

CHAD

SERIOUS TO CRITICAL NUTRITION SITUATION PERSISTS IN CHAD IN 2020

IPC ACUTE MALNUTRITION ANALYSIS AUGUST 2019 - MAY 2020

Issued In March 2020

Overview

In total, 6 provinces and 27 departments of Chad were in a Serious (IPC Phase 3) to Critical (IPC Phase 4) nutritional situation between August and September 2019, which coincides with the peak period of malnutrition. It is estimated that more than 1.8 million children aged 6-59 months will likely suffer from acute malnutrition during the year 2020, based on the results of the national SMART survey conducted in August 2019. Between October and December 2019, the situation likely improved, with 4 provinces and 13 departments in Serious to Critical conditions. From May 2020, if the necessary measures have not been taken, we

could again see a fairly significant deterioration in the nutritional situation with 5 provinces and 16 departments in the Serious to Critical phases (IPC Phase 3 and 4). Between August and September 2019, out of the 11 provinces analyzed at the provincial level, 4 provinces (Kanem, Ennedi-Ouest, Tibesti and Barh-El-Gazel) were classified in a Critical situation (IPC Phase 4), and 3 provinces (Wadi-Fira, Hadjer-Lamis and N'Djamena) in a Serious situation (IPC Phase 3). Of the 35 departments analysed, 13 are in Critical situations (Borkou, Borkou Yala, Haraze Mangueigne, Barh Azoum, Aboudeia, Kimiti, Djourouf Al Ahmar, Fitri, Batha Est, Batha Ouest, Wadi Hawar, Am-Djarass and Baguirmi) and 17 in Serious situations (Loug Chari, Barh Signaka, Abtouyour, Guera, Mangalme, Mamdi, Wayi, Fouli, Kava, La Kabbia, Mont Illi, Mayo Boneye, Mayo Lemye, Lac Wey, Ngourkosso, Assoungha and Ouara). The conditions are expected to have improved significantly between October and December 2019 before deteriorating again from April 2020.

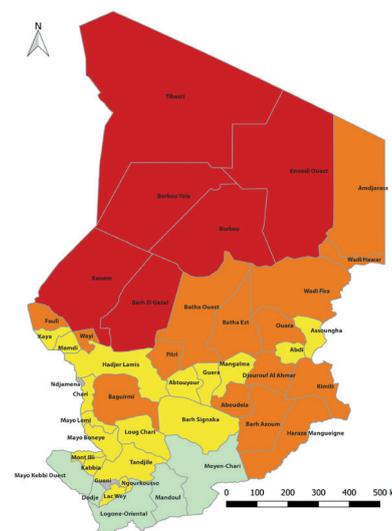
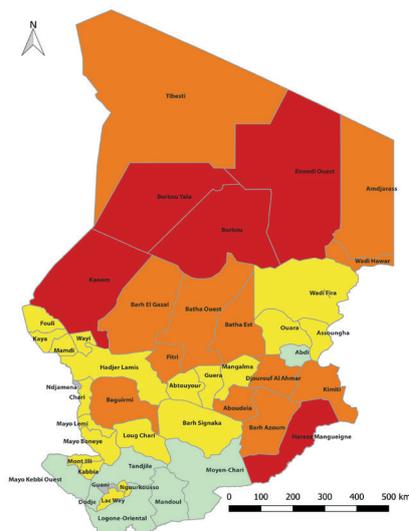
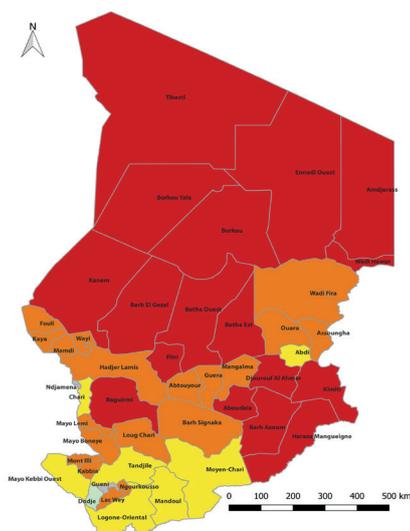
The major contributing factors vary from one unit of analysis to the other. These are mainly: the poor quality of food intake due to bad practices, the high prevalence of child morbidity and very alarming levels of anaemia, poor hygienic conditions, bad Infant and Young Child Feeding (IYCF) practices and low coverage of access to drinking water. The negative effects of the volatile security situation in northern Chad and inter-community conflicts in other parts of the country are adversely affecting the nutritional situation. Household food insecurity appears to be a minor contributing factor in the majority of the areas analysed.

| ACUTE MALNUTRITION AUGUST 2019 - MAY 2020 | | |
|---|--|------------------|
| 1,864,904 the number of 6-59 months children acutely malnourished IN NEED OF TREATMENT | Severe Acute Malnutrition (SAM) | 461,186 |
| | Moderate Acute Malnutrition (MAM) | 1,403,718 |
| | 330,633 Pregnant or lactating women acutely malnourished IN NEED OF TREATMENT | |

Current: August - Sept 2019

1st Projection: Oct - Dec 2019

2nd Projection: Jan - May 2020



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

RECOMMENDATIONS FOR ACTION

Response Priorities

In provinces and departments classified in Serious acute malnutrition (IPC Phase 3) and above, urgent and early interventions are needed to reverse trends in acute malnutrition:

- Ensuring treatment for all children suffering from acute malnutrition in the current situation must be the first priority to reduce the under-five mortality rate;
- Capitalize on the achievements in the implementation of emergency responses (minimum package system) and early prevention that have helped to limit the deterioration of the nutritional situation;
- Encourage initiatives in favour of Food Security, Nutrition and Sustainable Agriculture (SANAD);
- Increase the rate of access to drinking water and sanitation;
- Intensify and better coordinate resource mobilization efforts in order to rapidly and effectively increase the coverage of actions to prevent and treat acute malnutrition while exploring their extension to the community level.

Situation monitoring and update

- Conduct an analysis of the response involving all relevant sectors involved in nutrition in Chad to effectively address nutrition problems in areas where the persistence of crises is recognized;
- Organize a workshop to share the results of the IPC AMN and set up a mechanism to follow up on the risk factors identified by the IPC AMN analysis and follow-up on the recommendations;
- Establish an IPC AMN steering committee at country level;
- Initiate the creation and operationalisation of an early warning system for nutrition within the existing nutrition surveillance system in Chad.

Risk factors to monitor

- Active surveillance for measles, diarrhoea, malaria and acute respiratory infections (ARI);
- Coverage of preventive and curative care (Acute Malnutrition, Measles, Malaria and ARI);
- Evolution of the security situation;
- Household food security.

It is important to note that the IPC is not a tool for response analysis. Proposed interventions should be further analysed to determine their technical and economic feasibility.

Acute Malnutrition Phases

| Phase 1 Acceptable | Phase 2 Alert | Phase 3 Serious | Phase 4 Critical | Phase 5 Extremely Critical |
|--|--|--|--|--|
| Less than 5% of children are acutely malnourished. | 5–9.9% of children are acutely malnourished. | 10–14.9% of children are acutely malnourished. | 15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised. | 30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident. |

What is the IPC and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

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