

Chad

Consolidated Emergency Report 2018



In Espoir school, in Lake Chad, girls were able to access quality, inclusive and safe education

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Abbreviations and Acronyms

AAP	Accountability to Affected People
ANT	Armée Nationale Tchadienne (Chadian national army)
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAFAAG	Children Associated with Armed Forces or Armed Groups
C4D	Communication for Development
CAR	Central African Republic
CCCs	Core Commitments for Children (in Humanitarian Action)
CFS	Child-Friendly Space
CLTS	Community-led Total Sanitation
CPAP	Country Programme Action Plan
CPiE	Child Protection in Emergencies
DREN	Délégation Régionale de l'Éducation Nationale (regional education directorate)
DRR/EPR	Disaster Risk Reduction/Emergency Preparedness and Response
ECD	Early Childhood Development
ECW	Education Cannot Wait
EDS-MICS	Demographic Health and Multiple Indicator Cluster Survey
EMIS	Education Management Information System
E-MTCT	Elimination of Mother-to-Child Transmission of HIV
EPI	Expanded Programme on Immunization
FGM	Female Genital Mutilation
GAM	Global Acute Malnutrition
GIS	Geographical Information System
GPE	Global Partnership for Education
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPM	Humanitarian Performance Monitoring
HRP	Humanitarian Response Plan
ICC	Inter Cluster Coordination
IDEN	Inspection Départementale de l'Éducation Nationale (national education inspectorate)
IDP	Internally Displaced Person
IGA	Income Generating Activity
IHDL	Initiative Humanitaire pour le Développement Local
IMAM	Integrated management of acute malnutrition
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
MENPC	Ministère de l'Éducation Nationale et de la Protection Civile
MINUSMA	United Nations Multidimensional Integrated Stabilization Mission in Mali
MSCP	Minimum Standards for Child Protection in Humanitarian Action
MTS	Mother Teacher Association
MRM	Monitoring and Reporting Mechanism on grave violations against children

NGO	Non-Governmental Organisation
NFI	Non-Food Items
ORS	Oral Rehydration Salts
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
PNC	Prenatal Care
PTA	Parent-Teachers Association
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
TLS	Temporary Learning Spaces
TOC	Transit and Orientation Centre
UMSC	Unaccompanied Minors and Separated Children
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. Executive Summary

Humanitarian indicators reflected a preoccupying humanitarian situation in 2018 in Chad - the national Severe Acute Malnutrition (SAM) rate increased to 4% (against 3.9% in 2017¹); while the number of people in situation of food insecurity increased from 2.6 million in 2017 to 2.9 million in 2018 (IPC). 655,000 displaced people (51% women and girls and 57% children), including 450,000 refugees and asylum-seekers (256,500 children), 124,000 internally displaced persons (70,680 children) and 81,300 Chadian returnees (46,350 children) remained in need of vital humanitarian assistance in the Lake province, the South and the East of the country due to violence and protracted armed conflicts in neighbouring countries of Nigeria and Central African Republic. Structural deficiencies, aggravated by budgetary constraints faced by the government hampered the provision of social services to the population especially the most vulnerable, leaving 4.9 million people (of which 2.8 million children) in need of humanitarian assistance compared to 4.7 million people (of which 2.7 million of children) in 2017.

The humanitarian response was significantly underfunded in 2018 in Chad. Only 53% of the US\$ 544 million required per the Humanitarian Response Plan (HRP) was covered and UNICEF received even less, only 44% of the US\$ 54 million pledged per the Humanitarian Action for Children (HAC) appeal. The lack of funds meant that UNICEF was unable to provide assistance to 221,700 people (145,400 children).

In line with the 2018 HRP, UNICEF provided life-saving assistance to 521,700 people (of which 472,864 children) affected by the main crises in Chad in 2018 - population movements, food insecurity and malnutrition, and epidemics outbreaks. Through an inter-sectoral approach, UNICEF provided nutritional treatment to 263,456 under-5 children in 625 supported health facilities. Over 36,000 of these severely malnourished children and their caregivers also benefitted from WASH kits as part of the WASH in Nut strategy recently integrated in selected health centres. 92,079 people were given access to drinking water through the construction and rehabilitation of water infrastructure and the distribution of bio-sand filters in areas where drilling water pumps is viable. In addition, 15,770 people gained access to sanitation through the construction of latrines. 209,408 children received learning materials and 17,946 out-of-school children were provided access to education. 13,366 children benefitted from psychosocial support in child friendly spaces (CFS), while 636 unaccompanied minors and separated children (UMSC) had access to alternative care, family tracing and reunification. 20 children were reunited with their families. UNICEF also supported the government of Chad in the response to a measles outbreak by immunising 2,495,852 children aged 6 months to 9 years between May and December 2018.

UNICEF continued to support the government in building the national system on disaster risk reduction (DRR) and emergency preparedness and response (EPR) with the development of two regional contingency plans for the provinces of Logone Occidental and Salamat in line with the national contingency plan which was developed in 2017.

Throughout the year, UNICEF promoted effective partnership and collaboration with the government, NGOs, the civil society, donors and communities to advocate for children's rights and provide humanitarian assistance to the most affected children and women, while seeking sustainability in its action. UNICEF actively participated in interagency coordination mechanisms, both at national and sub-national levels. UNICEF led the Nutrition, WASH and Education Clusters as well as the Child Protection Sub-Cluster area of responsibility and ensured linkages and alignment on the development planning under the United Nations Development Assistance Framework (UNDAF) and the National Development Plan (PND).

¹ SMART Survey (2017 and 2018)

There were some difficulties encountered. In the Lake province, humanitarian access in the surroundings of the Kangalom and Kaiga Kindjira localities situated along the Nigerian border was limited. Due to the activities of armed groups and military operations, and the access which was made difficult due to water levels, UNICEF and partners were not able to reach 500 people as planned through Child Protection and Education projects.

In the first semester of 2018, a general strike, organised by unions of civil servants protesting the government's austerity measures negatively impacted on the delivery of services including in the most affected areas of the country (South and Lake provinces). The Education sector was particularly affected as teaching was disrupted in many schools: 68 schools (24,121 students) across the Lake province, 45 schools in the East and 23 schools in the South were closed. The strike also affected the national health system - access to basic social and health services was disrupted for more than 7 months between January and August 2018 and only minimum of services could continue in the health care centres.

2. Humanitarian Context

In 2018, Chad continued to face a multidimensional crisis resulting from a conjunction of several factors, namely high levels of food insecurity and malnutrition, a health crisis as well as displacement of thousands of people fleeing insecurity and conflict areas in Nigeria and Central African Republic. 4,9 million people (of which 2.8 million children) were affected by this crisis and consecutively in need of humanitarian assistance². The 2018 SMART survey revealed a national rate of SAM of 4% (above the 2% WHO threshold).

In the first quarter of 2018, 21,500 new Central African refugees (12,200 children) fleeing violence between armed groups were registered in southern Chad³. Another 6,000 Nigerian refugees (3,400 children) arrived in the Lake province at the end of the year as violence between armed groups increased in their villages.⁴ Several years after the eruption of the armed conflicts in the Central African Republic (CAR) and the violence attributed to extremist groups in Nigeria, the negative impact in Chad (i.e. in the Lake province and the south) is poignant. As of end 2018, the humanitarian crisis had displaced nearly 655,000 people (51% women and girls and 57% children), including 450,000 refugees and asylum-seekers (256,500 children). 124,000 internally displaced persons (70,600 children) of which 51,000 internally displaced persons returned to their villages of origin in the Lake province and 81,000 Chadian returnees, of which 46,350 children (including 39,000 in the Lake and 42,000 in the South). These people are mainly located in the border areas of Chad. In the East, 336,000 Sudanese refugees have been living in 12 camps for more than a decade. Central African refugees (102,000 people, 45,200 children) are living in the southern provinces, and Nigerian refugees (11,000 people) are mainly in the Lake province. There are approximately 6,500 refugees in urban areas in N'Djamena and Mayo Kebi Est. These displacements also affect the host communities, of which 878,000 people (500,000 children) are in a vulnerable situation and in need of a multisectoral assistance⁵.

