Final Assessment Report

Collective Impact for Nutrition (CI4N)

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CONTENT

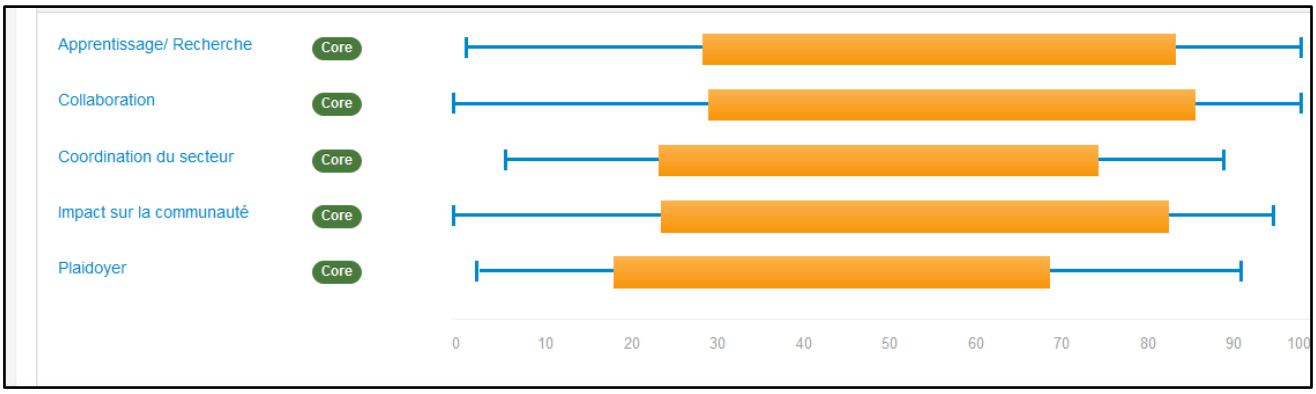
SYNTHESIS

The objective of the Collective Impact for Nutrition (CI4N) initiative has been to improve the nutritional status of women aged 15 to 49 and children under 2, through a multisectoral approach and initiatives based on two strategic axes: (1) Alliances for learning and advocacy and (2) community nutrition.

- Alliances for learning and advocacy

Alliances for Learning and Advocacy axis has been assessed through the Multi Criteria Mapping (MCM) method. This method made it easier to conduct deep interviews with 17 project beneficiaries. The areas of performance of CI4N, as well as its impact on the beneficiaries and the community, have been assessed.

Overall, stakeholders found that the CI4N has been successful in the areas of multisectoral collaboration, learning/ research /training and the impact on beneficiaries (Graph 1).



Graph 1: Overall performance of CI4N in the assessed areas

Multisectoral collaboration has been successful according to the majority of the actors met. It allowed them to learn from their neighbor, to help them and to enrich their address books. The existence of discussion forums guarantees the sustainability of the collaboration. The actors mainly mentioned the displacement of the agents from their current service area could negatively affect their collaboration.

Learning /research /training is also one of better performance area according to the actors. Participation in activities, has provided them multiple knowledge (SAA-FS tools, income-generating activity, and nutritional education) for which, the actors are proud and for the most part are already implementing them. The absenteeism of some actors and the short training time are limited factors for achieving its maximum performance.

Impact on the community and on beneficiaries is the third better performance area of the initiative. The knowledge acquired by stakeholders of the platform and activities carried out within the community, have positively impact the project targets, starting with the stakeholders themselves. The increase of home gardens, the decrease of malnourished children , the increase of breeders are all actions due to the effect of contamination created by the members of LPAA platforms which are "living examples" of the impact noted. In order to create more impact,

according to the actors interviewed, it is necessary to increase the number of intervention villages and to convince those who hesitate to be more involved in the approach.

However, **the coordination of the nutrition sector** and **the advocacy** remain the both great challenges to achieve greater performance. Absenteeism and the gradual decrease in the commitment of actors due to the systematic non-formalization of invitations to ordinary meetings of LPAA and to the lack of financial support are the factors which currently hampering the coordination. In the **field of advocacy**, the actors involved in advocating to local authorities not only of the project intervention communes but also of the other communes that make up the health zones in which the LPAA have been set up. The advocacy action following the research-actions carried out is still at the drafting stage, so we have to wait more time to assess its performance.

LPAA platform allowed the different actors to discover nutrition, to strengthen their knowledge on this topic. It also allowed to strengthen collaboration between actors through mutual sollicitations of the different skills present between the members. The project also had a fruitful collaboration with the Civil Society Alliance for the Intensification of Nutrition in Benin (ASCINB), the Nutrition Society of Benin (SNB), the Territorial Agricultural Development Agencies (ATDA) and the NGOs to support knowledge and research around nutrition with the different actors of the different LPAA platforms.

- Community nutrition

The assessment of the project's effect on the community axis remained mitigate due to the health crisis linked to COVID19. Indeed, COVID 19-related disruptions affecting food systems have: i) limited the availability and accessibility of nutritious foods, ii) led to higher food prices and enhanced social inequalities and discriminatory gender practices in food area. These disruptions have negatively influenced the nutritional status of women in food insecure households. Nevertheless, in our data comparison analysis from January 2019 to November 2020, there was some improvement in infant and young child feeding in the project areas.

The percentage of children meeting the minimum meal frequency and the minimum diet for children aged 6 to 23 months increased. Also, there was a significant increase in the introduction of Solid / Semi-solid or soft (6-8) month foods in Covè, from 0% to 85.7%. The minimum dietary diversity of children, although low (30.7%), has improved slightly due to the increase in egg consumption in the communes of Adjohoun and Djakotomey and the increase in fruit and vegetables which remain very weak in the communes of Adjohoun and Covè.

Regarding maternal and child health, among mothers, a strong improvement in dietary diversification except in Adjohoun area, was observed. It was therefore noted that almost all of the deliveries that took place during the project period were attended by the competent services.

In addition, improving food security still seems to be a challenge because most households in three of the four communes are severely food insecure, with proportions of 70.51%; 59.7% and 58.7% respectively in Adjohoun, Covè and Dangbo and 50% of moderate food insecurity in Djakotomey. Given the current health crisis linked to COVID-19 which is impacting all food systems in the world, the current household food security situation cannot be otherwise despite the various efforts.

CONCLUSION

- CI4N has strongly impacted the areas of learning and training through multisectoral collaboration between actors, analysis and various discussions on nutrition and its social aspects
- The coordination of the nutrition sector in the health zones and advocacy are the two areas where much remains to be done to achieve maximum performance.
- The fruitful collaboration with ASCINB, SNB, decentralized State services and NGOs to support knowledge and research around nutrition with the various actors of the LPAA platform has been a strong point that will need to be maintain
- **The collective impact when it is sustained will surely give in a few years, lasting changes in the reduction of stunting in Benin.**

RECOMMANDATIONS

To CARE International BENIN/TOGO,

- Share with the Food and Nutrition Council (CAN) all the necessary documentation, the tools tested within the framework of the Collective Impact for Nutrition (CI4N) for a replication of the approach in other areas

To CAN through SP-CAN,

- Integrate the experiences of CI4N in the field of learning, action research and training into the current operating mechanism of Communal Consultation Frameworks (CCCs) installed in communes of Benin

To Local Authorities,

- Encourage other partners to continue by supporting the three platforms ABD, CoZO and ADD for a continuity of actions at the platform level
- Work together with other actors of civil society (ASCINB, SNB) for that the "**guichet Nutrition",** local fund will be effective

At the end of this evaluation, the question of synergy between stakeholders appeared to be a attention point of different actors. It is therefore necessary to understand the reasons justifying the absence of certain key member from the platform sessions, without ignoring the motivation issue. It is therefore urgent that CARE co-initiate with CAN, a workshop with together all nutrition stakeholders to have a common and effective vision on the CI4N platforms kind and consultation frameworks dealing with nutrition issues at different levels (municipal, departmental and sanitary zone, etc.).

1. CONTEXT

Based on the experiences of Nutrition at the Center project (N @ C), CARE International Benin /Togo launched, in June 2018, the Collective Impact For Nutrition (CI4N) project. The CI4N project aimed to gather actors that are involved in holistic nutrition and support the efforts of different organizations already working on specific and sensitive nutrition-related components to scale up the N @ C approach. CARE International Benin / Togo therefore intends to strengthen the synergy of action among stakeholders in order to reach the level of scale necessary to eliminate stunting.

The general objective of the project is to contribute to the elimination of stunting in children and maternal and child anemia by engaging stakeholders for better health of future generations. The CI4N project is implemented along two axis:

Axis of Alliances, learning and advocacy. This axis aims to bring together organizations or structures working on different aspects of N @ C around a platform in order to strongly prevent stunting. As a grassroots organization, CARE will bring together working groups where organizations are already individually implementing all or most of the components of nutrition to build capacity on specific themes. CARE will work with the SUN-CSA of Benin the Civil Society Alliance for the Intensification of Nutrition in Benin (ASCINB) to strengthen the alliance based on some needs and support their work. The project will also work with the Nutrition Society of Benin (SNB) to intensify CARE's nutrition work and to support knowledge and research around nutrition with different actors of the LPAA platform.

Community axis: This is the scaling up of the Nutrition approach at the Center (N @ C). Like the N @ C model, the project focuses on guiding nutrition interventions at the community level (nutrition of women of childbearing age and promotion of optimal nutrition for infants and young children based on breastfeeding early and exclusive breasfeedind, appropriate complementary feeding, consumption of iodized salt, iron supplements and micronutrient powders, as well as vitamin A supplements, growth monitoring, nutritional carebof the sick child, etc.). These nutrition-specific activities will be strengthened by interventions that indirectly support nutrition through the production of foods of high nutritional value (food security) and improved WASH, as well as the empowerment of women.

For 2 years, the CI4N team led the project in its two axes with different types of actors. The project was implemented in 4 municipalities (Adjohoun, Covè and Djakotomey and a slight focus on Dangbo) for the community axis and at national and regional level (ABD, ADD and CoZO health zone) for the alliance axis. For that, CARE wishes to assess the achievement of the objectives assigned to this project on its two axes with a focus on the axis of the alliance with the help of "CARE to really make the Collective Impact" based on the relevance of the N@C approach already proven.

