CHAD: FOOD SECURITY AND NUTRITION CRISIS

Appeal for a response at scale

January 2018
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The food security and nutrition situation is **deteriorating**.

The chronicity of the crisis requires a **new way of working** combining humanitarian and development interventions.

In 2018, US$ **282.5 million** are needed to save the lives of those most affected by the food and nutrition crisis in Chad.
In Chad, over four million people are affected by food insecurity and malnutrition each year. Unable to meet their food needs, in a context where access to basic social services is extremely limited, their health and in particular their nutritional status can deteriorate rapidly.

The agricultural lean season, from May to September, during which new agricultural products are not yet available on the markets while food stocks from the previous crop year are exhausted, and the rainy season that destroys many crops from July to October are both critical times for the most vulnerable Chadian populations. During and after these periods, many vulnerable households are no longer able to eat sufficiently and can adopt survival strategies that are harmful to their health and nutritional status.

In 2018, close to 900,000 people will be severely food insecure in Chad during the lean season, requiring emergency food assistance and livelihood support programmes.

The majority of these people live in the Sahel belt. In addition, the food situation of 2.6 million people will remain precarious. Under pressure, these families can fall into food insecurity at any time. In addition to these affected Chadian populations, more than 410,000 refugees and more than 66,000 Chadian returnees do not have access to sufficient livelihoods to cover their food and nutritional needs.
The food situation is alarming: Chad ranks second in the 2017 Global Hunger Index, highlighting the extreme vulnerability of its population in the face of the food crisis. This chronic crisis is accentuated by a deep economic and social crisis and intensifying agro-climatic hazards due to climate change, which affect the most vulnerable populations in the Sahel belt but also in new areas previously spared like Tandjilé.

The situation of pastoralists is particularly precarious in part of the Sahel. Faced with a shortage of pastureland and water points and the closure of the border with Nigeria, preventing the export of livestock, their incomes have dramatically dropped, threatening their livelihoods.

The situation of displaced and host populations in the Lac region is worrying. Following population movements caused by the crisis in Nigeria and due to climate change directly affecting the Lake Chad area, nearly 172,000 people will be “under pressure” during the 2018 lean season, which means that they can fall into severe food insecurity at any time. More than 187,000 people will need emergency assistance. The Lac region is the only one in Chad where two departments were classified as in the “crisis” phase during the last quarter of 2017.

The food crisis has a dramatic impact on the nutritional status, particularly of children as well as pregnant and lactating women.

Malnutrition is one of the leading causes of child mortality, with Chad having the sixth highest child mortality rate in the world. One in seven children die before their fifth birthday. In addition, malnutrition has irreversible consequences on the child’s cognitive and intellectual development as well as on the one of future generations through intergenerational genetic transmission.

In 2017, the nutritional situation has significantly deteriorated: the prevalence of global acute malnutrition (GAM) at national level is estimated at 13.9 per cent, against 11.9 per cent in 2016. Twelve out of 23 regions in the country have been declared in a nutritional emergency. As for severe acute malnutrition (SAM), the prevalence exceeds the 2 per cent emergency threshold in 15 regions. Nearly 200,000 children suffer from severe acute malnutrition. Chronic malnutrition has also increased, from 26 per cent in 2016 to 32.4 per cent in 2017, exceeding the critical threshold of 40 per cent in five regions.

The effects of climate change, low investments in agriculture, livestock and health, challenges of access to land and to safe drinking water, to healthcare and education, lack of training on new agricultural techniques and lack of sensitizations on nutrition that perpetuates inadequate food practices are all structural factors and root causes contributing to the persistence of food insecurity in Chad and endemic malnutrition in the country.
Child malnutrition in Chad

In Sahelian countries like Chad, where a majority of people live in precarious conditions with low food resources, malnutrition is due to a poorly diversified diet, which lacks energy and proteins, and especially vitamins and minerals. Acute malnutrition, which endangers the life of the child, is caused by an inadequate diet that does not cover the nutritional needs of the child, especially during lean seasons. However, it is also due to the child’s general health status (diarrhea, malaria or respiratory infections may be the cause or consequence of malnutrition), and aggravated by lack of access to health care and to drinking water. Long linked exclusively to food resources, we now know that child malnutrition is a more complex phenomenon whose underlying causes may be food availability but also access to basic services.

