FINAL REPORT

Program Title: *Enhancing resilience of most vulnerable households, facing recurring food crisis by addressing the consequences of malnutrition in return areas*

Start/End Dates: *June 1st, 2014 – March 31st, 2015*

Total Number of Beneficiaries Targeted (Individuals)	49,958
Total Number of IDP Beneficiaries Targeted (Individuals)	4,996
Total Number of Beneficiaries Reached (Individuals)	54,231
Total Number of IDP Beneficiaries Reached (Individuals)	5,423

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1. Program Summary

Sector Name:	*Agriculture and food security*
Objective:	*To help beneficiaries recover from past crises through a reinforcement of household agricultural resources*
Dollar Amount Requested:	360,192 USD
Number of People Targeted:	31,000 persons (5,167 households)
Number of Returnees Targeted:	3,100 (517 households)
Achievement – March. 31, 2015	28,879 persons (93% of the target) - 2,800 returnees
Geographic Area(s):	Chad – Ouaddai Region – Assoungha Department – Adre Prefecture – Hadjer-Hadid and Borota Sub-Prefectures – Barde and Kado Cantons
Keyword(s):	Livestock, Livelihoods, Climate
Sub-sector Name:	*Improving agricultural production / food security*
Indicator 1:	Projected increase in number of months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households (+ 3 months)
Achievement – March. 31, 2015	3.7 months – (123 %)
Indicator 2:	Number of people benefiting from seed systems/agricultural input activities, segregated by sex (21,000 persons, 50% women, 50% men)
Achievement – March. 31, 2015	20,946 persons– (100% of the target) 2,095 returnees

Sub-sector Name:	*Veterinary medicines and vaccines*
Indicator 1:	Number of veterinary interventions (60,000 treatments and/or vaccinations).
Achievement – March. 31, 2015	92,467 veterinary interventions (154% of the target)
Indicator 2:	Number of animals treated or vaccinated (30,000 heads)
Achievement – March. 31, 2015	41,664 heads vaccinated or treated (139% of the target)
Sub-sector Name:	*Livestock*
Indicator 1 :	Number of animals benefiting from or affected by livestock activities (30,000 animals)
Achievement – March. 31, 2015	41,664 animals (139% of the target)
Indicator 2:	Number of people benefiting from livestock activities, disaggregated by sex (10,000 beneficiaries, 50% men, 50% women)
Achievement – March. 31, 2015	7,933 people- (79% of the target)
Indicator 3:	Number of veterinary interventions (e.g., treatments, vaccinations, etc.) – 60,000 veterinary interventions
Achievement – March. 31, 2015	92,467 veterinary interventions (154% of the target)
Indicator 4 :	Number of animals treated or vaccinated (30,000 heads)
Achievement – March. 31, 2015	41,664 heads (139% of the target)

Sector Name:	*Nutrition*
Objective:	*Contribute to reduce the morbidity and mortality due to malnutrition of children under 5 and pregnant and lactating women*
Dollar Amount Requested:	489,808 USD
Number of People Targeted:	18,958 people
Number of Returnees Targeted:	1,896 Chadian people (based on the estimate of 10% of the population of the area being returnees)
Achievement – March. 31, 2015	25,352 people (134% of the target) – 2,535 returnees
Geographic Area(s):	Chad – Ouaddai Region – Assoungha Department – Adre Prefecture – Hadjer-Hadid, Borota, Adre and Molou Sub-Prefectures – Barde, Kado, Guergne and Molou Cantons
Keyword(s):	N/A
Sub-sector Name:	*Management of Moderate Acute Malnutrition*
Indicator 1 :	Number of sites managing MAM (20)