2. MISSION OBJECTIVE

The general objective of the mission was to carry out a final evaluation in order to assess the progress made in the implementation of the activities of the Collective Impact for Nutrition (CI4N) project in Benin.
Based on the results, the report will offer recommendations in ordert to adapt programming strategies for scaling up the CI4N project.

More specifically, the objectives are:

- Measure progress according to the objectives of the community axis (level of indicators; performance and efficiency of the actions implemented)
- Evaluate progress according to the objectives of the alliance-learning advocacy axis (level of achievement, strategies and efficiency of the actions implemented)
- Evaluate the performance and efficiency of the partnership in the implementation (at local, regional and national levels)
- Evaluate the lessons learned from the multisectoral programming process (relevance and efficiency of practices)
- Document the possible improvements for a better programming of the Collective Impact for Nutrition project of CARE and suggest recommendations

3. METHODOLOGY

3.1 General approach to conducting the mission

Framing sessions

After the contract was notified, two framing sessions were held with the project management team in Cotonou and Calavi respectively. These sessions allowed stakeholders to agree on the main orientations of the mission and the main indicators, metrics of the project to be informed during the evaluation.

Following these scoping sessions, the relevant documents useful for carrying out the mission were shared with the consultation team. They were:

- basic document of the project,

- project monitoring and evaluation document,

- metrics and level of achievement of the project,

- LPAA documents

These documents allowed a better understanding consultants team about the context of the project, the indicators, the implementation strategies, the expected results and to refine the analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT).

Finalization of the methodology and collection tools

The evaluation methodologies for each axis of the project were finalized with the manager and the Project Monitoring and Evaluation Manager. For the Alliance for Learning and Advocacy axis, evaluation areas / options and criteria for conducting Multicriteria Mapping (MCM) interviews were discussed and retained. As for the community axis, the survey of the initial assessment (January 2019) has been revised to take into account the important metrics to be completed.

In view of the current situation due to the CoVID 19 pandemic and especially the fact that the project has only been effectively operational over two years, we cannot have a significant change in stunting over a short period implemented. Thus, following the various discussions, it was agreed that the progress achieved in stunting should not be measured during this evaluation, contrary to what was expected for in the ToRs.

Data collection and supervision

Two types of data collection were carried out. The first relates to the community axis. Investigators were recruited, trained and deployed in the communes of Dangbo, Adjohoun, Covè and Djakotomey to administer a structured interview guide to mothers of children aged 0-23 months, beneficiaries of the CI4N project. The second collection concerned the alliance axis for learning and advocacy. It consisted in carrying out interviews using the MCM software with the various stakeholders and beneficiaries of the collective impact for nutrition. The various actors were asked to assess the performance of the project's areas of action

Supervision of data collection was provided by the project management team and the consultation team.

Presentation of preliminary results at the closing workshop

After processing and analyzing the different types of data, the preliminary results of the mission were first presented to the CARE team. The various contributions were collected and integrated by the consultation team and then a new version was produced. Then, a presentation of the results was made on December 15 at the closing ceremony of the project in Bohicon. Comments and contributions, obtained from participants in the closing workshop were also incorporated and the current version of the report was generated.

The following paragraphs explain the different methods by evaluation axis.

3.2 Axis of Alliances, learning and advocacy

The Alliance for Learning and Advocacy Axis was assessed using the MCM (Multi Criteria Mapping) method. The method works by conducting an interactive interview lasting 1 to 2 hours with beneficiaries and actors involved in the realization of the collective impact. During the interview, the interviewees were asked to evaluate the performance of CI4N with regard to the different areas and under the criteria presented to them. Two scores were given to each evaluation area: a minimum score when the actors think that there are still a lot of challenges to overcome in the area and another, maximum when they think the opposite. Explanations are then provided for each score given and concrete examples of impact / positive point or challenges were thus collected from the respondents.

The identified actors assessed the overall performance of the CI4N approach over a set of five (05) areas in which the project has invested over the three years to achieve collective impact. It is :

1. Coordination of the nutrition sector at the level of HZs: CI4N invites collaboration and mutual support for the implementation of nutrition activities; CI4N wants to make the platforms setting up autonomous and sustainable

2. Learning / Research and training: CI4N induced the learning process in protocol development, digital data collection, analysis, discussion on the various nutrition themes and various relevant approaches N @ C and SAA.

3. Advocacy: CI4N worked for the recognition of the LPAA platforms by the mayors of the municipalities of the ZS and facilitated the officialization of the national platform

4. Impact on the community and on beneficiaries: impacts on users of nutrition services such as health, agriculture, social protection, education have been obtained etc.

5. Collaboration and multisectorality of actors: In the implementation of CI4N, there could be competition or conflict among the different actors involved. There is also the ability of actors to implement activities that are not directly in their specifications in order to serve as an example to the community and bring about change in behavior.

The key players identified have made their judgment on these five areas based on four criteria:

- Relevance / Efficiency: How would you assess the relevance of the approach and the various actions carried out? Have the objectives been met)

- **Mobilization of actors**: How has the mobilization of actors been effective in achieving collective impact across each area?

- **Lessons learned**: What are the lessons learned in the four areas

- **Sustainability**: Do you think that coordination as it is can be maintained over time and according to each area

Tableau 1 : Sampling for Interviews

TYPE OF DATA COLLECTION	WHO	SAMPLE
Interviews with key informants, in person	Local and regional government officials	3 government representatives per LPAA: Members of the LPAA 1 Government representative at the departmental level among the 3 departments where the project works 2 health zone coordinators
Interviews with key informants, in person	National nutrition platform	1 person ASCINB 1 person SNB
Interviews with key informants, in person Or by telephone		1 local partner NGO
Structured interviews, by phone or in person	Peer organizations at regional or national level	1 interviews with staff from peer organizations; those with whom the CI4N worked closely via the LPAA -
Structured interviews	Community leaders / champions	1 community leader or Champions per commune area, i.e. 4 leaders

The data was recorded in the MCM analysis software where the different groups of actors were made and the graphs showing the different performances of the initiative for all the actors and by category of actors were generated.

The analysis of the interviews and the triangulation of the interviews carried out made it possible to highlight the lessons learned from multisectoral programming, to document possible improvements and to formulate recommendations.

3.3 The community nutrition axis

To achieve the progress made on the community axis, a household survey was conducted based on the Lot Quality Assurance Sample method, as in the situation assessment in January 2019. The beneficiaries of the project are mothers of children from 0 to 23 months. Therefore, the final assessment targeted this same age group.

The final assessment sampling was based on the LQAS method with improved survey accuracy compared to the situational assessment. Each intervention commune was used as an Intervention Zone (IZ) and the supervision zones (SZ) were groupings of villages.

- Area of intervention or project coverage: all four intervention municipalities (IZ = 4)

- Supervision zone (SZ): in each municipality, four supervision zones (SZ1 to SZ4) will be selected

With an error $\alpha = 5\%$ and $\beta = 80\%$, the minimum size expected by SZ is 19 respondents. Thus, for the entire intervention area, a size of 304 respondents is needed for the 16 SZ covered.

Each SZ was made up of 04 villages with the exception of Dangbo municipality where the SZ were made up of 3 villages each. The number of respondents to be interviewed per village was distributed in proportion to the number of project beneficiaries in the village (see appendix).

Selection of households to interview in each village:

From the list of beneficiaries in the village, the children were systematically selected from the Fafawa groups and the field investigators searched for these children using the catalysts.

Resources and organization of collection

The realization of the collection required seven (07) collection agents organized in two teams of 02 members and a team of 03 members. Each interviewer was invited to interview 8 women per day.

The collection team was trained on the collection tools for two days.

Collection tools

Data collection was done using a digital collection guide with Kobotools Collect.

Data analysis

Data extracted from Kobo Collect was imported into SPSS to generate descriptive statistics for each metric.

The main indicators that have been informed are:

1. Percentage of households in food insecure households

2. Percentage of children who took colostrum
3. Percentage of children having benefited from early initiation to MA (0-23) months
4. Percentage of children who received a timely introduction of Solid / Semi-solid or soft foods (6-8) months
5. Percentage of children benefiting from EBF at 12-15 months
6. Percentage of children receiving minimum dietary diversity (6-23) months
7. Percentage of children receiving a Minimum Meal Frequency (6-23) months
8. Percentage of children with a minimum acceptable diet (6-23) months
9. Percentage of children consuming different food groups
10. Percentage of births attended by skilled health personnel
11. Percentage of people who reject domestic violence
12. Number and percentage of women who are active users of financial services (disaggregated by formal and informal services)
13. Percentage of women (reporting being) able to participate equally in financial decision-making in their household
14. Number and percentage of people implementing practices / actions that reduce vulnerability and increase resilience, disaggregated by climate, economic, social or environmental events.

4. RESULTS

The objective of the Collective Impact for Nutrition initiative is to improve the nutritional status of women aged 15 to 49 and children under 2, through a multisectoral approach and initiatives based on two strategic axes namely: community nutrition and the intersectoral learning alliance for advocacy.

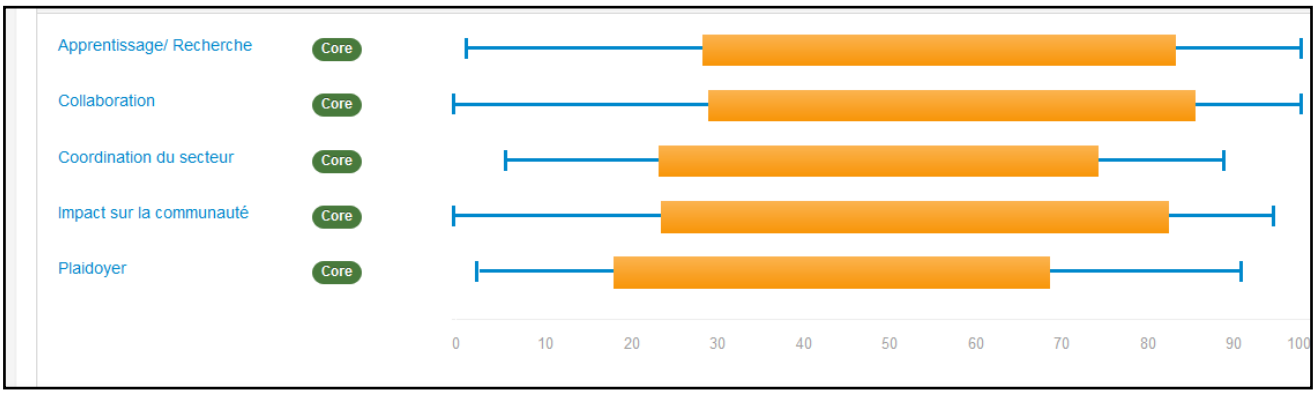
The ambition of CI4N being to achieve the collective impact on nutrition we will first present the results of axis 2 before those of axis 1.

