

# Breaking the Spiral of the Food and Nutrition Crisis in Mali

April 2022

Mali is facing its worst food and nutrition crisis in a decade.<sup>1</sup> At the end of 2021, the Harmonized Framework<sup>2</sup> estimated that 1.2 million people were in food crisis in Mali, and this number was projected to rise to 1.8 million by the June 2022 agricultural lean season. This increase is likely to be larger and faster than anticipated in areas affected by early pastoral and agricultural lean periods due to accelerated depletion of stocks, uneven renewal of pastures, unusually high prices, and the impact of insecurity.<sup>3</sup> The most affected regions are mainly, with the exception of northern Koulikoro and Kayes, areas affected by both insecurity and the poor distribution of 2021 rains, particularly the central and northern areas bordering Burkina Faso and Niger.

Food insecurity combined with problems of anaemia, inadequate access to clean water and the spread of childhood diseases such as diarrhoea, acute respiratory infections, malaria and measles are leading to a worrying rise in levels of acute malnutrition across the country. The number of acutely malnourished children aged 6-59 months is expected to increase by 53% compared to last year, reaching 1.2 million children between September 2021 and August 2022. Among them, cases of severe acute malnutrition (SAM) are expected to increase by 48% to 309,824 children. According to the Integrated Food Security Phase Classification (IPC) projections, if nothing is done by June 2022 to significantly increase the prevention and management of malnutrition, the share of administrative circles facing serious or critical levels of malnutrition (phases 3 and 4) is expected to rise from 19% to 82%.<sup>4</sup>

Projected Acute Malnutrition | October 2021 - May 2022

Projected Acute Malnutrition | June - August 2022

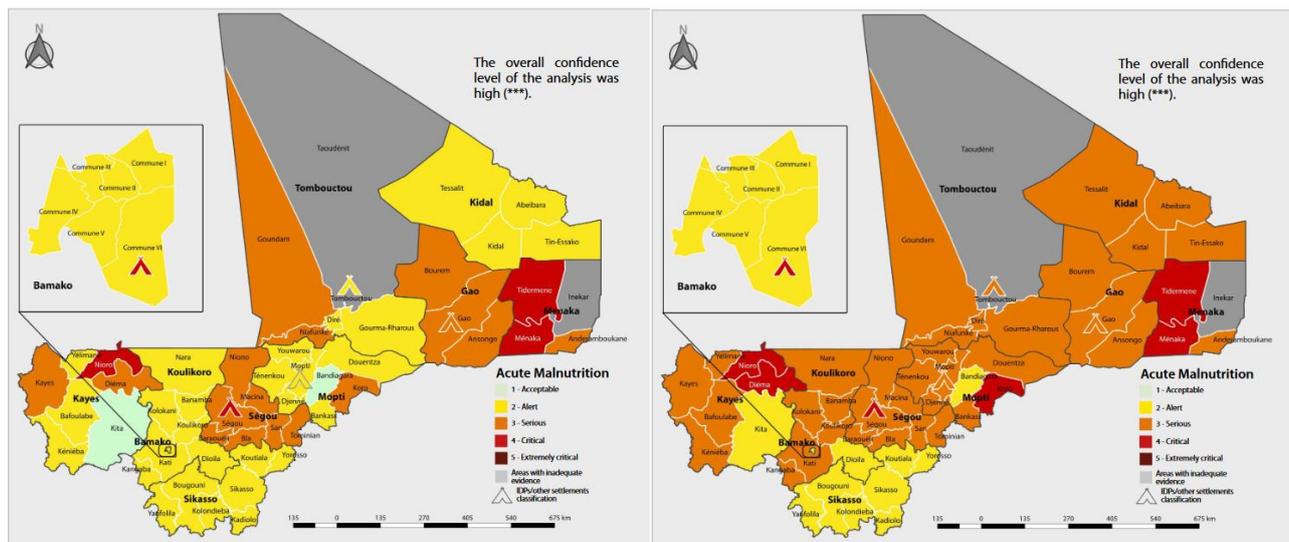


Figure 1: IPC analysis of acute malnutrition from June 2021 to August 2022;

Acute malnutrition is a major public health problem in Mali. The lack of essential vitamins and minerals in children suffering from acute malnutrition leads to stunted growth and development, the consequences of which can be irreversible in the long term. It is one of the main causes of morbidity and mortality in children under five.

<sup>1</sup> See December 2021 joint note between the food security cluster in Mali and the INGO Forum: An unprecedented food crisis in Mali. Address urgent needs and prevent further deterioration.

