CLIMATE CHANGE, FAMINE CRISIS, CHOLERA OUTBREAK AND EMERGENCY RELIEF RESPONSE IN CHAD

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In Chad, rainy season usually stretches from April to October. In northern regions it is shorter, in southern longer. From 1960 to 2006, United Nations' official records report mean country rainfalls at 120 mm per year. 1990 was the driest year (92 mm), 1994 the wettest one (160 mm). All over 2009 and early 2010 rainfalls dropped so sharply that in some areas of northern and western regions, such as Kanem and Barh-El-Gazal, it was almost 0. Drought caused the overall animal and cereal production to drop down to 34% of 2008's. In 2009, epidemiological surveys settled the proportion of severe (SAM) and moderate acute malnutrition (MAM) in under five children at 4 and 19 %. Emergency was declared. UNICEF, WFP, non-profit organizations and European institutes put in place a relief response by setting-up therapeutical feeding centres (CNT), targeting SAM affected children with negative appetite test and/or infectious complications, ambulatory feeding centres (CNA), targeting SAM affected children with positive appetite test and with no infectious complications up, and supplementary feeding centres (CNS), targeting the MAM affected children. In CNTs and CNAs, this relief operation gave some good results (deaths < 1%, drop-outs < 10%, cured/improved children > 88%). Such results may estimatedly have saved the lives of about 10 children per 1000 per year out of an overall reported under 5 mortality rate of 209. However, an epidemiological survey, carried out from July to September 2010, gave no evidence of improvement of SAM and MAM proportions in children population. Such results support the idea that the input of children shifting from healthy conditions into MAM and SAM remains untouched and CNS network is still insufficient. Meanwhile, wells got dry because of the low level of underground water. Lake Chad shrank a lot and left behind mildly salted water made ponds, animals and people make a promiscuous use of. Thereafter, outbreaks of cholera and other water-borne diseases spread in remote communities which were settled either on-shore besides the lake and offshore in small islands. A structured response was put in place by: a) supplying drinkable water tanks from outside; b) drilling additional deep wells; c) setting-up cholera treatment centres. However, these relief operations were not enough for cholera controlling until social communication and education about hazardousness in drinking water from ponds was not put in place consistently.

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