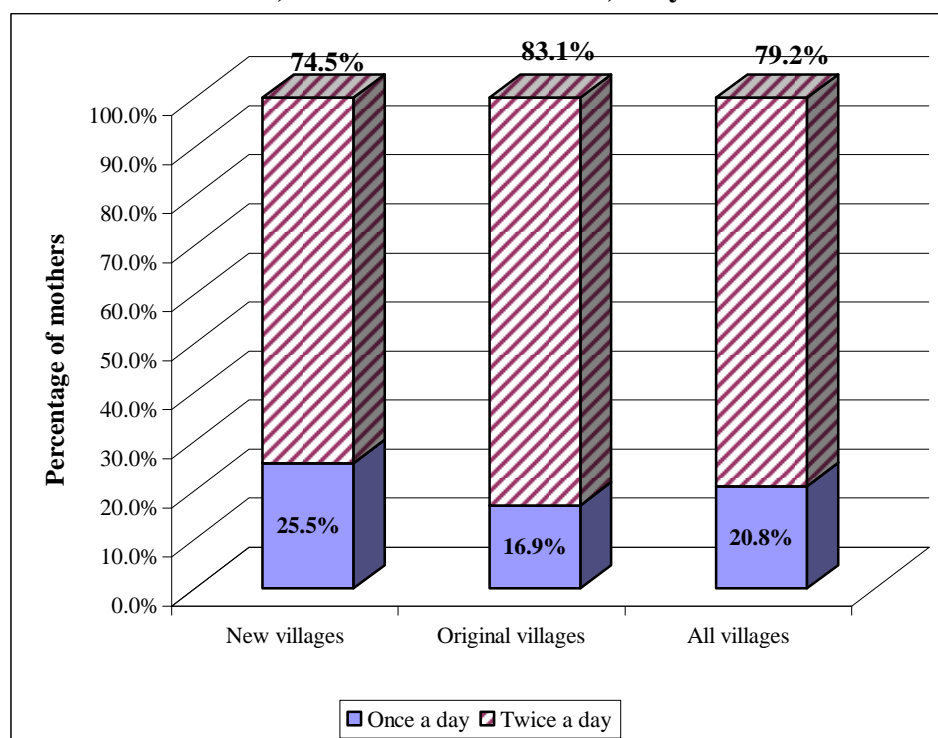
Food given to the newborn before putting the child to mother's breast	Original villages n=446	New villages n=434	All villages n=880
Nothing	34.1	18.4	26.4
Water (simple or sugared)	62.6	74.4	68.4
Milk from another mother	2.2	3.7	3.0
Other milk	1.1	3.5	2.2
Total	100	100	100

5.1.2.3. Complementary cereals

The international organizations UNICEF and WHO recommend that child be given complementary food after six months. The baseline study was thus interested in how cereal was introduced as a transition food. Approximately 73 percent of the women reported giving porridge to their children between six and 24 months of age with very little difference between the original and new project villages (75 and 71 percent in the original and new project villages respectively). Among women that had not yet given supplementary cereal to their children at the time of the study, 56 percent reported the reason to be that “child has not yet come of age” and 32.9 percent said that the child had refused the porridge.

Given the critical importance of the period from six to 10 months in terms of weaning, the baseline survey included a special series of questions to study weaning practices. Of the mothers with children six to 10 months of age, 51 percent reported giving cereal to their children. This percentage was slightly higher in the original (55.2 percent) than in the new (46.9 percent) project villages. For those who reported complementary feeding with cereal, the majority reported making the cereal at least two times per day (79.2 percent) (Figure 5.4). This practice was slightly higher in the original than in the new project villages (83.1 percent compared to 74.5 percent respectively) (Figure 5.4).

Figure 5.4 Percentage of Mothers who Reported Giving Cereal Everyday to their Six to 10 Month Old Child, ZFSI Phase II Baseline, May 2005



Under these circumstances, the quality of the cereal-based complementary foods that are fed to children becomes a critical factor in determining their nutritional well being. Nine percent of the mothers added nothing to the grain-based complementary foods. More than 85 percent added sugar. Enriching cereals with foods rich in protein like dried fish or peanuts is not very widely practiced in either the original or new project villages. This improved practice is more common, however, in the original project villages where 38.3 percent of the mothers reported adding either dried fish or peanuts to the cereal versus 18.5 percent of the mothers in the new project villages (Table 5.4).

Table 5.4 Percentage of Mothers who Reported Adding Specific Foods to their Children's Cereal on a Regular Basis, ZFSI Phase II Baseline, May 2005

Food added to cereal	New villages	Original villages	All villages
	Percentage (n=200)	Percentage (n=222)	Percentage (n=422)
Sugar	87.0	85.1	85.3
Peanuts	10.0	21.6	11.3
Dried fish	8.5	16.7	12.4
Butter	0.5	5.0	3.3

5.1.2.4. Regular Food

Out of the total sample of mothers interviewed (886), 23.1 percent had a child between eight to 12 months of age at the time of the interview. Approximately 44 percent of these mothers reported that they share the family meal with their child. This means that approximately 56 percent of mothers with children in this age group do not share the family meal with their children age eight to 12 months. The same survey showed that 19.7 percent of mothers with children over 12 months of age do not share the family meal with their child. Given the low

nutritional quality of the cereal given to children—commonly enriched with sugar—this practice exposes the children to chronic malnutrition that will have long-term effects on their health.

Among the mothers that share family meals with their children, 45 percent shared food with their eight-12 month old children twice a day and 31 percent three times a day. Only 27 percent of the mothers of children eight to 12 months of age prepared a “special meal” (i.e., special foods that are thought to be good for the child) for their child from time to time. These figures were equally true in the original and in the new project villages.

5.1.3. Common Childhood Diseases

Under Phase II of the ZFSI project Africare-Burkina is supporting the development of certain basic community and child health care services, in particular the community based management of common infant illnesses. The baseline study was therefore interested in the incidence of the most common childhood illnesses (malaria, diarrhea, and infectious respiratory diseases) in the 15 days preceding the interview and the curative practices and health-seeking behaviors of the mothers in response to these illness episodes.

In response to the question, “Has one of your children less than five years of age been sick during the preceding 15 days,” 47.5 percent of the mothers interviewed responded yes. The percentage of mothers of whom one of the children was sick during the 15 days before the interview was higher in the new project villages (52.6 percent) than in the original project villages (43.2 percent). Based on the analysis of the symptoms mothers reported, 39.9 percent of the children were ill due to malaria and/or fever, 34.5 percent due to diarrhea, and 28.2 due to cases of cold, coughing, or other respiratory illnesses—three of the principle causes of morbidity and mortality among children under five years of age according to the 1998-1999 DHS survey.

5.1.3.1. Mother’s Knowledge of Malaria: Symptoms, Transmission, and Prevention

The mothers used a group of symptoms to recognize whether or not their child had malaria. In all the villages approximately 71 percent of the mothers interviewed consider a fever to be the principal symptom of malaria; 60 percent link the discoloration of children’s urine and eyes to malaria; 24 percent cite vomiting as a symptom of malaria. The mothers identified other symptoms that they used to diagnose the seriousness of the malaria. These symptoms included the fever going up or persisting (79 percent), the child refusing or being reluctant to eat (42 percent), or the child losing consciousness (28 percent).

In terms of disease origins, very few of the mothers understood that malaria was transmitted by mosquito bites (only 12.7 percent of all mothers interviewed; 14.2 and 11.3 percent in the original and new project villages respectively). The means of preventing malaria are also poorly understood. Fewer than 10 percent cited mosquito nets as a means for protecting themselves and their children against malaria (8.7 and 6.0 percent in the original and new project villages respectively). Approximately two percent of the mothers interviewed cited the use of mosquito nets impregnated with pesticide.

It is interesting to note that although mosquito nets were rarely mentioned as a means of preventing malaria, almost of third of the mothers interviewed reported that they have mosquito nets in their home (33 and 29 percent in the original and new project villages

respectively). In households with mosquito nets, it was the husband who most often used them (75 percent) followed by women and their youngest child (20 percent). Fewer than four percent of the households who reported having mosquito nets used them to protect other children less than five years of age.

5.1.3.2. Treatment Methods

The baseline survey was also concerned with assessing the curative measures taken by the households in response to the last apparent case of malaria in a child under five years of age (Table 5.5). Fewer than 40 percent of the mothers sought help from a health center (39.4 percent of mothers in the original project villages and 37.8 percent in the new project villages). Most children who appear to be suffering from malaria continue to be treated at home (60.6 percent in the original project villages and 62.2 percent in the new project villages).

Table 5.5 Percentage of Mothers Reporting Specific Initial Measures Taken in Response to their Child's Most Recent Malaria Episode , ZFSI Phase II Baseline, May 2005

Initial measure taken by the mothers	Original villages n=447	New villages Percentage (n=431)	All villages Percentage (n=878)
Transportation to a health center	39.4	37.8	38.6
Treat at home	60.6	62.2	62.4
Total	100	100	100

The mothers interviewed reported using several methods for treating malaria at home (often more than one for the same episode) (Table 5.6).

- Approximately 62 percent of the mothers reported treating the children with herbal teas.
- Approximately 46 percent of mothers reported treating the child with one of the most popular anti-malarial drugs (Chloroquine and Nivoquine with or without aspirin or Paracetamol [acetaminophen]).

Only 12.0 percent of the mothers interviewed reported using non-identified (i.e., non-standardized) street medicines.

Table 5.6 Percentage of Mothers Reporting Specific Principal Modes of Treatment Malaria, *ZFSI Phase II Baseline, May, 2005

Method of treatment	Original villages Percentage (n=449)	New villages Percentage (n=434)	All villages Percentage (n=883)
Herbal teas	60.8	63.8	62.3
Common anti-malaria drugs	48.1	43.6	45.9
Street medicines	10.3	14.5	12.4

***Methodology:** Based on mothers' rankings of the multiple modes they used for home-based treatments.

Many mothers reported supplementing treatment of malaria by giving the child more food (45 and 38 percent in the original and new project villages respectively). Most mothers (40 percent) reported following the recommended treatment period of three days (Table 5.7).

Table 5.7 Percentage of Mothers Reporting Different Duration of Malaria or Anti-Malaria Treatments for Children, ZFSI Phase II Baseline, May 2005

Length of treatment	Original villages Percentage (n=224)	New villages Percentage (n=244)	All villages Percentage (n=468)
3 days	41.1	39.8	40.4
More than 3 days	33.0	37.7	35.5
Less than 3 days	25.9	22.5	24.1
Total	100	100	100

5.1.3.3. Mothers' Knowledge of Diarrhea: Symptoms

Almost all mothers (96 percent) recognize diarrhea in the children by the liquid content and frequency of their children's bowel movements (96 percent of mothers interviewed). The major symptom that the mothers used to determine if and when diarrhea is becoming serious was when stools are more frequent and/or when blood is present in the stools (81 percent) (Table 5.8). The signs associated with dehydration were also recognized by mothers, such as a sunken soft spot on the top of the head (fontanelle) and sunken eyes (30 percent). Other symptoms that were identified include: clammy skin (29 percent) and difficulty with eating or drinking (24 percent).

Table 5.8 Percentage of Mothers Reporting Recognition of Specific Symptoms for Determining the Seriousness of Diarrhea, ZFSI Phase II Baseline, May 2005

Symptoms	Original villages	New villages	All villages
	n=449	n=434	n=883
More frequent stools /blood in the stools	83.7	77.6	80.7
Sunken soft spot (on the top of the baby's head) or circles under eyes	32.3	29.3	30.3
Clammy skin	30.3	28.3	29.3
Difficulty eating or drinking	24.7	24.0	24.3

5.3.1.4. Treatment Methods

The vast majority of mothers reported treating their infant's most recent case of diarrhea at home rather than in a health center (70 percent opted for home treatment compared to 30 percent who opted for treatment at health center) (Table 5.9).

Table 5.9 Percentage of Mothers Reporting Different Treatment Locations for their Infant's Most Recent Case of Infant Diarrhea, ZFSI Phase II Baseline, May 2005

Treatment method	Original villages n=446	New villages n=431	All villages n=877
Health Center	32.1	28.1	30.1
Home	67.9	71.9	69.9
Total	100	100	100

Most mothers reportedly use several treatment methodologies for infant diarrhea (Table 5.10). The vast majority of mothers (62.1 and 68.2 percent in the original and new project villages respectively) treated their child with herbal teas. Although slightly higher in the original than new project villages (17.6 versus 13.9 percent respectively), the percentage of mothers who reported using oral rehydration salts was low overall. Moreover, the difference between the original and new project villages was not statistically significant ($p = 0.130$). More than a

fourth of the mothers (27.2 percent) in both villages reported using “street medicines” that they bought from local vendors and/or in the market. The reported reason for use of these medicines is their lower cost.

Table 5.10 Percentage of Mothers who Reported Using Various Home Treatments for Infant Diarrhea, ZFSI Phase II Baseline, May 2005

Home treatments	Original villages n=448	New villages n=434	All villages n=882
Oral Rehydration Salts	17.6	13.9	15.7
Herbal teas	62.1	68.2	65.0
Street medicines	25.4	29.0	27.2
Official medicines (i.e., bought from the health center drug stocks overseen by the health district)	31.1	28.9	30.0

The use of oral rehydration salts at the community level is a practice to encourage since it prevents dehydration, which is the most frequent cause of infant mortality. Although the total number of mothers who reported using oral rehydration salts was not statistically different in the original and new project villages, the number who used the salts correctly (i.e., until the diarrhea ended) was significantly different (41.2 versus 17.2 percent in the original versus new project villages respectively) ($p=0.000$) (Table 5.11). The substantial difference in the number of mothers using the oral rehydration correctly is a major achievement that can be directly attributed to the nutritional education programs organized by the ZFSI project during Phase I.

Table 5.11 Percentage of Mothers According the Duration of Diarrhea Treatment with Oral Rehydration Salts during their Infant’s Last Episode, ZFSI Phase II Baseline, May 2005

Duration	Original villages n=114	New villages n=128	All villages n=242
1 days	24.6	31.2	28.1
2 days	34.2	51.6	43.4
Until the diarrhea ends	41.2	17.2	28.5
Total	100	100	100

The study was also interested in what women did to complement the medical treatment of infant diarrhea. In the original projected villages, 58 percent of mothers reported giving their sick child more to drink and 43 percent gave them more to eat; in the new project villages, 56 percent reported giving more to drink and 34.9 percent more to eat.

5.1.4 Nutritional Status of Children 0 to 59 Months of Age

The impact of the ZFSI project on the nutritional status of children in the project villages is monitored through two impact indicators:

- Impact Indicator 1.1: Percentage of children 0-36 months of age who are underweight (weight/age < - 2SD [standard deviation] below the age group norm); and
- Impact Indicator 1.2: Percentage of children 24-59 months of age who are stunted (height/for age < -2SD).

To be considered underweight, a child must be more than two standard deviations below the references established by the National Center for Health Statistics. To be considered “stunted” a child must be more than two standard deviations below the norm for his or her age group.

The sample size of the number of children to measure was determined by the FANTA sampling guidelines for measuring infant stunting.

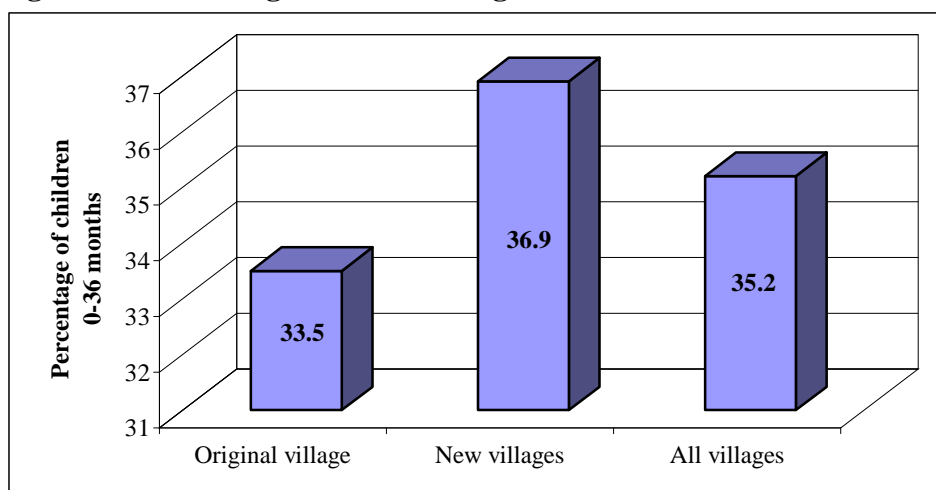
- The project determined that a minimum sample of 408 infants from 0 to 36 months per stratum was needed (see section 1.2.3.2., Chapter One). A total of 1,364 (675 in the original project villages and 689 in the new project villages) children aged 0-36 months were measured to determine the percentage of children who are considered underweight.
- A total of 787 (390 in the original project villages and 397 in the new project villages) children aged 24-59 months of age were measured to determine the percentage of stunted children.

Altogether a total of 1,971 children less than five years of age were measured: 951 in the original project village and 1,020 in the new villages.

5.1.4.1. Prevalence of Children Classified as Underweight

Based on this analysis, 35.2 percent of the children aged 0-36 months were classified as underweight. This figure was slightly lower in the original (33.5 percent) than in the new project villages (36.9 percent) (Figure 5.5). Although the study showed a three point difference between the original and new project villages, a chi square test did not show these differences to be statistically significant ($p=0.143$). As a result, the project needs to consider that the baseline measurements are approximately the same for both the original and new project villages during Phase II (i.e., 35 percent).

Figure 5.5 Percentage of Children Aged 0-36 Months who are Classified as Underweight



5.1.4.2 Prevalence of Children Classified as Stunted

The recorded levels of stunting were 2.7 percentage points higher in the original (37.2 percent) than in the new (34.5 percent) project villages (Figure 5.6). Although the average percentage was higher for the original project villages, a chi squared test of difference shows



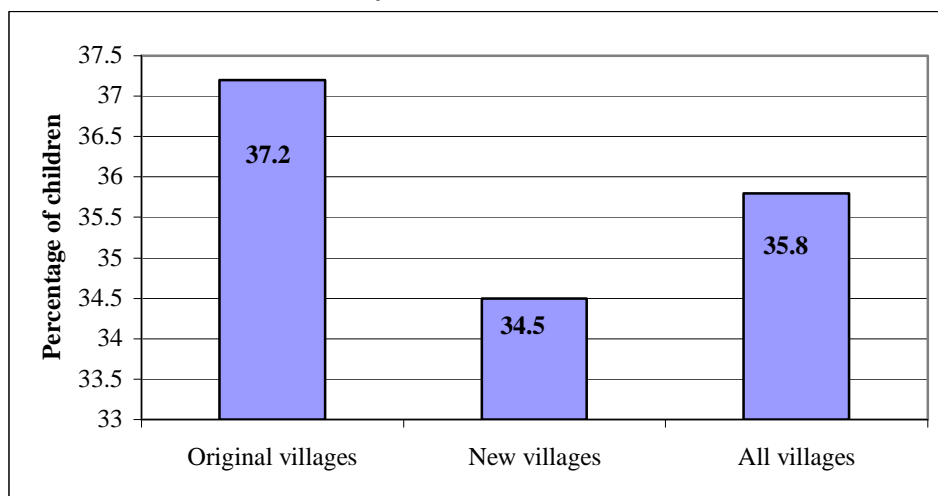
“Altogether a total of 1,971 children less than five years of age were measured: 951 in the original project village and 1,020 in the new villages.” (photo credit: I. Konda)

that this difference is not statistically significant ($p=0.175$). The project must therefore consider that the baseline figures for stunting of children aged 0-36 months are the same for both the original and new project villages during Phase II (i.e., 36 percent).

The high incidence of children classified as underweight (35.2 percent) or stunted (35.8 percent) is proof of the seriousness of malnutrition in the study sites. While the area’s chronic food insecurity is no doubt the single greatest factor that affects this, it is also linked to various detrimental health practices. Especially important are the mothers’ eating habits during pregnancies and various practices

associated with breastfeeding, weaning, and the care and feeding of children affected by the most common childhood illnesses, notably diarrhea and malaria.

Figure 5.6 Percentage of Children Aged 24 to 59 Months who are Classified as Stunted, ZFSI Phase II Baseline, May 2005



5.2 IR 3.2: Strengthened Capacity of Health District of Gourcy to Implement Community-Based Health and Nutrition Programs

A second critical cross-cutting IR of the project is to strengthen the capacities of the health districts in the ZFSI project intervention area to execute community-based health initiatives. As a background to achieving this IR, the baseline study was interested in the rates of use of preventative health facilities, in particular, for prenatal care and the monitoring, growth, and coverage of improved obstetrical care.

5.2.1 Patterns of Pre-Natal Counseling Attendance

On average, 63 percent of the mothers in the study sites reported attending at least one pre-natal counseling session (*consultation prénatale* or CPN) during their last pregnancy. The

percentage of mothers who attended at least one CPN session was higher in the original than the new project villages (69.1 versus 50.0 percent respectively) (Table 5.12). In general, it is recommended that pregnant women have three pre-natal visits. The number of mothers who attended three CPN visits during their last pregnancy was also higher in the original project villages (50.1 versus 35.7 percent in the original versus new project villages respectively). A chi squared test showed that for both variables, the differences between the original and new project villages were statistically significant ($p=0.000$). This difference appears to be directly related to the impact of the public awareness campaigns organized by ZFSI during Phase I on themes related to the health of pregnant women. The theater forum that emphasizes the consequences of poor nutrition and hygiene during pregnancy and of failure to attend CPN sessions has been particularly affective.

Table 5.12 Percentage of Mothers Attending Pre-Natal Counseling Sessions, ZFSI Phase II Baseline, May 2005

Number of CPN pre-natal counseling visits during most recent pregnancy	Original villages n=447	New villages n=432	All villages n=879
0 CPN visits	30.9	41.0	35.9
1 CPN visit	8.3	10.6	9.4
2 CPN visits	10.7	12.7	11.7
3 CPN visits	50.1	35.7	43.0
Total	100	100	100

The same public awareness campaign aimed at improving nutrition, hygiene, and increasing pre-natal counseling visits appears to be responsible for the higher percentage of women who reported taking some sort of preventive medicine or vitamin during their pregnancy (73 and 61 percent in the original and new project villages respectively). Among those who reported taking some sort of medicine or supplement during their pregnancy, 95 and 97 percent reported taking anti-malarial drugs (Chloroquine or Nivoquine) and 94 and 96 percent reported taking iron supplements in the original and new project villages respectively.

5.2.2 Assistance During Delivery

Only 32 percent of mothers interviewed reported giving birth in a health center where they were assisted by a trained healthcare provider (Table 5.13). The number of mothers who reported having a birth that was assisted by a healthcare provider was significantly higher in the original than in the new project villages (36.9 versus 27.3 percent respectively) (chi squared test, $p=0.0024$). A larger number of women were assisted by a trained village birth attendant (*accoucheuses villageois* or AV) in the new project villages (37.8 and 40.3 percent in the original and new project villages respectively). Although the ministry of health is no longer encouraging births assisted by village birth attendants, the baseline surveys' results show that these women still play an important role in the education of the mothers and in referring women to health centers for their deliveries. One in four mothers in the original project villages and almost one in three in the new project villages reported giving birth with the assistance of a person without formal health training such as an older women or co-wife or with no assistance at all.

Table 5.13 Percentage of Mothers Reporting Assistance During their Most Recent Delivery, ZFSI Phase II Baseline, May 2005

Person assisting mothers' most recent birth	Original villages n=450	New villages n=435	All villages n=885
Formally trained healthcare provider	36.9	27.3	32.2
Village birth attendant (AV)	37.8	40.3	38.9
Untrained birth assistant or no assistance	25.3	32.4	28.9
Total	100	100	100

The baseline survey was also interested in the percentage of post-partum women taking vitamin A supplements (in the 45 days following their delivery). The results show that 21 percent of the women received vitamin A after their most recent delivery with very little difference between the original and new project villages (22.8 versus 20.3 percent respectively).

IR 3.3: Enhanced Community Capacity to Fight HIV/AIDS



A special questionnaire designed to focus on issues related to HIV/AIDS was used to interview 756 subjects aged 15 to 45 years of age (355 subjects in the original project villages and 401 in the new project villages). (photo credit: I. Konda)

To achieve the IR of enhancing community capacity to fight HIV/AIDS, the ZFSI project proposes to support a large number of public awareness, screening, and nutritional support activities for people infected with and affected by HIV/AIDS during Phase II of the project (2005-2009). These activities were not covered during Phase I. This section of the report provides background information on the level of knowledge, behavior, and needs of the target population concerning HIV/AIDS and other STDs that will assist Africare in strengthening its existing strategy for achieving this IR.