Achievement – March. 31, 2015	20 (100% of the target)
Indicator 2 :	10,149 people admitted to MAM services, by sex and age Female / Male / Total Children (0-23 months): 1,555 / 1,554 / 3,109 Children (24-59 months): 3,156 / 3,155 / 6,311 Pregnant/Lactating Women: 729 / 0 / 729 TOTAL: 5,440 / 4,709 / 10,149
Achievement – March. 31, 2015	5,667 people (56% of the target), including *:* Female / Male / Total Children (0-23 months): 2,011 / 1,857 / 3,868 Children (24-59 months): 580 / 536 / 1,116 Pregnant/Lactating Women: 683 / 0 / 683 TOTAL: 3,274 / 2,393 / 5,667
Indicator 3 :	Number of health care providers and volunteers trained in the prevention and management of MAM, by sex and age (190 people, 100 men and 90 women, age 15-49 years)
Achievement – March. 31, 2015	180 people have been trained : 36 healthcare providers (33 men and 3 women) 144 volunteers trained (120 men and 24 women) (95% of the target)
Indicator 4 :	Number of supplies distributed by type (target 10,149 supplies, including 9,420 kits for children and 729 kits for women)
Achievement – March. 31, 2015	5,667 supplies distributed - (56% of the target)
Indicator 5 :	Number of person trained by sex, in the use and proper disposal of medical equipment and consumables (30 people : 20 men and 10 women)
Achievement – March. 31, 2015	36 people trained (26 men and 5 women) – (120% of the target).
Indicator 6 :	Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected medicines and tracer products for more than one week (target : 0)
Achievement – March. 31, 2015	No health facilities out of stock for more than one week.(Target reached for the covered period)
Sub-sector Name:	*Management of Severe Acute Malnutrition*
Indicator 1:	Number of health care providers and volunteers trained in prevention and management of SAM, disaggregated by sex and age (190 people, 100 men and 90 women, age 15-49 years)
Achievement – March. 31, 2015	180 people have been trained: 36 health care (33 men and 03 women) 144 volunteers trained (120 men and 24 women) (95% of the target).
Indicator 2:	Number of sites established/rehabilitated for inpatient care (1)
Achievement – March. 31, 2015	1 site - (100% of the target)

<table>
<tr><td>Indicator 3:</td><td>313 people treated for SAM in rehabilitated TFC :
<table><tr><td></td><td>Female</td><td>Male</td><td>Total</td></tr><tr><td>0-23 months</td><td>51</td><td>51</td><td>102</td></tr><tr><td>24-59 months</td><td>106</td><td>105</td><td>211</td></tr><tr><td>Total</td><td>157</td><td>156</td><td>313</td></tr></table></td></tr>
<tr><td>Achievement – March. 31, 2015</td><td>260 people (83% of the target)
<table><tr><td></td><td>Female</td><td>Male</td><td>Total</td></tr><tr><td>0-23 months</td><td>74</td><td>111</td><td>185</td></tr><tr><td>24-59 months</td><td>30</td><td>45</td><td>75</td></tr><tr><td>Total</td><td>104</td><td>156</td><td>260</td></tr></table></td></tr>
<tr><td>Indicator 4:</td><td>Rates of coverage (60%), default (<15%), death (<10%), cure (75%)</td></tr>
<tr><td>Achievement – March. 31, 2015</td><td>Coverage: 76%.
Default :1.6%
Death : 7.3%
Cure: 91.1%</td></tr>
<tr><td>Indicator 5:</td><td>Number of supplies distributed by type (320 supplies, including 313 kits for children suffering from SAM with complications, 6 boxes of F100 milk, and 1 box of F75 milk)</td></tr>
<tr><td>Achievement – March. 31, 2015</td><td>267 supplies distributed, including 260 kits for children suffering from SAM with complications, 6 boxes of F100 milk and 1 box of F75 milk) - (83% of the target)</td></tr>
<tr><td>Indicator 6:</td><td>Number of person trained by sex, in the use and proper disposal of medical equipment and consumables (4 people : 3 men and 1 woman)</td></tr>
<tr><td>Achievement – March. 31, 2015</td><td>5 people (4 men and 1 woman) – (125% of the target)</td></tr>
<tr><td>Indicator 7:</td><td>Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected medicines and tracer products for more than one week (target : 0)</td></tr>
<tr><td>Achievement – March. 31, 2015</td><td>No health facility out of stock for more than one week.(Target reached for the covered period)</td></tr>
<tr><td>Sub-sector Name:</td><td>Infant and Young Child Feeding and Behavior Change</td></tr>
<tr><td>Indicator 1 :</td><td>Percentage of infants 0-<6 months of age who are exclusively breastfed (60%)</td></tr>
<tr><td>Achievement – March. 31, 2015</td><td>78% of infants 0-<6 months of age who are exclusively breastfed.- (130% of the target)</td></tr>
<tr><td>Indicator 2 :</td><td>Percentage of children 6-<24 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity) (60%)</td></tr>
<tr><td>Achievement – Mar. 31, 2015</td><td>75%</td></tr>
<tr><td>Indicator 3 :</td><td>Number of people receiving behavior change interventions, by sex and age. Target : 8,500 people:
- Men : 1,330 aged 15-49 years, 500 aged 50-60 years
- Women : 5,870 aged 15-49 years, 800 aged 50-60 years)</td></tr>
<tr><td>Achievement – Mar. 31, 2015</td><td>19,245 people (226% of the target)</td></tr>
</table>

2. Context evolution

1) Security

The presence of the Sudanese-Chadian joint military forces in the Ouaddai region remains the main factor ensuring a stable situation in the region. However, the security situation remains constant and has not known significant improvement. Several security incidents, including carjacking attacks targeting humanitarian workers on the field, were reported during the project. Therefore, PU-AMI's teams worked under restrictive security procedures that included constant radio reports, prohibition of the use of motorbikes, and occasional suspension of activities in areas affected by violent incidents. PU-AMI made regular contacts and updates with the administrative authorities in Hadjer-Hadid, Adré, Abéché, and N'Djaména to facilitate information sharing and security management. A vigilant eye has also been kept on the tensions in neighboring Darfur, where the security situation still remains unstable.

