Burkina Faso

Executive Summary 2006

Burkina Faso is a poor landlocked country of over 13 million inhabitants in West Africa. It has limited natural resources and rainfall, an economy that is strongly dependent on cotton exports, and a vulnerability to natural disasters and regional instability.

The country has been forced to cope with a host of challenges, including locust infestations, outbreaks of meningitis, the spread of HIV/AIDS; civil conflict in neighboring Côte d'Ivoire and falling export prices; and surging fuel costs.

Burkina Faso ranks 174 of 177 countries on the Human Development Index and more than 45 percent of the population live below the poverty line

Food insecurity is very high, with chronic malnutrition reaching 39 percent and acute malnutrition 19 percent.

Table 1 – Findings of MSF and WFP nutritional survey

Crude mortality rate per day	1.27 per 10000 among children younger than two
Percentage underweight women of childbearing age (BMI<18.5)	Increase from 15 to 21 percent
Pregnant women suffering from anemia	Almost 70 percent
Pregnant women affected by vitamin A deficiency	13 percent
Newborn babies weighing less than 2.5 kg	Estimated to be more than 15 percent

Like other countries in the Sahel region, Burkina Faso was confronted with a food crisis in 2005 because of the 2004 drought and locust invasion. The situation was worsened because of the low and scarce rainfall in 2004 and 2005. In 2006, the prevalence of malnutrition and micronutrient deficiency reached precarious levels amongst the population of Burkina Faso.

In August 2006, Medicins sans Frontiers (MSF) and World Food Programme (WFP) conducted a nutrition survey in the Sahel and eastern regions of Burkina Faso, which confirmed the serious nutritional situation. Malnutrition and micronutrient deficiency were diagnosed as the direct causes of high levels of low birth weight babies in the country, and while statistics demonstrate that infant mortality doubles among children with low-birth weight, almost two out of ten children die before the age of five in Burkina Faso. This translates into more than 110,000 deaths per year of children under five years of age.

Decision Making

Although a poor nutrition situation characterized all regions of Burkina Faso, the mission identified five regions (Sahel, the North, the Central-North, the East, and South-West) where the problem was particularly acute. In this context, UNICEF, WFP, WHO and FAO submitted two different projects for funding consideration, all under the rapid response windows of the CERF

Secretariat. The global request included two life-saving projects in the sectors of nutrition and agriculture:

- A joint WFP/ UNICEF/WHO project: *"Preventing and Mitigating Acute Malnutrition impact among Young children and Their Mothers including Pregnant Women"*, and
- A FAO project: *"Urgent restoration of agricultural production capabilities of the vulnerable households in Burkina Faso."*

Table 2: Agencies that received funds in 2006

Total amount of humanitarian funding required (per reporting year)	▪ $ 2,000,000
Total amount of CERF funding received by window (under-funded)	▪ $ 2,000,000
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	▪ *Direct implementation:* FAO & WHO & WFP & UNICEF ▪ *Implementing partners :* FAO & WHO & WFP: Ministry of Environment: $459,475 UNICEF: $169,333.30 (through HKI)
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age)	▪ FAO: 3 000 rural households ▪ WHO: Beneficiaries: 372 679 children under five and their mothers, including 70,709 children in moderate malnutrition situation and 18,634 children in acute malnutrition ▪ Project target: 20 percent of children in acute malnutrition situation to be managed in nutritional centers (CREN) and 80 percent in health centers ▪ PAM: 46,000
Geographic areas of implementation	▪ Sahel, East, North, Central North and South West regions

Implementation

The UN team, especially WFP, UN Children's Fund (UNICEF), and World Health Organization (WHO) worked closely together to implement a joint strategy and action plan.

WFP provided supplementary food rations to address moderate acute malnutrition. Staff at health centers and NGO personnel were trained in food management, storage and distribution as well as reporting. UNICEF provided therapeutic food and essentials drugs for the treatment of severe cases of acute malnutrition. Equipment and technical support to health centers were also provided along with training in malnutrition treatment protocol. WHO provided essential drugs and technical support for training and disseminating of protocol and tools.