The turmoil in neighbouring countries (i.e. the protracted armed conflict in CAR and the consequences of the violence related to the religious integritism in Nigeria) has aggravated existing structural weaknesses, including access to food, primary health care, education, access to safe drinking water, and other basic social services. The search for durable solutions remains a priority for these people whose prospects for return are limited due to security constraints and the risks in their countries of origin (CAR, Nigeria, Sudan) and within the Lake province. These people face persistent protection risks, including gender-based violence (GBV), grave child rights violations such as recruitment/use by armed forces and armed groups or kidnappings. In addition, violence has led to population movements, adding family separations and various forms of psychosocial distress. In the south, new

population movements are equally reported while refugee and returnee caseloads have seen their assistance reduced and have turned to negative coping mechanisms.

The national severe acute malnutrition (SAM) rate increased from 3.9% in 2017 to 4%² leaving 2.2 million people in need of nutritional support. A total of 16 out of the country's 23 provinces, most of which are located in the Sahel belt, are reported to be in a nutritional emergency. They include 14 provinces where the prevalence of global acute malnutrition (GAM) and SAM exceeds the emergency thresholds set by WHO and two provinces whose prevalence is below the emergency thresholds, namely the Lake, which is affected by insecurity and population movements, and the city of N'Djamena due to its high population density. Chronic malnutrition remains stable with prevalence at 31.9% compared to 32.4% in 2017. It exceeds the critical threshold of 40% in the Lake (48.2%) and Wadi Fira (41.2%) regions (*ibib*). Overall the food security situation deteriorated in 2018 with 2.97 million people (1.7 million children) facing food insecurity against 2.6 million in 2017 (1.4 million children).⁶

The weakness of the health system is a major obstacle to the provision and accessibility of primary health care services and medical emergencies. In addition to this structural factor, both economic and safety reasons and cultural practices affect under-five children, pregnant and lactating women, people on the move and nomads who are particularly vulnerable. Low routine immunization coverage (22% of children fully immunized, Humanitarian Needs Overview 2018) contributes to the emergence and spread of diseases. Chad faced a measles epidemic in 2018 with a total of 5,336 suspected cases reported (lethality 1.7%).⁷ Although there have not been any new cases reported since 2016, Chad remains exposed to the cholera epidemic in bordering countries of Niger, Nigeria and Cameroon, due to cross-border movements. The low access to drinking water and the low level of education of the population, especially women, the recurrence of food insecurity and malnutrition, are all factors that explain why Chad has some of the most alarming health indicators in the world - the second highest maternal mortality rate (860/100,000) and the sixth highest infant and child mortality rate (133/1,000).⁸

Additionally, despite efforts by the government to improve the quality of education and a progressive increase in the allocation of financial resources, the education sector still faces major challenges. Only half of school-aged children (6-12 years) enter school, 50.8% complete primary school and only 23% attend secondary education and 3.4% tertiary education³.

3. Humanitarian Results

With US\$ 23.42 million mobilised in 2018 against the US\$ 53.8 million appeal (44%) in the Humanitarian Action for Children (HAC)⁴, Chad's humanitarian response in 2018 focused on the implementation of a coordinated life-saving assistance articulated around a synergy between humanitarian and development programmes to ensure a strong emergency-transition-development continuum.

UNICEF offered preventive care such as infant and young child feeding support alongside curative nutrition interventions, including SAM treatment to under-five children in the Sahel belt and the south of the country. 36,473 of these children and their families received a life-saving WASH package, including hygiene promotion and supplies. 92,079 people received access to water and almost 200,000 were sensitized on good hygiene practices, including illness prevention and locally-adapted solutions for water access. The health system was reinforced with personnel and supplies in the Lake province

² SMART Survey (2018)

³ UNICEF Out of School Study (2016)

⁴ UNICEF Humanitarian Action for Children 2018 (revised in September 2018):

<https://www.unicef.org/appeals/images/2018-HAC-Chad-Revised-September.pdf>

and the south, and nutrition data management was strengthened using mobile phone technology. UNICEF reached 17,946 children in displaced communities with access to education and learning materials, rolled out sustainable solutions for compensating community teachers and supported the standardizing of alternative learning. UNICEF supported the reunification of 20 unaccompanied children with their families and provided psychosocial support to 13,366 children in child friendly spaces. UNICEF continued to support the government in strengthening the disaster and risk reduction/emergency preparedness and response system with the development of two contingency plans for the Salamat and Logone Occidental provinces. UNICEF played an active role in leading the Education, Nutrition and WASH Clusters as well as the Child Protection Sub Cluster area of responsibility.

The integrated, multi-sectoral programming approach promotes efficiency and programmatic effectiveness as it contributes to the development of a response framework considering various facets of the violations of children's rights and pooling the efforts and resources in response to these violations. Through this approach, in 2018, UNICEF scaled up its WASH in Nut interventions (36,473 beneficiaries assisted compared to 2,287 in 2017) in line with the WASH in Nut strategy adopted in 2017 by the government. In the same dynamic, 2,923 children admitted for severe malnutrition in nutritional therapeutic centres were tested for HIV demonstrating the operationalisation of a systematic HIV in Nut approach.

For a more longer-term impact, it would be necessary to develop approaches which also focuses on the prevention of malnutrition rather than mainly working on post-crisis response patterns. Continued close cooperation with the government will be necessary, to promote local and sustainable solutions and innovative initiatives with the involvement of the communities.

In a context of resources scarcity, joint advocacy and resource mobilization initiatives implying UN agencies with an effective participation of the government are important to activate new layers of funding sources including in the private sector for the humanitarian response.

Further to the drop in oil prices in 2016 that led to the economic and budgetary crisis, the government capacity to provide basic social services in several sectors was weakened. UNICEF and the humanitarian community will continue with accompanying measures to strengthen the capacity of government structures to ensure their effective involvement in the preparation and implementation as well as the appropriation of humanitarian response mechanisms.

Below demonstrates by sector the results achieved in 2018. Please note that these are the results achieved through the generous contributions received from various donors against appeals, as well as resources from UNICEF's regular programmes where needed.

Nutrition

The 2017 rainy season was characterized by insufficient rainfall distribution, leading to a rainfall deficit in large grazing areas, and decrease in agricultural production. In 2018, the nutritional situation continued to deteriorate due to the economic crisis. The results on the malnutrition admission data showed an increase of 8% in comparison to 2017 (reference period January to May), and the number of children screened for malnutrition in selected parts of the country showed equally alarming trends - an 24% increase as compared to 2017 was seen in N'Djamena and 8% increase in the Ouaddai province, for instance. The nutrition cluster revised the nutrition caseload as a consequence, and the target for the admission and treatment of severely malnourished children was increased from 169,000 to 268,837⁵, so that continued access to the much-needed treatment would be ensured for malnourished children. UNICEF supported the treatment of 263,456 severely malnourished children

⁵ This change was reflected in the revised UNICEF Humanitarian Action for Children 2018

(98% of the revised target) and continued to ensure the supply of ready-to-use therapeutic food as well as essential drugs to supported health centres.

To strengthen the capacity of service providers both at institutional and community level, UNICEF trained 500 health workers on the integrated management of acute malnutrition (IMAM) protocol, and 731 health workers (276 at community level) were trained on infant and young child feeding (IYCF) practices. Moreover, 113,361 people in communities were also sensitised on different health and nutrition related topics (vaccination, prenatal consultation, IYFC, breastfeeding).

Vitamin A supplementation and deworming campaign was carried out during the measles outbreak response and benefitted 780,786 children aged 6 to 59 months and 673,068 children aged 9 to 59 months respectively. Despite the implementation challenges such as the lack of qualified work forces within the supported health facilities and the recurrent strikes, UNICEF was able to mitigate its impact through partnership with NGOs and appointment of additional staff. Ten nutrition consultants were hired to provide day-to-day on-the-job training to maintain the availability and quality of nutrition services.