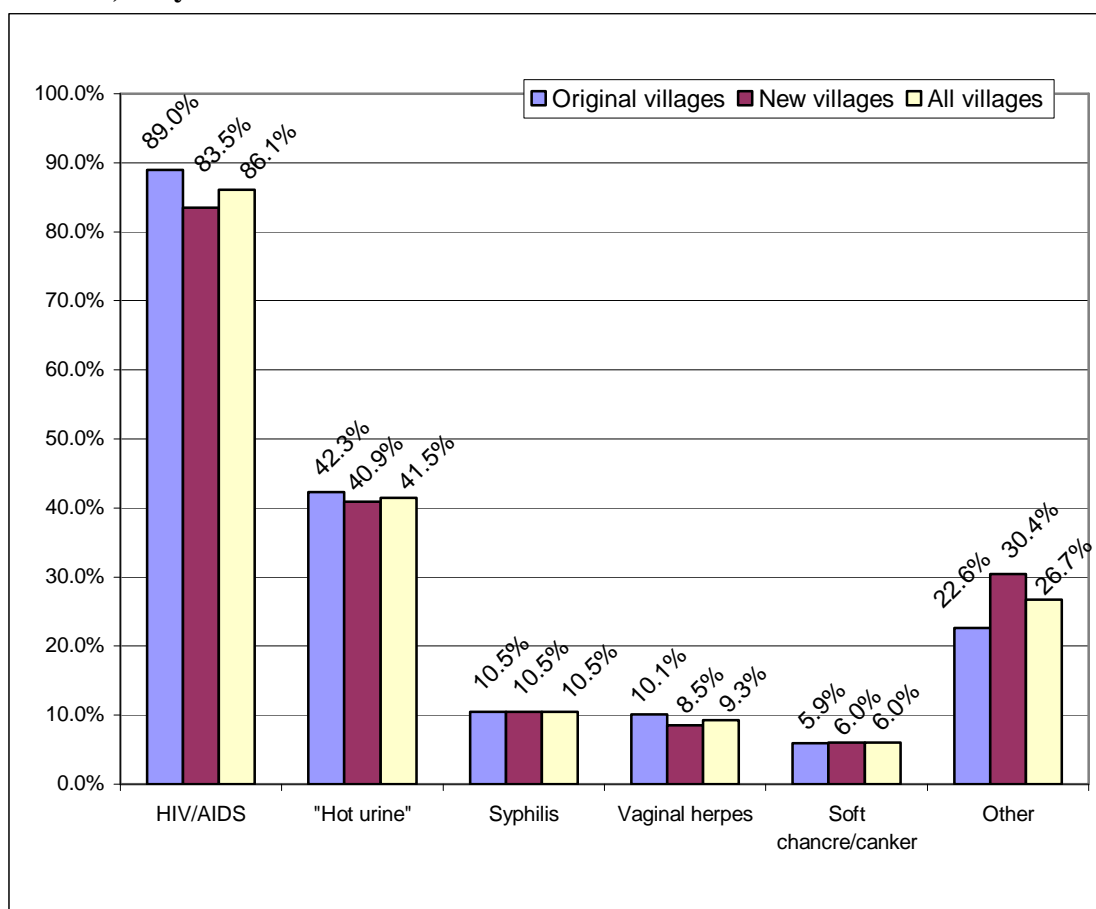
A special questionnaire designed to focus on issues related to HIV/AIDS was used to interview 756 subjects aged 15 to 45 years of age (355 subjects in the original project villages and 401 in the new project villages). Out of this sample, 56.6 percent were married and 43.3 percent were single. Eighty four percent were Muslim, 10.2 percent were Catholic, and 5.5 percent were animist.

5.3.1. Knowledge of HIV/AIDS and Other STDs (IST/VIH/SIDA): Transmission and Prevention

5.3.1.1. *Level of Understanding of Sexually Transmitted Diseases*

The majority of people interviewed were able to cite at least one sexually transmitted disease. The most frequently identified was HIV/AIDS (86.1 percent) followed by “hot urine” (41.5 percent of interviewees).

Figure 5.7 Level of Understanding of HIV/AIDS and Other STDs, ZFSI Phase II Baseline, May 2005



In general, the level of understanding of HIV/AIDS was slightly higher in the original than in the new project villages (Figure 5.7)—due in large part to the numerous public information campaigns on HIV/AIDS. Knowledge of other STDs is not as extensive because these diseases are much less often the subject of public information campaigns. One fourth of the persons interviewed (26.3 percent) incorrectly reported bilharzias as a sexually transmitted infection.

5.3.1.2. Knowledge of Transmission of HIV/AIDS

By far the most widely known method for transmitting HIV/AIDS is unprotected sex (89.2 percent of respondents reported knowing it). Approximately one in two persons (47.3) reported that exposure to objects soiled with body fluids (sperm, saliva, sweat, blood, vaginal secretion) could lead to infection; blood transfusion was recognized as a potential source of infection by 18.6 percent of the respondents. Less than 10 percent of the respondents reported knowing about the potential for infected mothers to transmit the virus to their children. There was almost no reported difference in the level of understanding of sources of transmission for HIV/AIDS between original and new project villages (Table 5.14).

Table 5.14 Percentage of Respondents Reporting Various Modes of Transmission of HIV/AIDS ZFSI Phase II Baseline, May 2005

Reported modes of transmission	Original villages n=355	New villages n=401	All villages n=756
Unprotected sex	90.1	88.3	89.2
Exposure to bodily fluids	50.8	44.1	47.3
Blood transfusions	19.0	18.3	18.6
Transmission from mother to child during birth, breastfeeding)	10.2	8.2	9.1
Don't know	4.9	5.0	4.9
Other modes of transmission	16.6	15.3	15.9

Methodology: Based on responses to question: "Cite the principal means of HIV/AIDS transmission that you know."

5.3.1.3. Knowledge of Methods for Preventing HIV/AIDS Infection

The most widely known methods for preventing infection with HIV/AIDS are the use of condoms (66.3 percent), followed by abstinence (44 percent), and contact with infected objects (34.6 percent) (Table 5.15).

Table 5.15 Percentage of Respondents Reporting Knowledge of Various Methods for Preventing HIV/AIDS, ZFSI Phase II Baseline, May 2005

Prevention methods cited	Original villages n=355	New villages n=401	All villages n=756
Use of condoms	65.8	66.8	66.3
Monogamy	43.7	44.6	44.1
Avoid objects contaminated with bodily fluids	37.7	31.7	34.6
Don't know	8.8	8.3	8.5
Other	26.5	29.8	28.2

It is important to note that a non negligible portion of the interviewees (28 percent) reported "other" unrealistic methods for preventing infection such as: "don't walk bare foot under the trees at night." and "avoid all contact with persons infected with the virus." Another, 8.5 said they didn't know any methods of prevention (Table 5.15). Regarding knowledge about methods of prevention, there was almost no observed difference between the original and new project villages.

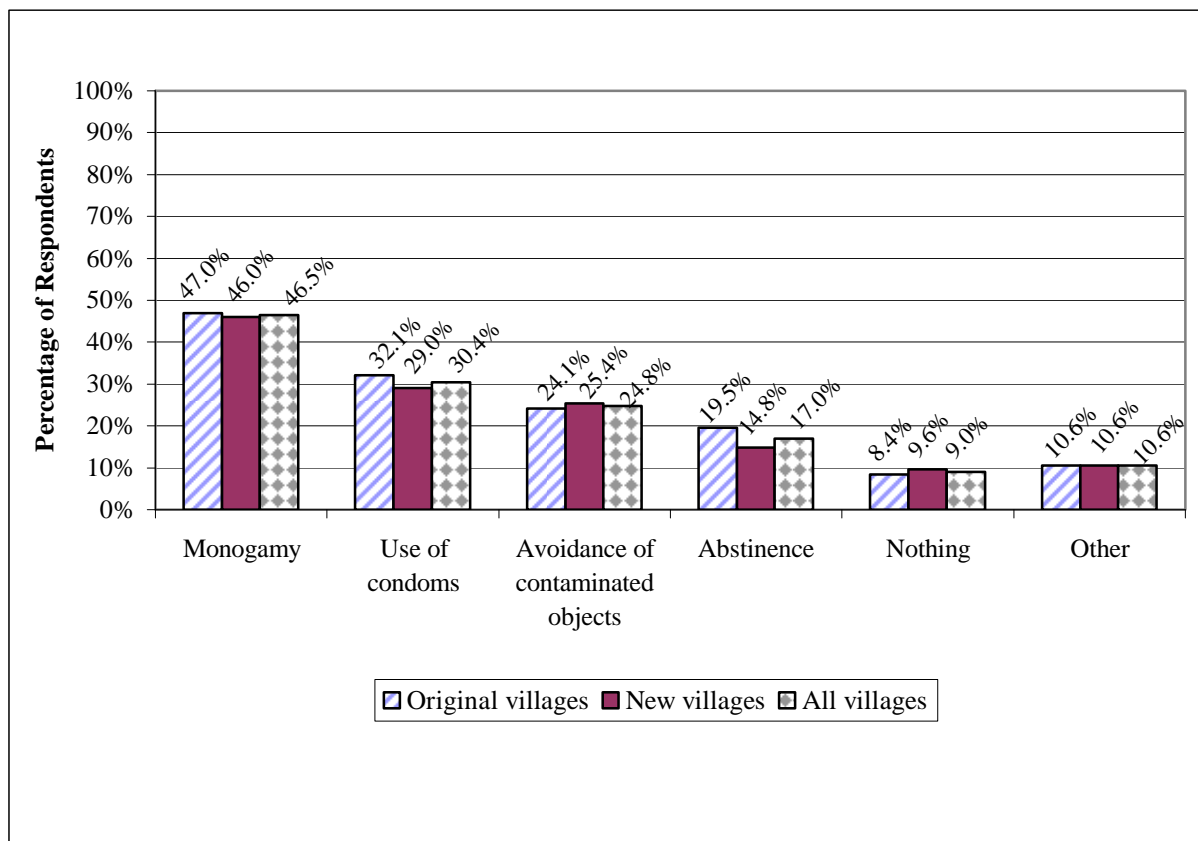
5.3.2. Behaviors for Prevention of Transmission of HIV/AIDS and Other STDs

5.3.2.1. Reported Behavior for Prevention of Infection with HIV/AIDS and Other STDs

In terms of behavior change, 46.5 percent of those interviewed reported being faithful to their partners since they had first heard about HIV/AIDS, 30.4 percent reported using a condom during their last sexual encounter, and 24.8 percent took precautions to avoid contact with objects contaminated with bodily fluids (Figure 5.8). The number of persons who reported using condoms routinely (30 percent, Figure 5.8) was approximately the same as the percentage of respondents who reportedly used a condom during their most recent sexual encounter (28 percent). Overall there was very little difference between the original and new project villages in terms of these behaviors. The number who reported practicing abstinence

as a means of avoiding infection was slightly higher in the original than in the new project villages (19.5 versus 14.8 percent respectively) (Figure 5.8).

Figure 5.8 Reported Behavior for Prevent Infection with HIV/AIDS and Other STDs



Based on a comparison of data on reported behavior (Figure 5.8) with the data on respondents' knowledge about prevention (Table 5.15), the team made the following observations.

- With the exception of monogamy, there is an important difference between the level of knowledge and the actual behavior of respondents for all reported methods of prevention. For example, although 66.3 percent of all respondents interviewed reported that condoms can be used to prevent infection with HIV/AIDS, only 30.4 percent actually used them during their most recent sexual encounter.
- Monogamy is the most common behavior that respondents reportedly employ to protect themselves from HIV/AIDS and other STDs, despite the fact that use of condoms was most common method of prevention recognized by respondents in Table 5.15.
- Abstinence—which was virtually absent from the list of reported methods of prevention—is a behavior practiced by a small, but substantial, percentage of the respondents, which included some youth.

These observations remind us that the introduction of real health behavior change within a population requires a long, sustained, and focused effort because behavior change often lags behind knowledge of prevention methods. This is especially true if one wants to obtain meaningful behavior change in such a socially sensitive area as HIV/AIDS. It is also quite possible that the social stigma and/or sensitive nature of the topic may have influenced responses.

5.3.2.2. *Multiple Sexual Partners: A Risk Factor for Contraction of HIV/AIDS and Other STDs*

About one quarter (25.9 percent) of the respondents reported having had at least one sexual partner other than their habitual sexual partner (Table 5.16). The incidence of multiple (e.g., two or more) sexual partners was higher among single than married people (69 percent versus 62.9 percent respectively). It is interesting to note, however, that the reported difference was far less in the original than the new project villages (63 and 61.4 percent in the original villages versus 73.2 and 64.2 percent in the new villages for single and married respondents respectively) (Table 5.16).

Table 5.16 Percentage of Respondents Reporting of Specific Numbers of Sexual Partners, ZFSI Phase II Baseline, May 2005

Number of reported partners	Original villages			New villages			All villages		
	Single n=30	Married n=57	Total n=87	Single n=41	Married n=67	Total n=109	Single n=71	Married n=124	Total n=196
One partner	36.7	38.6	37.9	26.8	35.8	32.1	31.0	37.1	34.7
Two to three partners	53.3	42.1	46.0	63.4	50.8	55.1	59.2	46.8	51.0
More than three partners	10.0	19.3	16.1	9.8	13.4	12.8	9.8	16.1	12.3

5.3.2.3. *HIV/AIDS Testing*

HIV/AIDS testing is not widespread in any of the Phase II villages. Only 12 percent of the respondents have reportedly been tested. The active incorporation of HIV/AIDS themes into its various health, agricultural, and capacity building activities during ZFSI Phase I may account for the higher percentage of individuals who have reportedly been tested for HIV/AIDS in the original project villages (13.6 versus 9.6 percent in the original versus new project villages respectively).

This data suggests that there is much room for improvement regarding voluntary testing for HIV/AIDS. Two hypotheses are presented to explain the fact that so many sexually active (and highly vulnerable to contracting HIV/AIDS) people have not been tested: the first is the geographic inaccessibility of the testing centers; the second is the fear that if they are seropositive, they will be abandoned by their friends and family.

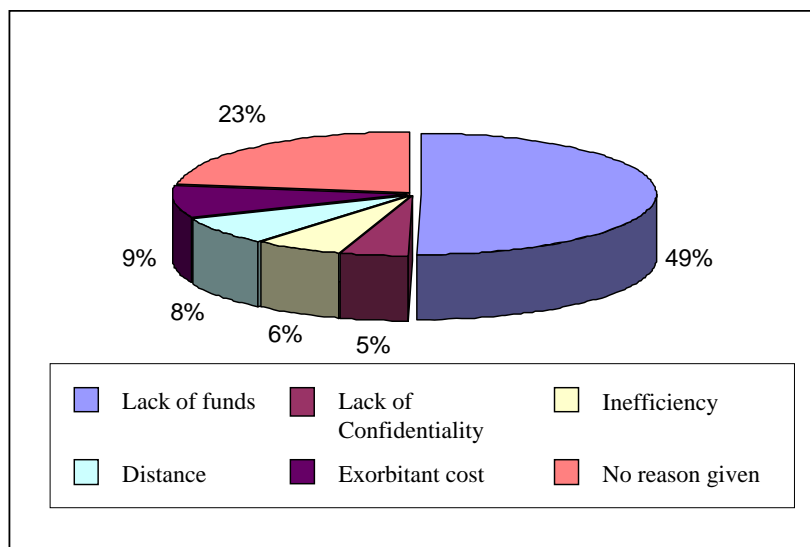
5.3.2.4. *Healthcare of Persons Infected with HIV/AIDS and Other STDs*

Care through health centers: More than half of respondents (63 percent) agreed that once someone has been diagnosed with a sexually transmitted disease, or any other illness, the best course of action is to take them to a health center. Among those who would not choose to visit the health center for initial treatment, the following reasons were given (Table 5.9).

- Insufficient funds (49 percent)
- Exorbitant cost of treatment (9 percent)
- Long distances to health centers (8 percent)
- Their preference for traditional practitioners as a means of treating STDs or any other illness (6 percent)

- Lack of confidentiality (5 percent)
- Twenty-three percent of respondents did not provide a reason for choosing to not seek treatment at the health center.

Figure 5.9 Reasons for Non-Attendance at Health Centers, ZFSI Phase II Baseline, May 2005



Community-based care: The care of persons living with HIV/AIDS is still a major challenge for local communities as well as for the local associations and NGOs working to contain the epidemic. The following question was included in the survey as a means of understanding the respondents' perspective on what types of assistance would be useful: "What would you imagine doing within your community to come to the aid of a person living with HIV/AIDS?" In response, 28 percent of the respondents selected "psycho-social assistance" to help the victims of social shunning deal with the emotional and psychological consequences of being shunned, 25.7 percent suggested providing food aid, 15.7 percent identified the need to assist victims of HIV/AIDS with agricultural labor or any activity that require heavy physical activity because people with HIV/AIDS cannot do this type of hard labor (Table 5.17). Almost all the respondents answered positively to the concept of creating a committee in charge of assisting persons living with HIV/AIDS as a means of achieving these objectives (99.6 percent).

Table 5.17 Percentage of Respondents Who Envisioned Specific Types of Support to Persons Living with HIV/AIDS, ZFSI Phase II Baseline, May 2005

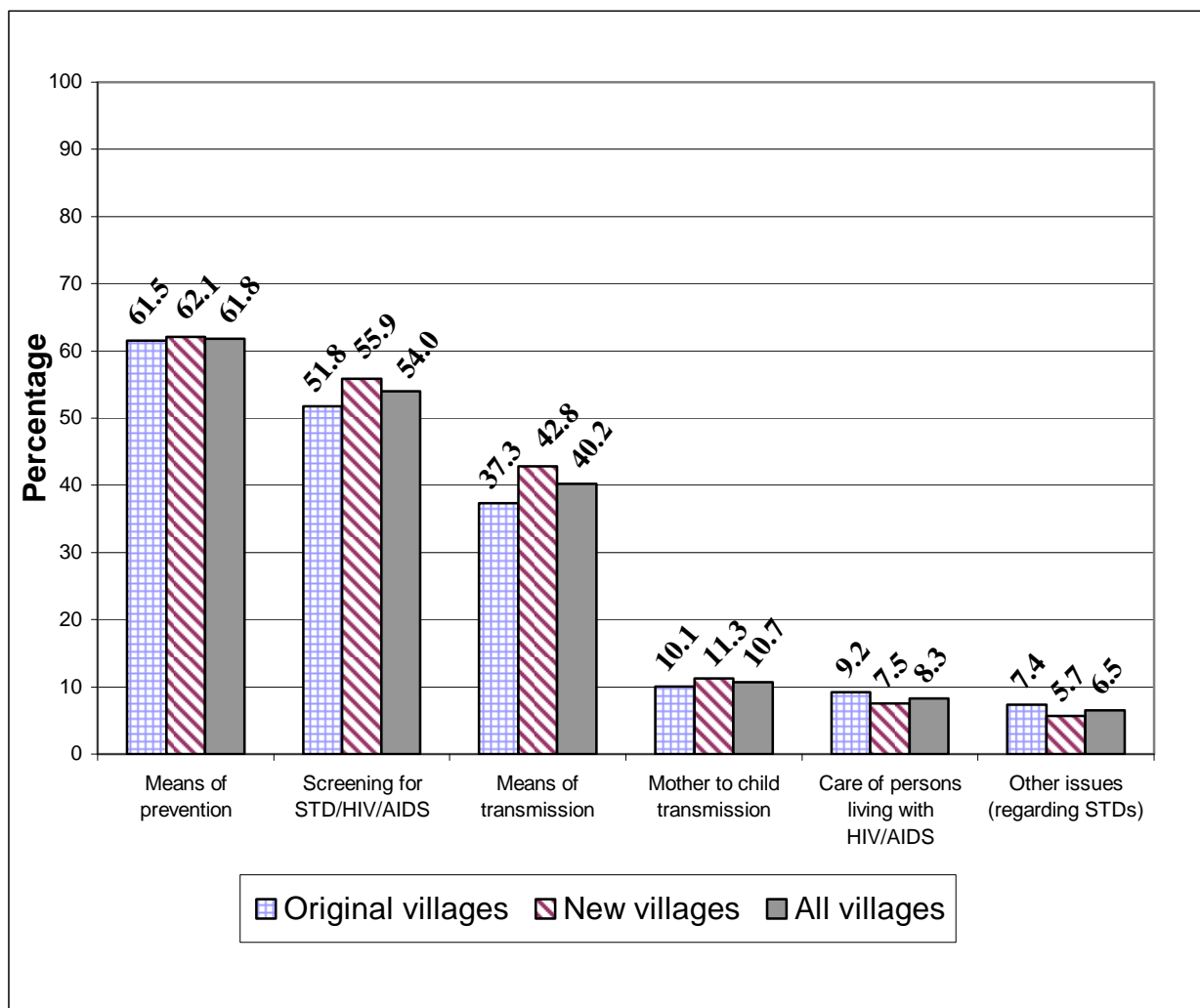
Different types of support for victims of HIV/AIDS	Original villages n=355	New villages n=401	All villages n=756
Social support to deal with the emotional consequences of being shunned	28.7	27.4	28.0
Assistance with agricultural labor	15.8	15.7	15.7
Food aid	27.6	23.9	25.7
Creation of community committee to assist people living with HIV/AIDS	---	---	99.6

5.3.3. Communication and Information Related to HIV/AIDS

5.3.3.1. *Specific Information Requested by Respondents about HIV/AIDS and Other STDs*

Respondents expressed an interest in having access to three principle types of information regarding HIV/AIDS: methods for preventing infection (61.8 percent); screening methods (54 percent); and transmission means (40.2 percent) (Figure 5.10).

Figure 5.10 Types of Information Requested by Respondents Regarding HIV/AIDS, ZFSI Phase II Baseline, May 2005



Although the means of transmitting HIV/AIDS between mother and child is little known (9.1 percent) only 10.7 percent of respondents expressed a desire for more information on this mode of transmission. Fewer than 10 percent were interested in getting information on how communities can better support persons living with HIV/AIDS even though 99.6 percent of the respondents expressed an interest in creating village-level support committees for people living with HIV/AIDS (Table 5.17). The low response rate to some of these categories of information suggests that these topics should be emphasized during the next phase of the project.

5.3.3.2. *Interpersonal Communication Regarding Sexual Behavior*

The persons with whom respondents reported most frequently discussing their sexuality are friends and spouses or co-wives (57.6 and 37.2 percent respectively) (Figure 5.11). A significant number of respondents do not discuss sexual matters with anyone (26 percent) and relatively few discuss them with their parents or aunts and uncles (12.7 or 7.8 percent respectively). When broken down by sex, it is clear that men are more likely to discuss their sexual behavior with their friends than women in all of the villages studied (74.1 versus 31.4 percent respectively) (Table 5.18). In contrast, a higher percentage of female than male respondents reportedly discuss their sexual behavior with spouses/co-wives, their father, mother, and uncles or aunts (39.9, 14.9 and 11.4 percent for female respondents respectively versus 34.5, 10.5, and 4.0 percent for male respondents respectively). The data collected suggests that the issue of sex is still somewhat taboo.

Figure 5.11 Percentage of Respondents Who Reportedly Discuss Sexual Issues with Specific Individuals, ZFSI Phase II Baseline, May 2005

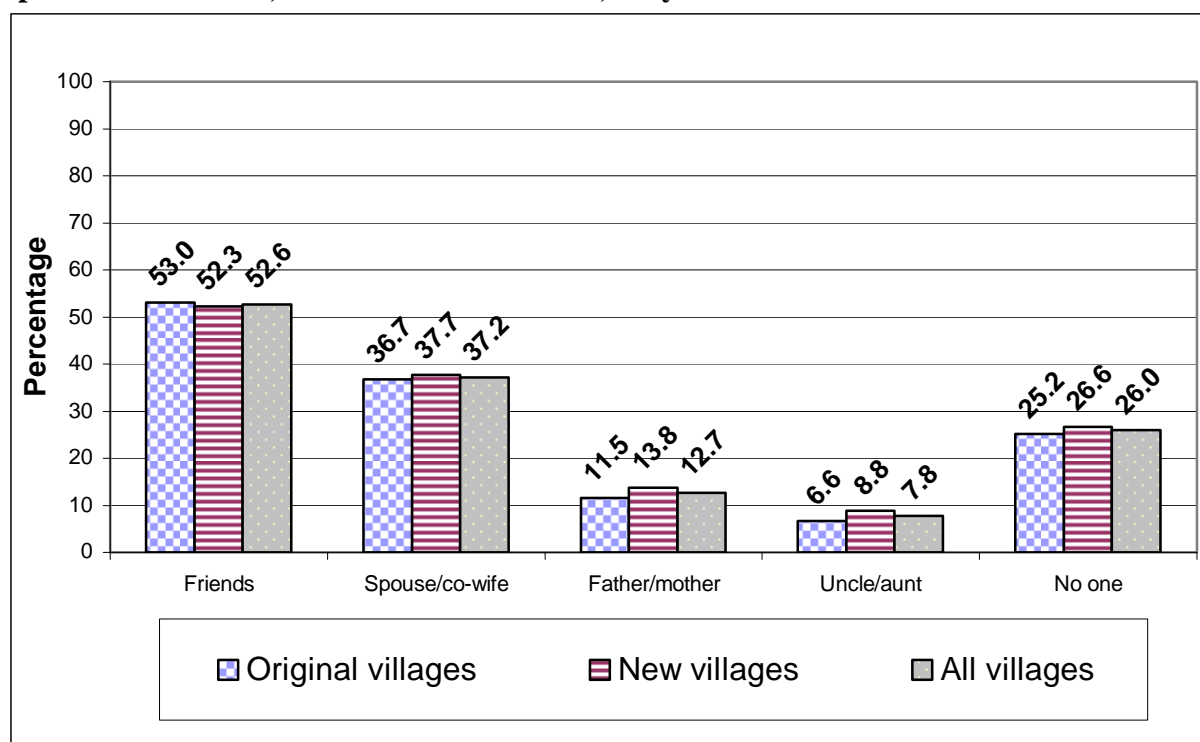


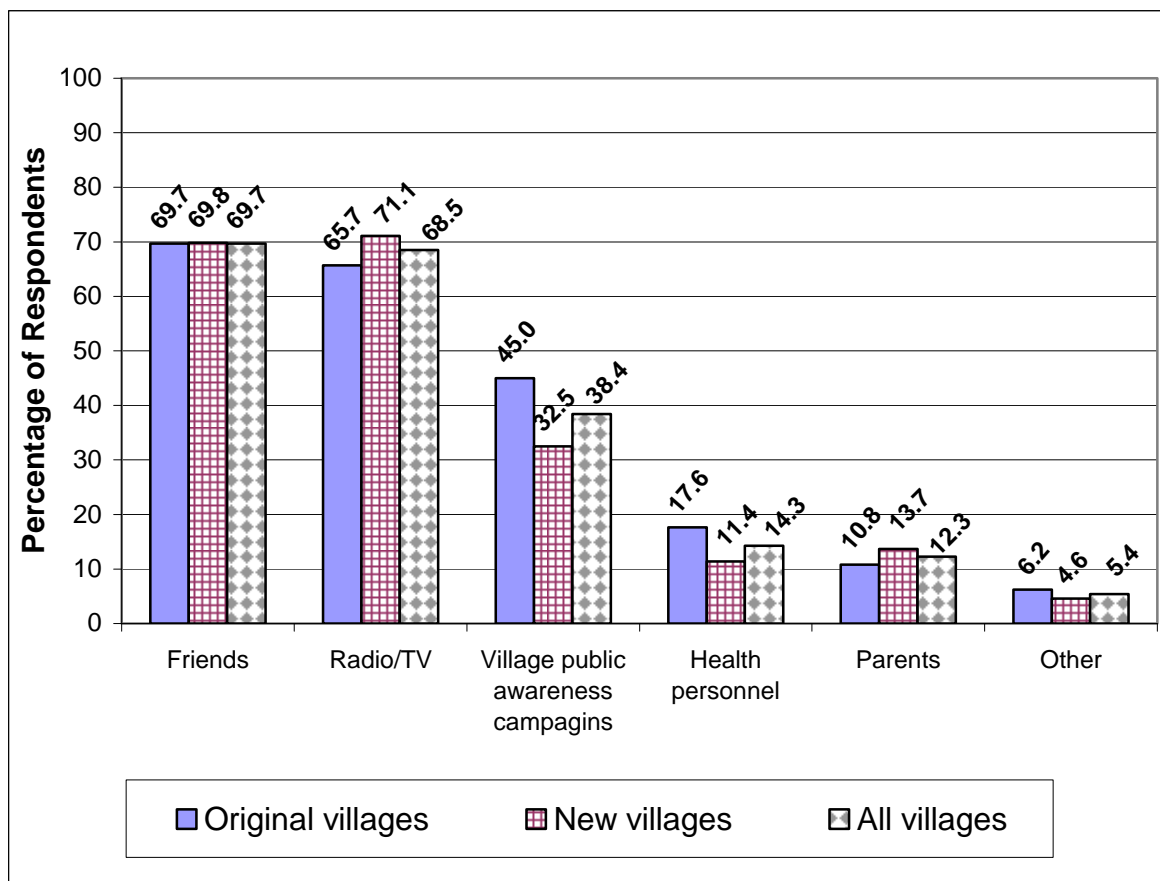
Table 5.18 Percentage of Respondents Who Discuss Sexual Behavior with Specific Individuals, ZFSI Phase II Baseline, May 2005

Person with whom respondents discussing sexual behavior	Original villages		New villages		All villages	
	Male n=172	Female n=177	Male n=199	Female n=199	Male n=371	Female n=376
Friend	75.6	31.1	72.9	31.7	74.1	31.4
Spouse/co-wife	36.1	37.3	33.2	42.2	34.5	39.9
Father/mother	11.1	11.9	10.1	17.6	10.5	14.9
Uncle/aunt	4.7	8.5	3.5	14.1	4.0	11.4
No one	14.5	35.6	13.1	40.2	13.7	38.0

5.3.3.3. Means of Communication

When respondents were asked which means of communication would be most effective in informing villagers about HIV/AIDS and other STDs, 70 percent cited their friends, 69 percent cited the radio/TV, and 38 percent cited village-based public awareness campaigns (Figure 5.12). The least frequently cited means of communication were health personnel (14 percent) and parents (12 percent).

