



QUATERLY REPORT #4

Program Title: *Strengthening recovery and resilience after the 2012 food crisis and its ongoing consequences, and addressing malnutrition in return areas of Eastern Chad*

Start/End Dates: *01/June/2013 – 31/May/2014*

Total Number of Individuals Affected in the Target Area 235,000

Total Number of Beneficiaries Targeted (Individuals) 50,257

Total Number of IDP Beneficiaries Targeted (Individuals)
as subset of above 5,025

Reporting period: *January, 1st 2014 – March, 31st 2014*



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1. Program Summary

Sector Name:	<i>Agriculture and food security</i>
Objective:	<i>To help beneficiaries recover from past crises through a reinforcement of household agricultural resources</i>
Dollar Amount Requested:	402,037 USD
Number of People Targeted:	27,000 persons targeted (4,500 households)
Number of Returnees Targeted:	450 households (2,700 persons –returnees)
Achievement - March 31, 2014	20,982 persons (2, 098 returnees)
Geographic Area(s):	<i>Chad – Ouaddai Region – Assounga Department – Adre Prefecture – Hadjer-Hadid and Borota Sub-Prefectures – Barde and Kado Cantons</i>
Keyword(s):	<i>Livestock, Livelihoods, Climate</i>
Sub-sector Name:	<i>Improving agricultural production / food security</i>
Indicator 1:	<i>Projected increase in number of months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households (+ 3 months)</i>
Achievement - March 31, 2014	+3,8 months
Indicator 2:	<i>Number of people benefiting from seed systems/agricultural input activities, segregated by sex (21,600 persons, 50% women, 50% men)</i>
Achievement - March 31, 2014	20,982 persons– 56% women / 44% men (97% of the target) 2,098 returnees
Sub-sector Name:	<i>Livestock</i>
Indicator 1:	<i>Number of people benefiting from livestock activities, disaggregated by sex (2,922 beneficiaries, 100% men)</i>
Achievement - March 31, 2014	3,764 beneficiaries (100% men) : 3,594 breeders + 170 Veterinary auxiliaries (129% of the target)
Sub-sector Name:	<i>Veterinary medicines and vaccines</i>
Indicator 1:	<i>Number of veterinary interventions (60,000 treatments and/or vaccinations).</i>
Achievement - March 31, 2014	103,226 veterinary interventions - (172% of the target)
Indicator 2:	<i>Number of animals treated or vaccinated (30,000 heads)</i>
Achievement - March 31, 2014	33,355 heads vaccinated - 2,583 heads treated (120% of the target)

Sector Name:	<i>Nutrition</i>
Objective:	<i>Contribute to reduce the morbidity and mortality due to malnutrition of children under 5 and pregnant and lactating women</i>
Dollar Amount Requested:	297,963 USD
Number of People Targeted:	23,257 children under 5 years targeted (252 patients expected) in the nutrition sector
Number of Returnees Targeted:	2,325 children under 5 years targeted (25 patients expected) in the nutrition sector

Achievement - March 31, 2014	<i>For the reporting period : 88 patients admitted Since June 2013: 550 patients admitted - (218% of the target)</i>
Geographic Area(s):	<i>Chad – Ouaddai Region – Assounga Department – Adre Prefecture – Hadjer-Hadid, Borota, Adre and Molou Sub-Prefectures – Barde, Kado, Guergne and Molou Cantons</i>
Keyword(s):	<i>N/A</i>
Sub-sector Name:	<i>Management of Severe Acute Malnutrition</i>
Indicator 1:	<i>Number of health care providers and volunteers trained in prevention and management of SAM, disaggregated by sex and age (8 persons (15 – 49 years, 30% women, 70% men)</i>
Achievement - March 31, 2014	<i>13 persons - (125 % of the target)- 3 women +10 men</i>
Indicator 2:	<i>Number of sites established/rehabilitated for inpatient care (1)</i>
Achievement - March 31, 2014	<i>1 site - (100% of the target)</i>
Indicator 3:	<i>Number of people treated for SAM, disaggregated by sex and age, 252 cases (51 of 0-11 months; 201 of 1-4 years)</i>
Achievement - March 31, 2014	<i>Reporting period reached: 88 (41 of 0-11 months; 47 of 1-4 years) for the reporting period Cumulative period reached: 500 cases - (198% of the target)</i>
Indicator 4:	<i>Rates of admission (coverage is >60% in rural areas), default (<15%), death (<10%), cure (75%)</i>
Achievement - March 31, 2014	<i>Rates of admission (coverage is 41.7% in rural areas, Squeaq Survey); Average rate since June 2013: default (1%), death (3.2%), cure (95.4%); for reporting period: default (0%), death (5%), cure (93.8%), not responding (1,2%).</i>

