*FOOD FOR THE HUNGRY INTERNATIONAL*

**P.L. 480 TITLE II INSTITUTIONAL SUPPORT ASSISTANCE PROGRAM**

**"*IMPROVING FOOD SECURITY PROGRAMMING AND RESOURCE MANAGEMENT*"**

# BURKINA FASO FOOD SECURITY NEEDS ASSESSMENT

**August 1999**

**FHI Headquarters Office ISA Contact:**
**David Evans**
**2620 Low Dutch Road**
**Gettysburg, PA 17325**
**Tel: 717-337-2538 Fax: 717-337-3520**
**Email: devans@fhi.net**

# *FOOD FOR THE HUNGRY INTERNATIONAL*

# BURKINA FASO FOOD SECURITY NEEDS ASSESSMENT

## Introduction

Food for the Hungry International (FHI) is an international NGO of Christian motivation with programs in approximately 25 countries around the world. FHI currently implements USAID Title II-funded food security programs in four countries—Bolivia, Ethiopia, Kenya and Mozambique. FHI's goals and strategy for using Title II food resources to address food security needs are to combine direct distribution with the use of monetization proceeds in one or more of the following four program areas—agricultural production and marketing, maternal-child health and nutrition, water and sanitation, and educational development. Although FHI does not currently implement programs in the West African Sahel, it implemented a food security program (non-Title II) in Chad between 1987 and 1993 and has had a strategic interest in the region for some time. In addition, we have developed a certain level of expertise in our Title II programs that could be put to use in a West African program. As a result of this strategic interest and perceived high level of food security needs in the Sahel, FHI proposed—in its ISA proposal—to conduct a needs assessment in Mali, Burkina Faso and Niger to determine the rationale for and feasibility of initiating Title II activities in one or more of those countries. Following the submission of the proposal, it was decided that we would not pursue program possibilities in Niger and that country was dropped from the list.

In proposing this assessment, we recognized that any attempt to assess and address food security needs in West Africa would only be successful to the degree that two or more cooperating sponsors collaborate together in the effort. As such, FHI proposed to conduct the above mentioned needs assessment within the framework of a larger CS effort. Specifically, FHI proposed to collaborate with CRS by 1) meeting with CRS West Africa food security staff and collectively seeking ways to design and conduct the FHI assessment in such a manner as to build upon and into CRS' West Africa Strategy, 2) agree together on a scope of work for the assessment, and 3) discuss potential collaborative efforts in an initiation of Title II activities in one or more of the countries that were assessed. Subsequent to the submission of FHI's ISA proposal, it was decided that OICI would also collaborate in this assessment under their mentoring agreement with CRS.

Following internal and external discussions with CRS, OICI and other PVOs who were familiar with West Africa, FHI's ISA team decided to break the assessment down into two stages. The first stage would be a short exploratory trip to Mali and Burkina conducted solely by FHI with the objective of gathering secondary data. The second stage would be a longer assessment conducted by FHI, CRS and possibly OICI with the

objective of gathering primary data in one or more rural regions of Mali and/or Burkina. This report deals solely with the first stage in Burkina Faso.

The FHI ISA team of Dave Evans and Tom Davis conducted an exploratory visit to Burkina Faso for five days in June 1999. The trip was primarily designed to achieve two objectives: 1) to meet with as many knowledgeable people as possible in Burkina Faso in order to gauge PVO/NGO/GO perception and opinion of food security needs and opportunities in the country and 2) to gather as much secondary data as possible on food security in Burkina. The focus of the exercise was to identify potential strategic opportunities for FHI in partnering with other PVOs/NGOs to improve food security in either regions or program areas that are currently **underserved**.