Figure 5.12 Channels of Communication that Respondents Trust Most for Learning about HIV/AIDS and other STDs, ZFSI Phase II Baseline, May 2005



The percentage of respondents who cited public awareness campaigns and health personnel as their major channel of information about HIV/AIDS was substantially higher in the original than new project villages (45.0 and 17.6 percent respectively for public awareness and 32.5 and 11.4 percent respectively for health workers). These higher figures in the original project villages can no doubt be attributed to the activities during ZFSI Phase I.

Although the health agent is the resource person most respondents reported coming to first for treatment of HIV/AIDS and other STDs (62.8 percent), the health agent is not the favored channel for respondents hoping to get information on HIV/AIDS and other STDs (14.3 percent). Overall, the most desired communication channels were the ones where the respondents felt the least shame (friends, radio, and public information sessions) in contrast to others (health personnel, parent).

5.4 IR 3.4: Improved Access to Potable Drinking Water

Given the critical importance of potable drinking water in ensuring maternal and child health, the baseline survey gathered information that would help in the design and management of improved drinking water systems. The survey was primarily concerned with potable water sources—especially boreholes (*forages*) and large diameter wells. A household that has access to one of these two types of water sources is considered to have access to potable drinking water.

5.4.1. Water Sources

The fact that a higher percentage of households in the new project villages report having access to potable water from boreholes (Table 5.19) is a testament to the substantially greater historic investment in water infrastructure in these villages. One major Intermediate Result of the first phase of the ZFSI project was to address this historic imbalance. To this end, Africare supported the creation of 121 large diameter wells during Phase I. This investment is reflected in the significantly ($p=0.004$) higher percentage of households that report having access to potable water from large diameter wells in the original project villages (35



One of the wide diameter wells created by ZFSI during Phase I. (photo credit: R. Wilson)

versus 25 percent in the original versus new project villages respectively) (Table 5.19). Despite this remarkable progress, a substantial percentage of the population continues to drink non-potable water from unclean (“other”) sources and/or the less reliable, non-rehabilitated traditional wells (Table 5.19).

Table 5.19 Percentage of Households with Access to Potable Water from Different Sources, ZFSI Phase II Baseline, May 2005

Location	Type of water source	Percentage of HHs with access	
Original villages	Boreholes	36.1	
	Large-diameter wells	34.9	
	Traditional wells	Rehabilitated	10.9
		Not rehabilitated	30.4
	Other	0.7	
New villages	Boreholes	41.1	
	Large-diameter wells	25.7	
	Traditional wells	Rehabilitated	15.4
		Not rehabilitated	32.1
	Other	0.2	

5.4.2. Existence and Use of Latrines

5.4.2.1. *Existence of Latrines*

A significantly higher percentage of the households in the original than new project villages reported having a latrine in their compound (39.6 versus 24.0 percent respectively [$p=0.000$]). This is another major impact of ZFSI Phase I health education activities, which increased latrine coverage from 26.7 percent (baseline Phase I) to 39.6 percent (baseline Phase II). This significant increase was made possible by a combination of Phase I interventions that increased community demand (through the project's community-based health education and public awareness programs) and supply (through the ZFSI project-sponsored Food Security Funds (*Fond de Sécurité Alimentaire* or FSAs)).

5.4.2.2. *Latrine Use*

The respondents who reportedly have access to latrines reported that on average 90 percent of household members use the latrines regularly. About one-third of the women interviewed reported having relatively easy access to community latrines when needed (37.7 percent of women in the original project villages and 27.8 percent in the new project villages). Despite significant progress, the concept of constructing a latrine in each compound, which is critical to improving the overall quality of life in the villages, has not yet increased to the point that it is a common practice in the project zone.

5.5. **Conclusions and Recommendations**

5.5.1. Constraints and Opportunities

5.5.1.1. *Health and Nutrition of Mothers and Children under Five*

The study showed that:

- The nutrition practices of pregnant women and young children, as well as the management of common childhood illnesses, are not optimum;
- Good nutrition and health practices are not followed by the majority of mothers and households;
- The demand for health services by women during pregnancy is still very weak;
- Malnutrition is very pronounced in the project zone and on average 50 percent of moderately malnourished children are from the most vulnerable (i.e., food insecure) households;
- The percentage of mothers who practice good nutrition during pregnancy and nursing is smaller in the most vulnerable (i.e., food insecure) households; and
- Household vulnerability (as measured in terms of Months of Adequate Household Food Provisioning) was negatively correlated with mothers' positive health practices (i.e., mothers in the most food insecure groups were less likely to follow the recommended practices as closely as mothers in the most food secure group).

While it is clear that traditional beliefs and taboos may lead to certain negative nutrition practices, the study shows that household food insecurity also plays a major role. The same data show that although the state of health and nutrition may not be satisfactory, there is great potential for improvement based on the remarkable differences between some of the original

and new project villages thanks to ZFSI Phase I interventions. Four areas where it is clear that the project can make major improvements during Phase II are:

- Better use of village birth attendants in monitoring and counseling of pregnant women and referrals to health centers for assisted births;
- The use of community health agents and village nutrition educators to promote improved practices for community based management of common childhood illnesses;
- Support to the local health district for development of a minimum base of nutrition education activities that can be integrated into its other activities; and
- The use of participatory approaches, such as GRAAP [*Groupe de Recherche et d'Action pour l'AutoPromotion*] and SARAR [Self Associated Strengths, Resourcefulness, Action, Planning and Responsibility]) methods, to involve the community in training mothers, developing activities for sanitation and nutrition education programs, and identifying workable solutions to health, nutrition and sanitation problems.

5.5.1.2. HIV/AIDS

Based on the baseline surveys' questions concerning HIV/AIDS, the team concludes that:

- HIV/AIDS is the most widely recognized STD (more than 80 percent of persons interviewed recognized it), where as the other common STDs are less well understood; and
- In spite of fear of HIV/AIDS, only 32 percent of the respondents 15-45 years of age reported using a condom during their most recent sexual encounter.

The common practice of having multiple sexual partners combined with the limited use of condoms constitutes a major constraint in the battle to contain the transmission of HIV/AIDS and other STDs. The baseline survey data highlight other factors that may be used to change the understanding and sexual behavior in the project villages.

- More than 60 percent of the respondents requested information on the causes and best means of preventing HIV/AIDS.
- More than 60 percent of respondents reported that the best means of receiving information about how HIV/AIDS is transmitted, diagnosed, and prevented would be through the more anonymous modes of communication (radio and television) or through confidential channels (friends).
- More than 52 percent of respondents stated that the most likely person with whom they would discuss their sexuality was a friend.

5.5.2. Monitoring and Evaluation System

Based on a comparison of the baseline survey's results with the results of the Phase I baseline and final surveys the team concludes that:

- **Impact indicators 3.1, 3.2, and 3.3** be maintained, but that their mid-term and final targets be revised;
- **Impact indicators 3.4 and 3.5**, which are difficult and complex to measure, be eliminated; and
- That phrasing of **Monitoring Indicators 3.2 and 3.3** be changed:
Monitoring Indicator 3.2:
From: % of pregnant women monitored by health centers and traditional birth attendants;
To: Percentage of pregnant women monitored and referred by the Village Birth Attendants (AV)
Monitoring Indicator 3.3:
From: % of children malnourished rehabilitated in their own community;
To: Number of malnourished children rehabilitated in their own community.

The revised targets for these and all the other indicators are described in Table 5.20 and in the revised indicator performance tracking table for the project attached in Annex I. The team proposes that the project add a number of internal indicators that will not be included in the official IPTT, but that will be reported to USAID (Table 5.21). These internal indicators are designed to assist the project team in explaining the evolution of the official indicators in the IPTT.

5.5.3. Project Activities and Sustainability Plan

Based on the results of the Phase II baseline study, the team concludes that the health activities from Phase I continue to be pertinent and that they are likely to improve food security in Zondoma Province. However, the team recommends that a number of areas which were identified during the field visits also be considered. These areas include:

- Promoting the sale and consumption of iodized salt and the distribution of iodine supplements to vulnerable groups in collaboration with the health district.
- Nutritional counseling to people living with HIV/AIDS to help them improve their diet and their ability to benefit from anti-viral drug treatments.
- Basic literacy training of HIV/AIDS patients in order to help them manage their assets and credit in a way that will increase their financial independency and ability to pay for the medical treatments that they need to stay healthier longer.

The baseline survey showed that the principal impact and monitoring indicators for the project showed very little real difference between the original and the new project villages. The Phase II baseline data show that for certain indicators, conditions are worse in the original than new project villages, despite Phase I activities. For example, the number of Months of Adequate Household Food Provisioning is higher in the new than original project villages and the percentage of children aged 24-59 months of age is greater in the original than new project villages. A variety of reasons have been given for this pattern including the fact that the authorities deliberately picked the poorest, most difficult villages to work in during Phase I. These results, however, make it clear that ZFSI should continue to support health and nutrition activities in the original project villages, as well as the new project villages, through 2009.

Table 5.20 Proposed Reformulation of the Impact and Monitoring Indicators and Targets for Strategic Objective Three, ZFSI II Baseline, September 2005

Monitoring and impact indicators	Baseline		FY05		FY06		FY07		FY08		FY09	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
3.1. Impact Indicator % of children 24-59 months stunted	36						34				32	
3.2. Impact Indicator. % children 0-36 months underweight	35						32				28	
3.3. Impact Indicator. % of 15-45 year old sexually active people utilizing condoms as HIV/AIDS prevention methods	30	25					35	30			55	50
3.4. Impact Indicator. Reduction in the rate of decline in body composition of PLWA as measured by BIA (bioelectrical impedance analyzer)	Propose dropping											
3.5. Impact Indicator. Maintenance or improvement of quality of life of PLWHA.	Propose dropping											
3.1. Monitoring Indicator: % of children enrolled (0-36 months) and actively monitored	48	0	50	0	55	0	60	50	65	55	70	60
3.2. Monitoring Indicator. % of pregnant women monitored by health centers and TBA	770		0		1300		2400		3300		4000	
3.3. Monitoring Indicator: # of malnourished children rehabilitated in their own community	0		0		80		120		120		80 (400 tot)	
3.4. Monitoring Indicator: # of persons newly reached with HIV/IEC	0				16,000		16,000		16,000		16,000 (64,000 tot)	
3.5. Monitoring Indicator: PLWAHA households and HIV educators receiving food rations (years of feeding)	0		117		230		350		470		600	
3.6. # of HHs having access to potable water supplied by ZFSI	0		0		1,125		2,250		2,250		2,250 (7875 tot)	

Table 5.21 Proposed Internal Impact and Monitoring Indicators for Strategic Objective Three, ZFSI Phase II Baseline, May 2005

Proposed internal impact and monitoring indicators for SO IRs	Baseline data		
	Original villages	New villages	All villages
Internal Impact Indicator: Percentage of mothers eating more than usual during pregnancy	14.9%	18.6%	17%
Internal Impact Indicator: Percentage mothers who report putting their child on the breast within 8 hours after giving birth	53.8%	41.9%	--
Internal Impact Indicator: Percentage of mothers giving colostrums to their child	62%	41.5%	52.1%
Internal Impact Indicator: Percentage of children 0-6 months that are breastfed	14.1%	5.2%	9.7%
Internal Impact Indicator: Percentage of children 6-10 months whose diet is supplemented with cereal	55%	47%	--
Internal Monitoring Indicator: Number of cases of malaria in children under 5 years that are correctly managed at home	--	--	--
Internal Impact Indicator: Percentage of mothers using oral rehydration salts to treat diarrhea in their infant	17.6%	13.9%	15.7%
Internal Monitoring Indicator: Percentage of post-partum women who received vitamin A	22.8%	20.3%	21.0%
Internal Monitoring Indicator: Percentage of interviewees who report being tested for HIV/AIDS	13.6%	9.6%	12.0%
Internal Monitoring Indicators: Percentage of the respondents for all the villages who systematically use health services when diagnosed with an STD.	62.9%	62.7%	62.8%

Chapter Six
Strategic Objective Four:
Enhanced Community Capacity to Manage Risks that Increase Vulnerability and to
Influence Decisions that Increase Food Security

Ismael Gorai Diallo

One hall mark of Africare’s Title II food security programs has been the persistent emphasis on building the capacity of local beneficiary communities to analyze, develop, and implement solutions to food security problems. To reinforce its commitment to capacity building, Africare requires each of its Title II projects to use a standard capacity index tool—the Food Security Community Capacity Index (FSCCI). The original FSCCI tool—which was used as a self-assessment tool during Phase I of the ZFSI project—monitored eight variables. Two additional variables were developed at field workshops held in Mozambique and Burkina Faso in April and July of 2004. Each variable is measured via a series of indicators that are ranked 0-5 with “0” being the lowest ranking (no capacity) and “5” being the highest ranking (excellent capacity). Each of Africare’s programs has adjusted the number of variables and indicators to their specific situation. Since the number of indicators used to rank each variable varies, once the total raw score is computed it is then adjusted to a base of 100 points.

The revised FSCCI used in the ZFSI Phase II baseline survey measured seven variables using 24 indicators with the highest possible score being 120 points.¹ The index was conducted in 26 of the 40 original project villages and 28 of the 60 new project villages. The original project villages ranged in population from 503 to 3,654 and the new villages’ populations ranged between 205 and 5,483. The average number of participants in the FSCCI surveys in each village ranged from nine to 360 with an average of 35 participants per village.

This chapter analyses the results of the revised FSCCI administered for the ZFSI Phase II baseline survey as they relate to the following three major IR’s for Strategic Objective Four:

- IR 4.1: Improve community capacity as measured by the Food Security Community Capacity Index;
- IR 4.2: Improved community capacity to analyze and manage food security problems; and
- IR 4.3: Strengthen the technical capacity of communities.

6.1. IR 4.1: Improved Community Capacity

6.1.1. Community Organization

Two broad types of community organizations can be distinguished in the project area: traditional and modern. The traditional organizations refer to the Mossi ethnic group’s indigenous (e.g., village chief and earth priest) and religious social structures (e.g., Muslim and Christian). The modern organizations refer to the village *groupements* (extension groups), associations, Village Land Management Committees (*Commissions Villageoises de*

¹ This seven variable version of the index is a variation of the most recent 10 variable, 30 indicator version that Africare recommends. See: Africare. 2005. Food Security Community Capacity Index (FSCCI) for Title II Programs. Updated and Revised: February 2005. Washington, DC: Africare, Food for Development Unit. A full history of the methodology in Burkina and a description of the tool is provided in Annex III.

Gestion des Terroirs [CVGT]), and ZFSI-sponsored Food Security Committees (*Comités de Sécurité Alimentaire* [CSA]).

The number of modern community development organizations in the original project villages varies between two and 22 in the original project villages and between two and 30 in the new project villages. The average number of community organizations in the original project villages was 11.80 compared to 10.75 organizations in the new project villages. While this large number of organizations looks good on paper, it is relatively meaningless since few organizations actually do anything. Most were created under old projects and have done little since. Under the best circumstances, the development activities of the most dynamic organizations are limited to the exploitation of a relatively small communal collective field during the rainy seasons or paid or reciprocal (*sousouaga*) collective agricultural labor. In most cases, the fragmentation of the community into multiple community organizations works against, not for, collective action.

One important goal of Africare's Phase I activities was to help the project governments build a more cohesive and functional model of village organization. Africare's initial strategy during Phase I focused on targeting assistance to a wide variety of committee structures within the target villages where it intervened. By 2001, however, the project had identified the need for creating a single overarching committee structure to provide a focus point and created one Food Security Committee (or FSC) per village. The project is continuing to invite communities to select/elect members to form FSCs under Phase II. The FSCs are also responsible for drafting and implementing the village action plans and the promotion of the activities that support food security goals. Each committee is responsible for selecting various village-level volunteers: four to six village nutrition educators (VNEs), two demonstrators/promoters of agricultural and livestock appropriate technologies, two traditional birth attendants (TABAs), one or two community health agents and representatives from groups promoting HIV/AIDS awareness, and 4-6 members of water management and other interest groups. The project trains the volunteers in their particular technical area as well as in the use of various participatory rural appraisal methods as tools for analyzing problems and developing community action plans to address them.

Four indicators were selected to measure the FSCCI variable "community organizational capacity" (Table 6.1):

- The level of collaboration and agreement between the different village level organizations (i.e., what percentage of the organizations work together ranging from a low of 20 percent [level 1] to a high of 66-100 percent of the organizations that work together and are organized into a village union [levels 4 and 5]; see Indicator a.1 in Annex III and Table 6.1.²);
- The type of collaboration between the different organizations in the village (i.e., ranging from whether organizations only collaborate on specific short-term actions for which they are instructed by the a village chief [ranked as level 1] or whether organizations collaborate across their special interests and neighborhood on issues that concern all of them [level 5]); Indicator a.2);
- The extent to which regular decision making meetings were held (i.e., ranging from no decision making meetings held during the last year [level 0] to the highest

² This system of numbering (a.1, a.2, etc.) is used in the forms in the ZFSI Phase II Project Food Security Community Capacity Index (FSCCI) in Annex III.

- level in which more meetings are actually planned at the instigation of the local community to respond to specific issues [level 5] Indicator a.3);
- The existence of up-to-date written project records (MARF [*Méthode Active de Recherche et de Planification Participative*-Participatory Rural Appraisal] notebooks, meetings proceedings, accounting records) (i.e., ranging from at least one document being kept [level 1] to all the records being kept up-to-date and local authorities being regularly briefed [level 5]; Indicator a.4); and
 - The existence of activity specific management committees (i.e., ranging from a committee exists but doesn't operate [level 1] to a situation in which a management committee is systematically put in place with dynamic members who debrief the community regularly about their activities [level 5]; Indicator a.5).

Table 6.1 Percentage of Communities Classified as Having Different Levels of Community Organizations, ZFSI Phase II Baseline, May 2005

Indicators	Capacity level of community organizations											
	No capacity (score=0)		Very weak capacity (score=1)		Weak capacity (score=2)		Average capacity (score=3)		Good capacity (score=4)		Excellent capacity (score=5)	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
a.1. Level of collaboration between the organizations	11.5	28.6	3.8	25.0	15.4	25.0	34.4	14.3	34.4	0	0	7.1
a.2. Type of collaboration between the organizations	11.5	17.9	0	14.3	7.7	28.6	50	35.7	26.9	0	3.8	3.6
a.3. Regular decision making meetings	0	7.1	19.2	42.9	23.1	32.1	30.8	7.1	23.1	7.1	3.8	3.6
a.4. Up to date written project records	0	17.9	7.7	28.6	38.5	25.0	19.5	21.4	23.1	7.1	11.5	0
a.5. Activity specific management committees	0	3.6	7.7	21.4	19.2	39.3	46.2	32.1	19.2	3.6	7.7	0

Not surprisingly, the new project villages scored lower for almost every indicator of organizational capacity including (Table 6.1):

- Effective collaboration between community organizations (21.4 versus 68.8 percent³ in the new and original project villages respectively, Indicator a.1) and association with a village union (7.1 versus 34.4 percent in the new versus original project villages respectively, “good” to “excellent” capacity on Indicator a.1);
- Collaboration on activities that benefit the general good (3.6 versus 30.8 percent in the new versus original project villages, Indicator a.2);
- Regular decision making meetings (10.7 versus 26.9 percent in the new versus original project villages respectively, Indicator a.3);

³ All the data in this list, unless specified, represents the sum of percentages of categories “average” through “excellent” in Table 6.1.

- Maintaining basic record keeping (54.1 percent versus 28.5 in the, Indicator a.4); and
- Having communities with basic organizational capacity managing basic village infrastructure (73.1 percent versus 35.7, Indicator a.5).

Despite progress, a sizable proportion of the original project villages (42.3 percent) are still classified as very weak or weak in terms of their capacity to organize decision-making meetings (indicator a.3, Table 6.1). This is about the same percentage of villages classified as having weak or very weak capacity in the new project villages (44 percent).

The average total score for organizational capacity obtained by the original project villages is 14.3 for the original project villages and nine for the new project villages out of a possible total score of 25 points.

6.1.2. Community Participation

The four indicators used to measure “community participation” ranked communities according to their (Table 6.2):

- Patterns of participation in decision making meetings (Indicator b.1 in Annex III and Table 6.2);
- Democratic decision making processes (including the democratic choice of individuals for different leadership positions) (Indicator b.2);
- The compensation package for community volunteers (Indicator b.3); and
- Cash and in-kind contribution to the cost of developing community infrastructure (e.g., labor inputs, financial contribution) (Indicator b.4).

Table 6.2 Percentage of Villages Classified as Having Different Levels of Community Participation, ZFSI Phase II Baseline, May 2005

Indicators	Percentage of villages											
	No capacity (score=0)		Very weak capacity (score=1)		Weak capacity (score=2)		Average capacity (score=3)		Good capacity (score=4)		Excellent capacity (score=5)	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
b.1. Popular participation in decision making meetings	0	0	3.8	17.9	15.4	17.9	46.2	39.3	34.6	21.4	0	3.6
b.2. Democratic decision making and elections	0	0	0	0	26.9	32.1	38.5	39.3	26.9	21.4	7.7	7.1
b.3. Compensation package for community volunteers	42.3	60.7	30.8	14.3	23.1	14.3	3.8	3.6	0	7.1	0	0
b.4. Participation in collective community infrastructure	0	0	0	7.1	30.8	28.6	30.8	32.1	30.8	21.4	7.7	10.7

In contrast to the community organization variable, the data showed relatively little difference between the number of original and new project villages rated as “average” to “excellent” in terms of (Table 6.2):

- Popular participation (80 versus 64 percent respectively, Indicator b.1); and
- Democratic decision making and elections (73 versus 64 percent respectively; Indicator b.2).

By far the weakest link in the Africare community capacity development model is the weak willingness of the communities to compensate the community volunteers that execute a high percentage of the ZFSI development programs. Specifically (Table 6.2):

- There is virtually no recognized system for compensating community volunteers in the vast majority of the villages (73.1 and 75 percent⁴ of the original and new project villages respectively) (Indicator b.3, Table 6.2); and
- Not one single project village—original nor new—has developed a standardized system for compensating community volunteers.

Another weak link was the low percentage of villages that had demonstrated their willingness to contribute 60 percent or more of the cash or in kind cost of building new collective community infrastructure (30.8 versus 35.7 percent⁵ in the original versus new project villages, Indicator b.4).

The average total score for community participation obtained by the original project villages is 10.3 points and for the new project villages is 9.6 points out of a possible total score on all four indicators of 20 points

6.1.3. Consideration of HIV/AIDS in Community Activities

Two indicators were used to rank communities in terms of (Table 6.3):

- The formal structure and strategies in place to fight HIV/AIDS and to support people living with the disease (Indicator f.1, Annex III); and
- The percentage of the population that is actually mobilized to support these strategies (ranging from 0-100 percent) (Indicator f.2).

Even though HIV/AIDS awareness was not a major project focus during Phase I, the percentage of the project villages with a specialized village level structure to promote HIV/AIDS was substantially higher in the original than in the new project villages 80.8 versus 20.5 percent⁶) (Indicator f.1, Table 6.3). Only 7.7 percent of the original project villages and no new project villages had an integrated action plan (i.e., a plan that integrated both public awareness as well as support to people living with the disease) (level 5: “excellent”, Indicator f.1).



ZFSI Phase II Community Survey. (photo credit : I. Konda)

⁴ Data represent sum of percentages for “no capacity” or “very weak” capacity in Table 6.2.

⁵ Data represent sum of percentages for “no capacity,” “very weak,” and “weak” in Table 6.2.