Acute malnutrition, or emaciation, is characterized by rapid weight loss over a short period of time. In children, it can be measured using the weight-to-height nutritional index or the average arm circumference. There are different levels of severity of acute malnutrition: moderate acute malnutrition (MAM) and severe acute malnutrition (SAM). By adding the prevalence rates of MAM and SAM, we obtain that of global acute malnutrition (GAM).

Chronic malnutrition develops slowly, and is linked to structural poverty. If a child suffers from chronic malnutrition for an extended period of time, he or she will be stunted and more likely to be exposed to illnesses. Chronic malnutrition is detected by assessing the size / age ratio. It seriously affects the development of children and productivity in adulthood.

Prevalence of severe acute malnutrition (SAM)
In addition to the Sahel belt, southern Chad, formerly spared by the food security crisis, is experiencing a serious deterioration.

The region of Tandjilé, Chad’s rice granary that used to supply neighboring regions, faced a significant drop in harvest, resulting from the absence of rains. In May 2017, nearly 55,000 people were food insecure (crisis phase) in a region that was generally spared by the crisis, although affected by malnutrition. The proportion of households with poor and limited food consumption increased from less than 1% in October 2016 to 18% in October 2017.

This situation of food unavailability has strongly affected the nutritional status of children. According to the results of the SMART survey, the global acute malnutrition rate in Tandjilé region increased from 9% in 2016 to 14.1% in 2017 with 4.2% of children affected by severe acute malnutrition.

In the absence of seeds, consumed at the height of the crisis, a large number of households are now in a precarious situation. Adequate assistance is still required for these people. Thus, 6,900 households in East Tandjilé need support in 2018 to rebuild their livelihoods and overcome severe food insecurity.
In this family of 11, Peudjak, a two-year-old girl, used to run around the yard before the lack of food weakened her. The little girl developed a high fever with diarrhea. Due to lack of resources, the Ninga County Health Center was unable to take care of her and referred her to Lai Regional Hospital, 15 km to the south.

The family’s food stock has however been exhausted for some time. To save Peudjak’s life and continue to provide a minimum of a daily meal for family members, the girl’s father was forced to sell all their valuables, including the family’s only plowing unit that allowed the household to produce, hence plunging the family into food insecurity.

Like little Peudjak, 11,000 children under five have been severely affected by food insecurity and malnutrition in the Tandjilé region since 2017.
Response to food insecurity is provided through in-kind food distributions or through cash transfers and vouchers. In the latter case, people receive an amount that allows them to purchase food directly from local producers. This type of assistance is more and more widespread in Chad because it enables affected populations, beyond the food basket, to rebuild their productive assets or buy useful seeds to restore their livelihoods, or to prioritize other needs. The use of cash and vouchers makes it possible to respect the preferences of the affected populations, preserve their dignity and empower them. In addition, this approach is an indirect means of supporting markets and revitalizing the local economy.

Response to malnutrition is characterized by a continuum between preventive and curative interventions and includes:

- A preventive component: including the distribution of nutritional supplements to children and pregnant and lactating women, early nutritional surveillance and the promotion of key family nutrition practices, health, and water, hygiene and sanitation.
- A curative component through the distribution of specific food at supplementary nutritional units (UNS) and the treatment of severe acute malnutrition (SAM).
- Strengthening the health system through capacity building of medical and paramedical staff to conduct active screening, promote good infant and young child feeding practices, raise awareness of key family practices, and provide nutritional education.

However, underfunding is a major challenge.

The response to the food security and nutrition crisis is insufficient. In 2017, 94% of people targeted for food assistance were reached, but they only received half food rations and assistance was interrupted for several months. The lack of funding also makes it impossible to implement most of the necessary nutrition and prevention activities.

Given the poor coverage of the health system and the lack of funding, the treatment of severe acute malnutrition primarily targets over 200,000 children under five, mainly in the Sahel belt, which is most affected by the nutritional crisis exacerbated by food insecurity. In 2017, 198,000 children suffering from severe acute malnutrition and 165,000 children with moderate acute malnutrition aged 6 to 59 months were treated, representing respectively 87% and 50% of the expected target for SAM and MAM.
An urgent response to the scale of needs remains an imperative to save the lives of millions of Chadians but is insufficient in the face of the chronicity and magnitude of the food and nutrition crisis. Responses targeting only the symptoms of crises have shown their limits in reversing food insecurity and malnutrition trends in the long term.

In Chad, the causes of food insecurity and malnutrition are multi-sectoral and combine structural factors linked to low development, which are amplified by cyclical factors such as the consequences of climate change, security and health crises, or the economic crisis that currently affects the country.

