Key nutrition challenges

1.9M children under 5 years were wasted in October 2020–September 2021
401 090 of them were severely wasted

346 580 pregnant and lactating women were wasted

From the end of 2020 to June–September 2021, the nutrition situation across Chad deteriorated considerably, with 28 departments classified in Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4) (IPC AMN, April 2021).

By October–December 2021, the number of wasted children and women were projected to decline, aligning with the harvest period (IPC, December 2021).

Wasting figures observed in June–September 2021 were in line with those of August–September 2019, when roughly the same number of children under 5 years were wasted (IPC, March 2020 and April 2021). Both analysis periods coincided with the lean season, during which time acute food insecurity historically reaches its peak.

Key drivers

Caring and feeding practices
Inadequate dietary intake was identified as a primary driver of nutritional challenges during 2021, with over 88 percent of children between 6–23 months at the national level not meeting minimum dietary diversity levels. Similarly, over 91 percent of children did not have access to minimum acceptable diets. Other concerning indicators include high anaemia deficiencies, which affect 30–80 percent of children (IPC AMN, April 2021).

Fewer than one percent of children are exclusively breastfed for 6 months, falling well below the global target of 50 percent (Global Nutrition Report, 2021).

Food security and access to healthy diets
When comparing nutritional outcomes with the results of recent acute food insecurity analyses, IPC indicated that high levels of acute food insecurity were a contributing factor to the nutritional status of children and women in nine out of 38 departments. The difficult nutritional situation in several provinces classified in Serious (IPC AMN Phase 3) and Critical (IPC AMN Phase 4) was attributed in part to a high frequency of conflict and insecurity-related incidents (IPC AMN, April 2021). Intercommunal conflicts and insecurity in Lac region triggered population displacements in 2021, disrupting access to food sources, livelihoods and essential services. Insecurity also stymied the distribution of humanitarian assistance, which worsened nutritional outcomes for vulnerable populations (HNO, March 2022).

When comparing the CH acute food insecurity map for June–August 2021 and the IPC acute malnutrition map covering July–September 2021, the severity of needs broadly matches, with higher classifications for both acute food insecurity and acute malnutrition concentrated in the regions of Tibesti, Borkou, Kanem, Lac, Barh El Gazal, Batha, and Ennedi Ouest in particular. However, while these areas were in Crisis (IPC Phase 3) in terms of acute food insecurity needs, Tibesti, Borkou, Kanem, Barh El Gazal, and Ennedi Est and Ouest were classified as Critical (IPC AMN Phase 4). In several regions where acute malnutrition was classified as Serious (IPC AMN Phase 3) or above, acute food insecurity needs were classified as Stressed (IPC Phase 2) or Minimal (IPC Phase 1), notably in Ennedi Est, Guera, Hajer Lamis, Mayo Kebbi Est, Mayo Kebbi Ouest, Ouaddai, Salamat and Sila (IPC AMN, April 2021).

Health services and household environment
Access to health services is limited in Chad, which poses an obstacle to households seeking treatment for wasting and other nutrition challenges. In 26 out of 35 analysed departments, a high prevalence of childhood illnesses, notably diarrhoea, malaria and measles, was reported and observed as a contributor to poor nutritional outcomes (IPC, April 2021). COVID-19 restrictions further reduced access to essential services, particularly healthcare (HNO, March 2022).

MAP 3.17
IPC acute malnutrition situation, October–December 2021
Out of 38 departments analysed, 16 were classified in Critical (IPC AMN Phase 4) and 11 in Serious (IPC AMN Phase 3).