

**GRANT APPLICATION FORM
2019 GLOBAL CALL FOR PROPOSALS**

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| SECTION 1. PROPOSAL BASIC INFORMATION. |
| Country: BENIN |
| Proposal title: Social Accountability for Nutrition (SA4N) |
| Applicant organization name <i>[Name of lead applicant responsible for signing grant agreement]</i> Cooperative for Assistance and Relief Everywhere International, Inc. (CARE) |
| Proposal duration <i>[Minimum duration 3 years/Maximum duration 5 years, estimated start date - Jan 2020]</i> 5 years from Jan 2020 to December 2024 |
| Legal status <i>[Describe type of legal status as a not-for-profit civil society organization in the country where the proposal will be implemented. For more information, see the Application Guidelines]</i> International Non-Governmental Organization Unique Fiscal ID in Benin : 5201000673108 Legal entity registered ID/Numéro d'enregistrement légal au Benin N° 98/148/MISAT/DC/SG/DAI/SAAP-ASSOC du 08 juin 1998 |
| Grant amount requested <i>[US\$XXX,XXX]</i> US\$500,000 |
| Organization's average total budget in the last three years in US Dollars US\$4,424,660 |
| Indicate share of funding amount requested as a % of the organizations' average total budget in the last three years <i>[Not to exceed 50% per Application Guidelines]</i> 11.30% |
| Please confirm the grant amount requested as a share of your organization's total average budget in the last three years has been calculated using the national organization's annual audited financial statements only (and not to those of the organization's affiliates or partners around the world) The grant amount shared, has been calculated using the national organization's annual audited financial statements only. |
| Proven track record: <i>please describe the organization's experience (at least 3 years) in the social accountability field, including past and ongoing projects, funding sources and website links if available. Please add any relevant information on your track record within the relevant thematic field.</i> CARE has ample experience implementing oversight and accountability mechanisms across the globe in different contexts. CARE employs a variety of social accountability approaches and tools, including community score cards (CSC), community score boards, participatory budget monitoring, public audits and alternative citizen oversight mechanisms which have been successfully adapted to local conditions in Africa, Asia and Latin America. The health sector has been at the forefront in piloting CARE's accountability mechanisms. Of particular note is CARE's experience in the use of community score cards. CARE Malawi first developed |

the CSC methodology in 2002 as part of a project aimed at developing innovative and sustainable models to improve health services. Since then, the methodology and accompanying tools have been taken up and adapted successfully in various CARE offices, including Ethiopia, Tanzania, Rwanda, the Democratic Republic of Congo (DRC), Egypt and Cambodia. The CSC has become an internationally recognised tool for improving service delivery and adopted by other organisations such as the World Bank, who used CSCs in the health sector in The Gambia. In January 2013, CARE established a community of practice to share learning and best practice on CSCs. In conflict-affected Eastern DRC, for example, CARE's Uzazi Bora – "Healthy Birth" project aimed to reduce unintended pregnancies and deaths from unsafe abortion during emergencies. Working in 22 health facilities, the initiative places emphasis on: 1) births in health care facilities, with skilled birthing attendants; 2) emergency obstetric care (EmOC), including post-abortion care (PAC) and; 3) family planning. The project piloted a model for community participation in SRMH service delivery to raise trust in public health services and increase transparency and accountability in service delivery. The model implemented social attitudes analysis, partnership defined quality, and community scorecards to allow healthcare users to dialogue with health service providers around the quality of care. As a result of these efforts, over 6,600 women gave birth in a healthcare facility, 1,093 were treated with lifesaving emergency obstetric neonatal care (EmONC) and the number of users of family planning services increased substantially.

In Tanzania, in the Health Equity Group project, CARE partnered with like-minded NGOs working in the health sector to raise the voice of citizens around issues of health equity, increase citizen participation in accountability processes, and planning and budgeting to addressing health inequalities, particularly in relation to reproductive, child and sexual health. The project used CSCs to collect information on family planning and this helped increase community and civil society engagement in health planning, budgeting and implementation. These actions fed into a wider advocacy strategy to improve healthcare access and quality for women and other marginalised groups. A partial outcome of these advocacy efforts was an increase in budgeting for maternal health, as the Ministry of Health and Social Welfare allocating a specific budget line for maternal health in 2006/7 and 2007/8.

In Sierra Leone, CARE is currently implementing the Civic Action for Sustainable Healthcare Delivery (CASHED) programme, which is working with communities and local authorities to improve the provision of the government's Free Health Care Initiative (FHCI) for reproductive age women (15-49 years) and children under 5 years. In particular, the programme aims to increase civic engagement in the delivery of free health care and increase responsiveness and accountability in the delivery of service. This includes the establishment of community driven surveillance mechanisms and forming 805 Village Health Watch groups to monitor and dialogue on the quality of access and utilisation of the basic free health care. In Nepal, CARE has supported public auditing in order to enhance the managerial and technical capacity of users committees related to construction projects. The country office has also used community score boards in its health projects to promote accountability at health facilities, and this tool has also been adapted to improve CARE's forward accountability.

