

**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Burkina Faso
Humanitarian / Resident Coordinator	Babacar B. Cissé
Reporting Period	January – December 2007

I. Executive Summary

Burkina Faso is a landlocked country that routinely faces a range of natural disasters. Lacking sufficient response capacity of its own, the Government of Burkina Faso often relies on the United Nations agencies, non-governmental organizations (NGOs) and the Red Cross Movement for help in responding to crises.

In 2007, the country faced a serious meningitis outbreak. Despite efforts by the Ministry of Health with the support of health partners, the epidemic continued unabated. This made the purchase of vaccines and the mobilization of funds urgent.

On February 23rd, 2007 the Government of Burkina Faso launched an appeal for assistance to the international community. Further to this appeal, a request was submitted by the United Nations Country Team (UNCT) to the United Nations Central Emergency Response Fund (CERF) to further support the control of this meningitis outbreak through the United Nations Children’s Fund (UNICEF) and World Health Organization (WHO) country offices.

The prevalence of under nutrition which is mixed with an aggravated deficiency of micronutrients in Burkina Faso has worsened during the past decade reaching precarious levels. The findings of the latest Demographic and Health Survey (DHS 2003) and joint nutrition surveys and studies involving Government, United Nations agencies and non-governmental organizations emphasize the seriousness of the situation for children, pregnant and lactating women. For example, 90 percent of children under-five are affected by anemia. Wasting has increased from 13 percent to 18.6 percent (more than 450,000 children) over the past ten years indicating an alarming situation well above WHO’s highest threshold. The crude mortality rate is 1.27/10000/day among children under-two in the Sahel and East Regions of Burkina Faso. The percentage of underweight women of childbearing age increased from 15 percent to 21 percent. Furthermore, almost 70 percent of pregnant women suffer from anemia and 13 percent are affected by vitamin A deficiency.

World Food Programme (WFP) and UNICEF submitted the **“Emergency Nutrition and Child Survival in Burkina Faso” project** aimed at improving activities that were initiated in 2006 (thanks to CERF funding) to CERF in August 2007 in an attempt to address under nutrition among the most vulnerable people.

In the meantime, Burkina Faso experienced exceptionally heavy rainfall that caused serious floods throughout the country during the last farming year which started in June 2007. More than 90,000 affected people and material damage was reported in several regions. Many families found themselves without shelter, and several granaries which contained food stocks were swept away. Rice, maize, sorghum, millet, bean fields and grazing-lands as well as many developed farming areas were destroyed.

With regard to possible ramifications for population food security and untraditional status, the Food and Agriculture Organization of the United Nations (FAO) submitted a grant request to CERF under-funded emergencies window to back up the efforts of the Government in meeting food needs and generating incomes for the hard hit victims of this disaster, especially the most vulnerable ones. The objective of the project **“Emergency agricultural assistance to families with poorly fed children or in danger of malnutrition in regions hit by natural disasters in Burkina Faso”** was to support the means of

subsistence for 1,500 families with poorly fed children or in danger of malnutrition in the regions hit by floods.

Access to CERF funds for the underfunded window was rapid. It only took 24 hours to receive approval upon submitting the request. Similarly, information on the disbursement of funds was available just within one week. The prompt disbursement of CERF funds enabled UNICEF and WHO to timely purchase up to 1,126,000 doses of Bivalent meningococcal A and C vaccines and related supplies, and to support the implementation of mass campaign vaccination in affected health districts all over the country. A total of 4,190,144 people have been immunized in 26 out of the 48 health districts affected by the outbreak in 2007. The coverage registered goes from 87 to 108 percent, with a national average of 98.3 percent.

The CERF allocation from the underfunded window also yielded positive results. CERF funds were used by UNICEF to provide an uninterrupted pipeline of supplementary and therapeutic food, essential drugs and anthropometric equipments for supporting Burkina Faso to respond in an effective manner to acute malnutrition among young children. In addition to this, CERF funds allowed the timely purchase of 480 MT of different food commodities on the local and international markets: Corn Soya Blend (CSB) 382 MT Pulses 65 MT, Sugar 23 MT, Salt 10 MT. WFP provided tailored supplementary feeding to 9,190 children and 9,340 pregnant and lactating mothers through supplementary feeding in the Sahel, North and Centre North regions. Finally, CERF funds gave FAO the opportunity to help restore the livelihoods of the beneficiaries through the provision of agricultural inputs and agricultural equipments within a context of scarcity of humanitarian resources to appropriately address the situation. The funding actively served to address out-of-season crops production for 3,000 households