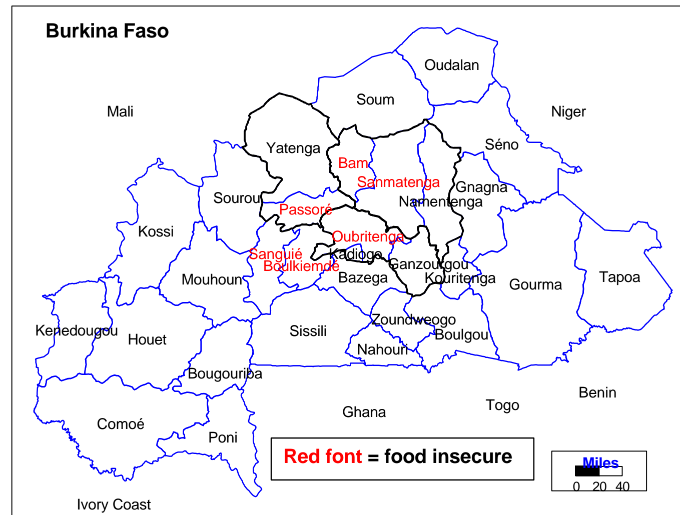
In that most of the people and data mentioned above were located in the capital city, the team chose to spend the entire five days in Ouagadougou. In-depth interviews were conducted with representatives from the following organizations: CRS, FEWS, Christian Relief and Development Organization (CREDO), Development Office of Evangelical Churches (ODE), and the Mennonite Central Committee (MCC). USAID does not have an office in Burkina (see Appendix A for the interview questions). In addition to those interviews, secondary data was gleaned from the National Statistics Bureau and FEWS. Finally, interviews were conducted with USAID/FFP and US-based PVOs either prior to or shortly after the exploratory visit.

The interviews conducted and data gathered focused on all three aspects of USAID's definition of food security—availability, access and utilization. Each of these areas is discussed below in detail.

## Administrative Map of Burkina Faso

## Food Availability Needs

At the national level, Burkina had a good year of agricultural production in 1998. Cereal production was estimated by FEWS to be 2.4 million MT, which equaled the five year average between 1993 and 1998. In its March 1999 Vulnerability Assessment report, FEWS determined that "the majority of Burkinabe are likely to be food secure in 1999". Further, excellent rains in July and August of this year (1999) provide an early indication that cereal production will be good again this year. That said, there were several small pockets of food insecurity in a few provinces in the central part of the Mossi plateau in 1998 (see figure below). The needs were not great enough, however, to merit emergency food distributions.




On the regional level, the northern provinces of Yatenga, Soum, Oudalan and Seno tend be regions of structural agricultural deficit. These areas consistently produce less cereal than they consume. However, they have a relatively low population density compared with regions further to the south. While the northern-most provinces tend toward a structural deficit, the southwestern provinces of Houet, Bougouriba, Kenedougou, Comoe and Poni are historically areas of structural surplus. With relatively high levels of rainfall, these southern provinces are the "breadbasket" of the country. In general, with regards to availability of cereals, in a normal year the north of the country (above 13' 50" atitude) produces a deficit, the central provinces meet consumption needs and the southwestern provinces produce a relatively large surplus.

1994-98 average annual yields for millet, sorghum, maize and rice (the four most important cereals in Burkina in that order) were very close to the average yields for all of Sub-Saharan Africa. Millet yields in BF were 0.8 MT/HA, while SSA as a whole registered a yield of 0.82 MT/HA. For sorghum, BF yields were 0.66 MT/HA, while the SSA average was 0.63 MT/HA. Maize yields in BF and SSA as a whole were both 1.42 MT/HA. Finally, rice yields for BF and SSA were 1.93 and 2.14 respectively.[1]

---

[1] FAO Statistical Database, 1999 at http://apps.fao.org/

## Food Access Needs

According to USAID's definition of food security, availability—production—is only one of three components. People's access to food is equally as important as their ability to produce it. For the population living in the northern provinces, the majority are engaged in pastoralism. FEWS reports that pasture conditions have been good for the past few years across much of Burkina and livestock-to-cereal terms of trade are currently the best they have been in years. Although cereal production may be in deficit, pastoralists should in general have sufficient resources to purchase the cereals that they need in order to be food secure.

## Food Utilization Needs

Burkina Faso's under-five child mortality rate is slightly below the average for sub-Saharan Africa and ranks 23rd in the world at 158 per 1,000 live births (UNICEF, 1996). According to the 1993 DHS study, the highest CMR is found in the east of the country (224/1,000) and the North (220/1,000). The Central/South regions (203) and the West (196) are in the midrange for the country, and Ouagadougou has the lowest CMR (150). The principle health problems of preschool children cited by mothers were malaria, diarrhea, cough/ARI, and malnutrition (in that order).