For CARE, accountability is not simply a means to an end; it is increasingly central to our way of working and our institutional identity. In Nepal, for example, CARE's country office has adapted our community score board tool, used in its health projects, to become a beneficiary feedback mechanism to improve our own accountability towards our beneficiaries.

CARE is also a partner and leader in a series of global and regional social accountability platforms; it is a partner in the World Bank's Global Partnership for Social Accountability (GPSA), with initiatives in Malawi

and Bangladesh. Since March 2012, CARE Egypt has been managing the ANSA network for the Arab world (Morocco, Tunisia, Egypt, Palestine, Jordan, Lebanon, and Yemen).

Although our focus in implementing accountability mechanisms is primarily to improve the quality of service delivery for marginalised and vulnerable households and communities, we are increasingly leveraging our experience at local and sub-national level to influence policy at national level. One such example is the aforementioned social oversight of maternal and infant health services in rural Peru. Advocacy actions, including a campaign to get 10,000 signatures and lobbying the congress health commission, allowed the Health Services Users' Rights Law to be passed in 2005, and our efforts also led to success when the National Policy Guidelines for the Promotion of Citizen Health Monitoring was passed in 2011.

CARE Benin's role in supporting local governments through decentralization process is key, as CARE already engages very closely with commune governments regarding planning and implementation processes.

The majority of CARE's formal experience in increasing accountability of government and increasing communication between communities, service providers and governments is in using the Community Score Card, though CARE Benin has significant experience in working hand in hand with local government to support planning, budgeting, and implementation processes.

The following projects have used CSC approach to address accountability concerns within different sectors.

- ✓ , CARE Benin has developed the CSC approach in Water, Hygiene and Sanitation project funded by EU, (ACCESS), objects to "significantly and sustainably increase access to water and sanitation infrastructures and services, for eighty (80) villages, twenty -two (32) schools and ten (10) health centers of ten (10) rural communes of Benin. The approach has been used to assess the services provided by the mayor's office, water vendors, spare parts suppliers and community members. The main impact is the improved relationship between the actors and improvement of the governance in terms of management of infrastructure and the use of water. As a result of this approach, water infrastructure is still well managed by the community. CARE and stakeholders conducted follow-ups of the implementation of CSC action plan every six (6) months led by CARE. At each follow-up, each stakeholder re-plans its actions to improve services in the following months. After each monitoring, it highlighted the progress of indicators. For example, after the project evaluation, the implementation of this project has significantly improved the rate of access to safe water and the rate of access to sanitation, contributing thus to the achievement of the Millennium Development Goals (MDGs) in Benin. For access to safe water and basic sanitation services by beneficiary populations, the achievement rate is 110.44%. Reinforcement of the actors' capacities and relationship through the support-advice, the trainings, the reflection, the provision of the equipment's required, allowed the achievement of the results. The contribution to safe water service is 6.64% out of 5.67% expected for the end of the project. 556 latrines were carried out, out of the 542 planned and served 16712 inhabitants out of 16292 inhabitants, a rate of 102.57%.
- ✓ In Nutrition at the Center project, an innovative, comprehensive five-year project (2013 – 2017) specially in 2 communes in Benin, that aims to reduce anemia in women (age 15-49 years) and stunting and anemia in children (age 0-24 months) by integrating: (i) Maternal, Infant and Young Child Nutrition and Health (MIYCNH); ii) Water, Sanitation and Hygiene (WASH), (iii) Food Security (FS), and (iv) women's empowerment and funded by Private Donor (Sall family Foundation), the CSC tool has been applied to evaluate the services provided by the catalysts (who are the community relay but belong in VSAL groups) and the health center to the community. The tool is also used to

appreciate the work of the village committee in charge of the monitoring of Village Development Plans (VDP). The results of these evaluations improved the various services provided by the catalysts and the health agents to the community. This helped to correct many misunderstandings between those actors and mitigate/reduce resentment throughout the process. Also, quarterly meetings are organized to reinforce capacity of all catalysts.

- ✓ In Communal Approach for Agricultural Market Project ACMA funded by Embassy of the Kingdom of the Netherlands in Benin for contributing to improve food security and to increase agricultural incomes of Beninese economic actors, CARE Benin works mainly with local governments who own the 13 storage facilities that were constructed as part of the project. Commune authorities have delegated the day-to-day management of these facilities to either individual actors or groups/associations of economic actors (made up of agro producers, processors and traders). These groups are Management Committees who are services providers. The CSC tool has been applied to evaluate the services provided by these committees to the community.
- ✓ ASGoL is a program funded by Swiss Cooperation to contribute to the improvement of the local governance for the delivery of public services of the education, the health and the civil status, in North of Benin. CARE has the mandat for monitoring, capacity building of the parties and capitalization. CARE started the use of CSC tool to reinforce relationship between the actors.

