## Chad

# **Consolidated Emergency Report 2021**



Displaced children and woman at a water well at the site of Fourkouloum, in the West of Chad.

@UNICEF Chad/2021/ Dejongh

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## **Expression of Thanks**

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF and the support provided for the women and girls of Chad.

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## **Abbreviations and Acronyms**

AAP Accountability to Affected People

ANATS L'Agence Nationale des Titres Sécurisés (National Civil Registration Agency)

ARV Anti-Retroviral (Drugs)

AU African Union

AWD Acute Watery Diarrhoea

C4D Communication for Development

CAR Central African Republic

CAAFAG Children Associated with Armed Forces and Armed Groups
CCCs Core Commitments for Children (in Humanitarian Action)

CHW Community Health Worker

CFS Child-Friendly Space

CLAC Centre de Lecture et d'Animation Culturelle (Network of Reading and Cultural

Animation Centres)

CLTS Community-led Total Sanitation

CRC Committee on the Rights of the Child

DNTA National Directorate of Food Technology

EDS-MICS Demographic and Health Survey / Multiple Indicator Cluster Survey

EPI Expanded Programme on Immunization

ERP Rapid Assessments for Protection

GAM Global Acute Malnutrition

GIS Geographical Information System
HAC Humanitarian Action for Children

HCT Humanitarian Cash Transfer
HCT Humanitarian Country Team

HNO Humanitarian Needs Assessment

HPM Humanitarian Performance Monitoring

HRP Humanitarian Response Plan

IASC Inter-Agency Standing Committee

ICC Inter Cluster Coordination
IDP Internally Displaced Person

IEHK Interagency Emergency Health Kit
IFP Inpatient Facilities Programme

IMAM Integrated Management of Acute Malnutrition IPC Integrated Food Security Phase Classification

IPC Infection Prevention and Control
IPE Individual Protective Equipment
IYCF Infant and Young Child Feeding

MENPC Ministère de l'Education Nationale et de la Promotion Civique (Ministry of National

**Education and Civic Promotion)** 

MSPSN Ministère de la Santé Publique et de la Solidarité Nationale

MNA Multisectoral Needs Assessment

MSA Monitoring and Multisectoral Assessments

MUAC Mid-Upper Arm Circumference

MYRP Multi-Year Resilience Programme

NDP National Development Plan

NGO Non-Governmental Organisation

NFI Non-Food Items

PMTCT Prevention of Mother-to-Child Transmission (of HIV)

PPE Protective Personal Equipment

PSS Psychosocial support

PTA Parent-Teacher Association

RCCE Risk Communication and Communication Engagement

RC/HC UN Resident and Humanitarian Coordinator

RRM Rapid Response Mechanism

RUTF Ready-to-Use Therapeutic Food

SAM Severe Acute Malnutrition

SPONGAH Permanent Secretary of NGOs and Humanitarian Affairs, Ministry of Economy and

**Development Planning** 

TLS Temporary Learning Space

UNFPA United Nations Population Fund

UNHCR United Nations High Commission for Refugees

UNICEF United Nations Children's Fund

VTM Viral Transport Medium

WASH Water, Sanitation and Hygiene

WHO World Health Organization

## 1. Executive Summary

Chad ranks 187 out of 189 countries on the Human Development Index, and 6.5 million Chadians live in poverty<sup>1</sup>. By the end of 2021, some 5.5 million people – over one third of the population – needed humanitarian assistance.<sup>2</sup> Over 3.6 million people in Chad are food insecure and more than 960,000 people are severely food insecure<sup>3</sup>.

The complex humanitarian crisis in the country worsened in 2021. More people fled non-state armed groups in the Lake Chad Basin and from neighbouring countries than in the previous year. The country counts a total of 1,073,980 people in forced displacement, including 555,787 refugees residing in Chad, a 17 per cent increase from 2020<sup>4</sup>, and 406,573 Chadians internally displaced, a 21 per cent increase from 2020<sup>5</sup>.

Chad also experienced intercommunity tensions related mainly to natural resource management amplified by climate change. Insecurity in the Lake Chad Basin continued to limit humanitarian capacity to respond. These massive displacements put an additional burden on the overstretched health and education systems, which have had an impact on the host communities.

Access to WASH services remains a challenge, with only 46 per cent of the population having access to safe drinking water, 64 per cent not using adequate sanitation facilities and 25 per cent having a basic service for the promotion of good hygiene practices, particularly regular handwashing<sup>6</sup>. In 2021, joint United Nations (UN) actions enabled 64,955 internally displaced persons (IDP) to gain access to safe drinking water, or 65 per cent of the Humanitarian Action for Children (HAC) target, and 30,020 people gained access to emergency latrines, or 150 per cent of the HAC target, as a means to reduce conflicts and ensure peaceful coexistence.

For the 2020/2021 school year, students returned to school - unlike the 2020 school year when they were forced to stay at home because of the government's measures to contain the COVID-19 pandemic. Significant progress was achieved in 2021 in terms of enrolment and access to education for crisis-affected children. Primary school enrolment in 2020/2021 increased to 2,719,364 children (44.3 per cent girls), a 4 per cent increase from 2019/2020<sup>7</sup>. In 2021, 245,940 children aged 3–17 affected by the humanitarian crises (115,251 girls) received school materials against a target of 223,500 (110 per cent, compared to 92 per cent in 2020)<sup>8</sup>. Distance learning was also offered to 607,675 children (136,426 girls) against a target of 402,997, or 151 per cent as compared to 33 per cent in 2020<sup>9</sup>.

Chronic malnutrition, global acute malnutrition, and severe acute malnutrition (SAM) remained stagnant, at 30.5 per cent, 10.9 per cent and 2 per cent, <sup>10</sup> respectively, due to sub-optimal feeding practices. Exclusive breastfeeding of six-month-old children showed no progress in 2021 despite having doubled in the previous five years. UNICEF maintained national coverage above Sphere standards, with 283,694 children admitted and treated for SAM (249,513, or 85 per cent of the target in humanitarian situations), or 94.3 per cent of the adjusted caseload.

<sup>&</sup>lt;sup>1</sup> UNDP Human Development Index, 2020.

<sup>&</sup>lt;sup>2</sup> Humanitarian Response Plan, Chad, 2021.

<sup>&</sup>lt;sup>3</sup> OCHA Situation Update, December 2021.

<sup>&</sup>lt;sup>4</sup> UNHCR, Update, December 2021

<sup>&</sup>lt;sup>5</sup> Ibid.

<sup>&</sup>lt;sup>6</sup> JMP, 2021

<sup>&</sup>lt;sup>7</sup> Yearbook Statistics, Ministry of Education, 2020/2021.

<sup>&</sup>lt;sup>8</sup> Activity report of the pedagogical inspectors, 2020/2021.

<sup>&</sup>lt;sup>9</sup> TECHNIDEV NGO Activity Report, 2021.

<sup>&</sup>lt;sup>10</sup> SMART Survey, 2021.

958,829 children aged 6-59 months in humanitarian situations were vaccinated against measles, including 705,436 through the response campaign that took place in March 2021 in 22 health districts declared to be in outbreak in 2020.

As lead of the Nutrition, Education and WASH clusters and the Child Protection Area of Responsibility at the national and subnational levels, UNICEF worked together with government and Non-Governmental Organisation (NGO) partners to strengthen Accountability to Affected Populations (AAP) and Prevention of Sexual Exploitation and Abuse (PSEA), resulting in a new AAP action plan for the UN Humanitarian Coordination Team and a revised inter-agency PSEA action plan. Together they also ensured the provision of timely assistance and services. The focus on nexus and resilience was at the forefront of preparedness and response.

In 2021, UNICEF received US\$ 33 million against the US\$ 50.1 million appeal (66 per cent funded)<sup>11</sup>, which was instrumental in supporting the Government of Chad with providing life-saving assistance to people affected by major crises in the sector of health, WASH, education, and protection. UNICEF uses a multi-sectoral approach to respond to humanitarian needs in Chad, facilitating access to basic social services and building capacities of national and sub-national counterparts. Building complementarity of humanitarian response and development programming are strengthened in all aspects of support.

#### 2. Humanitarian Context

In 2021, Chad has continued to face a prolonged multidimensional humanitarian crisis caused by population displacements due to violence, natural disasters (including flooding and rainfall deficits), persistent food insecurity, high rates of malnutrition, economic crisis, and political instability.

