



July 2009

### Overview

- ❖ 1,176 new severe acute malnutrition cases registered in May – 22 tons of PlumpyNut supplied since January
- ❖ Repairs underway for five boreholes in Nutritional Rehabilitation Centres
- ❖ Development of an integrated UNICEF communication plan and training of community radio animators
- ❖ Distribution of rapid test kits to support voluntary testing for HIV/AIDS

Based on this assessment UNICEF will initiate required repairs in order to ensure access to safe drinking water for malnourished children, their families and health care providers working in the nutritional rehabilitation centres.



People and patients at the Michemire Ambulatory Nutritional Centre have regained access to water thanks to rehabilitation efforts conducted by UNICEF. © UNICEF/J.Ntambi, 2009.

## 1. Nutrition

In direct line with multi-sectoral objectives set out in December 2008, UNICEF and NGO partner Action contre la Faim (ACF) have continued their support across health districts in the Kanem and Bahr el Ghazal regions, in order to ensure treatment of a total 1176 new cases of Severe Acute Malnutrition (SAM) among under-five children registered in May.

More specifically, 1135 children suffering from Severe Acute Malnutrition without medical complications were admitted in the different Ambulatory Feeding Centres, while a further 41 children suffering from SAM with associated medical complications were admitted in Therapeutic Feeding Centres also supported by the joint UNICEF-ACF programme.

Meanwhile, in order to reinforce capacity and ensure continuity of proper care and nutrition rehabilitation during the critical lean season which spans from June to September, a total 22 tons of PlumpyNut have been pre-positioned in the region. PlumpyNut is a key “ready-to-use therapeutic food” (RUTF) which is part and parcel in UNICEF’s efforts towards nutritional rehabilitation for malnourished children in the Grand Kanem region.

## 2. Water, Sanitation and Hygiene

UNICEF conducted an evaluation of the water access situation in Kanem and Bahr-el-Ghazal and identified five different boreholes in need of repairs at the Ambulatory Nutritional Centres in Nokou (town), Ntiona, Wadjigui, Michemire and Mao.

## 3. HIV/AIDS

UNICEF provided reagents and rapid test kits to the District Hospitals of Mao and Nokou in Kanem and Moussoro in Bahr-el-Ghazal. The supplies procured and distributed are aimed at ensuring that these health facilities provide voluntary testing services for an estimated population of 30,000 people.

## 4. Communication for Development

As a result of multiple coordination and working group meetings with partners on the ground with capacity to lead social mobilisation and communication, UNICEF developed a draft strategic communication plan which is designed to support behaviour change in favour of child survival and development.

Main activities under this strategic plan include (i) production and broadcasting of participative radio programmes to mainstream key child survival and development messages; (ii) organising theatre plays and theatre clubs; (iii) community communication and mobilisation through community networks and groups; and (iv) production and dissemination of communication materials.

Most recently on 22-28 June UNICEF supported the training of 10 community radio animators from the local station Radio N'Djimi. The purpose of the training was to build capacity of animators to produce and broadcast interactive programmes involving community participation. In a practical exercise, 4 micro-programmes were produced during the training session, combined with public games and festivities. In Koumbagri villages the topic discussed with communities was girl's education. Meanwhile, in Tarfé, people got together to discuss the importance of hand washing. The Governor of Kanem as well as the Mayor of Mao, the Representative of the Sultan and the Health Delegate for the region also took part in the events which mobilised communities across both villages.

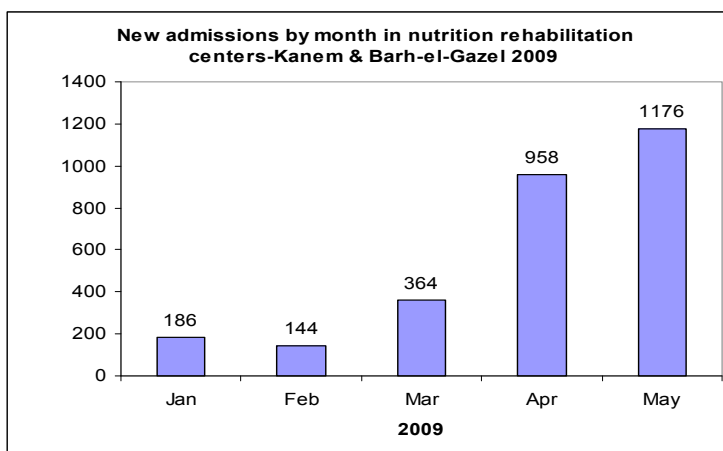


Women speak up in favour of girl's education during a participatory radio programme in Koumbagri © UNICEF/Radio N'Djimi, 2009.

## 7. Overview of Key Results Areas at Mid-Year

Since the beginning of the year UNICEF has been active on multiple fronts to respond to the nutritional crisis in Grand Kanem. As a response to the low immunization coverage mass immunization campaigns against measles and polio were organized in January 2009. As a result, 59,176 children aged 0 to 59 months were immunised against polio (94% coverage) and 54,884 children aged 9 to 59 months (97% coverage) received immunisation against measles – both groups also receiving Vitamin A supplementation to boost immunity and contribute to prevent infections.

Meanwhile, in February 2009 UNICEF started implementing training sessions for 93 health workers on the national protocol for management of severe acute malnutrition (SAM). Health workers also received training on promotion of exclusive maternal breastfeeding (EBF) as a key essential practice for infant and young child feeding. There is sufficient global evidence to underline that EBF as a single intervention can prevent 16% of infant mortality (Lancet Series, 2005)



Capacity building activities and trainings were quickly followed by the opening of new nutritional rehabilitation centres. Only 4 centres were indeed operational in 2008 to ensure treatment for malnourished children, amounting to a serious gap which was compounding the crisis – indeed, before this critical intervention, access to services was only available to 3% of the population in Kanem, while there was simply no access to care in Bahr-el-Ghazal. In reopening centres UNICEF also provides critical supplies, and so far, 56 tons of PlumpyNut have been procured and supplied to the different nutrition rehabilitation centres for distribution to malnourished children as part of the standard protocol of treatment.

Meanwhile in view of upcoming public information and media campaigns, UNICEF has already trained 10 radio animators for the promotion of good family care practices.

## 8. Future Plans

UNICEF Chad plans to: (i) implement and expand active case finding of SAM and undernourished children at community level; (ii) Reach those that have not yet completed their immunisation schedule; (iii) Support a second round of Vitamin A supplementation, polio immunisation and deworming planned for August 2009; (iv) Launch a mass social mobilisation and communication campaign through interactive programmes broadcast on local radios and through local theatre clubs.

Finally, as UNICEF is rolling out services in Kanem and Bahr-el-Ghazal, teams on the ground have detected an increasing number of children and families seeking care. This rise in demand – sometimes in excess of what had been anticipated – highlights the need for continued integrated interventions – including the need for more RUTF supplies, drugs and commodities – and continued systems support and capacity building in order to ensure continuity of care and a lasting impact for child survival and development.

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