4.1 Alliance for Learning and advocacy

4.1.1 Overall performance trend achieved by the CI4N project

- Performance globale donnée par l'ensemble des acteurs impliqués dans le collectif impact

Overall, the CI4N stakeholders find that the project has been successful in the areas of multisectoral collaboration, learning / research / training and impact in the community (Graph 1)



Graph 1: Global performance of CI4N on evaluated area

The multisectoral collaboration was a success according to the majority of the actors. It allowed each actor to learn from his neighbor, to help each other and to enrich the address books. The existence of discussion forums guarantees the sustainability of this collaboration. The actors mainly also mentioned the assignments of the agents which could negatively affect their collaboration.

Learning / research / training is also one of the areas of high performance according to the actors. Participation in activities in this area has provided them with multiple knowledge (ASA-SAN tools, income-generating activity, nutritional education) of which the actors are proud and for the most part are already implementing. The absenteeism of some actors and the too short training time are factors that prevent this area from achieving its maximum performance.

The knowledge acquired by the actors of the platform and the activities carried out within the community made it possible to positively impact the targets, starting with the actors themselves. The proliferation of home gardens, the proper functioning of groups, the decrease in the number of malnourished children, the increase in the number of breeders are all actions due above all to the effect of contamination created by the actors-members of LPAA which are living examples. In order to create more impact it is necessary, according to the actors, to increase the intervention villages and to convince those who hesitate to become more involved in the approach.

Coordination of the nutrition sector in the Health Zones (HZs) and advocacy are the two areas where much remains to be done to achieve greater performance.

Absenteeism and the gradual decrease in the commitment of actors due to the systematic non-formalization of invitations to meetings and the lack of financial means are factors currently

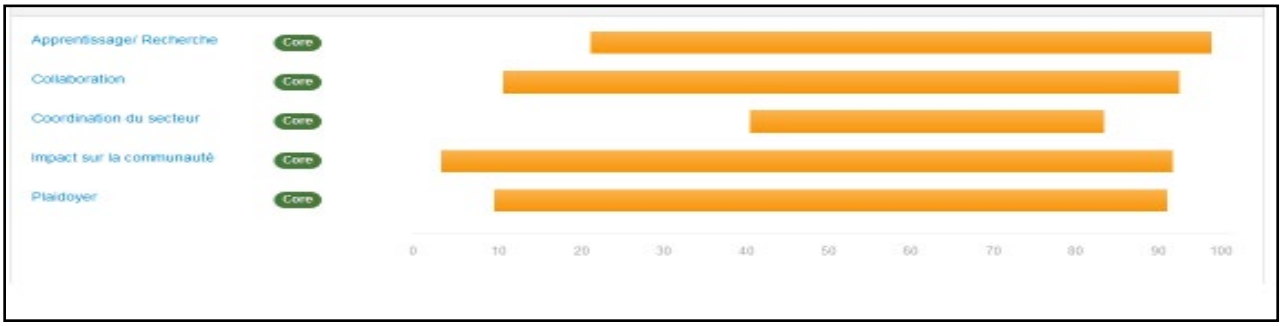
ampering the proper functioning of the coordination. In the area of advocacy, they say that the signing of the recognition of the platform is not yet effective in all municipalities. Advocacy is still at the drafting stage, so we have to wait a while to assess its performance.

Collective impact in health zones

In the three health zones, the collective impact for nutrition strongly impacted collaboration between multisectoral actors by promoting the establishment of a network to reach all layers of the community and the different sectors. The synergy of the actions of the members within LPAA allowed the promotion of several activities. CI4N had a strong performance because it allowed actors to learn, on the one hand, from each other (multisectoriality) and on the other hand, to learn how to develop a research protocol, to collect digital data, to analyze and discuss various nutrition and social science topics.

4.1.2 CI4N assessment per different category of actors

- LPAA community platform actors



Graph 2: Performance evaluation according to an actor from a national platform

From the point of view of this actor, the CI4N project recorded good global performance in all areas but even more in the areas of learning / research / training, multisectoral collaboration and impact on the community and advocacy. He finds that the diversity and richness of the training received (Social Analysis and Action tools, ASA-SAN; income-generating activities) during the LPAA meeting sessions, the implementation of a scientific study on hand washing for example (from the choice of the theme to the collection of data in the field) and the enthusiasm of the platform players to learn are all reasons for this performance. This exercise allowed a national organization such as the Nutrition Society of Benin (NSB) for example, to also gain experience in the field of action research. However, work remains to be done to ensure that as many platform players as possible apply the knowledge acquired.

The multisectoral collaboration has been fruitful in that it took place in a spirit of friendliness and mutual respect; which increased the enthusiasm of each actor, the mutual assistance between actors and the enrichment of their address book. The strength of this collaboration has made it possible to impact other actors (the police, teachers and primary school directors) that LPAA plans

to involve in the days to come. But to ensure the sustainability of this collaboration, a clear establishment of the rules of collaboration is necessary.

According to this actor, **the impact on the community** was viewable especially among platform actors. They brought about a change in several members of the community by the example they embodied by putting into practice the training received. For example, midwives who make home gardens are thus living proof to mothers of malnourished children which facilitates the understanding and integration of the nutritional education they received at health centers. However, more players still need to get involved to create more impact.

In the field of advocacy, the signing of the recognition of the platform by certain mayors and the establishment of an advocacy plan bodes well for the future, but the actors still need more support and commitment from a large number of actors because they are still new to this field and advocacy is done collectively.

The coordination of the nutrition sector in the Health Zones (HS) according to this actor was the least efficient area. Despite the acceptable quality of the organization of the platform, the activity of actors and the sharing of information that currently exist, it should be noted that it is urgent to mobilize even more actors, to give more time, resources and direct learning opportunities towards empowering the platform

CI4N's performance was noticed by the different categories of actors, especially through:

- several trainings on: WASH, diversification of foods, breeding (rabbit, chicken, guinea fowl and small ruminant), Agriculture, family garden or home garden, and on the health of mother and child, especially planning.

- mastery of data collection by digitization

- the implementation of knowledge (awareness tools); Example: Ideal woman - Ideal man (household management, Food & Nutrition management of the household by man and woman); But Why (Decision Making Tools) and the Daily Clock (Household Planning Tools.

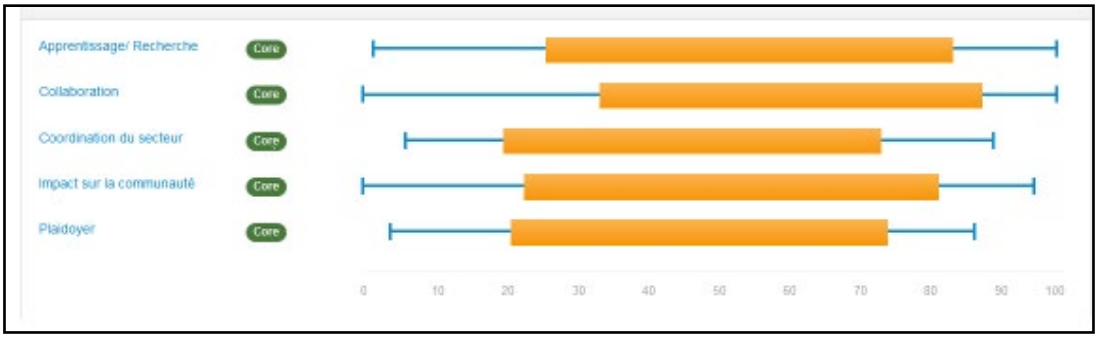
- raising public awareness of the benefits of certain foods and of microbiological dangers (Aflatoxins)

- the tools of the N @ C approach were used by actors in several fields

- home visits (VAD)

- cooking demonstrations

- the production of infant flour, etc.



Graph 3: Performances assessment according to LPAA members

According to members of the LPAA platforms, the CI4N project has better performance in terms of multisectoral collaboration, learning / research / training and the impact on the community.

The members of LPAA found the project successful in the field of learning / research / training because in addition to the reasons mentioned above by the actors of the national platform, the activities in this field allowed them to better understand the importance of nutrition in children's success in school and the responsibilities of parents in this matter. The research carried out also allowed them to get to grips with the realities of the topic of hand washing; which increased their enthusiasm especially since this topic is topical in the context of COVID19. Despite the recording of cases of absences during training sessions and the fact that they find that the training times are a little too short to allow them to assimilate all the concepts acquired, they remain confident in the sustainability of the little experience they have gained.

The multisectoral collaboration according to the actors of LPAA allowed them to learn from others, to gain knowledge in other areas and to understand the complementarity between sectors to face nutritional problems. ***They note a positive change in themselves and intend to keep it through the application of the knowledge received and permanent contact with other actors through the discussion forums set up***. But they are worried about the continued collaboration between actors from different structures which could weaken due to possible affections of the agents.

The impact on the community according to them is also visible especially at home and in the target communities. In addition to the reasons given above, according to one interviewee, the impact is remarkable to the point that there is a drop in the number of cases of malnutrition in his health center. They also highlighted some elements that hinder this area. It is the reluctance of certain targets and the lack of community animators for more contact with the population.

In the area of advocacy, we should note the success in the signing of the recognition of the LPAA platforms by all nine (9) mayors of the three health zones ABD, ADD and CoZO as well as the development of 3 advocacy plans following research-actions carried out between 2019 and 2020. However, efforts still need to be made for their operationalization. In Couffo, the prefect is putting pressure on mayors to budget for nutrition activities in their 2021 action plan, but we have to wait until 2021 to see if this has really been taken into account.