In 2021, Chad's political stability was tested following a military attack in April and the ensuing demise of the 30-year-long presidency of Idriss Deby Itno. The country embarked on an 18-month-long transition, supported by the African Union (AU) while at the same time recovering from the effects of the COVID-19 pandemic and struggling with weakening capacity to provide public services due to the economic downturn (real GDP contracted by 1.1 per cent<sup>12</sup>). Protecting social investments in the face of a debt burden of 14 per cent of domestic resources<sup>13</sup> was more difficult. Allocations to the health and education sectors (7.2 and 11.7 per cent, respectively), already well below the international targets<sup>14</sup>, stagnated in 2021.

Insecurity led to the displacement of hundreds of thousands of people fleeing non-state armed groups in the Lake Chad Basin and from neighbouring countries, including the Central African Republic, Nigeria and Sudan. The refugees (555,787), a 17 per cent increase from 2020, and IDPs (406,573), a 21 percent increase from 2020, are mainly concentrated along the borders, in the western, southern, and eastern part of the country, as well as in urban areas of N'Djamena.

Many crises occurred in previously unaffected areas. Batha Province has seen an influx of Chadian returnees from neighboring Niger. Salamat Province has experienced intense communal violence, with villages burnt and livelihoods destroyed. The intercommunal violence crisis in Far-North Cameroon, which started in August 2021, was exacerbated in December, with massive population displacements to Chad. This intercommunal conflict has worsened since 5 December in Logone and Chari Division of Far North Cameroon. An estimated total of 105,088 refugees have arrived in Chad from Cameroon since this date<sup>15</sup>.

 $^{12}$  International Monetary Fund, Staff Statement on Chad, January 2022.

<sup>11</sup> Ibid

<sup>&</sup>lt;sup>13</sup> World Bank, Chad Economic Update, March 2021.

<sup>&</sup>lt;sup>14</sup> Government of Chad, Public Finance Law 2021.

<sup>&</sup>lt;sup>15</sup> UNHCR Update 20/12/2021

Chad is severely affected by climate change and ranks second worldwide in terms of children and families being the most affected<sup>16</sup>. In 2021, increased rainfall in some areas reached five-year highs with floods impacting 255,044 people, while low rainfall in other areas could further impact food and nutrition security in 2022.

Chad faced two COVID-19 waves in 2021. Since the declaration of the COVID-19 pandemic, a total of 6,183 cases were confirmed in Chad as of 31 December 2021, including 184 deaths. N'Djamena, the capital, hosted 71 per cent of all cases (4,373 cases), followed by Moyen Chari province (362 cases) and Logone Oriental province (264 cases). Following a period of relative stability, there was an increase in cases starting in November, with 596 cases and six deaths reported in November and 482 cases and two deaths in December 2021<sup>17</sup>. COVID-19 immunization activities started on 4 June 2021 in N'Djamena and reached 58 districts in 18 out of 23 provinces.

In 2021, Chad received a total of 1,346,950 doses of COVID-19 vaccines (200,000 doses of Sinopharm, 333,450 doses of Pfizer and 813,500 doses of Johnson&Johnson) through the COVAX facility and bilateral cooperation donations. As of 31 December, 145,597 persons had received one dose of the vaccine and 95,267 were fully immunized<sup>18</sup>. Main challenges include an insufficient number of vaccination centres and communication about vaccination, slow deployment of cold chain equipment and limited capacity for surveillance, tracing, case management, isolation of contacts and laboratory testing capacity especially at land borders, inadequate sanitation facilities in quarantine sites and public spaces, and insufficient preparedness at the provincial level despite the expansion of vaccination sites.

The containment measures and the spill-over effects of COVID-19 had a profound economic and social impact on the population. Consequently, progress towards achieving the Sustainable Development Goals (SDGs) was stalled. An additional 850,000 people (including 569,000 children)<sup>19</sup> fell below the national poverty line in 2021, halting progress to eliminate extreme poverty (SGD 1). New evidence on child poverty reveals that 4.3 million children live in poor households<sup>20</sup>.

Measles cases decreased threefold since 2018, due to the vaccination campaigns organized in previous years. In 2021, a total of 2,572 cases of measles were reported with 18 deaths. No case of vaccine-derived poliovirus was detected in 2021 following the resumption of polio campaigns in 2020. As of 26 December (51st epidemiological week), 914 cases of Acute Flaccid Paralysis (AFP) were reported with no cases of circulating vaccine-derived poliovirus 2 (cVDPV2). Regarding the previously reported cholera alert, UNICEF and the Ministry of Public Health and National Solidarity (MSPSN) continued to carefully follow the situation in neighboring countries and remained vigilant to the possibility of cases occurring in Chad. Moreover, given the economic trade routes between Chad and neighbouring infected countries, a cholera outbreak in Chad could not be ruled out.

The results from the national nutrition SMART survey carried out in 2021 indicated a global acute malnutrition (GAM) rate of 10.9 per cent and a severe acute malnutrition (SAM) rate of 2.0 per cent among children under-five in Chad, indicating no significant change in the nutritional situation from 2020. Per the 2021 Humanitarian Needs Assessment/Humanitarian Response Plan (HNO/HRP), it was estimated that in 2021, some 410,090 children suffering from severe acute malnutrition (SAM) would need treatment. In addition, the 2021 Integrated Food Security Phase Classification (IPC) analysis of malnutrition highlights the severity of the nutritional situation in four provinces (Salamat, Wadi-Fira, Sila et Tibesti) and 27 divisions. It projects a continuous deterioration of nutritional conditions in 2022, especially during the lean season (June to September 2022) where five provinces (Batha, Wadi-Fira,

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<sup>&</sup>lt;sup>16</sup> The climate crisis is a child rights crisis: Introducing the Children's Climate Risk Index, August 2021. https://data.unicef.org/resources/childrens-climate-risk-index-report/

<sup>&</sup>lt;sup>17</sup> Ministry of Health and National Solidarity weekly update, COVD-19 Update 31 December 2021

<sup>&</sup>lt;sup>18</sup> Ministry of Health and National Solidarity weekly update, December 2021.

<sup>&</sup>lt;sup>19</sup> World Bank, Chad Economic Update, March 2021.

<sup>&</sup>lt;sup>20</sup> INSEED/UNICEF. Child poverty study, 2021.

Sila, Salamat, N'Djamena) and 29 divisions will be in a serious to critical phase, affecting 1,737,246 people.

Children in Chad remained extremely vulnerable to physical and sexual violence and psychosocial distress, as well as recruitment into armed forces and exploitation. In displacement sites, 60 per cent of at-risk children are separated or unaccompanied<sup>21</sup>, and gender-based violence is increasing among internally displaced persons and in host communities.

The weakness of the education system, linked to the limited supply of education services (lack of classrooms and schools, insufficient number of teachers) and low demand for education from families and communities (due to economic and financial constraints, inappropriate school calendars, or low priority for formal education), as well as low level of learning achievement and skill acquisition, underscore why many children do not attend schools or leave the system without the foundational skills they need to thrive.

Despite progress with resolving some of the pertinent enrolment barriers, enormous challenges remain for vulnerable children to access quality education services across Chad as approximately 57 per cent of primary-school-age children are out of school<sup>22</sup> and a significant proportion of adults are non-literate, as 62 per cent of women and 41 per cent of men have never attended school<sup>23</sup>. This low level of literacy, especially among women, exacerbated through harmful cultural practices, is reflected within families by a weak adherence to optimal reproductive health practices, increased maternal mortality, prevalence of malnutrition among children, poor knowledge and appropriation of agricultural techniques, and low schooling of children, especially girls. The situation is particularly heightened by the emergency context; the number of displaced children needing access to education increased by 18 per cent between 2020 and 2021, stressing an already struggling education system to provide for all displaced children<sup>24</sup>.

#### 3. Humanitarian Results

In line with the inter-agency 2021 HRP, the valuable funding received from our partners enabled UNICEF Chad to provide a multi-sectoral response to vulnerable populations affected by multiple crises, such as the nutrition and internal displacement crises, particularly of women and children, and to support sustainable prevention and control of outbreaks, including in the context of COVID-19.

Access to quality nutrition service was strengthened, with 822 health centres offering SAM services. At the end of December 2021, 249,513 malnourished children were admitted and treated with a cure rate of 93 per cent nationally, above the Sphere threshold of 75 per cent. The health system constituted a platform of choice in the implementation of interventions either curative, preventive or awareness raising activities.

In 2021, 30,066 out-of-school children (including 12,535 girls) affected by the humanitarian crisis in Nigeria and Central African Republic (CAR) were given access to education in Lac and Logone Oriental Provinces. To improve educational conditions for children affected by the crisis in the Lake Chad Basin and CAR, 245,940 children, including 115,251 girls, received school supplies consisting of notebooks, backpacks, pencils, rulers, compasses, and chalk.

