

Format for Information Note of IR-EMOP Project Document-Delegation of Authority to the Director of Emergencies

TO: Ms. Sheila Grudem, Director of Emergencies, ai OSE (for approval)	DATE: 24.08.2018
THROUGH: Mr. Calum Gardner, Chief, RMBB (for budget clearances/availability of resources)	
FROM: Mr. Abdou Dieng, Regional Director, Dakar	PAGE 1 OF 6 (Information Note- 4 pages ; EMOP Budget- 2 pages)
CC: Ms. Mary-Ellen Mcgroarty, Country Director, Chad Rehan ASAD, Chief of Staff [Advance Financing Mailbox--wfp.advancefinancing@wfp.org]	

(N.B. Please number all paragraphs.)

IMMEDIATE RESPONSE EMERGENCY OPERATION
Chad EMOP 201128 Emergency Nutrition Response in N'djamena

PART 1: INFORMATION NOTE

<p>NATURE OF EMERGENCY:</p> <p>Critical nutrition situation in Ndjamena.</p> <ol style="list-style-type: none">1. Following reports of increasing levels of acute malnutrition in Ndjamena, initial assessments indicate increased numbers of children admitted for treatment of severe malnutrition with complications and the need to get MAM treatment started urgently. <p>Location</p> <ol style="list-style-type: none">2. Ndjamena, Chad <p>Cause</p> <ol style="list-style-type: none">3. The critical nutrition situation results from a combination of recent events and other underlying factors and is likely to be related to the country economic downturn, excessive migration to the capital, lack of employment, poor hygiene and health environment. These shocks are exacerbating high levels of chronic poverty and vulnerability.4. Chad is a low-income and landlocked country in the Sahelian belt facing high levels of food insecurity, malnutrition and critical gaps in the provision of basic social services such as education, health and social protection. In 2017, the country ranked 186 out of 188 countries in the Human Development Index and 8 out of 178 in the Fragile State Index. Chad is among the world's most vulnerable countries in terms of climate change¹ and is world's second most food-insecure country.²

¹ Verisoft Maplecroft: Climate Change Vulnerability Index, 2017

² Global Hunger Index: Chad is ranked 118 out of 119 countries, 2017

5. Poor agro pastoral households of the Sahelian band affected by climate shocks usually cope by migrating to urban centres to seek for employment and send remittances to family members who stayed in villages.
6. The recent economic downturn triggered by the sharp decline in oil prices in 2014, external and internal security threats, and climate shocks are increasing the fragility of the country. The estimated Gross Domestic Product (GDP) per capita fell from a peak of USD 1,239 in 2014 to USD 851 in 2016.³ As a result, the Government imposed austerity measures leading to a decline in economic dynamism and a reduction in temporary employment opportunities in urban centres and a disruption of usual solidarity mechanisms between urban and rural households. The reduced availability and access to food negatively affects the already severely degraded nutritional status of the most vulnerable groups of children under 5 and pregnant and lactating women.
7. According to September 2017 SMART surveys, national prevalence of GAM stood at 13.9% with significant disparities depending on the region. In twelve (12) out of twenty-three (23) regions, GAM prevalence exceeds the critical threshold of 15% set by WHO. Prevalence of SAM, exceeds emergency threshold of 2%. In fifteen (15) regions.

Impact

8. Since January 2018, significant increase of admissions in acute malnutrition treatment programme is reported in most regions of Chad, compared to a year ago. Moreover, aggravating such as influx of vulnerable populations from agro-pastoral livelihoods seeking opportunities in the outskirts of N'Djamena, a precarious hygiene and health environment and increased seasonal household food vulnerability, will further worsen an existing very concerning nutrition situation in children and PLW. In N'Djamena, IMAM coverage is currently limited and there is currently no provision of MAM treatment service to prevent further increase of SAM incidence and associated mortality. It is therefore extremely urgent to support the scaling up of MAM treatment services for malnourished children and PLW to prevent further increase of maternal and child mortality.

Total numbers affected and in need of emergency food assistance

9. This IR-EMOP seeks specifically to meet needs of the nutrition sector by supporting the treatment of 28,000 moderately acute malnourished children aged 6-59 months and 6,000 moderately acute malnourished pregnant and lactating women. In view of the difficult economic situation noted at N'Djamena and the strong presumption of food insecurity, a protective ration will be distributed to households with malnourished children (MAM or MAS) to protect the ration of nutritional supplements. which will be distributed to MAM and MAS children

³ IMF: Country Report No. 18/108, April 2018.

