

Multisectoral Nutrition Implementation in Burkina Faso: Organization, Collaboration and Support of Contributing Sectors at Regional Level

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Received: August 31, 2020

Published: September 16, 2020

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Abstract

Among other aspects of nutrition capacities, the state of human, material, financial resources and technical structures' organization in Burkina-Faso are not exhaustive nor assessed to date. The objective of this evaluation study was to analyze the various capacities of the contributing key sectors in nutrition of the Regional Directorates, and to identify gaps and challenges for their support to a successful implementation of the national nutrition plan. Tools and resources proposed by the Framework for Nutrition Capacity, recently developed by the United Nations Network for Scaling Up Nutrition was used with an adapted analytical framework. The methodology consisted on documentary reviews, data collection and analysis from evaluation surveys. Nearly 96% of Regional Directorates, in all key sectors, highlighted the unavailability of adequate skills to support the expansion of nutrition services. Only 17.6% of the Regional Directorates have nutrition training plan, against 79.7%. A certain number of external factors, which hindered the effective implementation of activities, was underlined by 60.8% of the technical structures, and the existence of an internal dialogue on nutrition within the Directorate is only effective in 23% of cases. The results show a strong involvement of the Regional Directorates in the Regional Food Security Councils, and moderate for the Regional Social Protection Units and low or even non-existent for the Regional Nutrition Consultation Councils. In a national context where dialogue and synergy between the different coordination bodies and stakeholders at the central level remain problematic, it is more necessary to reinforce nutrition regional dialogue around the governorate, in order to successfully scale up multisectoral interventions in the country.

Keywords: Capacity Assessment; Financial and Resource Mobilization; Human Resource; Nutrition; Organizational; Regional Directorate

Abbreviations

AGPP: Regional Assembly of Projects and Programs; CNCN: National Consultative Council for Nutrition; CNPS: National Council for Social Protection; CNSA: National Council for Food Security; CRCN:

Regional Nutrition Consultation Council; CRPS: Regional Social Protection Unit; CRSA: Regional Food Security Council; MoH: Ministry of Health; REACH: Renewed Efforts against Child Hunger and Undernutrition; RD: Regional Directorates; TEC: Technical Evaluation Committee

Introduction

The last ten years have been marked by an increase in the evidence of the impacts of undernutrition on human capital and its economic cost [1-4]; it is responsible, each year, of the deaths of millions of young children and their incapacity to reach a full potential during the adulthood [4]. In Burkina Faso, although chronic malnutrition fell from 35.1% in 2009 to 25% in 2018 and acute malnutrition, from 11.3% in 2009 to 8.5% in 2018 [5], malnutrition is still an underlying cause in 35% of cases of death.

Multisectorality, as a solution to the multiple causes of malnutrition, is in vogue in developing countries, through support to the process of scaling up interventions, management and facilitation of multi-actor coordination mechanisms [6,7]. Some scientific papers [8], from documents of organizations [9-11] relayed its importance and multisectoral actions are being carried out at national and regional level [12]. In this dynamic, Burkina Faso began in 2014, the process of revising its national nutrition policy (2020 - 2029) accompanied by a national multisectoral nutrition plan (2020 - 2024); which intends to intensify nutrition actions at the decentralized level. The state of human, material and financial resources in Burkina-Faso among other aspects of capacities are nor exhaustive and have not yet assessed to date [5].

The decentralization theory underlines that the quality of services can be improved by reinforcing local capacities and the elimination of delays due to decision-making [13]. In this way, some authors are of one mind that the translation of national policies, strategies and programmes into effective actions at the sub-national must take into consideration capacities for taking action [14-16]. It is a specific issue when the administrative structures and the “games of actors”, particularly at the regional level, must face challenges linked to multisectorality and are confronted to bureaucratic and hierarchical considerations as well as to some expectations [17,18].

The objective of this capacity assessment study, in the context of a multisectoral approach and the scaling up nutrition actions of operational plans in Burkina Faso, was to analyze the capacities of the directorates of the contributing key sectors in nutrition, at the regional level. The study attempted to answer: How are these structures organized, collaborating, and what is their possible supports to a successful implementation of the national nutrition plan? Furthermore, what are the need, which exist?

