

Examples of usage BP-5 Compact Food

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BP-5 is a ready to eat food of high nutritional values intended to be used:

- For usage in the first phase of **disaster relief** operations during natural or man-made disaster, before local food can be easily distributed and prepared. Its nutritional and logistical properties enable humanitarian organizations and governmental agencies to react rapidly and efficiently in case of a disaster.
- BP-5 can be used as a supplement to local food in **feeding programs** for treatment of moderate malnourished people.

If no other food is available, the following table can be used as an approximated guideline for distribution (based on approximately 100% energy requirement and a RDA of vitamins and minerals from BP-5).

Age	Bars/day	Kcal/day	Bars/week
½ – 1	3	768	21
2 – 3	4	1016	28
4 – 6	5	1270	35
7 – 8	6	1524	42
Adult (f)	8	2032	56
Adult (m)	9	2290	63

The following report describes experiences on the utilization of BP-5 in the field. In some cases; BP-5 has been used to cure severely malnourished people with significant results. However, Compact recommends the usage of BP-100 for such cases which would have given even better results.

For further information on any of our products, you can contact us: info@compact.no

I. 2008 Update

1. DR Congo, November 2008

Despite the difficulties of accessing the displaced people fleeing the attacks' rebel of Gen Nkunda, BP-5 was distributed in large quantities by **UNICEF** in North Kivu. A week after the beginning of the hostilities, people and especially children, were extremely weakened by days of walking without food, BP-5 came as an unexpected relief for the population.



©UNICEF, Julien Harneis

"When we carried out our distribution, it was a desperate situation. [...] People came and crowded around our sites and were virtually trying to barge in to get assistance".

Parents and children were very relieved to receive the now famous little red box, and their smile is our biggest victory.



© UNICEF, Julien Harneis

Other organisations are placing orders for BP-5 for DRC, recognizing its optimal nutritional and logistical qualities.

2. Myanmar, Cyclone Nargis 2008

On the 2nd of May 2008, the cyclone Nargis caused widespread human and material damages in Myanmar. Less than a week after the disaster, BP-5 was delivered to **ACF** (Action Contre la Faim) and **MSF Holland**, and later to **MSF logistique** and **Kindernothilfe**, totaling more than 75MT of food to be distributed as part of the first phase of the cyclone relief.

With many people forced to flee their village, the need for food aid remained high during the few months following the cyclone. In July 2008, Compact AS supplied **UNICEF** with 108MT of BP-5 to cover the basic needs of the displaced population and also the more specific needs of malnourished children in collaboration with the National Nutrition Council (more than 17,000 children received BP-5 in community-based feeding programs").

3. Bangladesh floods and cyclone 2007-2008

The latest years haven't escaped to the natural disasters which regularly hurt Bangladesh, creating food crisis in the small country. However, **UNICEF** and **CARE** have implemented preparedness stock where they keep large quantities of BP-5 to start distributing the food to the local population as soon as logistically possible.

In the flood affected districts, 143 MT of BP-5 were immediately distributed to vulnerable to children underfive PLW in the affected districts targeting 165,000 families (86,840 children 6-35 months and 30,000 pregnant women and lactating mothers). In the cyclone affected districts, BP-5 which were pre-positioned before the cyclone were distributed to 46,272 families (27,763 children age 6-35 months old and 10,411 pregnant and lactating women).

In early 2008, CARE received a gift of 73,8 MT BP-5 from the Norwegian Ministry of Foreign Affairs to be distributed for children and lactating women who had been suffering from the cyclone.

UNICEF also used BP-5 in addition to the WFP program during the rat famine in Chittagong Hill Tract (CHT). UNICEF staff in Bangladesh told us the story Puja who is 11 months old and Jackson who is four, are extremely hungry. As soon as Niron opens the packet, Jackson is happily munching away on one of the crumbly white biscuits. Puja must wait while her father mixes her biscuit with water so that it easier to swallow, but soon she is grabbing for the spoon and sticking her small hands directly into the biscuit mixture to get at the food as fast as possible.