2) Agriculture

The late start of the growing season had raised concerns about the results of the crop year. Maintained rains until October helped alleviate those fears. The crops grown by households were relatively good. Disparities were however observed because of the heterogeneous spatial and temporal distribution of rainfall, and because of the damage caused by the concentration of rains in August in some localities.

Evaluation of the results of the campaign carried out through the square yield and post-harvest surveys shows that yields and productions are better than in 2013 but well below the results of 2012, considered a good year.

3) Livestock

The livestock situation is marked by the availability of fodder from cereal crops and the massive return of transhumance pastoralists in the area. Indeed the area contains several transhumance corridors. This abundance of livestock is often punctuated by raids in market gardens, causing conflicts between herders and farmers. The livestock census conducted by PU-AMI shows that households have few livestock; but we see the arrival of nomadic herders from other areas.

Livestock prices remained stable during the first quarter of 2015. In fact, these prices remained unchanged from the harvest period. Several reasons explain this fact. First the animals have stoutness thanks to the availability of fodder. Second, the market supply remained stable thanks to food availability related to the harvest. Third, cattle capitalization is strongly attenuated.

4) Food security

With the extension of the growing season, some households have started consuming during the seed maturation phase. This phenomenon concerned a significant number of households. The household food security has improved greatly with crops of grain and the appearance of harvested vegetables from market gardens. Households have restored their food stock. Indeed, despite the correct balance in agricultural production this year, a significant portion (about 42%) of households in the area will not have enough food stocks to cover the lean period.

These households will resort to negative strategies to meet their food needs, such as reducing the number of meals, daily field work, sale of sheep or goats, migration to the big cities. For further details, see the report of the post-harvest survey appended to this report.

5) Nutrition

The results of the SMART survey conducted in August 2014 by the Ministry of Public Health (MSP) and UNICEF confirmed the decline of the Global Acute Malnutrition (GAM) rate mentioned previously. According to these results, the GAM rate is 14.1 % for the Ouaddai region, and specifically 12.5 % of GAM including 2.7 % of Severe Acute Malnutrition (SAM) for the health district of Adré. The

improvement of the food security situation food and the increase in the coverage and quality of nutritional programs explain this lower prevalence of malnutrition in the area.

During the rainy season, an upsurge in waterborne diseases (gastrointestinal infections, parasites, viruses, etc.) has been reported.

The sanitary district (Adré) has reported a decrease in attendance to the health centers, caused on one hand by the limited availability of households during the agricultural season, and on the other hand by the difficult travel conditions during the rainy season (high level of water in wadis, damaged roads).

The children admission in support programs of malnutrition increased from October to November. This is due to the strengthening of community component activities particularly through the organization of mass screening campaign.

3. Program achievements

1) Sector 1: Agriculture and food security

Sub-sector 1: Improving agricultural production / food security

Crop monitoring

The crop monitoring was conducted for groups of contacts and individual agricultural parcels; 359 Contact Group members and 456 individual beneficiaries were followed until the end of harvest in January. The productions were estimated and these households were made aware of the conservation of crops.

Post-Harvest Survey

The post-harvest survey was conducted in January 2015 in 78 villages. A random survey was conducted on a sample of households receiving assistance and non-beneficiary households to assess the yields obtained by these households. This survey inform the key information of the crop: the area planted, the yields obtained, the destination of the production. It also allowed a better understanding of farmers' practices and appreciated the rate of household needs coverage from actual production.

The methodology used iwas the survey per cluster (a cluster of nine households per village). Of the 223 villages supported by PU-AMI, 78 were randomly selected to have survey 702 households in total.

Yields were relatively more important this year than in crop year 2013, but lower than in 2012. The average yields' returns made by households to the three main crops are as follows:

Table 1: Evolution of yields of major crops between 2011 and 2014

Yeld (Kg/ha)	2011	2012	2013	2014	Yerar ONDR	Variation 2013/2014	Variation ONDR (%)
Mil	267,9	459,04	422,56	491,31	600	14%	-22%
Groundnut (Average)	272,5	642,42	456,055	471,09	700	3%	-49%
Groundnut (Aid recipient)				**490**			
Sorghum	200	488,13	356,24	431,11	600	17%	-39%

Source: Post Harvest Survey conducted by PU-AMI in January 2015

The beneficiaries of peanut seeds had a return of 490 Kg / H. The average cultivated area was 0.5 ha. In average, this production gives covers 3.7 months of food self-sufficiency (see table 2).