<sup>2</sup> In West Africa, the Harmonised Framework (*Cadre Harmonisé*) is the main tool following food insecurity severity like the IPC does for other regions in the world. Like IPC it is based on five severity phases, 1 being the best and 5 being famine.

<sup>3</sup> FewsNet, *Mali : L'insécurité et la hausse des prix des denrées alimentaires réduisent l'accès des ménages aux vivres, Perspectives sur la sécurité alimentaire*, février 2022

<sup>4</sup> Integrated Food Security Phase Classification ; *Mali : Acute Malnutrition Snapshot June 2021-August 2022* ; March 2022

## 1. The impacts of an early agricultural lean season, price increases and exogenous shocks

In October 2021, 1.2 million people were already in the lean season without available stocks. Since then, others have been or will be pushed into similar situations in the coming months with the early depletion of their stocks and an early lean season scheduled for April 2022.<sup>5</sup> In January 2022, a multi-sectoral needs assessment conducted by World Vision in the regions of Segou, Mopti, Gao and Timbuktu, involving 25,168 people, showed that half of the households surveyed had no food stocks, with the proportion rising to 70% for female-headed households. 67% of households surveyed said they were resorting to negative coping strategies, including cutting down on the number of meals per day, cutting down on the amount of food during meals, or borrowing from, or relying on help from, friends and relatives.<sup>6</sup>

Households that have exhausted their stocks are entirely dependent on the markets for their consumption and are therefore suffering a double penalty with the exceptional price increase. In February, instead of the usual decline following the end-of-year harvests, prices for the main cereals and pulses that make up the staple diet rose by an average of 79% for millet, 95% for sorghum and 55% for maize compared to the same period last year. These increases are due in particular to poor cereal production in 2021, down 10% compared to 2020, which contributed to a 62% drop in producers' sales compared to February 2021. The drop in sales quantities is explained by various factors, including the lack of producer stocks, which forces them to keep a larger proportion for their own consumption, insecurity, which disrupts the replenishment of certain markets, and the replenishment of stocks by local traders and traders from neighbouring countries.<sup>7</sup>

The war in Ukraine is also likely to have an impact on the prices of food products for which Russia and Ukraine are major producers, such as wheat, sunflower oil and sugar, as well as on products essential to agriculture such as fertilisers. Mali is more than 50% dependent on wheat imports from Russia for its consumption.<sup>8</sup>

Other shocks such as the new forced displacements of populations linked to the resurgence of violence in Menaka could push thousands more people into situations of food distress.

## 2. An early pastoral lean season in areas affected by the food and nutrition crisis

The increase in prices is already affecting livestock farmers in the North, Centre and Kayes areas which are facing a poor pastoral lean season.<sup>9</sup> The poor geographical and temporal distribution of the 2021 rains has led in some areas to deficits in pasture renewal and a drop in surface water tables, as well as the early drying up of ponds. This deficit is reinforced by conflicts in the North and Centre, which prevent pastoralists from accessing certain favourably supplied areas and push herders to group their herds in a reduced number of areas.<sup>10</sup> This leads to a concentration of herds and an overexploitation of pastures and water points in the few accessible areas that still have vegetation cover and water points.<sup>11</sup>

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<sup>5</sup> Fewsnet

<sup>6</sup> World Vision Mali, Multisector Rapid Needs Assessment – Ségou, Mopti, Gao & Tombouctou, January 2022

<sup>7</sup> Observatoire du Marché Agricole, *Bulletin mensuel, Produits Céréaliers*, février 2022, p4

<sup>8</sup> World Food Programme, Implication of the Crisis in Ukraine on West Africa; RBD RAM – situation analysis; March 2022

<sup>9</sup> FewsNet

<sup>10</sup> Alou DIAKITE & Erwann FILLLOL ; [Action Contre la Faim, Production de Biomasse en 2021 analyses et perspectives pour 2022, Mali](#) ; novembre 2022

<sup>11</sup> See the case of Gao region, cf République du Mali, Action Contre la Faim, Réseau Billital Maroobé ; [Bulletin de Surveillance Multisectorielle sur la région de Gao, Mali](#) ; N° 24 Décembre-Janvier 2022

**Case study Taoudénit**<sup>12</sup> - Some areas face particularly critical situations, such as in the Taoudénit region. An evaluation conducted in mid-February by the technical services of Taoudénit<sup>13</sup> found that 71% of the areas evaluated had already exhausted their herbaceous and shrubby pastures, while the remaining 30% were likely to be exhausted within one to two months. The high concentration of the herds combined with the emaciation of the animals accelerates the spread of diseases and parasites. This explains the significant peak in animal morbidity, which rose from 15% to 39% between December 2021 and January 2022.