According to the prefect of Couffo, the main reason that nutrition is marginalized by mayors is its abstract nature, that is to say the fact that the positive impact in this area is long-term and is not directly visible by the authorities.

The coordination of the nutrition sector in the Health Zones (HZ) according to the LPAA members remains to be improved. Indeed, even if at the present time the organization of meetings and the sharing of information are effective, they still find that the delay, the absences, the lack of commitment of certain actors and the absence of perdiem are as much of factors that undermine this area. They also claim that these absences are due to the systematic non-formalization of invitations to meetings, which means that their commitment is drowned out by their respective specifications.

It should be noted however that for the management team of the CI4N project, with the official recognition of the LPAA platforms by the mayors, the offices of the platforms are empowered to invite members to ordinary sessions. To support them in this role, the CI4N project prepared letterheads for each LPAA platform and provided the offices with some office equipment to facilitate the official invitations of members to meetings. All of this being a new learning process, the office must be given time to take stock of the actions and take ownership of them.

The collaboration of actions within the LPAA platforms set up by CARE International is greatly appreciated by the members. The strong performance observed for the collaboration between the multisectoral actors of the LPAA platform is above all due to the synergy of action of these actors through training, research and learning which led to an active mobilization of actors and a considerable positive impact on the grassroots community. Thus, it was observed:

- The involvement of the Civil Registry of town halls in the collaboration between actors for a better delivering of birth certificates and other essential documents to households and individuals.

- Installation of home gardens (community garden), small breeding units by health agents, Catalysts, teachers, social service agents, men's groups and women's groups to guarantee empowerment of women, increased sources of income and improved diets in at-risk households.

- The strong change in the behavior of communities, whether in terms of nutrition (food diversification), or in terms of hygiene of life (WASH). This can be explained by the various trainings and sensitizations given by CARE to members of the LPAA platform on the conditions and importance of WASH, on good nutrition through dietary diversification and on the empowerment of women through livestock farming. and transformation.

- Awareness of the use of local food resources to alleviate the problems of undernourishment within households. By way of illustration, there is a promotion of the sweet potato with orange flesh; the importance of saving some of its production for consumption in the household and the importance of protein foods for the growth and development of children.

The LPAA platform has enabled different actors to discover nutrition, to strengthen their knowledge in this field. It also aims to strengthen collaboration between actors through solicitations between actors for actions requiring their skills in a specific field.

To improve and increase the level of involvement of the actors of the platform, it is necessary for example that the meetings be organized perhaps every first Saturday of the month, due to a low participation due to the specifications of the actors in their grassroots structures; and that by health zone the place of the meeting be rotated between the municipalities. It is also necessary to involve more players within the LPAA platform in each ZS. To also guarantee the sustainability of the platform, even after the various projects implemented in these ZS, CARE and the SNB must continue to supervise and contribute to the smooth running of the platform's activities, because without this gentle pressure.

The impact on the community was visible especially among the actors:

 The latter induced a change in several members of the community by the example they embodied by putting into practice the training received.

Example: Lead by Example

- Midwives who make home gardens are living proof for mothers of malnourished children; which makes it easier to understand and integrate the nutrition education they receive at health centers.

The impact on the community was visible especially among the actors:

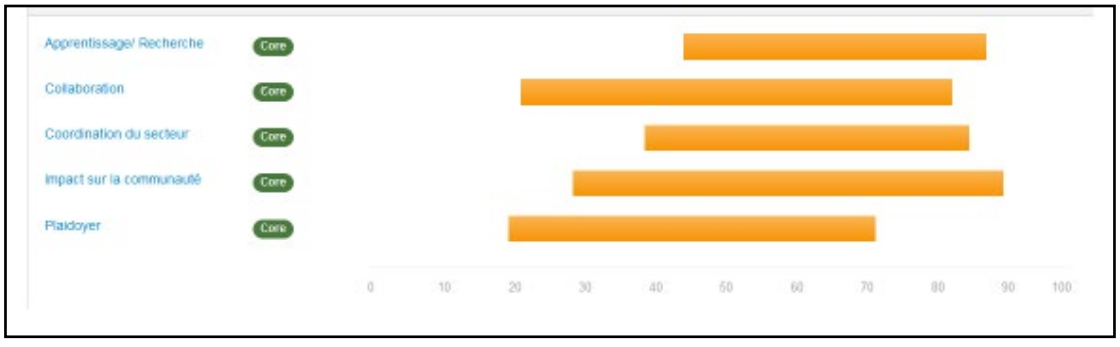
- The latter induced a change in several members of the community by the example they embodied by putting into practice the training received.

Exemple : **Lead by Example**

- ***Midwives who make home gardens are living proof for mothers of malnourished children; which makes it easier to understand and integrate the nutrition education they receive at health centers.***

- NGO implementation staff in the field

For those involved in the implementation, the project was more successful in the area of impact on the community and the least in terms of advocacy (Graph 4).



Graph 4: Performance evaluation seen by field staff

Like the other actors, the impact of the project on the community has been very effective since there has been a positive change (creation of home gardens) thanks to the knowledge acquired. Although not everyone has been impacted yet, the positive effect currently observed will last over

time. In the area of learning / research / training, coordination of the nutrition sector in HZs and multisectoral collaboration, impressions are similar to those of members of the platform with the difference that:

- In the area of coordination of the nutrition sector in HZs, they find relevant to limit membership of the platform to key actors only and not to all. From a point of view, the platform in the current state will be less sustainable because it is not yet autonomous, and for that it is already necessary to target the actors or local communities who can take over and prepare them to do so. For example by providing them with six-month operating funds to enable them to take up the challenge. He says that the lack of commitment observed among some actors is due to frustrations related to the fact that the project is mainly located in one municipality and not in the other.

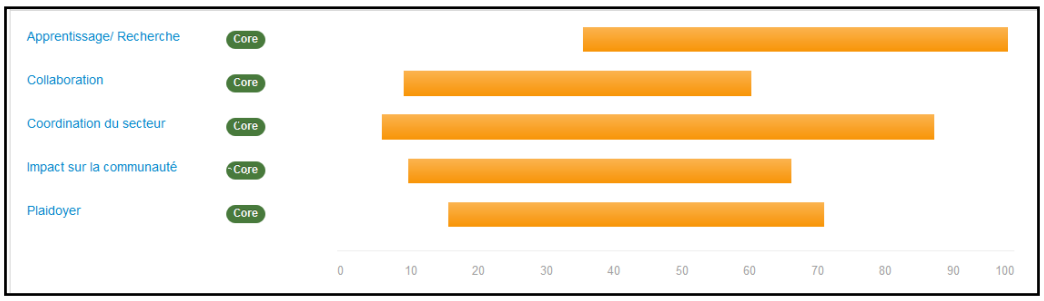
- In the field of multisectoral collaboration, it is necessary to include in the platform, certain institutional actors and the guarantors of tradition at the community level.

- The field of advocacy has not really performed well because the development of the advocacy plan has evolved slowly.

A strong performance of the impact's actions of the LPAA platform was observed. This can be explained by the strong mobilization of communities, solicitations between actors and households for certain activities and synergy of action, the multiplication of groups (each house has its group). In the field, we can also see a decrease in the difficulties in the execution of projects and programs and an increase in the spirit of partnership between the different actors. It was noticed that with the existence of the platform and its various actions it has had an increase in the enrollment rate of children and an improvement in the life of the beneficiary. Time management by men and women is optimized.

- ❖ Peer organisations

For the even-numbered organization, the area of learning / research / training records the highest performance followed by the area of coordination of the nutrition sector in the HZs (Graph 5).



Graph 5: Performance evaluation seen by a peer organization

We note here a slightly different trend from other categories of actors with regard to multisectoral collaboration and advocacy.

The peer organization finds that the signing of the recognition of the platform by some mayors and the advocacy plan being drafted are still laudable efforts in the field of advocacy since these experiences have enabled actors to know the procedures of development of advocacy. Some

NGOs, such as the NGO MJCD operating for 3 years in the ADD health zone, have experienced a deep improvement in their intervention in the field which has been achieved through an awareness of the tools to be used to impact the community, acquired in terms of research protocol development, training on the tools of the N @ C approach, advocacy development and the existence of a discussion forum between actors to ensure synergy of action and a solicitation if necessary between the multisectoral actors also explains the strong performances observed on the graph. Thus it is that the NGOs have acquired new knowledge and tools of nutrition and WASH.

