The Community Resilience to Acute Malnutrition Programme in Chad

Goz Beida sub-prefecture in Chad is predominantly grasslands with seasonal rivers. The majority of households practice a mix of rain-fed agriculture and livestock rearing, with a minority relying exclusively on pastoralism. The annual rains and cultivation period fall between May and October with harvest in November. The remaining months of the year, the area is extremely dry, and, in recent years, the rain pattern has become more unpredictable and irregular, affecting food security, health and nutrition by reducing the reliability and quality of harvests, affecting livestock practices, and increasing women’s workload and outward migration. With very low access to water and sanitation, poor infrastructure, very low breastfeeding rates coupled with very low child diet diversity, malnutrition emerged as a major burden. Regular surveys show that more than a third of children under five in the area are stunted, roughly 15 percent are wasted (even during post-harvest) and 3 percent suffer from severe acute malnutrition (Concern, 2012). Concern Worldwide initiated the CRAM programme to build resilience among the women, men and children of Goz Beida so they could overcome the multiple risks leading to child malnutrition in Goz Beida.

**PROJECT OBJECTIVES**

The project’s general aim was to improve the nutrition of young children and build community resilience to the shocks and stresses causing malnutrition and poor health.

**APPROACH**

Promotion of climate-smart agriculture practices adapted to the arid context and dry-season vegetable gardens in river beds.

**STAKEHOLDERS AND PARTNERS**

The project stakeholders and partners included, community members, Tufts University, Irish Aid and the European Union.

**IMPACTS**

**Improved child nutrition:** The programme prevented a deterioration in both acute malnutrition (wasting) and chronic malnutrition (stunting). Acute malnutrition (15%) and stunting (30%) remained stable in CRAM settlements but increased in the control group to (21%) and (37%) respectively.
Promotion and campaigns for improved health, hygiene and nutrition practices largely via community-level Mother Support Groups.

Drilling and/or repairing bore holes and strengthening capacity of water management committees.

Delivery of basic maternal and child health and nutrition services through existing facilities and outreach sites.

Promotion of animal health, particularly through support to the federation of community animal health workers.

Promotion of women’s participation in community groups and household decision making

Investment in early warning and early action systems to predict poor millet harvests using satellite data on rainfall during critical periods of millet crop growth and timely seed distributions.

Impact evaluation using a randomised control design with 35 settlements (villages or pastoralist settlements known as ‘damras’).

Reduced illness: At endline, fewer children in CRAM settlements (28%) than in control settlements (37%) were reported to have been ill.

Improved access to water: CRAM settlements increased utilization of boreholes at mid-line (86 % vs. 57%) and end line (79 % vs. 46%).

Improved access to sanitation: The levels of open defecation in the control group were significantly higher than in the CRAM villages by midline and end line. Unfortunately, the level of open defecation in CRAM villages remained roughly the same throughout due to latrine infrastructure collapse.

Improved handwashing knowledge: Knowledge of the two main times for handwashing (after defecation and before eating) was higher in the CRAM settlements (67%) than control settlements (57%), but in both CRAM and control only about 30% of households had a hand washing station in their house (evidence that they practice handwashing) at end line.

Improved hygiene along the water chain: Households in CRAM settlements demonstrated better hygiene practices along the water chain, i.e. their water containers looked clean, were closed and were washed at least once per week (21%) versus in control settlements (12%), while water storage container were more likely to look clean in CRAM villages (58% vs. 43%).

Impact on food security: The midline survey suggested that the Coping Strategy Index was lower in CRAM villages in 2014, i.e. CRAM households employed fewer negative strategies to cope with food shortages during the peak of the lean season (June-August). However, the same pattern was not observed in 2015.

LESSONS LEARNED
Increasing the number of boreholes and maintaining good hygiene along the water chain is critical in reducing the risk of child acute malnutrition.

Livestock has both a positive and negative influence on child nutrition. It brings both contribution to livelihoods and the risk of infection potentially leading to malnutrition.

The community level promotion of preventative health and nutrition practices played an important role in programme impact.

RECOMMENDATIONS
The CRAM programme design could be replicated and ideally lead to similar results if implemented to the same level of quality and coverage in comparable contexts e.g. with a distinct hunger gap and similar agriculture and livestock rearing systems, water resources, health services and social and gender dynamics