⁶ Data represent sum of percentages for “average,” “good,” and “excellent” capacity in Table 6.3.

Table 6.3 Percentage of Communities Classified as Having Different Levels of HIV/AIDS Awareness, Prevention and Support, ZFSI Phase II Baseline, May 2005

Indicator	Percentage of villages											
	No capacity (score=0)		Very weak capacity (score=1)		Weak capacity (score=2)		Average capacity (score=3)		Good capacity (score=4)		Excellent capacity (score=5)	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
f.1. Community structures and strategies for fighting against HIV/AIDS	7.7	32.1	3.8	21.4	7.7	25	57.7	17.9	15.4	3.6	7.7	0
f.2. Mobilization of village members to participate in HIV/AIDS awareness activities	0	21.4	3.8	14.3	11.5	14.3	30.8	10.7	34.6	25	19.2	14.3

Surprisingly, many of the project villages have a sizable percentage (30 to 60 percent) of their population actively involved in the fight against HIV/AIDS: 84.6 percent of the original project villages and 50 percent of the new project villages.⁷ For 53.8 and 39.3 percent of the original and new project villages respectively this participation was deemed active (i.e., the community members were willing to ask questions, give their points of view, and suggest ways that awareness could be increased).

The average score in terms of HIV/AIDS awareness was 6.4 points out of 10 possible total points in the original project villages and 3.8 points out of 10 in the new villages. The higher level of participation in anti-HIV/AIDS efforts in the original project villages is attributed to creation of a network of 200 volunteers trained by Africare to fight HIV/AIDS under the Africare HIV/AIDS Volunteer Corps Initiative in 2004.⁸ Phase II of the ZFSI project builds on this successful experience and includes a sub-component focused on HIV/AIDS awareness, prevention, and support.

6.2. IR 4.2: Improved Community Capacity to Analyze and Manage Food Security Problems

6.2.1. Capacity for Analysis, Planning, and Action

Community capacity for analysis, planning, and action was assessed using six indicators that were designed to measure (Table 6.4):

- The capacity to identify and analyze constraints (Indicator c.1 in Annex III);
- The capacity to develop, monitor, and evaluate a food security action plan (Indicator c.2);
- The capacity to execute the activities identified in a food security action plan (Indicator d.2);
- The capacity to identify support from other non-project sources to fund activities identified in the food security action plan (Indicator d.3); and

⁷ The data represent the sum of percentages in rankings “average” through “excellent” in Table 6.3.

⁸ This initiative was separately funded by the United States Embassy in Burkina Faso.

- The capacity to use, adapt, and create the types of the MARP tools that communities need to analyze food insecurity problems and develop strategies or action plans to address these problems (Indicator c.3).

Table 6.4 Percentage of Communities with Different Levels of Capacity for Food Security Analysis, Planning, and Development of Action Plans, ZFSI Phase II Baseline, May 2005

Indicators	Percentage of villages											
	No capacity (score=0)		Very weak capacity (score=1)		Weak capacity (score=2)		Average capacity (score=3)		Good capacity (score=4)		Excellent capacity (score=5)	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
c.1. Capacity to identify and analyze constraints	0	0	0	2.6	26.9	39.3	50	14.3	19.2	14.3	3.8	3.6
c.2. Capacity to elaborate, monitor, and evaluate an action plan	0	28.6	3.8	17.9	30.8	32.1	42.3	7.1	23.1	14.3	0	0
d.1. Extent to which the activities in the action plan are executed	0	28.6	7.7	25	30.8	21.4	38.5	14.3	19.2	10.7	3.8	0
d.2. Capacity to execute the action plan activities without external assistance	0	0	19.2	25	30.8	42.9	30.8	21.4	19.2	10.7	0	0
d.3. Capacity to identify and secure funding from outside partners for action plan activities	15.4	17.9	30.8	57.1	34.6	17.9	15.4	3.6	0	3.6	3.8	0
c.3. Capacity to use MARP tools	3.8	32.1	19.2	53.6	42.3	14.3	23.1	0	7.7	0	3.8	0

The survey showed that (Table 6.4)⁹:

- 73 and 32.2 percent of the original and new project villages respectively were actively involved in the identification and analysis of their communities' food security constraints (Indicator c.1);
- 65.4 and 21.4 percent of the original and new project villages respectively developed their current food security action plans with minimal outside assistance (Indicator c.2);
- 61.5 percent of the original project villages had been able to execute 60 percent or more of the activities in their community action plans versus 25 percent in the new project villages (Indicator d.1); and

⁹ Data represent sum of percentages for categories "average," "good," and "excellent" in Table. 6.3.

- 50 percent of the original project villages reported being able to execute the plans without external assistance versus 32 percent of the new project villages (Indicator d.2);
- 19.2 percent of the original project villages and 7.2 percent of the new project villages have submitted successful micro-project proposals to outside partners (Indicator d.3);
- While the number of original project villages have reportedly fully mastered the use of the five basic MARP tools, (36 percent), that skill is virtually non-existent in the new villages (Indicator c.3).

The average combined score for the capacity to analyze, plan, and take action is 15 out of 30 possible points for the original project villages and 9.5 out of 30 possible points in the original project villages. This differential is attributed to the successful introduction of various participatory MARP tools that were used to build the analytical capacity of local communities during Phase I. This capacity becomes self-reinforcing if villages have members with good literacy skills who are stable and available to participate in the development activities of the villages.

6.2.2. Capacity to Identify, Predict, Analyze, and Manage Risk

The communities' capacity to identify, predict, analyze, and manage risk was assessed through four indicators that measured whether a community has (Table 6.5):

- A functional system for identifying risk and vulnerability based on a community information system (Indicator g.1);
- A community action plan for responding to risk (Indicator g.2);
- The mobilization of internal or external resources to respond to risk (Indicator g.3); and
- The existence of a system for monitoring and evaluating community-level responses to risk (Indicator g.4).

In the vast majority of the new and original project villages, the capacity to identify, predict, analyze, and manage risk and shocks is non-existent, very weak, or weak (Table 6.5¹⁰):

- Only 15 percent of the original project villages have established a quarterly system for assessing community needs and stocks (Indicator g.1);
- Only 14.4 percent of the original project villages and none of the new project villages have developed a formal risk management action plan that outlines how the plan to respond to risks (Indicator g.2);
- Only 22.1 percent of the original project villages and 21.4 percent of the new project villages have successfully mobilized internal resources to support their risk management strategy (Indicator g.3); and
- Only 26.9 percent of the original project villages and 14.3 percent of the new project villages have identified indicators that can be used to monitor and evaluate community-level responses to risk (Indicator g.4).

The combined score for all four indicators is only 4.4 points out of a total of 20 possible points in the original project villages and 3.1 out of 20 in the new villages. Based on the extremely low scores for this variable, it is clear that ZFSI will need to pay a great deal of attention to these areas under Phase II.

¹⁰ Data represent the sum of percentages “average” through “excellent” in Table 6.5.

Table 6.5 Percentage of Villages Classified in Terms of their Capacity to Identify, Predict, Analyze, and Manage Risk and Shocks, ZFSI Phase II Baseline, May 2005

Indicators	Percentage of villages											
	No capacity (score=0)		Very weak capacity (score=1)		Weak capacity (score=2)		Average capacity (score=3)		Good capacity (score=4)		Excellent capacity (score=5)	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
g.1. Community-based system for managing risk	15.4	17.9	53.8	60.7	15.4	21.4	11.5	0	0	0	3.8	0
g.2. Risk Management Plan of Action	50	46.4	26.9	46.4	7.7	7.1	7.7	0	7.7	0	0	0
g.3. System for/Experience with mobilizing internal community resources	65.4	67.9	3.8	7.1	7.7	3.6	7.7	14.3	15.4	7.1	0	0
g.4. System for monitoring and evaluating community responses to risk	61.5	67.9	7.7	10.7	3.8	7.1	23.1	14.3	0	0	3.8	0

6.3. IR 4.3: Strengthen the Technical Capacity of Communities

6.3.1. Individual Capacities of Community Members

Three indicators were used to measure some of the critical “individual” capacities that communities need to reduce food insecurity (Table 6.6):

- The level of literacy (writing, reading, and arithmetic) (Indicator e.1);
- The level of training in specific techniques (community organization, management, transformation, nutrition, agriculture, and livestock) (Indicator e.2); and
- The capacity of the population to apply the knowledge they acquired (Indicator e.3).

ZFSI considers that the minimal literacy level that a village needs to support development activities is 10 percent if the village elite are engaged and willing to support the activities. According to the baseline survey, only 61.5 percent of the original project villages and 46.4 of the new project villages¹¹ met these criteria.

Between 10 and 24 percent of adults in the villages have received some sort of technical training in 84.6 percent of the original project villages and 64 percent of the new project villages. Based on the respondents’ responses, this training has been applied in 46 percent of the original project villages and 35 percent in the new project villages.

¹¹ Data represent sum of percentages for categories “average” through “excellent” in Table 6.6.

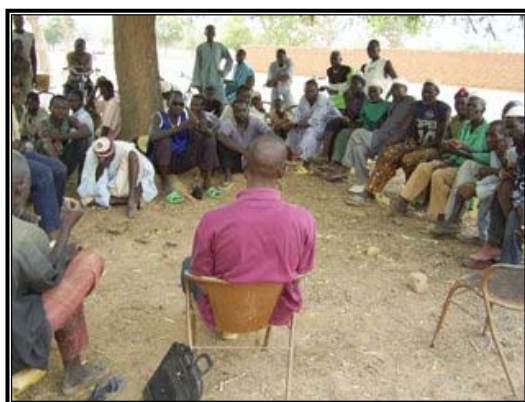
Table 6.6 Percentage of Villages Classified in Terms of the Community Members' Individual Capacities, ZFSI Phase II Baseline, May 2005

Indicator	Percentage of villages											
	No capacity (score=0)		Very weak capacity (score=1)		Weak capacity (score=2)		Average capacity (score=3)		Good capacity (score=4)		Excellent capacity (score=5)	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
e.1. Literacy levels	0	0	11.5	32.1	26.5	21.4	30.8	25	19.2	14.3	11.5	7.1
e.2. Level of training in specific techniques	0	3.6	0	39.3	15.4	21.4	38.5	21.4	34.6	10.7	11.5	3.6
3.3. Capacity of population to apply the knowledge gained through training	0	3.6	3.8	17.9	19.2	17.9	30.8	25	42.3	21.4	3.8	14.3

The total score obtained for this variable is 9.5 points out of 15 possible points in the original project villages and 7.3 points out of 15 possible points in the new project villages. The median score for the original project villages.

6.4. Levels of Capacity by Village Category

6.4.1. Village-Level Capacity Index



ZFSI community survey during which FSCCI was conducted. (photo credit: I. Konda)

A wide difference (15 points) was observed between the adjusted (base 100) FSCCI score for the original project villages (50.7 points) and the new project villages (35.5 points) (Table 6.7). This can in large part be attributed to the effects of the ZFSI Phase I village level training programs. The indicator score for the original project villages is actually lower than the one which was proposed for the these villages in the Phase II Development Assistance Proposal (DAP) for a second follow-up phase (50.3 points versus 80 points respectively); it is approximately the same as what was estimated for the new project villages (35.5 points in the

Phase II baseline versus 30 points in the Phase II DAP). This discrepancy has less to do with a sudden decrease in capacity than it does with a change in the FSCCI tool that Africare used to measure community capacity in the baseline survey. Specifically, the project recently added two new indicators dealing with risk management and HIV/AIDS prevention and nine new indicators to the basic FSCCI format that was used for Phase I and for the Phase II DAP. Given this differential and the adjustments to the FSCCI tool, it seems appropriate at this stage to revise the FSCCI targets for the original project villages. These new indicators (for HIV/AIDS and risk) plus three other new indicators¹² represent 45 of the 120 points used to score community capacity on the revised scale.

¹² Indicator a.1: collaboration between village organizations; Indicator b.3: compensation for community volunteers; and Indicator b.4: participation in community actions (Annex III).

Table 6.7 Food Security Community Capacity Index (FSCCI) Scores, ZFSI Phase II Baseline, May 2005

Food Security Community Capacity Index scoring systems	Original villages (n=26 villages)	New villages (n=28 villages)	All villages (n=54 villages)
Average total number of points out of 120	60.8 pts	42.6 pts	50.7 pts
Adjusted number of points (base 100)	50.7 pts	35.5 pts	42.7 pts

6.4.2 Classification of Villages in Terms of their Score on the FSCCI

Based on the level of the FSCCI scores for the 24 indicators, it is possible to group the villages into broad categories of capacity (Table 6.8):

- **Strong capacity:** A total score higher than 96 points (out of 120 possible points), an average score of four points per indicator;
- **Average capacity:** A total score of 72 through 96 points (out of 120 possible points) an average score of three to four points per indicator.
- **Weak capacity:** A total score of less than 72 points (out of 120 possible points), an average score of three or less points per indicator.

This analysis shows that not one village was assessed as having strong community capacity and only 11.5 percent of the original project villages and 3.6 percent of the new project villages were assessed as being average in terms of community capacity (Table 6.8). Although the majority of villages were classified as weak (i.e., less than 72 points), there was a higher concentration of original project villages at the upper end of the weak category than there were of the new villages that were classified as weak. Specifically:

- Of the 23 original villages whose capacity using the revised FSCCI indicator was classified as weak,
 - 19 (82.7 percent) were borderline average (i.e., with a score between 48-72 points); and only
 - 4 (17.3 percent) were classified as extremely weak (i.e., with a score less than 48 points).
- Of the 27 new villages whose community capacity was classified as weak:
 - 14 (51.8 percent) were borderline average (i.e., with a score between 48-72 points); and
 - 13 (48.2 percent) were classified as extremely weak (i.e., with a score less than 48 points).

Table 6.8 Percentage of Villages Classified as Having Different Levels of Community Capacity for Food Security Programming and Risk Management, ZFSI Phase II Baseline, May 2005

FSCCI levels*	Original villages	New villages	All villages
Strong capacity (more than 96 total points)	0.0	0.0	0.0
Average capacity (72 through 96 total points)	11.5	3.6	7.4
Weak capacity (less than 72 points)	88.5	96.4	92.6

*Based on raw score with 120 total possible points.

The fact that such a high percentage of the original project villages are still classified as weak (but at the high end of weak) after benefiting from Phase I activities has to do with the fact that, like the new project villages, the original project villages have not developed their capacity in the areas being monitored by the new variables and indicators that Africare recently introduced into the FSCCI. Since these indicators represent 45 of the 120 possible points on the revised FSCCI, the low scores for the new indicators lower the overall average for these villages.

6.5 Conclusions and Recommendations

Based on this data and analysis presented in this chapter it is possible to identify a number of lessons learned about the strengths and weaknesses of the FSCCI as a tool for evaluating local community capacity.

6.5.1. Constraints and Opportunities

- Both the original and new project villages are characterized by a large number of community organizations (an average of 11 per village in the original project villages and 12 in the new project villages).
- The average scores for the original project villages were significantly higher than those for the new project villages for three of the variables that were monitored by the former version of the FSCCI: the variable for community organization (an average of 2.8 versus 1.5 out of five possible points per indicator for the original versus new project villages respectively); the variable for analysis, planning, and action (an average of 2.5 versus 1.5 out of five possible points per indicator for the original versus new project villages respectively); and the variable for capacity for individual members of the community (an average of 3.1 versus 2.4 out of five possible points per variable for the original versus new project villages respectively).
- In contrast, the survey did not show a significant difference between the original and new project villages in terms of the variable for community participation (an average of 2.5 versus 2.4 out of five possible points per indicator).
- Even though the previous project did not have a subcomponent focused on HIV/AIDS, the average score for most of the indicators was significantly higher in the original than in the new project villages (an average of 3.8 versus 1.8 points out of five possible points per indicator respectively).

- To date, the average score on the new indicators, which were designed to help villagers better assess their ability to analyze and manage risk and shocks, are low for both the original and new project villages (an average of 1.1 and 0.7 out of five possible points per indicator in the original and new project villages respectively).

6.5.2. Monitoring and Evaluation System

6.5.2.1. *Lessons Learned: The Food Security Community Capacity Index (FSCCI)*

Correlation between the FSCCI and project assessments of village capacity: Based on the analysis of the data collected using the revised FSCCI format, the team concluded that the index is an effective mechanism for assessing local community capacity for food security planning and risk management. Overall, the villages that extension agents and senior staff describe as dynamic have a high FSCCI score and those categorized as less dynamic have a lower FSCCI score.

Utility of the FSCCI as a self-assessment tool: The baseline survey's results—combined with other Africare experiences with the tool during the last four years—suggest that the FSCCI can be a very useful self-assessment tool in villages that have a minimum level of literate persons who can manage documents. In most cases the local populations were extremely enthusiastic about the tool. Indeed the baseline survey took on a pedagogical character as the villagers discovered the new variables measuring risk management and HIV/AIDS awareness and they took advantage of the situation to find out how they could acquire these capacities. This intense interest in the new variables augurs well for good collaboration with the villages in mastering the revised tool.

Utility of the FSCCI for building local community capacity: The ultimate goal of the FSCCI is to provide a mechanism for helping local communities analyze their situation, make proposals for improving that situation, and set realistic objectives for improving specific capacities during the coming year. The measures for improving community capacity can then be incorporated into micro-projects that can be supported by the ZFSI Phase II project or other partners.

Amount of time required: The principal constraint of the FSCCI tool is the amount of time it requires to administer. It contains 24 indicators. To rank each indicator requires a period of reflection and an interactive exchange with the participants. As a result the average amount of time required to conduct the FSCCI ranking of a village is approximately three hours.

6.5.2.2. *Indicators and Indicator Targets*

Based on the survey's results, the team recommends that the project retain the basic indicators outlined in the DAP for Strategic Objective Four. The chief exception is a slight reformulation of the wording for one indicator (Table 6.9):

Monitoring Indicator 4.2

From: Number of food security committees autonomously using at least five PRA tools

To: Percentage of food security committees autonomously using at least five PRA tools.

It is also recommended that the following targets be revised (Table 6.9).

- *Impact Indicator 4.1: Increased community capacity as measured by the FSCCI (120 points adjusted to base 100 points).* The baseline, mid term, and LOA targets for Impact Indicator 4.1 should be revised to reflect the addition of the new indicators that measure risk and HIV/AIDS strategy development (which lowered the baseline measure) and the slower-than-expected start up of capacity building activities in these areas during FY05.
- *Monitoring Indicator 4.1: Percentage of activities outlined in village action plans that have been implemented.* The mid-term and LOA targets should be decreased given the lower levels of project funding to support these since the project plan to create village level Food Security Funds was never funded. In the absence of other partners that can support some of these costs, there are likely to be some substantial gaps between the village goals and what they can actually accomplish. Unless a new budget line is created for these activities, the project needs to revise its objectives for this indicator to simple maintenance of current capacity in the original project villages or, in the best case scenario, a slight increase in the capacity of these villages (and the project) to execute the identified activities without outside support. In terms of the new project villages, the project can be more ambitious in hoping to realize at least 50 percent of the identified activities by mid-term and around 70 percent of the target by the end of the project since these villages will have access to Food for Work as well as other funds for basic infrastructure development.
- *Monitoring Indicator 4.2: Number of food security committees autonomously using at least five PRA tools.* The achievement of this indicator is dependent on the stable presence of a number of literate people who are capable of understanding the use of the MARP tools and of transferring this training to other literate persons. Unfortunately, the population of literate persons in the project villages tends to be highly mobile and often unavailable. This appears to explain the lower than expected achievement (36 percent) for this variable in the original project villages. To accommodate this constraint, the team recommends lowering the mid-term target for this variable in both the original and new project villages. There will be a delay in achievement of the ultimate goals for this indicator to allow the villages to nominate non-migratory adults for literacy training and then train them on the use of these tools.

The revised targets are described in the revised IPTT for the project that is attached in Annex I. The team also proposes that the project add a number of internal indicators that will not be included in the official IPTT (Table 6.10).

Table 6.9 Proposed Reformulation of the Impact and Monitoring Indicators and Targets for SO2, ZFSI Phase II Baseline, May 2005

Monitoring and Impact Indicator	Baseline		FY05		FY06		FY07		FY08		FY09	
	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV	OV	NV
Impact Indicator 4.1: Increased community capacity as measured by the FSCCI (120 points adjusted to base 100 points)	50 pts	35 pts					80 pts	65 pts			90 pts	80 pts
Monitoring Indicator 4.1: % of activities outlined in village action plans implemented	65%	34%	65%	34%	70%	45%	75%	50%	80%	60%	80%	70%
Monitoring Indicator 4.2: From: # of food security committees autonomously using at least five PRA tools To: % of food security committees autonomously using at least five PRA tools.	36%	0%	36%	0%	50%	30%	70%	50%	90%	80%	100%	95%

Table 6.10 The Proposed Internal Impact and Monitoring Indicators for Strategic Objective Four, ZFSI Phase II Baseline, May 2005

Proposed internal impact and monitoring indicators for SO4 Intermediate Results	Baseline	
	Original villages	New villages
Internal Indicator: Average score on the community organization ranking in the FSCCI (for each indicator on the variable "community organization")	2.8 (out of 5)	1.8 (out of 5)
Internal Indicator: % of villages that have a system in place for compensating community volunteers on a regular (i.e., not case by case) basis	0%	0%
Internal Indicator: % of villages that have a formal structure for fighting HIV/AIDS and a plan of action that integrates public awareness and support to persons living with HIV/AIDS	7.7%	0%
Internal Indicator: % of villages that have a formal plan for responding to shocks and risks	7.7.5%	0%
Internal Indicator: % of villages where at least 10% of the adults are literate and able to manage basic project documents	61.5%	46.4%

6.5.3. Project Activities and Sustainability Plan

6.5.3.1. *Project Activities*

In the original DAP for Phase II, it was anticipated that the project would help support the CSA and RECOSA (Food Security Committee Networks) to get the legal recognition that

they need in order to manage money and conduct certain types of business transactions. These activities are no longer valid because the new project must operate in a completely different legal context with a new set of organizations designated by this legal context. Based on the inter-ministerial *arrête* no. 010.2000/AGRI/MEF/MAT/MRA of 3 February 2000, which is now fully in force, the Village Land Management Commissions (CVGT or *Commissions Villageois de Gestion des Terroirs*) are the official local organizations charged with ensuring the planning and coordination of all development activities within a given *terroir* (designated land area). The CVGT's responsibilities include dealing with questions pertaining to food security in collaboration with the technical services of the state and other development partners.

In this context, the ZFSI project will work directly with the CVGT to incorporate any pre-existing (in the original project villages) or new (in the new project villages) CSA into the CVGT as CVGT sub-commission charged with managing food security. Once the CSA sub-commission is created, the project will work with it to ensure that its activities continue to focus on food security and continue to elaborate and execute food security action plans. In the villages where the CVGT have not yet been put in place, ZFSI will continue to organize the creation of CSAs with the expectation that they will eventually be incorporated into the CVGT as sub commissions of the future CVGT.

6.5.3.2. Sustainability Plan

In the original Phase II DAP it was anticipated that most activities would stop in the original project villages after three years (the end of 2007). The team is proposing that this plan needs to be revised based on:

- The fact that the baseline survey did not show a significant difference in capacity between the original and new project villages that would justify the project stopping its assistance;
- The fact that two years (2006-2006) is unlikely to be enough time to build the original project villages' capacity to the point that they could manage the necessary food security activities and desired behavior changes on their own; and
- The likelihood that the villages would interpret the end to project activities in their village as an indication that they are no longer important. This in turn could lead them to sabotage some of ZFSI's activities.

Based on this analysis the team recommends a revised exit strategy that includes:

- A focused strategy based on the activities of the ZFSI extension agents until 2007,
- After which the direct responsibility for these extension activities will be transferred to community volunteers under the regular supervision of the ZFSI extension agents until 2008,
- Followed by less intensive period of supervision through 2009.

In the opinion of the project staff this more progressive disengagement of the project will permit the villages to better consolidate and sustain the Phase I and Phase II achievements.

Table I.A.1. Indicator Performance Tracking Table for Africare/Burkina Faso ZFSI Phase II Project (September 2005)

Indicator	Baseline	FY 05" Target	FY 05 Achieved	FY 05% Achieved vs. Target	FY 06" Target	FY 06 Achieved	FY 06 % Achieved vs. Target	FY 07" Target	FY 07 Achieved	FY 07 % Achieved vs. Target	FY 08" Target	FY 08 Achieved	FY 08% Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09% Achieved vs. Target	LOA Target
SO1: Enhancing and protecting livelihood capacities																	
Impact Indicator 1.1 # of months of adequate HH food provisioning	6.8							7.5						8.5			8.5
Impact Indicator 1.2 % of food insecure PUs (>3 months food insecure)	53							50						45			45
Monitoring Indicator 1.1 % of HHs adopting improved agricultural techniques	OV: 19	21			25			35			45			50			50
	NV: 9	10			12			15			20			25			25
Monitoring Indicator 1.2 # of hectares developed for gardening by ZFSI Phase II (PPM, bas fond)	0	0			15			25			20			0			60 ¹
Monitoring Indicator 1.3 Percentage of PUs adopting livestock techniques	11	12			20			25			30			35			35
SO2: Building community and household assets needed to buffer the impact of seasonal and inter-seasonal production shortfalls																	
Impact Indicator 2.1 % increase in cash revenue for the PU (leader) generated by the income generating	0							10%						15%			15%

¹ The target of this indicator was re-estimated downward because of ownership problems appeared recently for areas initially targeted for the development of vegetable gardening.