The WASH emergency response enabled 64,955 people to access drinking water and 30,020 to access emergency latrines. In partnership with the MSPSN, UNICEF strengthened the capacities of 1,096 health workers, community relays and health service technicians in PCI/WASH in 23 provinces and sensitized more than 1,200,000 people on health risks and barrier actions against COVID-19. In

<sup>&</sup>lt;sup>21</sup> Chad: 2021 Situation Update, 2021.

<sup>&</sup>lt;sup>22</sup> INSEED and UNICEF MICS6 Chad 2019 Final Report, N'Djamena, Chad

<sup>&</sup>lt;sup>23</sup> INSEED and UNICEF MICS6 Chad 2019 Final Report, N'Djamena, Chad

<sup>&</sup>lt;sup>24</sup> Chad: 2021 Humanitarian Needs Overview', OCHA, 2021

malnutrition treatment centres, UNICEF provided 52,234 malnourished children with WASH in Nutrition kits.

Measles cases decreased threefold since 2018, due to the vaccination campaigns organized in previous years. No case of vaccine-derived poliovirus was detected in 2021 following the resumption of polio campaigns in 2020. In 2021, 958,829 children aged 6-59 months in humanitarian situations were vaccinated against measles in the provinces of Ennedi Est, Ouaddai, Sila, Wadi Fira, Lac, Batha, Logone Occidental, Logone Oriental, Mandoul, Mayo Kebbi Est, Moyen Chari and Tandjilé, including 705,436 through the response campaign that took place in March in 22 health districts declared to be in outbreak in 2020. As part of the measles response, 653,715 children aged from 6 to 59 months were reached with vitamin A supplementation in eight targeted provinces.

A total of 23,700 children (12,143 girls, 11,557 boys) and 200 caregivers (64 fathers and 136 mothers) benefited from psychosocial care in the provinces of Lac, Ouaddai, and Chari Baguirmi. In the context of recurrent movements of population in conflict affected areas, 859 unaccompanied and separated children including 376 girls were provided with family tracing: 121 children (5 girls and 116 boys) were reunified with their families and 738 were placed in foster families. In addition, 96 children associated with armed forces and armed groups (CAAFAG) were provided with alternative care through transit and orientation centres in N'Djamena.

As part of its emergency preparedness and response plan, throughout the reporting period, UNICEF procured and positioned five contingency stock sites in its four Field Offices and in N'Djamena to respond to immediate needs for basic non-food items including shelter, non-food items (NFI) and WASH kits. UNICEF responded to the needs of 70,093 people (32,764 IDP in Lac, 2,293 people in Batha, 3,894 in Salama, 3,600 in Ouaddai, 13,267 in Moyen Chari, 1,959 in Mandoul; 6,000 in N'Djamena, 6,000 in Logone Oriental and 316 in Logone Occidental Provinces. This represents 88 percent of UNICEF Chad's 2021 HAC target.

#### **Nutrition**

In 2021, UNICEF supported the management of severe acute malnutrition (SAM) while strengthening nutrition preventive interventions. Through quality support provided to 825 treatment units, 283,694 children suffering from SAM benefited from treatment (94 per cent of the adjusted annual caseload of 292,279 children) at national level, with 249,513 of these children targeted in the priority provinces. To ensure treatment of the children, 210,961 cartons of RUTF and other drugs were distributed to the supported health centres.

To ensure access to quality services, 612 health workers were trained on the integrated management of acute malnutrition (IMAM) protocol. UNICEF supported 93 additional health workers in health structures with low human resource capacity mainly in the Inpatient Facilities Programme (IFP). In addition, 45 joint missions were conducted with the provincial health authorities and the Directorate of Nutrition and Food Technology (DNTA), and technical support was provided at field level to address the main challenges identified: i) compliance with admission/discharge criteria and treatment according to the national protocol in place, ii) development of monthly nutrition activities report to address the problem of poor quality in data collection, iii) work organization at nutrition treatment units (steps during treatment activities) and a system to archive monitoring tools to facilitate monthly reporting.

As part of implementation of the emergency response plan for the refugees from Cameroon, UNICEF provided nutrition supplies for the screening of 15,741 children under five, with an identified rate of 16.6 per cent for GAM and a rate of 0.8 per cent for SAM. Severely malnourished children were referred for treatment. Of these children, 10,785 children benefited from vitamin A supplementation, and 9,025 children were dewormed. As part of the measles response, in March 2021, 653,715 children aged from 6 to 59 months were reached with vitamin A supplementation in eight targeted provinces.

With support from the UNICEF West and Central Africa Regional Office (WCARO), an end user monitoring exercise was conducted in three provinces (N'Djamena, Guera and Lac) to assess the capacity of the RUTF supply chain in terms of availability and the use of RUTF at the last mile. In the second quarter of 2021, Chad experienced a RUTF stock shortage. In response, UNICEF entered into partnership agreements with four NGOs with contingency stocks (MSF, ALIMA, IRC, and ACF). These partnerships prevented stockouts of RUTF in health facilities in N'Djamena, Lac and Ouaddai.

A supply chain risk management strategy was developed with support from a UNICEF WCARO mission in June 2021 which allowed for the mitigation of RUTF stockout risk over the remainder of the year. UNICEF also increased its dialogue and advocacy with the Government for a contribution to the annual RUTF financing plan with domestic resources and has prioritized supporting an improvement in the governance aspects of the management of RUTF in the health system.

To strengthen community interventions, 228 community health workers (CHW) were trained on Essential Nutrition Actions (ENA) in the districts of Adré and Abéché in Ouaddai Province and 200 additional CHWs were trained on the Mother MUAC approach in Mongo health district. Using community platforms, 29,189 mothers and caregivers were reached with awareness raising activities including the promotion of optimal IYCF practices.

As Nutrition Cluster lead, UNICEF worked closely with the Cluster coordinator to improve coordination platforms. Twelve coordination meetings were held at the national level. Through the Nutrition Cluster, the capacities of Cluster members were strengthened in AAP and in gender mainstreaming in nutrition programming. Under the lead of the Nutrition Cluster, an assessment was conducted related to the implementation of the IMAM protocol and adjusted in the context of COVID-19 pandemic. Lessons learned and the associated recommendations are being used to revise the adjusted protocol under the leadership of the MSPSN.

As part of actions to support nutritional surveillance and monitoring, UNICEF provided financial and technical support to the MSPSN to conduct joint field visits as well as the national nutrition survey (2021 SMART survey). The results of the survey indicate a GAM rate of 10.9 per cent and a SAM rate of 2.0 per cent among children under five in Chad. Children aged 6–23 months are significantly more affected (15.1 per cent GAM rate with 3.6 per cent being severe cases, against only 8.7 per cent GAM with 1.2 per cent being severe cases among children aged 24–59 months). This finding argues in favour of strengthening the promotion and protection of optimal IYCF practices throughout the life cycle.

As part of the development of the 2022 HRP, the Nutrition Cluster was used as a planning platform (finalization of the strategic framework, identification of priority provinces based on the results from the 2021 SMART survey, determination of the population in need and caseload). Based on the findings, it is estimated that in 2022, 343,087 children suffering from SAM will need treatment (HNO/HRP 2022).

		Funds a	vailable	Funding gap	
Sector	Requirements	Received in 2021	Carry-Over from previous years	\$	%
Nutrition	24,834,011	11,986,557	6,134,273	6,713,181	27%

Indicators	Cluster/secto r 2021 target	Cluster/sector total results	UNICEF 2021 target	UNICEF total results
Number of children aged 6-59 months with Severe Acute Malnutrition (SAM) admitted for treatment	292,279	249,513	292,279	249,513

Number of children aged 6-59 months who received:				
(a) vitamin A supplement in semester 1;	813,403	(a) 653,715	370,000	(a) 653,715
(b) vitamin A supplement in semester 2		(b) 0		(b) 0

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

#### Health

In Chad, health emergencies affected nearly 2 million people<sup>25</sup> in 2021. The most vulnerable among them were children under five years of age, pregnant and breastfeeding women, people with disabilities and the elderly. The most recurrent health emergencies were malaria and epidemics such as measles, COVID-19, cholera, leishmaniasis, chikungunya, meningitis, polio, and influenza. In line with UNICEF core commitment in health emergency, UNICEF continued to support the response to health crises as well as population displacements. UNICEF worked with key stakeholders through the Health Cluster to coordinate UNICEF and partner interventions. Coordination efforts contributed to strengthening the Health Cluster approach in-country including the active participation in multisectoral rapid assessments of crises such as the arrival of refugees from CAR, Cameroon, Sudan and Nigeria.