2. Context Evolution

The security situation has remained calm during the timeframe covered by this report. Yet as the lean season has already started for several households, it is important to monitor security constantly, as NGOs might be targeted by criminals. The close collaboration with authorities and between NGOs facilitates the transmission of information and the security management. A vigilant eye is kept on the tensions in neighboring Darfur, which have increased for the past few months, with recurrent fights between militias.

2.1. Agriculture

The post-harvest survey completed in January 2014 offered greater visibility of the crop campaign impact on the household's grain production. In October 2013, the National Office of Rural Development (ONDR) announced a rainfall deficit of 234 mm compared to 2012. Cereal deficit is estimated at 26% compared to the year 2012 considered as "near normal year". Under the impact of rainfall deficit, each household has lost an average amount of one moukhamas (approximately 123.27 kg) on their production. This induces an earlier and therefore longer lean period. In April 2014, according to PU-AMI post crop survey, 55% of households in the area will have exhausted their grain stock. In late April, half the population of the canton will already have entered the lean period, while in a normal year, this period is rather in June-July. It should be noted that these projections do not consider any eventual food aid programs in 2014.

2.2. Livestock

The last three months illustrate the impact of the rainfall deficit on livestock. Indeed, the low rainfall recorded has spawned a low regeneration of the herbaceous cover, early draining of ouaddis and earlier arrival of transhumant cattle, causing tensions between herders and sedentary farmers in the management of resources (water and pasture). The consequences are visible (essentially low body conditions), making livestock more vulnerable to enzootic such as anthrax and pasteurellosis; it also has a negative impact on female fecundity.

2.3. Nutrition

Malnutrition rates are extremely high (18,3% of Global Acute Malnutrition (GAM) in Assoungba department according the SMART survey conducted by UNICEF and the Ministry of Public Health in August 2013¹). Management of malnutrition relies essentially on external actors, with only 12 health centers managing Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases among 16 in the whole district in 2013 and limited service to refer complicated cases to the Therapeutic Feeding Center (TFC) of the district hospital. Since January 2014, ECHO no longer funds PU-AMI for the treatment of Moderate Acute Malnutrition, leaving almost 10,000 expected moderately malnourished children for the year, with no treatment.

3. Program achievement

3.1. Sector 1: Agriculture and food security

Sub Sector 1: Seed system and agricultural inputs

Post-harvest monitoring

2013 rainy season was marked by low rainfall (237 mm less than in 2012, ONDR data) which had a negative impact on grains yields. A post-harvest survey was conducted between December 2013 and January 2014 on 742 householders (433 beneficiaries and 322 others), in 67 villages of Bardé and Kado² cantons.

The post-harvest survey estimated that a household has lost an average amount of one moukhama (0.54 ha) or 123.27 kg of grain production under the effect of water deficit in this area.

Results showed a groundnut shortage of 28% compared to 2012, considered as a good year.