In addition to the CSC, CARE uses Social Analysis and Action (SAA) as an approach to identify and address social norms. SAA will help to construct social dialogue based on a range of tools that bring women and men together to think, reflect and act on social norms that affect nutrition outcomes in Benin communities. During these past 3 years, CARE Benin has used various tools of SAA approach to challenge social norms in Nutrition at the Center project, Proteins for People project and other health projects linked to sexual and reproductive health. The result of SAA use has been demonstrated by community champions (men and women who are thinking differently and are convinced that households and individuals can go beyond the norms), community awareness on how relationships between men and women in households affect nutrition outcomes and sustainability.

References: *please provide three contact persons that can provide references about your organization's experience.*

Reference 1: ASGOL Projet

Name : Tonoukouin Serge Camille

Position : Charge de Programme

Organization: Swiss Cooperation

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Reference 2: Partnership & Collaboration

Name : HOUINSOU Dieu Donne

Position : Executive Secretary

Organization: Social Watch Benin

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Reference 3: Communal Approach for Agricultural Market (ACMA) Project

Name : EDAH Clement

Position : Food Security Specialist

Organization: Dutch Embassy

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Proposal's partners. *Include partner CSOs' names and any other types of Partners*

- ✓ ASCINB
- ✓ National Food and Nutrition Council
- ✓ Municipalities
- ✓ Community groups/FaFa Wa/VSAL
- ✓ Early Childhood Project Partners in 12 communes

Estimated grant amount to be shared with proposal's partner CSOs if applicable *[indicate % or number]*

~~US\$ 110,160.71~~ US\$ 130,160

Indicate if the application is for a new or ongoing project. *If ongoing, please include project name, current budget, funding source(s), and weblink if available. If new, please briefly describe your existing funding sources, and how GPSA support will complement this funding.*

New project

Applicant contact information.

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SECTION 2. APPLICATION CONTENT.

- 1. What is the proposal's objective?** The objective must describe the intended benefits to a specific community/group of people or organizations/institutional changes that are to be realized through one or more development interventions. Please apply SMART (specific, measurable, attainable, realistic, time-bound) criteria. *[For more information, see the Application Guidelines]*

Improve transparency, accountability and responsiveness for nutrition and early childhood services for children 0-12 years through collaborative social accountability mechanisms at national, regional and local levels for twelve (12) communes in Benin

- 2. Outcome indicators.** Please define three key project-level results indicators that will measure the achievement of the proposal's development objective, as defined above. This type of indicators are intended to measure the uptake, adoption and use of outputs by the target group within the project period. You will be asked to develop a detailed results framework if the proposal is selected.

- I. Number of beneficiaries expressing satisfaction with nutrition and early child development services as a result of social accountability initiatives. Satisfaction will be measured through community scorecards and other iterative beneficiary assessments .
- II. Number of multi-stakeholder coalitions working collaboratively for improved accountability in the provision of nutrition and child development services
- III. Number of communes institutionalizing social accountability mechanisms

- 3. Briefly describe the country context and the institutional and sector contexts relevant to the proposal's objectives.** *Why is this proposal important in the country? What is the government doing to address the above mentioned challenges? Which public sector institutions will use the project's feedback? If you have already engaged with these public sector institutions, please explain. How are you planning to engage with public sector institutions during the project?*

Malnutrition is a multi-factoral problem and requires multi-sectoral solution. Individual nutrition interventions, no matter how effective, cannot address the pervasive problem of stunting and malnutrition. The issue needs to be addressed at a massive scale by bringing stakeholders together to work toward one mandate: to eradicate malnutrition. Traditional programming till now reaches only a small fraction of the population at a time and will not enable us reach the second strategic development goal (SDG) of improving nutrition (among others) by 2030. According to the most recent figures from UNICEF (May 2018), 34% of children under five in Benin are stunted – this amounts to only a 5% reduction since 1996.

Achieving success at scale entails addressing systemic issues that cause malnutrition or fail to prevent it, such as discrimination against women, lack of access to nutritious foods or knowledge about optimal childhood feeding, insufficient preventive and curative health services, inadequate water and sanitation, weak institutional capacity.

Many actors already are involved in addressing these issues, even if they do not consider their work relevant to nutrition, but their work is fragmented and uncoordinated. In addition, many CSOs either lack the expertise and/or skill to implement quality interventions.

Since the Guédevy workshop (2007), all stakeholders have engaged in institutional, political and strategic reform in food and nutrition sector in Benin. These reforms whose main objective was to put nutrition at the heart of development, led to the development of National Strategic Plan (PSDAN / PANAR), which is now a reference document in the sector. Within this plan, there are other strategic documents addressing

different themes and thus showing the multisectoriality of nutrition.

On the structural level, the National Council of Food and Nutrition is a body under the supervision of the Presidency of the Republic and operational through its Permanent Secretariat (SP-CAN). The CAN has three main functions, namely (i) to define the National Policy on Food and Nutrition, (ii) to ensure the development, implementation, monitoring and evaluation of the National Action Plan for Food and Nutrition and (iii) to coordinate actions related to Food and Nutrition.