Animal health has a direct impact on human health, as farmers are dependent on livestock products for their consumption and income. These incomes are severely affected for livestock keepers who have to cope with increases in prices of staple cereals and livestock feed with thinned and sick animals. This leads to negative survival strategies such as overselling livestock, resulting in a decrease in herds and long-term impoverishment with impacts on food and nutritional security. The proportion of under five children suffering from severe acute malnutrition (SAM) recorded during health consultation in the areas assessed shows an increase from 3% in December 2021 to 8% in January 2022. The food and nutrition crisis makes adults and children more vulnerable to disease, particularly acute respiratory infections, with a significant risk of increased mortality. The human morbidity rate for all diseases has doubled in four months, from 4% in October 2021 to 8% in January 2022.

### 3. An insufficient response in a context of budgetary restriction

Mitigating measures have been taken by the transitional authorities, including the introduction of price ceilings for certain staple products such as rice, edible oil, sugar and bread in November 2021.<sup>14</sup> There were also decisions to reduce taxes on commercial rice imports while banning the export of staple grains such as millet, sorghum, maize and local rice. However, these measures were not enough to prevent the exponential rise in cereal prices.

State responses to the needs have been impacted by the budgetary pressure linked to ECOWAS sanctions and the suspension of public aid from the main development donors. The government was unable to finance the National Food Security and Nutrition Survey (ENSAN) at the beginning of 2022, which was to have enabled the March-April revision of the Harmonised Framework. Other assessments carried out by technical services and partners are underway, which should make it possible to propose analyses of changes in needs, but will not make it possible to update the figures in the Harmonised Framework. In a year of exceptional crisis, this means that the responses provided will be based on the projections made in October, which are probably underestimated.<sup>15</sup>

Beyond the assessment of actual needs, budgetary pressures are also impacting on the funding of the National Response Plan (NRP), which is the main state response to support households in the areas most affected by food and nutrition insecurity. The NRP plans for the state to ensure the distribution of 64,000 tons of food to more than 1.8 million vulnerable people and to strengthen the resilience of 2.8 million people through the

<sup>12</sup> Taoudénit is a new region in Mali, north of Timbuktu and populated mainly by pastoralists. Its case is chosen here to illustrate and detail the problems faced by pastoralists in predominantly pastoralist areas in the North heavily impacted by the early pastoral lean season.

<sup>13</sup> Office de Protection des Végétaux (OPV), Direction Régionale des Productions et des Industries Animales (DRPIA) de Taoudénit, Direction Régionale de Service Vétérinaire (DRSV) Taoudéni, Agronome et Vétérinaire Sans Frontières (AVSF), Association pour le Développement Endogène au Sahel (ADESAH) avec le soutien de l'Agence Française de Développement et de la Région Auvergne-Rhône-Alpes ; *Rapport évaluation des pâturages en zone pastorale dans la région de Taoudénit du 16 au 20 février 2022* ; février 2022

<sup>14</sup> <https://malijet.co/economie/lutte-contre-la-vie-cher-le-gouvernement-fixe-le-prix-plafond-de-certains-produits-sur-le-marche>

<sup>15</sup> Based on previous years, revisions to the March harmonised framework generally increase projections for the lean season compared to projections made in October of the previous year. Between the October 2019 and March 2020 Harmonised Frameworks, projections of the number of people in phases 3 to 5 for June-August 2020 increased by 20%. Between the October 2018 and March 2019 Harmonised Frameworks, projections of the number of people in the crisis phases increased by 32%.

distribution of nearly 5,000 tons of livestock feed. However, this response is likely to be cut in half due to a funding gap of more than 48%, i.e. 12.4 billion CFA francs (almost 21 million US dollars).<sup>16</sup>

The humanitarian response, which should complement the state's emergency and early recovery response, is also facing major gaps. The decrease in funding compared to the increase in needs since 2017 and the lack of adequate funding partly explain the inability to stem the food and nutrition crisis. Coverage of essential nutrition programs and interventions remains below 50% due to lack of resources.<sup>17</sup> In the food security sector, the response in 2021 was only 25% funded,<sup>18</sup> with most of the funding going to rapid responses of one or two months with unequal rations<sup>19</sup> that do not always allow beneficiaries to cover the month, let alone escape their vulnerability. Early recovery and resilience responses were the least funded, failing to stem the accelerating deterioration of the food crisis.<sup>20</sup>