To improve information management, nutrition data and surveillance, the use of smartphones for data collection was launched in four health districts in Barh El Gazal, Guera, Kanem and Salamat provinces. This was set as a pilot project to identify enabling factors that can support the switch from paper-based reporting to mobile phone reporting. A few health centres were able to send the data on a weekly basis while others experienced challenges due to the quality of network. The limited understanding of the project by the provincial health authorities revealed a need to redesign and seek commitment prior to any scale-up. A meeting was held with the Directorate of food and nutrition to discuss data reporting and agree on an action plan to address the identified weaknesses. A review will be carried out to document the lessons learnt and agree on the way forward. Despite some challenges, the implementation of the new platform showed the importance of mobile phone based reporting. Further implementation planned for 2019 will provide lessons learnt for the way forward.

Throughout the year, UNICEF worked closely with the government and implementing partners to ensure that affected population have access to quality nutrition services. Considering the multiple causes of undernutrition, the coordination between sectors (nutrition, food security, WASH for instance) needs to be improved and a clear communication channel established. Action points taken to improve the nexus between emergency response and development programme need to be accelerated in order to reduce the deleterious impact of the recurrent food and nutrition crisis that has been affecting the country for over a decade. Lessons learnt in 2018 are that the appointment of consultants and additional staff to supported health facilities was a key factor of success allowing facilitation of the availability of services; and the recurrent cycle of wasting and undernutrition demonstrates a need to strengthen the prevention activities through a multisectoral approach.

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number and % of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care and benefitting from promotion of nutrition practices	268,837	263,456	268,837	263,456
% of children with SAM discharged who recovered	85%	90%	85%	90%

Number of health centres with an integrated SAM management programme	708	625	632	625
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

HIV/AIDS

The latest national survey (EDS/MICS) on HIV/AIDS, carried out in 2014/2015, estimated the national HIV prevalence among the general population at 1.6%. The crisis-affected areas are among the most affected by the epidemic. The prevalence in the Lake province is 2.1% and it is 2.7% in both Logone Oriental and Logone Occidental where the IDP and refugee camps are concentrated. The epidemic is also evolving with noticeable disparities between women and men (4% versus 0.6%) in Chad, and rural and urban settings (5.8% versus 0.6%). Thus, PMTCT continued to be among the main interventions as was the prevention in adolescents, particularly in girls who tend to be less informed of the epidemic. According to MICS 2015, only 26% of young people in Chad have comprehensive knowledge on HIV/AIDS and only 7.8% have been tested. This lack of information may explain early transmission particularly in adolescent girls. 1.2% of 15-19 year old girls are HIV positive and 62% of them already have at least one child. 6% of these girls had become a mother by the age of 15.

UNICEF supported the prevention of mother-to-child transmission of HIV (PMTCT) services in health centres that offer pre-natal care. 52,546 pregnant women were counselled and tested during their pre-natal consultation, 302 tested positive for HIV and received Antiretroviral (ARV) treatment. UNICEF also provided prophylactic treatment to children born from HIV positive women. In 2018, a total of 163 new-borns received treatment. Sessions to sensitise the youth on HIV prevention were held throughout the year, reaching 74,275 youth and adolescents. 281 youth that were tested and found to be HIV positive received ARV treatment.

In line with the country office's strategy to use an integrated approach in the delivery of its programmes and to promote early detection, 2,923 children admitted for severe malnutrition in nutritional therapeutic centres were tested for HIV. The 53 children, who were tested positive, received ARV treatment following parents' approval.

To improve delivery of service, UNICEF trained more than 500 health agents including doctors, nurses and community health workers on the Prevention of Mother-to-Child Transmission of HIV (PMTCT) as well as paediatric care (PECP) both in health centres and at community level. Furthermore, 90 peer educators were trained on HIV prevention, 95 focal points including those in emergency sites and medical doctors attended a training session on the new data collection tools and the new database. With these new tools health centres will be able to collect robust data that will provide more information on the demographics of people seeking treatment.

UNICEF has been supporting Health Districts and the National Network of HIV positive people (RNTAP+) who contributed to the implementation of activities and to the Psychosocial Support of those living with HIV and AIDS. The partnership developed with UNHCR resulted in improved monitoring of activities and challenges mitigation with regards to the retention of women under ARV treatment. It contributed to ensure the continuity of treatment for mothers and children who were previously under ARV treatment. The strong presence of humanitarian actors facilitated the implementation of a better response in the camps than in host communities. It allowed to reduce stigma and discrimination of people living with HIV in IDPs and refugee camps.

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number of pregnant women that have access to HIV and AIDS screening services and prevention of mother-to-child transmission services			40,000	44,899

Health

The health situation was marked by a measles outbreak that was declared in May. In collaboration with WHO and the Government of Chad, UNICEF organised an immunization campaign to vaccinate 2,495,852 children aged 6 months to 9 years in 52 districts that were experiencing or at risk of measles epidemic. UNICEF responded to the influx of CAR refugees in the south of the country by providing the health district with two emergency health kits which served to treat 2,000 people (1,100 children). A preventive vaccination campaign targeting refugees and host communities affected by the crisis in CAR was organized in June 2018. 24,288 children aged 6 months to 9 years were vaccinated against measles and 20,644 children from 1 year to 7 years against meningitis.

In the east of the country, UNICEF and partners contributed to delivering integrated Emergency Health, Nutrition and HIV/AIDS services to refugees from Sudan living in the three camps of Djabal, Goz Amir and Kerfi, and host communities of the districts of Goz Beida, Tisssi, AMdam and Koukou in the Sila province. In total, 235,943 people including 47,189 children aged 0-59 months and 12,977 pregnant women were targeted. 8,111 children aged 6-59 months (90% of the target) received measles vaccine, 8,378 received 3 doses of pentavalent vaccines, 1,930 pregnant women received antenatal care, 11,000 pregnant women were counselled and tested for HIV/AIDS and 13,545 children aged 6-59 months screened for malnutrition and 6,453 children diagnosed were treated.

No cholera cases were reported in the country in 2018. However, due to the ongoing cholera outbreak in the neighbouring countries, the Ministry of Health with the support of partners, including UNICEF, prepositioned 10 cholera kits (including three provided by UNICEF) for the management of gastro-enteritis cases in cholera high-risk provinces.

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number of children in humanitarian situations aged 6 months to 14 years vaccinated against measles			147,000	2,556,765

Education

The progress made against the 2018 HAC contributed to the provision of access to a quality basic education for school-aged children affected by crisis, by actively engaging local educational authorities from the early stage of the programmes' implementation and promoting innovative approaches such as the use of mobile technology (via mobile phones) for monitoring teachers and students' attendance in emergency zones.

UNICEF supported the strengthening of educational services by ensuring the distribution of learning materials for 272,397 students including 209,408 children (87,846 girls) in humanitarian situation. 3,342 teachers (24% women) and 271 preschool facilitators (79% women) received pedagogical materials. Distribution of 129 hygiene kits took place from March 2018 in 433 primary schools hosting refugees (73 of the schools were in refugee camps), returnees and IDP children in 10 border provinces.

Distribution of recreational kits allowed 185,890 children including 83,016 girls (45%) to participate in sports activities which helped them build relationships with classmates and teachers, self-esteem and a sense of belonging. It would be important to improve the coordination between decentralized level of the MENPC, implementing partners, transporters and school communities for smooth delivery and distribution of materials. Collecting feedback from different parties involved in the programme implementation (i.e. DRENs, IDENs and IPEPs) was useful in adjusting the implementation according to the constantly changing realities in the field.

4,859 Nigeria+ crisis affected children (2,332 girls) in the Lake province and 12,795 CAR crisis affected children in the South provinces had access to an inclusive and quality education, thanks to the set-up of 190 temporary learning spaces (60 TLS for Nigeria+ crisis and 130 TLS for CAR crisis), 158 latrines in emergency (120 for Nigeria+ crisis and 38 for CAR crisis). 327 teachers in the Lake province and 676 teachers (85 women) in Logone Oriental, Mandoul, Moyen Chari provinces and the suburbs of N'Djamena, who collectively taught more than 50,000 students, received subsidies through mobile phones.