Materials and Methods

Study orientation and conceptual framework

This regional study is part of the large needs assessment for nutrition capacity, implemented in Burkina Faso, to successfully support the new nutrition strategic plan. This is an evaluative cross study with descriptive and analytical objectives that was carried out in all 13 regions of the country. The methodology consisted on documentary reviews, data collection and analysis from evaluation surveys.

Taking into account the dynamic and complex environment [19] and in order to build collaborative and inclusive processes [20,21], to support and encourage the real use and appropriation of results [22-25], a multisectoral and multidisciplinary Technical Evaluation Committee (TEC), was created by the Ministry of Health (MoH), and supported by the REACH Initiative (Renewed Efforts against Child Hunger and Undernutrition).

The assessment process used the Framework for Nutrition Capacity (Figure 1) [26], recently developed by the Secretariat of the United Nations Network/REACH. This framework is composed by two guides: (i) an orientation guide, and (ii) a tool and resource kit. Two levels of capacities are described: (ii) multisectoral capacities where the efforts of keys sectors engaged in nutrition converge and align towards a common result, (ii) and sectoral capacities that are specific to the mission of each sector. Four areas of capacities (policies, program and frameworks, resources and infrastructure, coordination and partnerships, and evidence-based decision-making) can be applied within each dimension of capacity (enabling environment, organizational and individual) covering multisectoral and sectoral capacities [26]. The tools and resources proposed by the framework can be used to assess capacities at national and sub-national levels, and the framework can be adapted to different needs, country contexts and assessment objectives [26].

Four tools and methods facilitating reflection and decision-making [19,27,28] was used to analyze capacities: (a) the checklist for capacity areas tool [29], (b) stakeholder mapping [29], (c) a stakeholder analysis [29,30], and (d) assessment questionnaire. This study was done in three phases (preparation, implementation of the study, and synthesis of results and elaboration of the capacity development plan), and one of this process was real-time feedback to the different stakeholders [20]. The Technical Evaluation Committee was fully engaged all steps and the key decisions and orientation of the study.

Figure 1: Framework for Nutrition Capacity [26].

Adapted analytical framework for the study objective

The Checklist for Capacity Areas tool has been used to establish the analytical framework [29]; from the capacity dimensions, the tool oriented the selection of list of capacity areas and the formulation of indicators for the needs assessment (Table 1). An adapted analytical framework (Table 2) from the analytical framework in table 1, was used regrouping judiciously the various key assess-

ment indicators of the table 2 into five capacity types. This specific adaptation to the analytical framework was made to reflect the issues, and to facilitate data collection and analysis, the objective and understanding of our study. Only this present paper studies capacity types 1, 3 and 4, another paper will look into the capacity number 2 and 5.

Capacity dimensions	Capacity Area	Key indicators selected to assess needs
Individual	Human Resources and infrastructures	Availability of certain profiles; Skills in advocacy, training, facilitation, mobilization of financial and material resources, communication, and monitoring and evaluation; Technical expertise in monitoring and evaluation
		Availability of work equipment, tools and internet connection; Suitable equipment to record data and monitoring
Organizational	Resources and Infrastructures	Motivation of staff; Existence of a resource mobilization plan or strategy; Adequate skills to support the expansion of nutrition services; organizational difficulties : limiting internal factors; Existence of training plan related to nutrition area; Adequate funding for data collection
	Coordination and partnership	Existence of an internal dialogue on nutrition; Organizational difficulties : limiting external factors
	Evidence-based decision making	Monitoring and Evaluation Unit; Nutrition focal point; Diversity and type of data collected; Data and information need
		Functional mechanisms for knowledge-sharing
Enabling environment	Resources and Infrastructures	Financial difficulties
	Coordination and partnership	Collaboration with nutrition-related coordination bodies
		Synergy and complementarity in terms of planning, implementation and monitoring-evaluation
	Evidence-based decision making	Functionality of a national nutrition Monitoring and Evaluation system
		Communication to stakeholders

Table 1: Pre-analytical framework for nutrition capacity assessment.