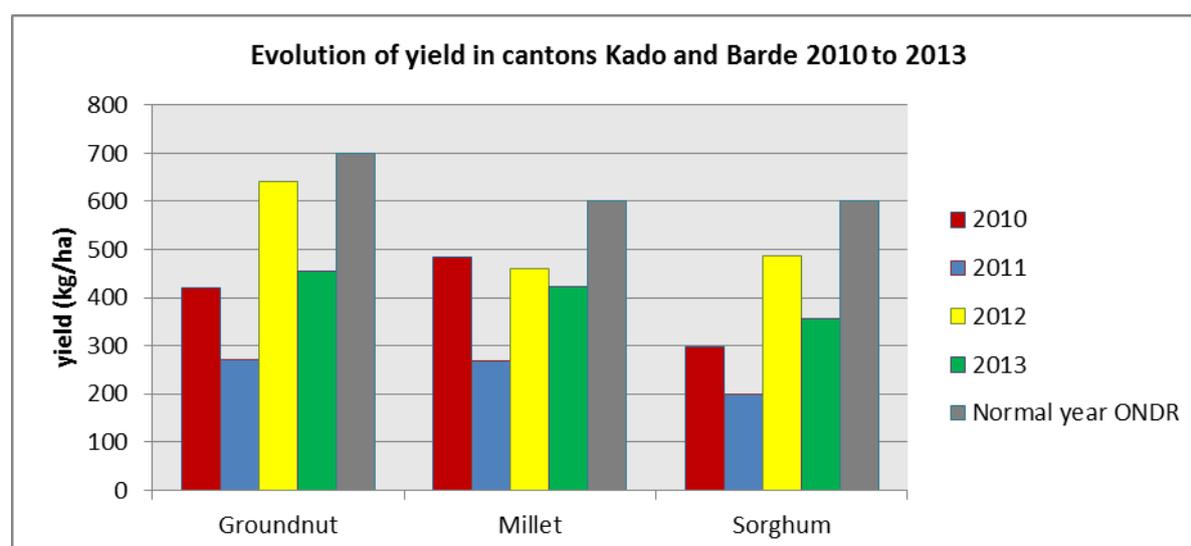
- ⇒ Average yield per beneficiary household is 462kg/ha against 643kg/ha in 2012;
- ⇒ The average cultivated field is 0,41ha in 2013 against 0,51ha in 2012.

The low rainy season has obvious consequences on the production of groundnuts.

Households	Average harvest (kg/ha)	Expected sold production (kg)	Expected income (XAF)	Months of self-sufficiency
Groundnut beneficiaries	462	134	54 000	3,8

Basis of calculation for Groundnut (used in the post-harvest survey):

- 71% of the production is sold;
- the average selling price for groundnut is 400 FCFA / kg;
- the average cost of a basket of household (or food basket) is 14,000 FCFA / month.



Performance in 2013 according to the post-harvest survey:

- ⇒ **Groundnut:** 456.055 kg / ha, 31% deficit compared to 2012 but a gain of 2% compared to the last 3 years;

¹WHO Emergency thresholds are established at 15% of GAM

- ⇒ Millet: 422.56 kg / ha, 9% deficit compared to 2012 but a gain of 5% compared to the last 3 years;
- ⇒ Sorghum: 356.24 kg / ha, 37% deficit compared to 2012 but a gain of 8% compared to the last 3 years.

Compared to a normal year, yields are generally lower in 2013 from 40 to 50% (ONDR data). The cereal deficit is estimated at 26% compared to 2012 year cited as near normal. However there is a slight excess of 5% on grains compared to the last 3 years (Yields in the area are structurally lower than ONDR theoretical yields data). Overall yields for 2013 are lower compared to the year 2012 due to lack of water at the end of the season. Yields of rain fed crops in 2013 are correct in comparison with 2011.

Sub Sector 2: Livestock

Creation of Veterinary Pharmacies:

In January an agreement on the training of livestock auxiliaries was established between PU-AMI and the Ouaddai delegation of livestock.

A first phase of awareness of the authorities and farmers took place during three weeks in the north part of canton Kado. Then, 30 new auxiliaries were identified with the support of local communities and selected according their technical knowledge on cattle activities: 17 in Goungour and 13 in Ambeyoung.

