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**The Hunger Project
in Benin**

**A First Review
and
Recommendations for Evaluation**

**by
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**Nijmegen
The Netherlands
January 2012**

Map of Benin with Epicentres



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Summary and recommendations

1. The hunger Project (THP) is a small international NGO (with a budget of \$ 17 mln in 2011), but with a specific policy to contribute to end hunger and poverty. Its emphasis is on mobilising communities, in particular women, via what it calls VCA (Vision, Commitment, Action) workshops. When mobilised it will provide these communities in the follow-up with instruments like micro-credit, training in agricultural practices, literacy classes and different aspects of health and nutrition. In terms of infrastructure THP constructs a so-called L-building with a meeting hall and rooms for a health unit, food storage and a kindergarten. This strategy is called the Epicentre strategy, derived from the geographical location where the core of these activities after an initial phase should take place. The emphasis is thus on mobilisation and self-help and not on financial investments or hand-outs.
2. Earlier evaluations (in Senegal and Malawi) suggested that THP – looking at the limited financial means it has available – should concentrate on its core activities and also regionally limit itself to a smaller number of epicentres to be able to really also invest in these epicentres.
3. THP Benin has a history of 14 years, working under the same director in the last ten years. The programme has grown considerably financially in the last three years (from \$ 640,000 in 2008 to more than \$ 1 million in 2011), due - what THP calls - ‘investors’, brought together by THP Netherlands.
4. During its first six years of operation some of the same mistakes seen in other THP country programs were made also in Benin. These mistakes occurred in the selection of epicentre sites and in the start of a micro-credit program isolated from other THP activities. It led to a set of epicentres of which only one was functioning well and some of the others had to be abandoned.
5. THP Benin has been more selective in the last six years in its choices for epicentre sites, which resulted in programs with quicker results and a better chance for sustainability. Three of the four strongest epicentres were developed in the last four years.
6. Recent changes in the office of THP in New York, bringing in more experience from the field, indicates that THP tries to find a more realistic and a more flexible approach in which also the monitoring of results and impact get more attention.
7. Micro-credit, the construction of rural banks, can be seen as the most successful intervention of THP Benin. Four micro-credit initiatives are officially certified as rural banks ('caisse rural'), a fifth to follow soon, all managed and supervised by women. These rural banks attract more than 10,000 clients and many women saving groups.
8. A second program that shows good results is the Adult Literacy Program, which has been implemented in close collaboration with the Ministry of Culture, Literacy and the Promotion of National Languages, which provided teaching materials, supervision and monitoring. Literacy classes are seen also as a good instrument to reach the communities and to convey the THP message of VCA.

9. Four functioning health units were installed in the epicentres with a nurse, an assistant and a pharmacy, in three of which since 2010 also births are attended
10. The results in agricultural production, livestock breeding, food security and child health are more difficult to assess, since outcome monitoring and a base-line survey are absent.
11. A recent initiative which seems promising but is too young to really assess is the mobilisation of youth around access to education, entrepreneurship, sports and culture.
12. THP Benin has a motivated, engaged and well led team that is absolutely capable to implement the programme and the new strategic plan. More attention though should be given to capacity building of the team and low salaries might in the final end lead to less motivation and a willingness to leave THP and to join other international NGOs.
13. THP Benin is advised to even focus more on its strengths: micro-credit, literacy classes, mother and child care and food security by keeping its emphasis on mobilising women and young farmers. Expansion of the number of epicentres and activities should be accompanied by the availability of a larger budget to be able to accompany mobilisation of communities with investments.
14. This leads to an overall conclusions that THP Benin seems to have learned from its failures in the past, has adapted its strategy and has in the last years shown that it is capable in implementing rural development programmes, in particular by mobilising rural communities.
15. It is recommended that THP withdraws from other epicentres where it has been active for a longer time and where little results can be shown to focus on recently constructed and new epicentres. At the same time it does not seem wise to lead epicentres too quickly to autonomy. The four phases strategy - with a relatively limited time for each of the four phases - has not shown to be realistic and in this light it might be important to keep a bond with more mature epicentres e.g. to focus in these on activities like market access, the formation of cooperatives and off-farm activities.
16. To play a role in the food security programme of the Embassy of the Netherlands and to get access to financial support from the embassy, but also to be able to show results and impact in the near future, THP Benin and THP The Netherlands should commission an evaluation that at the same time could serve as a base-line survey.
This evaluation should consist of:
 1. A survey among beneficiaries of THP programs, but at the same (by matching) also in some control villages, preferably villages in large epicentres which were not reached by THP activities or, otherwise, village in the same regions in other arrondissements;
 2. Group interviews with women involved in credit and saving groups, livestock breeding and food processing;
 3. Group interviews with youth involved in THP activities;
 4. Interviews with epicentre committees;
 5. Visits to health units to collect figures on child weighing and vaccinations over the years and the distribution and use of bed nets, also in adjacent villages not touched by THP activities.
 This evaluation should most preferably be conducted next August and/or September 2012.

Preface

This review of the program of THP Benin was initiated in the triangle of THP Netherlands, THP Benin and the Embassy of the Netherlands in Cotonou. Several things came together here. THP Netherlands has found a considerable new number of sponsors (what it calls 'investors') who visited the country already several times and in their last visit also met with the Dutch ambassador. These investors were able to raise quite some media attention in the Netherlands as well as that from the Secretary of State for European Affairs and Development Cooperation. The THP Benin country-director has invited the Dutch ambassador to visit epicentres and stayed in contact later with the embassy since these visits. Benin will remain a programme country within Dutch development cooperation. After the recent and severe reduction in the number of programme countries, the embassy will have to re-focus its program amongst others by initiating an intervention with regard to food security.

The author of this report was invited on rather short notice to conduct a review of the activities of THP Benin. Previously he has led evaluations of THP country programs in Senegal and Malawi, commissioned by the Dutch organisation ICCO. He has also visited, led and supervised studies also in recent times in the Millennium Development Villages, which could be considered to have - maybe a bit too schematically - a strategy that is the opposite of THP: where in the MDVs the emphasis should be on investments (the 'big push'), the emphasis THP's epicentres should be on mobilisation of the communities.

The author was able to visit Benin, the THP office in Cotonou and two THP epicentres (Zakpota and Kissamey) in December and also had discussions at the embassy of the Netherlands with the ambassador and the head of development cooperation. He likes to thank THP Netherlands and the staff of THP Benin, in particular the THP Benin country director, for their openness, frankness and transparency. He was impressed by the enthusiasm he found in the epicentres from the communities, as well as staff there in the health units and the rural banks.

Nijmegen, January 2012

Introduction

This report contains a review of the THP Benin program and is based on an analysis of program documents and a field visit of five days made in December 2011. In this introduction we will present an overview of the goals and objectives of this review.

Goals and objectives of this review

The overall goal of this program review was to create a general overview of the THP Benin program its history, current scope and to provide a first assessment of the results and of the organisation. This review includes:

1. An overview of the history and principles of the work of THP Benin from 1997 to date:
 - How has the program evolved since the inception?
 - What are the key underlying principles and choices of the program (its Theory of Change)?
2. An analysis of the current scope of the program ('the Epicentres Strategy'):
 - What are the key areas of work of THP Benin (geographical, thematic)?
 - What is the approximate size of its programs (project areas, villages covered, population covered)?
 - What are the stages of development of the epicentres?
3. A first assessment of the program:
 - What are the (possible) results of the program?
 - What is the level of sustainability of the projects?
 - What are the key strengths of the approach and work of THP Benin? What are the key challenges or weaknesses?
 - Are the challenges and weaknesses of the program addressed in future plans?
 - How have previous evaluations and reviews of the epicentre approach been incorporated?
4. Organisational assessment:
 - What are the key strengths and weaknesses of THP Benin as an organisation?
 - How does THP Benin relate to other development stakeholders in Benin?