Type of capacity	Key indicators selected to assess needs
1. Human resource capacity and infrastructure	Motivation of staff; Availability of certain profiles; Adequate skills to support expansion of nutrition services; Availability of work equipment, tools and internet connection; Existence of training plan related to nutrition area
2. Functional capacity	Skills in advocacy, training, facilitation, mobilization of financial and material resources, communication, monitoring and evaluation
3. Organizational capacity, coordination and partnership	Organizational difficulties: limiting internal and external factors; Existence of an internal dialogue on nutrition; Collaboration with nutrition-related coordination bodies
4. Financial capacity and resource mobilization	Financial difficulties; Existence of a resource mobilization plan or strategy
5. Data management capacity and accountability	Monitoring-evaluation package (technical expertise in monitoring and evaluation, suitable equipment to record data and monitoring, monitoring and Evaluation unit); Information dissemination (functional mechanisms for knowledge-sharing, communication to stakeholders); Nutrition focal point; Diversity and type of data collected; Data and information need ; Adequate funding for data collection; Leadership and coordination of information

Table 2: Adapted analytical framework for the study objective.

Sample identification and selection

A stakeholders mapping and a stakeholders analysis were used successively to identify and select institution and structures; the mapping made it possible to obtain a list of all key stakeholders (who does what, where and how?) and the technical Regional Directorates (RD) of the key ministries was identified. The list of key ministries, derived from the mapping was examined by the stakeholder analysis, based on their involvement in the implementation of the multisectoral nutrition plan, as well as their capacity to influence results [29,30]. Regional Directorates having both low resources/capacities to influence the result of the multisectoral nutrition action plan at regional level, and neutral interests to the multisectoral nutrition were finally not involved to the study. The Technical Evaluation Committee was trained to use the tool and resource, and they contributed to the selection of RD to include within this study.

Data collection

For the regional level a semi-structured questionnaire was used, designed and based on the semi-structured interviews results, carried out previously at the central level. The evaluation questionnaire focused on five points: (a) general information about the organization, (b) human resources and infrastructure, (c) organizational analysis and functional capacity, (d) information management and accountability and (e) financial resources.

Data collection took place between November 2017 and July 2018 through face-to-face interviews, and three teams of two peo-

ple were deployed in the 13 regions, with approximately four regions for each team. The questionnaires were pre-tested among the committee members (12 people) and the group of “peer reviewers” (5 people). Interviews were conducted with RD self-organized in team of 2 to 4 people. During our interview, note-taking was used, and follow-up with the RD interviewed was done when information was missing or clarification needed. The veracity of the testimonies was tested by data triangulation with other informants and documentation. Following the RD interviews, the preliminary findings were presented and participants discussed the different statements during a national consultative workshop.

Data processing and analysis

For the qualitative data, a manual tabulation and content analysis was done, and Excel software 2016 was used for quantitative data entry, then quantifying, processing and testcrossing by SPSS Version 20. An analysis matrix composed of the evaluation criteria, the existing situation and the desired situation made it possible to identify the gaps for nutrition capacity development. Data results information from the capacity type 1, 3 and 4 indicated in the adapted analytical framework for the study objective, are presented as follow: (i) human resources capacity and infrastructure, (ii) organizational capacity, coordination and partnership, (iii) financial capacity and resources mobilization. The RD collaboration level with the key regional coordination bodies, in this study, was evaluated based on the RD involvement in the preparation, identification, planning and execution of a project or intervention in

the field (studies, surveys, joint missions, reflection/development workshop, and planning and policy development).

Ethical considerations

The study obtained approval from the institutional Ethics Committee of Centre Muraz. All the institutions were informed of the purpose of the study and they provided verbal consent prior to starting interviews.

Results

Presentation of the participants

The mapping involved all the RD of the nine ministerial departments (primary education, health, agriculture, animal and fisheries, trade and industry, solidarity and the family, water and sanitation, research, and environment). From the stakeholders' analysis, the evaluation team produced a list of all the RD of the six key ministerial departments selected for the study: health, agriculture, animal and fisheries, primary education, water and sanitation and solidarity and the family (Table 3).