The support of partners allowed UNICEF to preposition critical supplies for timely and effective response. Response at the onset of health crises focused on urgent survival needs and essential health-care services to ensure preventive and curative services and mitigate a potential epidemic with the provision of essential drugs and materials to health facilities. To foster humanitarian-development synergies, UNICEF supported provincial and district health teams in developing a more comprehensive and efficient range of health services by strengthening the capacities of managers and health care providers on emergency health system management.

To meet the priority health needs of refugees and IDPs affected by emergencies, UNICEF provided eleven Interagency Emergency Health Kits (IEHKs), each containing essential medicines and medical renewables for 10,000 people over a three-month period. In addition, nine Acute Watery Diarrhoea (AWD) kits for 900 people and five community kits covering the needs for 500 patients with mild or moderate cases were distributed. AWD kit provision was essential for cholera prevention and control. In addition, UNICEF distributed 2,350 doses of amoxicillin for infection treatment, 17,500 rapid tests for the diagnosis of malaria as well as 17,500 antimalarial treatment regimes. As part of preparedness for potential cholera outbreak, two cholera kits (for the treatment of 200 people) and 1,000 testing kits were prepositioned at the MSPSN in N'Djamena and in Lac Province.

UNICEF in collaboration with other UN agencies continued to support the implementation of the National Contingency Plan for Preparedness and Response to the COVID-19 pandemic by focusing on two critical strategic approaches: (i) limiting human-to-human transmission and protecting individuals from exposure to COVID-19; and (ii) minimising morbidity and mortality due to COVID-19.

In 2021, UNICEF supported the MSPSN through the provision of personal protective equipment (PPE), including 9,659 kits with 50 masks each, 700 pairs of boot covers and 241 thermo-flashes. In addition, material support was provided to Farcha Hospital in N'Djamena for the treatment of complicated cases. This contributed to improving quality care with a significant reduction in mortality considering the trend of the pandemic, with a total of only 24 deaths (2 per cent) at the hospital. However, the

<sup>&</sup>lt;sup>25</sup> Humanitarian Response Plan, Chad, 2021.

provision of PPE was insufficient to cover the enormous needs, and other UN agencies have procured additional test kits and equipment to support the COVID-19 response.

Some 958,829 children aged 6-59 months in humanitarian situations were vaccinated against measles in the provinces of Ennedi Est, Ouaddai, Sila, Wadi Fira, Lac, Batha, Logone Occidental, Logone Oriental, Mandoul, Mayo Kebbi Est, Moyen Chari and Tandjilé, including 705,436 through the response campaign that took place in March in 22 health districts declared to be in outbreak in 2020.

Moreover, a synchronized polio preventive campaign with Cameroon followed by a subnational campaign targeting 93 districts were organized from 29 to 31 October 2021 and 19 to 21 November 2021. The national campaign reached 4,893,586 children aged 0–59 months against a target of 4,669,180. Per independent monitoring, 95 and 96 per cent of parents respectively were aware of these campaigns.

In 2021, Chad received a total of 1,346,950 doses of COVID-19 vaccines (200,000 doses of Sinopharm, 333,450 doses of Pfizer and 813,500 doses of Johnson&Johnson) through the COVAX facility and bilateral cooperation donations. As of 31 December, 145,597 persons received one dose of the vaccine and 95,267 were fully immunized<sup>26</sup>.

		Funds a	vailable	Funding gap	
Sector	Requirements	Received in 2021	Carry-Over from previous years	\$	%
Health	1,513,942	3,609,412	248,209	-2,343,679	-155%

Indicator	Cluster/sector 2021 target	UNICEF 2021 target	UNICEF total results
Number of children aged 6-59 months vaccinated against measles		370,000	958,829

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

## **HIV/AIDS**

In 2021, 37,597 pregnant and lactating women were tested for HIV and became aware of their serological status. Of these, 96 were tested positive and put on treatment, with a 100 per cent treatment completion rate.

UNICEF continued to support the response to emergencies related to the fight against HIV/AIDS. The supported provinces received supplies for HIV prevention and care for children, pregnant and lactating women, youth and adolescents. UNICEF continued to support community-based organizations to structure their respective response to HIV and AIDS prevention in emergency settings. More than 30 community organizations were involved, including 12 in Abeche and 18 in the South, in addition to IRC and UNHCR.

A total of 118 health care providers in emergency areas, including 56 men and 62 women (physicians, midwives, nurses), were trained in emergency response. Some 7,876 pregnant women were sensitized and tested for HIV in order to prevent mother-to-child transmission of HIV. Of these, 39 tested positive for HIV and were placed on ARVs (anti-retroviral drugs) per the current WHO recommendations to "test and treat". Some 510 young people and adolescents in emergency areas were sensitized on HIV

<sup>&</sup>lt;sup>26</sup> Source: Ministry of Health and National Solidarity weekly update

prevention in their communities in the provinces of Lac for the Western zone, Logone Oriental, Logone Occidental, Mandoul and Moyen-Chari for the Southern zone, and Ouaddai, Wadi-Fira, Ennedi-Est and Sila for the Eastern zone.

		Funds available		Funding gap	
Sector	Requirements	Received in 2021	Carry-Over from previous years	\$	%
HIV/AIDS	400,00	0	0	400,000	100%

Indicator	Cluster/sector 2021 target	Cluster/sector total results	UNICEF 2021 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			47,432	37,597

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

## **Education**

After a period of COVID-19 related school closures in 2020, schools fully resumed classes for the 2020/2021 school year. Nevertheless, distance learning courses initiated in the previous school year continued. Some 607,675 students (136,426 girls, or 22 per cent) from the 23 provinces participated in these courses outside normal school hours through radio and television.

In Lac, Logone Oriental and Ouaddai provinces where populations are displaced by armed conflicts and incursions from non-state armed groups in Chad, 30,066 out-of-school children (12,535 girls, or 42 per cent of the total) attended education and 245,940 students (115,251 girls, or 47 per cent) received school supplies.

In Lac Province, 60 temporary learning spaces and 89 classrooms including 29 permanent classrooms built by UNICEF contributed to improve learning conditions for 11,657 children (5,214 girls, or 45 per cent). These children were taught and supervised by 157 contract teachers (eight women, or 5 per cent) receiving salaries via mobile telephone with support from UNICEF.

Furthermore, 250 members (125 women, or 50 per cent) of the Parent-Teacher Associations (PTAs) and Mothers Associations in Lac were trained in school management, life skills and education for peace and peaceful cohabitation. The trainings allowed them to play a key role in encouraging other parents to send their children to school.

Some 86,902 children affected by the humanitarian crisis against a target of 84,576, including 31,806 girls, were supervised by 885 teachers (170 women) trained in psychosocial support and life skills (protection, hygiene, nutrition, reproductive health, citizenship, and peacebuilding) in Lac, Logone Oriental and Salamat provinces. In addition, to ensure the safety of students in schools and protect them against COVID-19, UNICEF implemented health protocols (hydroalcoholic gel, soap, bleach) in an overwhelming 1,083 schools against a target of 150 schools.

UNICEF contributed to improve the quality of learning for 24,464 children (10,797 girls and 13,485 boys) by supporting the Ministry of National Education and Civic Promotion (MENPC) in the organization of trainings on disaster risk management and the COVID-19 pandemic for 285 teachers (35 women and 250 men) in Logone Oriental Province.

UNICEF supported the training of 498 teachers and members of PTAs, including 20 women, on data collection using Edutrack in August 2021 in Lac Province.

To promote girls' enrolment, 318 teachers including 25 women in Logone Oriental Province and 204 teachers including 32 women in Lac Province were trained on gender issues in August 2021, with the objective of building and strengthening national capacities for formulating strategies to keep girls in school, especially adolescent girls.

To prevent disruptions of education in the event of a humanitarian crisis, a contingency stock of school supplies was set up for approximately 77,700 children.

		Funds a	vailable	Funding gap	
Sector	Requirements	Received in 2021	Carry-Over from previous years	\$	%
Education	6,641,811	756,000	622,753	5,263,058	79%

Indicators	Cluster/sector 2021 target	Cluster/sector total results	UNICEF 2021 target	UNICEF total results
Number of children accessing formal or non-formal education including early learning	62,495	32,810	24,500	30,066
Number of children receiving individual learning materials	254,726	245,940	223,500	245,940

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

#### **Child Protection**

In 2021, a total of 23,700 children (12,143 girls, 11,557 boys) and 200 caregivers (64 fathers and 136 mothers) received psychosocial support in the provinces of Lac, Ouaddai, and Chari Baguirmi. Among these children, 7,792 were refugees, 3,247 were internally displaced, 331 migrants and 12,330 from host communities. These achievements were a result of close coordination with other UN agencies, civil society organizations and the Government, as well as the involvement of community-based child protection structures.