Additionally, 262 members of PTAs (including 117 women, 45%) in the Moyen Chari, Wadi Fira and Ennedi Est provinces attended training on income generating activities (IGA) and received seed funding for implementation. 323 members of PTAs (148 women, 45%) attended a training on fiscal management in school, protection of school and development of a strategy for girls' education. Thanks to the training, 650 members of PTAs and Mothers Associations (302 women, 46%) learned to prepare school accounting books and ensure management of school related funds in a transparent manner. These IGAs could eventually reinforce their capacity to recruit and maintain community teachers in their schools, thus reducing the burden placed on communities regarding schooling of their children (cost of schooling is a primary cause of non-schooling, especially for girls). 1,303 people (935 women), comprising of PTA members, community volunteers, school principals and about 400 administrative, traditional and religious leaders (85 women) were trained and have committed to supporting activities focused on the education of children, particularly girls, in Hadjer Lamis, Kanem and Barh-El-Gazel. 316 members of PTAs and Mothers Associations (158 women, 50%) in 45 primary schools attended a series of training sessions organized to help them acquire basic competencies needed in promoting education and menstrual hygiene management (MHM). Following the training led by PTAs and Mothers Associations, reusable hygiene kits and panties were distributed to 4,784 adolescent girls in 129 schools. According to data collected, at least 381 adolescent girls between the ages of 10 and 15 enrolled in school thanks to the hygiene kits.

To enable educational provision that is more sensitive to gender and social issues, 354 teachers (55 women) in three provinces, benefited from life skills training. Given that many girls who became mothers at an early age are not able to go to school due to their responsibility of caring for their children, the communities and UNICEF's partner worked together to open 34 temporary childcare centres near USAID supported schools in the provinces of Logone Oriental and Mandoul. These centres that are run by women from the targeted communities aim to remove barriers to education for teenage mothers by providing them with a place to leave their children while attending classes. At least 281 teenage mothers in the two provinces enrolled in school thanks to these facilities and service. 140 local authorities, traditional leaders and education partners in five targeted provinces were invited to attend information sessions during which they committed themselves to providing their full support to increase access to education for children in their communities.

In collaboration with the MENPC, UNICEF supported pedagogical skills development of 1,342 teachers, as well as specific training such as psychosocial support and risk mapping in schools for 78 teachers (9 women). Teacher training on combatting violence and inequalities in classroom took place successfully in 51 schools and reached 410 teachers (161 women, 39%). UNICEF with MENPC, developed an

innovative tool using mobile technology, EduTrac, for real-time data collection deployed in two provinces and involving 669 school directors and parents of pupils, including 223 mothers of pupils.

In partnership with the Higher Council of Islamic Affairs, the MENPC and the communities of the Lake province, initial steps have been taken towards providing non-formal education in Koranic schools. This included the development of textbooks and teaching guides and the launch of the joint approach with communities in three pilot schools. In 2018, a non-religious curriculum, including school textbooks and teacher guides, was established by UNICEF to launch a pilot programme in the three schools with community support in preparation to scale up in the medium term. Children affected by humanitarian crisis (refugees, IDPs and host communities) will benefit from this programme.

Regarding the Education Cluster, supporting capacity building of cluster members was another priority for UNICEF as the cluster lead, through training its members and 126 MENCP representatives and implementing partners on the INEE minimum standards of education in emergencies and the Child Protection in emergencies minimum standards.

Between January and March 2018, 68 schools (24,121 students) across the Lake province (45 schools) and the south (23 schools) were closed due to strike. Only the schools where teachers received external support for subsidies such as in refugee camps and returnee sites (314 schools) were opened - thanks to the support provided by UNICEF and partners with funding from CERF, USAID and ECHO - while most host community schools remained closed.

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number of out of school boys and girls (3 to 17) affected by crisis accessing education	468,161	20,116	18,000	17,946
Number of boys and girls aged 3 to 17 years affected by crisis attending education in a classroom where the teacher has been trained in psychosocial support	295,539	13,482	8,000	10,785
Number of school aged boys and girls (3 to 17) affected by crisis receiving learning materials	489,301	212,097	202,435	209,408
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Child Protection

Overall humanitarian protection situation in 2018 was characterized by relative stability, but a number of events triggered new or increased child pre-existing protection concerns in 2018, particularly in the Lake Chad Province as well as in Chad's South, affected by the Central African crisis. Since mid-2018, an increase in security incidents in the Lake province led to multiple grave violations against children, including rapes and sexual violence; kidnappings; killings and injuries; recruitment and use of children. A total of 20 such grave violations were documented between July and November 2018 only.

In the South, the influx of some 21,356 new refugees in the south (Mandoul and Logone Oriental) fleeing violence in CAR led to family separations as well as psychosocial stress among the children affected by these movements. In addition, already strained resources were further put under pressure, increasing risks of inter-communal tensions and violence but also potentially leading to

abuse and exploitation of vulnerable children. Harmful survival practices continued to be frequently reported among children affected by the crises. UNICEF, in response, focused on strengthening child protection systems.

To strengthen the monitoring and response to grave violations in the context of the Lake Chad crisis, UNICEF set up a MRM focal point system, composed of 52 members (17 women) trained to identify and report such violations. At community level, 23 community-based child protection mechanisms were set up in the Lake province and in the south to provide protection support to children and to identify those most vulnerable, for referral to relevant services. The members of these committees were trained on the specificities of child protection as well as the identification and referral of vulnerable girls and boys. These mechanisms are in line with the Accountability to Affected People (AAP) commitments, by receiving complaints from the affected communities and transmitting them to UNICEF's partners for management. In collaboration with the Directorate of Social Affairs and the provincial social affairs representation, the members of these mechanisms assisted unaccompanied children, through the identification of host families and regular follow-up visits. In Logone Oriental alone, they intervened in 35 cases of child rights violations, mediating between families, to prevent early marriages and other forms of GBV.

In line with the Action Plan on children associated with armed forces and armed groups and its roadmaps, UNICEF trained 408 officers and senior non-commissioned members of Chad's National Army in basic knowledge of child protection in armed conflicts and formed a child protection committee composed of 53 members in preparation for their deployment to Mali to support MINUSMA.

Twenty-three child friendly spaces were set up in the South (Logone Oriental) and the Lake Province where 13,366 children benefitted from psychosocial support. 636 unaccompanied and separated children had access to alternative care and family tracing services and 20 of those children were reunited with their families. UNICEF and partners from the Ministries of Social Welfare, Defence, and Justice facilitated the transfer of fourteen boys formerly associated with armed forces and armed groups (CAAFAG) from high security prison to the transit care centre of Bol where they are currently benefiting from protection services. UNICEF will increase efforts to ensure these children are reunited with their families.

Limited resources impacted the scale of the Child Protection response and the capacity to reach those in need. In addition, frequent reshuffles at different government levels and administrative challenges continue to hinder an efficient response. UNICEF will continue advocacy as well as training for personnel at different government levels to reinforce response capacities.

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number of unaccompanied and separated children that have access to alternative care, family tracing and reunification services	1,060	636	1,040	636
Number of displaced children with access to psychosocial support, including in child-friendly spaces	77,257	13,366	30,250	13,366
Number of unaccompanied children (UAC) reunified with families	115	20	115	20
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

WASH

Only 16% of the population have access to improved and sanitation facilities and 56% have access to drinking water in Chad (Joint Monitoring Programme, 2017). Food insecurity and malnutrition, population movement and health crises in 2018 worsened the situation. In response to the malnutrition crisis, and in line with the WASH in Nut strategy adopted in Chad in 2017, 36,473 SAM children (16,546 male and 19,927 female) and their mothers - representing 86% of the planned target - received a WASH Kit (soap and bleach) and were sensitized on good hygiene practices. In addition, water points and separate latrines were installed in 18 health care facilities (08 in the Ouaddai and 10 in the Lake province). 41,857 people were sensitized (on hand washing, use of latrines, water treatment) in the Lake, Logone Oriental, Logone Occidental, Moyen Chari, N'Djamena, Tandjile, Mandoul and Ouaddai provinces. 257 health and community workers benefited from capacity building on WASH in Nut strategy in the same provinces (on the implementation of the strategy and the use of sensitization pictures boxes).