This council is composed of seventeen members representing the public actor, the civil society organizations, the private sector actors and the Chamber of Agriculture. It is composed of the Ministers in charge of Agriculture, Health, Social Protection, Development, Finance, Decentralization, Trade, as well as Socioprofessional Organizations, Food Industries Association, National Association of Municipalities, and research and training institutions.

At the operational level, with the support of the Japanese Government, Plan International Benin has implemented the Pedagogical Community Nutrition Project (PNC) on behalf of the SP-CAN. It is a pilot program implemented by the communities with the technical support of local NGOs. This project in its pilot phase, had taken into account only 10 communes out of 77 in the country, has been scaled up with an intervention in 40 communes through the Multisectoral Project of Food, Health and Nutrition (PMASN) supported by the World Bank but ended 2018. Currently, The World Bank funds a new project on Nutrition and early childhood development project in the same intervention areas.

This action will build on the achievements of the former and current projects.

The main problem to be solved is the lack of transparency, accountability and responsiveness of municipalities to their citizens relative to nutrition and early childhood development. It is necessary to note that there is no mechanism that ensures the accountability of municipal authorities and other involved actors (Ministers in charge of Agriculture, Health, Social Protection, Development, Finance, Decentralization, Trade, as well as Socioprofessional Organizations, Food Industries Association, National Association of Municipalities, research and training institutions and civil society) to their citizens in terms of nutrition. Specifically, the existing platforms at the municipal and regional level such as the communal and departmental concertation frameworks in food-health-nutrition do not sufficiently consider the participation of ordinary community members. Tokenistic community representation coupled with the use of the French language limit many citizens' real participation in communal and departmental concertation framework and consequently their real needs, aspirations and concerns are not taken into account when designing and implementing development and governance projects. Beyond the communal and departmental concertation frameworks, there is almost no regular forum for nutrition discussions at the community level (arrondissement) where exchanges are conducted with the communities and their representatives (local elected officials, opinion leaders, religious leaders, representatives of women, youth and people living with disabilities, etc.)

Apart from the weak participation of community members in these concertation frameworks, and the use of the French language, the format and content of these sessions don't take into account the details of actors's physical and financial actions. These sessions are exclusively focused on technical aspects and neglect those related to the use of the budget. The few accountability mechanisms that exist at commune level are annual and do not provide a forum for discussion and understanding among the various participants. Furthermore a restitution, reporting by communal authorities, does not happen at all levels from the commune to the base, that is to say commune-arrondissement and village.

With generous support from the Sall Family Foundation, CARE implemented the nutrition at the Center Program (N@C), an innovative, comprehensive five-year program in Benin which used a new multi-sectoral programming approach. This program developed, documented and disseminated approaches that substantially and sustainably improve nutritional outcomes for mothers and children in Bonou and Dangbo'communes. This program implements integrated strategies in 1) infant and young child feeding (IYCF) and maternal nutrition, 2) food security, 3) water, sanitation and hygiene (WASH), 4) women's empowerment, and 5) maternal health, to reduce anemia in women, anemia and stunting in children under 5 years. The implementation of the initiative has involved community mobilization through groups, and partnership with local governments and local government institutions. The CSC has been used during the implementation and involved the relevant nutrition actors. In CARE two nutrition projects (Nutrition at the Center project and Collective Impact for Nutrition) implemented in five (5) communes (Bonou, Dangbo, Adjohoun, Covè and Djakotomey), the team will complement the efforts of the recently approved World Bank nutrition project: Early Years Nutrition and Child Development Project. CARE will use the same approach to address this question of accountability.

- 4. Beneficiaries.** Describe the proposal's primary and secondary beneficiaries. How will the proposal benefit poor and vulnerable groups (children, women, marginalized groups, disabled people, people living with HIV, etc.)? Will you carry out any specific activities to better understand and address these groups' needs and gaps? Please explain how).

Primary beneficiaries:

- ✓ **Community based organizations** (Villages Save and Loans Associations/VSLA-, Food and Nutrition Monitoring Committees/Comités de Suveillance Alimentaire et Nutritionnelle CSAN; Actions Groups for Nutrition/Groupe d'Action pour la Nutrition and other community groups used by Nutrition actors in the intervention areas), individuals, community health workers .
- ✓ **Learning Practicies & Alliances and Advocacy (LPAA) or Concertation Framework** involving Nutrition Focal points of 12 communes, Ministers in charge of Agriculture, Health, Social Protection, Education, Development, Finance, Decentralization, Trade, as well as Socioprofessional Organizations, Food Industries Association, National Association of Municipalities, Institutions research and training and local NGO of civil society platform.

Secondary beneficiaries: Children up to 12 and the members of their communities, National Nutrition and Food Council.