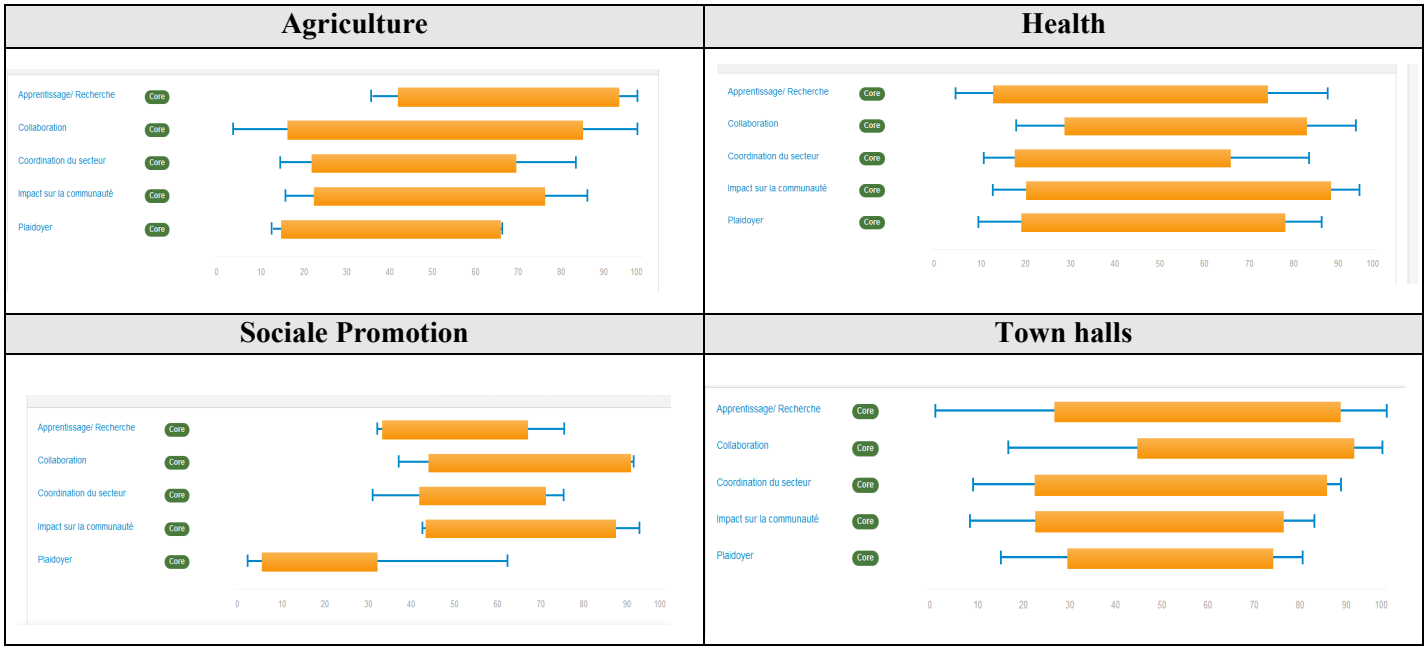
However in the ADD health zone particularly, although the discussion forum does exist, sad is that this forum is not well animated. On this forum there is not enough debate, subject of discussion to attract more stakeholders of the LPAA platform and encourage them to take more action in the community

Learning / research / training is a key high performance area of the initiative

- The knowledge acquired by the actors of the platforms and the activities carried out within the community made it possible to positively impact the targets, starting with the actors themselves
- **" The multiplication of home gardens, the proper functioning of groups, are actions due above all to the effect induced by the actors-members of LPAA: are living examples"**

4.1.3 Assessment of CI4N according to the different sectors making up the platforms.

The Graph 6 presents the performance of CI4N according to the different sectors (agriculture, health, social protection, mayors) that make up the LPAA.



Graph 6: Global performance of CI4N according to different sectors

Despite the difference in global performance by sector, it is noted that collaboration is the option that is ranked second because it unanimously received maximum performance. Thus, the actors

of each sector making up the LPAA have found that CI4N has made collaboration between sectors easier.

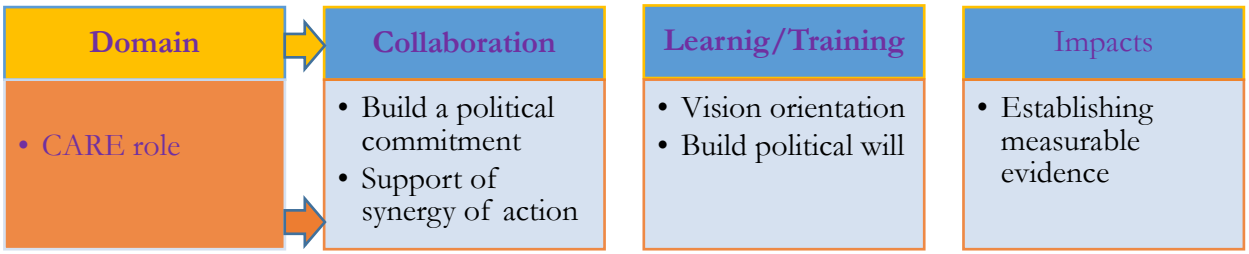
4.1.4 Analysis of the role played by CARE with regard to the project metrics

The Collective Impact for Nutrition strongly impacted the areas of collaboration among multisectoral actors, learning and impact on actors. These different performances can be explained by the backbone role played by CARE and by all the actions carried out during the project. We can note four main roles out of six that CARE may have played in achieving results. It is about **building political will, supporting synergy of action, directing the vision and establishing measurable evidence**.

In driving the vision, CARE has established strategic partners with the Civil Society Alliance for Intensification of Nutrition in Benin (ASCINB) and the Nutrition Society of Benin (SNB). These partnerships have enabled CARE to share with these different bodies the holistic vision of reducing stunting. Likewise, the connection established between these two national platforms and the community platforms that are the LPAA has enabled the sharing of expertise.

The different connections, setting up through training, research and the sharing of experiences between actors at community, regional and national level, have undoubtedly contributed to co-building the political will to build a high level of commitment from actors.

The various capacity building and support have facilitated the synergy between the actors even if the actors think that there is still a challenge for the success of this synergy. The impact obtained on the actors has been essentially overall in establishing the obvious.



Graph 7: Different roles of CARE International in achieving the rated performance

Analysis of strengths, weaknesses, threats and opportunities (SWOT)

- As noted in the previous analyzes, the establishment of a discussion forum between the actors, the connection of organizations at different levels, learning, training have been the strengths of actions of CI4N and CARE in the implementation implementation of the project.

- But these strengths were limited by difficulties in harmonizing the specifications of each actor and the non-formalization of invitations to facilitate the participation of actors in the various meetings. Likewise, the lack of empowerment of platforms could be a factor in the unsustainability of the approach.

- Opportunities exist to facilitate the sustainability of the approach. This is for example the strong commitment of government officials, the formalization process of the various platforms set up (ASCINB, SNB and LPAA) under the leadership of CARE. These are opportunities that the actors involved, have to explor for ensuring the continuity of collaborative actions and the share of experiences among them.

- The assignment of different officials and the renewal of authorities at various levels could constitute serious threats to the achievement of the central objective pursued by CARE which is to achieve collective impact in order to reduce stunting in Benin. The leadership war among actors on the one hand, and between sectors on the other hand can also be seen as a threat to the collective reach for the impact on nutrition.

Table 2: SWOT of the CI4N approach on the alliance for learning and advocacy

Strenghts	**Weaknesses**
- Setting up of forum discuss among actors - Connexion among differents actors from severals levels - Trainin on ASA-SAN et N@C tools - Experiences in partnership and implementation of multisectorial approach of CARE. - Coordination of actions by CARE	- Lack of platform empowerment - Difficulty of harmonizing the specifications of each actor - Non-formalization of invitations to facilitate stakeholder participation in meetings - Difficulty for some actors to stay in the vision driven by CARE
Opportunities	Threaths
- Engagement of some government officials - Officialization of the national platform	- Agent assignment - Competition and leadership war between actors - Non-consideration of nutrition by certain key institutional actors and the guarantors of tradition → advocacy

4.1.5 Recommendations from participants for the sustainability of community platforms

At the end of the interviews, the respondents made a few recommendations that can be summarized as follows:

- The need for the continuity of support action for the platform by CARE
- The formalization of invitations to facilitate stakeholder participation in meetings
- The increase in nutrition training for stakeholders
- Support for certain partners and participants in certain sessions (Alignment principle)
- Providing stakeholders with a document for SWOT analyzes of HZs in nutrition
- The fight for a *guichet nutrition* must be stepped up
- Go towards advocacy for the opening of a *guichet nutrition*

4.2 Community Nutrition

Sample description

The final evaluation of CI4N on the Community axis focused on a total sample of 316 mother couples aged 0 to 23 months. More than half of the children were female (52.5%). Children aged 6 to 23 months represent 75.3% of the sample (Table 3).

Table 3: Distribution of the sample by age group by sex and by municipality of intervention

	Total (n) %	Adjohoun (n) %	Covè (n) %	Dangbo (n) %	Djakotomey (n) %
Distribution of the sample by age group					
0-6 months	(78) 24.7	(11) 14.1	(17) 22.1	(26) 34.7	(24) 27.9
6-11 months	(93) 29.4	(25) 32.1	(23) 29.9	(16) 21.3	(29) 33.7
12-17 months	(67) 21.2	(19) 24.4	(12) 15.6	(18) 24.0	(18) 20.9
18-23 months	(78) 24.7	(23) 29.5	(25) 32.5	(15) 20.0	(15) 17.4
6-23 months	(238) 75.3	(67) 85.9	(60) 77.9	(49). 65.3	(62) 72.1
Distribution of the sample by sex					
Girls	(166) 52.5	(40) 51.3	(37) 48.1	(41) 54.7	(48) 55.8
Boys	(150) 47.5	(38) 48.7	(40) 51.9	(34) 45.3	(38) 44.2
Total	(316) 100	(78) 24.7	(77) 24.4	(75) 23.7	(86) 27.2

(n) effectif in category

❖ **Possession of an official document by mothers of children**

The possession of an official document on the birth and health of the child by the mothers of children, assessed in the four municipalities (Adjohoun. Bounou. Dangbo and Djakotomey) in January 2019, then in November 2020 is presented in table 4. We noted that the percentage of women without any official document has decreased considerably from 7.5% to 3.8%, from January 2019 to November 2020 with a greater regression in the commune of Dangbo (from 10. 5% in January 2019 to 1.3% in November 2020). Likewise, the percentage of **children without a birth certificate has decreased slightly**. In contrast, to the percentage of **children with an infant card, children with a health book, and children with a birth certificate and vaccination certificate,** which have increased.