Jackson, loving his BP-5 biscuits.

"Puja doesn't normally like food from outside the house," laughs Niron, "but she really likes these biscuits. Look how much she is eating!"

4. Somalia on-going food crisis

The on-going food crisis in Somalia has been the attention of feeding agencies for years and since then, BP-5 has been distributed regularly in the country. Since 2006, Compact has delivered more than 500MT of BP-5 mailly to **ACF**, **UNICEF** and **MSF Holland**. In 2008 alone, more than 100MT of BP-5 were supplied to support **UNICEF** feeding program in poor drought affected regions. In addition to that, 300MT were supplied to **ACF** from Compact's stock in Nairobi and in Dubai, both for food distributions and use in the feeding centres.

II. Far East and Asia

1. BP-5 Distribution for Tsunami Victims

Tsunami 2004

Compact AS has always been very focused on having preparedness stock of the BP-5 in key areas where natural disasters can occur. Accordingly, only hours after the tsunami had created devastation throughout the region Compact was able to release the BP-5 stock located in Surabaya to the World Food Program (WFP) based in Indonesia.^{iv} This enabled WFP to distribute ready to eat food rations to the worst affected areas. At the same time, Compact Chartered 2 IL76 aircrafts and airlifted BP-5 from its stock in Dubai direct to Medan.

WHO stated that 12,7% of the children living in the temporary tents suffer from malnutrition.

Examples of Organizations that have used BP-5 after the Tsunami

World Food Program: WFP distributed 76 tons of BP 5 to children less than 10 years old in Indonesia from Compact's stock in Surabaya and Dubai

CARE Canada:^v They provided BP 5 together with high Energy milk and vitamin A to treat malnourished children and provided help to over 200 000 survivors

CARE International: in the beginning of January 2005, CARE organized food distribution by helicopter in order to reach the most remote community. The helicopter carried up to 750 kg of food (including BP-5 compact food) and equipment to the remote area of Aceh Jaya .

Save the Children ^{vi} they have prioritized children and family among the 1.5 millions people most affected in Indonesia. Save the Children has

distributed RUTF such as BP-5 to the children under 5.

Church World Services:^{vii} they provided non food items and food items, including BP-5 to some IDPS in remote areas around Aceh.



BP-5 biscuits CARE Banda Aceh Tsunami 2005

Earthquake 2006

On the May 27th, 2006, an earthquake of 5.9 on the Richter scale hit Jogjakarta region. On June 06, The Indonesian authorities estimated, the number of dead to be more than 6000 people and hundred of thousands of homeless and displaced people have been identified.

The earthquake caused a lot of property damages and access to basic food supplies and drinking water becomes more and more difficult. ACF (Action Against Hunger) will insure the food distribution to the most remote places in the provinces of Bantul and Klaten. ACF will provide BP-5 for families with children.^{viii}

2. BP-5 Distribution by WFP in Timor Leste

As part of the Emergency Response Preparedness and Response plan set up by the Government of Timor Leste, **WFP** has prepared stocks of food

supplies in strategic locations in order to cope promptly with emergencies.

WFP has chosen BP-5 to be part of these contingency stocks. Consequently, in April 2005, 3 containers of BP-5 were shipped to Dili.

In the beginning of February 2006, members of the Timor Leste Armed Forces started to protest against the government. The situation rapidly became worse when on April 28th protests turned into riots forcing people to leave their homes. 14 000 Internally Displaced People had to take refuge in the camps nearby Dili. The 29th of April 2006, the distribution of BP-5 Compact food started in East Timor.

The President requested WFP to release 3,66 tons of BP-5 to meet the needs of IDPs. WFP, together with other UN Agencies and NGOs have distributed the food mainly to pregnant and lactating women and children less than 5.^{ix}

At the beginning of July 06, 2 more containers of BP-5 were sent to Dili as requested by WFP.