- 5. What is the proposal's geographic scope?** *If it is both national and sub-national, please explain and provide information that will help us to understand the proposal's geographic scope in relation to the country's total population and administrative/political organization*

The geographic scope covers both national and local level and touches 8 department and 12 communes in Benin such as:

- ✓ Couffo (Aplahoué Dogbo)
- ✓ Mono (Grand Popo Athiémé)
- ✓ Ouémé (Bonou Dangbo)
- ✓ Plateau (Pobè Ifangny)
- ✓ Zou (Zanganando Ouinhi, Zâ-kpota and Zogbodomey)

The total population of the intervention area is 1,104,933

6. Proposal's description. Please describe the proposed collaborative social accountability approach [See the Application Guidelines for additional guiding questions about collaborative social accountability] Be as clear as possible about how the GPSA's support will add value or make a difference to the support you're already receiving from other donors.

The theory of change of SA4N is drawing as following

1. **IF** citizens, individually or collectively, claim their rights and fulfil their corresponding responsibilities and
2. **IF** duty-bearers become transparent, effective, responsive and accountable and
3. **IF** negotiating spaces such as concertation platforms are created, expanded and become effective and inclusive,
4. **THEN** Benin will have sustainable and equitable improvement in nutrition and early childhood development outcomes

Under this proposal, CARE proposes to work with the most critical public institutions to unlock gridlocks that cause accountability failures and to increase the engagement between public institutions responsible for delivery of nutrition and child health services, and the general public that utilizes the services. The approach towards ensuring this greater engagement and collaboration will rope in both long and short routes of accountability. A mapping of critical actors in the sector indicates a number of important players. Among these include Non-State Actors among them the ASCINB, which is a platform of Civil Society Alliance (CSA) for Scaling Up Nutrition (SUN) movement in Benin. CARE will work with ASCINB to improve its capability on social accountability approaches. The ASCINB team will then convene Civil Society and community groups using social accountability approaches such as evidence generation through Community scorecards to build a movement for collaborative engagement with government in the nutrition and child health sector. This collaborative engagement will result into changes in national level policy and regulatory frameworks on nutrition.

Besides ASCINB, CARE will also work with local and International NGOs working on the Early Childhood Project. These NGOs will also be introduced to social accountability approaches, which in turn they will utilize in convening other actors and implementing social accountability interventions at the commune level. Further down the level, a critical actor that the proposal will work with will be community groups/Villages Save and Loan Association (VSAL) called in Benin FaFa Wa. These groups will be involved in frontline social accountability work involving direct engagement with the frontline service providers of nutrition services.

Through ASCINB, all these interventions will be coordinated both at the national level and at the local level. ASCINB interventions at the national level will utilize data from the local level as part of following the long route of accountability and engaging with nutrition policy makers at the national level. At the local/commune level, ASCINB interventions will involve using local partners at the commune level to create spaces for continuous engagement between users and providers of nutrition services to monitor and respond to challenges of providing nutrition services.

Beyond Non-State Actors, CARE will work with government and quasi-government institutions in increasing the accountability and engagement of actors in the nutrition and child health sector. Quasi government institutions such as public universities will be engaged to produce knowledge products that will enhance the effectiveness of the proposed intervention. On the other hand, government institutions in the nutrition sector will be a critical partner and target in this proposed intervention. At the national level, the Ministry of Health, which is

responsible for national health policy development and implementation through government health facilities, the Ministry of Water, which is responsible for access to water and sanitation services and the Ministry of Agriculture, which is responsible for food production will all be critical partners in the proposal.

The main partner from government will be the National Food and Nutrition Council (Conseil de l'Alimentation et de la Nutrition, CAN), which will be heavily involved in delivering on the outcomes on improving collaborative social accountability outlined in this proposal.

To improve both civil society and state capacities for collaborative social accountability, a clear multi-level capacity development plan is designed and it will include the following (more details can be found in component 7):

- National level
- ✓ Strengthening capacity of member and staff of CAN and their decentralized structure on CSC approach and its implementation
- ✓ Orientation of SUN members on CSC approach
- ✓ Continuing training of CAN stakeholders (CAN board) and SUN members (ASCINB, CAN, private sector, donor, PTF, universities) on transformational SAA approach
 - Regional level (Departments and Municipalities)
- ✓ Training of Departmental Concertation Framework (DCF) members (departmental directors of sectoral ministries, prefects, prefecture nutrition focal points, etc.) on CSC approach and transformational SAA approach
- ✓ Training of Communal Concertation Framework (CCF) members (CAN local NGOs implemented Early Childhood Project and other CCF members) in CSC approach and transformational SAA approach
- ✓ The governance marker will be used by CAN to ensure that social accountability is taken into account in the design and implementation of the Early Years Nutrition and Child Development Project .

At the local level, government institutions active in the sector including municipalities are responsible for delivering on nutrition interventions at the commune level. They will be involved through the nutrition focal point and other technical focal points working on nutrition-specific and sensitive programs in the existing platforms at the municipal level called communal concertation frameworks in food-health-nutrition.