Table 4: Existence of an official birth and health document for the child

a- Data from the baseline assessment of January 2019

	Janvier 2019				
	Total (n=228)	Adjohoun (n=57)	Covè (n=57)	Dangbo (n=57)	Djakotomey (n=57)
% of children with an infant card	(32) 14.0	(1) 1.8	(16) 28.1	(7) 12.3	(8) 14.1
% of children with a health record	(153) 67.1	(48) 84.2	(19)33. 3	(40) 70.2	(46) 80.7
% of children with vaccination records	(47) 20.6	(21) 36.8	(8) 14.0	(8) 14.0	(10) 17.5
% of children with birth certificate	(94) 41.2	(33) 57.9	(25) 43.9	(12) 21.1	(24) 42.1
% of children without any official document	(17) 7.5	(1) 1.8	(7) 12. 3	(6) 10.5	(3) 5.3

❖ *(n) effectif in category*

b- Final Assessment, November 2020

	November 2020				
	Total (n=316)	**Adjohoun (n=78)**	**Covè (n=77)**	**Dangbo (n=75)**	**Djakotomey (n=86)**
% of children with an infant card	(62) 19.6	(35) 44.9	(14) 18.2	(13) 17.3	(0) 0
% of children with a health record	(228) (72.2)	(44) 56.4	(47) 61.0	(59) 78.7	(78) 90.7
% of children with vaccination records	(32) 10.1	(22) 28.2	(1) 1.3	(2) 2.7	(7) 8.1
% of children with birth certificate	(100) 31.6	(28) 35.9	(23) 29.9	(24) 32.0	(25) 29.1
% of children without any official document	(12) 3.8	(1) 1.3	(5) 6.5	(1) 1.3	(5) 5.8

4.2.1 Infant and Young Child Feeding (IYCF)

In all of the intervention areas, with regard to the distribution of the proportions of children according to IYCF practice indicators (age of introduction of complementary foods, minimum dietary diversity, minimum frequency of meals and the minimum acceptable diet at 6 and 12 months), it is noted that 31.33% of the children benefited from an early breastfeeding and that almost all of the children or 96.5% of the children, took colostrum. As for the adequate introduction of food, the minimum frequency of meals and the minimum diet are high, ie 76.1% and 81.09 respectively, unlike the minimum dietary diversity which has remained low (30.7%).

By comparing the values of the IYCF indicators for January 2019 and November 2020. We can see that the values of these indicators have improved considerably in the values of the **Minimum acceptable diet indicator (6-23) months** followed by the **Minimum Meal Frequency (6-23) months**. Also, we noted an increase in **the indicator Feeding Solid/Semi-solid or soft (6-8) months** at Covè, g**oing from 0% to 85.7%**. This may be due to the efforts made by actors in the health zone and to NGO implementing partners following the action-research carried out by the platform on the theme of exclusive breastfeeding, the results of which were shared in October 2019, during the delivery of plexiglass posters on early breastfeeding to all health facilities in the CoZO health zone.

However, in the communes of Dangbo and Djakotomey, the indicator for early initiation of Breasfeeding fell from 31.6% to 24% respectively; and from 24.5% to 17.4% from January 2019 to November 2020. Similarly, the minimum dietary diversity indicator (6-23 months) decreased from January 2019 to November 2020 in the Cove.

Consumption of various food groups by children

Minimum dietary diversity was calculated using data collected on children's consumption of each type of food group. Table 4 shows the percentages of children who ate each type of the food group.

In January 2019, it was noted that it is in the municipality of Covè that the different food groups were the most represented in the daily consumption of children. In the final evaluation of November 2020, this observation is made in the municipality of Adjohoun.

Indeed, the consumption of cereals/grains and tubers by children is important at any time of the assessment. However, there was still an increasing trend in the percentage of children who consumed each type of food group. However, the percentages of children who consumed dairy products in November 2020 are lower than the percentages obtained in January 2019 in all intervention communes except Adjohoun. Also, we notice that the percentage of children who consumed legumes and nuts in January 2019 in the municipality of Adjohoun mainly has seen a significant drop. This percentage rose from 69.6% in January 2019 to 43.5% in November 2020.

The consumption of fruit and vegetable juices, which were very low in the communes of Adjohoun and Covè in January 2019 was improved in November 2020 (4.3% and 2.3 respectively in Adjohoun and Covè in January 2019 and 17.7% and 11.8% respectively in Adjohoun and Covè in November 2020). Similarly, the percentage of children who consumed eggs in the communes of Adjohoun and Djakotomey increased. Indeed, at the community level efforts have been made to encourage activities to promote egg consumption in order to support the growth of children. This is the group purchase-sale of food products carried out in VSLAs (especially in Adjohoun).

Values of IYCF indicators in intervention areas in November 2020:

- Early breastfeeding (immediately after birth): 99 children or 31.33%
- Introduction of Solid / Semi-solid or soft foods (6-8) months: 30 children or 90.9%
- Number of children who took colostrum: 305 children or 96.5%
- Number of children with the minimum frequency of meals: 181 or 76.1%
- Number of children having reached minimum dietary diversity (6-23) months: 73 children or 30.7
- Number of children with a minimum diet: 193 children or 81.09%

❖ *Table 5 : Key Infant and Young Child Feeding Indicators (IYCF)*

	January 2019				November 2020			
	Adjohoun (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %	**Adjohoun** (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %
% of children who took colostrum	(54)94.7	(46)80.7	(54)87.7	(41)71.9	(73) 93.6	(77) 100.0	(70) 93.3	(85) 98.8
Early initiation to AM (0-23) months	(10)17.5	(6)10.5	(20)31.6	(14)24.5	(37) 47.4	(29) 37.7	(18) 24.0	(15) 17.4
Introduction of Solid / Semi-solid or soft foods (6-8) months	(4)44.4	(0)0	(4)33.3	(7) 50.0	(8) 100	(6) 85.7	(7) 87.5	(9) 90.9
Continuity of the AME (12-15) months	(20)100	(11)100	(14)93.8	(9) 100	(14) 100	11 (100)	14 (100)	13 (100)
Minimum dietary diversity (6-23) months	(18)31.6	(10)17.5	(10)17.5	(6) 10.5	(28) 41.8	(8) 13.3	(16) 32.7	(21) 33.9
Minimum Meal Frequency (6-23) months	(22)38.6	(16) 28.1	(27) 47.4	(21) 36.8	(50) 74.6	(44) 73.33	(40) 81.6	(47) 75.8
Minimum acceptable diet (6-23) months	(9)15.8	(4) 7.0	(8)14.0	(1) 1.8	(57) 85.1	(44) 73.3	(41) 83.7	(51) 82.3

(n) : Children number in each category

Table 6: Consumption of various food groups by children

	January 2019				November 2020				
Percentage of children who consumed each type of the food group	**Adjohoun (n)%**	**Cove (n) %**	**Dangbo (n) %**	**Djakotomey (n) %**	**Adjohoun (n)%**	**Cove (n) %**	**Dangbo (n) %**	**Djakotomey (n) %**	**Total**
1. Cereals / grains and tubers. (n)%	(43) 93.5	(43) 97.7	(45) 97.8	(45) 100	(62) 100	(51)100	(43) 97.7	(54) 100	(210) 99.5
2. Legumes and nuts	(32) 69.6	(24) 54.5	(23) 50.0	(21) 46.7	(27) 43.5	(24)47.1	(26)59.1	(33) 61.1	(110)52.1
3. Dairy products (milk. yogurt. cheese)	(2) 4.3	(10) 22.7	(4) 7.0	(1) 1.8	(4) 6.5	(4) 7.84	(1) 2.27	(0) 0.0	(9) 4.27
4. Meat products (meat. poultry. offal)	(29) 63.0	(26) 59.1	(34) 73.9	(33) 73.3	(43) 69.35	(30) 58.8	(28) 63.6	(39) 72.22	(140) 66.4
5. Eggs	(1) 2.2	(4) 9.1	(6) 13.0	(1) 2.2	(9) 14.5	(4) 7.84	(3) 6.8	(4) 7.4	(20) 9.5
6. Fruits and vegetables	(30) 65.2	(17) 38.6	(28) 60.9	(21) 46.7	(45) 72.6	(27) 52.9	(26) 59.1	(38) 70.4	(136) 64.5
7. Fruit and vegetable juices	(2) 4.3	(1) 2.3	(6) 13.0	(4) 8.9	(11) 17.7	(6)11.8	(7) 15.9	(5) 9.3	(29) 13.7

(n) : Children number in each category

4.2.2 Maternal and Child Health (MCH)

Maternal and child health was assessed by collecting data on indicators of the percentage of deliveries that were assisted or not by competent services during childbirth, and other data on maternal health and care (Table 7).

The percentages of deliveries that benefited from the assistance of the competent services during childbirth in the different project intervention municipalities are presented in table 5. It is noted that almost all of the deliveries that took place during the project period were assisted by the competent services.

Table 7 : Assisted delivery

	November 2020				
	Adjohoun (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %	**Total (n)** %
Childbirth during the project period	(76) 97.4	(66) 85.7	(74) 98.7	(82) 95.3%	(298) 94.3
Childbirth during the project period	(76) 97.4	(66) 85.7	(73) 97.3	(80) 93.0	(295) 93.4

Woman's diet

Table 8 shows the dietary diversification and frequency of women's meals at the beginning and the end of the project. We observe that the percentage of women with a dietary diversity score greater than or equal to 4 almost doubled in three municipalities at the end of the intervention, going from 33.3% to 57.1% in Covè; 28.1% to 64% in Dangbo; 43.9% to 83.7% in Djakotomey. On the other hand, there is a decrease of 8.7% (75.4% to 66.7%) in Adjohoun.

The percentage of women who ate more than three times the day before collection saw a sharp increase at the end of the intervention in the communes of Adjohoun (70.1% to 94.9%) and Djakotomey (75.4% to 87.2%), compared to the municipalities of Covè (86% to 86.7%) and Dangbo (87.7% to 87.2%) where this percentage has hardly changed.

The percentage of women who consumed eggs (a source of protein) which was 100% at the start of the project dropped drastically from 92.7% to only 7.7% at the end of the project in Adjohoun commune. In two other municipalities, this percentage hardly changed: 3.5% to 2.6% in Covè and 7% to 5.3% in Dangbo. At the same time, there is a slight increase; from 1.8% to 4.8% at the end of the intervention in Djakotomey.

The percentage of women who consumed green leafy vegetables rich in vitamin A increased considerably in all communes at the end of the intervention, from 15.8% to 47.4%; 28.1% to 46.8%; 28.1% to 49.3% and from 47.4 to 65.1% respectively in Adjohoun, Covè, Dangbo and Djakotomey.

Woman's diet

- The percentages of women with a dietary diversity score greater than or equal to 4 out of the nine food groups considered, almost doubled from January 2019 to November 2020 in all the municipalities of intervention except the municipality of Adjohoun.
- Likewise, the consumption of fruits and vegetables by women has increased in all the intervention communes except the commune of Adjohoun.
- However, the consumption of offal has decreased from January 2019 to November 2020 in all the municipalities of intervention.