Total amount of humanitarian funding required and received (per reporting year)	Required: \$48,693,043 Received: \$12,515,731.18			
Total amount of CERF funding received by funding window	Rapid Response (RR): \$1,796,080 Under-funded (UFE): \$877,908.18 Grand Total: \$2,673,988			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$1,830,842.03 Total implementing partners: \$710,810.15			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	RR: A total of 4,190,144 people vaccinated UFE: 44,800	- UNICEF: 8,300 under five children with acute under nutrition among them 2,653 suffered from severe under nutrition - WFP: 9,191 under three children with moderate under nutrition	9,340 (WFP)	
Geographic areas of implementation	Rapid Response : Whole country Under-funded : Sahel, North, Centre-north, East, Centre-east, Centre-south, South-west regions			

II. Coordination and Partnership-building

(a) Decision-making process:

The decision-making process for allocations involved UNICEF, WHO, the FAO the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as well as discussions at a high level within the United Nations Country Team (UNCT). With the technical assistance of Regional Offices and Headquarters, WHO and UNICEF elaborated the proposals on the basis of current priority needs and most urgent gaps clarified during weekly meetings with Government's partners hosted by the Ministry of Health.

The nutrition proposal for the CERF under-funded emergencies window designed to be very similar to the CERF-funded projects that were implemented in 2006, following the signature in 2006.

(b) Coordination amongst the humanitarian country team:

Prior to proposal elaboration, coordination meetings chaired by the Government were held with UN agencies, NGOs and the Red Cross Movement to discuss the situation of the meningitis outbreak, flood affected areas and priority needs.

(c) Partnerships:

All CERF funded projects have been carried out with government institutions and NGOs as partners. Concerning the rapid response (meningitis) project, the funds received from CERF by UNICEF and WHO were used to purchase up to 1,126,000 doses of Bivalent meningococcal A and C vaccine and related supplies and to support the implementation of mass campaign vaccination by the affected health districts staff.

Within the same scheme, the UN Country Team (UNCT) especially WFP, UNICEF and FAO worked in close collaboration and in partnership with NGOs and civil society to implement the joint strategy and action plan. In particular:

- WFP provided supplementary food rations to address moderate acute malnutrition. It also trained health centre and NGO personnel on food management, storage, distribution and reporting.
- UNICEF provided therapeutic food and essential drugs for the treatment of severe cases of acute malnutrition. Equipment and technical support to health centres were also provided along with training in malnutrition treatment protocol.
- The Ministry of Health through its Regional and District Health Centres distributed supplementary food rations to malnourished children, as well as pregnant and lactating women.
- Given the limited capacity of health facilities to absorb a large number of undernourished children and women in the short-term, WFP established partnerships with NGOs and civil society organizations including: Association d'Appui Moral, Matériel et Intellectuel à l'Enfant (AMMI), Association des Femmes Burkinabè de Ouahigouya (AFBO), Organisation Catholique pour le Développement et la Solidarité (OCADES-CARITAS Burkina) in three regions.

FAO worked with technical departments of the Ministry of Agriculture and Ministry of Animal Resources through their Regional Departments of Agriculture, Water Resources and Fisheries (technical support) and operational partners (support in the selection of the recipients, in the sharing out of inputs, etc.). Draft agreements were signed among the parties concerned.

Operational partners, were selected from among both national and international NGOs and associations intervening in the project zones: Association d'Appui Moral, Matériel et Intellectuel à l'Enfant (AMMI), Association des Femmes Burkinabè de Ouahigouya (AFBO), Organisation Catholique pour le Développement et la Solidarité (OCADES-CARITAS Burkina), Regional Division of Agriculture (RDA), DAKUPA, REGARD D'ESPOIR, etc.

(d) Prioritization process:

UNICEF and WHO submitted a joint project that reflected the whole UNCT consensus on what could be done to support the Government in mobilizing appropriate resources to address the worsening meningitis outbreak.

A set of criteria were considered for sectors/projects prioritization for under-funded emergency projects, among the following: i) agency capacity to commit the fund before the end of 2008, ii) life-saving issues, iii) capacity to take into consideration the priority needs in areas with high rates of malnutrition, especially the flood-affected regions.