In relation to the challenges of using French during communal and departmental public meetings, it will be necessary that communities communicate with ease in their national languages to better express their vision, perception, aspiration and needs. The foregoing will be also applicable to the different stages of implementing projects/programs in the nutrition sector. Thus, requisite support and appropriate communication channels will be put in place to awaken the consciousness of the greatest number of citizens on the stakes of nutrition.

Social Analysis and Action (SAA) approaches to address socio-cultural barriers and norms that negatively affect the nutrition of vulnerable groups (women-children-adolescents and disabled) in communities will be privileged in order to induce sustainable change.

Based on their sovereign role, the actors of deconcentrated state services (health, agriculture, social action, education, etc.) will be made accountable for responsive and specific nutrition issues in their areas.

The mayor and her/his council will be also involved particularly during action planning and review meetings. Another local government actor will be the regional administrations, which will be involved during strategic meetings at regional and national levels. The project will identify champions for nutrition at commune and

regional levels to support citizen voices.

The different key actors working in the nutrition and child health sector have incentives for collaboration with Civil Society to achieve the outcomes of the sector. The main incentive in working together would be to achieve the outcomes for the nutrition sector outlined in the National Nutrition Strategy that is coordinated by the National Food and Nutrition Council. Due to weak coordination of the different actors at the moment, benefits of coordination have not been felt within the sector. However, this is likely to change, with greater collaboration and coordination. Coordination itself will result into several benefits, including avoidance of duplication of efforts, reduced wastage of resources in trying out what has been done unsuccessfully and increasing the scope of the nutrition interventions across the country when all actors work together. Greater coordination is also likely to improve market conditions for the private sector to make a contribution to the nutrition sector in Benin, thus drawing the private sector into the nutrition sector.

The project will seek to foster participatory governance in the management, coordination and delivery of nutrition services. This will be achieved through the following three specific objectives, namely: (i) institution building in social accountability and citizen engagement targeting government institutions responsible for decision making and implementing interventions in the nutrition and child health sector (ii) Empowerment of the Civil Society alliance on nutrition in social accountability to foster greater collaboration within the non-state actor sphere and between the Civil Society alliance and government institutions responsible for interventions in the nutrition sector (iii) Creation of joint spaces co-owned by both the Civil Society alliance in the nutrition sector and the government institutions responsible for interventions in the nutrition sector.

Further, the project will utilize a number of approaches aimed achieving the three specific objectives above. These will include (i) contextual analysis using political economy analysis to identify, among other things, factors that hinder citizen participation in nutrition programs and the incentive structure of state actors (ii) designing and rolling out a contextualized social accountability strategy in 12 municipalities (iii) designing and rolling out a strategy for advocacy and policy influencing, (iv) generation and use of evidence to influence policy making and service delivery in the nutrition sector through use of feedback mechanisms to be set up in relationship loops between state, non-state actors and users of nutrition services (v) capacity building and transfer of competence to the various identified stakeholders including government agencies and members of the Civil Society alliance on nutrition; and (vi) designing and rolling out a strategy for including marginalized and minority groups as target participants and beneficiaries of the proposed interventions under this project

There will be five principles that will govern the implementation of the project. These will include:

- ✓ **Participation and inclusion of marginalized voices:** the process is designed and conducted with the beneficiaries / people concerned especially the marginalized
- ✓ **Negotiation:** the subject of a monitoring / evaluation and the types of data to be collected will be collectively agreed on-
- ✓ **Learning:** lessons learned will be integrated to improve intervention - short-term challenges-
- ✓ **Flexibility:** the process will be aligned with the context and conditions of the environment
- ✓ **Accountability and transparency-Equity- shared responsibility**

7. Components & Activities. *Please define the proposal's main components and under each component the main planned activities. Briefly explain the logic behind the proposed implementation design and sequence. Please note that all GPSA-supported projects include one Knowledge & Learning component [See the Application Guidelines]*

We are proposing to adopt an inclusive governance programming framework to foster increased

collaborative and accountable engagement in the nutrition and child development sector. We are seeking system-wide change through sustainable multi-stakeholder and multi-level accountability engagement. To this end, through our wider network of partners we will simultaneously mobilize and work with different stakeholders at various levels of the accountability value chain in conscientizing about nutrition rights and responsibilities; gathering, analyzing and packaging actionable evidence, negotiating for meaningful presence at decision-making tables and completing the feedback loop from the local, through national to global levels and vice versa. Our collective experience has demonstrated that when the accountability agenda is collectively conceived and implemented at multiple levels, our legitimacy is enhanced and the ensuing development and governance outcomes outlive individual projects.