The program review should also provide input to the terms of reference for a more comprehensive evaluation of the THP Benin program:

5. What should be the scope of a more comprehensive program evaluation?

Methodology

The methodology used for this review consisted of:

1. An analysis of the relevant documents of THP Benin. These were: (final) quarterly reports as sent to THP Global Office New York; annual reports and board reports; financial overviews of the last years (2007-2011). This analysis was condensed in a series of tables (see appendix) to assess the program and to see progress made over the years.
2. The reviewer listened to a series of presentations by THP Benin staff on the evolution of the programme and activities and interventions in specific sectors. The presentations were later analysed in more detail and added to the analysis as described under 1.
3. Interviews with staff members, in particular the THP country director, as well as some group exercises, derived from participatory methodology techniques. THP staff was

asked to rank the strongest and the weakest epicentres and to indicate causes for their strength or weakness. Staff also gave an indication on the outreach of the program in different epicentres. They wrote down how much time they spend on different activities and what the strengths and weaknesses of THP Benin according to their opinion were. The results of these exercises were treated confidentially and only general outcomes were communicated and discussed.

4. Two of the most successful epicentres, Zakpota and Kissamey, were visited. In these epicentres the 'caisse rural', health unit, food banks and pre-school classes were visited and short presentations were given as well as brief interviews with the local staff. Public sessions were held in which particular women were asked to give testimonies of that achieved made and they themselves achieved in the last years. In both epicentres group interviews were conducted with the epicentre committee or the 'bureau' of the epicentre (its leadership). Visits were made into the villages to see food banks, chicken and rabbit breeding, food production, literacy classes.
5. Parallel to this review two discussions were held with the embassy of the Netherlands, the ambassador, and the head of development cooperation.

Limitations of this review

This study is not a full-fledged evaluation. It has its limitations in the number of days (five) spent on reviewing THP Benin's programme, as well as in the methodology used. Time spent with the beneficiaries of the programme was limited and no in-depth interviews or group interviews were held with them. As stated above, public testimonies of women were indicators of the ways some of the beneficiaries assessed the THP program and the benefits they derived from it, but they were of course not a very precise assessment of these benefits. No survey was held to come to a more objective evaluation of program benefits and their distribution over different groups of beneficiaries. This all means that no real impact analysis of the THP program's effect on the livelihoods of its beneficiaries in the different villages of the epicentres could be made. That type of in-depth analysis should be part of a broader follow-up study.

Follow-up

THP's monitoring and evaluation system is currently operating at a limited capacity, in the sense that tracks mainly inputs and outputs but nearly no outcomes or impact level indicators. In order to play a more critical role in the food security programme of the Embassy of the Netherlands, accessing financial support from the embassy, and also to be able to show concrete results and impact in the near future, THP Benin and THP The Netherlands should commission an evaluation to measure results and could also serve as a base-line survey. It would be wise if THP could learn from the recent debates around the Millennium Development Villages (amongst others brought forward by the Centre for Global Development in Washington and CIDIN) and use evaluation techniques that control for attribution.

This evaluation should most preferably consist of the following elements:

1. A randomized control trial that would include a survey among beneficiaries of THP programs, control villages, preferably villages which are not reached by THP activities;
2. Group interviews with women involved in credit and saving groups, livestock breeding and food processing;
3. Group interviews with youth involved in THP activities as well as youth in other non-THP villages;
4. Interviews with epicentre committees;

5. Visits to health units to collect figures on child weighing and vaccinations over the years and the distribution and use of bed nets, also in adjacent villages not reached by THP activities.

In light of discussions with the THP Benin director with regard to 2012 programming, this evaluation should most preferably be conducted next April or May 2012.

Chapter 1

The Hunger Project: some notes on earlier assessments and evaluations

1.1 Uganda

In December 2008 and January 2009 a McKinsey team visited Uganda for a pro-bono study on the impact of THP Uganda's interventions. It resulted in the January 2009 report *Change to believe in: THP Uganda's impact* – a 13 page report and a more detailed analysis in a set of Power Point slides. The team visited six of the eight epicentres and spoke with local officials and NGOs. The McKinsey team comes to a set of strong conclusions. It identified four 'magic ingredients' which give THP its core formula for success'. These are: the VCA workshops facilitated to generate commitment from the local government and community without giving handouts; mobilise commitment to action through tangible projects and skill building; establish formal roles for local leaders; and putting women in the centre.

The study assessed that the THP program had, out of a total population of 651,000, a deep impact on 40,000 people (presence in multiple VCA sessions, opened a savings account and received a micro loan, established in an income generating project), a significant impact on 90,000 people (presence in multiple VCA sessions, established in an income generating project, qualified as animators and leaders) and a tangible impact on 40,000 people (attended VCA workshops, joined a community group, commenced an income generating project).

Assets of THP Uganda were, according to the McKinsey team: approximately 20,000 animators, epicentre buildings, rural banks, the committed staff, and the reputation that the THP team has with other actors and.

It appears, also from the 'exhibits' provided as 'evidence' by the McKinsey team, that there were and are differences in success and impact between the eight epicentres in Uganda, but they were not analysed by the McKinsey team, neither was the history of the THP program in Uganda. One can not escape from the impression that the three most successful epicentres were used extensively for the very positive assessment of the Uganda program and that other evidence for a more realistic assessment was sidelined.¹

1.2 Ghana

A second, far more ambitious evaluation, is being conducted in Ghana by Yale University, in the Eastern Region. I have only seen the report *Qualitative Evaluation of The Hunger Project* of January 2010 and I am only half informed of the history of this analysis. The evaluation is accompanying the so-called scale-up in Ghana (see text-boxes 1 and 2). The report is based on a field trip to Ghana in July 2009, during which four - what the team called 'participating' - villages were visited as well as four 'non-participating'. A series of group group-interviews were held in those villages, as well as 20 in-depth interviews. The team also attended epicentre committee meetings.

The major outcomes of the evaluation indicated that there was strong empirical validation for two of THP's core tenets: successful implementation of a community-based

¹ This also can be read in the comparisons that are made between the THP Uganda program and those of the MVP and BRAC in Uganda. Since the author of this report knows the MVP in Ruhira in Uganda quite well, he could challenge some of the comparisons made, e.g. the staff of the MVP is not 100 as the McKinsey report suggest but a mere 37, which is not far more than the 24 staff THP Uganda is supposed to have according to McKinsey.

project inspires a spirit of self-reliance and partnership; effective leadership is an important component of rural development. But also that in a few cases, epicentre construction seems to have preceded participants' understanding of THP's ideals. Also that activities to increase farm productivity should be accompanied by interventions to increase market access. Finally that youth representatives indicated that THP seemed to aim its activities mainly at adults.

Text box 1

Scaling Up the Epicenter Strategy in Ghana

In 2006, The Hunger Project (THP) launched one of our most ambitious programs to date: our Scale-Up Initiative in Ghana. The goal: to implement our Epicenter Strategy in Africa on a large enough scale so that it could be proven as a successful, cost-effective and replicable model that could be expanded and adopted by governments in their national development plans. The project began in Ghana in partnership with the Robertson Foundation, who provided a \$5 million grant that was combined with another \$4 million in matching funds from other THP investors, to mobilize 36 epicenter communities in the Eastern Region of Ghana. All 36 epicenters have now been constructed in Ghana and significant progress is being made on all fronts within the epicenter communities in terms of the provision of health care, food production, and access to microfinance services as well as increased capacity as a result of agricultural, health, literacy and other trainings, and more.