Table 3: Activities possible through CERF funding

Agency	Funding	Number of Beneficiaries	Activities
UNICEF	$551,225	▪ 372,679 children under five and their mothers, including 70,709 children with moderate malnutrition in Sahel, East, North, Central North and South West regions	▪ Purchased Therapeutic food (F75, F100, ReSomal and RUTF), essential drugs, micronutrients and anthropometric equipments
WFP	$950,000	▪ 18 634 children with acute malnutrition in Sahel, East, North, Central North and South West regions	▪ Procured food in the local and international market[1]
WHO	$248,775		▪ Trained trainers of service providers in the use of the technical procedures for case handling (30 national and regional trainers, 60 service providers) were supported ▪ A national consultant was recruited under a WHO contract to assist WHO in following up on actions ▪ Reproduced technical handbooks on the handling of malnutrition cases (1,500 copies of the national handbook on nourishment of babies and young children and 3,500 copies of the Technical Procedures for Acute Malnutrition Case Handling)
FAO	$250,000	▪ 1,592 households in 15 different sites of the six targeted regions	▪ Procured and distributed food crops: seeds (12 kg of tomato

[1] By March 2007, the supplies arrived in the country and were distributed during April and May 2007

		of the country • 3,000 rural households	seeds, 240 kg of onion seeds, 19.2 tons of potato seeds), agricultural supplies (26.8 tons of urea fertilizers), small production tools and industrial by products (338 tons of cattle cotton cake)

Partnerships

Three large NGOs working in the health sector, *Africare*, *Plan International,* and *Helen Keller International,* were active implementing partners and scaled-up their respective community-based nutrition and child survival activities. These included identifying cases of child-care best practices available in the communities and using them as examples. Cases of moderate acute malnutrition were treated and followed-up by trained personnel from within the community.

The benefit of the partnership and inter-agency collaboration on the implementation of the project were:

- Capacity to deliver simultaneous activities to tackle the critical situation,
- Better coordination of all intervention,
- Better utilization of the added value of each partner, and
- Better utilization of resources and a good coverage of all the priority areas.

Main constraints that hindered the project, included

- Lack of coordination between implementing partners and the Department in charge of malnutrition,
- Short deadlines for project implementation in relation to the use of CERF funds and health district agents working on their 2007 work plan at a time when CERF funds were granted, and
- The limited amount of money finally received to implement the project, thus limiting its long-term impact.

Implementation of the project *"Urgent restoration of agricultural production capabilities of the vulnerable households in Burkina Faso"* was made possible through partnerships with stakeholders (Government, NGOs, beneficiaries, suppliers) at both central and regional levels. The project was managed and conducted by the appropriate departments of the Ministry of Agriculture, Hydraulics, Water and Stock Resources, NGOs, rural organizations in the targeted areas, and others.

Two types of contracts were signed. The first contract was related to field partners or implementing partners in charge of seeds distribution on the ground like AMB, CREDO, CRUS to name a few. These NGOs and associations set up committees in charge of distributing agricultural supplies and materials as suggested by the project. The second contract was closely related to all partners in charge of the technical support that needs to be delivered in the development of the project (mainly the twelve regional departments of the Ministry of Agriculture). This last group was mainly in charge of monitoring the distribution and agricultural supply activities while ensuring complete involvement of their staff in follow-up.

Memoranda of Understanding were signed with all the partners involved in this project and monthly reports on distribution were produced as part of regular project implementation and monitoring tools. Such partnership resulted in the sharing of expertise and knowledge by all stakeholders, which allowed participants to schedule project implementation in order to better coordinate actions, assess needs, and anticipate food crops rates in the region. It also allowed participants to administer quality control activities, draft a roll of beneficiaries, ensure regular supply of agricultural materials in the region, train beneficiaries, and provide follow up action on the ground.

Lessons Learned

Setting up a framework for joint actions and consultations had been a major achievement of the Government's attempt to address food insecurity in the country. The Government admitted that unacceptable high levels of food insecurity and malnutrition diagnosed throughout the country were of primary concern. The Government furthermore increased the number of health facilities and personnel in an attempt to improve public health coverage. Through its regional and district health centers, the Ministry of Health identified, treated, and distributed supplementary food rations to malnourished children, pregnant and lactating malnourished women.

An important element in the decision-making was the low level of funding received for the 2006 CAP FAO project. Only eight percent of the pledged money was received, impeding completion of the project, especially activities related to restoration of agricultural production capacities. In a follow-up to close consultations between the Government and relevant parties, including WFP and FAO, joint assessment and follow-up missions are now regularly conducted in order to monitor better food security and agricultural activities in the country. Surveys of sustainable livelihood tools were useful in assessing levels of food security in general. In addition, they helped define regions described as critically food insecure.