Ministerial departments selected after stakeholder mapping	Regional Directorates	
	Number of RD identified and selected after stakeholder analysis	Number of RD interviewed
Ministry of National Education and Literacy	13	12
Ministry of Health	13	13
Ministry of Agriculture and Hydraulic arrangement	13	12
Ministry of Animal and Fisheries Resources	13	13
Ministry of Women, National Solidarity and the Family	13	13
Ministry of water and sanitation	13	11
Ministry of Trade, Industry and Handicrafts	0	0
Ministry of Higher Education, Scientific Research and Innovation	0	0
Ministry of Environment, Green Economy and Climate Change	0	0
Total (%)	78 (100%)	74 (94, 87%)

Table 3: Distribution of Regional Directorates involved in the interviews.

Human resource capacity and infrastructure

The results showed that 68.9% of RD, against 31.1%, have been said they have a staff motivation system, to drive their missions and activities. The most widespread motivation systems are capacity strengthening (76.47%) (Figure 2). In terms of the diversity of the motivation system operated, the results indicated: a single system (27.45%), 2 systems (50.98%), 3 systems (17.64%) and 4 systems (3.92%).

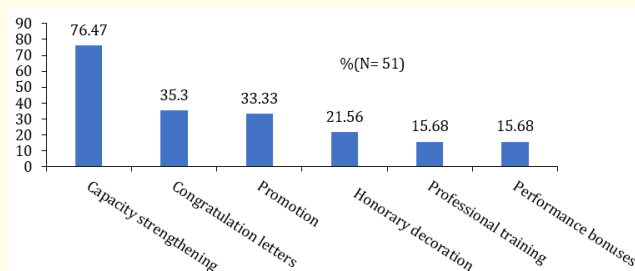


Figure 2: Proportion of Regional Directorates practicing motivation systems.

In addition, nearly 96% of RD, all key sectors, highlighted the unavailability of adequate skills to support expansion of nutrition services. Concerning the type of profiles that are available within RD, the results presented in table 4 are less glowing concerning the resource persons competent in the field of food processing and food quality (13.6%), nutrition (9.5%). These results corroborate with the need of technical and functional skills requested by the actors (Figure 3).



Figure 3: Expression of additional skills needs.

Regional Directorates of key ministries	Number of region	Existence of profile						
		Agro-food Quality	Food safety	Nutritionist	Statistician	Economized-planner	Project manager	Computer scientist
RD of Health	13/13	0/13	1/13 (10p)	6/13 (6p)	5/13 (6p)	2/13 (2p)	4/13 (7p)	0/13
		13/13	12/13	7/13	8/13	11/13	9/13	13/13
RD Agriculture and Hydraulic arrangement	12/13	2/12 (10p)	2/12 (16p)	1/12 (nd)	6/12 (7p)	3/12 (6p)	2/12 (nd)	2/12 (3p)
		9/12	9/12	11/12	6/12	9/12	10/12	10/12
RD of water and sanitation	11/13	0/11	0/11	0/11	0/11	5/11 (7p)	4/11 (4p)	1/11 (nd)
		11/11	11/11	11/11	11/11	6/11	7/11	10/11
RD of Education and Literacy	12/13	0/12	0/12	0/12	9/12 (14p)	4/12 (7p)	1/12 (1p)	3/12 (3p)
		12/12	12/12	12/12	3/12	8/12	11/12	10/12
RD of Animal and Fisheries Resources	13/13	0/13	4/13 (4p)	0/13	1/13(nd)	1/13 (1p)	2/13 (2p)	1/13 (nd)
		13/13	9/13	13/13	12/13	12/13	11/13	12/13
RD of Women, National Solidarity and the Family	13/13	1/13 (3p)	0/13	0/13	0/13	0/13	4/13 (5p)	0/13
		12/13	13/13	13/13	13/13	13/13	9/13	13/13

Yes No nd = Not determined, p = Person

Table 4: Profile availability at Regional Directorates level.