See: http://www.thp.org/learn_more/news/scaling_up_epicenter_strategy_in_ghana_december_2011

Text Box 2

From the website of Innovations for Poverty Action

IPA is partnering with THP to evaluate the long term-impact of this strategy on health, nutrition, income, gender roles, social cohesion and education. The Hunger Project plans to cover the entire Eastern Region of Ghana, however it is neither feasible nor desirable to build all 112 centers at once. A lottery is conducted within each district to determine which of the 112 communities are offered a center in the first years (treatment group). Communities that do not win the lottery for early invitation may receive an invitation a few years later (control group). A pre-intervention baseline survey of approximately 4000 households with over 20,000 individuals and a follow-up survey of the same households are being conducted over the five year experimental period. The longitudinal nature of the survey allows us to examine if the effects of the centers are sustained over time and whether or not the strategy is financially sustainable.

See: <http://www.poverty-action.org/project/0063>

1.3 Senegal and Malawi

In December 2008 and January 2009 an evaluation was conducted of THP in Senegal and Malawi, financed by the Dutch private aid organisation ICCO, which had been supporting THP programmes in both countries. In both country studies, interviews were conducted with local THP staff. The subjects raised at these interviews were related to the above research questions and included the way in which the program has progressed, successes that have been achieved, problems that have been experienced, and cooperation of local governments and others.

In both countries three communities were selected: one with an epicenter which has been operational for about six months to one year and was in its early stage of development; one with an epicenter that has been operational for three years; and one with an epicenter that has been in the 'self-reliance' phase for some time. In all communities, interviews were conducted with the local government, animators and others who are directly involved in the implementation. These interviews dealt with the creation of the epicenter, participation by the community, progress made in the program, and successes that have been achieved.

In addition in Senegal, a short survey with a questionnaire was conducted among in total 181 residents in the three communities, about their involvement with the THP program and the epicenter, and improvements in their social and economic position. It should be noted that villages were selected first on distance to the epicenter, but when few of the interviewees knew of the work of the THP interviews were stopped and prolonged at another location. In Senegal in January the conclusions of the evaluation were discussed in a full day workshop with the staff of the THP office in Louga and before and after that workshop also with the THP Senegal Country Director in Dakar.

In Malawi the evaluation started with a briefing workshop of three days in which objectives of the evaluation, the Terms of Reference and the data collection were discussed. It ended with a debriefing workshop in which the findings of the evaluation and the draft report were discussed with the staff of the THP Malawi office.

Main conclusion of these evaluation were, that in 2008 of the 17 epicentres shown in only few are really functioning. Eight didn't function at all; another eight were functioning more or less and two to three of these eight good. One, Mpal, is registered as being in self-reliance, but fact is that THP did not invest much in this community in the last years and that Plan International is present here with a voluminous program. Two communities (Dahra, Coki) have an epicentre that is functioning. Four communities have an epicentre building ('bâtiment en forme de "L"'). The oldest in Dahra (2004) and the youngest Dinguiraye. The building in Richard Toll was never finished.

In the first phase selection of communities in which THP would start working, were selected at the national level by a national committee. In 1998 a study was undertaken and the plan arose to stretch out to three other zones. But when the credit programme started the programme expanded rapidly under the supervision of the programme officer responsible for the credit programme (IPEAA). Although the communities in which 'epicentres' are active are clearly in the rural poorer regions of Senegal (with the exception maybe of Mpal), criteria for the selection of communities were not very clear.

In what stage the epicentres are was not very clear, since also according to the staff, THP lacks clear criteria to indicate for the classification of epicentres. To bring epicentres in five years to independence, is seen as far too ambitious and unrealistic. THP staff saw autonomy as the phase in which food security is reached, in which access to health is guaranteed, in which there is access to primary school and to literacy classes, in which all people can get credit and in which the leadership in the community is strong. It could be

concluded that the strategy to bring epicentres to self-reliance in 5 years is clearly far too ambitious for African countries. Most epicentres in Senegal functioned between 7 and 9 years in 2009 and none of them was close to Phase Four, the phase of self-reliance. A time-frame of 10 years could be seen as much more realistic in African countries.

That the activities of THP Senegal were limited and that a majority of the epicentres functioned at a (very) low level, was according to the staff of THP Senegal for a large part due to the limited resources that were available. That could be illustrated with expenditures in the year 2007: we saw that spending on activities in 14 of the 17 epicentres was less than \$ 16,000 dollar. Only 3 epicentres in which construction took place, received an amount of more than \$ 10,000. Expenses on staff, offices and transport take approximately three quarters of the budget of THP Senegal.

It was clear that activities of THP Senegal had been driven since 2000 by micro-credit. These activities started by opening a credit programme with women groups, which are widely present in Senegalese villages. Saving systems were organised and small loans could be received also on an individual basis. THP Senegal has tried to follow a very strict policy, lending money to the epicentres for one year only. According to THP staff, it turned out to be rather difficult for women to pay back in that one year. Strategy changed in 2005, with more emphasis on group lending. Some groups themselves changed the system of savings, loan volume, repayment schedules and interest raised. In two cases (Coki and Mpal) this led to the successful institution of a rural bank ('mutuelle') recognised by the Ministry of Finance. In three other communities recuperation rates of loans to women's groups are also high (more than 90%). In other epicentres money lent for micro-credit programs vanished.

The external evaluation for The Hunger Project-Malawi is the first of its kind to be conducted in The Hunger Project-Malawi since the establishment of the project in 1999. The exercise was aimed at assessing the outcomes of the programmes in order to build on strengths and improve on weaknesses of the programmes. It was concluded that the high level of involvement by the local partners in the design as well as implementation and management of the programmes has contributed to human dignity, self esteem and ownership. Clear and functional local structures established at each epicentre are not only a demonstration of local ownership but will also go a long way to ensure sustainability of the programmes. On the other hand, it is not yet clear what would be the result if the epicentre leadership becomes more powerful than the existing traditional leadership.

Programme outcomes were seen as deep but not widespread. It could be said that the benefits on household level are greater than on community level. Households which have directly benefited from the programmes had registered much more benefits than those which have not directly participated. It has not gone unnoticed that those that do not directly participate outweigh those that do, which has led to a higher demand that currently THP-Malawi cannot cope up with. Effective partnership/linkages with government and other civil society organisations had been established. While this had improved and strengthened the service delivery on the ground, but it was seen that there was a need to ensure that these partnerships are nurtured properly.

Text Box 3
From the website of THP:

The Hunger Project works in partnership with grassroots people in Africa, Asia and Latin America to develop effective bottom-up strategies. We have discovered three critical elements that, when combined, empower people to make rapid progress in overcoming hunger and poverty:

- 1). Mobilising people at the grass roots level to build self reliance
- 2). Empowering women as key agents; and
- 3). Forging partnerships with local government.

The Hunger Project's approach is different from the conventional, top-down planning used by many development agencies and governments. These top-down approaches follow a service-delivery model and often undermine our most important resource: the creativity and self-reliance of people living in conditions of hunger and poverty themselves.

See: http://www.thp.org/what_we_do/program_overview/methodology

Chapter 2

The Hunger Project in Benin

2.1 History

THP Benin launched programs in 1997 with community mobilization activities and a quick construction of the epicentre in Wawata. In the years that followed credit activities were started under the African Woman Food Farmer Initiative (AWFFI), rather isolated, in sixth other communities, and in 2003 and 2004 two new epicentres were added. From 2006, the program was [placed under the axis of the Millennium Development Goals (MDGs) and another two epicentres were initiated in 2007.