III. Implementation and Results

Rapid response projects

Access to CERF funds was rapid. It only took 24 hours to receive approval upon submitting the request. Similarly, information on the disbursement of funds was available just within one week. The prompt disbursement of CERF funds enabled UNICEF and WHO to timely purchase up to 1,126,000 doses of Bivalent meningococcal A and C vaccines and related supplies, and to support the implementation of mass campaign vaccination in affected health districts all over the country. A total of 4,190,144 people have been immunized in 26 out of the 48 health districts affected by the outbreak in 2007. The coverage registered goes from 87 to 108 percent, with a national average of 98.3 percent.

Under-funded emergency projects

CERF funds were used by UNICEF to provide an uninterrupted pipeline of supplementary and therapeutic food, essential drugs and anthropometric equipments for supporting Burkina Faso to respond in an effective manner to acute malnutrition among young children in the five priority regions:

- Health districts in the intervention area were supplied with supplementary food commodities and therapeutic food
- Anthropometric equipment for health centres including district hospital and regional hospital in the five regions were delivered
- Children with severe acute malnutrition were treated, amongst whom children with severe acute malnutrition with medical complication
- Health workers were trained to adequately manage severe acute malnutrition according to the protocol

In addition to this, CERF funds allowed the timely purchase of 480 MT of different food commodities on the local and international markets. This helped WFP to provide tailored supplementary feeding to 9,190 children and 9,340 pregnant and lactating mothers through supplementary feeding in the Sahel, North and Centre North regions.

With regard to agriculture, CERF funds gave FAO the opportunity to help restore livelihoods through the provision of agricultural inputs and equipment, addressing out-of-season crops production for 3,000 households. CERF-funded FAO projects increased agricultural production, income for the recipients through the sales of part of their crops; and improved food security.

(a) Monitoring and evaluation

The monitoring and evaluation of the CERF funded projects was carried out into a wide process involving all the stakeholders and using tools and methods such as surveys, statistical indicators, cross-analysis and data base.

The meningitis control project monitoring and evaluation was part of the existing mechanism within the framework of the National Committee for Outbreak Control. An evaluation of the 2007 meningitis outbreak was thus conducted in order to assess its management, surveillance performance, case management, mass campaign immunization and vaccine coverage.

The WFP country office has included in its priorities the establishment of an effective system for a close monitoring of the projects. The monitoring is carried out by both implementing partners and WFP. The monitoring of the distribution of the supplementary rations for undernourished children and undernourished pregnant women as well as lactating mothers by NGOs was undertaken by implementing partners' personnel. WFP provided them with the necessary training and tools for data collection. The base line study and the follow up surveys were conducted in close collaboration with many partners UNICEF, FAO, United Nations Development Programme (UNDP), Catholic Relief Services, Plan International, FewNet, European Union, FDC, Information and Resource Support System (IRSS) and International Relief and Development (IRD).

Statistically representative indicators are analyzed by the monitoring and evaluation unit to prepare the reports on the implementation of the operation and on the number of beneficiaries assisted, rate of nutritionally recuperated children, drop-outs, etc. Data is disaggregated by gender and age groups. The system is an innovative analytical system which allows, from a single database, to calculate the indicators and make a cross-analysis between the different data collection tools, particularly among those of monitoring. Analysis and reporting are standardized as pre-programmed into the database. The challenging process undertaken in 2007 will continue in 2008 to consolidate and complete the system to render it fully operational, to decentralize and to be used by the UNCT, the Ministry of Health and implementing partners.

The farming season was regularly followed up by the technical and operational partners as well as by a FAO consultant who was hired for the project. The project monitoring and evaluation mechanism consisted in ad hoc missions that were deployed to follow up on field activities. Reports were drafted in order to give the results of field visits and the implementation of the project.

A data base was developed by the project team. The ACCESS software was used in the setting up of this data base, which enabled:

- The storage of basic information on the project;
- The follow-up on project activities;
- The follow-up on the partners' activities;
- The management of the stock of inputs (suppliers, orders, delivery, taken out quantities);
- The types of inputs;
- The designing of map of the project zones;
- The elaboration of a list of operational and technical partners;
- The consultant's reports (mission, progress report);
- Partners' reports;
- The map of the project zones and the geographical dispatching of the partners.

III. Lessons learned

The results were achieved thanks to a good level of collaboration between the Government of Burkina Faso and development partners through the Rapid Response/meningitis project. The Government mobilized 33.5 percent of the budget, and the partners, 65.5 percent, of which 38 percent from CERF funds.

The Government of Burkina Faso has recognized the need to strengthen the role of community-based organizations in nutrition.