Preparing Contingency Stock in Dili

3. BP-5 distribution MSF in Indonesia

MSF received BP-5 Compact food from MSF Logistique for Indonesia. Between 2004 and 2006, MSF has received 76 608 units of BP-5. BP-5 rations are

kept as preparedness stock in Surabaya.^x

Some 200 cartons of BP-5 have been used in early 2005, in MSF's mobile clinics in Ambom for the following:

- Malaria
- TB
- Malnutrition Program

They have also used BP-5 in the Papua, Merauke region for HIV/AIDS patients in their "Care, support & treatment clinics".

4. BP-5 Distribution by CARE Cambodia



Food distribution by river boat, Mekong floods, Care Cambodia

Care Cambodia has received 377,5 tons of BP-5 in recent years from CARE Norway.^{xi} BP 5 has been mainly used for the following:

- Mekong flood victims
- Persons under treatment for Malaria and TB
- Children with Dengue Fever

In the autumn 2000, some 2 million people were affected by Mekong floods and BP-5 was distributed mainly in the north and central areas of Cambodia. Typically, a family was given 8 boxes of BP-5, instant noodles and fish / soya oil. The villagers really appreciated the BP-5 taste wise and in all aspects. 8 boxes means 72 meals, and since the normal Khmer is very small, one bar of BP-5 is more than enough for a full meal they had experienced, and it also gave the needed nutrients per day. Then they also locally added whatever edible they had to give energy / fill the stomachs.

WFP is an important logistic partner for CARE and keep the BP-5 which is centrally stocked in Phnom Penh. Each CARE field office seems also to have a 20 feet container size store, so they are able to store 36.000 rations. Beside this, in each region there is a good coordination with Cambodia Red Cross, who has distribution warehouse system in place together with WFP. Of major NGOs beside CARE there are Action Contre la Faim, Church World Service and Oxfam Great Britain that are very active in Cambodia. There is the understanding that CARE shall share resources like BP-5 with other NGO's that has capacity for distribution.

5. BP-5 Distribution by CARE Bangladesh

Numerous natural disasters such as flood, cyclone, earthquake, cold wave have threatened both rural and urban areas of Bangladesh. Flooding is the most common disaster occurring almost every year which brings disastrous situation in and forces families to leave their houses.

The flood-affected peoples lost thousand of houses, thousand acres of crops field and vegetable grounds.

As a result, migration of people from the rural areas to the cities in search of employment has been taking place each year and rapid urbanization is increasing the threat to the whole urban community and infrastructures which are vulnerable to the effects of natural disasters in many instances.

Under the above circumstances, disaster affected population needs external support, specifically ready to eat food like BP-5 to distribute immediately after the disaster to ensure access to food and save life.

In 2004, some 14 millions people were affected by the flood and BP-5 was distributed to the districts of Sunamgonj, Sylhet and Gaibanda as part of Care initial response. Typically, 5 boxes of BP-5 were given to the affected family (5 persons on

average per family). Care had in stock 149 999 cartons of BP-5 (359 966 boxes) and therefore managed to distribute supplementary food to 71 993 flood affected families.

Care Bangladesh is part of the Disaster Emergency Response (DER) Group of the UN Disaster Management Team (UNDMT) and accordingly, they work together with WFP and WHO during food-BP 5- distribution.^{xii}



A little girl waits in line for food rations at a CARE food distribution center in Dhaka, Bangladesh.

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6. BP-5 Distribution in India

Even though the economic situation of India is improving, (high growth rate: GDP at 8.5 %); many people still live in difficult conditions and a major part of the country is still suffering from malnutrition.

Drought in Rajasthan Area

CASA India has in the past few years distributed BP-5 to the populations affected by drought in Rajasthan areas. Mr Aloke

Michiary, Public Relation officers at Casa India stated: "We have observed that the daily food intake and quality of food intake decreases during severe drought conditions and the nutritional situation of children and older persons especially is affected adversely. If the situation is left unattended, it can lead to famine like situation. Distribution of BP-5 biscuits, therefore, has served as an emergency preparedness measure thereby preventing the severity of drought effects.