Our implementation design is built around three (3) main objectives aimed at establishing and/or reinforcing state and non-state actors' accountability relationship in the nutrition and early childhood development sector. The three key objective areas:

(i) institution building in social accountability and citizen engagement targeting government institutions responsible for decision making and implementing interventions in the nutrition and child health sector (ii) Empowerment of the Civil Society alliance on nutrition in social accountability to foster greater collaboration within the non-state actor sphere and between the Civil Society alliance and government institutions responsible for interventions in the nutrition sector (iii) Creation of joint spaces co-owned by both the Civil Society alliance in the nutrition sector and the government institutions responsible for interventions in the nutrition sector. Below are the detailed activities for each of three objective areas:

- I. Institution building in social accountability and citizen engagement targeting government institutions responsible for decision making and implementing interventions in the nutrition and child health sector
 - a. Facilitate the setting up of feedback mechanisms in key government institutions responsible for interventions in the nutrition and child development sector at commune and national level.
 - b. Involve government agencies in the nutrition sector in the design and implementation of Community scorecards in target communities
 - c. Build capacities of local government including municipal authorities through training, on topics such as feedback mechanisms, communication, transparency and public accountability on planning, budgeting and results of nutrition and early childhood services
 - d. Build capacities of nutrition focal points in the National Food and Nutrition Council and other relevant government to foster and strengthen supply of quality nutrition services
 - a. Set up the different platforms of nutrition services with the Council of Food and Nutrition Security at local and national levels
 - e. Establish and/or strengthen LPAA at regional level to amplify local voices and facilitate vertical linkages of accountability initiatives
 - f. Establishment and/or strengthening of LPAA at regional level to amplify local voices and facilitate vertical linkages of accountability initiatives
- II. Empowerment of the Civil Society alliance on nutrition in collaborative social accountability to foster greater collaboration within the non-state actor sphere and between the Civil Society alliance and government institutions responsible for interventions in the nutrition sector
 - a. Build capacities of Nutrition Focal points in the Civil Society alliance for nutrition to foster demand for quality nutrition services strengthen nutrition services and promote accountability at local and national levels
 - b. Fostering intra- and inter-organizational learning regarding social accountability for improved

- nutrition and child development outcomes through iterative programming.
- c. Develop citizen scorecard mechanism to measure and improve municipality performance
- d. Train direct beneficiaries at community level on Community Score Card and Social Analysis and Action mechanisms.
- e. Set up different platforms of nutrition suppliers and consumers' services with the municipalities.
- f. Organize social audits with different platforms to identify needs to improve the services.
- g. Develop systematically in each area of nutrition, consumer platforms including all types of users (Women, Men, Youth ...)
- h. Train the platform in using negotiation and advocacy tools to express themselves and improve the nutrition and early childhood services.
- i. Strengthen the capacity of existing civil society organizations to ensure their representativeness.
- j. Conduct social dialogue with nutrition Champions using SAA tools to boost the promotion of accountability at the level of municipalities and government.

- III. Creation of joint spaces co-owned by both the Civil Society alliance in the nutrition sector and the government institutions responsible for interventions in the nutrition sector to promote collaborative learning and improvement in the nutrition sector
- a. Organize interactive community radio programs to engage citizens around key nutrition and early childhood services and behavioural changes in 12 communes
 - b. Organize sessions between service suppliers and consumers' platform to evaluate the quality of services, common results framework (Cadre commun de resultats), and identify areas for improvement.
 - c. Facilitate social dialogue between platforms to improve understanding of rights and mobilize the voice of families
 - d. Organize advocacy actions toward the Ministry of Decentralization for adopting of orders to institutionalize accountability mechanisms in communes level and that such mechanisms are supported by prefects at departmental level
 - e. Develop a calendar of quarterly meetings on the quality of the nutrition and early childhood services. The platform will be led by the community itself so that they can discuss together.
 - f. Foster intra- and inter-organizational learning regarding social accountability for improved nutrition and child development outcomes
 - g. Document what is working, how, for who and under what circumstances
 - h. Organize webinars internally and externally using the GPSA knowledge platform
 - i. Organize mini-learning events in each commune to promote iterative programming among all stakeholders
 - j. Publish newsletters and disseminate them widely
 - k. Conduct an endline evaluation to measure the major outcomes and share lessons widely

8. Sustainability. *In which ways will the proposed implementation approach be sustained overtime, after the project's closing? Please also explain how the approach will be expanded or scaled up. [See the Application Guidelines]*

In order to promote ownership and sustainability of the project, CARE will involve local actors and different stakeholders during the development and implementation of the proposal mainly ASCINB and different platforms. The project will link community to regional and national level and will involve government structures, community health workers, community organized groups.

The involvement of community volunteers and nutrition focal points at the implementation level will

allow for building capacity within the community and commune. These considerations will ensure focusing on the needs of the community and sustainability of activities beyond the project period. Another approach to be sustained over time is the setting up and building of nutrition champions, they will continue accountability actions and support the follow up with ASCINB platform. The project will also have to link participatory mechanisms to ongoing initiatives led by public sector institutions at the local, regional and national levels

9. Risks. *Please identify and briefly describe the main risks to achieving the proposal's objectives. Risk types include but are not limited to: political/governance, macroeconomic, sector strategies and policies, technical design of project, institutional capacity for implementation and sustainability, fiduciary, environment and social, and stakeholders. Please describe all that apply. For each type of risk, please include 1-2 sentences with the measures proposed for mitigating it.*

- ✓ Disengagement by actors: Possibility that some actors will refuse to participate if they are not sure of the results or afraid of their challenges.