Consultation on projects implementation have highlighted:

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

The main constraints observed during the implementation are:

- Low capacity of health centres to assist the beneficiaries;
- Lack of NGOs with strong capacity on nutrition sector;
- Delay in the development and the validation of the new protocol for identification and malnutrition cases management;
- Delay for the training of health agents on the field;
- Low capacity of health districts to store all products provided by the project including food.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Health	Support to the control of ongoing meningitis outbreak in Burkina Faso (07-CEF-035)	1,000,000	Potential 70 percent of population in 41 out of 55 health districts of Burkina Faso (7,350,000 persons)	WHO, government (MOH)	<ul style="list-style-type: none"> ■ Reduction of morbidity and mortality among 10,500,000 persons at risk. 	<ul style="list-style-type: none"> ■ 4,190,144 people vaccinated, coverage ranging from 87 to 108 percent, with a national global average of 98, 3 percent. ■ The mass campaign vaccination and the case management have contributed to life saving among population exposed to the outbreak. Although the CFR is 6-7 percent, this is quite lower than the expected 10 percent WHO standard. ■ Funds received were used to cover the gap of the Government's outbreak control plan, and have certainly contributed to reduce morbidity and mortality among target beneficiaries.
	Support to the control of ongoing meningitis outbreak in Burkina Faso (07-WHO-021)	796,080	Potential 70 percent of population in 41 out of 55 health districts of Burkina Faso (7,350,000 persons)	UNICEF, government (MOH)	<ul style="list-style-type: none"> ■ Reduction of morbidity and mortality among 10,500,000 persons at risk 	<ul style="list-style-type: none"> ■ Funds received were used to cover the gap of the Government's outbreak control plan, and have certainly contributed to reduce morbidity and mortality among target beneficiaries.

<p>Nutrition</p>	<p>Reversing growing under nutrition in food insecure regions (07-WFP-050)</p>	<p>349,998</p>	<p>A total 18,530 undernourished people</p>	<p>Ministry of Health, Africare, Helen Keller International (HKI), AMMI, AFBOi, OCADES, Plan International, Red Cross</p>	<ul style="list-style-type: none"> ■ Provide 464 MT of micronutrient rich food commodities to undernourished children, pregnant and lactating women ■ Reduce levels of moderate acute under nutrition among children under three, pregnant women and lactating mothers in five priority regions 	<ul style="list-style-type: none"> ■ Supplementary feeding ration have been provided to 18,530 undernourished children and undernourished pregnant and lactating women in three affected by flood regions. ■ The attendance of the health centres were improved in the affected regions. ■ Letters of Agreement have been signed with all partners involved in the distribution of the supplementary feeding.
	<p>Emergency Nutrition and Child Survival in Burkina Faso (07-CEF-065)</p>	<p>227,910</p>	<p>About 8,300 children under-five with acute malnutrition of whom 2,635 children with severe acute malnutrition</p>	<p>Gvt, Red Cross , Terre des Hommes, MSF-France, HKI</p>	<ul style="list-style-type: none"> ■ By December 2007, Health services and therapeutic nutrition centres are able to provide therapeutic nutrients, micronutrient supplements and essential generic drugs to malnourished children under five years old in three regions affected by flooding ; ■ By December 2007, Health services, nutrition centres, and community volunteers in the three regions are able to identify timely, to provide adequate care and manage accurately malnutrition in children in the region affected by flooding. 	<ul style="list-style-type: none"> ■ 100 percent of health districts (13) in the intervention area were supplied with Ready to Use Therapeutic Food (Plumpy Nut for 2,153 cartons of 150 sachets). ■ Nine out of 30 Therapeutic centres were supplied and equipped with therapeutics food (Therapeutic milk F75, F100, RUTF) and essential drugs for severe acute malnutrition care ■ 1,000 IEC tools for promotion of exclusive breastfeeding were produced ■ 165 health agents were trained on acute malnutrition management