A training phase followed the selection of auxiliaries. They were trained on basic veterinary care by the delegation of livestock and PU-AMI; this training took place from February 18 to 25. The theoretical part lasted 5 days and the practical one 3 days. A kit composed of an account book and a manual was given to each auxiliary.

The training themes were centered on the role of veterinary auxiliaries, common livestock diseases, and treatments to provide.

Creation of management committee for each Veterinary Pharmacy:

After an identification and awareness phase, two management committees have been selected in the Northern part of canton Kado. Each management committee is composed as follows:

- A President and his deputy;
- A Secretary and his deputy;
- A Treasurer and Assistant;
- Two Advisors;
- A Buyer and his deputy.

Training sessions took place to prepare the management committees to their future role. The training topics focused on the role of a Veterinary Pharmacy and the comprehension of the basic texts (Regulations and Rules of Procedure). They were also trained to management and accountancy (book of cash, stock) and eventually the creation of a simplified business plan.

Note that the 30 trained auxiliaries are members of the Veterinary Pharmacy.



Livestock Auxiliaries Training, Goungour, February 2014

Sub Sector 3: Veterinary Medicines and Vaccines

These activities were carried out in July/August 2013, detailed results and outcomes were described in Quarterly Report 2.

Forecasted Activities

- Complete training sessions of the committees pharmacy management and monitoring during the last quarter (April 2014) ;
- Continue monitoring of the 30 Livestock Auxiliaries trained.

3.2. Sector 2: Nutrition

Sub Sector 1: Management of severe acute malnutrition

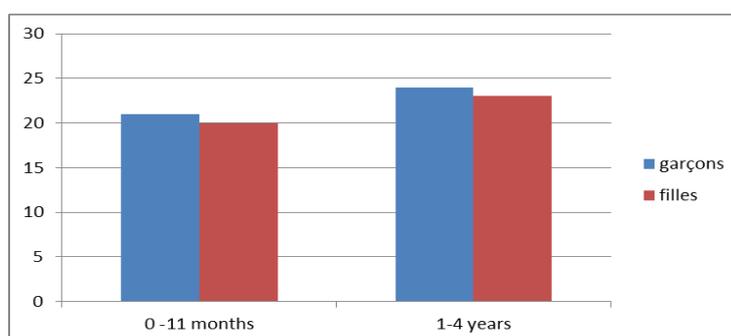
Inpatient Care

The Therapeutic Feeding Centre (TFC) is located within Adre's district hospital. A total number of **88** children have been admitted during the reporting period (from January to March 2014), 41 aged 0-11 months and 47 aged 12-59 months; 63.5% of this children were transferred from outpatient clinics managed by PU-AMI, **31.4%** were new admissions, **73,3%** were marasmus cases and **26,7%** were kwashiorkor cases.

Children from health areas supported by PU-AMI in the management of acute malnutrition represent 85% of total admission of the TFC. The remaining 15% are coming from Treguine, Bredjing and Farchana refugee camps and from two neighboring Sudanese health districts.

In comparison with the last reporting period, there is a decrease of the attendance rate of the TFC which can be explained by the availability of food in the area following the harvest of November and December 2013.

Breakdown of children admitted in the Adré TFC by age and sex from January to March 2014