UNICEF interventions are aligned with the humanitarian/development nexus priority. However, most of the child protection interventions were strongly dominated by the response to children affected by emergencies with a focus on the long-lasting conflict in the Lac province. The context continued to be marked by several emergencies and particularly the most recent influx of refugees from Northern Cameroon fleeing community conflicts - of whom 61 per cent are children.

Through partners, UNICEF identified and implemented strategies to prevent child separation, including sensitizing communities and parents on the causes, consequences, and potential risk factors of family separation. A total of 859 separated and unaccompanied children - 376 girls and 483 boys were identified and documented and received alternative family-based care and/or family reunification, or 34 per cent of the target. In 2021, family reunification of children from IDP communities proved to be more challenging in the Lac province due to continuous attacks that led to recurrent displacement by communities and families.

Through its partnership with the Ministry of Defence, UNICEF continued to strengthen the prevention of child recruitment and grave violations by armed forces. Some 1,004 soldiers from the Chadian National Army were trained on the rights and protection of children affected by armed conflicts. A

total of 96 children associated with a non-state armed group (48 per cent of the target) were handed by the army to the judiciary system and the Ministry of Women, Family and Child Protection (MWFCP). In close coordination with the Ministry of Justice in Charge of Human Rights and the MWFCP, UNICEF supported their release from prison and their placement through temporary centres, where they benefitted from a package of services including temporary emergency shelter, medical and psychosocial care, family tracing and reunification.

In 14 provinces, awareness-raising was carried out and placed strong emphasis on GBV risk mitigation, prevention and response. Some 99,206 persons were reached by December 2021 (48,334 women and 50,872 men), or over 354 per cent of the original target of 28,000 persons.

UNICEF played a strategic role in promoting peacebuilding and social cohesion through an interagency initiative that supports the Government of Chad to develop a national action plan for the implementation of UN Resolution 1325 on Women, Peace and Security. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peacebuilding, humanitarian response and post-conflict reconstruction and security.

		Funds a	vailable	Funding gap	
Sector	Requirements	Received in 2021	Carry-Over from previous years	\$	%
Child Protection	3,017,886	1,719,722	297,711	1,000,453	33%

Indicators	Cluster/sector 2021 target	Cluster/sector total results	UNICEF 2021 target	UNICEF total results
Number of children and caregivers accessing mental health and psychosocial support	37,000	28,416	30,000	23,900
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions			28,000	99,206
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	3,000	2,652	2,500	859

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

#### **WASH**

Throughout 2021, UNICEF continued to strengthen its WASH assistance to Sudanese, Cameroonian, Central African refugees, and in response to the Lake Chad basin humanitarian crisis. WASH support focused on reducing the risk of transmission of diarrhoeal diseases and on fighting against COVID-19 in IDP reception sites and health care facilities. This assistance enabled 64,955 people to access safe drinking water and improve hygiene practices in refugee camps in Logone Oriental, Ouaddai, Moyen Chari, and Lac Provinces. To ensure sustainable management of these water infrastructures, UNICEF supported the establishment and training of 53 water point management committees. In Batha province, UNICEF helped Chadian returnees from Niger by building a 10 m³ water station equipped with a solar pump. This intervention enabled 12,000 people to improve their hygiene and sanitation

practices through access to safe water and therefore reduced the risk of transmission of diarrhoeal diseases, particularly cholera, in the Tanzawat reception site.

With the arrival of Cameroonian refugees in December, UNICEF assisted 1,000 households by providing hygiene kits (soap, sakhane and buckets) and building latrines to provide 1,500 people with access to sanitation services.

In 2021, a total of 30,020 people gained access to sanitation services, and thus contributed to decrease exposure to diarrhoeal diseases in the provinces of Lac (displaced people living in the sites of Fourkoulom, Amma and Kousseri), Ouaddai (Sudanese refugees in the site of Moura), Logone Oriental (Central African refugees in the site of Doholo) and Chari Baguirmi (hosting Cameroonian refugees). UNICEF also supported the establishment of sanitation and hygiene committees in IDP sites and refugee camps to ensure health promotion, sustained hygiene practices, including barrier measures against COVID-19.

As part of the fight against COVID-19, the WASH response focused on strengthening infection prevention and control (IPC) in health care facilities. In partnership with the MPHNS, UNICEF trained 1,096 health workers, laboratory technicians and social-health workers on WASH/IPC. In addition, 74 health centres benefited from appropriate WASH/IPC kits to ensure continuity of hygiene practices in the provinces of Logone Oriental, N'Djamena, Ouaddaï and Kanem. Four solar water pumping systems were built to support the quality of care and reduce the risks of exposure to COVID-19. In the health centres, 2,370 health agents and health workers were provided with PPE to improve protection against the risks of transmission of COVID-19 among health care providers.

In the same provinces, eight health centres benefited from eight chlorination units to produce chlorine in real time and ensure the continuity of hygiene and sanitation in the care centres. UNICEF provided 30,085 households (150,425 people), 150 schools and 25 social centres with WASH kits to reinforce barrier measures against COVID-19 in N'Djamena, Ouaddaï, Guera, Kanem, Hadjer Lamis and Barh El Gazal provinces. UNICEF supported 9,000 women who gave birth in health care facilities with hygiene items to enable them to respect the barrier measures against COVID-19. To ensure WASH/IPC coordination interventions, 12 focal points were set up in the provincial delegations of N'Djamena, Ouaddaï, Kanem, Hadjer Lamis, Barh El Gazal and Guera.

In response to the nutritional crisis, UNICEF supported 52,234 children with SAM (25,072 boys and 27,162 girls) through the distribution of minimum WASH in Nutrition kits (soap and bleach) in the provinces of Lac, Guera, Batha and Salamat.

In 2021, UNICEF and UNHCR collaborated to respond through a joint WASH intervention in Doholo and Kouchaguine-Moura refugee camps. This collaboration enabled 6,000 households to receive timely WASH/NFI kits and 60 handwashing devices to strengthen barrier measures against COVID-19. Together with WHO and UNFPA, UNICEF supported the MSPSN to develop assessment tools on infection prevention in health facilities and design training modules on IPC/WASH.

With regards to the cluster response, only 30 per cent of the HRP 2021 target for access to water and 16 per cent of the sanitation target was achieved. As WASH cluster lead, UNICEF continued to provide leadership through the holding of monthly coordination meetings with humanitarian actors working in the WASH sector at the national and sub-national level.

		Funds a	Funding gap		
Sector	Requirements	Received in 2021	Carry-Over from previous years	\$	%
WASH	7,388,500	1,843,169	1,559,827	3,985,504	54

Indicators	Cluster/sector 2021 target	Cluster/sector total results	UNICEF 2021 target	UNICEF total results
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	217,739	140,454	100,000	64,955
Number of people accessing appropriately designed and managed latrines	184,947	53,695	20,000	30,020

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

## **Social and Behavior Change**

Seizing the opportunities offered by the changes in the programmatic environment, Social and Behavior Change (SBC) focused on strengthening the humanitarian and development nexus by reinforcing the link between the SBC COVID-19 response and SBC regular programming to maintain the demand for basic social services.

SBC/Communication for Development (C4D) emergency response focused on the response to the cholera, COVID-19 prevention and the situation of refugees. For the Cameroonian refugees, an advocacy session for 45 political, administrative, and traditional authorities of refugee sites created a conducive environment to peaceful cohabitation between host communities and refugees and 250,000 people received sound information on family practices and COVID-19 prevention.

As part of COVID-19 response, SBC/C4D continued to co-lead the Risk Communication and Community Engagement (RCCE) pillar with the MSPSN. COVID-19 RCCE activities have been used as an entry point through integrated SBC approaches to address the strengthening of routine immunization demand, cholera prevention and within the framework of AAP targeting the most vulnerable populations (refugees, IDPs, and nomads). UNICEF support to RCCE has been essential in adopting recommended behaviors and targeted SBC interventions for vaccine demand generation with particular emphasis on under-vaccinated populations including women and health workers.

UNICEF supported the MSPSN in (i) the revision of the National Plan for the Deployment of the COVID-19 Vaccine; (ii) funding the microplans of 11 health delegations to raise awareness of barrier measures and vaccination against COVID-19; (iii) the establishment of a pool of 34 trainers mastering C4D to support the training of front-line actors; (iv) the establishment of a platform with 34 influencers on social networks (bloggers, online newspapers, U-Reporters influencers) in synergy with the Ministry of Communication; and (v) the partnership agreement with the *Union des Radios Privées* (URPT) du Tchad representing more than 20 community radio stations.