An epicentre is considered to be space in which a change of mentality has occurred, necessary for a community to take development in its own hands. The epicentre in the Beninese context – is a group of 10 to 12 villages with a building in which there is a meeting hall, a food bank, a rural bank, a health unit and a kindergarten and some other annexes. The 'Epicentre Strategy' consists of four phases: 1). mobilisation of the population and election of the committees; 2). construction of the epicentre; 3). certification of the rural bank; 4). growth to autonomy or self-reliance. Of the 16 epicentres that existed end of 2011 seven were considered to be in phase 1, zero in phase 2, seven in phase 3, and two in phase 4. For a more precise assessment see the next chapter.

In 2009 the situation was that eight epicentre L-buildings were constructed (in a total of 11 epicentres at that time), but only 5 were operational. A sixth one (Kissamey) was added in 2009. In the last two years four new epicentres were opened, while THP withdrew from two based on lack of community mobilisation and one being considered for withdraw.

THP Benin worked with a budget that was typically around \$ 600,000 annually, but it has been grown recently and is now closer to \$1 million due to support from the Netherlands. This means that THP Benin can spend only limited amounts direct program spending for its activities in the epicentres, between \$ 30,000 and \$ 60,000; an amount that can increase to more than \$ 150,000 when an epicentre is constructed.

2.2 Present situation

At the moment THP Benin is working in 16 epicentres, of which four are recent epicentres (started in 2010 and 2011), and is planning to start a 17th epicentre in 2012. Of the original 17 epicentres THP has withdrawn from two due to lack of community mobilization and one is being considered for withdraw, leaving THP Benin with 14 epicentres. For a more precise description of the epicentres and an assessment of their status see the next chapter.

The epicentres in the south are followed by the national bureau in Cotonou, in which specialised staff members and other staff responsible for specific activities are working. The epicentres in the centre are monitored from a bureau in Bohicon, which is an important market place and juncture of roads at a three hours drive from Cotonou. The four epicentres in the north are monitored from Parakou, which is the largest town in the north, at the end of the railway line from Cotonou and at a five to six hours drive from Cotonou.

THP Benin has formulated last year a new investment strategy 2012-2018 in which it hopes to grow to 21 epicentres, covering 10 percent or 550,000 of the rural population. Next to its core programmes it will also try to manage specific social funds and give more focus to entrepreneurship. The main emphasis will stay at nutrition and food security, with agricultural

strategies that are adapted to the different agricultural zones and pay special attention to the registration of land rights.

2.3 Mobilisation

Officially the first phase of the epicentre strategy starts with VCA workshops to mobilise the population, in particular the female population, and to create leadership and good relations with the local authorities. This strategy has not been followed always in the past, but was applied in all the more recent epicentres and is now applied in the new epicentres. THP Benin typically organizes several VCA workshops in the first months of an epicentre, but also when there are problems in an epicentre and recently also as a community feedback mechanism to enable epicentre committees present their report to the local population.

To give some figures from the quarterly reports: total number of participants in workshops: 336,426 in first half year 2008; 345,481 half year 2008-2009; in a total number of 191 villages. The latest figures indicate that in total 78,087 persons were touched by the VCA workshops, among which 48,740 women. This means that about 29 percent of a total population of 269,850 was reached, but around 34 percent of the women.

The VCA workshop should bring forward a number of animators that will further trained to activate the population and become members of committees. The latest figures indicate that 496 animators were trained, among which 196 women. In 2010, according to the quarterly reports there were 381 animators, among which 179 women. These former figures include around 85 animators in epicentres that were not functioning.

2.4 Microcredit

Micro credit activities started in 1999 with the African Woman Food Farmer Initiative, a program which was not led by the THP direction and only in 2003 was brought under the leadership of the THP-director and was renamed the 'Micro Finance Program' in 2009. The first two rural banks were Avlamé (2005) and Dékpo (2006). Micro-credit is at the heart of THP activities, to stimulate food production, diversification and off-farm income generation, but also creation of food banks and paying of school fees. Rural banks should also contribute to saving and assurance.

Table 2.1: Credit activities (end 2011)

Number of clients	10 683	
	FCFA	Euros
Outstanding credits	240 694 867	366 913
Savings	77 726 864	118 486
Micro insurance fund	15 402 625	22 453
Total amount of disbursed credits	1 312 924 500	2 001 409
Re-imburement rate	96%	

As we will see in the next chapter micro-credit activities were not very successful in all epicentres, but the epicentres Avlamè, Kissamey, Za-Kpota and Dékpo now each have an officially recognized rural banks which together have formed a network. THP-Benin supported the creation of this network mainly through the development of legal documents, such as a Memorandum of Association, a savings policy manual, accountancy procedures, a three-year business plan and a five-year business plan. Those documents are required for the official recognition of the network. This network is a unique and innovative, because its management ('gérante', supervisory committee) is solely run by women.

2.5 Food security

Food insecurity is still a very important problem in Benin. It is estimated that a third of the population suffer from under-nutrition and malnutrition and that in the rural areas this percentage is even higher. Price volatility and high food and fuel prices are in general more a cause for under-nutrition and hunger than food shortages. The name of THP already indicates that food security is in the centre of its interventions. THP's programme on food security fits well in the MDG strategy, the recent (2011) National Food Security Program of the Government of Benin, the program to promote the position of women in the rural areas and its new law on land ownership adopted in 2007 and currently being implemented.

THP Benin has followed several strategies to increase food security in its epicentres: 1). raise agricultural production by introducing new and improved agricultural practices; 2). raise production and income by animal/small livestock breeding; 3). purchase supplementary food stocks; 4). promote community food stocks; 5). enhance safe food storage and food banks in the epicentres as well as in the villages.

In the earlier years THP stimulated agricultural production on communal lands with the use of fertilizers together with conservation methods. THP has promoted in several epicentres in 2009 the 'Méthode Zaï', which consists of a combined method to collect water in the rainy season and use organic fertilizer at the same time. In particular in Burkina Faso farmers have experimented with this labour-intensive method, in which holes of two feet broad and one foot deep are constructed and filled with organic compost of e.g. cow dung or manure, cotton seeds and other organic residues. In the rainy season water is collected and kept in these holes, seeds are added for quick growth. There is no evidence on results in the epicentres, in Burkina there is this discussion of this method should not be accompanied by other methods to upgrade soils.

Also the promotion of village and home gardens has been promoted in some villages. This included the production of moringa (see next section), and recently the planting of oil palms and in the north acacia trees. These practices have been combined with food processing activities like the production of peanut oil (in one epicentre) and moringa powder (in three) to increase the added value of agricultural production.

In the first epicentre Wawata fish culture was introduced, in later interventions (in particular in 2009) via training the production of chicken and rabbits was promoted. These projects were run by forming small networks (in line with programs like Heifer International), and by letting the first two producers pay off their initial investment in kind to follow-up producers. Avlamé, Zakpota and Kpinnou were epicentres where this was introduced. At the beginning of 2010, 13 such networks were formed with 77 participants.

In total more than 7,000 farmers, including more than 2,600 women, participated in these different trainings and in terms of agriculture, 170 small farmers working on 150 ha were supported over the years. All these activities were supported by micro-credits in the four epicentres with rural banks (Avlamé, Dékpo, Kissamey, Zakpota).

From the beginning THP has used credits to build stocks (of maize, soy, peanuts and rice), also in its epicentres, although stocks there were mostly limited. Recently in its program for young farmers credits for stocking have been used as an activity to mobilise them. Village storage has been more important and THP organised trainings in maize storage during 2010. Over the years more than 550,000 tonnes were stocked and later sold in the dry periods. More than 10,600 farmers are supposed to have profited from these actions.

2.6 Health and nutrition

It is clear that some of the activities promoted by THP Benin are at the brink between food security, nutrition and health, since these are closely intertwined. The formation of health animators and housing of health units are important elements of the THP strategy. This should lead at least to weighing of children, participation in vaccination campaigns and with a well-functioning health unit, to provide maternal health care and to provide births attended by a nurse. Distribution of bed nets and HIV Aids education are also components of the health package. There are four functioning health units at the moment.