In 2003 - 2004, we have distributed 1332 cartons of BP-5 biscuits in drought prone Bikaner and Jodhpur districts of Rajasthan and Jhabua and Betul districts of Madhya Pradesh, where there was stress migration. People lacked the purchasing power and food resources were not accessible and available. BP-5 biscuits were distributed to among 8808 children below 5 years old and 1841 adults (included 500 pregnant and lactating mothers) and the rest of them were children of 5 to 12 age group.

In recent times we have distributed these biscuits in the drought prone areas in Rajasthan and Madhya Pradesh."^{xiii}

Food for work Programs

BP-5 biscuits have also supplemented CASA's development interventions in India in its programs like "Food for Work", in which, food grains were distributed against building of community assets, mainly land and water based assets. These assets will, in the long-term, benefit the communities by providing them water for drinking and agricultural purposes, thereby improving their household food security status. In the short-term, the BP-5 biscuits have provided substantial supplementary nutrition food to the children and pregnant and lactating mothers.

Nutrition Project in Orissa

Orissa province is located on the eastern coast of India and is among the most food insecure in the country. **DANIDA** and **WFP** have initiated a project to improve the nutritional and health status of 6-36 months old Severely Malnourished Children –SMC- in this province.^{xiv}

BP-5 compact food was distributed instead of Indiamix in the pilot project to meet the nutritional needs of the target children. DANIDA reports "a significant reduction in severe malnutrition among the BP-5 children

of the project block (47,7% reduction).

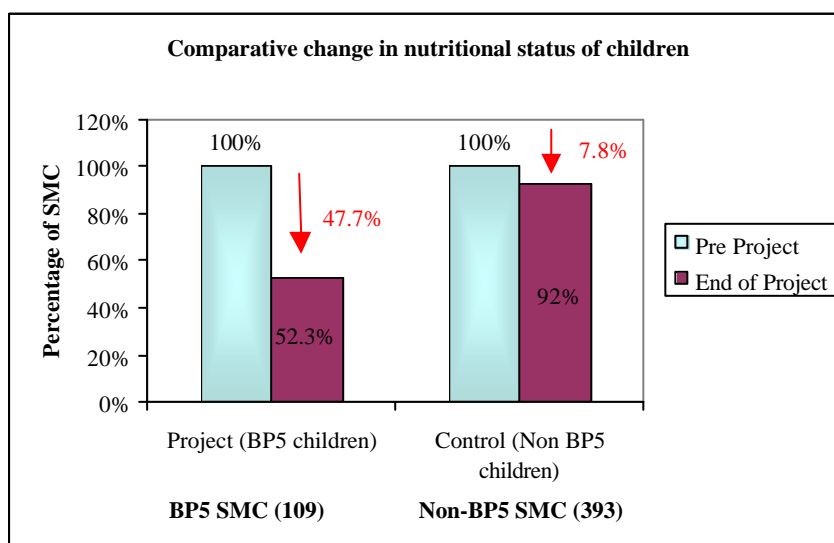
The health status of the children in the project block was also positively affected by this intervention. The intervention has also brought positive change in the morbidity pattern among the SMC. A comparison of the baseline with the end line reveals that there has been a significant decline in the morbidity of children in the Project Block when compared to the Control block. Around 26 % SMC in the project block reported to have not fallen ill during the last 6 months in contrast with 13% in the control block" (not receiving BP-5).

Clearly there is a strong linkage between health and nutrition. As nutritional status improved, the incidence of disease decreased.

7. BP-5 distribution in The Philippines

The Philippines National Red Cross has been utilizing BP-5 as part of their preparedness stock for the last 15 years, in close collaboration with Norwegian Red Cross. The stock has been used in all natural disasters in the Philippines and serves and is easily available when stored at their regional warehouses throughout the country.

