BURKINA FASO, MALI, MAURITANIA AND NIGER: FOOD INSECURITY

Fact Sheet No. 3- Updated on 12 November 2005

Of the four countries under the Federation Emergency Appeal, Niger has been the most affected— with over 2.6 million people estimated to have been at risk. Although the general situation in Mali, Burkina Faso and Mauritania is broadly similar to that in Niger, it has been on a smaller, more localized scale. Furthermore, government interventions earlier on, distributing free or subsidized food in the most affected areas of Mali and Burkina Faso, appear to have limited the overall impact of food shortages in these countries. The Red Cross/Red Crescent Movement’s response to the food crisis in Sahel has therefore focused primarily on Niger, with on-going assistance in the form of human resources and funding being provided to food distribution operations in Mali and Burkina Faso and to the cholera response in Mauritania.

NIGER

1. General Food Distributions
By the end of October, the Niger Red Cross and the Federation had completed two rounds of general food distribution in Tillabéri and Agadez Provinces, in line with the onset of the current harvesting season. Food distributions have assisted over 26,023 distinct households in often remote villages and pastoralist communities.

Overall, both rounds of general distribution reached an estimated 143,558 beneficiaries with over 3,327MT of foodstuffs. This represents some 6% of total beneficiaries reached and 7.6% of tonnage distributed, as part of the larger WFP provision of commodities in Niger.

Post-distribution assessment and activity planning are now underway in both centres of operation. In Tillabéri (Filingué/Abala), monitoring data shows a 98% beneficiary satisfaction rating for Niger Red Cross/Federation distributions.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Goods distributed (MT)</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cereals</td>
<td>Pulses</td>
</tr>
<tr>
<td>Agadez</td>
<td>825.05</td>
<td>129.20</td>
</tr>
<tr>
<td>Tillabéri (Abala)</td>
<td>1,964.61</td>
<td>332.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,789.66</strong></td>
<td><strong>461.70</strong></td>
</tr>
</tbody>
</table>

1 Household (HH) and beneficiary estimates include actual beneficiary numbers and are not based on double-counting of HH over the two rounds of distribution.
2. Cash Distribution Project

Following a census and registration of households, the amount of CFA 120,000 (approximately USD 200/EUR 152- equivalent of CFA 3,000 per day for 40 days, the daily subsistence rate required to feed a family of seven) is being distributed to an estimated 5,000 households (up from an original target of 4,000) in the 90 most severely affected villages in the Tanout area, Zinder Province of Niger. All beneficiary villages are beyond the 70% food production deficit threshold used by the governmental early warning body (SAP), as a location-crisis indicator. Pre-distribution awareness-raising as to best use of funds and post-distribution monitoring both form an integral part of the programme. The cash is being distributed to the female heads of each household.

Actual cash distribution got underway on 25 October and by 4 November; distribution had taken place to 2,668 households in 37 villages. Response to date has been overwhelmingly positive. Authorities reported a 25% increase in turn-over at the Tanout market on the first Saturday following distribution from the previous week, with purchases primarily of foodstuffs and livestock, whilst prices remained stable. Informal reports also indicate that a number of villages are pooling funds in order to undertake community-improvement projects, such as digging of wells.

3. Nutrition Centres for Malnourished Children (CRENAM)

The Red Cross/Red Crescent Supplementary Feeding Programmes (SFP) have assisted 41,586 moderately malnourished children under five and their families – 170% of the initial target of 24,500 children. The number of beneficiaries is approximately 249,516{2}. The SFP is making a noticeable impact, as large numbers of recovered children are increasingly being discharged – although new cases are still being identified. Tahoua has seen a drop in its current caseload for the first time since the beginning of the SFP.

The SFP have been operational in Niger since 1 August 2005 in response to the food crisis. Some 56 feeding centres-CRENMAs{3}- plus mobile clinics were established throughout the country, in cooperation with partner national societies (PNS). Acute cases of malnourishment are being referred to therapeutic feeding centres and Red Cross/Red Crescent operations are working in close coordination with Médecins Sans Frontières (MSF).