Burkina Faso has the eighth highest reported level of wasting in the world: 13% of children 0 to 5 years of age have moderate and severe wasting. That said, this is still a full ten percentage points below the proportion of children in Mali with wasting. Wasting decreases from birth to about 3m of age, then increases to 12m, then decreases steeply to 50m of age. There are forty countries with higher levels of stunting, an indicator of chronic malnutrition: 29% of children have moderate or severe stunting in Burkina Faso. Stunting drops slightly from birth to 3m of age, increases to about 45% at about 25m of age, then fluctuates up and down after that age. Thirty percent of children are moderately or severely underweight (DHS Study, 1993). Underweight decreases from birth to 4m of age then rises to a peak of about 50% at 15m of age. After that, it decreases slowly.

| Region | Mod+Severe Stunting | Mod+Severe Wasting | Mod+Severe Underweight | Index (3 columns)[2] | U5MR |
|---|---|---|---|---|---|
| **East** | 33.6% | 12.0% | 30.0% | 75.6 | 224 |
| **North** | 31.4% | 12.7% | 29.7% | 73.8 | 220 |
| **Center/South** | 32.3% | 14.3% | 31.9% | 78.5 | 203 |
| **West** | 24.9% | 14.8% | 30.4% | 70.1 | 196 |
| **Ouagadougou** | 17.0% | 10.9% | 18.1% | 46.0 | 150 |

The table above shows that malnutrition, in general, is worse in the Central/South regions, stunting is worse in the Eastern and Central/South regions, and wasting and

[2] For comparative purposes, we have added the proportions of children in each of the three previous columns as an index of general malnutrition levels in each region.

underweight are worse in the Western and Central/South regions.   The Eastern region includes the provinces of *Kenedougou*, *Kossi*, *Mouhoun*, *Houet*, *Bougouriba*, *Poni*, and *Comoe*. Despite the fact that the worst stunting is found in the East region, none of the provinces there were found by FEWS to be highly-food insecure in 1998/99.  In fact, there was a net *surplus* of 132,011 MT produced in the *Kossi* and *Mouhoun* (and *Sourou*) provinces.  In the *Haut-Bassins* area, which includes the *Houet* and *Kenedougou* provinces, there was a net surplus of 302,381 MT of food in 1998/99.  This suggests that, similar to Mali, there are probably other behavioral elements that play a strong role in malnutrition in Burkina Faso.

The Central/South region includes the provinces of Bazega, Sissili, <u>Passore</u>, <u>Sanmatenga</u>, <u>Oubritenga</u>, <u>Boulkiemde</u>, <u>Sanguie</u>.  There is a large overlap in terms of food-insecure regions and stunting in this region:  The last five aforementioned provinces in the Central/South region are five of the six provinces that FEWS has estimated are the most highly food insecure.  Bam, in the North region, is food-insecure, as well.

There are several common nutritional practices in Burkina Faso that contribute to its high levels of malnutrition.  Over half (52%) of Burkinabè women wait more than 24 hours to begin breastfeeding their children.  Once breastfeeding is initiated, though, it is persistent: the median length of breastfeeding is 25 months, one of the longest in Africa. As in many African countries, low levels of exclusive breastfeeding and proper introduction of solids are the problems.  The median duration of exclusive breastfeeding is less than one month, and only 44% of children six to nine months of age are receiving solid foods and porridges.   (These levels are comparable to Mali.)

The levels of Vitamin A deficiency (VAD) seen in Burkina Faso appear to be as poor as those seen in Mali, and constitute a severe public health problem.  A sub-national survey (1986) of three Northern provinces of the country (*Yatenga*, *Passore* and *Sourou*) found that 0.27% of preschool children had Bitot's spots (a sign of severe VAD), and 2.8% had nightblindness.  An older study (1978) found that over 70% of preschool children had serum retinol levels below 0.70 μmol/l, indicating a *severe* public health problem.  Other micronutrient deficiencies are prevalent, as well:  16% of 6-11 year olds were found to have signs of iodine deficiency in one study in Burkina Faso, but some studies have indicated rates as high as 55%.