The Department of Health (DOH) Philippines operates 17 major regional health centers where they have trained personnel that distribute BP-5 from these locations during natural disasters. Their program has been very successful in reaching victims soon after the disaster has occurred. With BP-5 as one of their main preparedness foods it enables them to securely store food over longer period without having to worry about deterioration of product and shelf life.



homes. CARE staff organized food distribution for the people leaving their village to go to Kabul. Due to its logistics and packaging property, BP-5 Compact food was found to be one of the most convenient RUTF for IDPs.

CARE Afghanistan has a close monitoring on the use of BP-5 Compact food in clinics, hospitals and health centers where BP-5 is distributed to:

- Malnourished children
- Tuberculosis patients
- Pregnant and lactating women



Malnourished child in health center in Afghanistan.
Picture, CARE Afghanistan

BP-5 is always recommended during pregnancy since it reduces maternal morbidity during the ante-partum and post-partum periods. It also significantly improves the nutrition status of very poor pregnant women who have limited access to basic food. Last but not least, it was indicated that the babies whose mothers used compact food are much healthier than those who don't.

In early 2002, **Norwegian Church Aid** has implemented both Therapeutic Feeding Program –TFC- and Supplementary Feeding Program –SFP- in Afghanistan. At the start of the project, the teams used both BP-5 and Superflour but soon, BP-5 was preferred because of the following reasons:^{xix}

- "When resources are limited, dry feeding is easier to organize

- A dry feeding program can serve more children
- The risk of transmission of diseases among highly vulnerable malnourished children is small
- The time cost for mothers for participating in the program is small
- Dry distribution keeps responsibility for feeding the child with the mother

In addition to that, it was found that "while the malnourished children receiving BP-5 rations would show sign of improvement already after 2-3 weeks, children receiving Superflour could go 6 to 8 weeks without gaining weight at all."

Although the main target of these projects were children, a considerable amount of pregnant and lactating women were included since according to NCA guidelines, all pregnant women in their third semester should be included in the SFP because they have increased physiological needs and are vulnerable to nutritional stress.

Evidence suggests that nutritional supplementation will have a positive effect on the birth weight of the child in the third semester of pregnancy. As a result BP-5 rations were distributed to pregnant women (the third semester), lactating women (till 6 months after delivery) and for elderly with Body Mass Index = 16: 1000 Kcal or 4 bars of BP-5/person/day "

The project was continued in 2003 and 2004 and NCA reports that during the period projects, approximately 78 568 persons had benefited from the projects.

III. Africa

1. BP-5 distribution by Unicef and its partners in Congo

"Due to persisting clashes between government troops and militias in DR Congo, a total of 340,000 displaced persons were reported in Ituri and South Kivu provinces."^{xx}

From the beginning of 2005, UNICEF has covered the needs of nearly 1 million IDPs. BP-5 represents 80% of the emergency food distributed by UNICEF.

They usually distribute 1 or 2 kg of BP 5 per family to be used as a supplementary of their own supplies before WFP program starts the food distribution.

UNICEF in Congo also keeps stock of BP-5 for its partners. For instance, in 2005, UNICEF supplied MSF Holland with BP-5 to be used for Malaria patients.^{xxi}

By the end of 2004, beginning of 2005, local health structures were provided with 15 MT of BP 5 via partners **MSF** and **Solidarites** to meet essential needs for some 20,000 people. Later on, 7 more MT of BP-5 were distributed to families who are rebuilding their lives as they begin to return to their devastated villages.^{xxii}

CARE International and **MSF Belgium** have also chosen to distribute BP-5 in the refugee camps.

2. BP-5 distribution in Ivory Coast

"In May 2003, **MSF** has sent 45 tons of specialized food, logistical equipment and medical material to western Ivory Coast, in response to the emerging life-threatening malnutrition.