A major challenge following the urgent food assistance was to assist the population in rebuilding quickly their production capacities by providing food crop seed supply. During the lean season, the seeds were necessary for agricultural production as well as to boost poultry farming and related activities. Assistance was given to the Government to raise funds for financing seed purchases and to train in good agricultural practices to benefit producers and experts. CERF funds were exclusively used to provide an uninterrupted pipeline of agricultural and zoo-technique supplies as well as training.

Cotton farmers in Burkina Faso see their income dwindling [Photo: IRIN/Ouedraogo]

WFP and UNICEF carried out a baseline survey to measure the impact of the response. Post-distribution monitoring activities were also planned to start as soon as food rations were distributed to the beneficiaries. Monthly distribution reports were also prepared as regular project implementation monitoring tools.

The main constraints observed during implementation were:

- The Government's low capacity in distributing the supplementary rations as well as the low capacity of health centers to assist the beneficiaries and to store food,

- Delay in the development and the justification of the new protocol for identification and malnutrition cases management,
- Delay to train health officials in the field, and
- The low capacity of health districts to store products provided by the project.

The identification of CERF projects as well as information sharing committees and consultation on projects implementation have highlighted:

- The need to better address dialogue between the Government and relevant partners for a common understanding of emergencies, and
- The need to master all the procedures related to funding for emergencies and the necessary joint approach that must take place from project designing to implementation through existing mechanisms of Government/partners consultations.

Another key aspect that needs to be addressed for future projects is complete transparency and collaboration amongst NGOs and Government structures in order to better achieve our goals and better involve all stakeholders.

The condition of roads was also a significant challenge for WFP in transporting food commodities to health centers, especially during the rainy season. Pre-positioning of food stocks was crucial but this was only possible when pledges were delivered timely, allowing local and international procurement of commodities. CERF funds enabled WFP to purchase food locally and on the international market at the right time, avoiding breaks in the food pipeline and in the distribution of the supplementary food to malnourished children, pregnant and lactating women.

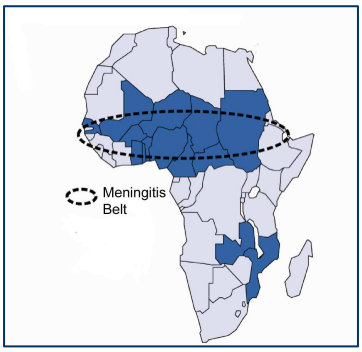
CERF funds also made it possible for UNICEF to provide an uninterrupted pipeline of therapeutic food and non-food items in order to support the country in responding in an effective manner to acute malnutrition among young children in the five priority regions. Strong involvement of beneficiaries, as well as the availability of water in the field was of paramount importance in achieving the goals of the agriculture project. However, some producers had to face high transport costs in the import of agricultural materials necessary for their productions.

CERF in Action

Burkina Faso 2007

In April 2007, a meningitis epidemic erupted in Burkina Faso. Since 1 January 2007, Burkina Faso alone has registered over 15,000 cases and 1,100 deaths according to WHO. Particular concern was raised that the current trend of the epidemic could be similar to the situation in 1996, when almost 43,000 cases led to a death toll above 4,300 in Burkina Faso alone.

Like other countries in the meningitis belt spanning from Senegal to Ethiopia, Burkina Faso has a history of meningitis epidemics. Between 1995 and 1997, the meningitis belt experienced the largest recent epidemic, with over 250,000 cases and 25,000 deaths registered. A worst-case scenario would involve a generalization of the epidemic in the meningitis belt and the lack of sufficient doses of vaccines to protect people at risk. Weak health infrastructures would quickly become overwhelmed and some 30,000 human lives could potentially be at risk.



However, in 2007, the epidemic has expanded rapidly in comparison to the same period last year. The Government appealed for international assistance on 23 February 2007 and health partners with local presence in Burkina Faso came forward to assist immediately. In spite of the many efforts already undertaken, the Government and health partners were faced with a situation where the epidemic continues to expand - 41 health districts out of 55 with a total population of over 10 million persons were considered to be in a state of epidemic according to the Ministry of Health.

The CERF grant of $1 million enabled UNICEF to ensure the supply of vaccines for a mass campaign over a three months period. WHO will use its allocation of $800,000 for logistics to implement the vaccination campaign. The aim is to reduce morbidity and mortality among the population at risk.