According to the figures presented by THP Benin 92 animators, including 81 women, are active in the weighing and monitoring of children. The same figures indicate that 26,368 children, of which 13,873 girls, were monitored in 9 epicentres. 23,972 children, of which 8,709 girls, were vaccinated against diphtheria, tetanus, polio, measles and yellow fever. In light of what has been reported in the quarterly reports, it is unclear of these numbers relate to all the isolated weighing actions or to the number of children monitored.

In line with the other THP Africa Program Countries, THP Benin has also in the last years been organising education on HIV Aids. The quarterly reports arrive at a high number of HIV Aids animators: 453 in total of which 204 women. Around 200 of these are in epicentres that are not (very)active. In total 45,363 persons, according to THP Benin figures, have participated in the different HIV Aids workshops. Together with other partners (Ministry of Health) 20,800 bed nets were distributed.

In three health units assisted birth attendance has taken place since 2010. The presentation speaks of a total of 1,325 pre-natal consultations and 486 attended births. The quarterly reports come with lower numbers.

One of the innovations of THP Benin is that it has stimulated the production of enriched soya with moringa oleifera leaves, also by the production of moringa powder. This has been practiced also in other African countries like Niger, Tanzania and Ghana, to enrich the diet of school children. Moringa, called the 'miracle tree', contains high levels of vitamins (A, B2, C and E), vegetable oils, all nine amino acids and other important micro-nutrients (like iron, zinc, iodine etc.). In the light of micronutrient malnutrition in many African countries this is seen as a potentially important innovation, although the challenge is to integrate it in an attractive edible product. Enriched soy meal and moringa powder has been and is produced amongst others in the epicentres Avlamé and Ouissi.

2.7 Literacy

Adult Literacy classes is another activity that forms the core of THP interventions. It is obvious that to convey and receive messages and to engage oneself in off-farm activities literacy is extremely important, but the evaluation in Senegal learned that women in particular also valued numeracy not only because they were better able to calculate, but also because by recognising numbers that could use mobile telephones. Illiteracy is still very high in Benin, with a prevalence of 67.4 percent (78.1 percent for women), in 2008.

THP has partnered with the Ministry of Culture, Literacy and the Promotion of National Languages to form teachers, to provide teaching material, to organise literacy classes

and monitor results in five zones. This partnership is highly valued by the THP-staff. In total 687 literacy teachers were trained, among which 248 women in the last ten years. Up to date 20,549 students followed the literacy classes and received diplomas in five zones, among which 14,938 women. Follow-up classes ('post-alphabétisation') and tests still have to be organised.

From 2006 onwards THP Benin started also to organise kindergartens ('écoles maternelles'). Seven were formed up till now, of which four are officially recognised and taken over by the Ministry of Education (two for 95 percent, two for 70 percent). A fifth one is at the brink of being recognised.

2.8 Other activities

This overview of activities is of course not complete. THP staff has also been mediating between different ethnic groups or villages, between local politicians and the local population, between leaders of epicentres. It has, no doubt, also been giving advice on other aspects of food and health, as it might have profited from activities of local politicians, working together with decentralised bodies of ministries and other NGOs. THP Benin has done little on infrastructure, apart from constructing L-buildings, since this is definitely too costly for its financially limited program.

One of its new activities, since January 2011, has been its actions to mobilise the youth in the epicentres, what started in the epicentres of Kissamey and Dékpo, in an effort also to revitalise the epicentre of Dékpo. Women are the primary focus group of THP, but with these new activities with the youth. THP Benin tries to stimulate its epicentres. The three elements of this youth program are: 1) to give better access to formal education and to get a better contribution from the young in the achievement of the MDGs; 2) to stimulate entrepreneurship among the these and to bring them to financial autonomy; and 3) to contribute to physical well-being and to promote values. The program thus has activities in agriculture and business, but also in culture and sports.

Chapter 3

Assessment of Activities of THP Benin

3.1 The Epicentres

The staff of THP Benin is more or less unanimous in what they consider to be the strongest Epicentres. In a ranking exercise all 14 staff members placed Kissamey at the top (see table 3.1). There is bit more division about the second place, where three epicentres come close, and also for the fifth place three epicentres are mentioned.

Asked for causes and reasons why certain epicentres were seen as stronger, the mobilisation of the populations was mentioned most (24 times), followed by strong leadership and a rural bank ('caisse rural') that was functioning well (both 19 times). Other important reasons indicated were: the fact that initiatives had positive effects; that the health unit, the kindergarten or the literacy classes were functioning; and that the women were engaged. Mentioned to a lesser extent were: progress on all fronts/programmes functioning well; partners - like Ministry of Agriculture - engaged in the activities; the dynamism of the epicentre; the engagement of young people; and the fact that the pre-school activities were recognised by the Ministry of Education.

On the negative side - for epicentres placed at the fifth rank - mentioned most was weak mobilisation of the population, followed by mediocre leadership and the village shop that was not functioning.

Table 3.1: Strongest epicentres in Benin

	<i>Epicentre</i>	<i>Points*</i>	<i>Reasons</i>
1	Kissamey	70	Recent epicentre, mobilisation of the population, VCA integrated in daily life, strong leadership also of women, engagement of the local authorities, effective and well-managed rural bank with high disbursement rate, most progress in results of programs, solar panel, mill, scores well on indicators for autonomy
2	Avalamé	42	VCA understood, population engaged, initiatives developing relatively well, rural bank managed well, disposing of its own financial resources, production of moringa powder
3	Zakpota	39	Importance of the population, leadership, well run and strong rural bank, pre-school/kindergarten recognised by authorities, mobilisation of young people weak, village shop not very active, not a minimum service of electricity
4	Bétérou	35	Good leadership, population engaged, local authorities effectively implicated, initiatives developing well, investments by epicentre properly made, weak presence of other NGOs in this zone, rural bank is going to be instituted
5/6	Dékpo	7	Mobilisation of the population relatively weak, programs functioning only partially like rural bank but no health unit and no kindergarten, production of moringa powder, leadership mediocre, progress because of youth program
5/6	Ouissi	7	Female leadership good, VCA understood, partnership with other structures
7	Guinangourou	4	Spirit to do well, dynamism

* All 14 staff members voted (one staff member only voted for three epicentres); a first place was good for 5 points, a second place for 4, etc.

Table 3.2: Weakest epicentres in Benin

	<i>Epicentre</i>	<i>Points*</i>	<i>Reasons</i>
1	Wawata	36	Quarrels between leaders, leadership very weak also in the different committees (under influence of/too close to the town), problems/animosity between the villages, credits stolen and not reimbursed, initiatives quickly suppressed, no support of local authorities
2	Kpinnou	29	Bad management of THP projects, bad/weak leadership difficult for THP to work with and conflicts between leaders, committees not functioning, sabotage of activities of women and youngsters, credits not paid back and stolen, the area of this epicentre is too large and distances between the villages too long, an epicentre that has all kinds of possibilities but can not change, no health unit, no kindergarten, only the youth involved in village gardens
3	Akpadonou	17	Bad understanding of THP philosophy, not a mind-set that you have to come out of poverty by your own work, demobilisation of the population, leadership weak, bad management of credit projects, mistrust between the different villages, geographical situation of the epicentre, no health unit, no kindergarten

* All 14 staff members voted; a first place was good for 3 points, a second place for 2, etc.

Asked to rank the three weakest epicentres THP Benin staff only mentioned three: Wawata which ended at the top, Kpinnou and Akpadonou. Three of the eleven possible choices, since two epicentres (Ayi-Guinnou, Ekpé) are being withdrawn from programming and in another four (Tré, Guinagourou, Gbégorou, Klouékanné) activities are recently underway or have not really started yet.