Table 2: Food self-sufficiency months

Yeld (Kg/ha)	Harvested area (Ha)	Production (Kg)	Energy (Kcal/Kg)	Annual energy needs coverage (%)	Months of coverage
490	0,50	245	5790	31%	3,70

Source: Post Harvest Survey conducted by PU-AMI in January 2015

Sub-sector 2: Veterinary medicines and vaccines

Staffing veterinary pharmacies drugs

Veterinary pharmacies were evaluated on the following: The sale of medicines given by PU-AMI, financial management procedures of sales revenues and the level of organization of the committees. The results of this evaluation are as follows:

- Both pharmacies sold 2/3 of their products
- The Management Committee is struggling to obtain medicines to renew the stock of pharmacies (place of supply rather distant, low demand during this period). Indeed it is when the rainy season start that animal diseases appear in the area.
- Current revenues were used to buy grain after harvest and they plan to sell them when prices are the best on the market (from June).

Both pharmacies benefited from drug donation provided by PU-AMI through the delegation of livestock and funded by the revenues of the vaccination campaign.

Training of livestock assistants

In February 2015, a Memorandum of Understanding was signed between PU-AMI and the Delegation for capacity building of livestock Auxiliaries and the developed themes were: identification and diagnosis of the symptoms of the most common livestock diseases in the area; the practice of vaccination and small surgeries; medication dosage; farmer awareness; the practice of a proper and viable financial management of a veterinary pharmacy.

30 breeding auxiliaries benefited from this training and received a small kit for practice sessions. The training was organized from the 16th to the 20th of February 2015.

Sub-sector 3: Livestock

Livestock census

To assess the current status of livestock in order to refocus its activities: identifying priorities in the field of livestock, livestock quantification, estimated number of farmers; PU-AMI organized the livestock census in both Kado and Bardé cantons. This census was organized with livestock auxiliaries trained by PU-AMI to target most of the breeders and identify all the livestock. The census was conducted in 194 villages in focus groups organized by area; focus groups brought together village leaders, heads of breeders, breeding auxiliary of the area and some heads of households. The census data-sheet included questions about: general household data in the village, the livestock data and data on the vaccination campaign conducted by PU-AMI in July 2014. The census was conducted from February 23 to March 11, 2015 by PU-AMI's breeding team.

In 194 villages followed in the livestock census, 7,933 households reported having vaccinated cattle on 11,114 breeders.

Table 3: Coverage of the vaccination campaign

Total household	Total breeders	Total households with vaccinated and / or treated cattle	% vaccination
22,227	11,114	7,933	71,4 %

In the sample of villages surveyed, 35% of sheep and cattle were vaccinated, 24% of goats were vaccinated, 24% of camels and 18% of horses were vaccinated. This weak trend in vaccination

coverage is primarily due to the lack of livestock in the area during the vaccination campaign and the remoteness of some villages where not all farmers could make the trip.

The census enumerated a total of 361,704 heads of all species vaccinated in 194 villages surveyed. The households in the area have largely vaccinated their livestock with a coverage rate of 79% of farmers who have vaccinated their livestock.

2) Sector 2: Nutrition

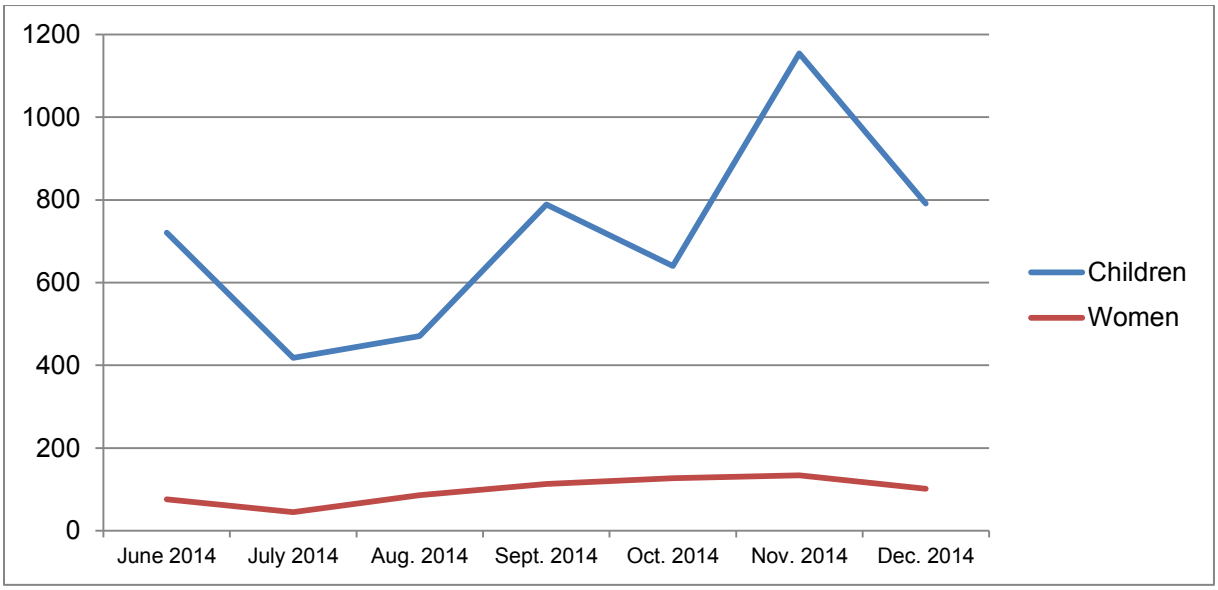
Sub Sector 1: Management of Moderate Acute Malnutrition