Indicator	Baseline	FY 05" Target	FY 05 Achieved	FY 05% Achieved vs. Target	FY 06" Target	FY 06 Achieved	FY 06 % Achieved vs. Target	FY 07" Target	FY 07 Achieved	FY 07 % Achieved vs. Target	FY 08" Target	FY 08 Achieved	FY 08% Achieved vs. Target	FY 09 Target	FY 09 Achieved	FY 09% Achieved vs. Target	LOA Target
Monitoring Indicator 2.1 # direct beneficiaries from IGAs ²	0	15			1500			2 000			3 000			3 000			9,515
Monitoring Indicator 2.2 # of women benefiting from credit ³	OV:13.3% NV:8.3%	10% ⁴ (all)			800			1,200			1,600			2,000			5,600
S03: Improved Household Health and Nutrition																	
Impact Indicator 3.1 % of children of 24 to 59 months stunted (Height/for Age<-2 HD)	36							34						32			
Impact Indicator 3.2 % children of 0-36 months underweight (Weight/ for Age <- 2HD)	35							32						28			
Impact Indicator 3.3 % of 15-45 years old sexually active people utilizing condoms as HIV/AIDS prevention method	OV:30 NV: 25							35 30						55 50			

² The formulation of this indicator was changed from households to individuals benefiting from IGAs to facilitate accurate monitoring. Since several individuals in the same household may benefit from income generating activities, the target for this indicator is higher than in the DAP. The target in the IPTT is based on the number of women getting access to credit, since access to credit is critical to the development of IGAs. Since the baseline level for credit is "0," no distinction is made between the original and new villages in terms of targets.

³ Based on the results of the baseline survey, the targets for this indicator are revised. The results showed that the percentage of women having access to credit is extremely weak in both the original and new project villages. The original target for the DAP was that 60% of women would have access to credit. Given the late start of credit activities in FY05, the team recommends that this indicator be changed from % of women benefiting to # of women benefiting. The proposed targets are based on the MOU that Africare signed with URCPN to promote micro-credit.

⁴ The original indicator has been changed from percentages to numbers in order to facilitate accurate monitoring.

Indicator	Baseline	FY 05" Target	FY 05 Achieved	FY 05% Achieved vs. Target	FY 06" Target	FY 06 Achieved	FY 06 % Achieved vs. Target	FY 07" Target	FY 07 Achieved	FY 07 % Achieved vs Target	FY 08" Target	FY 08 Achieved	FY 08% Achieved vs Target	FY 09 Target	FY 09 Achieved	FY 09% Achieved vs Target	LOA Target
Impact Indicator 3.4 Reduction in the rate of decline in body composition of PLWA as measured by a BIA (bioelectrical impedance analyzer)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Impact Indicator 3.5 Maintenance or Improvement of Quality of Life of PLWHA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monitoring Indicator 3.1 % of children enrolled (0 - 36 months) and actively monitored	OV: 48 NV: 0	50 ⁵ 0			55 40			60 50			65 55			70 60			70 60
Monitoring Indicator 3.2 % of pregnant women monitored and referred by the Village Birth Attendants (OV)	770	0			1 300			2 400			3 300			4 000			11 000
Monitoring Indicator 3.3 # ⁶ of malnourished children rehabilitated in their own community	0	0			80 ⁷			120			120			80			400
Monitoring Indicator 3.4 # persons newly reached with HIV/AIDS IEC	0				16 000			16 000			16 000			16 000			64 000 ⁸

⁵ The targets of the monitoring indicator 3.1 were increased in original villages taking into account positive changes that occurred in these villages.

⁶ The monitoring indicator 3.3 was reformulated to better tell the impact the FARN.

⁷ Targets based on the number of operating FARNs per fiscal year and an average participation at eight children per FARN.

⁸ Since the project's HIV/AIDS prevention activities did not start in FY05, the LOA target was reduced.

Indicator	Baseline	FY 05" Target	FY 05 Achieved	FY 05% Achieved vs. Target	FY 06" Target	FY 06 Achieved	FY 06 % Achieved vs. Target	FY 07" Target	FY 07 Achieved	FY 07 % Achieved vs Target	FY 08" Target	FY 08 Achieved	FY 08% Achieved vs Target	FY 09 Target	FY 09 Achieved	FY 09% Achieved vs Target	LOA Target
Monitoring Indicator 3.5 PLWHA households and HIV/AIDS educators receiving food rations(years of feeding ⁹)	0	117 ¹⁰			230			350			470			600			600
Monitoring Indicator 3.6 # of HHs having access to potable water supplied by ZFSI	0	0			1 125			2 250			2 250			2 250			7 875
SO4: Enhanced Community Capacity to manage risks that reduce vulnerability and to influence decisions that increase food security																	
Impact Indicator 4.1 Increased Community Capacity as measured FS Community Capacity Index	OV: 50							80								90	
	NV: 35							65								80	
Monitoring Indicator 4.1 % of activities outlined in village actions plans implemented	OV:65	65			70			75			80			80			80
	NV: 34	34			45			50			60			70			70
Monitoring Indicator 4.2 % of food security committees autonomously using at least five PRA tools	OV: 36	36			50			70			90			100			100
	NV: 0	0			30			50			80			95			95

⁹ Targets were determined by the number PLHIV who were nutritionally supported by Africare from WFP commodities during FY05, and the project strategy based on food aid for one peer educator per village per year for the 104 villages of the province.

Annex 2

QUESTIONNAIRE JEUNES VIH/SIDA ENQUETE DE BASE PSAZ II

IDENTIFICATION

Département de:..... /__/

Village de:..... /__/ __/

N° de Strate /__/

N° de grappe /__/ __/

N° de l' UP /__/ __/

Nom et Prénom de l'Enquêteur:

Date de l'entretien: /__/ __/ /__/ __/ /__/ __/

V01. Sexe (code 1= M, code 2= F)

1. Masculin

2. Féminin

V02. Age de l'enquêté

/__/

V03. Statut matrimonial (marquez le n° correspondant dans la case):

1. Célibataire.....

2. Marié(e).....

3. Divorcé(e).....

4. Veuf/Veuve.....

V04. Religion (marquez le n° correspondant dans la case):

1. Animiste.....

2. Musulman

3. Catholique.....

4. Protestant.....

V05. Niveau d'instruction (cité=1, non cité=2)

1. Aucun.....

2. Primaire/ Franco arabe.....

3. Secondaire.....

4. Alphabétisé.....

5. Ecole coranique.....

I- CONNAISSANCES DES IST/SIDA

V06. Citez infections sexuellement transmissibles que vous connaissez?
(cité=1, non cité=2)

- | | |
|--------------------------|--------------------------|
| 1. Chaude pisse..... | <input type="checkbox"/> |
| 2. Syphilis..... | <input type="checkbox"/> |
| 3. Chancre mou..... | <input type="checkbox"/> |
| 4. herpes vaginales..... | <input type="checkbox"/> |
| 5. Sida..... | <input type="checkbox"/> |
| 6. Autres..... | <input type="checkbox"/> |

V07. Avez-vous déjà entendu parler du SIDA? (code1=oui code2=non)

- | | |
|--------|--------------------------|
| 1- Oui | <input type="checkbox"/> |
| 2- Non | (si non aller à la V11) |

V08. Par quel canal avez-vous entendu parler? (cité=1, non cité=2)

- | | |
|--------------------------------------|--------------------------|
| 1. Radio / Télévision..... | <input type="checkbox"/> |
| 2. Amis / gens..... | <input type="checkbox"/> |
| 3. Parents..... | <input type="checkbox"/> |
| 4. Activités de sensibilisation..... | <input type="checkbox"/> |
| 5. Personnel de santé..... | <input type="checkbox"/> |
| 6. Autres..... | <input type="checkbox"/> |

V09. Citez les principaux modes de transmission du SIDA que vous connaissez?
(cité=1, non cité=2)

- | | |
|--|--------------------------|
| 1. Rapports sexuels non protégés..... | <input type="checkbox"/> |
| 2. Transfusion sanguine..... | <input type="checkbox"/> |
| 3. Objets souillés non stérilisés..... | <input type="checkbox"/> |
| 4. Mère / enfant | <input type="checkbox"/> |
| 5. Je ne sais pas..... | <input type="checkbox"/> |
| 6. Autres..... | <input type="checkbox"/> |

V10. Citez les principales méthodes pour se protéger contre les IST et Le VIH/SIDA que vous connaissez? (cité=1, non cité=2)

- | | |
|------------------------------------|--------------------------|
| 1. Fidélité après le test | <input type="checkbox"/> |
| 2. Utilisation du préservatif..... | <input type="checkbox"/> |
| 3. Eviter les objets souillés..... | <input type="checkbox"/> |
| 4. Je ne sais pas..... | <input type="checkbox"/> |
| 5. Autres:..... | <input type="checkbox"/> |

V11. Avez-vous déjà participé à des activités de sensibilisation sur les IST/VIH/SIDA?
(code 1=oui, code 2=non)

- 1- Oui
2- Non (Si non aller à la V13)

V12. Si oui lesquelles et où? (cité=1, non cité=2)

- | | Participé | Dans le village |
|---------------------------------|--------------------------|--------------------------|
| 1. Projection vidéo..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Causeries débats | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Visite à domicile (VAD)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Autres:..... | <input type="checkbox"/> | <input type="checkbox"/> |

ATTITUDES ET PRATIQUES

V13. Quels sont les comportements à risque face aux IST et au SIDA que vous connaissez? (**cité=1, non cité=2**)

1. Infidélité.....
2. Utilisation d'objets souillés.....
3. Multi partenariat / Vagabondage sexuel / Yooobo
4. Je ne sais pas.....
5. Non-utilisation du préservatif.....
6. Autres:.....

V14. Quel comportement avez-vous adopté en tant que jeune pour vous protéger contre les IST et le VIH/SIDA depuis que vous avez entendu parler du SIDA? (**cité=1, non cité=2**)

1. J'évite désormais les objets souillés.....
2. J'utilise à chaque rapport sexuel un préservatif.....
3. Je suis devenu (e) fidèle.....
4. Je m'abstiens des rapports sexuels
5. Autres:
6. Aucun.....

V15. Si vous n'avez adopté aucun comportement, dites pourquoi? (**cité=1, non cité=2**)

1. Je ne crois pas à l'existence du VIH/SIDA.....
2. Je n'ai pas eu un comportement à risque.....
3. J'ai cessé d'avoir des relations sexuelles.....
4. Autres:.....

V16. Avez-vous fait votre test de dépistage de SIDA? (**code 1=oui, code 2=non**)

- 1- Oui
2- Non

(Si non allez à V18)

V17. Si oui, pourquoi avez-vous décidé de faire votre test de dépistage?
(cité=1, non cité=2)

1. Pour savoir ma sérologie VIH.....
2. Comportement à risque.....
3. Avant le mariage.....
4. J'ai été sensibilisé.....
5. Je ne me sentais pas bien.....
6. Autres:.....

V18. Si non, pourquoi vous n'avez pas encore fait le test de dépistage? (cité=1, non cité=2)

1. J'ai peur de connaître ma sérologie.....
2. Il n'y a pas de centre de dépistage dans mon village.....
3. Je suis fidèle à mon conjoint(e).....
4. Je n'ai pas de relations sexuelles.....
5. Je n'ai jamais eu un comportement à risque.....
6. Je n'y ai pas pensé.....
7. Je n'ai pas d'argent.....
8. Rien.....
9. Autres:.....

V19. Souhaitez-vous faire votre test de dépistage? (code 1=oui, code 2=non)

- 1- Oui
2- Non

V20. Est-ce que vous utilisez systématiquement les services de santé lorsque
Vous avez une IST ou tout autre maladie? (code 1=oui, code 2=non)

- 1- Oui
2- Non (Si oui allez à V23)

V21. Si non, quels sont vos recours pour vous soigner? (**cité=1, non cité=2**)

- 1. Auto médication.....
- 2. Guérisseurs traditionnels.....
- 3. Féticheurs / Marabouts.....
- 4. Achats médicament au marché / marchants ambulants.....
- 5. Autres:.....

V22. Pourquoi n'allez-vous pas au Centre de santé pour vos problèmes?
(**cité=1, non cité=2**)

- 1. Manque d'argent.....
- 2. Manque de confidentialité du personnel sanitaire.....
- 3. Inefficacité des soins modernes.....
- 4. Eloignement des CSPS.....
- 5. Coût exorbitant des soins.....
- 6. Rien.....
- 7. Autres:.....

V23. Souhaitez-vous recevoir des informations sur les IST et le VIH/SIDA?
(**code 1=oui, code 2=non**)

- 1- Oui
- 2- Non

(Si non allez à V26)

V24. Quelles sont les informations que vous souhaitez avoir sur les IST
et le VIH/SIDA? (**cité=1, non cité=2**)

- 1. Modes de transmission.....
- 2. Méthodes de prévention.....
- 3. Transmission de la mère à l'enfant (PTME).....
- 4. Tous sur les IST/VIH/SIDA.....
- 5. Prise en charge sanitaire des PvVIH
- 6. Autres:.....

V25. Par quels canaux souhaitez-vous recevoir ces informations? (**cit =1, non cit =2**)

- 1. Projections vid o.....
- 2. Causeries d bats.....
- 3. Th  tre Forum.....
- 4. Radio.....
- 5. Formation.....
- 6. Visite   domicile (VAD).....
- 7. Autres:.....

V26. Avez-vous d j  vu/eu un malade de SIDA au sein du m nage?
(**code 1=oui, code 2=non**)

- 1-Oui
- 2-Non

V27. Si oui, quelle a  t  votre r action face au malade de SIDA? (**cit =1, non cit =2**)

- 1. Peur.....
- 2. Honte.....
- 3. Compassion.....
- 4. Exclusion

V28. Que faites-vous pour venir en aide aux PvVIH? (**cit =1, non cit =2**)

- 1. Soutien financier.....
- 2. Soutien psycho- social.....
- 3. Appui alimentaire.....
- 4. Autres:.....

V29. Qu'envisagez-vous faire au sein de votre communauté pour venir en aide aux PVVIH?
(cité=1, non cité=2)

1. Mettre en place un comité de prise en charge communautaire des PVVIH.....
2. Ne pas les marginaliser / les accepter.....
3. Les aider dans leurs travaux champêtres.....
4. Appui alimentaire / quêtes céréalières.....
5. Rien.....
6. Autres:.....

V30. Avez-vous utilisé la capote lors de votre dernière relation sexuelle?
(code 1=oui, code 2=non)

- 1- Oui
- 2- Non (si non allez V32)

V31. Si oui, dites pourquoi vous avez décidé de le faire?
(cité=1, non cité=2)

1. Pour se prémunir contre les IST.....
2. Conseils reçus lors des activités de sensibilisation.....
3. Pour se prémunir contre le VIH/SIDA.....
4. Pour la planification familiale.....
5. Autres:.....

V32. Si non, pourquoi n'utilisez-vous pas la capote?
(cité=1, non cité=2)

1. Parce que je suis fidèle à conjoint(e).....
2. Je n'aime pas la capote.....
3. Je n'ai pas de relations sexuelles.....
4. Je ne connais pas la capote.....
5. Rien
6. Autres:.....

V33. Avez-vous déjà utilisé la capote aux cours de vos relations sexuelles?

- 1- Oui
- 2- Non

V34. Où peut-on trouver les capotes? (**cité=1, non cité=2**)

- 1. A la boutique.....
- 2. Au centre de santé.....
- 3. Chez le tablier
- 4. Au siège d'une association.....
- 5. Lors des animations ponctuelles.....
- 6. Ne sait pas
- 7. Autres:.....

III- SEXUALITE

V35. Avec qui parlez-vous de sexualité ? (**cité=1, non cité=2**)

- 1. Père / mère.....
- 2. Tante / oncle.....
- 3. Amis / grain.....
- 4. Conjoint(e) / coépouses.....
- 5. Personne..... (**Allez à V37**)

V36. Quels sont les thèmes que vous abordez avec eux? (**cité=1, non cité=2**)

- 1. IST/VIH/SIDA.....
- 2. Mariage/problèmes couples.....
- 3. Utilisation du préservatif.....
- 4. Avenir.....
- 5. Autres:.....

V37. A quel Age avez-vous eu votre premier rapport sexuel? /__/_/___/_____
(Code 99 pour ne se rappelle pas, et si n'a jamais eu de rapport sexuel 00)

V38. Pourquoi n'avez-vous pas encore eu un rapport sexuel? (cité=1, non cité=2)

1. Je suis encore très jeune.....
2. J'attends d'être marié (e).....
3. J'ai pas de copain / copine.....
4. J'ai peur de mes parents.....
5. Rien.....

V39. Si oui, avec qui pour la première fois? (Marquez le n° correspondant dans la case)

1. Petit(e) copain/copine.....
2. Epoux / épouse.....
3. Prostituée.....
4. Fonctionnaire du village.....
4. Autres:.....

V40. Avez-vous déjà eu un partenaire en dehors de votre partenaire habituel?
(code 1=oui, code 2=non)

- 1- Oui
- 2- Non

V41. Si oui combien? (Marquez le n° correspondant dans la case)

1. Un partenaire.....
2. Deux à trois.....
3. Plus de trois.....

Annexe 3.A.

Evolution of the Concept of the FSCCI in the ZFSI Project

1.0. Historique du Concept à PSAZ

L'ICCSA utilisé au cours de la seconde phase du projet a été profondément amélioré en tenant compte de l'expérience de son utilisation au cours du PSAZ 1 et des conclusions de l'Atelier Africare Francophone des programmes du Titre II tenu à Ouagadougou courant juin 2004.

1.1. L'Expérience de l'ICCSA au Cours du PSAZ 1

L'utilisation de l'ICCSA pour évaluer la capacité des communautés était une expérience nouvelle pour la majeure partie des agents du PSAZ. Pour déterminer les variables et les indicateurs, l'équipe du projet s'est inspirée du Manuel de Sécurité Alimentaire de Africare, de l'expérience du Mali et du Tchad. A partir du Manuel et de ces deux expériences, et tenant compte de la réalité de la zone d'intervention vécue lors de la MARP exploratoire (RRA) et de l'enquête de base, une liste provisoire de variables et d'indicateurs a été établie. Cette liste a fait l'objet d'échanges entre tous les membres de l'Equipe Technique et les animateurs du PSAZ. Au cours de ces échanges, des amendements y ont été apportés. Les variables et les indicateurs retenus par l'Equipe du Projet ont été testés au niveau communautaire pour vérifier leur validité et la compréhension des communautés. Suite à ce test, une liste de 5 variables et de 15 indicateurs ont été déterminés pour la mesure de la capacité communautaire au niveau du PSAZ 1. La mesure de l'ICCSA a été faite au niveau communautaire dans le cadre du processus MARP (RRA et PRA). Quand bien même l'ICCSA est un indicateur d'impact, devant être mesuré au début, à mi-terme et à la fin du Projet, le PSAZ a jugé nécessaire de procéder à des mesures annuelles. Depuis le début du Projet, trois mesures ont été faites:

- Le niveau de base a été mesuré en février 2001 (Année Fiscale 2001)
- Le niveau à mi-terme a été mesuré entre novembre 2001 (Année Fiscale 2002)
- Le niveau pour l'Année Fiscale 2003 a été mesuré en novembre 2002

Les animations pour les premières mesures (février 2001 et novembre 2001) ont été faites par les animateurs du PSAZ, sous la supervision du Spécialiste M&E/Renforcement de Capacités des Communautés. L'évaluation du niveau de l'ICCSA pour l'Année Fiscale 2002 a été conduite par des membres de Comité de Sécurité Alimentaire (CSA) de chaque village, sous la supervision des animateurs.

Le score de chaque indicateur va de 0 à 5. Pendant les mesures, une échelle est dessinée pour symboliser les différents niveaux de capacité par rapport à chaque indicateur. Les communautés s'attribuent un score pour chaque indicateur en tenant compte de différents éléments relatifs à leur capacité. Le score de 0 est attribué s'il n'existe aucune capacité, 1 si la capacité est très faible, 2 si elle est faible, 3 si elle est moyenne, 4 si elle est bonne, 5 si elle est excellente. Le score de 5 représente la situation idéale à laquelle la communauté voudrait accéder. Pour mieux attribuer les scores, différents éléments concrets relatifs à la capacité communautaire sont mis en exergue.

1.1.1. Les Dispositions Prises au Cours du PSAZ 1 en Vue de l'Appropriation de l'ICCSA par les Communautés

Au niveau du PSAZ 1, l'ICCSA est considéré comme un outil d'autoévaluation des communautés. Aussi, il doit être compris et manipulé aisément par les communautés. Pour faciliter la compréhension et l'utilisation de l'ICCSA, la fiche présentant les variables et les indicateurs a été traduite en langue nationale *mooré*. Sur la base de cette fiche, les membres des CSA (en particulier les membres alphabétisés) ont été formés pour l'animation de rencontres d'évaluation de la capacité communautaire. Différents ateliers regroupant les CSA de plusieurs villages ont été organisés sur l'utilisation des outils participatifs parmi lesquels l'ICCSA. Cette expérience sera reconduite en vue d'une meilleure appropriation de l'outil par les communautés.

1.1.2. Les Difficultés Rencontrées dans l'Utilisation de l'ICCSA

Les principales difficultés rencontrées dans l'utilisation de l'ICCSA sont:

- Le ICCSA constitue une nouvelle approche d'évaluation des capacités communautaires. Les communautés ne sont pas habituées à s'auto évaluer. Ainsi, elles éprouvent quelques fois des difficultés pour se noter elles-mêmes.
- L'inexistence d'un barème précis pour la fixation des notes a tendance à rendre subjective les notes attribuées. Pour le même niveau de capacité, deux villages peuvent s'attribuer des scores différents.
- Les communautés préfèrent parfois ne pas s'attribuer des scores élevés qui risqueraient de faire croire que leurs capacités sont renforcées, ce qui pourrait réduire les appuis qu'ils recevront.

1.2. Les Améliorations du ICCSA par le PSAZ 2

1.2.1. Les Améliorations Issues de l'Expérience du PSAZ 1

Les améliorations apportées sont de deux types:

- La première modification est la définition des scores attribué à chaque indicateur en fonction du niveau de chaque capacité (de 0 à 5). Cela a l'avantage de donner des repères précis aux communautés dans l'appréciation des différentes capacités ;
- La seconde amélioration a consisté à apporter des précisions au niveau de certains indicateurs soient en les éclatant en plusieurs, soient en rajoutant d'autres indicateurs pour que la capacité à mesurer soit plus perceptible. Les indicateurs qui ont été ajoutés au niveau de ces variables sont les suivants:
 - Le degré et le type de collaboration au niveau de la variable « organisation communautaire »
 - La motivation des volontaires au niveau et de la participation de la population à la réalisation des actions communautaires au niveau de la variable « participation communautaire. Cette démarche a fortement contribué à amoindrir la subjectivité dans l'affectation des scores.

1.2.2. Les Améliorations Issues de l'Atelier des Programmes du Titre II

Les améliorations issues de l'atelier des programmes titres II ont consisté à intégrer deux variables dans l'ICCSA, il s'agit de la capacité de la communauté dans la lutte contre le VIH/SIDA et de la capacité à identifier, prévoir, analyser et gérer les risques et les chocs. Ainsi les variables qui étaient au nombre de 5 sont passées à 7. Six indicateurs ont été

identifiés pour mesurer les nouvelles variables qui ont été intégrées dans l'ICCSA. La variable « prise en compte du VIH/SIDA dans les activités communautaires » comprend deux indicateurs et de la variable « capacité à identifier, prévoir, analyser et gérer les risques et les chocs » qui est apprécié à travers quatre indicateurs. Le résultat final de toutes ces modifications est l'ICCSA actuel qui comprend 7 variables et 24 indicateurs.