Reasons given for the mal-functioning of these epicentres were related to the choice of the epicentre (close too the city, too large area), to quarrels in the leadership and animosity between different villages or ethnic groups.

This leads to the conclusion that of the seventeen epicentres started since 1997-1999 four are successful (Kissamey, Avalamé, Zakpota, Bétérou) , five are new (Daringa, Guinagourou, Gbégorou, Tré, Klouékanné) , two have problems (Dékpo, Ouissi) and six didn't function or only badly (Wawata, Akpadanou, Gohomey, Kpinnou, Ayi-Guinnou, Ekpé).² Of the older epicentres, opened in the first years only Avlamé is doing well.

The picture that arises from this that in the first years the criteria for selection of epicentre sites were not very well circumscribed, which led to some choices that are debatable at hindsight: epicentres close to the city with a mobile population (Wawata, Kpinnou), often not involved in agriculture (Ayi-guinnou, Ekpé, Kpinnou), with a community size that is too large to be served by one epicentre (Wawata, Kpinnou, Ouissi, although Zakpota is also large). Added are some strategical mistakes of the first years, in which THP started directly with high investments (Wawata) or micro-credits (Gohomey, Kpinnou, Ayi-Guinnou, Ekpé) without proper structures or training, which created an attitude in which the population expected hand-outs and was not challenged to come with own initiatives and activities. Also engagement of local authorities and a good socio-political analysis (relations between different villages, villages and local leadership) were neglected. Added to that are the 'normal' problems of bad or weak leadership (Dékpo, Akpadonou)) or embezzlement of money, that -

² Based on the ranking exercises and interviews with the THP Benin country director. It has to be said that in some of these no epicentre L-buildings were constructed because mobilisation of the community did not succeed.

and that is the positive news - can also be turned around and lead to better leadership (Kissamey, Avlamé).

The selection criteria for epicentre sites have become much sharper in recent years: epicentres are supposed to be in the rural areas in a predominantly agricultural setting; the site has to be central in relation to surrounding villages; the population has not to be too large (ideally between 10,000 and 15,000; 10 to 12 villages); no other NGOs should be active; and there should be an earlier dynamic of micro-credit that is positive.

3.2 The interventions

When the staff of THP Benin was asked to indicate what the three biggest successes of THP in Benin were 19 successes appeared on the lists. Most mentioned (by seven) were the rural banks. Majorly because they were in four (five) epicentres self-managed (by women) and growing to autonomy. They were seen as important to give women access to credits, to be used not only for production but also to pay for school fees. Both these were also brought forward vehemently by women in the testimonies in the epicentres visited. What contributed to this success, according to the staff, was that they were certified and as such recognised.

On the second place with six votes were the partnerships THP has in the literacy campaign with the Ministry of Culture, Literacy and the Promotion of National Languages. This Ministry is also regularly quoted when the staff was asked to list the most important partners. The reasons given for this success were that this gave on a very short term access to a large number of people, that it's placed THP among the operators in literacy education, that the expertise of government officials could be used effectively, that these activities made THP more visible and that THP could use these classes to promote its message.

On a third place came - with four votes - as the Epicentre Strategy. The Epicentre Strategy was seen as a success, not only because it places the initiatives of the populations themselves in the centre, but also because it brings together several integrated and related programs.

Each three votes received: 1. the new youth program; 2. the new strategic plan (providing a better and more coherent focus); 3. the health units (collaboration with the Ministry of Health); 4. the way the THP staff has appropriated THP's strategy and its programs (will to innovate, engagement).

Other successes mentioned were the focus on women, the technical support obtained from other ministries, the integration of the kindergartens in the Ministry of Education's program, the partnerships with other organisations. Also the change of management in THP was presented as a success, because of the possibilities to exchange information in a more informal way, because of the fact that each staff member now has its personal e-mail and that visits to other program countries were now possible.

This could be seen as remarkable, since only one THP staff member votes for 'food security' as a THP Benin success, and again only one for the communal agriculture. This might indicate that the successes of THP Benin are primarily in the credit institutions it created and in the mobilisation of the population around these credit activities and the literacy classes. One might then however object that such a conclusion loses sight of the integrality of the THP programs. Another conclusion could be, that at the moment it is for THP Benin more difficult to show results in the agriculture and livestock programs given the lack of available data on production and incomes.

3.3 Financial

Staff members of THP Benin indicate that they see the limited budget of THP Benin as a weakness of their program. International NGOs are generally in Africa considered to be rich and have 'huge amounts' to spend. Compared to World Vision, Plan International and the

MDVs THP is also in Benin a smaller player. This indicates that it is and should be more precise even than other international NGOs (i.e. where to invest and on what issues to focus). In this sense it seems for example illogic to spend money on education of a disease that has zero percent prevalence in the rural zones of West-Africa.

For this review only the financial figures from 2007 to 2011 were analysed. The pattern that arises from this is that THP Benin typically spends between \$ 30,000 and \$ 60,000 in epicentres that are still active; that it spends far more in epicentres where construction of the L-building takes place; and that it spends very limited amounts in epicentres that have no activities or have difficulties (see table 5).

From this follows that most money goes to (programme) staff and the bureaus in Cotonou, Bohicon and Parakou (respectively 24.9 per cent in 2009 and 28.1 per cent in 2010) and to the construction of epicentres. The construction of epicenters grew from 16.7 per cent in 2009 tot 21.0 per cent in 2010. From all the other activities community mobilisation receives most funding, followed by food security, micro-credit and education (see table 4 and 5 at the end). Amounts for the former circle around \$ 50,000 and for community mobilisation between 60,000 and 75,000.

3.4 The way forward

Since 2008 there is in the Netherlands a groups of ‘investors’ under the name Katakle (a chair with three legs which is used by crowning ceremonies and a symbol of stability and leadership) that wants to invest to create a new series of epicentres and raise the number of epicentres to 21 in 2014.³ They thus want to broaden the outreach of THP Benin to around 10 percent of the rural population, creating a so-called ‘tipping-point’, after which accelerated growth and poverty reduction might be propelled and find its own way. Emphasis is on enlarging the micro-credit programs, investing in small and medium enterprises, next to investments in social projects like water wells and latrines. Total costs of the program will be € 16 million for eights years. The Katakle Group hopes to expand the number of investors to 100 and also to find a few more ‘big investors’. If successful this might bring THP the financial means to implement its Business Plan 2011-2018, which was finalised last June.

³ See the Katakle Business Plan 2011-2018.

Chapter 4

Functioning of THP Benin

4.1 Staff

The staff of THP Benin consists of one director, plus 12 program staff plus three drivers, two accountants and a 'chef du bureau'. Two programme staff members and two project administrators are attached to the bureaus in the north and the centre. Eight staff members are situated in Cotonou, of which three are responsible for the micro-credit programs, one for supervision of the different programs, one for mobilisation, one for monitoring and one for communication. All program staff has academic degrees from Beninese universities and have adequate qualification and competences for their tasks.⁴ Four staff members work already for a long time with THP Benin (nine years or more), four were recruited in the last two years. The team has a nice mix of different age groups.

Staff members indicate that they spend in a typical month between 8 and 12 days in the office and between 8 and 12 days in the 'field', in the epicentres. Those responsible for credit programs report more days in the epicentres, support staff very little.

Asked what the strengths of THP Benin were, the majority of the staff (8 out of 14) of THP Benin placed itself in the centre: they considered themselves to be engaged and dynamic with a dynamism that led to serious efforts to obtain goals and objectives. Action-learning, good internal communication and a will to perfectionism were mentioned as examples of this engagement. Also the clear strategy of THP at the moment (the new strategic plan), its well integrated and coherent programs, and the recent more flexible approach, were given as indications for the well-functioning of the team.