Faced with this situation, it is necessary to adopt an integrated approach that supports and extends the response to vital needs, in order to strengthen the resilience of populations and reduce their vulnerability to shocks. This involves identifying areas of convergence with development partners and the Government. It is also essential to move towards multi-sector and multi-year interventions.

Achieving sustainable food security also means strengthening national capacities and implementing concrete measures to reduce risks and adapt to climate change.

Towards multi-sector integrated approaches

In order to prevent the vicious circle of under-nutrition, especially among children, caused up to 60% by poor access to drinking water, hygiene and sanitation, the integrated approach “Wash in Nut” includes specific activities targeting both populations and health centers and was introduced and promoted in Chad in 2017 with a focus on the “mother / caregiver-malnourished child couple”.

In 2018, it will be extended to critical areas and, coupled with food security and education, it will provide a sustainable way out of the nutritional crisis.

The nutrition-food security combined approach, targeting primarily food-insecure households with malnourished children and pregnant and lactating women and aimed at restoring their ability to cope with food security shocks, is promoted in the Sahel belt. Experience has shown that the prevalence of malnutrition has been maintained at satisfactory levels among refugee and IDP populations receiving continuous food assistance.

Yet, these multi-sector approaches that contribute to an appropriate, sustainable and effective response to the crisis are still poorly funded in Chad.
The 2017/2018 crop year was marked by a poor distribution of rainfall, with rainfall deficits in the Sahel and large-scale floods in the south of the country, destroying many crops. Preliminary results of the crop year indicate significant decreases in cereal harvests in the Sahel regions compared to five-year averages, despite a 3.2% increase at the national level. Recession and off-season crops are threatened by pests. In this context, an early lean season is anticipated in 2018.

The pastoral crisis declared by the State in April 2017 and the lack of response explain the deterioration of the situation currently observed in Wadi Fira, Kanem and Barh El Gazal, with significant pastureland deficits in some areas in the Sahel, which may lead to increased livestock mortality. This has resulted in an anticipated transhumance of pastoralists, creating an increase in tensions between farmers and herders around the use of resources.

A total of 3.5 million people will be food insecure during the 2018 lean season, which will be early in most affected areas. Among these people, 889,000 will be in “crisis” and “emergency” phases, the majority in the Sahel belt. If the total figures are similar to those of the 2017 lean season, there is a growing number of people in “emergency” phase (from 36,000 in 2017 to 101,000 in 2018). These figures do not include the 411,000 refugees and 66,000 Chadian returnees who also need food assistance and support to strengthen their livelihoods.

The nutritional situation of children under five has deteriorated in several regions in 2017, leading to nutritional emergencies that need to be addressed in 2018.

In 2018, more than 1.7 million people will need nutrition assistance in the country, including more than one million in the regions identified as priorities by the nutrition cluster. The cluster targets 504,223 people including 169,172 cases of severe acute malnutrition among children aged 6-59 months, 211,166 cases of moderate acute malnutrition among children aged 6-59 months and 37,699 cases of pregnant and lactating women suffering from acute malnutrition.
The chronic underfunding of the humanitarian response to the food security and nutrition crisis, despite the severity of the crisis affecting a growing number of people, remains a source of concern for the humanitarian community and the Government, which has formulated a national response plan in December 2017.

In line with its strategic vision “Chad, an Emerging Country in 2030”, it is urgent that all humanitarian and development partners working in food security and nutrition, including donors, commit themselves alongside the Government to making nutrition and food security a national priority.

FINANCIAL REQUIREMENTS

**Increased funding** to ensure a response at the scale of growing needs and maintain humanitarian standards.

**Timely funding**, to ensure a timely response and pre-position stocks ahead of the rainy season, or face an early lean season.

**Multi-year funding**, to allow for better planning, ensure more flexibility in the face of an evolving context, and facilitate linkages with development programming.

Meeting the priority food security needs in 2018 requires **$ 220.5 million**, integrating interventions for refugees, returnees, IDPs in the Lac region, seasonal assistance and livelihood support programs benefitting local populations.

The planned interventions are estimated at **$ 62 million**. Less than 10% of this amount is currently available.

Due to the lack of funding, 106,000 children under five and 73,000 pregnant and lactating women and girls may not be assisted in 2018. These people, mainly affected by moderate acute malnutrition (MAM), could be supported if financial resources were available in time to take into account gaps in priority areas, but also extend assistance to all cases of malnutrition expected in the country.

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