Annexe 3.B.
Guide ICCSA 2005
Projet ZFSI, Phase II

GUIDE DU PSAZ 2 POUR L'EVALUATION DE
L'INDICE DE CAPACITE DES COMMUNAUTES
Mai 2005

a. Variable "Organisation Communautaire"

Nombre d'organisations communautaires du village :

a.1. Niveau de collaboration entre les différentes organisations du village

0. Aucune collaboration n'existe entre les organisations villageoises.
1. Une très faible proportion (moins de 20%) des organisations villageoises entretient des relations de collaboration.
2. Une faible proportion (21 et 40%) des organisations villageoises entretient des relations de collaboration.
3. Une proportion moyenne (entre 41 et 65%) des organisations villageoises entretient des relations de collaboration.
4. Une bonne proportion (66 et 99) des organisations villageoises entretient des relations de collaboration et est regroupée au sein d'une union villageoise.
5. Toutes les organisations villageoises entretiennent des relations de collaboration et sont regroupées au sein d'une union villageoise.

a.2. Degré et type de collaboration

0. La collaboration n'a permis de conduire aucune action.
1. La collaboration se limite à des actions ponctuelles sur initiative d'un leader du village (chef coutumier, chef religieux, RAV, ect.).
2. La collaboration concerne des actions ponctuelles et regroupe sur leur propre initiative, des organisations villageoises ayant le même domaine d'activités ou issus du même quartier ou ayant la même appartenance sexuelle.
3. La collaboration concerne des actions ponctuelles et regroupent sur leur propre initiative des organisations villageoises sans distinction de domaine d'activité, de quartier et d'appartenance sexuelle.
4. Les actions de collaborations sont planifiées et exécutées par des organisations villageoises ayant le même domaine d'activités ou issus du même quartier ou ayant la même appartenance sexuelle.
5. Les actions de collaboration sont planifiées et exécutées par des organisations villageoises sans distinction de domaine d'activité, de quartier et d'appartenance sexuelle.

a.3. Tenue régulière des rencontres de prise de décision concernant le développement du village

0. Aucune rencontre de prise de décision n'a été tenue au cours de l'année.
1. Aucun programme de rencontre de prise de décision n'existe, mais au moins une rencontre ponctuelle de prise de décision a déjà été tenue.
2. Un programme de rencontres de prise de décisions existe et mais le nombre de rencontres tenues est inférieur à la moitié du nombre de rencontres initialement programmé.
3. Un programme de rencontres de prise de décisions existe et le nombre de rencontres tenues est supérieur ou égale à la moitié du nombre de rencontres programmées.
4. Les rencontres ont été tenues régulièrement conformément au programme de rencontres établis.
5. Le nombre de rencontres tenues est largement supérieur au nombre de rencontres programmées. En outre des rencontres extraordinaires sont régulièrement tenues à l'instigation de la communauté elle-même.

a.4. Tenue à jour des documents de fonctionnement et de gestion (cahiers MARP, cahiers de réunions, documents de comptabilité)

0. Aucun document n'est tenu.
1. Au moins un document est tenu (cahier de réunions ou cahier MARP), mais n'est pas à jour.
2. Au moins deux documents sont tenus (cahier de réunions, cahier MARP), mais ne sont pas mis à jour.
3. Au moins deux documents (cahiers MARP, cahier de réunions) sont tenus à jour.
4. En plus des cahiers MARP et des cahiers de rencontres tenus à jour, des documents de gestion sont tenus à jour.
5. En plus des cahiers MARP, des cahiers de rencontres et des documents de gestion sont tenus à jour, et un rapportage aux autorités locales est faite régulièrement.

a.5. Existence de comités de gestion fonctionnels pour les activités spécifiques

0. Aucun comité de gestion n'existe.
1. Un comité de gestion existe, mais n'est pas fonctionnel.
2. Plusieurs comités de gestion existent, mais au plus 25% rendent compte à la communauté avec des documents à l'appui.
3. Plusieurs comités de gestion existent, mais au plus 50% rendent compte à la communauté avec des documents à l'appui.
4. Plusieurs comités de gestion existent mais au plus 75% rendent compte à la communauté avec des documents à l'appui.
5. Pour chaque activité spécifique, un comité de gestion est systématiquement mis en place avec des membres dynamiques qui rendent régulièrement compte à la communauté.

b. Variable "Participation Communautaire"

b.1. Participation de la population aux rencontres de prise de décisions

0. Aucune composante du village (OP, autorités coutumières, autorités religieuses, représentants des quartiers, représentants des jeunes, représentants des femmes ect.) ne participe aux rencontres de prise de décisions.
1. Moins de la moitié des différentes composantes du village (OP, autorités coutumières, autorités religieuses, représentants des quartiers, représentants des jeunes, représentants des femmes ect.) participe aux rencontres de prise de décisions.
2. La moitié des différentes composantes du village (OP, autorités coutumières, autorités religieuses, représentants des quartiers, représentants des jeunes, représentants des femmes ect.) participe aux rencontres, mais ne prend pas une part active dans les prises de décision.
3. La moitié des différentes composantes du village (OP, autorités coutumières, autorités religieuses, représentants des quartiers, représentants des jeunes, représentants des femmes ect.) participe aux rencontres, et prend une part active dans les prises de décisions
4. La majorité des différentes composantes du village (OP, autorités coutumières, autorités religieuses, représentants des quartiers, représentants des jeunes, représentants des femmes ect.) participe aux rencontres, et prend une part active dans les prises de décisions.
5. Les rencontres de prise de décisions sont initiées par les différentes composantes du village elles-mêmes qui y participent en grande majorité et y prennent une part activement.

b.2. Prise de décision démocratique (y compris le choix démocratique des responsables des structures mises en place)

0. Les prises de décisions et le choix des responsables des structures ne sont jamais discutés, ni décidés par la population.
1. Le choix des responsables et les décisions à prendre sont discutés avec la population, mais leur avis n'est pas pris en compte car la décision finale revient à une minorité de personnes.
2. Le choix des responsables et les décisions à prendre sont discutés avec la population, mais s'il n'y a pas de consensus, la prise de décision revient à une minorité de personnes.
3. Le choix des responsables et les décisions à prendre sont discutés et les décisions sont prises par consensus ou le cas échéant par voie de vote.
4. Le choix des responsables et les décisions à prendre sont discutés et les décisions sont prises par consensus ou le cas échéant par voie de vote et les fréquences de renouvellement des structures sont respectées.
5. Le choix des responsables et les décisions à prendre sont discutés et les décisions sont prises par consensus ou le cas échéant par voie de vote, les fréquences de renouvellement des structures sont respectées et une alternance est observée dans le choix des responsables.

b.3. Motivation des volontaires

0. Aucune forme de motivation des volontaires n'existe.
1. Des actions ponctuelles sont réalisées par les leaders du village pour la motivation des volontaires.
2. Des actions ponctuelles sont réalisées par la communauté pour la motivation des volontaires.
3. Les bases d'une réflexion pour la mise en place d'un système de motivation communautaire des volontaires existent, en attendant, des actions ponctuelles sont réalisées dans ce sens.
4. Un système de motivation communautaire des volontaires existe, mais le village n'arrive pas à respecter les engagements qu'il a pris envers les volontaires.
5. Un système de motivation des volontaires existe et est fonctionnel.

b.4. Participation de la population à la réalisation des actions communautaires (main d'œuvre, contribution financière...)

0. Habituellement aucune contribution de la population n'est enregistrée dans la réalisation des activités communautaires.
1. Habituellement, moins de 20% des prévisions de la contribution de la population sont réalisées.
2. Habituellement, entre 21 et 40% des prévisions de la contribution de la population sont réalisées.
3. Habituellement, entre 41 et 60% des prévisions de la contribution de la population sont réalisées.
4. Habituellement, entre 61 et 90% des prévisions de la contribution de la population sont réalisées.
5. Habituellement, plus de 90% des prévisions de la contribution de la population sont réalisées.

c. Variable "Analyse et Planification"

c.1. Capacité d'identification et d'analyse des contraintes

0. Aucune identification de contrainte n'a été faite par la population.
1. Certaines contraintes sont identifiées, mais aucune analyse n'a été faite.
2. Des contraintes relatives à quelques secteurs d'activités sont identifiées et analysées par la population.
3. Les contraintes relatives à tous les secteurs d'activités sont identifiées et analysées par la population.
4. Les contraintes de développement sont identifiées et analysées de façon intégrée et un document y afférent est disponible.
5. L'identification et l'analyse des contraintes est un processus continu régulièrement entrepris par la communauté et les documents y afférents sont mis à jour.

c.2. Capacité d'élaborer des plans d'actions, de les suivre et de les évaluer

0. Pas de plan d'actions élaboré.
1. Un plan d'action a été élaboré avec un appui extérieur.
2. Des plans d'actions ont déjà été élaborés et sont suivis avec un appui extérieur.
3. Les plans d'actions sont élaborés et suivis sans appui extérieur.
4. Les plans d'actions sont élaborés et suivis et évalués sans appui extérieur.
5. Les plans d'actions élaborés sont régulièrement suivis, évalués et mis à jour par la communauté elle-même et la documentation y afférente est disponible.

c.3. Compétence prouvée dans l'utilisation, l'adaptation ou la création d'outils MARP¹

0. Aucun outil MARP n'est utilisé.
1. La population a déjà utilisé un outil MARP.
2. Entre 1 et 4 outils MARP sont utilisés de façon autonome par la population.
3. Entre 5 et 8 outils MARP sont utilisés de façon autonome par la population.
4. Tous les 9 outils MARP sont utilisés de façon autonome par la population.
5. Tous les 9 outils MARP² sont régulièrement utilisés de façon autonome par la population. Par ailleurs, la communauté utilise d'autres types d'outils participatifs.

d. Variable "Capacité d'agir"

d.1. Capacité à mettre en œuvre des plans d'actions

0. Pas de plan d'actions mis en œuvre.
1. la population est organisée et au plus 30% des activités du Plan d'actions sont exécutées.
2. La population est organisée pour la mise en œuvre des plans d'actions et entre 31 et 60% des activités sont exécutées.
3. La population est organisée pour la mise en œuvre des plans d'actions, et entre 61 et 89% des activités est exécutée.
4. La population est organisée pour la mise en œuvre des plans d'actions et au moins 90% du plan d'actions est mis en oeuvre.

¹ PSAZ a formulé un indicateur qui figure dans le IPTT sur l'utilisation d'outils PRA: "Nombre de CSA qui utilise de façon autonome au moins 5 outils PRA".

² Un nombre total de 9 outils PRA devant être utilisé par les CSA ont été identifiés. La liste de ces outils PRA figure en annexe.

5. L'organisation pour la mise en œuvre des plans d'actions est régulièrement faite, les plans d'actions sont entièrement mis en œuvre et cette mise en œuvre est régulièrement évaluée par la population.

d.2. Autonomie dans la réalisation d'actions ne nécessitant pas sans un appui extérieur

0. Aucune action n'est entreprise.
1. Au plus 30% des actions planifiées ont été réalisées sans un appui extérieur.
2. Au moins 50% des activités des plans d'actions ont été réalisées sans un appui extérieur.
3. Toutes les actions planifiées ont été réalisées sans un appui extérieur.
4. Toutes les actions planifiées ont été réalisées sans un appui extérieur et la population entreprend régulièrement des actions sans un appui extérieur.
5. La population entreprend régulièrement des actions sans un appui extérieur, et un mécanisme financier interne existe pour le financement des actions.

d.3. Capacité à rechercher des appuis auprès d'autres partenaires (autres que PSAZ) pour des activités nécessitant un appui extérieur

0. Aucun appui n'a été recherché auprès d'autres partenaires.
1. Moins de la moitié des micro-projets issus du plan d'actions ont été élaborés et adressés à d'autres partenaires.
2. Plus de la moitié des micro-projets issus du plan d'actions ont été élaborés et adressés à des partenaires.
3. Moins de la moitié des micro-projets issus du plan d'actions adressés à des partenaires pour financement et certains ont obtenu des réponses positives ou ont été réalisés.
4. Plus de la moitié des micro-projets issus du plan d'actions ont été élaborés et adressés à des partenaires et certains ont obtenus des réponses positives ou ont été réalisés.
5. Tous les micro-projets issus du plan d'action adressés à des partenaires pour financement ont été réalisés.

e. Variable "Capacité Individuelle des Membres de la Communauté"

e.1. Niveau d'alphabétisation (écriture, lecture et calcul)

0. Aucun adulte n'est alphabétisé dans le village.
1. Moins de 5% de la population du village est alphabétisée mais la capacité de tenir des documents est faible.
2. Cinq pour cent (5%) des adultes sont alphabétisés et peuvent tenir des documents.
3. Dix pour cent (10%) des adultes sont alphabétisés et peuvent tenir des documents.
4. Plus de 25% des adultes sont alphabétisés et peuvent tenir correctement des documents y compris des documents de gestion.
5. La majorité (plus de 50%) des personnes adultes dans le village est alphabétisée et tient correctement des documents, y compris des documents de gestion.

e.2. Niveau de formations dans les techniques spécifiques diverses (organisation communautaire, gestion, transformation, nutrition, techniques agricoles, élevage)

0. Aucun adulte n'a bénéficié de formation.
1. Moins de 5% des adultes a été formé sur un nombre limité de thèmes.
2. Entre 5 et 9% des adultes ont été formés dans différents domaines d'activités.
3. Entre 10 et 24% des adultes ont été formés dans différents domaines d'activités.
4. Plus de 25% des adultes ont été formés dans différents domaines d'activités.
5. Plus de 50% adultes ont été formés dans différents domaines de formation.

e.3. Capacité dans l'application des connaissances acquises

0. Aucune connaissance acquise n'est appliquée.
1. Moins de 5% des personnes formées appliquent les connaissances acquises.
2. Moins de 10% des personnes formées appliquent les connaissances acquises.
3. Moins de 25% des personnes formées appliquent les connaissances acquises.
4. Moins de 50% des personnes formées appliquent les connaissances acquises.
5. Plus de 51% des personnes formées appliquent les connaissances acquises et les ont transférées à d'autres membres de la communauté.

Propositions d'amélioration de l'Atelier des programmes du Titre II³

f. Variable "Prise en Compte du VIH/SIDA dans les Activités Communautaires"

f.1. Stratégie communautaire de lutte contre le VIH/SIDA

0. Aucune structure de lutte contre le VIH/SIDA n'existe dans le village et aucune activité n'a jamais été organisée dans ce cadre.
1. Une structure de lutte contre le VIH/SIDA existe, mais le village n'a jamais réalisé une quelconque action dans ce cadre.
2. Aucune structure de lutte contre le VIH/SIDA n'existe, mais des actions ponctuelles sont réalisées dans cadre.
3. Une structure de lutte contre le VIH/SIDA existe et réalise des actions ponctuelles de sensibilisation dans ce cadre.
4. Le village dispose d'une structure et d'un plan d'action de lutte contre le VIH/SIDA qui ne prend en compte que des actions de sensibilisation.
5. Le village dispose d'une structure de lutte contre le VIH/SIDA et d'un plan d'action qui intègre les actions de sensibilisation et de prise en charge des PIAVIH (soins à domicile, prise en charge psychologique, appui à la réalisation d'activités génératrices de revenus).

f.2. Degré de mobilisation de la population dans le cadre des activités de lutte contre le VIH/SIDA

0. Aucun membre de la communauté ne participe aux activités de lutte contre le VIH/SIDA.
1. Une faible proportion (moins de 30%) de la population assiste aux activités de lutte contre le VIH/SIDA sans une participation active (exemple: ne pose pas de questions, ne fait pas de propositions, ne donne pas de point de vue.....).
2. Une faible proportion (moins de 30%) de la population assiste aux actions de lutte contre le VIH/SIDA avec une participation active (exemple: pose des questions, fait des propositions, donne son point de vue.....).
3. Une proportion moyenne (moins de 60%) de la population assiste aux actions de lutte contre de lutte contre le VIH/SIDA, sans une participation active (exemple: ne pose pas de questions, de fait pas proposition, ne donne pas de point de vue.....).
4. Une proportion moyenne (moins de 60%) de la population assiste aux actions de lutte contre de lutte contre le VIH/SIDA, avec une participation active (exemple: pose des questions, fait des propositions, donne son point de vue.....).
5. Une bonne proportion de la population (plus de 60%) participe pleinement aux activités de lutte contre le VIH/SIDA.

³ Se référer au rapport "Institutional Capacity Building (ICB) Title II Program Workshop Mozambique, Burkina Faso (April 26-30 & July 5-9, 2004), page 6.

g. Variable "Capacité à Identifier, Prévoir, Analyser et Gérer les Risques et Chocs"⁴

g.1. Existence d'un système fonctionnel d'identification des risques et de la vulnérabilité basée sur un système d'information communautaire

0. Pas d'évaluation et aucune évidence d'un système d'information villageois.
1. Estimation informelle sur une base irrégulière qui n'aboutit pas à une analyse et action.
2. Existence d'une estimation formelle communautaire faite annuellement pour évaluer la sécurité alimentaire du village, risques et vulnérabilité.
3. Existence d'une estimation formelle communautaire faite trimestriellement et qui utilise les outils de collecte de données pour l'analyse.
4. Existence d'une estimation formelle communautaire faite mensuellement pour collecter et analyser régulièrement les données avec fiabilité.
5. Existence d'un système d'information formel fonctionnel et géré sur une base indépendante par le village se réunissant mensuellement pour analyser la situation.

g.2. Existence d'un plan d'action pour répondre aux risques

0. Pas de plan d'action.
1. Plan informel fonctionnant sur une base irrégulière.
2. Existence d'un plan formel mais manque de moyens pour sa mise en oeuvre.
3. Existence d'un plan formel et des capacités de mise en oeuvre mais il n'est pas opérationnel.
4. Existence d'un plan formel et des capacités de mise en oeuvre fonctionnels.
5. Existence d'un plan d'action exécuté, avec une revue annuelle communiquée à tout le village.

g.3. Mobilisation de ressources internes ou externes pour faire face aux risques

0. Aucune réflexion n'est engagée pour la mobilisation des ressources.
1. Une réflexion communautaire sur la mobilisation de ressources existe, mais aucune action entreprise.
2. Une proposition d'action a été rédigée.
3. La proposition d'action a été soumise aux autorités locales.
4. La proposition a été soumise, discutée, négociée avec succès.
5. La communauté a un système efficient de développement de propositions, avec capacités reconnues de négociation et de mobilisation de ressources.

g.4. Existence d'un plan de suivi évaluation des réponses communautaires

0. Aucune réflexion n'est engagée pour élaborer des indicateurs.
1. Quelques réflexions sur les indicateurs mais pas de consensus dégagé.
2. Des indicateurs ont été créés mais l'appropriation par les autres membres est faible.
3. Des indicateurs ont été consensuellement développés mais pas encore utilisés pour évaluation.
4. Indicateurs développés et bien appropriés par la communauté et utilisés périodiquement avec l'appui de Africare ou autre partenaire.
5. Plan suivi évaluation propre à la communauté, utilisé de manière autonome par la communauté.

⁴ Se référer au document préparatoire de l'Atelier des Programmes du Titre II tenu à Ouagadougou en juin 2004.

**Annex 3.C.
Fiche ICCSA de Africare Burkina Faso**

AFRICARE BURKINA

Projet de Sécurité Alimentaire du Zondoma Phase II

NUMERO DE LA STRATE.....

NUMERO DE LA GRAPPE.....

VILLAGE DE DEPARTEMENT DE :

DATE: NOMBRE DE PARTICIPANTS (hommes et femmes :

ANIMATEUR DE LA SEANCE D'EVALUATION (Membre du CSA/CVD/CVGT):

ANIMATEURS DU PSAZ PRESENTS:

EVALUATION DE L'INDICE DE CAPACITE DES COMMUNAUTES

Variables renforcement des capacités	Indicateurs	Score actuel	Objectif année suivante	Activités à réaliser pour atteindre cet objectif
a. Organisation communautaire	a.1. Niveau de collaboration/d'entente entre les différentes organisations du village			
	a.2. Degré et type de collaboration entre les différentes organisations du village			
	a.3. Tenue régulière de rencontres de prise de décisions			
	a.4. Tenue à jour de documents de fonctionnement et de gestion (cahiers MARP, cahiers de réunions, documents de comptabilité)			
	a.5. Existence de comités de gestion fonctionnels pour les activités spécifiques			
b. Participation	b.1 Participation de la population aux rencontres de prise de décisions			
	b.2. Prise de décision démocratique (y compris le choix démocratique des responsables des structures mises en place)			

Variables renforcement des capacités	Indicateurs	Score actuel	Objectif année suivante	Activités à réaliser pour atteindre cet objectif
	b.3. Motivation communautaire des volontaires			
	b.4. Participation de la communauté à la réalisation des actions communautaires (main d'œuvre, contribution financière ...)			
c. Analyse et planification	c.1. Capacité d'identification et d'analyse des contraintes			
	c.2. Capacité d'élaborer des plans d'actions, de les suivre et de les évaluer			
	c.3. Compétence prouvée dans l'utilisation, l'adaptation ou la création des outils MARP			
d. Capacité d'agir	d.1. Capacité à mettre en œuvre des plans d'actions			
	d.2. Autonomie dans la prise de décisions y compris la réalisation d'actions ne nécessitant pas un appui extérieur			
	d.3. Capacité à rechercher des appuis auprès d'autres partenaires pour des activités nécessitant un appui extérieur (autres que le PSAZ)			
e. Capacité individuelle des membres de la communauté	e.1. Niveau d'alphabétisation (écriture, lecture et calcul)			
	e.2. Niveau de formation dans les techniques spécifiques diverses (organisation communautaire, gestion, transformation, nutrition, techniques agricoles, élevage)			
	e.3. Capacité dans l'application des connaissances acquises			
f. Connaissances aptitudes et pratiques en matière de VIH/SIDA	f.1. Prise en compte de la lutte contre le VIH/SIDA dans les activités communautaires			
	f.2. Niveau de mobilisation de la population dans le cadre des activités de lutte contre le VIH/SIDA			

Variables renforcement des capacités	Indicateurs	Score actuel	Objectif année suivante	Activités à réaliser pour atteindre cet objectif
g. Capacité à identifier, prévoir, analyser et gérer les risques et chocs	g.1. Existence d'un système fonctionnel d'identification des risques et de la vulnérabilité basée sur un système d'information communautaire			
	g.2. Existence d'un plan d'action pour répondre aux risques			
	g.3. Mobilisation de ressources internes ou externes pour faire face aux risques			
	g.4. Existence d'un plan de suivi évaluation des réponses communautaires			
NOMBRE TOTAL DE POINTS OBTENUS				
INDICE (Nombre Total de points /120)				

Le nombre total de points possibles pour l'évaluation au niveau village est de 120, si chacun des 24 indicateurs obtient le score 5.

Annex 4

**QUESTIONNAIRE UNITE DE PRODUCTION (UP)
PRODUCTIVITE AGRICOLE ET SECURITE ALIMENTAIRE**

Département de: _____ / ____ /

Village de: _____ / ____ / ____ /

Nom du quartier _____

N° de la Strate: / ____ /

Numéro de la Grappe: / ____ /

Numéro de l'UP: / ____ /

Nom, Prénoms et surnom du chef de l'UP : _____

Date de l'entretien: / ____ / ____ / ____ /

I- FICHE AGRICOLE

Nous souhaiterions échanger avec vous afin de mieux connaître votre UP et vos résultats de la dernière campagne

1.1. Données Générales

P1 Quel est l'âge du chef d'UP? _____ ans

P2 Quel est le niveau d'éducation du chef du chef d'UP?

Inscrivez le numéro correspondant à la réponse dans la case

1. Primaire/Ecole Franco-arabe

2. Secondaire ou supérieur

3. Aucun

P2a Le chef de l'UP est il alphabétisé? (1= **Oui** 2=**Non**)

P3 Combien de ménages forment votre UP

P4 Combien de personnes forment votre UP?

P5 Nombre d'autres personnes de l'UP à charge vivant ailleurs:

P6 Nombre de personnes **actives** disponibles :

P7 Nombre de personnes **actives** émigrées (<= 6 mois délai):

P7a Fiche Exode

Nombre de personnes de l'UP parties en...	Période		Nombre de personnes de l'UP vous ayant envoyé de l'argent	
	Il y a moins de 1 an	Il y a 1, 2, 3, 4 et 5 ans	Il y a moins de 1 ans	Il y a 1, 2, 3, 4 et 5 ans
Côte d'Ivoire				
Autre pays africains				
Europe ou Afrique du nord				
Autres zones de culture Burkina (Solenzo, Leraba, Comoe, Bobo, Komienga, Bagre, etc.)				
Autres zones urbaines Burkina Faso				

1.2. Potentiel Foncier

P8 A combien d'ha estimez-vous la superficie totale de vos champs exploités

P8a Superficie (ha) ensemble champ familiaux

P8b Superficie (ha) ensemble des Champs individuels (Béolssé)

P9 Le type de sols du (des) champ familiaux [Code: 1 = Cité, 2 = Non cité]

- | | |
|----------------------------|----------------------|
| 1. Bolle, | <input type="text"/> |
| 2. Bissiga, | <input type="text"/> |
| 3. Zinguindga, | <input type="text"/> |
| 4. Baogo, | <input type="text"/> |
| 5. Bissbollé, | <input type="text"/> |
| 6. Autres (Préciser) _____ | <input type="text"/> |

P9a Parmi tous ces types de sols (P9), indiquez celui qui occupe la plus grande superficie: Ecrivez le nom du sol correspondant et inscrivez le N° du type de sols correspondant dans la case / /

P10 Êtes-vous propriétaire terrien du champ familial que vous exploitez?

1= OUI 2=NON

P11 Avez-vous la possibilité d'augmenter votre superficie?

1= OUI 2=NON

Si oui, passez à la P12a

P12 Si non, quelles sont les principales raisons?

Code : 1= Cité 2=Non cité

- | | |
|-----------------------------------|----------------------|
| Manque de propriété | <input type="text"/> |
| Impossibilité d'emprunt | <input type="text"/> |
| Niveau de dégradation très avancé | <input type="text"/> |
| Manque de main d'œuvre | <input type="text"/> |
| Autres (Préciser) _____ | <input type="text"/> |

P12a Y a-t-il eu des parents rapatriés de la Côte d'Ivoire dans votre UP?

1= OUI 2=NON

P12b Si oui, préciser le nombre actuellement présent

P13 Votre exploitation est-elle affectée par le Striga?

Oui = 1 ou Non = 2

Si oui, superficie actuellement affectée en ha / _____/

P13a Superficie abandonnée en ha pour cause de Striga / _____/

P14 Vos champs ont-ils bénéficié d'aménagements anti-érosifs?

Oui =1 ou Non = 2

Si oui, remplir le tableau suivant:

Nature Aménagements	Superficie (Ha)	Application	
		Fumure Organique (En de nbre charretées)	Engrais minéraux (NPK, Urée, BP.) en Kg
Cordons pierreux			
Demi-lunes			
Zaï			
Cordons pierreux + Zaï			
Cordons pierreux + Demi-lunes			
Autres (Préciser)			

1.3. Équipement Agricole et Traction Animale

P15 Possédez-vous des animaux de trait ?

Code 1=OUI, 2=NON

Si non, passez à P17

P15a: Si oui, quels sont ces animaux de trait?

Nature	Nombre
Asins (ânes)	
Bovins (bœufs)	
Equins (chevaux)	
Camelins (chameaux)	

P16 Possédez-vous des matériels d'équipement agricole?

Code: 1= OUI 2=NON

Si non, sauter le tableau équipement et allez à P17

P16a: Si oui, quels sont les types d'équipement agricoles que vous possédez?

Chiffrez toutes les réponses et précisez le nombre d'années d'acquisition

Moyens de Production /Équipement	Quantités Possédées	Nbre d'année d'acquisition
Charrette		
Charrue à traction bovine		
Charrue à traction asine		
Houe manga		
Rayonneur		
Brouette		
Pelle		
Pic hache		
Barre à mine		
Fosses Fumières		
Arrosoir		
Appareil de traitement		
Râteau		
Tracteur		
Faux		
Mangeoire		
Botteleuse		
Autres (à préciser)		

P17 Travaillez-vous avec du matériel loué, ou emprunté?

1= OUI 2=NON

P17a Si oui, quel type de matériel avez-vous loué ou emprunté pendant la campagne passée?

Nature Équipement	Code (1= OUI, 2=NON)	Montant de la location si loué
Charrette		
Charrue à traction bovine		
Charrue à traction asine		
Houe manga		
Rayonneur		
Brouette		
Pelle		
Pic hache		
Barre à mine		
Arrosoir		
Appareil de traitement		
Râteau		
Faux		
Mangeoire		
Botteleuse		
Tracteur		
Autres (à préciser)		

1.4. Cultures Pluviales

P18 Parlons des différentes cultures que vous avez pratiquées pendant la saison humide précédente dans les champs familiaux et dans les champs individuels de votre UP

P18a Situation du (des) champs familial (aux)

Pour les superficies, se référer au champ familial comme un étalon de mesure pour les interviewés ayant des problèmes d'estimation.

Pour les quantités de récoltes, demander à l'interviewé de convertir lui-même en kg. Par exemple convertir les charretées d'épi de sorgho en sacs grain de 100 kg.