The leadership of the present director was in the eyes of six staff members one of the points of strength of THP Benin. He was seen as being able to galvanise the team, open for discussion and communication. He was described by one as being at the same time rigorous and persevering, but also humble and optimistic.

Asked about the weaknesses eight of the fourteen staff members saw the lack of resources as the biggest problem (although one indicated that the rise in the budget of the last years was great help. Seven indicated that they saw the lack of capacity building among the staff as a major weakness and five mentioned the low salaries of the staff. It is indicated that working for other international NGOs might give a THP staff member a pay rise of 50 percent or even more. Six staff members indicated that they saw the (lack of) communication on the results of THP as a problem. A few also pointed at the lack of partners THP could work with. One staff member noted that the name 'The Hunger Project' limited the range of activities in the field and that working as an international NGO made it difficult to arrange financial partnerships at the national level.

4.2 Monitoring and evaluation

THP Benin monitors its activities via an online M&E platform which is supported by the THP Global Office, located in New York. It is a system that is still largely activity and output based, e.g. the number of participants in literacy classes is registered but not the number of participants that finalise the classes and pass the final national tests. There are old baseline-surveys on four epicentres but not on the new ones, so it is still impossible to definitively measure progress which can be attributed to THP interventions.

⁴ Based on an analysis of the CVs of THP Benin staff.

4.3 Partnerships

THP has and report to have successful partnerships in particular with some of the line-ministries and with local authorities in its best functioning epicentres. In particular the ministries of Literacy, Health, Education and Agriculture are quoted to be important and helpful partners, while other ministries are more at a distance of seem reluctant to engage with THP.

Only recently THP has formed a partnership with five other international NGOs (CARE, Plan, SNV, Right to Play and Aide et Action) to accelerate progress to the MDGs. SNV is in this partnership mainly for technical advice and Right to Play for activities in the domain of culture and sports. CARE and Plan are the main money providers and THP Benin brings its expertise in community mobilisation.

THP Benin also has of course its relation with THP Netherlands, which has become an important source of finance in recent years.

Appendix: Tables on Epicentres

Table 1: Epicentres Benin: regions, villages and population

	Epicentres	Region	Department	Population	Start Year	Number of Villages
1	Wawata	South	Atlantique	18,595	1997	12
2	Kpinnou	South	Mono	25,709	2000	26
3	Gohomey	South	Kouffo	22,243	2000	8
4	Ayiguinnou	South	Mono	9,086	2000	6
5	Ekpé	South	Ouémé	27,979	2000	3
6	Dékpo	South	Kouffo	19,387	2001	12
7	Avlamé	Centre	Zou	8,162	2001	5
8	Ouissi	Centre	Collines	36,697	2003	16
9	Akpadanou	South	Ouémé	7,896	2004	10
10	Zakpota	Centre	Zou	41,968	2007	24
11	Bétérou	North	Borgou	20,335	2007	6
12	Kissamey	South	Kouffo	23,720	2008	12
13	Daringa	North	Donga	14,693	2010	10
14	Tré	Centre	Collines	4,903	2010	8
15	Guinnagourou	North	Borgou	16,604	2011	9
16	Gbégourou	North	Borgou	8,938	2011	5
17	Klouékanmé	South	Kouffo	*	(2012)	*
	Total			306,915		172

Table 2: Departments, arrondissements, epicentres in Benin

	Departement	Arrondissements	Epicentres
1	Alibori	Banikoara, Gogounou, Kandi, Karimana, Malanville, Segbana	
2	Atakora	Boukoubé, Cobly, Kérou, Kouandé, Matéri, Natitingou, Pehonko, Taguiéta, Toucountouna	
	Atlantique	Abomey-Calavi, Allada, Kpomassé, Ouidah, Sô-Ava, Toffo, Tori-Bossito, Zè	Zè: Wawata
4	Borgou	Bembèrèkè, Kalalé, Kandi, N'Dali, Nikki, Parakou, Pèrèrè, Sinendé, Tchaourou	N'Dali: Gbé gourou Pèrèrè: Guinagourou Tchaourou: Bétérou
5	Collines	Bantè, Dassa-Zoumé, Glazoué, Ouèssè, Savalou, Savé	Dassa-Zoumé: Ouissi, Tré
6	Kouffo	Aplahoué, Djakotomey, Klouékanmè, Lalo, Toviklin	Aplahoué: Dekpo, Kissamey Djakotomey: Gohomey Klouékanmè
7	Donga	Bassila, Copargo, Djougou Rural, Djougou Urban, Ouaké	Djougou Rural: Daringa
8	Littoral	Cotounou	
9	Mono	Athiémé, Bopa, Comé, Grand-Popo, Houéyogbé, Lokossa	Athiémé: Kpinnou Grand-Popo: Ayiguinnou
10	Ouémé	Adjarra, Adjohoun, Aguégués, Akpro-Missérété, Avrankou, Bonou, Dangbo, Porto Novo, Sèmè-Kpodji	Adjohoun: Akpadanou Sèmè-Kpodji: Ekpé
11	Plateau	Ifangni, Adja-Ouèrè, Kétou, Pobé, Sakété	
12	Zou	Abomey, Agbangnizoun, Bohicon, Cové, Djidja, Ouinhi, Za-Kpota, Zangnanado,	Zakpota Zogbodomey: Avlamé

Map 1: Départements of Benin



Table 3: Epicentres and a short summary of activities in Benin

	Name	Phase	Year of start	Epicenter L-building	Activities
1	Wawata	3	1997		Phase 3 in 2008; 28 animators, plus 24 HIV/Aids Animators; VCA trainings; new leadership training in 2010; water tower; low activity on savings and credit 14.7 mln CFA outstanding 2009-3; savings: 69,000 CFA, no savings in 2010); pre-school education; 2 fish farms (2008); distribution of soya enriched milk powder; health clinic; weighing children (113 in 2009, 70 in 2010, 33 in first three quarters of 2011); vaccination (312 in 2009, 59 in first three quarters of 2011); health unit not functioning (2010)
2	Kpinnou	3	2000		Phase 3 in 2008; VCA trainings in three villages (442 persons); problems with recovery of credits; credit activity low (total credits outstanding 2008 (only women): CFA 950,000; collected savings: 36,250 CFA; recollection CFA 35,000, no savings in 2010); rabbit breeding and poultry raising (18 units in 8 villages), animal husbandry trainings; fabrication soya enriched milk flour; weighing of children (128 in 2008, 257 in 2009, 126 in 2010, 101 in the first three quarters of 2011) and vaccination (218 in 2009, 117 in the first three quarters of 2011); new nutrition animators trained in 2010; opening village shop (2008); home gardening (begun in 2008);
3	Gohomey	1	2000/ 2007		IPEAA in 2000; restart in 2007; Phase 1 in 2008 with 8 animators; in 2008 only monitoring and loan support; only some limited credit activity; idem 2009 and 2010; THP plans to withdraw due to lack of community mobilization
4	Ayi-Guinnou	-	2000		In Phase 1 in 2008; leadership training; no credit activities in 2008-2010; no other activities; THP withdrew in 2011 due to lack of community mobilization.
5	Ekpé	-	2000		Only some limited credit activity before 2008; none in 2009. THP withdrew in 2011 due to lack of community mobilization..
6	Dékpo	4	2001		Phase 4 in 2008; VCA trainings (35 animators, 288 participants); village store opened in 2008; production of soya enriched flour; credits: recovery of credits discussed, no new credits, limited savings, contract with 'gérante' discontinued, resumption in 2010 with recovery up to 76% and savings of CFA 4.7 mln., new 'gérante' recruited in 2010; literacy training resumed in 2010 (836 participants); training in chicken breeding (2009); training in maize stocking and agricultural practices (2010); weighing of children (150 in 2008, 96 in 2009), stagnated and new