UNICEF and partners provided safe water to 92,079 people (73% of the target, reaching 43,271 men and 48,808 women) affected by crises in line with Sphere standards, including 15,714 people (7,468 men, 8,246 women) in the Lake province. Also in the Lake, 1,399 bio-sand filters were provided to vulnerable communities for water treatment.

Furthermore, UNICEF provided access to sanitation to 15,770 people (7,429 men and 8,341 women) through the construction of latrines in communities, health facilities and schools out of a planned target of 108,868.

UNICEF scaled up WASH in Nut interventions in 2018 with 36,473 beneficiaries assisted out of 42,293 planned (86% of the target).

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number of children under 5 admitted in SAM treatment who received a lifesaving package including messages about appropriate hygiene practices and Nutrition supplies	169,174	45,703	42,293	36,473
Number of crisis affected people who have access to basic sanitation facilities (latrines) in accordance with the WASH Cluster standards and norms	344,274	69,715	108,868	15,770
Number of crisis affected people who have access to safe potable water and hygiene promotion activities in line with the standards (15L/per/Day)	638,900	183,808	126,672	92,079
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Communication for Development (C4D)

C4D activities promoting key family practices were conducted in collaboration with government partners, media, civil society and faith-based organizations, particularly in the framework of the ongoing humanitarian and Nutrition Crisis, and vaccination campaigns. Using a wide range of

communication tools/channels, including audio-visual materials, proximity and mass communication channels (radio and prominent artists), social mobilization campaigns and targeted sensitization sessions, UNICEF promoted exclusive breastfeeding, immunization, malaria prevention, appropriate treatment for sick children, hand-washing, prevention of child abuse, and early childhood stimulation. Information on infant and young child feeding practices was disseminated in the East, Lake and Southern provinces using community volunteer networks and local media (community radio). In UNICEF supported nutritional centres in the Sahel belt provinces, mothers were regularly sensitized on key practices for children's health and nutrition, including exclusive breastfeeding, hand washing, immunization, and the use of ORS/zinc for diarrhoea.

In 2018, the C4D in emergency carried out information, social mobilization and community dialogues to bring the communities of the 52 health districts affected by the measles epidemic to vaccinate their children aged 5 months to 9 years. In Sila, in the east, including in the Djabal, Goz Amir, Kerfi refugee camps and in host communities in Goz Beida, Tissi, Amdam and Kaikou health districts, 235,943 people were sensitised by the activities on the importance of measles vaccination. In addition, through outreach activities, 11,000 pregnant women were screened for HIV/AIDS. Sensitisation sessions were organised in the communities of the areas affected by emergencies on the importance of education for all children and especially girls. The proximity communication campaign reached 1,335 people including 935 women and 400 administrative, trauma and religious authorities of Kanem, Hadjer Lamis and Barh El Gazel. The results of the 2017 and 2018 SMART surveys show that the exclusive breastfeeding rate has significantly increased from 5.8% to 17.7%. This change can be explained by the sensitization activities carried out throughout the year, using various platforms.

Despite these results, community-based interventions are still facing numerous challenges among which the recurrent strikes within the health system that affect the motivation of the community health workers. It will be important to scale up community-based interventions and social behaviour changes strategies across the country.

Disaster Risk Reduction and Emergency Preparedness and Response

Since 2016, UNICEF has played a leading role in enforcing the national system for Disaster Risk Reduction and Emergency Preparedness and Response (DRR/EPR) in Chad. The National Contingency Plan was adopted by the government in 2017, and UNICEF expanded its action at the subnational level with the development of two provincial Contingency Plans for Logone Occidental and Salamat. The set-up of the contingency stock allows a prompt and coordinated response to the needs of those affected by crises in line with the interagency strategy for preparedness and response to emergencies. Efforts are being made to promote the appropriation by the national counterpart of the overall process for building a functional and sustainable DRR/EPR system.

UNICEF in Chad continued to manage the interagency contingency stock which is used to provide rapid response in case of emergencies (outbreaks, displacement, flooding for instance). In 2018, thanks to this stock, UNICEF provided assistance to 7,500 new Central African Republic refugees who arrived in southern Chad in the first quarter of the year following deteriorating security situation. During the measles outbreak, 60,000 doses of vaccine were delivered from this stock to the Ministry of Health to rapidly organize a vaccination campaign.

The development of provincial contingency plans and their simulation facilitates the appropriation and legitimization of these plans by local authorities and communities as well as the implementation of the humanitarian and development nexus, as these plans can be aligned with provincial development plans. It will be necessary to reinforce the synergy and the coherence of all DRR/EPR initiatives undertaken in Chad by various actors to further improve the response capacity.

Interagency Coordination

UNICEF is working with other United Nations agencies and the Inter-Agency Standing Committee (IASC) under a common humanitarian framework in Chad, with a common Humanitarian Situation Analysis integrated into the 2018 HRP. A common Humanitarian Code of Conduct has been approved by the Humanitarian Country Team (HCT). UNICEF also works closely with the Humanitarian Coordinator office whenever relevant, providing information for reports and updates to the Resident/Humanitarian Coordinator.

There are WASH, Nutrition, Health, Food Security, Protection, Education Clusters in Chad, in which United Nations agencies are cluster leads and NGOs are co-leads. There are also sub-clusters for GBV and Child Protection. UNICEF leads the Nutrition, WASH and Education Clusters and also the Child Protection sub-cluster. In 2018, on UNICEF initiative, the government formally appointed four Administrators to co-lead the Education, WASH, Nutrition and Child Protection sub-clusters. They have taken an active part in the management of these clusters, especially by participating in the activities of the strategic steering committees set up within these clusters.

UNICEF participated to the validation of the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP). UNICEF contributed to strengthening the coordination mechanism at national level and in the Lake and south provinces where sub clusters are activated. Specifically, sessions and training on cluster management in line with the assigned key clusters functions were organised in the Lake and south provinces. The Clusters integrated the dimension of the Accountability to the Affected People framework in the workplans and adopted checklists to effectively integrate the approach within their roles.

The WASH cluster developed a set of tools (including manuals, training modules, monitoring tools) designed for the operationalization of the WASH in Nut strategy adopted in 2017. The cholera contingency plan for the WASH cluster was updated. In the Nutrition sector, the national plan for the scaling up of the IYCF strategy was validated. Within the context of the second phase of the Education Cannot Wait (ECW) multiannual programme development, the Education Cluster created a team responsible for the elaboration of the project and the secondary data review. Next steps include the elaboration of the Cluster strategy. The Child Protection Sub Cluster established data management and reporting system through development of a collection tool.

To further strengthen coordination, the Cluster approach will be revised, defining the strategy for joint missions and monitoring of activities at the field level.

Humanitarian Funding Case Study

EduTrac: overcoming data collection and analysis obstacles in the context of education in emergency using mobile telephony data management system

Top Level Results: Data collection, processing and analysis in real time through EduTrac have helped to improve the planning, monitoring and management of education interventions in the Lake and Logone Oriental provinces. The data collected have facilitated the planning of the campaign for the distribution of school materials for the school year 2018-2019, the planning of teacher training, the organization of payments of the subsidies of the community teachers, the follow up of the new enrolled children, as well as reporting.