During the project, four PU-AMI teams of 6 people each (1 supervisor, 1 nurse, and 4 nutritional assistants) carried out MAM management activities in 11 health centers, 1 health post and 8 advanced health points of Adré health district. During the 10 months of implementation of the project, **4,984** children under 5 years and **683** pregnant and lactating women benefited from nutritional care complying with the standards of the Chadian national protocol for the management of malnutrition[1].

Table 4: Patients admitted for MAM, by center (June 2014 - March 2015)

Health center	Abouglégné	Adré	Allacha	Arkoum	Borota	Djoroko	Goungour	Hadjer Hadid	Hillouta	Kawa	Mahamata	Total
Children	305	786	423	700	436	387	395	601	454	205	292	**4,984**
Women	41	33	69	128	91	36	35	146	61	23	20	**683**
Sub-Total	**346**	**819**	**492**	**828**	**527**	**423**	**430**	**747**	**515**	**228**	**312**	**5,667**

Graph 1: Children admitted for MAM, evolution, (June 2014 - December 2014)



Amongst the 11 health center listed in table 4, 9 work with additional health post or advanced health points. Every MAM patient admitted for care in one of the 20 health facilities supported by PU-AMI benefits from a personalized medical monitoring (systematical care, treatment for related conditions) and from a dietary treatment (PREMIX or Plumpy Sup). From July 2014, all children admitted for MAM were treated with PREMIX rations, following a shortage in the World Food Program's Plumpy Sup supply chain. Beside this temporary substitution of care products, none of the health facilities supported by PU-AMI have experienced shortages since the beginning of the project until December 2014.

[1] *National Chadian Protocol for the Management of Malnutrition* – Cf. Annex 1

The significant increase in admissions during the months of October and November 2014 corresponds to the period of the mass screening campaign organized by PU-AMI in its intervention areas. However, the partnership with the WFP for the provision of nutritional inputs ran out in December 2014, therefore it greatly influenced the implementation of the project in the first quarter of 2015, and the MAM activities could not be carried out.

PU-AMI teams collaborated on a daily basis with the health staff of the ministry of health, and with a network of 144 community relays.

All community relays were trained in the areas of prevention and screening of malnutrition. In order to strengthen the capacities of the health staff, additional training sessions, covering the revised national treatment protocol and the management of therapeutic feeding supplies, was conducted in November 2014. This capacity building of relays on screening for malnutrition increased their performance during the active screening in the community including during the mass screening campaign.