				animators trained (2010); training in producing enriched nutrition (2009); home gardening (2009)
7	Avlamé	4	2001	Phase 4 in 2008, but limited credit activity in 2008 (no credits, no savings only recuperation, recovery training), training and efforts to newly give more dynamism credit activities in 2009, resumed in 2010 with recovery CFA 5.3 mln and saving at CFA 1.8 mln. and new 'gérante' recruited; construction of 2 latrines; construction of food processing unit (baobab and orange juice); food stock (maize, soy, peanuts) sold on market, food bank fully filled (2009); preschool activities; weighing of children (192 in 2008, 204 in 2009, 176 in 2010, 98 as of quarter 3 2011) and vaccinations (316 in 2008, 200 in 2009, 102 as of quarter 3 2011); 800 bed nets distributed (2008); training of new nutrition animators and reorganisation in 2010; production of enriched flour, moringa powder, soya milk; training in chicken breeding and credits for the first breeders (2009); training in maize stocking and agricultural practices (2010)
8	Ouissi	3	2003	Phase 3 in 2008; VCA trainings (1272 in 2008); leadership trainings (3 in 2008: 6); limited rural bank activities (credits: 1,350 mln CFA, savings 140,200 only women in 2008; recovery CFA 5.4 mln and saving CFA 469,500 in 2010), training for recovery of loans; food bank with stock of maize, soy, peanuts and rice; food production in 12 villages; food storage in 5 villages; preschool activities; latrines in Ouissi and Bariba; 1272 partners (953 women) active in activities (2008); new literacy classes in 2010 with 50 teachers trained and 750 women participating; 380 children vaccinated and 554 weighed and monitored (2008, 628 in 2010, 341 in 2011), vaccinations (198 in the first three quarters of 2011); distribution of limited amounts enriched flour, moringa powder, soya milk, moringa leaves; pre-natal care; distribution of bed nets (96 in 2009); training in chicken breeding and credits for the first breeders (2009);
9	Akpadanou	3	2004	Phase 3 in 2008; no credit activities in 2008 and 2009 (discussions with credit committees on their role), no recovery of credits; VCA trainings (25 animators, 442); limited activities in this epicentre; distribution of 80 kg soya enriched flour; weighing (104 children in 2008, 93 in 2009, 113 in 2010), vaccination (221 children in 2008, 108 in 2009); equipment for cassava and palm oil production installed (in 2008);
10	Zakpota	3	2007	Phase 3 in 2008; credit and savings: 27,6 mln CFA credits outstanding, savings 1,564 mln CFA (2008), new credit recovery committee (2009), quick resumption of credit activities: recovery CFA 20.97 mln. and savings at CFA 13.39 mln. in 2010); food

				bank stocks sold (2 tons maize, soy, 5 tons peanuts, 4 tons sesame , 2 tons sorghum in 2008)); literacy trainings, 90 trainers in 3 villages(2008, 60 in 2009), 2,500 participants; trainings in nutrition, baby weighing (158 in 2008, 109 in 2010, 64 in the first three quarters of 2011), vaccinations (181 in the first three quarters of 2011), HIV/Aids training (24 animators in 2008, 46 in 2009, 8,600 people); 274 bed nets distributed (2008-2009); first birth in health unit in 2010; pre-school activities for 50 children (2008-2009); weighing of children (218 in 2009) and vaccination (136 in 2009); production of enriched soya powder; training in chicken breeding and credits for the first breeders (2009);
11	Bétérou	3	2007	Epicentre inaugurated, March 2009; no credits at that time, recovery and new training (2009), total recovery of loans in 2010; 106 bed nets distributed (2008); start of pre-school activities in 2009 (50 children); literacy classes with 440 women (2009); weighing of children (220 in 2009, 185 in 2010) and vaccination (220 in 2009, 142 in the first three quarters of 2011); first birth in health unit in 2010, 15 in first half 2011; production of enriched soya; HIV/AIDS training (2009)
12	Kissamey	3	2008	Off-shoot of Dekpo epicentre; start with credit activities in 2009, credit recovery at CFA 6.1 mln. and savings at CFA 3.7 mln. in 2010; first 26 literacy teachers trained in 2009, 930 participants in literacy classes in 2010; training in maize stocking and agricultural practices (2010); weighing of children (92 in 2010, 279 in the first three quarters of 2011), vaccinations (126 in 2011), first birth in health unit in 2011 (51 in first half 2011)
13	Daringa	2	2010	First VCA sessions and meeting with local community leaders; 36 animators trained in 2010; Start with manioc production on communal land of the epicentre
14	Tré	1	2010	Offshoot of Ouissi epicentre. First VCA session in September 2010
15	Guinnagourou	1	2011	First sessions with authorities and local populations in January, February and March 2011
16	Gbégourou	1	2011	First sessions with authorities and local populations in January and February 2011.
17	Klouékanmé	-	-	

Source: website of The Hunger Project and Quarterly Reports THP Benin.

Table 4: Spending on Programmes – THP Benin 2009-2010
(in dollars and percentages)

Per-Program Expenditures	2009		2010	
	\$	%	\$	%
Core Program Leadership and Staff	79,611	12.9	97,259	22.5
Core Program Support	73,968	12.0	120,928	15.6
Subtotal 1		24.9		28.1
Community Mobilization	59,048	9.6	74,675	9.6
Micro Finance Funding	14,276	2.3	23,181	3.0
Micro Finance Operations	37,243	6.0	48,372	6.2
Epicenter Construction	103,150	16.7	162,835	21.0
Epicenter Activities	3,616	0.6	2,817	0.4
Food Security	57,377	9.3	47,581	6.1
Water & Sanitation	26,176	4.2	4,946	0.6
Education	48,677	7.9	53,132	6.8
Health & Nutrition	38,010	6.2	51,163	6.6
Research & Documentation - M&E	12,730	2.1	17,820	2.3
Education, Advocacy & Alliances	62,860	10.2	53,491	6.9
Other Programs			18,415	2.4
Subtotal 2		75.1		71.9
Total	616,743	100.0	776,613	100.0

Table 5: Expenditures per Epicenter (2009-2011)
(in dollars)

	2009		2010		2011	
	Budget	Actual	Budget	Actual	Budget	Actual to Q3
Country Office	152.197	153.580	210.731	203.988	159.496	156.700
Avlame	36.286	39.373	35.544	35.809	42.773	33.720
Ekpe	846	760	423	838	-	-
Beterou	64.922	81.570	94.621	93.360	44.234	34.475
Daringa	-	-	-	-	88.505	72.806
Akpadanou	32.527	31.753	25.592	25.943	17.674	15.224
Dekpo	34.506	35.438	39.823	38.223	38.523	28.886
Kpinnou	26.380	28.665	25.426	24.383	24.916	17.604
Zakpota	57.809	57.905	48.840	45.943	50.783	43.180
Ayi- Guinnou	1.269	475	423	877	-	152
Ouissi	42.122	35.491	37.251	39.818	35.044	26.143
Wawata	31.460	33.113	29.582	28.974	21.964	12.998
Gohomey	846	212	5.076	4.065	5.592	4.992
Kissamey	158.627	118.411	90.021	98.074	46.925	45.640
Other THP 1 (Tré)	-	-	117.546	114.819	225.474	217.339
Other THP 2	-	-	15.768	15.470	190.114	102.201
Other THP 3	-	-	15.735	6.030	4.000	3.248
Other THP 4	-	-	-	-	4.000	-
Total	639.798	616.743	792.403	776.613	1.000.018	815.307