One of the important element was to know if they have a nutrition-training plan, meaning training that addresses the field of agro-food, food quality, malnutrition... only 17.6% of the structures questioned have it, against 79.7%, with 2.7% of non-responses. Furthermore, there was no significant statistical link between having a nutrition-training plan and the type of Regional Directorate sector. Considering infrastructure, 77% of the technical structures was compelled do face the unavailability of work equipment, tools and internet connection, with 39.2% considered very high.

Organizational capacity, coordination and partnership

Internal and external factors

The main difficulties encountered are related to personnel (60.8%), and it concerns the insufficient number of agents or the lack of qualified technical persons. However, 60.8% of the RD underlined a certain number of external factors which hindered the effective implementation of their activities, namely issues related to the security (48.88%), socio-political environment (40%), RD institutional anchoring (26.66%), and regulatory legislative framework (8.88%).

Existence of an internal dialogue on nutrition

The existence of an internal dialogue on nutrition within the RD is only effective in 23% of cases (17 RD), and it turns out that they

are formal for 13 RD and non-formal for 4 others. There is a statistical relationship between having an internal dialogue on nutrition and the type of Regional Directorates of sector ($p = 0.000$) (Table 5). Those that claim to have an internal dialogue, are mainly the majority RD of health and a few RD of agriculture.

Is there (within the RD) a coordination unit/service or internal dialogue on nutrition? ($p = 0.000$)				
		Yes	No	Total
Sector	RD of Agriculture and Hydraulic arrangement	3	9	12
	RD of water and sanitation	1	10	11
	RD of Education and Literacy	2	10	12
	RD of Animal and Fisheries Resources	0	13	13
	RD of Women, National Solidarity and the Family	1	12	13
	RD of Health	10	3	13
Total		17	57	74

Table 5: Existence of an internal dialogue on nutrition and Regional Directorates.

Collaboration with nutrition-related coordination bodies

Each of the three important central level coordination bodies related to nutrition, namely: National Consultative Council for Nutrition (CNCN); National Council for food security (CNSA); Permanent Secretariat of National Council for Social Protection (SP-CNPS) have regional branches respectively. A previous study mapped and analyzed these central key bodies. Consequently, we have the Regional Nutrition Consultation Councils (CRCN) in lieu of the CNCN, the Regional Food Security Councils (CRSA) in lieu of the CNSA and the Regional Social Protection Units (CRPS) in lieu of

the CNSP. There is also an other major regional consultation body, which is the Regional Assembly of Projects and Programs (AGPP) (Table 6). To better understand the participation of RD in the functioning of regional coordination bodies and their inter-collaboration, the study sought to know what their degree of involvement is; the analysis is summarized in table 7. The results show a strong involvement of the RD in the CRSA bodies, and moderate for the CRPS and poor or even non-existent for the CRCN. In addition, the analysis showed that nearly 33% of the RD are heavily involved in the AGPP bodies.

Consultation bodies	Regional Directorate providing the technical secretariat	Field of action	Presidency of general assemblies
Regional Nutrition Consultation Councils	RD of health	Reflect on issues related to nutrition	Governor of the Region
Regional Food Security Councils	RD of Agriculture and Hydraulic Arrangement	Reflect on issues related food security	
Regional Social Protection Units	RD of Women, National Solidarity and the Family; RD of labor and social protection ; and placed under the coordination of the RD of economics and planning	Reflect on issues related on social protection	
Regional Assemblies of Projects and Programs	RD Economics/Planning	Examine the impact of projects and programs	

Table 6: Main regional consultation bodies.