<p>Agriculture</p>	<p>Assistance agricole d'urgence aux ménages d'enfants mal nourris ou à risque de malnutrition dans les régions frappées par les catastrophes naturelles au Burkina Faso (07-FAO-043)</p>	<p>300,000</p>	<ul style="list-style-type: none"> ■ 500 families for potato production; ■ 500 families for sheep fattening; ■ 2,000 families for onion production; <p>A total 3,000 families</p>	<p>Ministry of Agriculture and its decentralized departments (RDAWRF) of the centre east and the north; Ministry of Animal resources and its decentralized departments; (RDAR of the North) as technical partners ; Operational Partners in the north (MMISC, RDA, CODS) ; Operational Partners in the Centre East (CRA, DAKUPA, REGARD D'ESPOIR)</p>	<ul style="list-style-type: none"> ■ Increase in the yield to 18 tons of onion per ha ; ■ Increase in the yield to 25 tons of potato per ha ; ■ Increase in the number of sheep to fatten in families 	<ul style="list-style-type: none"> ■ Distribution of 200 kg of onion seeds; ten tons of potato seeds; 50 tons of NPK fertilizer; 2,500 watering cans. ■ Every recipient of onion and potato seeds obtained income estimated at 87,600 FCFA, or \$202. ■ Distribution of: 1,000 sheep for fattening; 37,500 tons of cotton crabs, ■ The beneficiaries obtained an average income estimated from 35,000 to 52,500 FCFA from their sales (\$81 to \$121).
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V. CERF IN ACTION: Success stories

Rapid Response projects



Children waiting for their turn...
(WHO – Burkina Faso)



... to get vaccinated against meningitis...
(WHO – Burkina Faso)

Under-funded emergency projects

Nutrition

In the health centre of Kampiti village which is only seven kilometers from Dori, the main town of the Sahel Region, Fatima Hama, 23 and a mother of three children, is receiving monthly rations of supplementary food for her two year old son Hama Hamadou. “The medical care and the food ration which consists of blended soya and maize flour, oil, sugar and salt that I have received here, saved my son’s life, he is fine now. I was told in the centre that this assistance has been provided by World Food Programme and United Nations Children’s Fund. I have also learned how to cook some porridge for my little son and his brother and sister using food that is readily available in my village but which we thought was not good for children. I know now that “sumbala”, groundnut, baobab fruits and dry smoked fish can be added to the millet porridge that we are usually cooking for our children.”

Hama Hamadou was identified four months ago as moderately malnourished with a weight of six kg and a height of 68 cm. Now his weight is 7.6 kg and his height is 72 cm. The daily supplementary food ration for moderated undernourished children consists of: corn soya blended (CSB) 250 g, vegetable oil 25 g, sugar 20g, Iodized Salt 5g, which provided 1,250 kcal.



A child eating his nutritional porridge... (WFP - Burkina Faso)

Agriculture

In Comin Yanga, a village in the province of Koulpelogho (Centre East region) a farmer with two wives and eleven children lost his food stocks during the year 2007 rainy season. He then decided to leave for one village in neighbouring Togo which is next to the province where he lives in an attempt to get money to take care of his family. On the day that he was leaving, he heard that the village he was leaving for, had been affected by floods and its people were about to migrate to his own village. So he decided to commit suicide to avoid the shame of being unable to provide for his family.

When he was in his farm with a rope to hang himself, the villagers looking for firewood saw him, came up to him and dissuaded him. During the discussions, he was informed that social action and agriculture technicians were taking a census of the floods victims. He decided to get registered for assistance with social action services and one month later he was provided with agricultural inputs and equipment as well in order to begin a new life thanks to the implementation of the CERF-funded FAO project in his village. For instance, he was given inputs for onion production composed of: 100 g of onion seeds, 20 kilograms of fertilizer, and one watering can for about \$40. His final production four and a half months later was 500 kg of onion of an estimated value between \$200 and \$225. During the harvest, he was so happy that he decided to sleep on his crops for a night before selling or consuming them (picture below).



(FAO – Burkina Faso)

He confided to us that the project enabled him to enjoy life again and thanks to the project, he has become a man again in the village.

Like this gentleman from Comin Yanga, 3,000 heads of households in north and east-central regions have benefited similar assistance thanks to the FAO project which has resulted in a crop production that generated income valued at \$382,852.

List of Acronyms

AFBO- Association des Femmes Burkinabè de Ouahigouya

AMMI- Association d'Appui Moral, Matériel et Intellectuel à l'Enfant

CERF- Central Emergency Response Fund

GOB- Government of Burkina Faso

IRD- International Relief and Development

IRSS- Information and Resource Support System

M&E- Monitoring and Evaluation

OCADES-CARITAS Burkina- Organisation Catholique pour le Développement et la Solidarité

RDA- Regional Division of Agriculture

UNCT- United Nations Country Team

UNDP- United Nations Development Programme

UNICEF- United Nations Children's Fund

UNOCHA-United Nations Office for the Coordination of Humanitarian Affairs

WFP- World Food Programme

WHO- World Health Organization