Table 8: Dietary diversification and frequency of women's meals

	January 2019				November 2020				
Percentage of women who ate each type of the food group	**Adjohoun** (n) %	**Cove** (n) %	**Dangbo** (n) %	**Djakotomey** (n) %	**Adjohoun** (n) %	**Cove** (n) %	**Dangbo** (n) %	**Djakotomey** (n) %	**Total**
1. Cereals / grains and tubers	(57) 100	(57)100	(57)100	(57) 100	(78)100	(77)100	(75)100	(85)98.8	(315) 99.7
2. Legumes and nuts	(45) 78.9	(37) 64.9	(32) 56.1	(32) 56.1	(53)67.9	(54)70.1	(54)72.0	(69)80.2	(230) 72.8
3. Dairy products (milk. yogurt. cheese)	(4)7.0	(11)19.3	(3)5.3	(3) 5.3	(2)2.6	(7)9.1	(3)4.0	(2)2.3	(14) 4.4
4. Offal	(57)100	(57)100	(57)100	(7) 12.3	1(1.3)	(0)0	(0)0	(0)0	(1) 0.3
5. Eggs	(57)100	(2)3.5	(4)7.0	(1) 1.8	(6)7.7	(2)2.6	(4)5.3	(3)3.5	(15) 4.8
6. Meat products	(53)93.0	(39)68.4	(50)87.7	(47) 82.5	(72)92.3	(53)68.8	(67)89.3	(73)84.9	(265) 83.9
7. Green leafy vegetables rich in vitamin A	(9)15.8	(16)28.1	(16)28.1	(27) 47.4	(37)47.4	(36)46.8	(37)49.3	(56)65.1	(166) 52.5
8. Other fruits and vegetables rich in vitamin A	(14)24.6	(9)15.8	(6)10.5	(2) 3.5	(35) 44.9	(7) 9.1	(13) 17.3	(45)52.3	(100) 31.7
9. Other fruits and vegetables	(41) 71.9	(5)8.8	(15)26.3	(19) 33.3	(23)29.5	(47)61.0	(25) 33.3	(42)48.8	(137) 43.4
% of women with a dietary diversity score greater than or equal to 4	(43)75.4	(19)33.3	(16)28.1	(25) 43.9	(52) 66.7	(44) 57.1	(48) 64.0	(72) 83.7	(216) 68.4
% of women who ate more than three times the day before collection	(40)70.1	(49)86.0	(50)87.7	(43) 75.4	(74) 94.9	(66) 85.7	(65) 86.7	(75) 87.2	280 (88.6)

4.2.3 Food Safety (FS)

Household food security by the FIES scale

From Table 9 which presents the current food security situation using the FIES scale in the intervention communes, it appears that most households in three of the four communes are severely food insecure, with proportions of 70.51%; 59.7% and 58.7% respectively in Adjohoun, Covè and Dangbo. The situation in Djakotomey seems better with half (50%) of households experiencing moderate food insecurity.

Table 9: Prevalence of different forms of household food insecurity

	Adjohoun (n) %	Covè (n) %	Dangbo (n) %	Djakotomey (n) %	Total (n) %
Slight food insecurity	(2) 2.6	(4) 5.2	(2) 2.7	(7) 8.1	(15) 4.8
Moderate food insecurity	(16) 20.5	(22) 28.6	(27) 36.0	(43) 50.0	(108) 34.2
Severe food insecurity	(55) 70.51	(46) 59.7	(44) 58.7	(27) 31.4	(172) 54.4
Food Safety	(5) 6.4	(5) 6.5	(2) 2.7	(9) 19.5	(21) 6.7

Table 10 shows us the different shocks suffered by households. From the analysis of this table. it emerges that the main shock suffered by the majority of households in the four municipalities is the economic shock with proportions of 52.6% in Adjohoun. 41.6% in Covè. 62.7% in Dangbo and 69.8% in Djakotomey. The municipalities of Adjohoun. Covè and Djakotomey are also affected by climatic shocks with proportions of 52.6%. 42.9% and 74.4% respectively.

The analysis of Table 11, which presents the proportion of households developing strategies to cope with the shocks suffered reveals that a very large proportion (84.9%) of households suffering from shocks in Djakotomey. develop strategies in the face of these shocks. half (47.4%) of households in Adjohoun. These proportions are lower in the municipalities of Covè and Dangbo, with 39% and 30.7% respectively.

Table 10 : Impact resistance

	November 2020				
	Adjohoun (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %	**Total (n)** %
Shocks suffered by households					
Climate shock	(41) 52.6	(33) 42.9	(8)10.7	(64) 74.4	(146) 46.2
Economic shock	(1)1.3%	(0)0.0	(1)1.3	(0)0.0	(2)0.6
Shock political conflict terrorism	(9)11.5	(27) 35.1	(11)14.7	(11)12.8	(58)18.4
Shock Disease epidemic	(16)20.5	(4)5.2	(14)18.7	(9)10.5	(43)13.6

Table 11: Development of strategies to cope with shocks

	Novembre 2020				
	Adjohoun (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %	**Total (n)** %
Development of strategies to cope with shocks	(37)47.4	(30)39	(23)30.7	(73)84.9	(163)51.6

4.2.4 Water, hygiene and sanitation (WASH)

- **Hygiene**

Generally, the practice of handwashing by women at critical times has increased. This indicates the importance given to the implementation of WASH-related recommendations. Indeed, during the last year of the project. VSLA groups were trained in soap making which created enthusiasm among VSLA member households to make it an activities generated income and also to have soap at an affordable cost, support hygiene. With the advent of the global COVID 19 pandemic, households have performed more DLM and put soap on it to facilitate hand washing to reduce the risk of disease transmission

- **Practice of handwashing by women**

Tables 12a and 12b show the percentages of mothers washing their hands at key times at the start and end of the project.

The proportion of women who always wash their hands before eating increased at the end of the intervention, from 89.5% to 93.5% in Covè and from 87.7% to 100% in Dangbo; unlike Adjohoun and Djakotomey where the trend is downward, dropping from 91.2% to 79.5% and from 94.7% to 79.1% respectively.

The proportion of women who never wash their hands before preparing fell considerably at the end of the intervention in all communes, from 24.6% to 13% in Dangbo, from 36.9% to 7.7 % in Adjohoun, from 56.1% to 15.6% in Covè and from 61.4% to 2.3% in Djakotomey. The same is true of the proportion of women who never wash their hands before feeding the child, which has fallen from 33.3% to 14.7%; 26.4% to 5.1%; 54.4% to 18.2%; 31.6% to 4.7% respectively in Dangbo, Adjohoun, Covè and Djakotomey.

The proportion of women who always wash their hands after using the toilet has increased significantly in all municipalities, from 61.4% to 96%; 59.6% to 79.5%; 64.9% to 93.5%; 66.7% to 96.5% respectively in Dangbo, Adjohoun, Covè and Djakotomey. The trend is the same for the proportion of women who always wash their hands after changing children's diapers, which more than doubled in Dangbo and Adjohoun, from 26.3% to 56.5% and respectively from 26.3% to 53.8%. In the communes of Covè and Djakotomey, the increase in percentages is even greater, going from 7% to 66.2% and from 8.8 to 47.7% respectively.

- **Practice of washing children's hands before eating**

Tables 13a and 13b show the percentages of mothers washing their children's hands before feeding them at the start of the project and at the end of the project. We note the drop in the percentage of mothers never washing their children's hands before feeding them in all the communes at the end of the project, from 21.1% to 8% in Dangbo; 26.3% to 17.9% in Adjohoun; 26.3% to 10.4% in Covè and from 31.6% to 18.6% in Djakotomey.

Table 12 a: Handwashing practices at key times in the communes of Dangbo and Adjohoun

Percentage of women who wash their hands at key times	January 2019						November 2020					
	Dangbo			Adjohoun			Dangbo			Adjohoun		
	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes
Before eating	(4)7.1	(50)87.7	(3)5.3	(2)3.5	(52)91.2	(3)5.3	(0) 0	(75)100	(0) 0	(6) 7.7	(62) 79.5	(8) 10.3
Before preparing to eat	(14)24.6	(32)56.1	(11)19.3	(21)36.9	(21)36.8	(15)26.3	(10)13.3	(48)64	(14)18.7	(6) 7.7	(52) 66.7	(18)23.1
Before feeding the child	(19)33.3	(30)52.6	(8)14.0	(15)26.4	(26)45.6	(16)28.1	(11)14.7	(45) 60	(18)24.0	(4) 5.1	(47) 60.3	(25)32.1
After use used the toilet	(15)26.3)	(35)61.4	(7)12.3	(8)14.0	(34)59.6	(15)26.3	(2) 2.7	(72) 96	(1) 1.3	(2) 2.6	(62) 79.5	(14)17.9
After changing children's diapers	(37)64.9	(15)26.3	(5)8.8	(35)61.4	(15)26.3	(7)12.3	8 10.7	(42)56	(22)29.3	(5) 6.4	(42)53.8	28 35.9

Table 12 b: Hand washing practices at key times in the towns of Cove and Djakotomey

Percentage of women who wash their hands at key times	Janvier 2019						Novembre 2020					
	Cove			Djakotomey			Cove			Djakotomey		
	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes
Before eating	(1) 1.8	(51) 89.5	(5) 8.8	(1)1.8	(54) 94.7	2 (3.5)	(3)3.9	(74)96.1	(0)0	(4) 4.7	(68) 79.1	(0) 0
Before preparing to eat	(32) 56.1	(20) 35.1	(5) 8.8	(35) 61.4	(13) 22.8	9 (15.8)	(12)15.6	(61) 79.2	(4) 5.2	(2) 2.3	(60) 69.8	(3) 3.5
Before feeding the child	(31) 54.4	(23) 40.4	(3)5.3	(18) 31.6	(24) 42.1	15(26.3)	(14)18.2	(59)76.6	(4) 5.2	(4) 4.7	(68) 79.1	(2) 2.3
After use used the toilet	(17) 29.8	(37)64.9	(3) 5.3	(12) 21.1	(38) 66.7	7 (12.3)	(4) 5.2	(72)93.5	(1) 1.3	(0) 0	(83) 96.5	(0) 0
After changing children's diapers	(51) 89.5	(4) 7.0	(2) 3.5	(46) 80.7	(5) 8.8	(6) 10.5	(20) 26	(51)66.2	(6) 7.8	(6) 7	(41)47.7	(8) 9.3