Regional Directorates of key ministries	Number of Region	Collaboration level			
		CRCN	CRSA	CRPS	AGPP
RD of Health	13/ 13	13/13	2/13	3/13	3/13
			1/13	3/13	3/13
			5/13	4/13	3/13
			5/13	2/13	4/13
RD Agriculture and Hydraulic arrangement	12/ 13	6/12	12/12	3/12	1/12
		3/12		3/12	3/12
		3/12		5/12	8/12
				1/12	
RD of water and sanitation	11/ 13	5/11	2/11	2/11	2/10
		4/11	2/11	3/11	5/10
		2/11	4/11	5/11	4/10
			3/11	1/11	
RD of Education and Literacy	12/ 13	5/12	4/12	2/12	3/11
		3/12	3/12	4/12	8/11
		3/12	5/12	5/12	1/11
RD of Animal and Fisheries Resources	13/ 13	3/13	2/13	4/13	1/13
		2/13	1/13	3/13	1/13
		8/13	3/13	4/13	5/13
			7/13	1/13	5/13
RD of Women, National Solidarity and the Family	13/ 13	3/13	3/13	13/13	1/13
		2/13	3/13		1/13
		6/13	7/13		9/13
		2/13			2/13

No link

Poor

Moderate

Strong

Table 7: Collaboration between Regional Directorates and regional coordination bodies.

Financial capacity and resource mobilization

Insufficient finances is one of the difficulties faced by 79.7% of the Directorates and qualified as a very high level (48.6%). In 74.3% of cases, there is a downward trend concerning the budget allocated to interventions over the past 5 years, and an increase in 16.2% of cases. It emerged that there is no significative statistical link between the Regional Directorates and the existence of strategies to mobilize more resources. It should be noted that 59.5% of Directorates claim to have developed strategies to mobilize more resources against 35.1% who haven't (with and 5.5% of non-in-

formed). Among the Directorates that developed strategies, 51.4% had an advocacy strategy, 28.4% a service innovation strategy and 5.4% a social marketing strategy (Figure 4) where 54.54% only had one strategy versus 45.45% who had two.

Findings and identification of needs

To follow up on the finding of our study, a number of needs were identified by the Technical Evaluation Committee and participants during the national consultative workshop, in order to improve the implementation of multisectoral interventions, especially at the regional level (Table 8).

Summary of findings	Needs	Opportunities
Multitudes of sectoral consultation bodies, all chaired by the governor	Capacity building to allow the governorates to get holistic vision of nutrition and make the link between the different consultation and coordination bodies;	Existence of gouvernorats
Weak collaboration between technical Regional Directorates and between the various coordination bodies	Strengthening of collaboration between coordination bodies.	
Limited capacity of human resources in nutrition in terms of number and quality within different sectors	Strengthening human resources as needed and initiating incentive measures; Strengthening institutional support to training establishments in order to increase the availability of specialists or graduates in the field of nutrition	Support organizations for the introduction of nutrition into training curricula in vocational schools, institutes and universities; Opening of private training institutes increasingly at the country level
Poor integration of nutrition within the strategic orientation documents of Regional Directorates	Capacity building in relevant Regional Directorates to integrate and monitor nutritional goals in their core programs	Existence of nutrition champions;
Poor consideration of nutrition in existing coordination mechanisms	Need to take nutrition into account in regional dialogue at the level of existing coordination mechanisms	Existence of sectorial plans which are reviewed every three years

Table 8: Identification of needs and opportunities at the regional level.

Discussion

This study helped to highlight, using the Framework for Nutrition Capacity developed by the United Nations Network for nutrition, the difficulties at implementation given the multisectorality of nutrition [31-34] and in a context of decentralization or implementation at the regional level [35,36].

The findings of the study indicated a not so bright picture in terms of competent resource agents in the field of agro-food and food quality (13.6%), nutrition (9.5%), and the other profiles were

weakly present or poorly distributed [35], such as statisticians, planners or project managers. In addition, nearly 96% of Directorates, in all key sectors, pointed out an unavailability of adequate skills to support the expansion of nutrition services.

Results show that the main internal difficulties encountered are related to personnel (60.8%); and concerns the insufficient number of agents or the lack of qualified technical persons. Similar studies conducted in Ghana, Zambia, Uganda and Philippines [37], in Vietnam [14] revealed lack of qualified staff in the nutrition counseling

and personnel at sub-national government level to exercise responsibility for service delivery. Moreover, institutional anchoring (26.66%) accentuated by limiting external factors, and limited human resources capacities are bottlenecks in the implementation of activities [38-41]. In general, it has been found that at the level of State services, the human resources pyramid has a broad top at the central level and a tapered base as one moves down to the regions.

