

Acute Malnutrition October 2020 - September 2021

1.9M
The number of 6-59 months children acutely malnourished
IN NEED OF TREATMENT

0.35M
Pregnant or lactating women acutely malnourished
IN NEED OF TREATMENT

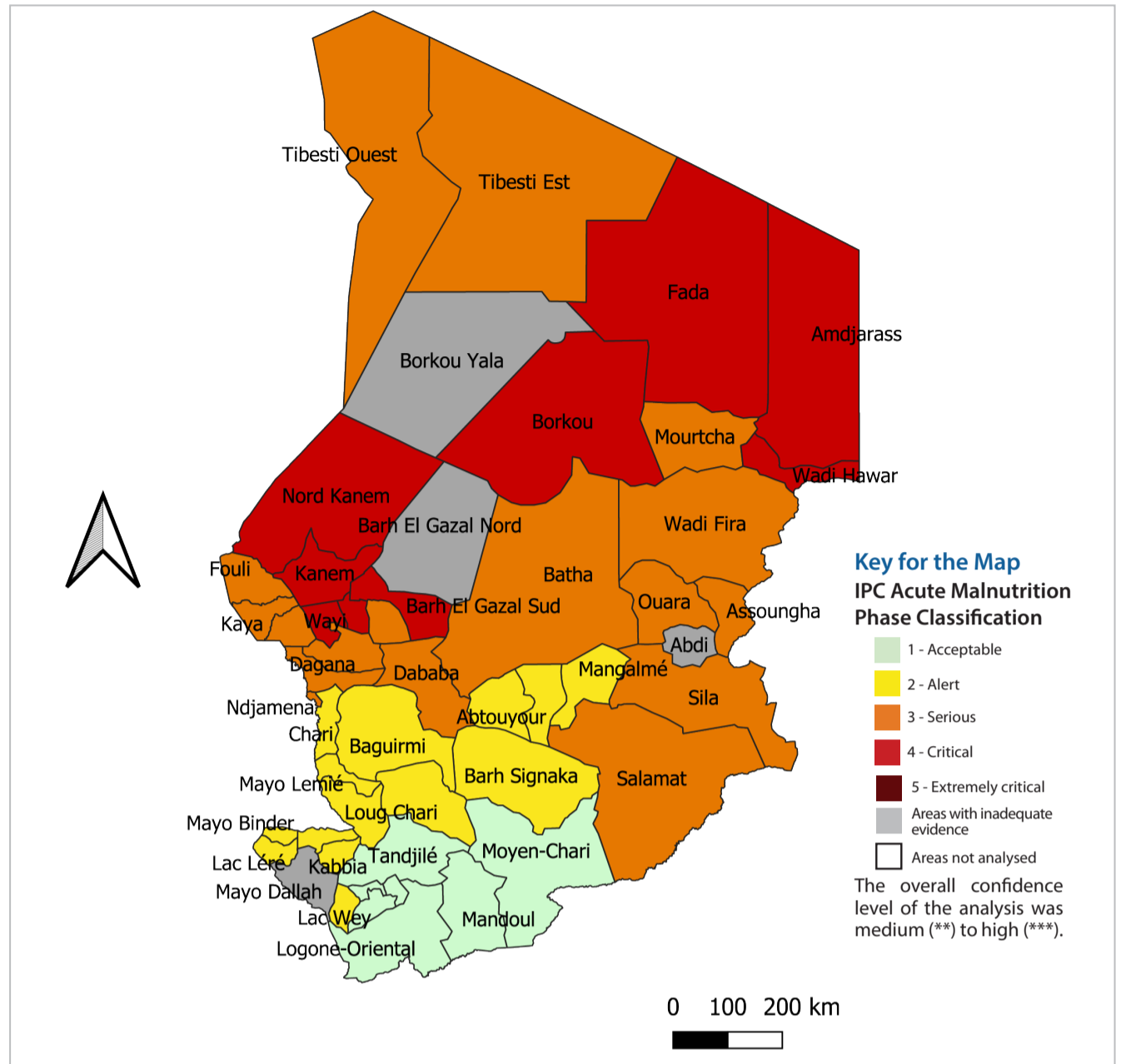
Severe Acute Malnutrition (SAM)	401,000
Moderate Acute Malnutrition (MAM)	1,497,000
Global Acute Malnutrition (GAM)	1,898,000

Overview

Nearly 1.9 million children under the age of five and over 346,000 pregnant and lactating women will likely suffer from acute malnutrition over the course of 2021. These include over 400,000 children that are severely malnourished and require urgent action. This situation is a result of a combination of factors, mainly, the poor quality of food intake due to bad Infant and Young Child Feeding (IYCF) practices, the high prevalence of child morbidities, poor sanitation, low coverage of access to drinking water, as well as the volatile security situation in northern Chad and inter-communal conflicts in other parts of the country.

Between October and December 2020, which coincides with the period of imdecreased malnutrition, four provinces and 22 departments were in a Serious (IPC Phase 3) to Critical (IPC Phase 4) nutritional situation. Between January and May 2021, the situation is expected to either remain the same or slightly deteriorate, with eight departments in a Serious situation moving to a Critical one and another eight departments remaining in a Critical situation. From June to September 2021, if adequate measures are not taken, a significant deterioration in the nutritional situation will likely be observed, leading to a change of phase for two provinces and 16 departments from Serious to Critical and two provinces and 13 departments from Alert (IPC Phase 2) to Serious.