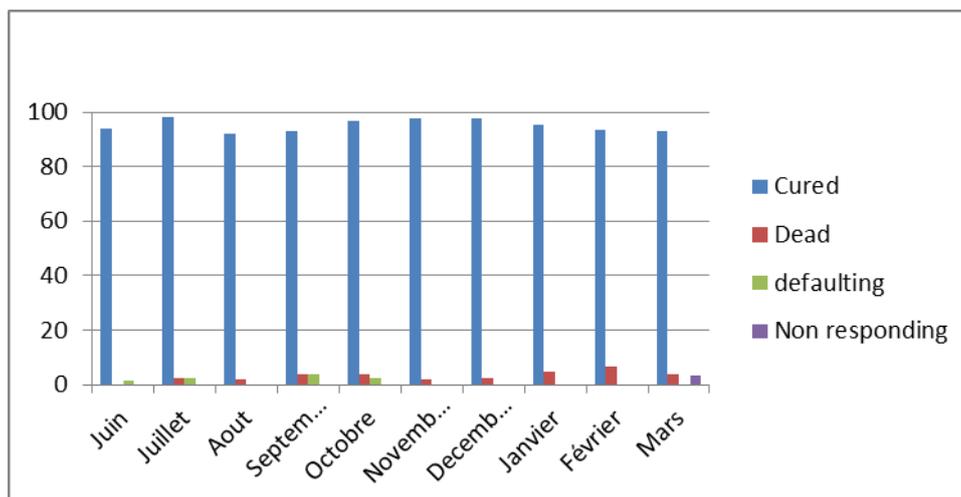


During hospitalization, acute malnourished children receive systematic and nutritional treatments according to the Chadian national protocol while the complications are managed. The systematic medical treatment and the nutritional treatment are provided by UNICEF through the Ouaddaï Sanitary Delegation. A medicines' contingency stock has been set up by PU-AMI to overcome drugs shortages issues within the local system.

As pointed out by the national Malnutrition protocol, once the child's condition is stabilized (complicated solved), the complications managed, and the appetite recovered, the young patient is discharged and transferred to an Outpatient Therapeutic Program (OTP) situated near to his village (except children under 6 months and those living in area not covered by OTP program).

The average recovery rate of the Adré TFC for the reporting period is 93.7%, while mortality and default rates are respectively 5.1% and 0%.

Evolution of performance's indicators of the TFC since the project's beginning



Support to Adré sanitary district in managing the Therapeutic Feeding Center

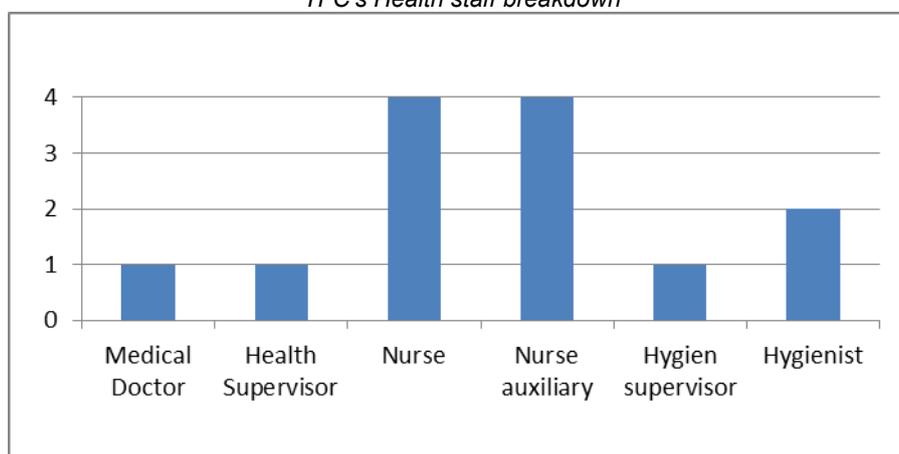
One of the main weaknesses of Adré health system is the lack of qualified human resources. Provision of qualified human resources to the Adré TFC is therefore a necessity to improve the quality of healthcare provided to severe acute malnourished children. PU-AMI recruited during the first quarter of the present program one medical doctor, one supervisor, two qualified nurses and five nutrition assistants to work at the TFC. In addition a qualified nurse has been appointed by the health district and he is working full time at the TFC.

Once recruited, medical staff members participate in a complete training enabling them to have basic knowledge and attitudes required for a proper management of acute malnutrition. After a first refreshment training conducted in November 2013, a second one took place in March 2014.

Following this refreshment training and in order to improve the quality of healthcare provided, the set-up of the Adré TFC team was modified in March 2014. Internal tests of knowledge were conducted to promote the two most qualified nutritional assistants as nurses along with the recruitment of a new nutritional assistant. This allows easier shifts for the healthcare providers.