The specialized nutrition for the Therapeutic Feeding Center consists of therapeutic milk and BP5 (high calorie rations with increased nutritional value). The full charter includes medical material, surgical kits, logistical equipment and water and sanitation material to be used in the Regional Hospital, that has been re-opened by MSF in January 2003."^{xxiii}

3. BP-5 distribution in Ethiopia

Consecutive years of poor rainfall has led Ethiopia to drought conditions and minimum harvest. Many people have had to leave their community to search for food and water supplies.

As indicated in a UNICEF report, as of March 2003, Ethiopia faced "increased malnutrition, acute lack of water and deteriorating health conditions resulting in 11.3 million drought affected people requiring emergency humanitarian assistance. Therapeutic Feeding Centres were opened in different areas to take care of severely malnourished people, 118 tons of BP-5 were provided to be used as supplementary food"^{xxiv}

In addition to that, between 2003 and 2006, Compact AS has sent 31 containers of BP-5 into Ethiopia to be distributed by UNICEF and MSF.

In July 2005, **UNICEF** has distributed 3.1 tons of BP-5 to feed 431 children for 30 days in the flood affected Afar region.



Supplementary feeding in Gdoo Ethiopia. Mother giving BP-5 to her children.

In September 2005, UNICEF has provided 7 tons of BP-5 to support 1000 children for 30 days in Terru Woreda after the series of earthquake that has caused the eruption of Mount-Ertu volcano.

More recently, UNICEF Ethiopia has encouraged the utilization of BP-5 in its mobile health teams in order to reach a maximum of children suffering from severe acute malnutrition within the pastoralist

population. More than 1,3 millions people have already benefited from BP-5 using the outpatient therapeutic approach.^{xxv}

4. BP-5 distribution by UNICEF Sudan

The conflict between the Sudan Liberation Army and the Justice and Equality Movement against the Sudanese government has worsened a situation that was already critical. Since 2003, there were about 1.2 millions had to leave their villages. Sudan which was already subject to chronic food insecurity, entered a food crisis.

According to the WFP, 21,5% of the population in Darfur Region suffered from global acute malnutrition and 3,9% from severe acute malnutrition.

UNICEF submitted a proposal to Norway whose aim was to distribute 36MTs of BP-5 to be distributed by 6 NGOS (15 Mt to MSF and 3 MT for ACF) in Sudan to prevent and reduce malnutrition.

In summer 2005, UNICEF Sudan received one container of BP 5. 530 cartons were used in Darfur the rest was redirected to returnees from Ethiopia (firstly, children under 5). The 900 other cartons are being used during the hungry season in Darfur (April-July) and for other returnees.^{xxvi}

5. BP-5 experiences in Somalia^{xxvii}

Somalia has one of the highest rate of Tuberculosis incidence in the world (200/100000persons) but thanks to the hard work of WHO staff and its partners more and more TB centres are opening every year and the cure rate is higher than in the United States.

Dr Firdosi R. Metha, doctor at the WHO in Somalia from 1998 to 2002, told us about his experience in the TB centres in Somalia.

"TB patients received strong drugs that often result in gastritis in an

empty stomach. When the patients were provided BP-5 compact food, the number of gastritis were considerably reduced."

In addition to those positive effects, one of the main advantage of BP-5 Compact food is its packaging and long shelf life.

Dr Metha explained "TB patients had to travel a long way to access the TB centres and often had to stay there for a period of 6 months.

It resulted in many migrations toward the TB centres and food scarcity, soon became an issue. Since, it was easy to store and distribute BP-5, it was also given to the family of the TB patients as a supplementary food before WFP started food distribution."

The supply of BP-5 was provided by the in-kind donations of the Norwegian Ministry of Foreign Affairs.

6. BP-5 distribution in Niger

In Niger, "more than a third of the population (about 3.5 million people) are experiencing a dramatic crisis as a result of food shortages in 2005. The deficit is heavily concentrated in the poorest, most food insecure and vulnerable departments in the agro-pastoral regions of Tillabéri, Tahoua, Maradi, Diffa, Agadez, Zinder and Gaya.