Like many childhood illnesses, diarrhea is mostly a problem during the first two years of life.  Diarrheal prevalence in Burkina Faso increases steadily from birth to 16m of age (to a peak of about 40%), then declines to a low-level by 60m of age.  Feeding during illness is fairly good.  The most recent DHS survey found that 50% of children received ORS during their last diarrheal episode, 83% of mothers gave their children with diarrhea the same amount or more breastmilk, and 81% gave the same amount or more liquids.  (These levels are more than 25% higher than the levels found in Mali.)

The latest DHS study found that only 18.7% of children with a cough and difficult breathing sought appropriate medical care. Only 19.3% with a fever sought medical care. (This is slightly lower than the levels found in Mali.)

Most vaccination levels in Burkina Faso are substantially better than the levels found in Mali. DPT3/Polio3 coverage in Burkina is 48%, measles coverage is 54%, BCG is 61%, and TT2 is 27%. A study conducted in 1994 found that 18.6% of truck drivers recruited at a cotton-producing factory were HIV positive. Another study (1995) found that the overall seroprevalence among pregnant women in Burkina was 8%. An MOH document[3] estimates that the HIV prevalence rate for Burkina Faso to be 7.2% in the general population, about twice as high as the rate estimated for Mali. These rates are low in comparison to many other parts of Africa. For example, in several cities in southern Africa, up to 45% of women tested during pregnancy carry HIV.
The fertility rate in Burkina Faso is almost the same as it is in Mali (6.9 vs. 6.7, respectively), and the contraceptive prevalence rate is similar (9.9% in Burkina [1993] vs. 12.4% in Mali [1996]). The proportion of 15-19 year old girls who already have at least one child in Burkina is almost half of that in Mali (24.3% vs. 45%, respectively). Births at a very young age are much more rare in Burkina, as well: Only 2% of girls 15-19 had their first child at age 14 or younger. The proportion for Mali is 9%.

## Visits with Organizations and Agencies

The questions that were used during this exploratory visit are presented in Appendix A. Below is a summary of the information gleaned from the organizations and agencies mentioned above.

**Catholic Relief Services –** CRS is one of only two Title II Cooperating Sponsors in Burkina Faso (with Africare being the other CS). ISA team leader, Dave Evans, interviewed Shirley Dady, CRS's Country Representative in Burkina. CRS has been operational in Burkina Faso for several decades. It is currently in the third year of a five-year DAP (1997-2001). The DAP consists of approximately 74% direct distribution and 26% monetization. FY 2000 commodity levels are estimated to be 18,700 MT destined for distribution and 7,740 MT (rice) destined for monetization. CRS has four components to its Title II food security program—Food Assisted Education, Emergency Preparedness, Safety Net, and Small Enterprise Development. CRS works primarily in the Central, North and East of the country. According to Ms. Dady, the most food insecure areas in the country are in the north, the east and parts of the central plateau. This is in keeping with the data from FEWS. With regards to Title II growth, Ms. Dady commented that she does not think there is much room for additional monetization in the country especially given the fact that ½ of the commodities for the joint DAP in Niger may be monetized in BF. She stated however that vegetable oil may be a possibility, but she is not sure if FAS can be met for that commodity.

---

[3] Suivi et évaluation des programmes nationaux de lutte contre le SIDA : Examen de l'expérience du Burkina Faso, 1987-1998. Monographie préparée dans le cadre de l'INITIATIVE OMS/onusida/MEASURE evaluation (USAID) sur le suivi-évaluation des programmes de lutte contre le sida, Nicolas MEDA, 10/23/98, Médecin épidémiologiste, Centre MURAZ/OCCGE

**Africare** – The ISA team tried unsuccessfully to contact the country representative for Africare who appears to have been traveling during the time. Africare is just starting their Title II program in Burkina Faso and they fund it with proceeds from wheat flour monetization in Chad.