Issue/Background: Chad is affected by a conjunction of multiple crisis including people displacement, food insecurity and malnutrition and sanitary crisis leaving 4.3 million (of which 2.4 million of children) of people in need of humanitarian assistance and a large number of school age children outside of

school (around 50%). There is a lack of official data in the Education sector, especially in the context of emergency as the latest available data and updates date back to 2015-2016. Difficulties in the data collection in remote areas and the lack of interaction between schools, local and regional Education governance bodies and the central level constitute a key challenge. Building on this diagnosis, the Ministry of Education and Civic Promotion (MENPC) with UNICEF support implemented EduTrac, a real time SMS-based data collection system.

Resources Required/Allocated: EduTrac is deployed as part of ECW funding, with US\$ 100,000 allocated.

Progress and Results: The implementation of the EduTrac platform began in mid-2018 with the development of key indicators followed by various technical configurations and capacity building of 223 school directorates and 446 parents (including 223 women) associated with the implementation of the project in the two pilot provinces of the Lake and Logone Occidental.

Criticality and value addition: The system is used to collect data in real time, to carry out regular surveys on key issues including the presence of teachers and the attendance of children in the classroom, the results of the examinations and the monitoring of the functioning of the schools which are used in the decision-making process of the MENPC. It also supports schools that require special attention by communicating sensitization messages to directors and local educational authorities and monitoring incidents including attacks on schools.

Challenges and Lesson Learned: The illiteracy of some members of Parents' Associations and the low quality of service of the telephone operator in some localities constitute challenges for the implementation of the system.

Moving Forward: The evaluation of the pilot phase is to be conducted in 2019 and lessons learnt will be capitalized for a further geographical extension of the coverage of the project.

4. Results Achieved from Humanitarian Thematic Funding

In 2018, UNICEF in Chad received thematic funding amounting to US \$ 937,808. Building on the results achieved in 2017 through the implementation of its intersectoral strategy, the funds were allocated to Child Protection and Health sectors which were significantly underfunded as well as for Nutrition response as the nutritional situation significantly deteriorated in 2018. The thematic funds allowed the flexibility to allocate where there was the most need - UNICEF could timely provide supplies, supervise activities, and technical support.

The thematic funds complemented funding for the influx of refugees fleeing attacks in northern CAR in the beginning of 2018. 5,791 children (2,779 girls, 48%) benefited from psychosocial support in child friendly spaces. To ensure continuous support for these children, 248 members of 8 community-based child protection mechanisms were trained in child protection in humanitarian situation and setting up community-based protection mechanisms. In the Lake and south provinces, the funds supported interventions benefitting 164 unaccompanied and separated children (39 in the Lake, 125 in the south); 66 of them girls. The transit care centre in Bol hosting children released from prison was kept operational thanks to these funds and 14 children formerly associated with armed forces (CAAFAG) were assisted and socially reintegrated in the Lake province. The provincial delegation for social action was also supported to assist 38 victims of gender-based violence.

Furthermore, nutritional supplies were provided to therapeutic centres in the 19 supported provinces of the nutrition Cluster and health personnel were trained on the integrated management of acute

malnutrition (IMAM). RUTF were procured and logistical cost was also supported, ensuring their timely distribution in nutritional centres, benefitting approximately 5,500 severely malnourished children.

Thematic funds provided crucial support to the Health sector, enabling UNICEF to immunize 7,950 children living in refugee camps in the South.

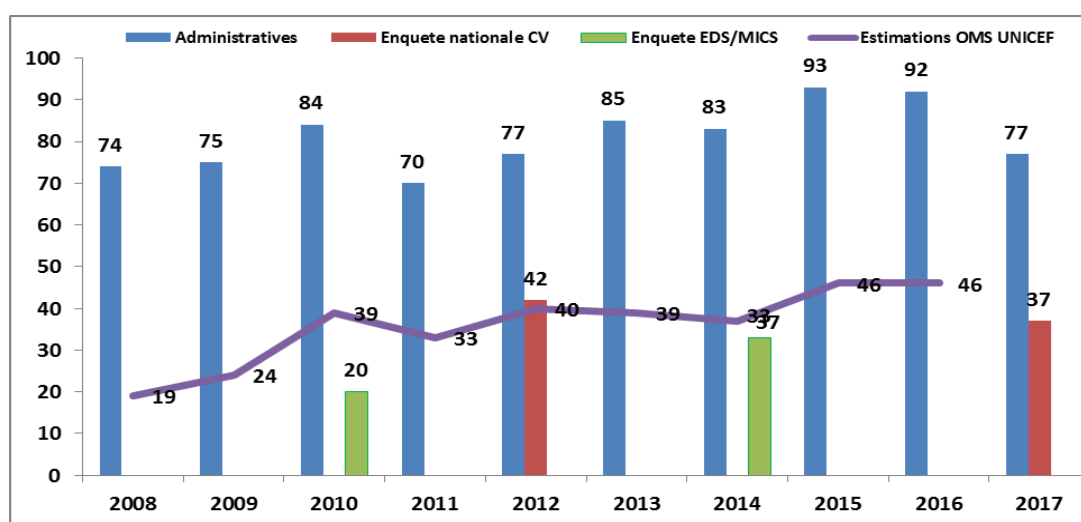
Thematic Funding Case Study

The Community based approach to promote improved surveillance and vaccination

Top Level Results: The implementation of the Community based approach to promote improved surveillance and vaccination has contributed to increase the immunisation coverage for the 3rd dose of pentavalent vaccine from 37% to 56%, an increase of 19%. The proportion of fully immunized children evolved from 19% to 29% in 2018, an increase of 10% from 2016 to 2018 in 14 districts.

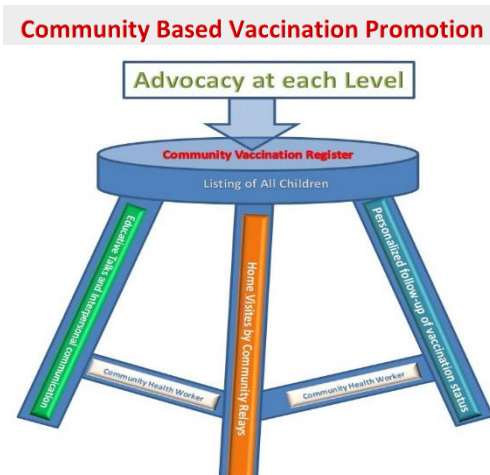
Issue/Background: The performance of Chad immunization programme has not been satisfactory over the past 10 years. Only 25% of children aged 12-23 months were fully vaccinated in 2014 and 22% in 2017 according to the results of DHS/MICS 2014/2015 and the 2017 EPI survey.

Figure 1: Trend of Pentavalent 3 coverage in Chad based on various sources from 2008 to



To solve the problems related to the generation of demand and equity in immunization, the Ministry of Public Health with the support of its partners has put in place a community-based approach to reduce the number of unvaccinated and/or partially vaccinated children known as Community based approach to promote improved surveillance and vaccination.

Rationale: With the goal of developing a strategy to increase immunization coverage by the reduction of the drop-out rate, Chad set up a defaulter tracking strategy aimed at reducing the dropout rate from 23% to 19% in 2014 and from 19% to 10% in 2015. The core of the strategy was to list all the children who were absent during vaccination sessions and use community relays to retrieve them in their village. Accordingly, 33 Districts were selected based on the following criteria are implementing this approach since June 2016: Being among RED priority districts; High dropout rate (greater



than 15%); DPT1 coverage above 80%; and accessibility for monitoring. The goal of CBVP is to: Increase the Knowledge, awareness, and use of the Vaccination calendar by parents; Reduce the number of unvaccinated and/or partially vaccinated children in Chad to protect them from vaccine-preventable diseases; Increase the Penta 3/Polio 3 Vaccination coverage among children 0-11 months by at least 10% in each of the target Health districts; Share lessons learned from the implementation with the government, partners and other stakeholders, in view of scaling up the CBVP approach.