Sub-sector 2: Management of Severe Acute Malnutrition

Support to Adré health district in managing the Therapeutic Feeding Center

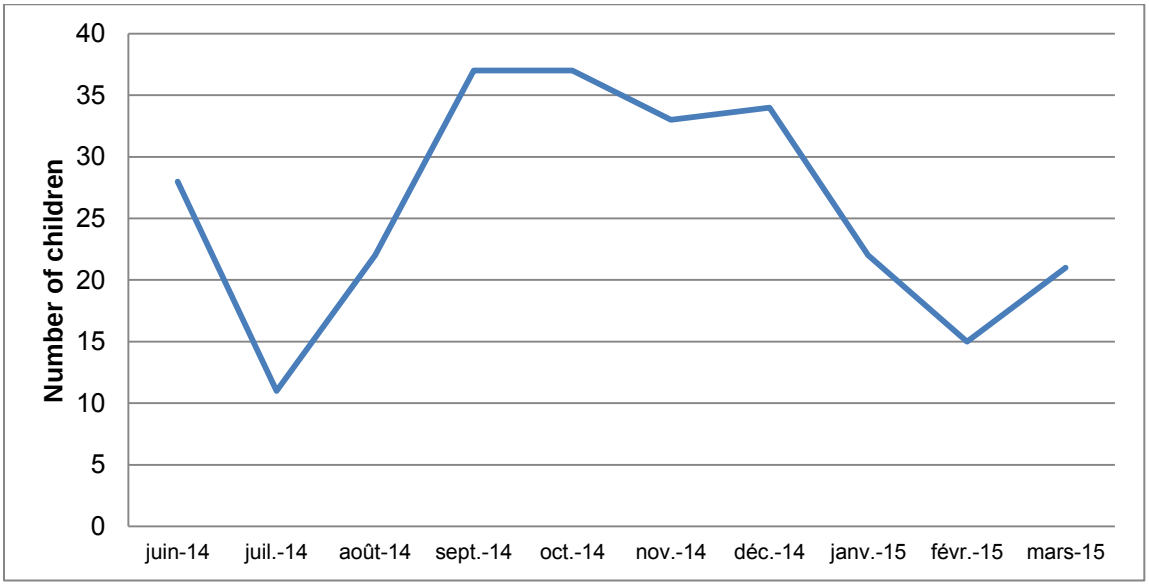
PU-AMI has been supporting Adré's TFC since March 2013. A team of 13 staff (1 doctor, 1 nutritional supervisor, 4 nurses, 4 nutritional assistants, 3 hygienists) ensured a permanent medical care (24h/24h and 7d/7d) for patients affected by SAM with complications. Patients are referred to the TFC from all the health zones of the district. The rehabilitation works that was done by PU-AMI in the TFC, and the hiring of 3 hygienists ensured the optimal hygiene conditions suitable for the proper treatment of the children.

PUAMI strengthened the capacity of staff of the TFC by assigning an experienced expatriate doctor who performed continuous training, covering diagnosis analysis and treatment of the complications of malnutrition.

Support to TFC also covered monthly supplies of medicines, medical supplies, and therapeutic milk.

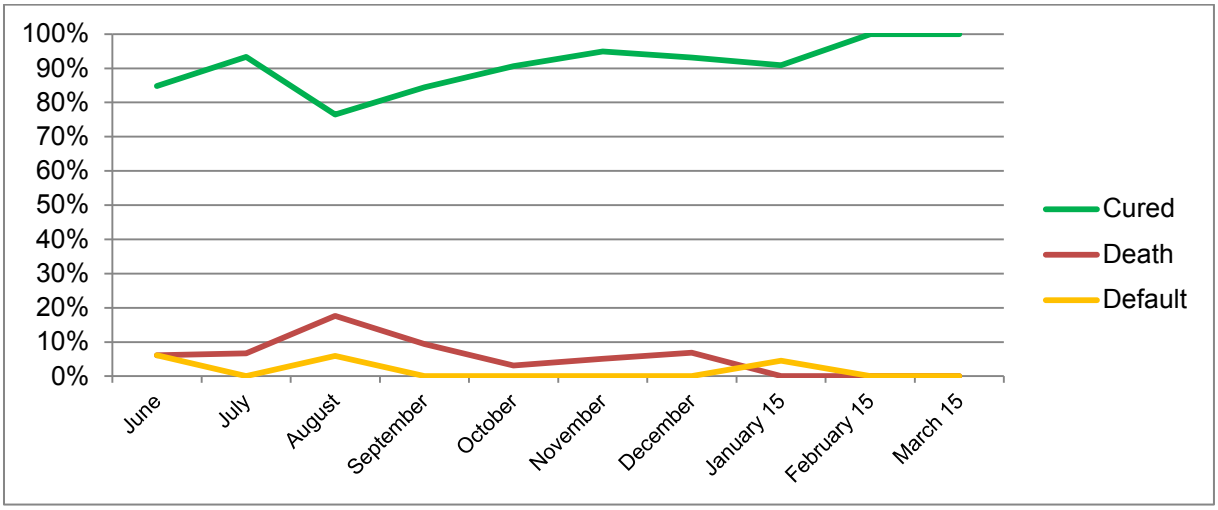
From June 2014 to March 2015, 260 children were admitted to the TFC, for an average of 29 children per month.

Graph 2: Children admitted to Adré TFC (June 2014 – March 2015)



Cure, Death and Default rates are respectively of 91%, 05% and 02%. These figures are in accordance with SPHERE standards.