Responding to the food and nutrition crisis also requires appropriate and sufficient multi-sectoral responses that will reinforce the state's social protection response. The health and water, sanitation and hygiene (WASH) sectors are particularly important in the food and nutrition context and will require much greater efforts than last year, when the WASH sector was only 12% funded.<sup>21</sup>

#### 4. Recommendations

Gaps in emergency response and especially the lack of systematic support for early recovery responses have limited the ability of humanitarians to prevent the exponential increase in needs following the 2021 lean season. To break the spiral of rising needs, it is crucial to focus on emergency, resilience and agricultural and pastoral recovery responses now in preparation for the June agricultural season until the October 2022 harvest.

**The strengthening of state responses to the crisis is central to the hope of stemming the crisis, including**

- **The mobilisation of USD 21 million<sup>22</sup> to enable the full implementation of the government's social safety net response** as set out in the NRP;
- **The adoption of measures to stabilise cereal and livestock feed prices;**
- **Sufficient supply of moderated acute malnutrition and severe acute malnutrition inputs in health facilities;**
- **The mobilisation of the necessary funding to be able to carry out the Harmonised Framework of October 2022.**

**Humanitarian and development donors have a crucial role to play and should:**

- **Release USD 150 million by May 2022 for urgent food security and early recovery responses,** including distributions of full rations of food or cash for the most vulnerable, systematically accompanied by:
  - **Support for the maintenance and the reconstitution of livelihoods** through Income Generating Activities, village savings and micro-credit activities, facilitation of access to land, animal feed, livestock or other livelihoods;
  - **Support for agricultural recovery** through providing seeds, fertilizers and other agricultural inputs for small producers whose stocks are depleted or insufficient;
  - **Livestock recapitalization** support for the most vulnerable small breeders.

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<sup>16</sup> République du Mali, Présidence de la République, Commissariat à la Sécurité Alimentaire ; Plan National de Réponse au titre de l'année 2022 ; janvier 2022

<sup>17</sup> Nutrition Cluster, March 2022

<sup>18</sup> Financial Tracking Service

<sup>19</sup> Or cash amount distributed.

<sup>20</sup> Cluster Sécurité Alimentaire Mali, *Analyse détaillée de la réponse des acteurs de la sécurité alimentaire en 2021*, Février 2022

<sup>21</sup> Selon les chiffres du FTS

<sup>22</sup> 12,4 billion FCFA converted here in dollars for more coherence with the other recommendations

- **Release USD 40 million by May 2022 for responses to prevent and treat malnutrition**, and in particular<sup>23</sup>:
  - **Immediately strengthen the management of cases of malnutrition** (acquisition of inputs, screening and referral of cases, care with the application of simplified protocols, training supervision of agents in care sites, etc.) in order to save lives affected children and pregnant and breastfeeding women;
  - **Reinforce best Infant and Young Child Feeding (IYCF) practices** (exclusive breastfeeding, dietary diversification, promotion of consumption of local foods);
  - **Distribution of food supplements and nutritional supplements** for children aged 6 to 23 months and pregnant and breastfeeding women;
  - **Promote the consumption of local foods rich in micronutrients.**
  
- **Release USD 25 million for WASH and USD 10 million for health by May 2022 with a particular focus on areas of acute malnutrition**, in particular for:
  - **Measles vaccination and vitamin A supplementation** coverage;
  - **Malaria prevention** by Seasonal Chemo Prophylaxis (CPS) and case management;
  - **The prevention and management of cases of diarrheal diseases** through the use of Oral Rehydration Solution (ORS Zinc) and **the improvement of access to drinking water, handwashing and sanitation services.**
  
- **Establish effective operational coordination between humanitarian and development donors within the Executive Cooperation Group (GEC in French)**, to maximize the impact of the funding allocated and ensure:
  - **Systematic support for emergency responses through early recovery and resilience responses**, including support for agricultural and pastoral recovery;
  - **Optimal and coordinated geographical coverage** of needs and limiting redundancy between responses;
  - **The implementation of funding tools adapted by development donors to support resilience responses** that are complementary to humanitarian responses, flexible and adaptable to rapidly changing needs in crises areas.

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<sup>23</sup> The areas of intervention listed below for nutrition and the following EHA and health recommendation are taken directly from the IPC recommendations on malnutrition from June 2021 to August 2022. For EHA and health the proposed areas of intervention are those directly related to malnutrition and do not claim to cover all the necessary EHA and health interventions over the coming months.

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