Strategy and Implementation: At the heart of this approach is a community register that lists all the target children for each catchment area. It provides adequate information to solve the issue of non-starters, the recovered and the misreported as lost. The main activities consisted in: (1) Capacity Building: Training of Health staff were conducted on promotion of vaccination and the use of the community register, Roles and responsibilities of health staff, social mobilization and selection of community relays, Individualized monitoring of target children, active polio surveillance vaccination calendar, data analysis for decision-making and monthly monitoring meetings; (2) Kept by the village chiefs, community registers are meant to create social pressure within communities to keep children up-to-date on vaccination, to increase the communities understanding on the importance of the vaccination and the respect of the schedule, and to stimulate demand for immunization by engaging communities; (3) Advocacy and Social Mobilization: This included advocacy meetings with local authorities (prefect, deputy prefect). 2,600 community relays were recruited and trained in 6,709 villages. 4,500 standardized vaccination community registers for children 0-23 months were printed and distributed; (4) Listing of children and monitoring of vaccination status: Community registers were used to enlist all children in the community.

Resources Required/Allocated: This approach was implemented through the technical support of 7 international staff and 20 national consultants including immunization and communication for Development Specialists operating from UNICEF office of Ndjamena and its 4 field offices. They worked closely with district medical officers and health centre staffs. The annual estimated budget for this approach is US\$ 1,643,248. The amount mobilized in 2018 through the Bill and Melinda Gates Foundation was US\$ 210,853 which contributed to support the strategy in 11 districts of the Lake Chad province.

Progress and Results: On average, the results of the 2018 Lot Quality Assurance Survey (LQAS) were higher than those of 2016. Pentavalent 1 vaccination coverage went from 70% in 2016 to 82% in 2018. The Pentavalent 3 vaccination coverage went from 37% to 56%. The Penta 1 / Penta 3 drop-out rate has decreased from 51% to 25% in 2018 and the proportion of fully immunized children raised from 19% to 29% in 2018.

- 44% of mothers were able to produce an on-demand vaccination card during the follow-up survey in the 14 districts in 2018 compared with 36% in 2016.
- For the 14 districts that participated in the follow-up survey, an average of 22.2% of respondents mentioned the barriers related to the demand for vaccination, 22.7% for services not provided at convenient places or moments. 12.1% mentioned lack of regular vaccination services and only 6.9% stated unforeseen circumstances as a barrier. On average, 49.7% responded that they had not encountered any barriers to accessing immunization.
- Most parents know that vaccination protects children against childhood diseases. The knowledge of why some vaccines had to be repeated increased from 71.3% in 2016 to 83.3% in 2018.

Lesson Learned:

- What worked: (1) The implementation of the community-based immunization programme has been carried out along with the strengthening of the health system, and in line with the RED approach. The participation of local authorities has been critical to ensure sustainability. Community Listing of Children has adequately improved the quality of both routine immunization and Supplementary Immunization activities; (2) Community based approach to promote improved

surveillance and vaccination has significantly contribute to improving the quality of micro planning especially at sub-district level

- What did not Work: (1) Coupling community listing and GIS mapping to improve gap analysis and programme implementation especially in Hard to Reach areas of the Lake islands; (2) The integration of other high-impact interventions at the community level, including vitamin A supplementation, deworming, nutritional screening, birth registration, have not been yet been integrated to routine activities due to the insufficient training and supervision of health staff; (3) The payment of monthly fees to community health workers did not ensure the sustainability of the approach and the ownership of the strategy by the communities. These community Health workers should be motivated through community own generated resources or activities.

As one of the pillar of the RED approach, the community based approach to promote improved surveillance and vaccination is an effective strategy that can be applied to other contexts. However, the socio-cultural context should be taken into account. Engaging community is an emerging need that can promote sustainable development.

Moving Forward: UNICEF is continuing its advocacy to scale up this approach in other districts with emphasis on the use of the community register.

The National Immunization Forum held in 2018 confirmed the effectiveness of this approach and its impact on vaccine coverage and mobilized other partners such as the World Bank, which funds immunization activities.

In order to sustain this intervention, district and health center teams as well as health committees must autonomously support outreach vaccination activities.

The planned operational activities include: Using ACPV data for microplanning at the Health Facility including outreach and mobile activities; Mapping of all settlements/GIS; Strengthening cold chain and supply management in the districts; Integrating other high impact interventions progressively such as deworming, vitamin A supplementation, nutrition screening, birth registration, distribution of insecticide treated bed nets; Implement an Accountability framework for all involved stakeholders; Biannual LQAS to measure progress.

5. Assessment, Monitoring and Evaluation

UNICEF established a Humanitarian Monitoring Performance (HPM) system which comprises the collection of high frequency indicators and the production of situation reports used in assessing the performance of the overall humanitarian response and feeding the decision-making process in line with the UNICEF Core Commitments for Children (CCCs) in Emergencies.

With field presence through its four field offices in Bol, Moundou, Abeche and Mongo, and the national office in N'Djamena, UNICEF monitored and regularly reported on the humanitarian situation and children rights in collaboration with partners and through the ICC. UNICEF participated in joint various assessment missions in the Lake province, the south and the east and gathered key information useful for the establishment of operational response plans.

The active participation to the IASC forum, particularly HCT and ICC, provided the forum to discuss humanitarian assessment and performance issues as well as transversal issues such as the Accountability to Affected People (AAP), the enforcement of the linkage between humanitarian and development as well as protection and gender issues.

6. Financial Analysis

The 2018 UNICEF emergency appeal for Chad secured approximately 44% of the US\$ 53.8 million planned. Health and HIV/AIDS, Child Protection and WASH were significantly underfunded with levels of funding gaps respectively at 87%, 85%, and 74%. Overall, due to the underfunding, 221,700 people (145,000 children) out of the 742,000 targeted (618,000 children) could not be reached through UNICEF humanitarian assistance.

On average, humanitarian response provided by UNICEF in 2018 cost US\$ 44.89 per beneficiary against US\$ 72.56 as planned in the HAC. Under its response model, UNICEF adopted an integrated approach that enabled programmatic synergy and pooling of resources, therefore reducing operational costs. In addition, UNICEF allocated US\$ 2.4 million of regular resources to complement emergency funding to respond to various humanitarian needs in 2018.

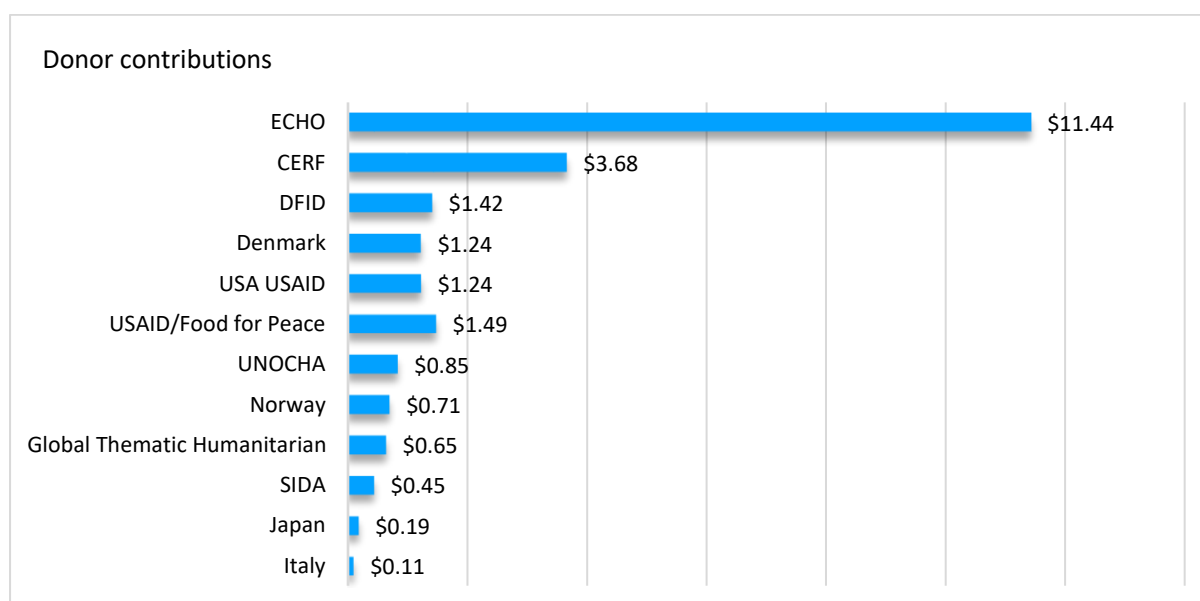
Table 1: 2018 Funding Status against the Appeal by Sector (in US\$):

Appeal Sector	Requirements	Total funds available*	Funding gap (%)
Nutrition	28,997,102	16,976,675	41%
Health and HIV	2,698,103	354,464	87%
WASH	6,055,878	1,599,449	74%
Child Protection	6,858,465	1,005,811	85%
Education	6,656,082	2,844,842	57%
Non-food items and shelter	1,218,900	0	100%
Emergency preparedness	1,412,140	642,499	52%
Total	53,896,670	23,423,740	56%

* Programmable amounts of donor contributions (excluding recovery cost).