Graph 3 : Performance rates for Adré TFC (June 2014 – March 2015)



The death rate at Adré's TFC was a concern for PU-AMI's team during the project; therefore PU-AMI implemented a death analysis mechanism to better understand the main causes: septic shock, heart failure, complications related to practice of the removal of the uvula and severe anemia. The main aggravating factors were delays in seeking health centers, inappropriate treatment (medical or traditional) before arrival at the TFC, and to a lesser extent the low mastery of the management of some complications by TFC nurses. Indeed on 14 deaths in 6 months, 95% of families of children who died had use of traditional medication for at least 3 days before consulting a health center. The trend has been reversed since 2015 with a death rate at zero. This follows the measures taken by PU-AMI and especially in capacity building of human resources of the TFC (full-time presence of an expatriate doctor since November 2014).

The TFC is now becoming a major referring structure in the health district: other health facilities tend to refer more of their most critical cases to Adré. Indeed, 36.36% of the death cases recorded at Adré TFC in 2014 was patients referred from other TFCs, located in the refugee camps, to Adré; 37 % came from the Sudanese villages located along the Chad-Sudan border.

Improvement of the referral system to and from the TFC inside the district

The malnutrition care system in Adre's health district is negatively affected by a low patient referral ratio. Patients medically referred from the mobile care sites to the TFC are facing great difficulties in the access to their treatment, due to the long travel distances between medical sites, and to the lack of appropriate means of transportation. In Eastern Chad, the distance between villages and health centers or hospitals 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 back from the TFC to the village once the child has reached the discharge criteria) is the only way to enable poor people from remote areas to have timely access to proper health care.

Since May 2013, in order to improve this situation, PU-AMI uses two of its vehicles for the referral of external patients to the TFC. During the project, amongst the 260 patients admitted to the TFC, 119 patients (46%) were transported to and back from the TFC by PU-AMI vehicles[2].

Rehabilitation of Adré TFC

PU-AMI has been continuously conducting rehabilitation work in Adré's TFC since 2013.

The rehabilitation of the TFC was unveiled on November 11, 2014 during a ceremony in the presence of health and administrative authorities and partners. Today it offers working environments adapted to the structure of referral medical complications related to malnutrition stabilization like Adré's TFC. The center includes reasonable workspace with admissions room, spacious phase's room of intensive

[2] *Adré TFC Patient referral data (June 2014 -March 2015)* – Cf. Annex 5.

care, a pediatric ward, doctor's office, rest room for nurses, a therapeutic milk preparation room, additional ventilation systems, the sanitation units and a playroom for children.

Sub Sector 3: Infant and young child feeding behavior change

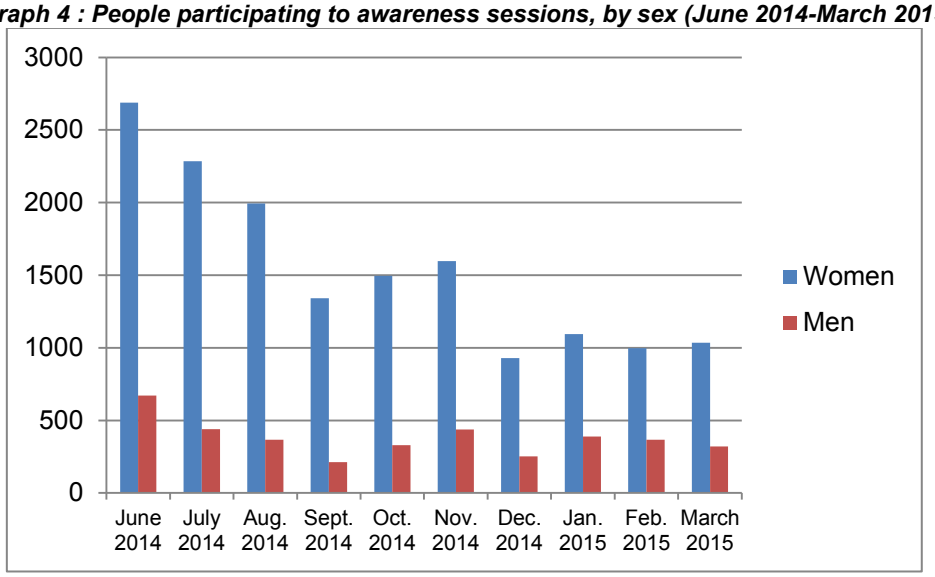
Community based sensitization was a key aspect of PU-AMI's nutritional program, with a team of 3 community mobilizers and 6 field assistants working on a daily basis with a network of 144 community relays based in the villages.

This team conducted default case search activities, active screening of the population for malnutrition, and mass sensitization. Mass sensitization themes covered the basic knowledge of malnutrition, young enfant feeding, maternal health, and food hygiene practices.