Ne laisser aucune case non remplie

Cultures	Superficies (ha)	Quantités récoltées (nbre sacs 100 kg)	Nature	Destination		La culture est elle associée à une autre culture? <u>Code</u> 0 = non 1=au niébé 2 =au sorgho ou mil 3 =à autre
				Consommation (nbre sacs 100 kg)	Vente (nbre sacs 100 kg)	
Sorgho blanc, <i>baniga</i>			Grain			
Sorgho rouge, <i>kazèega</i>			Grain			
Mil			Grain			
Maïs			Grain			
Riz			Paddy			
Niébé pure			Graine			
Arachide			Coque			
Sésame			Grain			
Voandzou, pois de terre			Grain			
<i>Bissap</i>			Calice			
Oseille			Feuille			
Oseille			Grain			
Gombo sec			Fruits			
Patate douce			Tubercule			
Ensemble Niébé associé			Grain			

P18b Situation sur les champs individuels

En cas de difficultés pour le Chef d'UP de donner des informations sur les champs individuels se référer si possible aux membres de l'UP propriétaire des champs individuels pour collecter les informations

Cultures	Superficie (ha)	Quantités récoltées (nbre sacs 100 kg)	Nature	Destination		La culture est elle associée à une autre culture? Code 0 = non 1=au niébé 2 =au sorgho ou mil 3 =à autre
				Consommation (nbre sacs 100 kg)	Ventes (nbre sacs 100 kg)	
Sorgho blanc, <i>baniga</i>			Grain			
Sorgho rouge, <i>kazêga</i>			Grain			
Mil			Grain			
Maïs			Grain			
Riz			Paddy			
Niébé pure			Graine			
Arachide			Coque			
Sésame			Grain			
Voandzou, pois de terre			Grain			
<i>Bissap</i>			Calice			
Oseille			Feuille			
Oseille			Grain			
Gombo sec			Fruits			
Patate douce			Tubercule			
Ensemble Niébé associé			Grain			

P19 Parmi toutes ces cultures pratiquées au cours de la campagne, avez-vous utilisé des semences améliorées dans certaines de ces cultures? Oui = 1 ou Non =2

Si oui, remplir le tableau **19a** ci-après

P19a: Données détaillées sur l'utilisation des semences améliorées

Nature semence améliorée utilisée	Superficie emblavée (Ha)	Quantité récoltée (Kg)
Sorgho Wanki		
Autre sorgho		
Niébé		
Arachide		
Sésame		
Mil (Bogoya)		
Gombo		
Autre (préciser)		

1.5. Cultures Maraîchères

P20 Vous ou un membre de votre UP a-t-il pratiqué le maraîchage cette année?

1= OUI 2=NON

Si non, passer à la question P23

P21: - En saison sèche uniquement = 1

- En saison hivernale uniquement = 2

- En saison sèche et en saison hivernale = 3

P22 Si oui, quelles sont ces cultures maraîchères (Remplir le tableau suivant)?

Dans la mesure du possible, identifier les membres concernés pour vous aider à remplir le tableau en leur demandant les informations directement!

Pour l'estimation des superficies se servir d'un étalon d'une planche de 5 mètres de long sur 1 mètre de large, soit 5 m² pour que l'interviewé puisse estimer les superficies par cultures

Cultures	Superficies (m ²)	Quantités récoltées	Unité	Destination	
				Consommation (unité)	Ventes (unité)
Oignon bulbes			Gonggo		
Tomate fraîche			Caisse		
Choux frais			Yologo		
Piment frais			Anankamôré		
Gombo frais			Yologo		
Aubergine			Yologo		
Pastèque			Nb fruits		
Carotte			Yologo		
Ail caïeux			Anankamôré		
Haricot vert			Carton		
Poivron fruits			Yologo		
Pomme terre			Kg		
Laitue			Planche		
Melon			Nb fruits		

P23 Quels sont les facteurs naturels et/ou parasitaires qui ont affecté votre production

Facteurs	Pertes constatées Code 1=oui, 2=non
Sécheresse	
Inondation	
Criquets (<i>Kalwaaré</i>)	
Cantharides, <i>kasalma</i> , <i>pusg-yelema</i> , <i>vînuvuudu</i>	
Chenilles, <i>mênemeego</i>	
Larves de coléoptères, <i>nonraog kumba</i>	
Foreurs de tige, <i>vêevê</i>	
Termites, <i>yoyorâ</i> , <i>mogdo</i> , <i>yoaré</i>	
Champignons, <i>zalm</i>	
Mildiou, <i>katoom</i>	
Bruches, <i>rûima</i>	
Aphides, <i>koronsé</i>	
Mouche blanche, <i>zôn-peelga</i>	
Autres (spécifiez)	

1.6. Formations Agricoles

P24 Un ou plusieurs membres de votre UP ont-ils bénéficié de formations sur des thèmes agricoles?

Code: 1= OUI 2=NON

Si non, passez à la question P25

P25 Si oui, quels sont les thèmes abordés (Code de notation 1= cité ; 2= non cité)

Techniques anti-érosives

Techniques culturales améliorées

Techniques de protection des végétaux

Protection de l'environnement

Autres (précisez) _____

P26 Un ou plusieurs membres de votre UP ont-ils participé aux visites commentées dans des champs de démonstration?

Code: 1= OUI 2=NON

P27 Avez-vous introduit avec succès une ou plusieurs technologies agricoles dans votre exploitation ces trois dernières années?

Code: 1= OUI 2=NON

P28 Si oui de quelles technologies s'agit-il?

(Code: 1 = Cité, 2 = Non Cité)

Nouvelle variété

Technique anti-érosive

Fertilisation du sol

Semis en ligne

Autres (précisez)

P29 Connaissez-vous la pomme du sahel ou jujubier greffé?

Code: Oui = 1, Non = 2

P30 a Si oui, as-tu?

(1 = Cité, 2 = Non cité)

- entendu parler seulement
- a déjà vu la plante
- a déjà goutté le fruit

II- FICHE SECURITE ALIMENTAIRE

IIA- GESTION DE L'INSECURITE ALIMENTAIRE

Q1. Depuis la dernière récolte (*Kèebga tek n tâang mosân*), est-ce que vous avez déjà réduit le *mondé* parce que vous n'aviez pas suffisamment de céréales ?

1= OUI 2=NON

Si non, passez à la question Q2

Q1.1 Si oui, Le *mondé* actuel représente :

1. Plus de la moitié du "*mondé*" initial
2. La moitié du "*mondé*" initial
3. Moins de la moitié du "*mondé*" initial

Q2. Depuis la dernière récolte est ce que le nombre de vos repas quotidiens ou celui des autres adultes de votre UP a été réduit parce que vous n'aviez pas assez de nourriture ?

1= OUI 2=NON

Si non, passez à la question Q3

Q2.1. Si oui, quel(s) repas avez-vous supprimé(s)

1. Repas de tôt le matin (*petit déjeuner*)
2. Repas de la journée
3. Repas de la nuit
4. Repas de tôt le matin et Repas de la journée
5. Repas de tôt le matin et repas de la nuit
6. Repas de la journée et repas de la nuit

Q3. Depuis la dernière récolte, est-ce que vous avez déjà acheté des céréales (*Ki, koodo*) pour nourrir votre famille parce que vous n'en aviez pas assez à la maison ?

1= OUI 2=NON

Si non passez à la question Q3.2

Q3.1. Si oui, quelle était l'unité d'achat lors de la dernière transaction?

1. Sac
2. Tine
3. Yoruba / Boîte de tomate
4. Bol

Q3.2 Si non, quelle est la raison pour laquelle vous n'avez pas acheté ?

1. Parce que je n'ai pas l'argent pour en acheter
2. Parce que j'en ai suffisamment en stock

Q4. Depuis la dernière récolte, est-ce que vous ou les adultes de votre UP sont déjà allés au lit sans manger parce que vous n'aviez pas de nourriture et ne pouviez pas vous en procurer ?

1= OUI 2=NON

Q5. Depuis la dernière récolte, est-ce que vous ou les adultes de votre UP ont **déjà passé une journée sans manger** parce que vous n'aviez pas de nourriture et ne pouviez pas vous en procurer ?

1= OUI 2=NON

Q6. Depuis la dernière récolte, est-ce que vous ou d'autres adultes de votre UP ont déjà passé une journée entière (24 heures) sans manger parce que vous n'aviez pas de nourriture et ne pouviez pas vous en procurer ?

1= OUI 2=NON

Q7. Depuis la dernière récolte, est-ce que vous avez déjà **emprunté des céréales** à une tierce personne pour nourrir votre famille parce que vous n'en aviez plus du tout ni en épi ni en grains ?

1= OUI 2=NON

Q8. Depuis la dernière récolte est-ce que les gens de votre UP **ont déjà mangé des aliments qu'ils ne voulaient pas** (*sen pas raté*) parce que vous n'aviez pas suffisamment ou pas du tout de nourriture à la maison ?

1= OUI 2=NON

Si non, passez à la question Q9

Q. 8.1 Si oui, combien de fois cela est-il arrivé au cours des 7 derniers jours ? (*inscrire le nombre correspondant*)

Exemples d'aliments de faim : lelongo, keguengdo, kesga, koulkouiga, kamsaongo, etc..

Q9. Depuis la dernière récolte, avez-vous déjà **puisé dans vos semences** (*bum buudu*) **pour nourrir votre famille** parce que vous n'aviez plus autre chose à manger ?

1= OUI 2=NON

Q10. Depuis la dernière récolte, est-ce que **un ou plusieurs de vos enfants sont déjà allés manger dans une autre cour** parce que vous n'aviez plus assez ou plus du tout de nourriture dans votre UP ?

1= OUI 2=NON

Q11. Parfois, les gens maigrissent parce qu'ils ne mangent pas à leur faim. Depuis la dernière récolte, est-ce que vous ou d'autres adultes de votre UP ont maigri du fait du manque de nourriture ?

1= OUI 2=NON

II B- PREVENTION CONTRE L'INSECURITE ALIMENTAIRE

Q12 Quelles sont les actions que vous prendriez par ordre de priorité pour vous prémunir de l'insécurité alimentaire? Citez-les par ordre de priorité

Exemple: 1 pour la première action
2 pour la deuxième action
Etc.

Recherche/Utilisation de semences précoces	<input type="text"/>
Semer très tôt	<input type="text"/>
Aménagement en cordons pierreux	<input type="text"/>
Aménagement en Zai	<input type="text"/>
Aménagement en Demi-lune	<input type="text"/>
Utilisation de la fumure organique	<input type="text"/>
Bonne gestion des stocks de produits vivriers	<input type="text"/>
Pratique du maraîchage	<input type="text"/>
Diversification d'autres cultures	<input type="text"/>
Pratique de l'élevage	<input type="text"/>
Autres _____	<input type="text"/>
Préciser	

III- FICHE ELEVAGE

3.1 Système d'élevage

R1 Elevez-vous des animaux? 1= OUI 2=NON

Si oui quels sont les animaux que vous élevez ?

Dans les élevages de **type extensif**, les troupeaux utilisent le pâturage naturel non amélioré. Ils ne reçoivent aucun complément alimentaire, si ce n'est une distribution de compléments minéraux sous forme de sel ou de pierre à lécher.

Les élevages semi-intensifs utilisent le pâturage naturel mais bénéficient de compléments alimentaires de sous produits agro-industriels de fourrage ou de produits ménagers.

Les élevages intensifs sont menés en claustration et sont suivis de point de vue alimentaire, sanitaire et parfois génétique.

Espèces	Effectif du troupeau	Nbre* de têtes vaccinés il y a moins d'un (1) an	Type d'élevage			Nbre de têtes déparasitées il y a moins d'un (1) an
			Extensif (Nombre têtes)	Semi-intensif (Nombre têtes)	Intensif (Nombre têtes)	
Bovins (bœufs)						
Ovins(moutons)						
Caprins(chèvres)						
Porcins(porcs)						
Asins(ânes)						
Equins (chevaux)						
Volailles						

* Seules les individus vaccinés il y a moins d'un an seront comptabilisés

3.2 Formations en élevage

R2 Un ou plusieurs membres de votre ménage ont-ils bénéficié de formations sur des thèmes d'élevage ?

Code 1= OUI Code 2=NON

Sinon passez à R 4

R3 Si oui quels sont les thèmes abordés ? Citer les thèmes et inscrire le code correspondant

Code : 1 =OUI Code 2 =NON

	Formé	Pratique
Techniques d'embouche	<input type="text"/>	<input type="text"/>
Fauche et conservation du fourrage naturel	<input type="text"/>	<input type="text"/>
Production de fourrages cultivés	<input type="text"/>	<input type="text"/>
Collecte et stockage de résidus de récolte	<input type="text"/>	<input type="text"/>
Vaccinations et soins des animaux	<input type="text"/>	<input type="text"/>
Amélioration génétique/ élevage naisseur	<input type="text"/>	<input type="text"/>
Production laitière	<input type="text"/>	<input type="text"/>
Production d'œufs	<input type="text"/>	<input type="text"/>

3.3. Principaux types d'habitat des animaux

R4 Avez- vous un abri pour vos animaux ?

Code1= OUI Code 2=NON

Si oui visiter l'endroit où vivent habituellement les animaux du ménage et d'inscrire le code correspondant à leurs principaux habitats. (Plusieurs réponses possibles)

Code 1= OUI ; Code 2 = NON

Enclos

Hangar

Poulailler

Bergerie

Etable

Porcherie

NB : Pour les poulaillers, bergeries, étable, porcheries, considérer toute infrastructure ou bâtiment quelconque ayant une bonne toiture c'est-à-dire couvert et sert d'abri pour les animaux

3.4 Principales sources d'alimentation

Il s'agit de noter les informations sur les principales sources d'alimentation les plus courantes si le ménage dispose de l'une ou les espèces suivantes : **bovins, ovins, caprins, porcins, asins, équins.** (cf. R1)

NB : Si le ménage ne dispose que de la volaille passer à R7

R5 *Quelles sont les principales sources d'alimentation des espèces ci-dessus mentionnées ? (Plusieurs sources possibles)*

Code 1= OUI Code 2 = NON

Pâturage Naturel

SPAI (Sous Produit Agro-industriel)

Résidu de récolte

Fourrage cultivé

Foin (herbe fauchée et séchée)

R6 Quelle est la source la plus courante/régulière (une seule source)

1. Pâturage Naturel
2. SPAI (Sous Produit Agro-industriel)
3. Résidu de récolte
4. Fourrage cultivé
5. Foin (herbe fauchée et séchée)

3.5 Accessibilité aux prestations des services vétérinaires

R7 Votre ménage a-t-il accès aux services vétérinaires ?
Code1= OUI, 2=NON

R8 Si oui lequel des agents est-il plus fréquent dans votre village ?

1. Agent vétérinaire

2. Vaccinateur villageois

IV- -FICHE CREDIT-TRANSFORMATION-MARKETING

CREDIT

Nous allons parlé du crédit

A. 1 Connais- tu une ou des institutions d'épargne et de crédit ?

Code : 1=Oui; 2=Non

Si non aller à la question A. 3

A. 2 Si oui, lesquelles?

Code: 1=cité; 2=non cité

1. Caisse Populaire

2. MECANO/BF

3. BTEC

4. Banque

5. FILAJE

A. 3 Où gardes-tu ton argent ?

Code : 1=cité ; 2=non cité

1. Caisse Populaire

2. MECANO/BF

3. BTEC

4. Banque

5. La maison

A. 4 As-tu déjà confié ton argent à une institution ?

Code : 1=Oui ; 2=Non

A. 5 Si oui, pourquoi ?

Code : 1=cité ; 2=non cité

1. Pour avoir plus d'argent (intérêts)

2. Pour sécuriser l'argent (éviter les vols)

3. Pour bénéficier de crédit

A. 6 Si non, pourquoi ?

Code : 1=cité ; 2=non cité

1. Méconnaissance des institutions
2. Manque de confiance
3. Pas assez d'argent pour épargner

A. 7 As tu déjà bénéficié de crédit(s) depuis 2004 ?

Code : 1=Oui ; 2=Non

Si non aller à la question A. 15

A. 8 Si oui, combien de fois ?

Code : inscrire le numéro correspondant à la réponse dans la case

1. 1 fois
2. 2 fois
3. Plus de 2 fois

A. 9 Quel était le montant du dernier crédit que tu as obtenu depuis 2004 ?

Montant en lettres :

Montant en chiffres

A. 10 Quel était l'objet du dernier crédit que tu as obtenu ?

Code : inscrire le numéro correspondant à la réponse dans la case

1. Fonds de roulement
2. Equipement
3. Exécution de marché (bon de commande)
4. Autres (préciser).....

A. 11 Quelle était la durée du dernier crédit que tu as obtenu ?

Code : inscrire le numéro correspondant à la réponse dans la case

1. 6 mois
2. 12 mois
3. 18 mois
4. 2 ans
5. Plus de 2 ans

A. 12 Quelle était la source de financement ?

Code : inscrire le numéro correspondant à la réponse dans la case

1. Caisse Populaire
2. MECANO/BF
3. BTEC
4. Banque
5. FILAJE

A. 13 As tu bénéficié d'un appui extérieur pour obtenir le dernier crédit ?

Code 1=Oui ; 2=Non

Si non, aller à la question A. 15

A. 14 Si oui l'appui était de quelle nature ?

Code : inscrire le numéro correspondant à la réponse dans la case

1. Fonds de garantie
2. Aval
3. Cautionnement solidaire

A. 15 Es tu membre d'un groupement ?

Code 1=Oui ; 2=Non

Si non, aller à la question A. 21

A. 16 Si oui, le groupement a-t-il déjà monté des projets de financement ?

Code 1=Oui ; 2=Non

Si non, aller à la question A. 18

A. 17 Si oui, nombre de projets de financement montés depuis 2004 par ton groupement.

A. 18 As-tu déjà bénéficié d'un financement de la part de ton groupement ?

Code 1=Oui ; 2=Non

Si non, aller à la question A. 19

A. 19 D'autres hommes de la même UP que toi ont ils bénéficié d'un financement du groupement ?

Code 1=Oui; 2=Non; 3 = Ne sait pas

Si non aller à la question A. 21

A. 20 Si oui, combien d'hommes en ont bénéficié?

A. 21 As tu reçu des formations sur la gestion ?

Code 1=Oui ; 2=Non

Si non, aller à la question B. 1

A. 22 Si oui, quels étaient les thèmes de la formation ?

Code : 1=cité ; 2=non cité

1. Le cahier de caisse
2. Le calcul du prix de revient
3. La tenue du cahier de banque
4. La gestion des stocks
5. Autres (préciser).....

Marketing

Nous allons maintenant parlé de toutes les actions que tu mènes pour avoir le marché ou pour faire acheter tes produits.

B. 1 A quel moment vends tu tes produits?

Code : 1=cité ; 2=non cité

1. Pendant les récoltes
2. Juste après les récoltes
3. Quand les prix sont intéressants
4. Autres périodes (préciser).....

B. 2 Quelles sont tes sources d'informations sur les prix des produits?

Code : 1=cité ; 2=non cité

1. Radio
2. Marchés périodiques
3. Voisins/commerçants
4. Groupements/coopératives
5. Autres (préciser).....

B. 3 A qui vends tu tes produits?

Code : 1=cité ; 2=non cité

1. Aux commerçants de mon village
2. A des commerçants que je ne connais pas
3. A mon groupement/coopérative
4. Autres (préciser).....

B. 4 Quels sont les lieux d'écoulement de tes produits?

Code : 1=cité ; 2=non cité

1. Marché du village
2. Marchés des villages voisins
3. Foires agricoles
4. Autres (préciser).....

B. 5 Es tu membre d'une coopérative/groupement de vente?

Code 1=Oui ; 2=Non

Si non, aller à la question B. 6

B. 6 As tu déjà effectué un voyage ou participé à une foire pour la recherche de marché?

Code 1=Oui ; 2=Non

Si non, aller à la question B. 8

B. 7 Si oui, à quel niveau?

Code : 1=cité ; 2=non cité

1. Niveau département
2. Niveau province
3. Extérieur du Burkina

B. 8 As tu déjà bénéficié de formation en marketing?

Code 1=Oui ; 2=Non

Si non, aller à la question B.10

B. 9 Si oui, la formation a porté sur quels thèmes?

Code : 1=cité ; 2=non cité

1. La fixation des prix
2. Les techniques de vente
3. La présentation des produits
4. La recherche de marché

B. 10 D'autres hommes de la même UP que toi ont ils reçu des formations en marketing?

Code 1=Oui ; 2=Non

Si non, aller à la question C. 1

B. 11 Si oui, combien sont ils?

Conservation

Nous allons parler de la conservation des produits.

C. 1 Quels sont les domaines dans lesquels tu produis ?

Code : 1=cité ; 2=non cité

1. Elevage
2. Agriculture
3. Maraîchage
4. Autres (préciser).....

C. 2 Comment conserves tu les produits agricoles ?

Code : 1=cité ; 2=non cité

1. Dans le grenier
2. Dans le silo métallique
3. Dans des sacs doublés
4. Dans des barriques/bidons

C. 3 Quelle technique de traitement et de conservation utilise- tu pour le niébé ?

Code : 1=cité ; 2=non cité

1. Canari avec la cendre
2. Bain de soleil
3. Extraits de neem
4. Produits chimiques
5. Autres (préciser).....

C. 4 Comment conserves tu les produits maraîchers ?

Code : 1=cité ; 2=non cité

1. Chambre froide
2. Dans un endroit spécialement aménagé
3. Procède au séchage
4. Autres (préciser).....

C. 5 Es tu membre d'un groupement/coopérative de conservation ?

Code 1=Oui ; 2=Non

Si non, aller à la question C. 6

C. 6 As tu déjà effectué un voyage d'échange sur les technologies appropriées de conservation des produits ?

Code 1=Oui ; 2=Non

Si non, aller à la question D. 1

C. 7 Si oui, à quel niveau ?

Code : 1=cité ; 2=non cité

1. Niveau département

2. Niveau province

3. Extérieur du Burkina

Revenu

D. 1 Quelles sont les sources de revenus dont tu disposes et quel est le montant correspondant obtenu depuis mai 2004?

Code : 1=cité ; 2=non cité

Source	Code 1=cité ; 2=non cité	Montant en F CFA
Vente de produits maraîchers		
Vente de produits de l'élevage		
Vente de produits agricoles (mil, sorgho, maïs...)		
Vente de produits de culture de rente (sésame, arachide, niébé,...)		
Prestations de services		
Transferts d'argent		
Autres (préciser)		

D. 2 Exerces tu d'autres activités génératrices de revenu ?

Code 1=Oui ; 2=Non

Si non, aller à la question D. 4

D. 3 Si oui, quel type d'activités génératrices de revenu pratiques tu et quel est le montant obtenu depuis mai 2004 ?

Code : 1=cité ; 2=non cité

Source	Code 1=cité; 2=non cité	Montant en F CFA
Activités liées à l'exploitation de la nature		
Orpaillage		
Exploitation de carrière		
Vente de bois de chauffe/charbon		
Vente des produits de cueillette		
Autres (préciser)		

Source	Code 1=cité; 2=non cité	Montant en F CFA
Activités artisanales		
Mécanique 2 roues		
Tissage		
Forge/soudure		
Ferblanterie		
Menuiserie bois		
Autres (préciser)		

D. 4 Cites par ordre d'importance la destination de ton revenu obtenu ? Numérote les réponses par ordre d'importance.

Exemple : 1 pour la première destination
2 pour la deuxième destination
Etc.

- Achat d'aliments
- Achat d'habillement
- Investissement agricole
- Investissement non agricole
- Epargne
- Sociale (soins, mariage, baptême, funérailles...)
- Scolarisation
- Autres (préciser).....

Annex 5
QUESTIONNAIRE MERE D'ENFANT DE 0 - 23 MOIS

Département de:...../___/
Village de:...../___/___/
N° de Strate /___/
N° de grappe /___/___/
N° de l' UP /___/___/
Numéro de ménage /___/___/
Nom et Prénom du chef de l'UP:
Nom et prénoms du chef de ménage:.....
Nom et prénoms de la mère:.....
Date de l'entretien: /___/___ /___/___ /___/___

IDENTIFICATION

1. Quel est votre âge? /___/___/
 2. Date de naissance du dernier enfant: /___/___/ **J** /___/___/ **M** /___/___/ **A**
 3. Age du dernier enfant en mois /___/___/
 4. Sexe (M ou F) /___/
 5. Etes-vous aller à l'école?
 1. Oui
 2. Non /___/
- Si oui Quel est ton niveau de scolarisation le plus élevé?
1. Primaire ne parle pas et ne sait plus lire
 2. Primaire, parle et sait lire /___/
 3. Secondaire et plus
6. Es-tu alphabétisée en mooré ?
 1. Oui
 2. Non /___/

PARTIE A: SANTE/NUTRITION DES MENAGES

NUTRITION DE LA MERE

Maintenant nous allons parler de votre alimentation et celle de votre famille

7. Combien de fois par jour préparez-vous à manger pour votre famille? /___/

8. Combien de fois par jour mange votre famille actuellement? /___/

9. Votre famille mange – t - elle à sa faim actuellement ?
1. Oui
2. Non /___/

Si Oui d'ici les prochaines récoltes en octobre, pendant combien de mois votre famille mangera toujours à sa faim ? (Code: 1 à 5; 9 pour « ne sait pas » et 5 si la réponse est jusqu'aux prochaines récoltes [octobre]) /___/

Si Non pendant combien de mois après les dernières récoltes votre famille a mangé à sa faim ? (Si la réponse est ne sait pas noter 9) /___/

10. Quand tu étais enceinte de (Nom de son enfant de moins 24 mois), mangeais – tu (**lire les réponses 1, 2 et 3 et laisser la mère choisir celle qui correspond à sa situation**)
1. Plus qu'avant la grossesse?
2. Comme avant la grossesse? /___/
3. Moins qu'avant la grossesse?
4. Ne sait pas

11. Pendant l'allaitement de ton dernier enfant mangeais – tu (Noter que « **d'habitude** » n'inclut pas la période de grossesse) (**lire les réponses 1, 2 et 3 et laisser la mère choisir celle qui correspond à sa situation**)
1. Plus que d'habitude?
2. Comme d'habitude? /___/
3. Moins que d'habitude?
4. Ne sait pas

ALIMENTATION DE L'ENFANT DE 0- 24 MOIS

12. Allaites – tu actuellement ton enfant?
1. Oui
2. Non /___/

13. Combien de temps après l'accouchement l'as – tu mis au sein pour la première fois?
1. Immédiatement (dans l'heure qui a suivi l'accouchement
2. 1 à 8 heures après l'accouchement
3. plus de 8 heures après /___/
4. 1 jours après ou plus
5. ne se rappelle pas

14. Que lui as – tu donné avant de le mettre au sein?
1. Rien
2. Donné eau/liquides/Jus /___/
3. Autre lait
4. Allaiter par une autre mère
5. Autres (préciser):.....