Through RCCE interventions, 3,149,190 people (including 74,271 men and 102,695 women in the refugee camps of Goz Amir, Djabal, Tissi, Moura/Kouchaguine, Gaga, N'Djamena, Kalambari, and Guilmey) were reached with COVID-19 information via messages on prevention and access to services; 22,146 people engaged (community, female associations, and youth leaders) in COVID-19 RCCE, and 257,016 people shared their concerns through established feedback mechanisms (info line 1313).

## **Disaster Risk Reduction and Emergency Preparedness and Response**

UNICEF and partners ensured that 905,779 people affected by conflict, natural disasters and acute needs were supported in 2021. UNICEF used a multi-sectoral approach to respond to humanitarian needs in Chad, facilitating access to basic social services and building the capacities of national and subnational counterparts. Additionally, throughout 2021 UNICEF was actively involved with local

government authorities to strengthen the complementarity of its humanitarian response and development programming. UNICEF continued to lead in Nutrition, WASH and Education Clusters and the Child Protection Area of Responsibility, while consolidating efforts to build a national disaster risk reduction and emergency preparedness system.

As part of the emergency response preparedness planning exercise, UNICEF supported the provincial action committees in the development of a multi-hazard contingency plan document for Lac and Logone Oriental provinces. To date, four plans have been set up in Logone Oriental, Lac, Salamat and Logone Occidental provinces. The process of national contingency plan revision is currently being undertaken.

As part of its emergency preparedness and response plan, UNICEF procured and positioned five contingency stock sites in its four Field Offices and in N'Djamena to respond to immediate needs for basic non-food items including shelter, NFI and WASH kits. In 2021, UNICEF responded to the needs of 70,093 people (32,764 IDPs in Lac, 2,293 people in Batha, 3,894 in Salama, 3,600 in Ouaddai, 13,267 in Moyen Chari, 1,959 in Mandoul; 6,000 in N'Djamena, 6,000 in Logone Oriental and 316 in Logone Occidental provinces). This represents 88 per cent of Chad's 2021 HAC target.

Being able to anticipate NFI kit purchases at the beginning of the year as well as the systematic replacement of utilized stocks contributed to significantly improve the quality and the rapidity of the emergency response. In 2021, humanitarian cash transfers (HCTs) activities were introduced in Lac Province, reaching 190 households. Based on the lessons learned from implementation of these activities, HCTs have been introduced in response to the Cameroonian refugee crisis. Stand-by partnership agreements have been instrumental in ensuring the timeliness of actions.

## **Interagency Coordination**

UNICEF continued to work 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 2022 HRP. UNICEF also worked closely with the Humanitarian Coordinator's office whenever relevant, providing information for reports and updates to the Resident/Humanitarian Coordinator (RC/HC).

In 2021, UNICEF continued to implement a multi-sectoral humanitarian response consistent with the 2017-2021 National Development Plan (PND) and the 2021 HRP while further harmonizing humanitarian responses and development interventions. Overall humanitarian response in Chad remains underfunded, with only a 30 per cent HRP funding level in 2021. The three UNICEF-led clusters and the Child Protection Area of Responsibility were among the most underfunded sectors, with WASH funded at only 3.1 per cent, Protection at 10.9 per cent, Education at 18.6 per cent and Nutrition at 21.9 per cent.

UNICEF, with its four field offices, continued to strengthen its work on linking humanitarian response and development and adapting programming responses to new risks (e.g., adaptation of WASH systems to climate change, community-based prevention approaches, local contingency planning).

The Cluster system is active in Chad, with seven Clusters operational - WASH, Nutrition, Health, Food Security, Protection, Education, Shelter/NFI/CCC - whereby UN agencies are Cluster leads and NGOs are co-leads. There are also sub-clusters for GBV and Child Protection.

The Nutrition Cluster has been strengthened with twelve coordination meetings held at national level. At the provincial level, two sub-clusters have been strengthened in Lac and Ouaddai Provinces and held monthly coordination meetings to discuss the nutritional situation and the situation of the RUTF pipeline. Beyond the regular meetings, working groups met to address specific topics including on RUTF management and joint monitoring missions. The Nutrition Cluster coordinated the implementation of nutrition surveys and analysis during 2021. The results of these surveys were used

to inform strategic decisions. During the development of the 2022 HRP, SMART 2021 survey results were used to finalize the strategic framework, identify priorities and determine the population in need as well as the SAM caseload. In addition, an IPC analysis workshop was held to classify the severity of the malnutrition situation for each province and division.

During the reporting period, the Education Cluster developed an online Kobo form. This tool allowed the cluster to ensure rigorous monitoring of indicators and to produce maps of educational interventions on the ground. The Education Cluster continued to strengthen the leadership of the MENPC through the organisation of joint missions in the field and the appropriation of the Multi-Year Resilience Programme (MYRP) by its decentralized technical services. The Education Cluster interacted proactively with UNICEF and its partners to assess progress in the implementation of this Programme. The Education Cluster ensured regular dissemination of information on the MYRP within the network of education partners. Transparent discussions within the cluster helped to address constraints to programme implementation.

At the provincial level, the Lac Education sub-cluster discussed the distribution of school materials, the monitoring of contractual teachers and the supply of school canteens. The action points recommended to the partners contributed to the improvement of educational interventions in the field.

The Child Protection Area of Responsibility coordination co-facilitated a workshop on Child Protection services mapping in Lac Province in November, with 30 participants, including seven women. During the workshop, consent forms and standard operating procedures (SOPs) for referral processes to specialised services were shared with all Child Protection actors. In addition, the CPAR completed the design and publication of the Community Based Child Protection Mechanisms in Lac Province. The 2021 CPAR Performance Evaluation was conducted with an 81 percent score on member participation. The CPAR conducted child protection situation rapid assessments in nine Cameroonian refugee sites in support to UNHCR and succeeded in mobilizing cluster members in the response. The psychosocial support module has been updated and facilitators and supervisors in 20 Child Friendly Spaces (CFS) were trained.

The WASH Cluster organized a specific meeting with WASH actors to discuss the cholera and flood response plan at the national level during the reporting period. In Bagasola (Lac Province), the WASH sub-cluster organized two meetings on cholera prevention in border areas. The WASH Cluster contributed to the humanitarian context analysis organized in the provinces of Lac, Ouaddai and Logone Occidental. The cluster actively participated in the coordination of the response to the Cameroonian refugee crisis led by UNHCR. Cluster members were mobilized to provide the response in the different sites scattered in the city of N'Djamena. In collaboration with the Global Wash Cluster, the Chad WASH Cluster has completed its "CCPM" performance evaluation with 37 member organizations (82 percent score rate).

## **Humanitarian Funding Case Study**

## **Top Level Result:**

Humanitarian access and 'Stay and Deliver' in partnership with women-led local NGOs in hard-to-reach and insecurity-affected areas.

In response to the withdrawal of on-the-ground presence of humanitarian actors during the April 2021 military operations which left populations affected by new urgent humanitarian needs and without assistance, UNICEF partnered with area-based NGOs, thus localizing its emergency response and 'stay and delivery' strategy. NFIs were distributed to 12,296 people, including women and children in IDP sites in a week, through an agreement with a local nursing women's association, allowing UNICEF to

'stay and deliver', and showing partners and donors that building new and innovative partnerships with local, women-led NGOs can save lives in complex environments.

**Issue/Background:** The action was carried out in seven days in Lac Province, a record timeframe. To this end, the NGO combined an information system based on the Rapid Response Mechanism (RRM) data and the feedback of key field informants. The transport of NFIs was organized according to the realities of the field, integrating trucks and canoes in the island areas of Lake Chad. The community's acceptance of the NGO and its actions were crucial to the success of the intervention. Some 12,296 people in urgent need were assisted on time.

Resources Allocated: A total of US\$ 256,659 was allocated for this pilot initiative in Lac Province.

**Progress and Results:** The RRM mechanism was used to confirm the alert and trigger the assessment virtually via email in order to save time.

*Criticality and value addition*: Partnering with local organisations is an alternative way of delivering rapid response in areas where security and logistical access conditions constitute a major constraint for international NGOs with restrictive security regulations. This approach also offers the possibility of strengthening community participation and engagement in emergency humanitarian action and within the framework of this intervention to foster the participation of women. The partnership therefore saves lives over a short period of time and reinforces the principle of "stay and deliver" at the community level.