**FEWS** – The team met with Dr. Joseph Sedgo, FEWS field representative in Burkina Faso. Dr. Sedgo provided us with an excellent description of FEWS methods and tools for assessing food security. Rainfall, soil moisture, temperature and other data are fed into a vulnerability analysis model which has several variables including food production, demand, income, assets, and food flows. This was encouraging to hear that in Burkina the analysis goes well beyond availability. A good example of this broader analysis is the example of Bourgouriba province. In 1998, it was a deficit region with regards to production, but was not classified by FEWS as food insecure because it had high access due to relatively high income levels and low prices of cereal imports from Mali. Regarding food aid and the prospect of Title II program expansion in Burkina, Dr. Sedgo was concerned that monetization may disrupt national markets or production pointing the need for a thorough Bellmon analysis. He felt that food for work and food-assisted education were preferable to other forms of distribution.

**Development Office of the Evangelical Church (ODE) –** The ISA Team met with representatives from this large, church-related national NGO. ODE is supported by nine Christian denominations and has a total of 63 personnel, of which 32 are project staff located in the project areas. ODE has an annual budget of $1.7 million and works in approximately 109 villages in the areas of agriculture, health, livestock management, and micro-enterprise development. Most of ODE's activities take place in the Central and Western parts of the country. When asked about needy areas that are currently underserved, ODE representatives Pasteur Jacques and Madame Ouattara Ky Micheline, stated that the greatest problems with malnutrition were in the North. The South has malnutrition, as well, but generally has a good harvest. Ms. Micheline mentioned the border provinces of *Komoué* and *Nahoun* as having low coverage by PVOs/NGOs despite having a lot of health problems.

**Christian Relief and Development Organization** (**CREDO) –** The team met with seven program managers to discuss their programming in Burkina. CREDO is a national relief and development agency in Burkina, which was originally founded by World Relief. CREDO presently works in a radius of 100km around Ouagadougou in the *Sissili* and *Mouhoun* provinces, and in the Sahel region of the country (the northern provinces). They chose these areas because of the type of programs that they wanted to initiate. *Sissili* was chosen because of its health problems (malnutrition) and the food insecurity there. CREDO has a budget of approximately $1.9 million and some money from USAID for their micro-credit programs.

CREDO works in seven programmatic areas:

- training and agricultural equipment;
- gender and development;

- assistance to children;
- health and hygiene (including nutrition -- see below);
- village water supply;
- environment; and
- savings and credit.

They offer technical support (training development agents, follow-up, evaluating and assisting them to enter into partnerships), institutional support (encouraging the creation and mentoring of development structures), and financial support to certain projects. CREDO's goal is to help the needy to develop self-sufficiency and rediscover their human dignity. They are a Christian organization that believes in "Christian values of love and solidarity, the unique place of man in the world as caretaker of his environment, and the need to help each man to rediscover his intrinsic dignity and personality."

**Mennonite Central Committee (MCC)** – Dave Evans met with Michael Graham and Hulene Montgomery, Co-Country Representative in Ouagadougou. MCC has been operational in Burkina for approximately 25 years. The past year has seen significant changes for the organization as the staff have been reduced by half (60 to 30). In addition, MCC seeks to move more intentionally from an emphasis on operational projects staffed by expatriate volunteers toward an increased facilitation of local NGOs. Current programs include an integrated development program in Gna-Gna province, water resources development projects in Gaoua and Djibo, and capacity building of church outreach committee in Orodora. Regarding food insecurity, the CRs felt that the north of the country was the neediest and maybe also underserved. Regarding partnership possibilities, Michael and Hulene felt that MCC and FHI could partner in the areas of technical assistance and training in monitoring and evaluation in the areas that MCC works in.

**USAID Food for Peace –** In addition to our in-country meetings, two important interviews were conducted in the US before and after the exploratory trip to Burkina. The first was with Joe Gettier, West Africa Program Officer at USAID/Food for Peace. In that interview, we discussed Title II programming in Mali and Burkina and Joe's perception of potential growth. According to him, Title II growth in the region will be difficult due to factors such as limited markets for monetization. Of the two countries, he was more positive about the possibility of an additional Title II program in Burkina Faso than he was about Mali. His final point, which he emphasized, was that a distribution component should be part of any Title II DAP submitted to FFP.