<table>
<thead>
<tr>
<th>RC/RC Society</th>
<th>Report Date</th>
<th>Province</th>
<th>No. of Centres (current)</th>
<th>Children Treated Cumulative</th>
<th>Current Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qatari Red Crescent</td>
<td>29 Sept.</td>
<td>Zinder + Tanout</td>
<td>1 (+ mobile 1 for both)</td>
<td>3,896</td>
<td>TBC</td>
</tr>
<tr>
<td>Spanish Red Cross</td>
<td>29 Oct.</td>
<td>Maradi</td>
<td>9</td>
<td>13,844</td>
<td>9,737</td>
</tr>
<tr>
<td>French Red Cross{4}</td>
<td>29 Oct.</td>
<td>Zinder + Agadez</td>
<td>11 (12)</td>
<td>14,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Federation</td>
<td>29 Oct.</td>
<td>Tahoua</td>
<td>19</td>
<td>9,846</td>
<td>5,445</td>
</tr>
<tr>
<td><strong>Grand Totals</strong></td>
<td><strong>53 + mobile</strong></td>
<td><strong>41,586</strong></td>
<td></td>
<td></td>
<td><strong>TBC</strong></td>
</tr>
</tbody>
</table>

{2} Unless exact beneficiary numbers are available, a multiplier of six has been used as the average number of family members per household.

{3} CRENAM: Centre de Récupération Nutritionnelle Ambulatoire pour Modérés.

{4} The French Red Cross and the Qatari Red Crescent are currently verifying and consolidating their statistics.
Due to on-going admissions and the slower-than-anticipated rate of discharge, the Red Cross/Red Crescent Supplementary Feeding Programmes are still expected to have a caseload of over 4,000 children at the end of the year. Consequently, a final hand-over to local health authorities will occur on a more staggered basis and may last into 2006.

Federation efforts are also concentrating on introducing a longer-term community health component to the programme. A pilot mobile health team (MHT) has been operational over the past few weeks in the Tahoua area – to an overwhelming response. To date, some 580 beneficiaries have been assisted during three mobile clinics – with vaccinations (including polio, TB, tetanus, measles and diphtheria), pre-natal consultations and first aid treatment.

**BURKINA FASO**
Detailed assessments and registration of beneficiaries has resulted in a revised food distribution target of 23,993 households (254,793 beneficiaries) in 312 villages across 6 provinces (Yatenga, Yagha, Lorum, Oudalan, Seno and Soum). An agreement has been entered into with the World Food Programme (WFP) for the provision of foodstuffs for distributions in four of the provinces.

Following training of the Burkinabe Red Cross Society volunteer teams, distributions began in mid-September 2005 and are on-going. As of the end of October 2005, 7,990 households in five of the six provinces (with the exception of Lorum) had been assisted with a total of 399 MT of cereals and 21 MT of oil.

The timeframe for action in Burkina Faso is not as strict as in Niger due to the lack of an official deadline and varying harvest times that allow for greater flexibility. However, the discrepancy between planned and actual number of beneficiaries can be largely attributed to constraints such as the distances between the capital (Ouagadougou) and areas of operation making purchasing, transport and general programme implementation a challenge.

Available resources and funding for the Burkina Faso component of the Emergency Appeal have limited the direct assistance that the Federation has been able to provide to date. This has primarily taken the form of human resource and financial support. The Federation is currently supporting the operation with one Regional Disaster Response Team (RDRT) member and EUR 275,000 from the Emergency Appeal.

**MALI**
To date, distributions have concentrated on the Tombouctou region, reaching some 4,653 families or an estimated 27,918 beneficiaries. Distribution is focusing on malnourished children and their families, as well as other vulnerable families identified during registration. The Mali Red Cross has also entered into a cooperating partner agreement with WFP for distributions in Tombouctou Commune. The first round of four planned rounds of distributions has now been completed.

The Federation is currently supporting the operation with two delegates and two RDRT members.

**MAURITANIA**
Due to a limited response to the Federation’s **Emergency Appeal no. 05EA015**, there have been insufficient funds and human resources available to undertake food assistance activities in the country, and hence programme oversight. It was felt that the resources available could be better used in providing technical and financial support to assist the Mauritanian Red Crescent in its response to the unforeseen cholera outbreak. A proposal was developed by a Federation RDRT health member temporarily based in Mauritania, and a memorandum of understanding for financial support has been signed with the national society.