#### Challenges and Lessons Learned:

Contingency stocks prepositioning in the field and establishment of emergency agreements with local NGOs are critical for ensuring sustained humanitarian access. Contingency stocks and emergency agreements should be prepared and in place at the beginning of each year, and access should be monitored regularly. Capacity building of local NGOs should also enhance their ability to deliver quality services promptly.

**Moving Forward:** UNICEF is committed to leverage the best practices and lessons learned from this pilot intervention to gradually scale-up and replicate it in other provinces. Partnerships with local NGOs should be extended beyond Lac Province to other areas, in order to respond quickly to the movement of populations in other provinces and to other types of crises such as flooding and cholera.

#### 4. Results Achieved from Humanitarian Thematic Funding

In 2021, thanks to the flexibility of Global Thematic funding, UNICEF was able to respond to the immediate needs of the most vulnerable children in Chad. The funds enabled the rapid procurement of individual protective equipment (IPE) for 86 health centres for the continuity of Nutrition services as well as equipment for case management in 214 health facilities. The funds also enabled lifesaving nutrition activities to continue throughout the COVID-19 pandemic and facilitated the adaption required by health workers to be able to continue to deliver lifesaving interventions for children in a safe work environment. The thematic funds also prevented stock out of therapeutic milk and maintained support for the treatment of children suffering from SAM with medical complications (with thematic funding, 250 cartons of F-100 therapeutic milk were purchased and distributed to the supported health facilities). In addition, the operational capacities of an implementing partner were strengthened to carry out research on the effectiveness of integrated approaches to prevent malnutrition through the implementation of the integrated package of multisectoral nutrition services in the province of Guera.

Thematic funding also made it possible to improve sanitation practices in the Fourkoulom Amma and Diamerom IDP sites through the construction of 1,000 emergency latrines, which enabled 20,000 people to break free from open defecation. In the public spaces hosting households affected by floods, 758 cartons of soap, 58 hand washing devices, and 5,400 20-litre jerry cans were distributed to 1,000 affected households (6,000 people). In addition, 8,290 pairs of hygienic underwear were distributed to young girls and women in refugee camps in Doholo (Logone Oriental province) and Kouchaguine Moura (Ouaddai province) to improve menstrual hygiene management.

Table. List of Humanitarian Thematic Funding

Grant Number	*	Donor/National Committee	*	Recipient Offices
SM1899100290		Norwegian Committee for UNICEF		Chad
SM1899100590	)	Danish Committee for UNICEF		Chad
SM1899100700		United States Fund for UNICEF		Chad

The Chad economy, like many others, suffered as a result of the global impact of the COVID-19 pandemic, causing an increase in poverty. The constraints resulting from the challenging operating environment in Lac Province and areas in the southern regions of Chad tend to drive up the overhead costs of country programming. The security situation in most parts of country also requires the UN and its partners to invest in security compliance mechanisms with regard to field operations, office costs, accommodation and transport. In addition, there are substantial transportation costs driven by the lack of locally available materials and workforce. In this context, the global thematic funding contributed to supporting essential operational costs. These cross sectoral costs include risk management, financial transactions, administration, ICT and office running costs. These costs cover the essential but often less visible aspects of our work that enable UNICEF to deliver results effectively for children and families.

Responding effectively and efficiently to the most complex humanitarian crisis requires appropriate coordination. Thematic funding provided UNICEF Chad with the appropriate resources to reinforce humanitarian coordination and provide appropriate response. Consequently, UNICEF was able to continue engaging key donors through meetings and field missions thereby contributing to additional fundraising, ensuring UNICEF's commitment to a dignified and quality response to the most vulnerable children.

## **Humanitarian Thematic Funding Case Study**

**Top Level Result:** UNICEF supported an estimated population of 21,000 people, including 5,040 women, 4,620 men, 5,880 girls and 5,460 boys, living on the displacement sites of Fourkoulom, Kousseri and Koudoukolé, in the departments of Kaya and Mamdi in Lac Province with 1,050 emergency latrines and 19 boreholes. The strong involvement of women in the selection of sites and in the construction and management of WASH infrastructures was key to the success of programme and will allow UNICEF to scale up the approach in other emergency programmes building on the lessons learnt.

**Issue/Background:** In a context of increased internal displacements in Lac Province in 2021, access to WASH infrastructure in IDP sites remained a major issue. Not only has UNICEF responded to the WASH needs of the displaced population, but the support has also laid the groundwork for the management by local women of the infrastructure to ensure its sustainability.

**Progress and Results:** At each site, 100 local masons were trained, for a total of 300 masons including 105 women (35 women per site). The women were responsible for choosing the sites for the construction of the 19 boreholes equipped with human-powered pumps and were trained in superstructure construction. According to the interview conducted with the women at the end of the

project, they will continue to build latrines in their communities to end open defecation. The women have directly contributed to the construction of 1,050 latrines including 428 latrines in Fourkoulom, 206 in Kousseri and 416 in Koudoukolé.

Criticality and value addition: The locations of the boreholes and latrines were designated by women and unanimously approved by the communities as part of a participative and inclusive community-based dialogue. The strategic locations of the boreholes and latrines reduced the risks of sexual and gender-based violence to women and girls. This is critical, the burden of tasks such as collecting water often fall on women and girls and long distances jeopardize their safety, as can searching for an outside toilet in the dark, not having gender segregated facilities, lockable doors, or a handwashing facility without a light. Planning the design of, and access to, a WASH project or facility through a gender lens can help to reduce the risk of GBV and safeguard women and girls' health and well-being. In addition, the knowledge acquired by these women will be passed on to the surrounding sites through word of mouth.

**Challenges and Lesson Learned:** This innovative approach has created an inclusive space for women and men to discuss openly and reach agreement on the management of WASH infrastructures, promoting women's empowerment in these communities affected by conflict. The project instilled a behavioural change among men who have recognized the added value of women in the management of WASH infrastructure.

*Moving Forward:* In 2022, building on this programme, UNICEF will continue working with its partners to promote women and girls' empowerment in the WASH sector.

## 6. Assessment, Monitoring and Evaluation

UNICEF established a Humanitarian Performance Monitoring (HPM) system which involves the collection of data for high frequency indicators and the production of quarterly 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, Abéché and Mongo, and the national office in N'Djamena, UNICEF monitored and regularly reported on the humanitarian situation and on children's rights in collaboration with partners and through inter cluster coordination (ICC). UNICEF participated in various joint assessment missions in Lac Province, the south and the east and gathered key information useful for the establishment of operational response plans. The active participation of UNICEF to the Inter Agency Standing Committee (IASC) forum, particularly HCT and ICC, provided the forum to discuss humanitarian assessment and performance issues as well as transversal issues such as AAP, enforcing the linkage between humanitarian and development as well as protection and gender issues.

To ensure accountability and learning, UNICEF has launched evaluation processes in 2021, the results of which will be available in 2022, such as the evaluation of the project to support emergency education through distance learning in the context of COVID-19 or the multi-country evaluations of KRC 7 and 8, which include an emergency component.

In 2022, UNICEF aims to improve the quality of the data reporting system by scaling-up the implementation of the Activity Info real-time reporting software through its partners in the field.

## 7. Financial Analysis

Table 1: 2021 Funding Status against the Appeal by Sector (in US\$):

Sector	Requirements	Funds Available Agas of 31 December	% Funding Gap	
		Funds Received in 2021	Carry-Over	
Nutrition	24,834,011	11,986,557	6,134,273	27%
Health	1,513,942	3,609,412	248,209	-155%
HIV and AIDS	400,000	0	0	100%
WASH	7,388,500	1,843,169	1,559,827	54%
Child Protection	3,017,886	1,719,722	297,711	33%
Education	6,641,811	756,000	622,753	79%
Emergency Preparedness	2,660,000	3,582,008	874,528	-68%
Social Protection and Cash transfers	3,600,000	0	0	100%
Total	50,056,150	23,496,868	9,737,301	34%

<sup>\*</sup> Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2. Funding Received and Available by 31 December 2021 by Donor and Funding type (in US\$)

The table below on the funds received presents the contributions specifically earmarked for emergencies in 2021. The other resource part refers to UNICEF own resources that were used to support humanitarian response. Funds also used from regular programming are not included.