The total number of health staff actually working at the TFC is three women and ten men.

TFC's Health staff breakdown



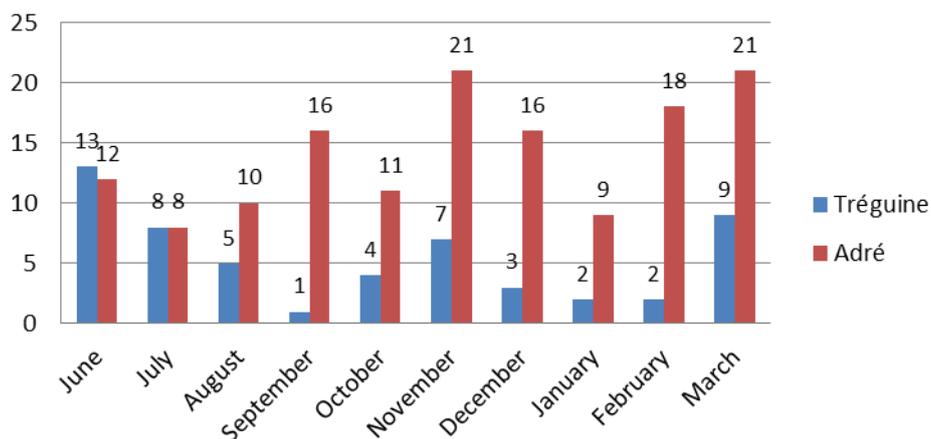
Support the referral system to and from the TFC within the district

In Eastern Chad, the distance between villages and health centers or hospital is one of the main barriers impeding the ability of local communities to access health care. The provision of ambulances dedicated to the referral of malnourished patients free of charge, (from the village to the nearest TFC and from the TFC to the village once the child has reached the discharge criteria) is the only way enabling poor people from remote areas to have timely access to proper health care. Two vehicles are dedicated to refer patients to the health structures.

During the reporting period, 13 children were referred to Treguine TFC and 48 to Adré TFC.

Two vehicles are dedicated to refer patients to the health structures. Since June 2013, 54 children have been referred to Tréguine TFC and 142 to Adré TFC. Adré Therapeutic feeding Center is the only one able to manage malnourished children with anemia.

Evolution of number of children freely referred to TFC



The research of defaulting cases of OTP and Supplementary Feeding Programs (SFP) is also an essential component of any Community-based Management of Acute Malnutrition (CMAM) program. Two teams of field nutrition assistants have been dedicated to the research of defaulting cases since June 2013. Each team is composed of two nutrition field assistants. They work in close collaboration with community volunteer health workers and with Outpatient Therapeutic Feeding Program and Supplementary Feeding Program teams. The first team is based in Arkoum and covers Arkoum, Allacha, Borota, Goundiang, Abouglene and Hadjer Hadid areas; while the second team is based in Adré and covers Adré, Mahamata, Hilouta, Kawa, Djoroko and Goungour health areas. This setting has enabled reintegration of 59 % defaulting cases back into the nutritional program (127 malnourished children over 217 defaulting cases).

Rehabilitation of Adré's TFC

Rehabilitation of the building and facilities

The pediatric building was rehabilitated between December 2013 and January 2014, offering to pediatric children a clean and safe area where they can receive proper care. The rehabilitation works mainly consisted of:

- =) Setting up a new roof and roof framing;
- =) Rehabilitation of the pediatric consultation room in the TFC (equipment and painting);
- =) Rehabilitation of the cement mortar floor in the hospitalization room (30 beds capacity);
- =) Upgrading the walls height so that all rooms are clear with ventilation system;
- =) Setting up electrical system with fans;
- =) Creating a proper and relevant waste area.

The waste area has been rehabilitated in February 2014, allowing proper management of medical waste. It has been located in a specific area chosen with the Adré Hospital team.

Pictures of the implemented works will be provided with the final report.