Table13 a: Practices of washing the hands of the child before he eats in Dangbo and Adjohoun

Percentage of women who wash their hands at key times	Janvier 2019						Novembre 2020					
	Dangbo			Adjohoun			Dangbo			Adjohoun		
	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes
Washing the child's hands before eating	(12)21.1	(35)61.4)	(10)17.5	(15)26.3	(26)45.6	(16)28.1	(6) 8	(50) 66	(19)25.3	(14)17.9	(47)60.3	(17)21.8

Table 13 b : Pratiques de lavage des mains de l'enfant avant qu'il ne mange dans Cove et Djakotomey

Percentage of women who wash their hands at key times	January 2019						November 2020					
	Cove			Djakotomey			Cove			Djakotomey		
	Jamais	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes	Never	Always	Sometimes
Washing the child's hands before eating	(15)26.3	(26)45.6	(16)28.1	(18)31.6	(25)43.9	(14)24.6	(8) 10.4	(65)84.4	(4) 5.2	(16)18.6	(49) 57	(21)24.4

4.2.5 Women empowerment

Table 14 presents the percentages of women with access to financial services before and after the start of the project. We find that before the project, 44.3% of women used informal savings services. Also, 17.1% of the women used formal savings services before the project. However, after the project, we observe a decline in the use of formal services, especially microfinance institutions. From 15.8%, it increased to 9.8%.

Table 14: Access to financial services by the respondent

	Avant CI4N					Après CI4N				
Access to financial services	**Adjohoun (n)%**	**Cove (n) %**	**Dangbo (n) %**	**Djakotomey (n) %**	**Total**	**Adjohoun (n)%**	**Cove (n) %**	**Dangbo (n) %**	**Djakotomey (n) %**	
Membership of the respondent in an informal savings group						(39) 50.0	(19) 24.7	(33) 44.0	(49) 57.0	(140) 44.3
						(20) 25.6	(0) 0.0	(23) 30.7	(36) 41.9	(79) 25.0
WITH or FaFaWa group						(18) 23.1	(17) 22.1	(10) 13.3	(15) 17.4	(60) 19.0
Tontine group						(5) 6.4	(2) 2.6	(2) 2.7	(0) 0.0	(9) 2.8
Other	(20) 25.6	(19)24.7	(9) 12.0	(6) 7	(54) 17.1	(13) 16.7	(10) 13.0	(7) 9.3	(5) 5.8	(35) 11.1%
Membership of a formal savings group	(4) 5.1	(0) 0.0	(0) 0.0	(0) 0.0	(4) 1.3%	(4) 5.1%	(0) 0.0	(0) 0.0	(0) 0.0	(4) 1.3%
Bank usage	(16) 20.5	(19) 24.7	(9) 12	(6) 7	(50) 15.8	(9) 11.5	(10) 13	(7) 9.3	(5) 5.8	(31) 9.8

Table 15 shows us the apprehension of women about their access to financial services compared to that of men. **We notice that 76.3% of women believe that access to financial services is the same as that of men**. Therefore we deduce that for the most part, there is no marginalization in the access to financial services of women compared to that of men.

From the same table 15 presenting the perception in the change of the financial service offered, we note that 25.3% of women believe that there has been a change in the use of financial services

Table 15: Women's perception of equitable access to financial services and changes in their use

	November 2020				
	Adjohoun (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %	**Total (n)** %
Access to women in the same way as men					
Yes	(56) 71.8	(43)55.8	(63) 84	(79) 91.9	(241) 76.3
No	(22) 28.2	(34) 44.2	(12) 16.0	(7) 8.1	(75) 23.7
Change in use					
Yes	(26) 33.3	(5) 6.5	(11) 14.7	(38) 44.2	(80) 25.3
No	(52) 66.7	(72)93.5	(64)85.3	(48)55.8	(236)74.7

The percentages of women who agreed that a man has the right to hit them if she goes out without asking permission or if she neglects their children, increased from 49.7% and 48.7, respectively at 15.8% and 18%.

In addition, the percentages of women who agreed that their husbands hit them if they argue with him or if they refuse to have sex with him, decreased from 40.2% and 27.8% to 13.6% and 10.4% respectively.

Finally. the proportions of those who think that a man has the right to beat his wife if she does not cook well or if she does not respect her in-laws, increased from 25.3% to 38.6% at 9.8% and 13.9%.

Women's attitude towards tolerance of domestic violence

Across all sections, there is a decrease in women's perception that a man has the right to beat his wife. The project made it possible to improve the perception and attitude of women towards the theme of tolerance of domestic violence by reducing the percentage of poor perception of women.

Table 16 shows the evolution of the perception of tolerance of domestic violence among women.

Table16: Gender Attitude and Behavior: Tolerance of Domestic Violence

	Before CI4N					After CI4N				
	Adjohoun (n)%	**Cove (n) %**	**Dangbo (n) %**	**Djakotomey (n) %**	**Total**	**Adjohoun (n)%**	**Cove (n) %**	**Dangbo (n) %**	**Djakotomey (n) %**	**Total**
1- Right to hit his wife. if she goes out without asking her permission?										
No	(31)39.7	(52)67.5	(33) 44	(39) 45.3	(155)49.1	(64)82.1	(61)79.2	(64)85.3	(73)84.9	(262)82.9
Yes	(47) 60.3	(25)32.5	(42)56	(43) 50	(157)49.7	(13)16.7	(16)20.8	(11)14.7	(10)11.6	(50)15.8%
2- Right to hit his wife if she neglects their children?										
No	(33)42.3	(55)71.4	(35) 46.7	(36) 41.9	(159)50.3	(63)80.8	(65)84.4	(65)86.7	(63)73.3	(256)81
Yes	(44)56.4	(22)28.6	(40) 53.3	(48) 55.8	(154)48.7	(14)17.9	(12)15.6	(10)13.3	(21)24.4	(57)18
3- Right to hit his wife if she argues with him?										
No	(52)66.7	(57)74	(45)60	(33) 38.4	(187)59.2	(73)93.6	(66)85.7	(68)90.7	(63) 73.3	(270)85.4
Yes	(25)32.1	(20)26	(30)40	(52) 60.5	(127)40.2	(4) 5.1	(11)14.3	(7)9.3	(21) 24.4	(43)13.6
4- Right to hit his wife. if she refuses to have sex with him										
No	(56)71.8	(65)84.4	(51)68	(52) 60.5	(224)70.9	(70) 89.7	(70)90.9	(63) 84	(78)90.7	(281)88.9
Yes	(20)25.6	(12)15.6	(24)32	(32) 37.2	(88)27.8	(7) 9	(7)9.1	(12) 16	(7) 8.1	(33) 10.4
5- Right to hit his wife. if she does not cook well										
No	(57) 73.1	(61)79.2	(58)77.3	(56) 65.1	(232)73.4	(71) 91	(68)88.3	(69) 92	(74) 86	(282)89.2
Yes	(19) 24.4	(16)20.8	(17)22.7	(28) 32.6	(80)25.3	(6)7.7	(9) 11.7	(6)8	(10)11.6	(31) 9.8
6- Right to hit his wife. if she doesn't respect her in-laws										
No	(44) 56.4	(60)77.9	(39) 52	(48) 55.8	(191)60.4	(63)80.8	(66)85.7	(68)90.7	(72) 83.7	(269)85.1
Yes	(33) 42.3	(16)20.8	(36) 48	(37) 43	(122)38.6	(14) 17.9	(10) 13	(7)9.3	(13) 15.1	(44) 13.9

Table 18 provides information on the project's contribution to the development of an income-generating activity. It appears that 75% of respondents were able, through the implementation of the project, to develop an income-generating activity.
The project therefore **improved the development component of income-generating activity for women in rural areas**.

Table 18: Contribution of the project to the development of an income-generating activity.

	November 2020				
	Adjohoun (n) %	**Covè** (n) %	**Dangbo** (n) %	**Djakotome** (n) %	**Total (n)** %
Percentage having developed an income activity thanks to CI4N	(65) 83.3	(34) 44.2	(69)92	(69) 80.2	(237)75

CONCLUSION

- CI4N has strongly impacted the areas of learning and training through multisectoral collaboration between actors. analysis and various discussions on nutrition and its social aspects
- The coordination of the nutrition sector in the Health Zones (HZ) and advocacy are the two areas where much remains to be done to achieve maximum performance.

- The fruitful collaboration with ASCINB. SNB. decentralized state services and NGOs to support knowledge and research around nutrition with the various actors of the LPAA platform has been a strong point that will need to be maintain

The collective impact approach implemented by CARE when it is sustained, will surely induce lasting changes in the reduction of stunting in Benin within a few years.

RECOMMANDATIONS

To CARE International BENIN/TOGO

- Share with the Food and Nutrition Council (CAN) all the necessary documentation, the tools tested within the framework of the Collective Impact for Nutrition (CI4N) for a replication of the approach in other areas

To CAN through SP-CAN.

- Integrate the experiences of CI4N in the field of learning. action research and training into the current operating mechanism of Communal Consultation Frameworks (CCCs) installed in communes of Benin

To locals authorities

- Encourage other partners to continue by supporting the three platforms ABD. CoZO and ADD for a continuity of actions at the platform level
- Work together with other actors of civil society (ASCINB. SNB) so that the **Nutrition Window** will be effective.

At the end of this evaluation, the question of synergy among actors turned out to be a point of attention underlined by the various actors surveyed. It therefore appears necessary to understand the reasons justifying the absence of some of them from the regular sessions of the platforms, without ignoring the question of their motivation.

Considering the importance given by the actors on the added value of the LPAA platforms, it is therefore urgent that CARE co-initiates with the CAN, a national day of reflection bringing together all the actors of nutrition to have a common and effective vision on the learning platforms initiated for the collective impact in nutrition and consultation frameworks dealing with nutrition issues at different levels (department and health zone. etc.).