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*	
I. Humanitarian funds received in 2021			
a) Thematic Humanitarian Funds			
See details in Table 3	SM/20/9910	\$	100,000
	SM/21/9910	\$	1,751,043
b) Non-Thematic Humanitarian Funds			
Japan	SM/21/0047	\$	1,932,205
Japan	SM/21/0107	\$	462,963
SIDA-Sweden	SM/21/0129	\$	1,955,345
Canada	SM/21/0192	\$	1,831,341
ECHO	SM/21/0231	\$	5,544,115
Germany	SM/21/0265	\$	605,325
Norway	SM/21/0181	\$	700,000
USA-BPRM	SM/21/0370	\$	833,333
GAVI	SM/21/0559	\$	16,800
GAVI	SM/21/0562	\$	350,000

GAVI	SM/21/0563	\$	662,500
USAID/Food for Peace	SM/21/0894	\$	529,824
Japan	SM/21/0907	\$	1,204,192
<b>Total Non-Thematic Humanitarian Funds</b>	\$	16,627,943	
c) Pooled Funding			
(i) CERF Grants			
(ii) Other Pooled funds - including Commo	on Humanitarian Fund (CH	F), Huma	anitarian
Response Funds, Emergency Response Fur	nds, UN Trust Fund for Hu	man Sec	urity,
Country-based Pooled Funds etc.	1	1	
CERF	SM/21/0620	\$	1,495,290
EPF**	GE/21/0023	\$	1,689,218
d) Other types of humanitarian funds			
USAID/Food for Peace (CIK)	KM/21/0109	\$	1,512,500
USAID/Food for Peace	KM/21/0111	\$	340,269
US Fund for UNICEF	KM/21/0014	\$	197,792
Total humanitarian funds received in 202	1 (a+b+c+d)	\$	23,714,055
II. Carry-over of humanitarian funds			
available in 2021			
e) Carry over Thematic Humanitarian Fun	ds		
Thematic Humanitarian Funds	SM/18/9910	\$	450,152
Thematic Humanitarian Funds	SM/20/9910	\$	44,340
f) Carry-over of non-Thematic Humanitar	an Funds		
USAID/Food for Peace	KM/20/0047	\$	242,189
GAVI The Vaccine Alliance	SC/20/0764	\$	225,360
The United Kingdom	SM/17/0463	\$	27,943
British Government (DFID)	SM/20/0006	\$	5,294,807
Japan	SM/20/0072	\$	18,607
European Commission / ECHO	SM/20/0203	\$	1,353,435
European Commission / ECHO	SM/20/0250	\$	592,288
European Commission / ECHO	SM/20/0251	\$	252,263
World Bank	SM/20/0418	\$	126,834
USAID/Food for Peace	SM/20/0436	\$	235,980
World Bank	SM/20/0505	\$	630,060
UNOCHA	SM/20/0618	\$	243,041
Total carry-over non-Thematic Humanita	rian Funds	\$	9,242,809
Total carry-over humanitarian funds (e +		\$	9,737,301
III. Other sources			
Regular resources diverted to emergency	Non-GRANT GC	\$	898,577
Regular resources set-aside or RR for	GS/20/0006 and		
unfunded OR used for emergency	GS/18/0090	\$	83,451
Total other resources	30, 20, 3030	\$	982,028
* Programmable amounts of donor contributions, ex	- Ludius and - Lud	Ą	302,020

<sup>\*</sup> Programmable amounts of donor contributions, excluding recovery cost.

\*\* 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2021 (in US\$):

Thematic Humanitarian Contributions Received in 2021 (in USD)	Grant Number	Programmable Amount (in USD)		Total Contribution Amount (in USD)	
Allocation from global Thematic Humanitarian*	SM/20/9910	\$	100,000	\$	105,014
	SM/21/9910	\$	1,751,043	\$	1,838,595
Total		\$	1,851,043	\$	1,943,609

<sup>\*</sup>Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2021 Humanitarian Action Global Annual Results Report.

#### 8. Future Work Plan

In 2022, UNICEF will provide a timely, coordinated and life-saving multi-sectoral humanitarian response in provinces facing recurrent population displacement and other crises, focusing on the needs of children and women. Informed by crisis risk analysis and lessons learned, UNICEF will focus on facilitating access to basic social services and building national and sub-national capacities to plan and respond to emergencies. Reinforcing complementarity of the humanitarian response and development programming will remain programmatic priorities. The response will focus on provinces affected by displacements and/or the arrival of refugees in the Lake Chad Basin, the east and south of the country, while addressing disease outbreaks and natural disasters.

Through the 2022 HAC, UNICEF is requesting US\$ 62.4 million to meet the emergency needs of 840,848 people, including 772,485 vulnerable children in Chad in 2022<sup>27</sup>.

UNICEF will conduct its humanitarian response in line with government strategies and in consultation with United Nations agencies, civil society organizations and non-governmental organizations, while actively and continuously seeking feedback from women and children participating humanitarian interventions.

Appeal Sector	2022 Requirements (in US\$)
Nutrition	22,398,030
Health	2,363,899
WASH	11,689,164
Child protection, GBViE and PSEA	7,250,360
Education	6,246,432
Emergency response	4,318,147
Cross-sectoral (HCT, C4D, RCCE and AAP)	8,162,523
Total	62,428,555

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<sup>&</sup>lt;sup>27</sup> Humanitarian Action for Children (HAC), 2022

## 9. References

UNICEF Chad Annual Report 2021

UNICEF Humanitarian Action for Children (HAC) 2022, Chad Chapter

UNICEF Chad Humanitarian Situation Report, 1 January to 31 December 2021

Chad Humanitarian Response Plan 2021

Tchad Aperçu des besoins humanitaires 2021 (Janvier 2021)

Tchad: Enquête nationale de nutrition 2021 (SMART survey)

## Annex 1. Two-pagers

Please see separate documents.

## **Annex 2. Donor Statements**

Please see separate documents.

**Annex 3. Human Interest Stories and Communication** 



At least 85,000 refugees have arrived around the Chadian capital N'Djamena in December, fleeing intercommunity violence in neighboring northern Cameroon. The refugees — a vast majority of whom are women, children, and elderly - recall stories of extreme violence. UNICEF is on the ground to make sure they receive lifesaving support.

Mariam Oumar was at home on the morning of December 8 when fighting reached her village. The 22-year-old pregnant mother, due in the next few days, grabbed two of her children, the ones who were around, and with her mother-in-law, they ran to the river. "My two other children were out somewhere in the village playing", she says, "and now I don't know what has happened to them, nor to my husband".

Little Aziza was born the same night, in the open, on the Chadian side of the Logone River that separates the two countries. The tiny newborn was baptized on the refugee site seven days after her birth. "A woman came

by and saw that I had nothing for her", Mariam recalls, "so she gave me some of her own baby's clothes". Wrapped in a towel and a sheet to protect her from the dust, Aziza is peacefully sleeping. Her mother says she cries a lot at night, because it gets cold after the sun sets.

The intercommunity conflict over access to shared resources (water) opposing cattle herders and fishermen communities in Cameroon broke out in August 2021 and has exacerbated since 5 December in the Logone & Chari Division of Far North Cameroon. Reports indicate that 112 villages were burnt down.

In just a few days, 85,000 refugees arrived in Chad, according to UNHCR estimates. The vast majority of them are children, and 98 per cent of the adults are women. Some 48,000 have found refuge in 18 urban sites in N'Djamena, the capital of Chad, and 37,000 people are scattered across 10 rural sites along the Chadian bank of the Logone River.





When fighting broke out, 19year-old Honorine Hodjikem
also ran away to Chad with her
four children, the youngest
just a few days old. While Honorine is holding the newborn,
18 months old Beatrice tries to
get her mother's attention.
The boys, aged 3 and 4, are
playing close by. "My husband
stayed in Cameroon to protect
our belongings," says Honorine. "I have not heard from
him since we left".

All refugees recall extremely violent clashes, leaving them with no choice but to run away for their lives by storming all available boats to cross the river. Families got separated, and dozens of children arrived in Chad alone.

"We were sitting in the classroom when we heard people yelling and everybody started to run away", says 11-year-old Junior. "I went home to find the house empty; my mother and siblings were nowhere to be found. I just followed the crowd". The boy has been registered by the Red Cross,

and he is hoping to be reunited with his family.

The extremely brutal and unexpected outbreak of violence took everyone by surprise. In Chad, UNICEF is working with the local authorities, UN agencies, and NGO partners to help support the refugees with lifesaving supplies. Additionally, they are providing psychosocial care for children through child-friendly spaces; and performing identification, documentation and placement in host families of unaccompanied and separated children.







For more information contact:

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## **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 Jacques Boyer at <a href="mailto:jboyer@unicef.org">jboyer@unicef.org</a> and Mariana Stirbu at <a href="mailto:mstirbu@unicef.org">mstirbu@unicef.org</a>, with copy to Suzanne Suh at <a href="mailto:ssuh@unicef.org">ssuh@unicef.org</a>), which can be found here: <a href="mailto:English version">English version</a>