It is estimated that 800,000 under-five children are suffering from hunger, with at least 60,000 moderately malnourished and 32,000 severely malnourished."^{xxviii}

As it is explained in a report of the WHO, "People who are malnourished won't necessarily die from starvation, but because their immune systems are weak, they are at much greater risk of suffering from communicable

diseases. The people particularly at risk in Niger are suffering energy-protein malnutrition (resulting from shortages of food in the homes) and micronutrient deficiency.”

In order to support the children to face this dramatic situation, **Save the Children** has airlifted 20 MT of BP-5 for the children under 5. It will bolster the emergency feeding program that has been started in Niger.

In 2005, Save the Children ordered 76 000 units of BP-5 from Compact AS.

7. BP-5 distribution in Madagascar

On 7th March 2004, Gafilo hit Madagascar, it is considered to be one of the strongest tropical storm over the last twenty years. One month after cyclone Elita, the population is in great despair, access to drinking water is difficult and food supplies are insufficient. According to UNICEF, “390 000 children were seriously affected, they lacked drinking water, safe sanitation facilities and faced malnourishment.”^{xxxix}

“It was anticipated that the loss of 150,000 ha of food crops would significantly worsen the food security in the three affected provinces until the next main harvest.” In order to face this situation, **UNICEF** had distributed food supplies to limit an

increase in the number of malnourished children. A stock of 12MT of BP-5 had been made available in this regard by the Norwegian Ministry of Foreign Affairs.

8. BP-5 distribution in Eritrea

Eritrea is one of the driest countries in Africa and since 2000, the insufficiency of rain has worsened the condition of the country. The crop production is below the requirements of the population and people are striving to feed their families.

As a response to this critical situation, the **International Federation of the Red Cross** has launched “ an Emergency Appeal on behalf of the Red Cross Society of Eritrea focusing on food security and provision of safe water.”^{xxx}

The main goal of this Emergency appeal is to provide general food rations for 9 months for an average of 25,000 people to ensure their livelihood until the next harvest (November 2003).

Regarding this appeal, The **Norwegian Red Cross** made an in-kind donation of 18 MT BP-5. About 16 MT of this amount was distributed to children aged below five years suffering from malnutrition in the targeted villages, some given to the volunteers taking part in the distribution, and the remaining 1.5 MT is being kept at the national society's store at the headquarters.

In order to assist the most vulnerable population, **UNICEF** is supporting Therapeutic Feeding Centres and Community-based Therapeutic care by providing BP-5 rations to 11,500 malnourished children under 5 years old.^{xxxi}

9. BP-5 distribution in Angola

In 2002, “The United Nations (UN) regarded the humanitarian crisis in Angola as one of the worst in the world. A larger percentage of people are displaced in Angola than in virtually any other country[...]

The final stages of Angola's civil war resulted in unprecedented levels of displacement and enormous human suffering. Between November 2001 and the signing of the Memorandum of Understanding (MOU) on 4 April 2002, one quarter of a million Angolans were displaced from their homes, the majority by force. Destruction of agricultural fields in military zones and loss of livelihoods resulted in catastrophic levels of malnutrition in many parts of the interior.”^{xxxii}

In order to support the efforts of the Government of Angola; the **Norwegian Ministry of Foreign Affairs** has airlifted a total of 178.56 MT of BP-5 in 2002. The Compact food has been

MSF and BP-5 usage :

MSF is one of the largest users of BP-5. Between 2000 and 2004, MSF has used BP-5 Compact food in emergency context, following are some examples:

- 🌿 In West, East and Central Africa to cope with famine and displacement of population.
- 🌿 In Supplementary feeding programs before receiving CSB and cooking oil from WFP
- 🌿 For food distribution after the Tsunami (used also by care takers before kitchens are organized)
- 🌿 Constitution of emergency Preparedness stock
- 🌿 Supplement for TB patient in Indonesia

Mrs Pascale Delchevalerie, nutritionist at MSF, emphasizes on the fact that MSF used BP-5 because of its logistics properties. “It is compact to transport, it can be transported rapidly on the field, and the shelf life is relatively long, so it's a good product for emergency stock”.

distributed in Supplementary Feeding Centres in the newly accessible area to more than 30,000 malnourished children and women.