UNICEF is grateful to the donors who responded to the 2018 emergency appeal, namely European Commission/ECHO, CERF, UK/DFID, Denmark, USAID, UNOCHA/CERF, Norway, SIDA, Japan and Italy (table 2). UNICEF Chad had also US\$ 7 million in carry-over funds from 2017 (thematic and non-thematic).

Table 2: Funding received and available by donor and funding type (in million US\$)



UNICEF Chad continued to raise humanitarian funds through participation in the elaboration of the HAC and the inter-agency HNO/HRP, as well as proactive fundraising with the local donor community, and in collaboration with the UNICEF Regional Office and Headquarters. The amount of flexible funding available in 2018 was US\$ 1.3 million representing 5.9% of the funding received for humanitarian response. It would be important to secure more flexible resources which by nature can be adapted to changes in the context especially in the event of crisis, and also contribute to the implementation of multi-year response plans that promote community resilience.

The table below on the funds received present the contributions specifically earmarked for emergencies in 2018. The other resources part refers to UNICEF own resources that was used to support humanitarian response. Funds also used from regular programming are not included.

Donor Name/Type of funding	Programme Budget Allotment reference	Programmable Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM/18/9910	300,000
Total Non-Thematic Humanitarian Funds		300,000
b) Non-Thematic Humanitarian Funds		
ECHO - Nutrition	SM/18/0201	9,967,321
DFID	SM/18/0301	1,423,549
USAID/FFP – Nutrition	SM/18/0347	466,195
SIDA	SM/18/0167	451,341
USAID - Nutrition	SM/18/0336	40,616
Total Non-Thematic Humanitarian Funds		12,349,022
c) Pooled Funding		
CERF RR CAR – Education (18-RR-CEF-059)	SM/18/0104	421,006
CERF RR CAR – WASH (18-RR-CEF-059)	SM/18/0105	116,997
CERF RR CAR – Protection (18-RR-CEF-059)	SM/18/0106	242,655
CERF RR CAR – Health (18-RR-CEF-059)	SM/18/0107	140,629
CERF RR CAR – Nutrition (18-RR-CEF-059)	SM/18/0108	324,855
CERF	SM/18/0259	2,429,347
Total Pooled Funding		3,675,489
d) Other types of humanitarian funds		
USAID/FFP: Logistics	KM/18/0019	248,400
USAID/FFP: Goods in Kind (IKA)	KM/18/0017	1,657,419
Total humanitarian funds received in 2018 (a+b+c+d)		18,230,330
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM/14/9910	352,711
f) Carry-over of non-thematic humanitarian funds		
Denmark	SM/17/0126	1,235,635
USAID – Education	SM/17/0151	1,157,496
ECHO – Nutrition Emergency	SM/17/0270	716,512

Norway – Education in Emergencies	SM/17/0252	710,471
ECHO – Education, Protection	SM/17/0419	588,915
USAID/FFP – Nutrition	SM/16/0368	212,431
USAID/FFP – Nutrition	SM/17/0552	161,251
Italy - Nutrition	SM/17/0449	108,935
Japan – Protection Lake	SM/17/0059	94,671
Japan – Polio	SM/17/0024	97,654
ECHO – Education, Protection	SM/16/0421	76,801
ECHO - WASH	SM/17/0210	52,350
ECHO – WASH	SM/17/0526	34,770
CERF UF CAR – Education (17-UF-CEF-109)	SM/17/0522	223,010
CERF UF CAR – Nutrition WASH (17-UF-CEF-110)	SM/17/0523	414,563
CERF UF CAR – Health (17-UF-CEF-111)	SM/17/0524	95,580
CERF UF CAR – Protection (17-UF-CEF-112)	SM/17/0525	115,272
USAID/FFP: Logistics	KM/17/0043	68,690
USAID/FFP: Goods in Kind (IKA)	KM/17/0045	564,075
USAID/FFP	KM/16/0029	10,557
USAID/FFP	KM/16/0031	6,858
Total carry-over non-thematic humanitarian funds		6,746,497
Total carry-over humanitarian funds (e + f)		7,099,208
III. Other sources		
NON-GRANT (GC)		
NON-GRANT	GC	1,857,746
	GS/17/0004	629,001
Total other resources		2,486,747

* Programmable amounts of donor contributions, excluding recovery cost.

Table 3: Thematic Humanitarian Contributions Received in 2018 (in US\$):

Donor	Programmable Amount	Total Contribution Amount
SM/18/9910	937,808	937,808
Total		937,808

7. Future Work Plan

In 2019, UNICEF, in collaboration with partners including national counterparts will continue to improve access to basic social services. This includes rehabilitation of infrastructures to ensure access to safe water for more than 60,000 people, support for improved quality education for 205,000 children with focus on returnees, nomad population, peacebuilding and mine risk education as well as support to those affected by gender-based violence (GBV), strengthening the monitoring and reporting mechanism (MRM), and mainstreaming protection across all UNICEF sectors of intervention.

UNICEF will also prioritize its malnutrition response through integrated nutrition, health, education, water, sanitation and hygiene interventions. Using innovative approaches using new technologies, UNICEF will address monitoring and reporting of nutritional information and support disaster risk reduction via the preparedness strategy for cholera and measles epidemic, flooding and population movement. UNICEF humanitarian action will also continue to support the provinces affected by the measles epidemic and reinforce local authorities on preparedness and response through strengthening the capacity of health facilities and staff, hygiene promotion, and social mobilisation.

Capacity building of government structures on monitoring and evaluation will continue in 2019, and the capacity of UNICEF field monitoring will be reinforced to meet the changing needs, including the use of innovative approaches to track interventions. The support to reinforce national capacity for development programme evaluation and the dissemination of best practices in evaluation merits greater attention over the coming years. In line with the country's Humanitarian Response Plan, UNICEF Chad is appealing for US\$ 46 million to respond to the needs of the women and children affected by the humanitarian crisis. UNICEF will promote early recovery, building the resilience of children and their families and ensuring social cohesion as the key to long-term stability.

Appeal Sector	2019 Requirements (in US\$)
Nutrition	28,034,357
Health and HIV	1,374,250
WASH	4,434,365
Child Protection	2,930,375
Education	7,656,082
Emergency preparedness and response	1,400,000
Total	45,829,429

8. Expression of Thanks

UNICEF in Chad wishes to express its sincere gratitude to all partners and donors for their valuable support.

Thank you. Your commitment and collaboration allow UNICEF to deliver life-saving services and supplies to children, women and their families across Chad.

9. References

OCHA, Note sur la révision du HRP Juillet 2018 (<http://www.humanitarianresponse.info>)

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Annex 1. Two-pagers

Please see separate documents.

Annex 2. Donor Statements

Please see separate documents.

Annex 3. Human Interest Stories and Communication

Please see separate documents.

Annex 4. Donor Feedback Form

We would be grateful for your feedback.

Thank you for filling in the feedback form and returning it to us (addressed to vvansteirteghem@unicef.org and asidibe@unicef.org, with copy to hlee@unicef.org), which can be found here: [English version](#)