Enquête de base du PSAZ 2 / Questionnaire mère d'enfant de moins de 24 mois.

Nom et Prénoms de l'enquêteur :.....Nom et Prénoms du superviseur :.....

15. Qu'as – tu donné en plus du lait, à ton enfant avant l'âge de 6 mois?
(plusieurs réponses possible)
(Code: 1 = cité et 2 = non cité)
- 1. Rien..... /___/
 - 2. Eau sucrée/eau simple..... /___/
 - 3. Fruit/Jus de fruit..... /___/
 - 4. Autre lait..... /___/
 - 5. Tisanes..... /___/
 - 6. Bouillie..... /___/
16. As – tu donné le premier lait à ton enfant actuel?
- 1. Oui
 - 2. Non /___/
17. Donnes – tu de la bouillie actuellement à ton enfant?
- 1. Oui
 - 2. Non /___/
- (Si non aller à 20)*
18. Que mets – tu dans la bouillie en dehors de la farine? *(Ne pas lire les réponses, plusieurs réponses possibles)*
(Code: 1 = cité et 2 = non cité)
- 1. Sucre..... /___/
 - 2. Jus de fruit..... /___/
 - 3. Beurre de karité /___/
 - 4. Pain de singe..... /___/
 - 5. Arachide / Tourteau..... /___/
 - 6. Haricot..... /___/
 - 7. Lait..... /___/
 - 8. Poisson sec..... /___/
 - 9. Autres (spécifier):..... /___/
 - 10. Rien..... /___/
19. Combien de fois par jour donnes – tu la bouillie à ton enfant?
- 1. Une fois
 - 2. Deux à trois fois
 - 3. Plus de trois fois /___/(Aller à 21)

20. **(Si non à 17) Pourquoi?**
1. N'a pas atteint l'âge
 2. A dépassé l'âge /___/
 3. Mange déjà le plat familial
 4. Refuse la bouillie
 5. Autres (spécifier):.....

Si la réponse est « n'a pas atteint l'âge » poser la question suivante

- A quel âge en mois vas – tu commencer à lui donner de la bouillie? /___/___/
21. Donnes – tu actuellement le plat familial à ton enfant?
1. Oui
 2. Non /___/(Si non aller à 24)
22. A quel âge as – tu commencé à lui donner le plat familial? /___/___/mois
23. Combien de fois par jour lui donnes-tu le plat familial ? /___/ fois
24. Prépares-tu des plats spéciaux pour ton enfant?
1. Oui
 2. Non /___/
25. Votre enfant a-t-il été pesé le mois dernier ?
1. Oui
 2. Non /___/

Si Oui demander à voir son carnet ou toute preuve, vérifier s'il a été pesé 3 fois au cours de 3 dernier mois et répondre à la question suivante)

Enfant régulièrement pesé (si 3 pesées au cours des 3 derniers mois)?

1. Oui
2. Non /___/

SANTÉ DES ENFANTS DE MOINS DE 5 ANS

26. As-tu d'autres enfants de moins de 5 ans?
1. Oui
 2. Non /___/
27. Un de vos enfants de moins de 5 ans ou votre enfant actuel a-t-il été malade ces 15 derniers jours?
1. Oui
 2. Non /___/(Si non aller à 29)

28. Si Oui, de quelle maladie a-t-il souffert? (*Ne pas lire les réponses, plusieurs réponses possibles*)
(Code: 1 = cité et 2 = non cité)
1. Fièvre/paludisme...../___/
 2. Toux/Rhume/Difficultés respiratoires..... /___/
 3. Diarrhée..... /___/
 4. Maux de ventre /___/
 5. Autres (spécifier):..... /___/
29. Comment reconnaissez-vous que votre enfant a le paludisme (*Ne pas lire les réponses, plusieurs réponses possibles*) ?
(Code: 1 = cité et 2 = non cité)
1. Corps chaud..... /___/
 2. Vomis..... /___/
 3. Tremble de froid..... /___/
 4. Diarrhée..... /___/
 5. Yeux ou urines sont colorés..... /___/
 6. Ne mange plus /___/
 7. Autres (spécifier):..... /___/
30. Qu'avez vous fait **en premier lieu** la dernière fois quand votre enfant a présenté ces signes ?
1. Amène au centre de santé
 2. Traite à la maison avec des tisanes/feuilles /___/
 3. Traite à la maison avec des médicaments
 4. Autre (préciser):.....
31. Quel traitement faites-vous à la maison? (*Ne pas lire les réponses, plusieurs réponses possibles*)
(Code: 1 = cité et 2 = non cité)
1. Aucun traitement...../___/
 2. Tisanes/Décoctions...../___/
 3. Médicament de la rue..... /___/
 4. Autre (spécifier)..... /___/
 5. Chloroq/Nivaq/Aspirine/paracétamol..... /___/(Aller à 32 si cité)
32. (*Si Chloro/nivaq ou Aspir/para cité à 31*) Pendant combien de jour avez-vous fait ce traitement ?
- 1 3 jours
 - 2 Plus de 3 jours /___/
 - 3 Moins de 3 jours
 - 4 Ne sait pas

33. Que faites vous en plus du traitement médicamenteux?
(Code: 1 = cité et 2 = non cité)
- 1. Rien..... /___/
 - 2. Donne plus à boire /___/
 - 3. Donne plus à manger..... /___/
 - 4. Traite à la maison avec des tisanes/feuilles /___/
 - 5. Protège contre le froid/Habits corrects /___/
 - 6. Autres (Préciser):..... /___/
34. Comment reconnaissez vous que le paludisme de votre enfant est grave (*plusieurs réponses possibles*) ?
(Code: 1 = cité et 2 = non cité)
- 1 Perd connaissance..... /___/
 - 2 Fièvre augmente ou persiste..... /___/
 - 3 Mange ou boit difficilement..... /___/
 - 4 Yeux ou urines colorées..... /___/
 - 5 Autres (Préciser):..... /___/
35. Selon vous qu'est-ce qui donne le paludisme? (**ne pas lire les réponses plusieurs réponses possibles**)(Code: 1 = cité et 2 = non cité)
- 1. Les moustiques /___/
 - 2. Les eaux sales ou stagnantes /___/
 - 3. Froid/vent /___/
 - 4. Consommation de karité ou raisin /___/
 - 3. Autres (préciser):..... /___/
 - 4. Ne sait pas /___/
36. Que peut-on faire pour éviter le paludisme? (*plusieurs réponses possibles*)
(Code: 1 = cité et 2 = non cité)
- 1. Ne sait pas..... /___/
 - 2. Eviter les eaux sales/assainissement..... /___/
 - 3. Eviter de manger le karité/raisin..... /___/
 - 4. Suivre un traitement préventif..... /___/
 - 5. Autre..... /___/
 - 6. Dormir sous moustiquaire..... /___/
 - 7. Dormir sous moustiquaire imprégnée..... /___/
37. Y a-t-il une moustiquaire dans votre ménage?
- 1. Oui
 - 2. Non /___/
- (Si Oui) Qui l'utilise ? (Code: 1 = cité et 2 = non cité)
- 1. Mari /___/
 - 2. Moi et mon enfant /___/
 - 3. Mes autres enfants /___/
 - 4. Tout le monde /___/
 - 5. Autres personnes (préciser) :..... /___/

Enquête de base du PSAZ 2 / Questionnaire mère d'enfant de moins de 24 mois.

Nom et Prénoms de l'enquêteur :..... Nom et Prénoms du superviseur :.....

38. Comment reconnaissez-vous que votre enfant a la diarrhée ? (*plusieurs réponses possibles*) (Code: 1 = cité et 2 = non cité)
1. Corps chaud..... /___/
 2. Vomis..... /___/
 3. Fait des selles liquides plusieurs fois par jours..... /___/
 4. Mal au ventre /___/
 5. Autres (préciser):..... /___/
39. Qu'avez vous fait **en premier lieu** la dernière fois quand votre enfant de moins de 5 ans a présenté un de ces signes ?
1. Amène au centre de santé
 2. Traite à la maison avec des tisanes/feuilles /___/
 3. Traite à la maison avec des médicaments
 4. Autre (préciser):.....
40. Quel traitement faites-vous à la maison? (*plusieurs réponses possibles*) (Code: 1 = cité et 2 = non cité)
1. Aucun traitement..... /___/
 2. Tisanes/Décoctions..... /___/
 3. Médicament de la rue..... /___/
 4. Médicament officiel..... /___/
 5. Autre (spécifier)..... /___/
 6. ORASEL/Eau/Solution maison..... /___/(Aller à 41 si cité)
41. (*Si ORASEL ou Eau/solution maison cité à 40*) Pendant combien de jours avez-vous donné cela à votre enfant?
1. 1 Jours
 2. 2 jours
 3. Jusqu'à arrêt de la diarrhée
 4. Jusqu'à finir la quantité préparée /___/
 5. Ne se rappelle plus
 6. Autre (préciser):.....
42. Que faites-vous en plus pour votre enfant? (*plusieurs réponses possibles*) (Code: 1 = cité et 2 = non cité)
1. Rien..... /___/
 2. Donne plus à boire /___/
 3. Donne plus à manger..... /___/
 4. Réduis la quantité de nourriture /___/
 5. Autres (préciser)..... /___/

43. Comment reconnaissez-vous que la diarrhée de votre enfant est grave? (*plusieurs réponses possibles*)

(Code: 1 = cité et 2 = non cité)

1. Perd connaissance...../___/
2. Fièvre augmente/persiste...../___/
3. Mange/boit difficilement...../___/
4. Fontanelle/Yeux enfoncés...../___/
5. Selles plus fréquentes/sang dans les selles...../___/
6. Peau flasque...../___/
7. Mal au ventre...../___/
8. Autre (spécifier):...../___/

44. Que faites-vous quand votre enfant présente un de ces signes? (*plusieurs réponses possibles*)

(Code: 1 = cité et 2 = non cité)

1. Centre de santé...../___/
2. Consulte guérisseur traditionnel...../___/
3. Autres (préciser):...../___/
4. Ne sait pas...../___/

SANTE MARNERELLE

45. Es- tu enceinte actuellement ?

1. Oui
2. Non /___/ (si Non aller à 46)

(Si Oui) es-tu déjà allée à une consultation prénatale (CPN)

1. Oui
2. Non /___/

Prends-tu des médicaments maintenant que tu es enceinte.

1. Oui
2. Non /___/

Si Oui lesquels ? (Code: 1 = cité et 2 = non cité)

1. Chloroq/Nivaq/___/
2. Fer (médicament de sang)...../___/
3. Autre (préciser) :...../___/

46. (Si non à 45) Au cours de ta dernière grossesse es-tu allée aux CPN ?

1. Oui
2. Non /___/(si Non aller à 47)

Si Oui Combien de fois avant ton accouchement ?

1. Une fois
2. Deux fois /___/
3. Trois fois ou plus

Enquête de base du PSAZ 2 / Questionnaire mère d'enfant de moins de 24 mois.

Nom et Prénoms de l'enquêteur :.....Nom et Prénoms du superviseur :.....

47. As-tu eu à prendre des médicaments pendant ta dernière grossesse?
1. Oui
2. Non /___/(si Non aller à 48)

Si Oui lesquels? (*Code: 1 = cité et 2 = non cité*)

1. Chloroquine/Nivaquine..... /___/
2. Fer (médicament de sang)..... /___/
3. Autre (préciser):..... /___/
48. Qui t'as assisté lors de ton dernier accouchement?
1. Accoucheuse villageoise (reconnue par la santé)
2. Agent de santé /___/
3. Vieilles du village
4. Autre (préciser):.....
49. As-tu reçu ceci après ton dernier accouchement ? (**Montrez la capsule de Vitamine A**)
1. Oui
2. Non /___/

HYGIENE ET ASSAINISSEMENT

50. Quelles sont vos sources d'eau de boisson? (*Plusieurs réponses possibles*)
(*Code: 1 = cité et 2 = non cité*)
1. Forage..... /___/
2. Puits à grand diamètre..... /___/
3. Puits traditionnel réhabilité..... /___/
4. Puits traditionnel..... /___/
5. Autres (Préciser):..... /___/
51. Y a-t-il des latrines dans votre concession ?
1. Oui
2. Non /___/
- (**Si Oui**) Qui les utilise
1. Hommes uniquement
2. Tout le monde /___/
3. Autres (Préciser):.....
52. Y a-t-il des latrines communautaires dans le village ?
1. Oui
2. Non /___/
- (**Si Oui**) Les as-tu déjà utilisées?
1. Oui
2. Non /___/

53. Quel type de sel utilisez-vous pour votre cuisine?
1. En poudre
2. Gros grains /___/(si réponse 2 passer au volet Crédit)

Si sel en poudre, demander à la femme de vous apporter une petite quantité. Expliquer lui que c'est pour faire un test qui permet de savoir si leur sel de consommation les aide à prévenir le goitre. Procéder au test et communiquer le résultat à la femme.

Sel iodé?

1. Oui
2. Non

/___/

CREDIT

Nous allons parlé du crédit

A. 1 Connais- tu une ou des institutions d'épargne et de crédit?

(Code: 1=Oui ; 2=Non)

Si non aller à la question A.3

A. 2 Si oui, lesquelles?

(Code: 1=cité ; 2=non cité)

1. Caisse Populaire

2. MECANO/BF

3. BTEC

4. Banque

5. FAARF

A. 3 Où gardes-tu ton argent?

(Code: 1=cité; 2=non cité)

1. Caisse Populaire

2. MECANO/BF

3. BTEC

4. Banque

5. La maison

A. 4 As-tu déjà confié ton argent à une institution?
(Code: 1=Oui; 2=Non)

A. 5 Si oui, pourquoi?
(Code: 1=cité; 2=non cité)

1. Pour avoir plus d'argent (intérêts)
2. Pour sécuriser l'argent (éviter les vols)
3. Pour bénéficier de crédit

A. 6 Si non, pourquoi?
(Code: 1=cité; 2=non cité)

1. Méconnaissance des institutions
2. Manque de confiance
3. Pas assez d'argent pour épargner

A. 7 As tu déjà bénéficié de crédit(s) depuis 2004?
(Code: 1=Oui; 2=Non)
Si non aller à la question A. 15

A. 8 Si oui, combien de fois?
(Code: inscrire le numéro correspondant à la réponse dans la case)

1. 1 fois
2. 2 fois
3. Plus de 2 fois

A. 9 Quel était le montant du dernier crédit que tu as obtenu depuis 2004?
Montant en lettres:.....
Montant en chiffres

A. 10 Quel était l'objet du dernier crédit que tu as obtenu?
(Code: inscrire le numéro correspondant à la réponse dans la case)

1. Fonds de roulement
2. Equipement
3. Exécution de marché (bon de commande)
4. Autres (préciser).....

A. 11 Quelle était la durée du dernier crédit que tu as obtenu?
(Code: inscrire le numéro correspondant à la réponse dans la case)

1. 6 mois
2. 12 mois
3. 18 mois
4. 2 ans
5. Plus de 2 ans

A. 12 Quelle était la source de financement?
(Code: inscrire le numéro correspondant à la réponse dans la case)

1. Caisse Populaire
2. MECANO/BF
3. BTEC
4. Banque
5. FAARF

A. 13 As tu bénéficié d'un appui extérieur pour obtenir le dernier crédit?
(Code: 1=Oui; 2=Non)

Si non, aller à la question A. 15

A. 14 Si oui l'appui était de quelle nature?
(Code: inscrire le numéro correspondant à la réponse dans la case)

1. Fonds de garantie
2. Aval
3. Cautionnement solidaire

A. 15 Es tu membre d'un groupement?
(Code: 1=Oui; 2=Non)

Si non, aller à la question A. 21

A. 16 Si oui, le groupement a-t-il déjà monté des projets de financement?
(Code: 1=Oui; 2=Non)

Si non, aller à la question A. 18

A. 17 Si oui, nombre de projets de financement montés depuis 2004 par ton groupement.

A. 18 As-tu déjà bénéficié d'un financement de la part de ton groupement?
(Code: 1=Oui; 2=Non)

Si non, aller à la question A. 19

A. 19 D'autres femmes de la même UP que toi ont-elles bénéficié d'un financement du groupement?

(Code: 1=Oui; 2=Non; 3=Ne sait pas)

Si non aller à la question A. 21

A. 20 Si oui, combien de femmes en ont bénéficié?

Enquête de base du PSAZ 2 / Questionnaire mère d'enfant de moins de 24 mois.

Nom et Prénoms de l'enquêteur : Nom et Prénoms du superviseur :

A. 21 As tu reçu des formations sur la gestion?

(Code: 1=Oui; 2=Non)

Si non, aller à la question B. 1

A. 22 Si oui, quels étaient les thèmes de la formation?

(Code: 1=cité; 2=non cité)

1. Le cahier de caisse

2. Le calcul du prix de revient

3. La tenue du cahier de banque

4. La gestion des stocks

5. Autres (préciser):.....

MARKETING

Nous allons maintenant parlé de toutes les actions que tu mènes pour avoir le marché ou pour faire acheter tes produits.

B. 1 A quel moment vends tu tes produits?

(Code: 1=cité; 2=non cité)

1. Pendant les récoltes

2. Juste après les récoltes

3. Quand les prix sont intéressants

4. Autres périodes (préciser):.....

B. 2 Quelles sont tes sources d'informations sur les prix des produits?

(Code: 1=cité; 2=non cité)

1. Radio

2. Marchés périodiques

3. Voisins/commerçants

4. Groupements/coopératives

5. Autres(préciser):.....

B. 3 A qui vends tu tes produits?

(Code: 1=cité; 2=non cité)

1. Aux commerçants de mon village
2. A des commerçants que je ne connais pas
3. A mon groupement/coopérative
4. Autres (préciser):

B. 4 Quels sont les lieux d'écoulement de tes produits?

(Code: 1=cité; 2=non cité)

1. Marché du village
2. Marchés des villages voisins
3. Foires agricoles
4. Autres (préciser):

B. 5 Es tu membre d'une coopérative/groupement de vente?

(Code: 1=Oui; 2=Non)

Si non, aller à la question B. 6

B. 6 As tu déjà effectué un voyage ou participé à une foire pour la recherche de marché?

(Code: 1=Oui; 2=Non)

Si non, aller à la question B. 8

B. 7 Si oui, à quel niveau?

(Code: 1=cité; 2=non cité)

1. Niveau département
2. Niveau province
3. Extérieur du Burkina

B. 8 As tu déjà bénéficié de formation en marketing?

(Code: 1=Oui; 2=Non)

Si non, aller à la question B.10

B. 9 Si oui, la formation a porté sur quels thèmes?
(Code: 1=cité; 2=non cité)

- 1. La fixation des prix
- 2. Les techniques de vente
- 3. La présentation des produits
- 4. La recherche de marché

B. 10 D'autres femmes de la même UP que toi ont elles reçu des formations en marketing?
(Code: 1=Oui; 2=Non)

Si non, aller à la question C. 1

B. 11 Si oui, combien sont elles?

TRANSFORMATION/CONSERVATION

Nous allons parler de la transformation et de la conservation des produits.

C. 1 Quels sont les domaines dans lesquels tu produits?
(Code: 1=cité; 2=non cité)

- 1. Elevage
- 2. Agriculture
- 3. Maraîchage
- 4. Autres (préciser):

C. 2 Comment conserves tu les produits agricoles?
(Code: 1=cité; 2=non cité)

- 1. Dans le grenier
- 2. Dans le silo métallique
- 3. Dans des sacs doublés
- 4. Dans des barriques/bidons

C. 3 Quelle technique de traitement et de conservation employez vous pour le niébé?

(Code: 1=cité; 2=non cité)

1. Canari avec la cendre
2. Bain de soleil
3. Extraits de neem
4. Produits chimiques
5. Autres (préciser):

C. 4 Comment conserves tu les produits maraîchers?

(Code: 1=cité; 2=non cité)

1. Chambre froide
2. Dans un endroit spécialement aménagé
3. Procède au séchage
4. Autres (préciser):

C. 5 Es tu membre d'un groupement/coopérative de conservation?

(Code: 1=Oui; 2=Non [Si non, aller à la question C. 6])

C. 6 As tu déjà effectué un voyage d'échange sur les technologies appropriées de conservation des produits?

(Code: 1=Oui; 2=Non [Si non, aller à la question C. 8])

C. 7 Si oui, à quel niveau?

(Code: 1=cité; 2=non cité)

1. Niveau département
2. Niveau province
3. Extérieur du Burkina

C. 8 Quels sont les produits que tu transformes pour vendre?

(Code: 1=cité; 2=non cité)

- 1. Arachide
- 2. Niébé
- 3. Légumes
- 4. Viande
- 5. Lait
- 6. Sésame
- 7. Céréales (mil, sorgho, maïs...)
- 8. Autres (préciser):

C. 9 Quel matériel utilises tu pour la transformation des produits?

Code : 1=cité ; 2=non cité

- 1. Décortiqueuses
- 2. Presses à huile/karité
- 3. Grilleuses
- 4. Séchoirs
- 5. Fours
- 6. Moulins
- 7. Vita Goat
- 8. Autres (préciser):

C. 10 As tu déjà été formée sur la transformation des produits?

(Code: 1=Oui; 2=Non)

Si non, aller à la question C. 13

C. 11 Si oui, quels thèmes ont été abordés?

(Code: 1=cité; 2=non cité)

- 1. Séchage de légumes
- 2. Séchage de viande
- 3. Transformation de lait
- 4. Transformation de tomate
- 5. Transformation de céréales
- 6. Transformation d'oignons
- 7. Autres (préciser):

C. 12 D'autres femmes de la même unité de production que toi ont elles bénéficié de formations sur la transformation des produits?

(Code: 1=Oui; 2=Non)

Si non, aller à la question C. 14

C. 13 Si oui, combien de femmes ont reçu ces formations?

C. 14 As tu déjà effectué un voyage sur la transformation des produits?

(Code: 1=Oui; 2=Non)

Si non, aller à la question D. 1

C. 15 Si oui, combien de femmes de la même UP que toi ont participé à ce voyage?



REVENU

D. 1 Quelles sont les sources de revenus dont tu disposes et quel est le montant correspondant obtenu depuis mai 2004?
(Code: 1=cité; 2=non cité)

Source	Code 1=cité; 2=non cité	Montant en F CFA
Vente de produits maraîchers		
Vente de galettes/beignets/fourra		
Vente de produits de l'élevage		
Vente de produits agricoles (mil, sorgho, maïs...)		
Vente de produits de culture de rente (sésame, arachide, niébé,...)		
Prestations de services		
Transferts d'argent		
Autres (préciser):		

D. 2 Exerces tu d'autres activités génératrices de revenu?
(Code: 1=Oui; 2=Non)
Si non, aller à la question D. 4

D. 3 Si oui, quel type d'activités génératrices de revenu pratiques tu et quel est le montant obtenu depuis mai 2004?

(Code: 1=cité; 2=non cité)

Source	Code 1=cité; 2=non cité	Montant en F CFA
Activités liées à l'exploitation de la nature		
Orpaillage		
Exploitation de carrière		
Vente de bois de chauffe/charbon		
Vente des produits de cueillette		
Autres (préciser):		
Activités artisanales		
Fabrication de savon		
Tissage		
Teinture		
Transformation alimentaire (séchage de légume, fruits, soumbala...)		
Autres (préciser):		

D. 4 Cites par ordre d'importance la destination de ton revenu obtenu? Numérote les réponses par ordre d'importance.

Exemple : 1 pour la première destination

2 pour la deuxième destination

Etc.

Achat d'aliments	<input type="text"/>
Achat d'habillement	<input type="text"/>
Investissement agricole	<input type="text"/>
Investissement non agricole	<input type="text"/>
Epargne	<input type="text"/>
Sociale (soins, mariage, baptême, funérailles...)	<input type="text"/>
Scolarisation	<input type="text"/>
Autres (préciser):	<input type="text"/>

ACTIVITES D'ELEVAGE DES FEMMES

R1 Elevez-vous des animaux? /___/ (Si non aller à R2)
(Code: 1= Oui; 2=Non)

Si oui quelles sont les espèces élevées?
(Code: 1= Oui; 2=Non)

- Bovins (bœufs)..... /___/
- Ovins (moutons)..... /___/
- Caprins (chèvres)...../___/
- Porcins (porcs)/___/
- Asins (ânes)...../___/
- Equins (chevaux)..... /___/
- Volailles...../___/
- Lapins /___/

R2. Avez- vous été formées en élevage ? /___/ (Si non aller aux instructions)
(Code: 1= Oui; 2=Non)

Si oui lesquelles des thèmes suivants ont-ils été abordés au cours de vos formations ?
Citer les thèmes et inscrire le code correspondant
(Code: 1= Oui; 2=Non)

	Formé	Pratique
Techniques d'embouche	<input type="checkbox"/>	<input type="checkbox"/>
Fauche et conservation du fourrage naturel	<input type="checkbox"/>	<input type="checkbox"/>
Production de fourrages cultivés	<input type="checkbox"/>	<input type="checkbox"/>
Collecte et stockage de résidus de récolte	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations et soins des animaux	<input type="checkbox"/>	<input type="checkbox"/>
Amélioration génétique/ Elevage naisseur	<input type="checkbox"/>	<input type="checkbox"/>
Production laitière	<input type="checkbox"/>	<input type="checkbox"/>
Production d'œufs	<input type="checkbox"/>	<input type="checkbox"/>
Amélioration de l'habitat des animaux	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS: Remercier la répondante pour sa franche collaboration et rassurez-la du caractère confidentiel des informations collectées.