Supplementary Feeding Copyright WFP
Graciela Damiano. Angola

"A focus on supplementary feeding, of which BP-5 Compact food is an important element, is a critical intervention in saving the lives of malnourished Angolan children and women", says Mario Ferrari, **UNICEF Angola** Representative.
"Supplementary feeding not only improves the health of moderately malnourished children, but also prevents the development of severe malnutrition which can result in a high risk of child and maternal mortality." xxxiii

10. BP-5 distribution in Burundi

In the summer 2003, due to the fightings between the government troops and the rebel, thousands of civilian had to leave their residency. Many of them took refuge in the camps established by **Medecins Sans Frontiere**. The latest provided BP-5 compact food to the IDPs in the emergency context, before UNICEF and WFP start the distribution of food aid. xxxiv

In 2006, the nutritional situation was not getting any better, "even tough Burundi's decade-long war ended in 2004, families are still struggling to feed their children. About half of the children in the country are currently

suffering from moderate to severe malnutrition.

[...]In all **UNICEF** provided BP5 to 16,000 Rwandan asylum seekers, set up of water trucking system in camps with IRC and supported UNHCR and partners in educational activities.

UNICEF, working with UNHCR, provided 1,325 cartons of BP5 for children under 10 years, pregnant and breastfeeding women among Rwandan asylum seekers living in the open in Kirundo and Ngozi Provinces who are awaiting transfer to Musasa Camp.[...] xxxv

In the third week of May 2006, Unicef distributed BP-5 to 189 IDPs in Cankuzo Province on the eve of their return home to Busoni Commune in Kirundo."

11. BP-5 distribution in Malawi

"In November 2005, the Malawi Vulnerability Assessment Committee revised the initial number of people in need for food assistance until end of march 2006 to include some 4,9 millions.

"**UNICEF** supports treatment of severely malnourished children under five, pregnant and lactating women through supervision of technical and medical assistance, Nutrition Rehabilitation Units –NRU- and through Community-based Therapeutic Care –CTC-"

In order to support the effort of the **UNICEF** and **WFP** in their supplementary feeding program, the Norwegian Ministry of Foreign Affairs regularly makes BP-5 Donation In Kind. In 2002 and 2003, 2 containers where given per year and in 2006, 4 more containers of BP-5 were received in Malawi through DIK.

From 2002 to 2006, Compact As has also supplied **Norwegian Church Aid** with 5 containers of BP-5 for its action in Malawi primarily for People Living With Aids.

12. BP-5 distribution in Uganda and Rwanda

Internal Displacement

In Uganda and Rwanda, displacement and poverty have led to a severe humanitarian crisis.

In 2004, **WFP** distributed BP-5 Compact food to Burundian refugees who crossed into Rwanda via Ngenda district in Bugesera.

Some population displacements were reported in the Lubumbashi area involving nearly 250 families registered in May 2005 in Mpiana, an area located at about 90 Km South of Manono, near Lubumbashi. **UNICEF** in collaboration with the NGO **GOAL** have provided additional assistance involving 500 pieces of soap, 500 plastic sheeting, 1000 blankets, and 500 jerry cans as well as 2 to 3 packs of BP5 per family.

In 2006, UNICEF has distributed BP-5 in Therapeutic Feeding Centres in Lira and Kitgum (Uganda) to 736 severely malnourished children. xxxvi
In Rwanda, BP-5 was distributed to returnees from DRC.

Preparedness

In 2002, new Protracted Relief and Recovery Operations –PRRO- were decided for the great lakes Region.
"Under the new PRRO, food requirements for a three months' dry spell and seismic activity in Rwanda, as well as a 100 mt BP5 stock for repatriation purposes and unforeseen events have been included in the requirements." xxxvii

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