CARE will ensure transparency in communication and decision making by engaging individually with participating organizations at the beginning and also ensure that all organizations are provided with adequate information to make decision.

- ✓ Flooding : During the rainy season there is flooding for two to three months in most of the valley where some of our implementing sites are located. Risk of project activities being delayed.

Activities will be carefully planned to occur outside rainy season to reduce adverse effects on project activities

- ✓ Traditional ceremonies in some communes: The observation of certain cultural practices during the month of August prevent women from going out and could affect program implementation.

We will take advantage of the situation to particularly target husbands and male community leaders for program activities during this period.

10. Implementation arrangements and partnerships. *Please explain the proposal's implementation scheme, including each partners' main roles and responsibilities. Provide 1-2 sentences about the partner(s) organization's experience. Please indicate how are you planning to engage with public sector institutions during project implementation, including collaboration/cooperation arrangements.*

Operational partners

- ✓ ASCINB: direct operational partner for this project. ASCINB is a platform of Civil Society Alliance (CSA) for nutrition. Leading the SUN-Movement for civil society, this organisation will be trained by the CARE team around social accountability and Social Analysis and Action approaches

The ASCINB team will be implementing the CSC and SAA at commune and regional level by its technical team. At national level - ASCINB and CARE will collaborate in aggregating and analysing evidence from the 12 communes in order to inform joint national-level policy engagements with relevant duty-bearers

Strategic partners

- ✓ Municipalities: municipalities will be involved through the nutrition focal point and other technical focal points working on nutrition-specific and sensitive programs. The mayor and her/his council will be also involved particularly during action planning and review meetings.

- ✓ Regional administration : they will be involved during strategic meetings at regional and national levels.

The project will identify champions for nutrition at commune and department (region) levels to support citizen voices.

- ✓ Community groups/FaFa Wa/VSAL: The community groups will be involved in various CSC meetings. Nutrition champions will be identified from community groups to monitor and support the other members of the community.
- ✓ Early Childhood Project Partners: The early childhood project staffs at national level will be trained in social accountability and encouraged to participate actively in subsequent related initiatives. At commune level, the project staff will be involved in mobilizing different stakeholders and rolling out social accountability work.
- ✓ National Food and Nutrition Council : The National Food and Nutrition Council will be involved during regional and national policy dialogue meetings and advocacy will be done towards this council

11. Budget. Describe the proposal's main types of expenses, including estimated breakdown for each component by category and a brief explanation. If the proposal is pre-selected, you will be asked to prepare a detailed budget.

For each component, please break down the expenses in the following categories:

| | |
|--|----------------|
| a. Project management & personnel | US\$176,098.06 |
| b. Training/capacity development | US\$ 61,202.04 |
| c. Consultancies (individual and firms/organizations) | US\$ 37,468.03 |
| d. Goods & services | US\$35,599.79 |
| e. Amount transferred to partner CSO(s) | US\$130,160.71 |
| Total expenses | US\$440,528.63 |

12. Project team. Please provide a brief description of the team behind this proposal, including if you already have identified the future project director or manager, and other key positions, time dedication and main responsibilities. If there are positions yet to be recruited, please indicate so. Also explain your expectations in terms of distribution of labor and coordination with any partner CSO(s).

CARE and ASCINB will jointly implement the action under the overall supervision of a dedicated CARE Project Manager & Accountability Adviser (100%). S/He will manage the programme alongside a Monitoring, Evaluation and Learning Officer. ASCINB will manage the project field team composed of six (6) Facilitators. The members of the implementing team will be:

- ✓ The Project Manager & Accountability Adviser (1): will be strong in nutrition strategies and will complement ASCINB skills and experience in governance. S/He will be responsible for managing the project and will be the focal point of the implementation of the project in the communes. S/He will lead the review of progress and monitoring of project actions. Her interventions are on a full-time basis. S/He provides technical inputs, coordination and supervision on project reviews and evaluations as needed, disseminates information and engages in liaising with high level stakeholders.
- ✓ Monitoring Evaluation and Learning Officer (1): S/He will provide technical support/advise to the project staff on subjects related to monitoring, evaluation and documentation of learning and evidences. S/He will assist in the preparation and conduct of baseline surveys to establish the benchmarks for later evaluations, assist in internal mid-term action review and end-term evaluations. S/He will also provide

independent monitoring advice, internal evaluation services to ASCINB and associate partners and technical inputs.

- ✓ Field Facilitators (6) They will provide ongoing technical support to project activity implementation in target communes. Each facilitator will be allocated two communes.