## Conclusions and Recommendations Concerning a Potential FHI/Other Partner(s) Title II Food Security Program in Burkina Faso

At the national level, Burkina had a good year of agricultural production in 1998. Cereal production was estimated by FEWS to be 2.4 million MT, which equaled the five year average between 1993 and 1998. Burkina Faso's under-five child mortality rate is slightly below the average for sub-Saharan Africa and ranks 23rd in the world at 158 per

1,000 live births. Burkina Faso has the eighth highest reported level of wasting in the world: 13% of children 0 to 5 years of age have moderate and severe wasting. That said, this is still a full ten percentage points below the proportion of children in Mali with wasting. Although Burkina has food security needs, they are much less serious than those in Mali. In addition, the majority of regions that are needy in Burkina appear to be better served by existing NGOs than is the case in Mali. Indeed, a myriad of national NGOs are operational in Burkina and it was hard to see where FHI could add much value to the current activities. It is clear that FHI would not have the resources to work in both Mali and Burkina Faso. Given these funding and programmatic realities, it is the recommendation of the ISA team that Mali be given precedence over Burkina in any follow-up food security assessment and/or future program.

Comparing several food security indicators for three food insecure countries where FHI presently works, and four other food insecure countries where FHI has considered working, we see Mali and Burkina Faso fare the poorest in terms of food insecurity indicators.

| Indicator | Bolivia | Kenya | Mozam-bique | Haiti | Uganda | Burkina | Mali | Sub-Saharah |
|---|---|---|---|---|---|---|---|---|
| Under Five Mortality (per 1,000) | 102 | 90 | 214 | 135 | 141 | 158 | 220 | 170 |
| RANK (1 is Worst; 8 is Best) | 6 | 7 | 2 | 5 | 4 | 3 | 1 | |
| Maternal Mortality Rate (per 100,000) | 650 | 650 | 1500 | 1,000 | 1200 | 930 | 1200 | 980 |
| RANK | 6 | 6 | 1 | 4 | 2 | 5 | 2 | |
| Under Five Stunted, Moderate & Severe | 29% | 34% | 55% | 32% | 38% | 29% | 49% | 42% |
| RANK | 6 | 4 | 1 | 5 | 3 | 6 | 2 | |
| Under Five Underweight, Mod./Severe | 8% | 23% | 27% | 28% | 26% | 30% | 27% | 30% |
| RANK | 7 | 6 | 3 | 2 | 5 | 1 | 3 | |
| Under Five Wasted, Mod/Severe | 1% | 8% | 5% | 8% | 5% | 13% | 11% | 8% |
| RANK | 6 | 2 | 4 | 3 | 4 | 1 | 2 | |
| Exclusively breastfed, 0-3m | 53% | 17% | 0%[i] | 3% | 70% | 12% | 42% | 32% |
| RANK | 6 | 4 | 1 | 2 | 7 | 3 | 5 | |
| % of infants with low birthweight | 12% | 16% | 20% | 15% | -[ii] | 21% | 17% | 16% |
| RANK | 7 | 4 | 2 | 6 | 4 | 1 | 3 | |
| Per capita Purchasing Power Parity (PPP) | 2066 | 1176 | 898 | 1069 | 654 | 734 | 600 | - |
| | 7 | 6 | 4 | 5 | 2 | 3 | 1 | |
| Per-capita calories (not ranked) | 84% | 89% | 77% | 89% | 93% | - | | - |
| Households w/access to potable H20 | 63% | 53% | 63% | 37% | 46% | 42% | 66% | 49% |
| RANK | 5 | 4 | 5 | 1 | 3 | 2 | 6 | |
| Households with access to adequate sanitation | 58% | 77% | 54% | 25% | 57% | 37% | 6% | 44% |
| RANK | 6 | 7 | 4 | 2 | 5 | 3 | 1 | |
| ORT usage rate | 41% | 76% | 83% | 31% | 49% | 100% | 29% | 81% |
| RANK | 3 | 5 | 6 | 2 | 4 | 7 | 1 | |
| DTP3 vaccine coverage, children 12-23m | 76% | 46% | 60% | 34% | 68% | 48% | 29% | 52% |
| RANK | 7 | 3 | 5 | 2 | 6 | 4 | 1 | |
| **Total Score (Lower = more needy)** | **72** | **58** | **43** | **39** | **49** | **39** | **28** | |
| **No. Of Indicators for Rank 1** | **0** | **0** | **3** | **1** | **0** | **3** | **5** | |
| **No. Of Indicators for Rank 2** | **0** | **1** | **2** | **5** | **2** | **1** | **3** | |
| **No. Of Indicators for Rank 1 & 2** | **0** | **1** | **5** | **6** | **2** | **4** | **8** | |