WFP IR EMOP:

10. The WFP nutrition response includes the following activities:
- Nutrition surveillance for early detection of malnutrition cases to be referred to the health centres
 - Provision of specialized nutrition food for the treatment of moderate acute malnutrition through the health facility platform for under children 5 and PLW. Contribution received by CO to respond to current Sahel nutrition crisis will be used to cover the amount of supercereal plus needed by the time RSUF available in the country.
 - Food assistance to caregivers to support the adherence to SAM treatment.
 - A one-off food assistance through CBT to households where children U5 are targeted for MAM and SAM treatment programme to protect specialised nutritious food distributed to MAM children.
 - Promotion of essential family practices for nutrition including Infant and young child feeding practices that will be integrated across all components of the response
11. The duration of assistance will be three months, from the 1st of august to 31st of October 2018⁴. Depending on the situation by the end of the project, the Country Office will develop plans and mobilise resources to continue the assistance in consultation with Government and partners. This includes further (than this IR-EMOP) resources for MAM treatment and prevention.
12. Some 180,500 beneficiaries located in Ndjamenana will be assisted through this operation. Planned activities, beneficiary categories and figures are presented in table 1.

TABLE 1: BENEFICIARIES BY ACTIVITY [OR COMPONENT]				
Activity	Category of beneficiaries	Planned		
		Boys / Men	Girls / Women	Total
MAM Treatment (TSF)	Children 6-59 months	13,500	14,500	28,000
	PLW	0	6,000	6,000
	Caregivers	0	2,000	2,000
Protection ration	Individuals living in household with children targeted for MAM and SAM treatment programme	69,500	75,000	144,500
TOTAL		83,000	97,500	180,500

⁴ WFP will however aim at starting the assistance during the last week of July, using available complementary resources

Food basket composition and ration levels are as follow:

Beneficiary type	TSFP Children 6-59 (July-Aug)	TSFP Children 6-59 (Aug-Oct.)	TSFP PLW	Caregivers	GFD (50% ration)
Cereals				450	
Pulses				100	
Oil			25	25	
Super cereal			200		
Super cereal	200				
Plumpy Sup		100			
Total kcal/day	787	535	1,640	2,086	
% kcal from protein	16.6	10.5	12.6	14	
% kcal from fat	23.2	59	38	17.7	
Cash					US\$ 0.188
Number of feeding days	30	90	90	10	30

Activity	Commodity / CBT	Food requirements (mt) / CBT (USD)	
Treatment of MAM	Food		316.50
Caregivers	Food		8.63
Total Food (mt)			325.13
TOTAL			
Total CBT (USD)			270,939

Implementation strategy:

WFP's proposed response is in line with will the Nutrition Emergency Response Plan for Ndjama, led by the Ministry of Health / DNTA (Food Technology and Nutrition Division) and the nutrition cluster.

WFP will use the health facility platform to provide nutrition assistance to targeted beneficiaries through partnership agreements with NGOs already implementing the SAM treatment program. The approach is to ensure the MAM-SAM continuum of care by adding UNS⁵ next to the UNAs⁶ currently in place. A total of 39 UNS will be set up in the 4 health districts.

Active mass screening will be conducted jointly with health facilities, NGOs such as ALIMA, MSF and UNICEF to enable case identification and referral to treatment sites.

Preventative activities through the behaviour change communication ticket for nutrition will also be incorporated into this response in a systematic way during the distribution sessions.

The food assistance component will be implemented using a mobile money transfer mechanism. A contract with Tigo, a mobile Money Network already exists. Tigo will be asked to set up points of sale near the screening areas to facilitate the cash out by the beneficiaries.

⁵ Unités de traitement Supplémentaires – for treatment of MAM cases

⁶ Unités de traitement Ambulatoire – for treatment of MAS cases

PART 2: EMOP BUDGET

Cost Components			USD
Food Tool	MT	Rate/mt	
<i>Cereals</i>	6.75	619.74	4,183
<i>Pulses</i>	1.50	368.00	552
<i>Oil and Fats</i>	13.88	783.00	10,864
<i>Mixed and Blended Food</i>	303	2,045.51	619,791
Total Food Transfers	325.13		635,390
External Transport			7,169
LTSH			145,982
ODOC Food			115,745
<i>Describe ODOC costs here. FLA costs</i>			
Total Food DOC			\$ 904,286
Cash and Voucher Tool		% of Trfs	
Total Cash and Vouchers Transfers			270,939
C&V Related costs		17%	46,060
<i>Describe C&V Related costs here. FSP fees and FLA costs</i>			
Total C&V DOC			\$ 316,999
Capacity Development & Augmentation Tool			
<i>Describe CD&A costs here.</i>			
Total CD&A DOC			\$25,000
Total Direct Operating Costs (DOC)			1,246,285
Direct Support Cost (DSC)			160,000
<i>Describe DSC costs here. Vehicle running costs and maintenance, office supplies and other consumables and communication and IT services</i>			
Total WFP direct project costs			\$ 1,406,285
Indirect Support Costs (ISC)		6.5%	91,409
TOTAL WFP COSTS			\$1,497,693

Please ensure formulas are updated by selecting the entire table and pressing F9.

PART 3: EMOP APPROVAL

1) IRA funding is available to cover EMOP budget

Chief, RMBB: Calum Gardner, Date: --/--/----

2) EMOP is approved

Director of Emergencies: Sheila Grudem, Date: --/--/----

Please ensure formulas are updated by selecting the entire table and pressing F9.