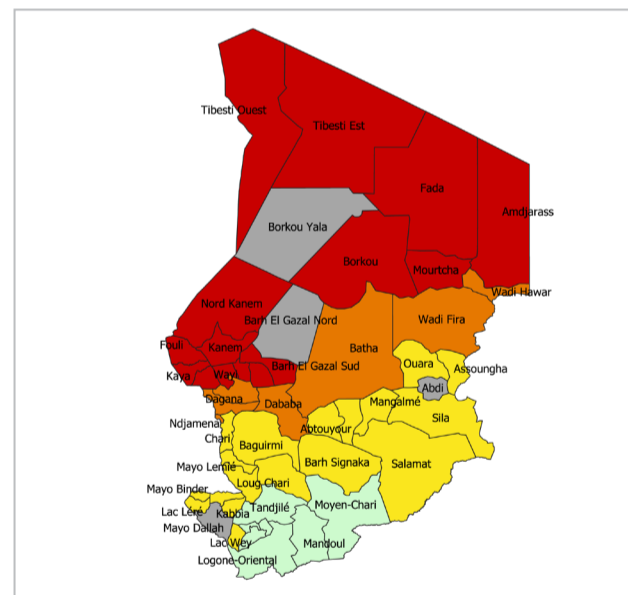
Current Acute Malnutrition | October - December 2020



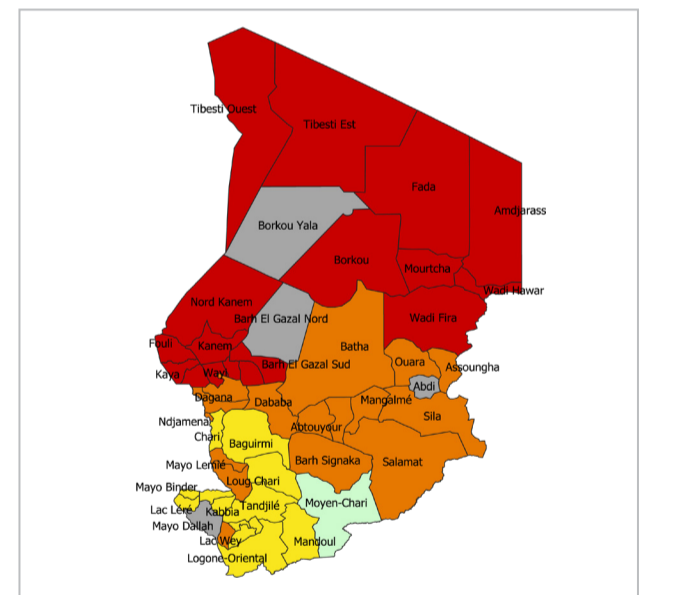
Key Drivers

- Inadequate food consumption**
Low dietary diversity, inadequate minimum acceptable diet, low minimum meal frequency.
- Low accessibility to quality health services**
Low accessibility to quality health services with increased morbidity due to: diarrhoea, malaria, acute respiratory infections, anaemia and measles.
- Poor caring and feeding practices**
Poor infant and young child feeding (IYCF) practices, low coverage of safe water and inadequate sanitation conditions.
- Insecurity and conflict**
Residual insecurity and inter-communal conflicts.

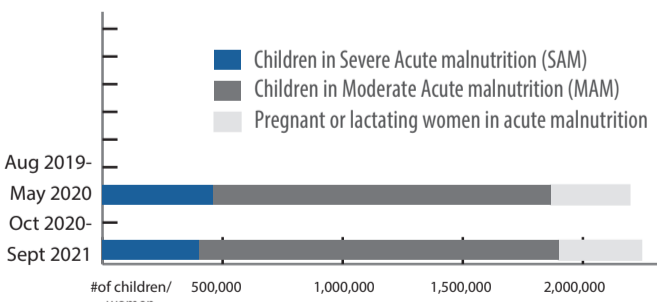
1st Projection 1 Acute Malnutrition | Jan - May 2021



2nd Projection Acute Malnutrition | June - Sept 2021



Trend Analysis 2019 - 2021



Recommended Actions

- Provide Humanitarian Assistance**
Guarantee treatment for all children suffering from acute malnutrition. This must be the first priority to reduce the mortality rate of children under five.
- Take actions for early prevention**
Capitalise on the achievements in the implementation of emergency responses (minimum package system) and early prevention that have limited the deterioration of the nutritional situation.
- Promote SANAD and improve services**
Encourage initiatives in favour of Food Security, Nutrition and Sustainable Agriculture (SANAD); and increase the rate of access to drinking water and sanitation services.
- Promote good caring and feeding practices**
Strengthen the implementation of community activities to promote good infant and young child feeding practices.
- Mobilise Resources**
Intensify and better coordinate efforts to mobilise resources in order to rapidly and effectively increase the coverage of actions for the prevention and management of acute malnutrition while exploring their extension to the community level.
- Monitor risk factors**
Cases of measles, diarrhoea, malaria and acute respiratory infections; coverage of preventive and curative care (acute malnutrition, measles, malaria and ARIs); evolution of the security situation; household food security and in particular the effects related to COVID-19.

Publication date: 30 April 2021 | *IPC population data is based on population estimate by the National Statistics Office in Chad. | Feedback: IPC@FAO.org | Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.

This analysis was conducted under the sponsorship of the Directorate of Nutrition and Food Technology (Ministry of Public Health). It benefited from the technical and financial support of UNICEF and WFP.

Classification of food insecurity and malnutrition using the IPC protocols, developed and implemented by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Food Security Cluster, Malnutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