Furthermore, only 17.6% of the RD have a nutrition-training plan, which shows that nutrition is poorly taken into account in the capacity building plans or in professional training. There is therefore a lack of attention, poor recognition and communication around nutrition [33], across regions and key sectors.

The existence of an internal dialogue of the nutrition within the Directorates is only effective in 23% cases, it is mainly the Regional Directorates of health in the majority, and a few Regional Directorates of Agriculture, which affirm have an internal dialogue. This is indeed justified by the fact that these Directorates are in charge of technical coordination, respectively of the Regional Nutrition Consultation Councils and those of food security; adding to the fact that these two sectors are the most linked to nutrition.

The network of nutrition collaborators at the subnational level is also important [14]. The results show a strong involvement of the various Regional Directorates in the CRSA bodies, and moderate for the CRPS, and poor or even non-existent for the CRCN. This observation would be justified by the fact that the sectors of agriculture, animal and fisheries resources, primary school education, water and sanitation, family and solidarity are major actors who have a very marked sensitivity to the four dimensions of the food security, regarding to their mission. This indicates the need to define a multisectoral nutrition strategy and its roadmap at the regional level; where the coordination or synergy efforts within or between consultation bodies or Directorates would be reinforced or materialized [33]. This poor involvement of other RD mainly around the regional nutrition body, limit active coordination, accountability, and responses to nutrition governance issues [34,42,43]. A similar study conducted in eight provinces in Vietnam indicated the lack of involvement of other sectors and organizations [14] as main barriers of effective integration and adaptation of nutrition into provincial plans.

Insufficient finances is one of the difficulties faced by 79.7% of the Directorates, and the advocacy strategy based on the annual

work plan is the mostly used for fund mobilization. Funding issues have been highlighted at all geographic levels [33], and most of the local governments have a very limited own financial resources to deliver nutrition services [44]. It has been shown that the low financial resources are linked to the weak mobilization of endogenous and external resources at decentralized level [45]. It is suggested to developing countries engaged in the scaling up nutrition process to reflect on innovative and effective resource mobilization strategies, such as domestic financing [31].

This study has limitations but provide data and actions to improve the implementation of the national nutrition policy at regional level and it better appropriation by the technical Regional Directorates. This research, using cross sectional study, might be limited by mitigated answers particularly with regard to the existence systems of motivation. Furthermore, the study was unable to obtain the detail of technical profiles at provinces level that are within the various Regional Directorates. Moreover, carrying an in-depth study of the functioning and functionality of the various regional bodies for food security, nutrition, social protection or project and program management would be very useful. This was not the goal of this present study although also at regional level.

Conclusion

This research targeted the 13 regions of Burkina-Faso and concerned the regional branches of ministerial departments, in order to understand how these structures are organized and what are the existing challenges regarding achieving multisectorality in nutrition. The study shed light on the challenges and many limitations of nutrition governance and management, including, among others, the weakness of collaboration between the multiple consultation bodies and regional technical structures of key sectors, the lack of adequate technical capacities for expansion of services and organizational difficulties. In a context where dialogue and synergy between the different coordination bodies and stakeholders at the central level are problematic, successfully scaling up multisectoral interventions at the regional level, remains a deep challenge.

Acknowledgements

This capacity assessment in Burkina Faso was funded by Global Affairs Canada (GAC) through the REACH initiative in Burkina-Faso. We would like to express our sincere thanks to Ministry of health and Technical Evaluation Committee, and Nutrition Focal Point at United Nations Agencies member of the Burkina Faso's nutrition

UN Network. We highly appreciate the contribution of the colleagues of United Nations Network/REACH from ROME-Italy and Mrs Akezamutima Emelyne for the finalization of this manuscript.

Conflict of Interest

All co-authors reviewed the first draft of the manuscript and approved its final version for submission and any financial interest or any conflict of interest exists.

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