

# Varied and healthy diets for families in Burkina Faso



## Context

The agricultural sector employs 80 per cent of people in Burkina Faso, most of whom operate small-scale family-run subsistence farms that mainly grow cereal crops. More than half of the population lack access to a variety of healthy foods such as fruit and vegetables. As a result, only around 17 per cent of children aged between 6 and 23 months have a sufficiently healthy diet. The project region in southwestern Burkina Faso benefits from

a relatively favourable climate, yet studies have shown that the majority of the people living here are still malnourished. They often do not know how to plan and prepare varied meals. Women and actors are expanding their knowledge of nutrition, hygiene and health. Training and education schemes enable them to apply what they have learned to widespread effect, particularly for the benefit of women and children.

## Activities in Burkina Faso

- ➔ **Improving the availability of varied and healthy foods:** nutritious edible plants that have not previously been used much, such as moringa, are being grown in over 50 community gardens and fields to help improve the diversity of food on offer. The women use the plants grown to make a flour mixture that keeps well and forms the basis for the porridge they make for their children. Leafy vegetables are dried, ensuring a lasting supply of nutritious food.
- ➔ **Improving family health and enhancing hygiene:** to date, more than 7,000 women have taken part in training sessions where they learn how to ensure a balanced diet and prepare healthy meals for themselves and their children. They are given regular training on topics relating to nutrition and food hygiene, while radio campaigns and theatre performances are used to raise awareness of these issues. They then pass on their new knowledge to their families. Over 72,000 people have already been reached in this way.
- ➔ **Improving state services for nutrition, hygiene and health:** employees from central and local government, along with civil young children in particular need specific nutrients, but foods that are rich in vitamins and minerals are often

only available in specific seasons, as vegetable gardens dry out during the months with little rainfall. A lack of proper hygiene when preparing food also means that diarrhoea is very common and food is poorly digested.

- ➔ **Improving multisectoral coordination:** to organise and coordinate food security in a better and more effective way, the project is providing support for existing coordinating bodies in the southwestern region in the areas of agriculture and health. Efforts are also being made to promote the inclusion of specific activities designed to improve nutrition in municipal development plans. Positive experiences are then shared at national policy-making level.

## Our objective

The food and nutrition situation in the project region in southwestern Burkina Faso, has improved, especially for women aged between 15 and 49 and children under two years of age.



## VAIRED AND HEALTHY DIETS FOR FAMILIES IN BURKINA FASO

### Regions

Southwestern region (municipalities: Batié, Bondigui, Dano, Diébougou, Dissin, Gaoua, Périgban, Oronkoua, Ouessa)

### Budget and term

EUR 16.36 million / April 2015 to March 2025

### Commissioning party

German Federal Ministry for Economic Cooperation and Development (BMZ)

### Implementation partners

Specialised public services, NGOs and local self-help organisations

### Lead executing agency

Ministry of Agriculture and Irrigation

### Target group

24,000 women of childbearing age (between 15 and 49) and their 6,800 children (6–23 months)

### Sustainable Development Goals



### Example of our work

Yéri lives in a small village in the Gaoua region of southwestern Burkina Faso. This is actually a fertile area, but in times of drought there is often nothing but 'tô' to eat for weeks on end – a kind of dough made from cornmeal or millet flour. She cooks porridge for the children, using flour, water and a little sugar, just like her mother used to make it. Yéri wants the best for her children. She already had five when the twins arrived in 2016. The two babies simply didn't gain weight. Then they had diarrhoea too. The water quality isn't good enough, a GIZ employee told her, stressing that washing hands and eating food rich in vitamins and minerals was equally important. Yéri's village was where the BMZ-funded project held one of its first training sessions on balanced diets and hygiene. Another session covered how to produce a nutritious flour mixture. To do this, the women mix cereals – usually millet or maize – with legumes, peanuts or sesame seeds. They carry out the whole process together, from cleaning and roasting right through to grinding the mix of grains. Two or three spoonfuls of the flour mixture is all Yéri needs to make a nutritious porridge at home, boiled in clean water, in just five to ten minutes. Depending on what is available, the woman also add moringa leaves, rich in vitamin A, or fruit and vegetables to the mixture. The project taught Yéri what foods are healthy and how best to combine them. She and her neighbours have also gained access to farmland for growing crops. The nutritious porridge helps, but only if good hygiene is maintained. The women are careful to use clean drinking water, wash dishes straight away and store food away from animals. And, "washing hands is the most important thing", she says with a laugh.

### Results

After three years of project activity, there are clear differences in the nutritional state of women and children in the villages where interventions have been carried out compared to those living in neighbouring settlements. According to a household survey carried out by the programme, 16 per cent of the women from the neighbouring villages ate a sufficiently varied diet, while almost twice as many were doing so in the intervention villages (31 per cent). In addition to the variety of food being consumed, for young children, food frequency of meals also plays an important role. These two criteria were being met for just 16 per cent of the young children in the neighbouring villages, compared to 36 per cent in the intervention area. When it comes to hygiene, a lot of work remains to be done. The project recommends 10 hygiene practices, and when it first began only 8 per cent of the women in the intervention zone were complying with at least seven of them.



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