*Colors indicate relative performance of each country in food utilization indicators. (Red = Worst; Yellow = Average; Green = Best)*

# Appendix A:

# Questions for FHI's Burkina Faso Exploratory Trip (6/99)

We will have one-hour meetings that focus on:

- the **areas of high food insecurity** in Mali/Burkina (where they are, and pros and cons of working there);
- **objectives and operations** of each organization;
- each organization's **perspective on geographic and/or programmatic areas that are needy**, but not currently being serviced by other NGOs; and
- each organization's **perspective on PL 480 Title II programming** in Mali/Burkina.

**Sample General Questions:**

1. Explain your organization's history, objectives and current operations or programs in Mali/Burkina.
2. Which regions of Mali/Burkina do you believe have the highest levels of food insecurity? How difficult is it to work in those area? What things make it difficult to work in those (food insecure) areas?
3. What is your view of food aid? For distribution? Monetization?
4. What has been your experience with PL 480 Title II programming here in Mali/Burkina? Has it been easy to work with the FFP officer here?
5. Give us your perspective on geographic and/or programmatic areas that are needy, but not currently being serviced by other NGOs.
6. How possible is it to partner with churches, local NGOs and other groups to meet needs?
7. Does your strategy include partnering with other NGOs, churches or other groups and if so, what types of partnerships are you most interested in?

**Sample Food Availability Questions:**

1. Where are the primary food deficit regions of the country? Food surplus regions?
2. What are the major constraints to increased yields and production?
3. What are the comparative advantages of the country or particular region with regards to agricultural production?
4. What opportunities exist for working on agricultural sector improvement?
5. What are the major opportunities and barriers for increasing agricultural marketing?

**Sample Food Utilization Questions:**

1. Are Health Promoters or other paraprofessionals used in the government's health plan?
2. What are the priority interventions and health problems in the country (in rank order)?
3. How has the MOH been involved in your Title II health projects? In what ways have PVOs and NGOs collaborated with the MOH in Mali/Burkina to carry out health projects?
4. What studies have you found or has your organization conducted concerning mothers' health knowledge or practices? Are there any studies on coverage levels (aside from the DHS)?
5. Which regions of the country have the worst problems with stunting? Wasting?
6. In your opinion, what are the chief causes of malnutrition in the country?
7. What have been the most successful projects in terms of measurable improvement of nutritional status of children?

8. In terms of immunizations and vitamin A supplementation, what are the geographical areas of the country that have the lowest coverage levels? How has your organization been involved with immunizations or vitamin A?
9. Is promotion of iodized salt being done in some regions of the country? Supplementation with Lugol's Solution (iodine in oil)? Has your organization been involved in lessening the problem with iodine deficiency?
10. Which regions of the country have the worst problem with malaria morbidity and mortality? How has your organization been involved with malaria programs? Do you see very much *plasmodium falciparum* (malaria) in the country?
11. What measures have been undertaken in Mali/Burkina to lower the transmission of malaria? Are ITBNs used?
12. Which regions of the country have the worst problems with diarrhea prevalence and treatment (i.e., low ORS usage)? Has your organization been involved in prevention or management of diarrhea?
13. Has much been done in training health workers in standardized case management of pneumonia? Has your organization been involved with that?
14. What programs are in place in Mali/Burkina to reduce maternal and newborn mortality? Has your organization been involved in work in that area? Which regions seem to have the worse problems with maternal and newborn mortality?
15. What is being done in Mali/Burkina in terms of family planning? Has your organization been involved in family planning? How?
16. Which are the principle FP methods used in Mali/Burkina? What barriers exist to women getting FP services?
17. What is the latest estimate of seroprevalence of HIV in the country? Are there good estimates? What has been done in Mali/Burkina in terms of education on -- and prevention of -- HIV?
18. **Do you think that FHI could play a role in Mali/Burkina in improving health and nutrition of children and mothers?**

---

[i] Based on FHI's KPC survey in two provinces. No national data available from UNICEF.
[ii] Used Sub-Saharan region average for ranking.