Table 5: People participating to awareness sessions, by health area and by sex (June 2014-March 2015)

June 2014 - March 2015				
Health center	**Number of sessions**	**Participants**		
		Women	**Men**	**Total**
Arkoum	27	1,344	472	1,816
Allacha	22	1,808	354	2,162
Borota	22	1,412	284	1,696
Goungour	25	1,395	277	1,672
Mahamata	12	675	171	846
Adré	15	1,338	317	1,655
Hilouta	15	845	209	1,054
Goundiang	15	1,131	272	1,403
Abouglégné	23	1,907	418	2,325
Hadjer Hadid	25	2,147	656	2,803
Kawa	5	411	106	517
Djoroko	20	1,044	252	1,296
Total	**226**	**15,457**	**3,788**	**19,245**
Persons/session		**68**	**17**	**68**

Graph 4 : People participating to awareness sessions, by sex (June 2014-March 2015)



During the period of implementation of this project, 226 sensitization sessions were conducted during which 19,245 people, including 15,457 women benefited from sensitization on various topics. PU-AMI improved the general knowledge and practices of the population regarding feeding practices, breastfeeding, and food diversification.

A KAP (Knowledge - Ability – Practice) study was conducted by PU-AMI in October 2014. The results of the survey shown that only 41.3% of mothers practices exclusive breastfeeding until the age of 6 months, only 44% of children were weaned from 24 months, and 44% had a plan with at least four food groups.
The main boosters to the promotion of best practices that emerge from this KAP survey are:

- The implementation of sensitization by PU-AMI for several years, with a fairly high coverage;
- The good level of knowledge of mothers on exclusive breastfeeding and weaning;
- The weakness of poor dietary practices related to culture;

The main barriers to the promotion of good practices that emerges the survey are:

- The low level of literacy of mothers;
- Failure of family planning;
- The low involvement of men in household food;
- The low availability of diverse foods including vegetables and fruits;
- Poverty;
- Inadequate consideration of men during sensitization.

The conclusions of this survey helped PU-AMI to tailor the awareness raising strategies to improve the knowledge of young child feeding issues and infant among the populations of the targeted areas.

The activities *Building Community Support* and *Creation of infant and nutrition support groups,* initially planned for the first two months of the project, could not be conducted in time. This is mainly due to the difficulties of mobilizing households around community awareness activities during the agricultural campaign. These activities were conducted from November 2014 to March 2015.

In November 2014, with the support of the existing network of community health workers and thanks to the involvement of community leaders, 12 "Infant and nutrition support groups" were set up in the 12 health areas supported by PU-AMI. Each group was composed of 10 mothers of children under 5 with pregnant women in some groups. After being trained by the PU-AMI teams, the women were involved in awareness activities in the villages of their health areas. The main topics were related to exclusive breastfeeding, infant feeding to weaning, food diversification within the household and good hygiene practices. Having learned about the preparation of diverse meals from local produce, these women made cooking demonstrations during the sessions of awareness in the villages. For 5 groups out of the 12 groups created, a visit was organized at the market gardens set up by the Food Security Department of PU-AMI. In addition to the activities of the CHW, the involvement from these groups helped achieve satisfactory results at community level.
In its intervention's strategy, PU-AMI wishes to rely on these groups of models to develop a strong community foundation in the field of nutrition and health.

4. Communication and Visibility

Communication
Since the beginning of the project implementation, the Authorities was informed of the objectives, of the expected results, and of the identity of the project donors. Within the Health District team, PU-AMI worked mostly with the *Médecin Chef de District* (Head of the Health District) and the *Chef de Zone* (Head Nurse of the hospital). PU-AMI met them regularly in order to discuss the implementation of the project.
PU-AMI participated to the Cluster Nutrition in N'Djamena and Abéché in order to present the results achieved at the Adré TFC.

Visibility
All staff of the Adré TFC received tee-shirts or nurse blouses with OFDA logos; and OFDA stickers were affixed on all vehicles used for patient referring during the project.
A panel describing all relevant information concerning the project was installed in front of the TFC building within the District hospital.

Annexes

Annex 1- Chad National Protocol for IMAM, May 2014

Annex 2 – Report of the SMART Survey, UNICEF, September 2014

Annex 3 – KAP Survey Report, PU-AMI, October 2014

Annex 4 – Adré TFC monitoring, PU-AMI

Annex 5 – Official Ceremony of the TFC, November 2014

Annex 6 – Livestock Census Report, PU-AMI, January 2015

Annex 7 – Post Harvest Survey 2014-2015 Report, PU-AMI, April 2015

Annex 8 – PU-AMI Vulnerability Monitoring, August-September 2014

Annex 9 – PU-AMI Vulnerability Monitoring, December 2014 – January 2015

Annex 10 – PU-AMI Final Equipment Inventory and Transfer Request

Annex 11- USAID Approval letter for disposition of Merlin's capital equipment